TUOLUMNE COUNTY BEHAVIORAL HEALTH

MENTAL HEALTH SERVICES ACT (MHSA): THREE YEAR PROGRAM & EXPENDITURE PLAN FY 2014 THROUGH 2017

WELLNESS • RECOVERY • RESILIENCE

Draft Posted for Public Review & Comment Period from Wednesday April 23, 2014 through 5:00PM Friday May 23, 2014

Public Hearing by Tuolumne County Mental Health Advisory Board was held Wednesday June 4th at 4pm

Board of Supervisors Presentation approved on Tuesday July 1st

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Introduction

Introduction:

In November, 2004, California voters passed Proposition 63, the Mental Health Services Act (MHSA) which became law on January 1, 2005. The Act imposed one percent taxation on individual income exceeding $1 million. The MHSA is a unified, statewide initiative to provide improved care for individuals living with a mental illness and to outline a methodology to the plan of care and delivery of mental health services. All services were determined to be provided within a set of MHSA core values:

- Wellness, Recovery and Resilience
- Community Collaboration
- Cultural Competence
- Client & Family Driven Services
- Integrated Services

MHSA Legislative Changes:

In March of 2011, AB 100 was signed into law by the Governor and created immediate legislative changes to MHSA. The key changes eliminated the State Department of Mental Health (DMH) and the MH Services Oversight and Accountability Commission (MHSOAC) from their respective review and approval of County MHSA plans and expenditures. It also replaces DMH with the "state" in terms of the distribution of funds, and suspended non-supplant requirement for fiscal year 11/12 due to the State's fiscal crisis. This set the stage for funds to be used for non-MHSA programs, and for $862 million dollars to be redirected to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Medi-Cal Specialty Managed Care and Mental Health Services for Special Education pupils. Following the redirection, the County received 50% of its FY11/12 component allocation on August 1, 2011. Counties then began to receive the remaining MHSA component allocations on a monthly basis, starting April 1, 2012. Monthly disbursement amounts vary according to tax revenues and preliminary funding estimates for FY 14/15, 15/16, and 16/17 remain static.

What is a Three-Year Plan?

The intent of Tuolumne County Behavioral Health Department's (TCBHD) MHSA Three-Year Program and Expenditure Plan FY 2014 through 2017 is to provide stakeholders and community members with a report of the primary components of the MHSA. In accordance with Welfare & Institutions Code, Section 5847, the Three-Year Program and Expenditure Plan shall address each MHSA component: Community Services and Supports, Innovation, Prevention and Early Intervention, Workforce/Education & Training and Capital Facilities & Technology. Also in accordance with MHSA regulations, County Mental Health Departments are required to submit a program and expenditure plan update on an annual basis, founded on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements.

County Demographics

Tuolumne County is located in the central Sierra Nevada, with major rivers to the north and south. The Sierra Nevada range forms the border on the east, with the county flowing into the great Central Valley in the west. The diverse landscape includes Columbia and Railtown 1897 State Historic Parks, Bureau of Land Management lands, American Indian Rancherias and much of the Stanislaus National Forest and the northern half of Yosemite National Park. According to the U.S. Census Bureau, the county has a total area of 2,274 square miles (5,891 km²), of which 2,235 square miles (5,790 km²) is land and 39 square miles (101 km²), or 1.71 percent, is water. The elevation ranges from 300 feet to more than 12,000 feet. Federal, state, and local government own 77 % of the land in Tuolumne County.

In 2011, the county's population was estimated to be 54,008, declining from 55,365 the previous year. Tuolumne County's median age is nearly twice the state average with 22% of residents over the age of 65 according to the United States Census Bureau.

The county ethnic diversity is:

- 81.7% White
- 11.1% Hispanic
- 3.2% Multiracial
- 2.2% Black
- 2.2% American Indian
- 1.2% Asian
- 0.2% Pacific Islander

It is important to acknowledge that Tuolumne County's population differs significantly from most of the State. The county is less racially and ethnically diverse than State averages. Tuolumne County is also less linguistically diverse, and has no threshold language. According to the Census, 92 % of the total population speaks "only English at home". Based on Census estimates, fewer than 400 individuals, county-wide, speak English "not well" or "not at all".

Community Planning Process

Description of Community Planning Process

Using the existing MHSA FY 2013/2014 Annual Plan as the foundation, the Community Planning Process (CPP) for the MHSA Three-Year Program & Expenditure Plan FY 2014 - 2017 began in early January, 2014 with internal discussions amongst TCBHD staff. With cross-functional representation from internal groups, current plans, existing programs and services were reviewed and assessed in a roundtable approach. Ideas, thoughts and constructive criticism were given and groundwork on how to proceed with the process was laid. A meeting with the Tuolumne County Mental Health Advisory Board, key county staff, and community representatives was attended on February 5, 2014. An agenda item for the meeting was for TCBHD to provide an overview of the CPP progress and to obtain feedback from the board members, community members, and other attendees.

The next step in the CPP was to assemble broad community stakeholder participation. This phase consisted of outreach to clients, family members, community members, community based organizations, schools, and healthcare professionals. The primary community stakeholder input was collected by conducting focus groups and distributing a community needs assessment survey. These data gathering activities began in early January, 2014 and were finalized in late March, 2014. This process was facilitated by strong community participation with across the board representation from stakeholders including people with lived (mental health) experience, family members, County staff, and concerned community members. Initial data gathered in the focus groups and survey returns, showed that some key stakeholders were not being clearly represented, such as law enforcement. Based on this information, a list was compiled, and a decision made to conduct a series of key informant interviews to collect additional information from those underrepresented groups.

Focus Groups

A total of three focus groups were held in the CPP process. The first two were scheduled in order to gather input from consumers and family members about their experiences with the current mental health system, to record their recommendations for improvement and to acknowledge their feedback regarding future and/or unmet needs. The third group was scheduled, upon request, with a non-profit organization that works closely with TCBHD from a PEI and Crisis Intervention standpoint. A copy of the focus group questions is attached, reference Appendix A.

The first focus group was held with P.R.I.D.E. (Peer Recovery Independent Development and Empowerment) members on February 12, 2014. Twenty-Six people with lived experience were on hand to deliver honest feedback on the services they currently receive and to provide personal information regarding unmet needs and the services that they feel would be beneficial to many mental health consumers.

The second focus group was held on March 6, 2014 with the Local Chapter of The National Alliance for the Mentally Ill (NAMI). Fifteen family members of people with lived experience took part in a lively discussion providing valuable insight, compliments and criticisms on the mental healthcare

system in Tuolumne County. The facilitator used the opportunity to fully explain MHSA funding as numerous participants had little knowledge of the Mental Health Services Act and its various functions.

The third and final focus group was held with the Center For Non-Violent Community (CNVC) on March 25, 2014. Sixteen CNVC employees, volunteers and advocates who deal with crisis and prevention and early intervention situations provided their comments and concerns about existing programs and services. Consistently, this group was complimentary to the Crisis services being provided by MHSA funding, but, they were also concerned with the current availability of counseling services. CNVC deals directly with clients in need of counseling sessions and across the board, their main grievance was with the wait times to get an appointment outside of a crisis situation.

While many topics and issues were debated in all of the groups, some recurring, common themes arose during the discussion periods. Some of the issues brought to the forefront were in direct relation to MHSA and others were not areas that MHSA addresses. The following best captures the main issues that participants continually touched upon. These are noted either as MHSA or as part of the General Mental Health Plan Contract (MHP):

Most effective/helpful mental health services offered today:

- The Enrichment Center and the groups offered there. Group & peer support were deemed invaluable and help to foster independent living (MHSA)
- 24/7 Crisis Services (MHSA)

Other mental health services that would be beneficial:

- More community services such as AA meetings and Job Connection (MHSA)
- More housing (MHSA)
- Group Homes that offer counseling (MHP)
- A Psychiatrist, more counselors and therapists (MHP)
- Use of Internet/Telemedicine and other technology (MHSA)

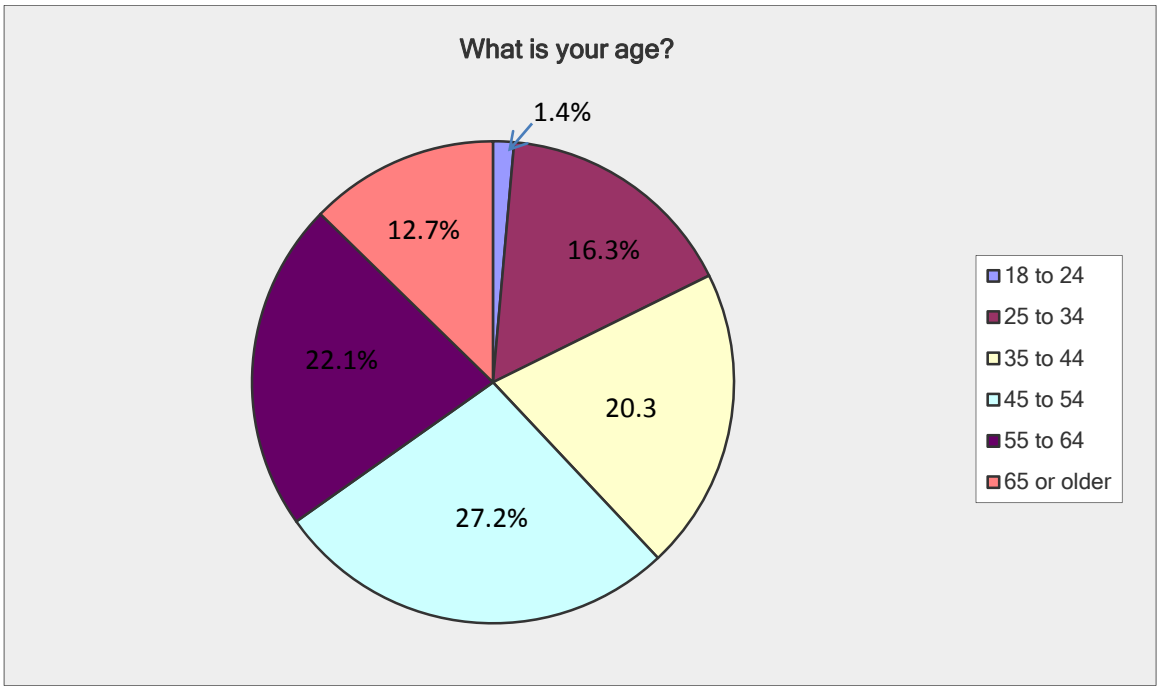
Issues or barriers that prevent people from seeking mental health services:

- Stigma
- Pride, fear, embarrassment, discomfort, paranoia
- Insurance – wrong kind or lack thereof
- Feeling like they don't need help
- Lack of transportation

Community Survey

A community needs assessment survey was created and distributed to stakeholders via a mass e-mail marketing campaign to generate a buzz through word of mouth and encourage all stakeholders to make their voices heard. The survey was opened on February 13, 2014 and

was available online, and in printed format, through March 12, 2014. MHSA stakeholders who received the survey included Tuolumne County Behavioral Health and Public Health staff, Mental Health Advisory Board members, County Sheriff, Jail and probation staff, people with lived experience, and their family members, as well as elementary and high school educators, school counselors and school staff. More than 920 surveys were distributed throughout the county and 277 surveys were completed for a response rate of approximately 30 percent. As the chart below demonstrates, most age groups were evenly represented in the survey, although considering County demographics, the 65 or older category were under-represented:

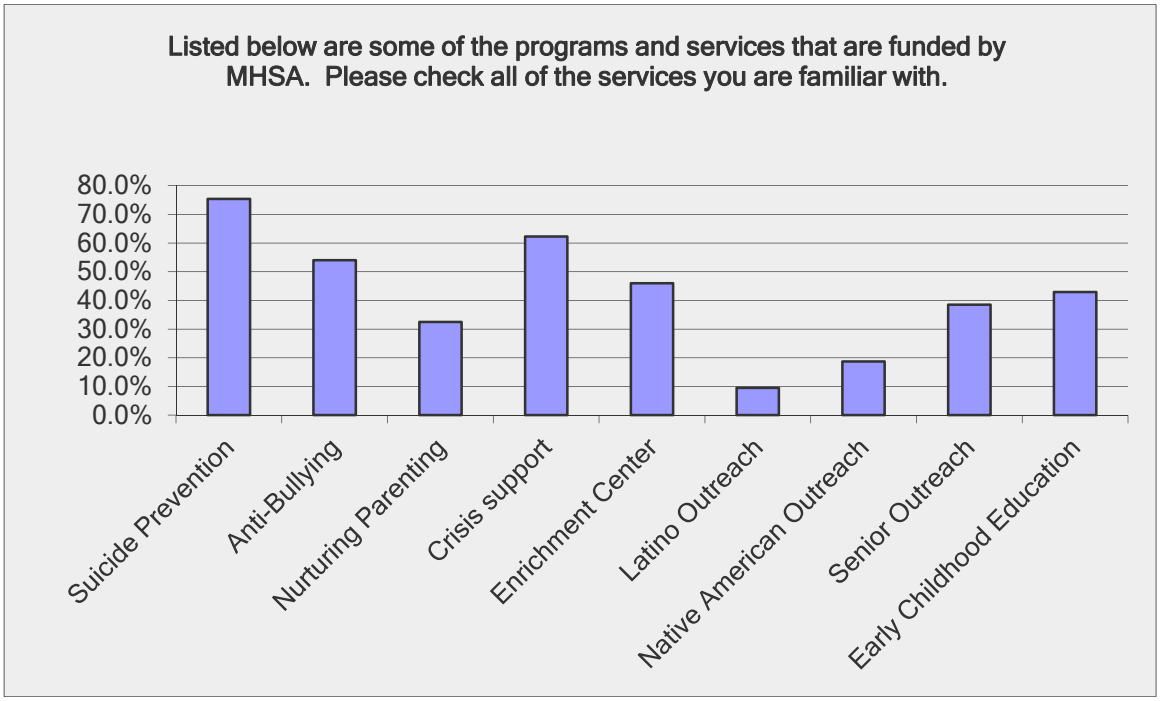


Aside from demographics, questions were asked regarding current services, barriers to seeking services, and opportunities for improvement. A copy of the community survey is attached in the Appendix B.

A key question asked respondents to identify the mental health services that they feel are most needed in Tuolumne County. Of the 277 completed surveys, 153 provided an answer to this "fill in the blank" question with almost 40% of those stating that more counseling services, therapists, or group counseling was needed. Relating to this, there were numerous comments indicating that the lead time to get an appointment was frustrating and could keep someone from getting the help that they need. One respondent claimed, "Services need to be available immediately, with minimal delay and appointments should be available within 1 week." Unfortunately, this issue cannot be addressed with MHSA funding, however the data has been presented to the TCBHD Quality Improvement Team and will be investigated thoroughly. Another MHP issue found and presented to the TCBHD Director was that 10% of respondents

stated that there was a definite need for more psychiatrists in the area. Next, more than 15% specified housing as a serious issue and another 10% listed job or employment assistance as something that would positively benefit the mentally ill in our community. Housing and employment assistance can be directly related to MHSA and will be further explored.

Another question asked about the familiarity of some of the current PEI programs and CSS services funded by MHSA. The results show that while many stakeholders are aware of some programs, other programs and services need additional promotion within the community to build awareness:



A noteworthy comment from one respondent to this question: *"I am familiar with many of these services, but I was not aware that they were funded by Behavioral Health."* This statement indicates a clear opportunity for the department to engage in more promotional and awareness building activities. To further support the need for TCBHD to build awareness, nearly 15% of respondents answered "NO" to the Question:

"Are you familiar with the Tuolumne County Behavioral Health Department?"

Key Informant Interviews

As mentioned previously, some stakeholder groups were not represented strongly in the community survey, specifically: Veterans, Law Enforcement and Senior Services.

Answer Options	Response Percent
Mental health client/consumer	14.9%
Family member of a mental health client/consumer	15.7%
County mental health department staff	14.9%
Substance abuse service provider	4.7%
Community based organization	15.3%
Children & family services	15.7%
Education provider	34.5%
Law enforcement	3.9%
Veteran services	0.4%
Hospital / Health care provider	16.5%
Senior Services	3.9%
Faith based provider	4.3%
Student	4.7%
Advocate	11.0%

Because of the lack of representation, it was determined that direct contact with key representatives of these groups was needed and would be vital to the CPP process. Therefore, a series of 11 key informant interviews were carried out with agents from these underrepresented stakeholder groups. A list of the Key Informant Interviewees is attached in Appendix C. Interviews were conducted from February 10, 2014 through March 24, 2014, either by phone or in person, and lasted approximately 20 minutes each. A copy of the Key Informant Interview Questions is also attached in the Appendix D. These dialogues were initiated in order to gather information about current mental health service and program offerings, to determine the key areas where additional focus is requested and to identify community needs to be addressed moving forward. Given the wide variety of interviewee representation, it was expected that the information received would be broad and difficult to navigate. Actually, several common themes emerged from participants and again, these have been noted as either MHSA opportunities or as part of the MHP:

Mental health services not currently offered that would be beneficial to the community

- Housing (MHSA)
- Need more therapy and psychiatric services (MHP)

Issues or barriers that prevent people from seeking mental health services:

- Stigma
- Insurance
- Lack of awareness that services are available

Summary

With approximately 345 people voicing their opinions through surveys, focus groups and interviews, a snapshot of the perception of Tuolumne County Behavioral Health Department's programs and services was captured. Consistently, the Enrichment Center and Crisis Services were mentioned most frequently as the services currently offered that were considered to be the most valuable. These MHSA funded programs continue to bring about the change that was envisioned when the plan was first put into place. The number of therapists available, the timeliness of accessing an appointment and the availability of a psychiatrist were brought to the forefront as issues that the community would like to see addressed. As these issues are not elements of MHSA directly, they have been referred to TCBHD's Quality Improvement Team for analysis and ongoing assessment via the quality improvement process. Also uncovered was the need and opportunity for TCBHD to build awareness of and promote programs and services which would ultimately help to reduce the stigma associated with mental illness in Tuolumne County. TCBHD has begun to coordinate with current PEI contracted partners to ensure that the Tuolumne County seal, as well as the MHSA Prop 63 logo, are incorporated onto any materials, flyers, training and other communications that are funded by TCBHD and MHSA. This activity will be an ongoing process. Also, promotion and expansion via social media is to be explored and includes the possible creation of a dedicated Facebook page and investigation of other social and electronic media channels to further potential reach.

30-Day Review Process:

A draft of the MHSA Three-Year Program & Expenditure Plan FY 2014 through 2017 is being posted for a public review and comment period of 30 days starting Wednesday, April 23, 2014 through 5:00pm on Friday, May 23, 2014. To review the plan, or other MHSA documents via Internet, follow these links to the Tuolumne County, California and the Tuolumne County Network of Care websites:

http://www.co.tuolumne.ca.us

http://tuolumne.networkofcare.org/mh/content.aspx?id=353

Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to:

Tuolumne County Behavioral Health Department
Attn: Kristi Conforti, MHSA Coordinator
2 South Green St
Sonora, CA95370

Please use the public comment form located on page#74

Circulation Methods

Public announcements have been made in order to notify stakeholders and the community of the public review and comment period via the following outlets:

- Mymotherlode.com
- The Union Democrat
- Enrichment Center & David Lambert Center

Informational flyers (See Appendix E) have been posted and printed copies of the MHSA Three-Year Program & Expenditure Plan FY 2014 through 2017 have been made available to all stakeholders to review at the reference desk of all branches of Tuolumne County Public Libraries and in the public waiting areas of the following locations during regular business hours:

- Tuolumne County Behavioral Health, 105 Hospital Rd, Sonora.
- Tuolumne County Board of Supervisors Chambers, 2 South Green St, Sonora
- The David Lambert Center, 347 W. Jackson St, Sonora
- Tuolumne County Enrichment Center, 101 Hospital Rd, Sonora
- Tuolumne County Health & Human Services, 20075 Cedar Rd North, Sonora

To obtain a copy by mail, or to request additional information, call the MHSA Coordinator at (209) 533-6262 before 5:00pm on Friday May 23, 2014.

Public Hearing

As per Welfare and Institutions Code (WIC) Section 5848, the Tuolumne County Mental Health Board will conduct a Public Hearing at the close of the 30 day comment period for the purpose of receiving further public comment on the MHSA Three-Year Program & Expenditure Plan FY 2014 through 2017. The Public Hearing will be held on June 4, 2014 at 4:00 pm at the Tuolumne County Behavioral Health Department located at 105 Hospital Road, Sonora, CA in the Community Conference Room. Once held, input from the public hearing will be added at the end of this report.

MHSA THREE-YEAR PROGRAM PLAN BY COMPONENT

IMPLEMENTATION PROGRESS REPORT BY COMPONENT:

Following are Tuolumne County Behavioral Health Department's progress reports by component: Community Support Services (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Innovation (INN), and Capital Facilities and Technological Needs (CF/TN). Progress reports for MHSA Housing are also included. Overall, the activities and services provided under each of the components are on track based on the current plan goals and objectives. A new initiative, SB82 Mental Health Triage, is outlined as well. Funding for this initiative, while not directly through Tuolumne County's MHSA budget, does come from other MHSA state funding, and thus will be included as an informational overview in this progress report.

Note: This plan includes estimates of cost per client for the CSS and PEI program components for 2012/2013 as per Welfare & Institutions Code 5847. These statements are marked with an asterisk (*) to note the following explanation: These numbers are an approximation only and should not be utilized for any benchmark for services provided or as any minimum or maximum amounts to be spent. These numbers can be affected by a variety of factors including but not limited to: salaries of staff delivering services, established case rates, other insurance billing, variable cost of living and other related program expenses. In a very general way, one may draw the conclusion that some services are more costly per client; for example, an FSP client who is receiving intensive individual service with a therapist, seeing the doctor and receiving assistance with housing expenses will reflect a significantly higher cost than a client who uses the shower, computers and attends groups at the Enrichment Center. This is to be expected, as the programs are designed as such. It should also be noted that many of the FSP clients are also utilizing the Enrichment center, so it is an additional service, not an option to utilize one or the other. Further, outreach services are intended to eventually engage a client in appropriate community programs and services which may or may not include behavioral health services. Therefore, the numbers do not necessarily lead logically into one another. These amounts fluctuate according to circumstances and need and should be utilized for informational purposes only.

Community Support Service

Community Support Services (CSS)

Tuolumne County was approved for its initial MHSA Three Year Community Services and Supports (CSS) Plan on June 5, 2007. The CSS programs and services were developed as a result of a comprehensive, broad based, and community-driven planning process. The original planning process resulted in over 1200 individuals participating in the community planning process. The process identified health and mental health needs, impacts, and issues facing Tuolumne County. As required, the first Annual MHSA Plan Update was accomplished for FY 08/09, and subsequent annual updates have been completed for each fiscal year thereafter.

As a result of the initial needs assessed for the community the initial three year plan was established and the following programs were developed:

- Full Service Partnerships:
  The Tuolumne County Full Service Partnership (FSP) was designed for individuals requiring the highest level of care and service necessary in order to avoid the potential of more restrictive care. The issues of homelessness, incarceration, social and geographic isolation, and persons who have been underserved have driven the admission process to the FSP Program. After hours crisis services were provided to the Full Service Partners. All age groups have been served in the FSP.

- General Systems Development:
  There are 4 ongoing aspects to the Tuolumne County System Development program:
  - Peer Coordination
  - Benefits Development
  - Housing and Transportation Development
  - Promotion and Community Education Activities

These programs continue, are updated annually through the community program planning process involving stakeholders, and each program is detailed, below.

Full Service Partnerships

Program Description

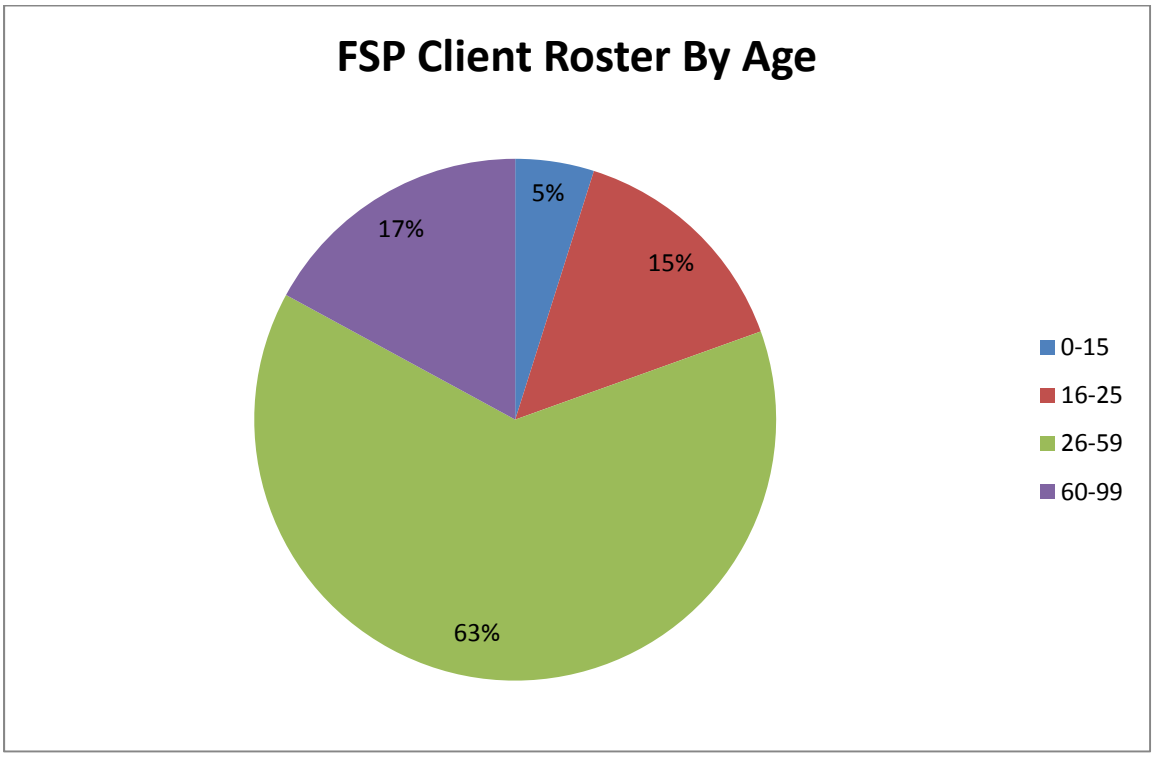
Full Service Partnership (FSP) is a program that provides comprehensive mental health services for individuals, and their families, who have been diagnosed with a severe mental illness and would benefit from an intensive service program. TCBHD provides extensive support and wrap around case management services for these individuals. Clients are referred from various sources and, if they meet the criteria, are assigned to a specific FSP Case Manager. The client must be able to partner in the recovery process, and are provided a variety of resources and support services.

While TCBHD offers FSP to all age groups, the largest population is adults, ages 26 - 59. The foundation of the FSP is to do “whatever it takes” to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client driven services and supports by fostering a team approach and partnership between the client, when possible the client’s

family, and the provider. Specific to the FSP program are, a low staff to client ratio, 24/7 crisis access and individualized services. Adult FSP programs may assist with housing, employment and education in addition to providing mental health services and integrated treatment for individuals who have a co-occurring disorder, or more than one diagnosed condition. Services can be provided to individuals in their homes, the community and other locations. Peer support groups are available as well and are outlined in the Peer Support Services section.

Highlights

- In 2012/2013 a total of 41 individuals were enrolled in and received FSP services
- FSP clients include residents of all ages:
  - Children 5%
  - Transitional Age Youth 15%
  - Adult 63%
  - Older Adult 17%.



Challenges

A challenge in the FSP program has been the ability to comprehensively provide FSP clients with the day to day life skills and social networks required for them to progress and to enjoy more independent living. The assigned clinical staff is critical for mental health care and supervision; however, clients need to learn the skills that will enable them to achieve recovery, wellness and independence beyond symptom management and basic life skills. To address this challenge, TCBHD is expanding the existing Community Peer Liaison role to include peer guidance of FSP clients currently in supportive housing. The Community Peer Liaison will

provide support and guidance as well as help the client to build coping skills and establish routines. Providing a blended support system of clinical and peer intervention will assist these individuals with severe mental illness during times of challenge. Whether environmentally or related to managing symptoms, this network of support will empower the FSP to overcome adversity and ultimately achieve independent living.

Cost Per Client

The estimated annual cost per client for the FY 2012/2013 year was approximately $8,237*.

How Lives Have Changed

A client named “Bob”, (this is not his real name), had been living in his car for several months, often staying in parking lots of public buildings even during cold winter months. Bob had physical as well as severe mental health issues and was ultimately referred to, and qualified for, the Full Service Partnership program through TCBHD. FSP assisted the client with obtaining a safe place to live and reconnected him with treatment for his physical and mental health conditions. With FSP assistance, Bob is now successfully managing both his physical and mental health symptoms and is actively serving as a volunteer within the community. Today, he is no longer part of the FSP program, as he has progressed and “graduated” to the point where he no longer requires TCBHD intervention and clinical supervision. He now fully manages his own medications and medication appointments; he rents a room and is living independently. Bob’s car, once his residence, is now used only for transportation.

Peer Support Services

Program Description

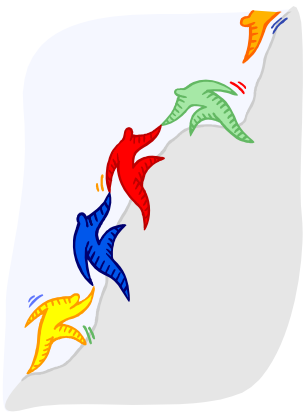
TCBHD encourages wellness and recovery by providing peer supported environments for clients to learn from others who have experience living with a mental illness. Peer-run environments stimulate socialization, encourage wellness and recovery and provide an atmosphere that fosters independent functioning. Two such programs, the Enrichment Center and the David Lambert Center are supported through MHSA. Operating independently of each other, while working together, in concert, they provide services to targeted populations.

The Enrichment Center (EC) opened in July, 2012 and is located at 101 Hospital Road, directly behind TCBHD. The EC is a peer-run center which offers ongoing, dynamic peer support groups for people with lived experience. The most highly attended group is the Peer Recovery Independent Development and Empowerment (PRIDE) group. PRIDE is for individuals living with a mental illness and the group fosters socialization, leadership development and extended recovery skills to assist members to continue to live independently. PRIDE helps peers to build coping skills and it encourages activities for mental and physical wellness. There are currently four additional support groups held on a weekly basis and run by peer volunteers: Dual Diagnosis, Depression/Bi-Polar Support, Emotion Regulation and Traumatic Recovery.

Each of these groups hosts an average of 2 to 8 participants. In addition to group support, the center allows peers a safe and comfortable place for socialization, as well as access to computers and printers, laundry and shower facilities and direct contact to FSP case managers. In early 2014, some new programs have been implemented. These include the following:

- Fun Healthy Eating – focusing on nutrition education
- Art group – centering on expressing oneself through art
- Honky Tonk Music – fun, lively entertainment
- Co-Dependents Anonymous (CoDA)– to assist peers in the development of healthy relationships
- Monthly visits from Motherlode Chapter of Therapy Dogs International

Complementing the Enrichment Center is the David Lambert Community Center located at 347 W. Jackson Street, approximately 1 mile from the EC. This drop in center caters to homeless individuals and is staffed completely by volunteers, some with lived experience. The center focuses on outreach to the homeless population by offering food and basic necessities as well as a place for socialization and emotional support. Guests have access to a computer and printer with Internet access for job search and support and they are referred to Behavioral Health if they are in need of services. There is an area for television viewing, games and social interaction. The center will be celebrating 15 years of service to the community in the Spring of 2014.



Accessible to both David Lambert and Enrichment Center members, and by appointment only, a Benefits Specialist is on site in the Enrichment Center to assist individuals in applying for, and obtaining, public benefits such as Medi-Cal and Supplemental Security Income (SSI). In addition to working with each person to refer them to resources that they might require, the Benefits Specialist performs outreach and engagement support to the community at large. Working closely with community agencies such as ATCAA, Salvation Army and Interfaith, referrals can be made to arrange assistance to those most in need.

<u>FY 2012/2013 Highlights</u>

- The Enrichment Center served an average of 83 unduplicated clients per quarter.
- The David Lambert center saw an average of 111 unduplicated visits per quarter.
- The PRIDE Group hosted an average of 59 unduplicated members per quarter.

<u>Challenges</u>

A major challenge for the Enrichment Center has been to provide adequate, locally accessible training to the peers working in the center and organizing the activities offered. Additional research is required to reach out to other mental health and wellness centers to share

strategies, successful models of implementation, as well as failures. Peer liaisons on staff need to increase their confidence levels to feel both capable and empowered in order to assist peer guests in their recovery. Training, as well as collaboration with other peer-run centers, will support staff to improve their confidence. Promotion and bolstering community awareness of both the Enrichment Center and the David Lambert Center continue to be an issue as well.

FY 12/13 Unduplicated Cost Per Client

The Enrichment Center was visited by 330 clients for an estimated annual cost per person of $392*.
The David Lambert Center was visited by 447 individuals for an estimated annual cost per person of $93*.
Benefits Specialist services were utilized by 41 people for an estimated annual cost per client is $811*.

How Lives Have Changed

A peer named "Sue" (this is not her real name) had been struggling with handling a diagnosed mental illness, substance abuse and anger issues. She began to attend counseling sessions at TCBHD and group sessions at the Enrichment Center (EC). Sue attended numerous support groups and actively participated by taking notes and asking questions. Improving, but still struggling, Sue independently sought support from the EC Peer Coordinator and asked her to provide information to the doctor to help him understand her better. The information provided by the EC Peer Coordinator gave the doctor another perspective of Sue which resulted in a medication change. This caused a positive shift in behavior enabling Sue to better handle the mental illness as well as day to day life issues. Since then, Sue has stopped abusing substances, regularly attends group sessions and is ever grateful to the EC stating that it is an extremely important part of the recovery process.

Crisis Services

Program Description

TCBHD provides Phone or Walk-in Services with the Crisis Access and Intervention Program (CAIP) team. CAIP consists of a specialized team of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services 24 hours a day, 7 days a week.

Highlights of Services

- Telephone and face-to-face intervention for support or crisis intervention
- Onsite evaluations at Sonora Regional Medical Center
- Assistance in connecting to community resources
- Follow-up appointments and reminders

- Arrangements for hospitalization if needed
- On-site evaluations and services at Tuolumne County Jail

Challenges

As with any 24 hour/7 day a week service, one of the key challenges is in the continual training of staff. With shift work, it is difficult to schedule all staff for required and optional training courses that occur outside of their normal working hours. Consideration of videotaping staff trainings and providing them to the shift staff is being reviewed. Another training tool in development is an employee reference manual. This binder was created by staff, for staff, to provide the most critical information related to crisis and phone response. Several staff members took the initiative to prepare the manual for management approval and the manual is meant to be a living, breathing document and will be updated along with any policy or procedural change. In addition to training, consistent communication between shifts is a challenge. The inconsistent passing of information during shift transition meetings is a continual issue with staff. TCBHD recognizes the problem and is working with staff to develop a comprehensive documentation and transfer of information process.

FY 12/13 Unduplicated Cost Per Client

In 2012/2013, the CAIP served 1007 unduplicated individuals at an average annual cost of $659 per client.

How Lives Have Changed

There is no schedule or calendar for the symptoms of mental illness. They occur at any time not just during normal business hours.

A client named “Betty”, (this is not her real name), has severe and persistent PTSD and opioid dependence. Her life can be chaotic. She often cannot regulate her anxiety, anger and depression. She makes regular use of CAIP services and feels safe and supported enough to contact CAIP staff when she is sad, proud, lonely, frustrated and even when she is very angry and hostile. Betty keeps in touch to report her successes as well as her challenges. Not too long ago, she reported she was seven months clean and it has been seven months since she was psychiatrically hospitalized.

Betty still experiences symptoms of her mental illness and very recently presented with hostility, shouting, swearing and extreme anxiety. With assistance of CAIP staff she was able to have a medication adjustment the same day through TCBHD Medication Services and immediate anti-anxiety treatment through Sonora Regional Medical Center. Psychiatric hospitalization was avoided and Betty was able to return to her home later on that same day. The knowledge that CAIP is open 24/7 and staff will support and assist her in continuing recovery is a comfort to Betty.

Prevention and Early Intervention

Prevention and Early Intervention (PEI)

During the initial PEI planning process, TCBHD conducted a thorough community input process to identify mental health needs and priority populations as part of MHSA's Prevention and Early Intervention (PEI) planning. TCBHD kept in mind that prevention in mental health involves reducing risk factors or stressors, building protective factors and skills and increasing support. Prevention promotes positive cognitive social and emotional development and encourages a state of well-being. Early intervention is directed toward individuals and families for who a short, relatively low-intensity intervention is appropriate to measurable improve mental health problems and avoid the need for more extensive mental health treatment.

PEI funding is intended for use for programs and strategies that prevent mental health problems or to intervene early, but not for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families.

One, or more, of the following key PEI Mental Health Needs must be addressed by a Project/Program:

- Disparities in access to behavioral health services
- Psycho-social impact of trauma
- At-risk children, youth, and young adult populations
- Stigma and discrimination
- Suicide risk

One, or more, of the following Priority Populations must be included in a Project/Program:

- Children/youth in stressed families
- Children and youth at risk of school failure
- Children and youth at risk of juvenile justice involvement
- Trauma-exposed individuals
- Individuals experiencing onset of serious psychiatric illness
- Underserved cultural populations.

TCBHD's initial 2 Year PEI Plan was subsequently approved with the following projects:

- Project One – *Early Childhood Project*
- Project Two – *School Based Violence Prevention*
- Project Three – *Suicide Prevention and Stigma Reduction Project*

Since the initial two year PEI Plan was approved, updates to each year's Annual MHSA Plan have been submitted, and some changes were made. Two additional projects have been added to the PEI Plan in previous updates:

- Project Four – *Older Adults, Latino & Native American Outreach and Engagement*
- Project Five – *Fostering Health Activities in Non Traditional Care Settings*

Each of the Tuolumne County Behavioral Health PEI Projects is featured in the following sections and a program to fulfill each project outlined will be continued in FY 2014-2017.

PEI Project Number 1 – *Early Childhood Project*

Program Description

Early Childhood Nurturing Parenting Education Program:

Nurturing Parenting is a priority intervention, universal prevention program that is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. This program has consistently been implemented by a team from TCBHD and via staff through a contract with an organizational provider called Infant/Child Enrichment Services (ICES). These services target parents in stressed families including: pregnant and parenting teens; special needs; poverty communities; substance abuse; abuse and/or neglect; domestic violence; social isolation; lack of basic needs; homelessness.

Demographics

The following priority populations are addressed in this project:

- Children/youth in stressed families
- Children/youth at risk of juvenile justice involvement
- Children/youth at risk for school failure
- Trauma-exposed Individuals
- Underserved cultural populations

FY 12/13 Highlights

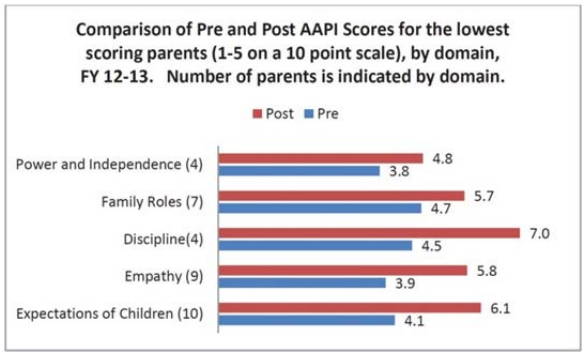
- 97 adults, 40 children age 0-5, and 12 children age 6-18 participated in 6 Nurturing Parenting Parent Education Classes.
- 7 Preschool and Kindergarten teachers and 12 CWS Social Workers were trained in Nurturing Parenting concepts including Early Childhood Development.
- Classes held: 3 Nurturing Parenting for Families in Recovery; 2 Nurturing Parenting Classes targeting the general public; 2 Nurturing Parenting Workshops – Parenting Without Guilt; and 1 Nurturing Parent Workshop for Providers – Partnering with Parents.
- 15 adults and 22 children received home visits with staff using appropriate Nurturing Parenting curriculum.

FY 12/13 Challenges

No issues or concerns were reported specific to this PEI program.

FY 12/13 Program Results

The Nurturing Parenting Program continues to be a successful model and strategy for improving parenting outcomes for families in our community. The program uses an evaluation tool, the Adult Adolescent Parenting Inventory (AAPI), which measures parent progress, as well as, assuring the program is meeting the desired outcomes. The AAPI assesses skills in five domains: Expectations of Children; Empathy; Discipline; Family Roles; and Power and Independence. The scores range from 1-10, with 1-3 being high risk, 4-7 medium risk, and 8-10 low risk. The program was provided to 33 parents throughout the year with a total of 20 pre- and post- tests completed. Parents are provided with their scores to show them where they need to focus their efforts versus where they are already showing strengths. As the chart below indicates, the parents completing the course in FY 12/13 improved in all domains.



FY 12/13 Unduplicated Cost Per Client

The estimated annual cost per client for this program is approximately $485. This PEI contract is funded 75% towards Prevention and 25% towards Early Intervention.

How Lives Have Changed

"Courage is not the absence of fear, but the ability to act in the face of it"
This is a true story. To ensure anonymity, the names of all individuals have been changed.

It was active substance abuse that brought "Daniel" and "Connie" to a point in their life where they were not able to keep their children out of harm's way. The children were placed in foster care and Daniel and Connie entered Dependency Drug Court. As they entered a new clean and sober life they were faced with the challenge of changing their parenting style in order to regain custody of their children. Daniel spent most of his own childhood in foster care and did not want his children to have to be exposed to the chaos and disconnected relationships that he had experienced. Connie's history revolved around drugs and alcohol, along with mental illness, she too wanted a healthier environment for their kids. Several circumstances compounded their addiction and ability to handle their stressful lifestyle. They were homeless, had no income, and no reliable source of transportation. Daniel had physical health challenges, and Connie was pregnant. They realized that in order for them to restore their family unit they would have to deal with the stressful chaos and start to heal the wounds of trauma the family had suffered.

With Daniel and Connie's desire to change, along with the support of a team of community service providers, the family's success started to unfold. The *Raising Healthy Families Program* assigned a Family Support Specialist (FFS) to their case to assist them in establishing new parenting patterns and help them with any referrals to other support systems. They were unemployed and living in a homeless shelter when their baby was born. The older children were in an out of town foster care home and upon birth the baby was placed in foster care locally. Parenting support visits were made weekly. One week, Daniel and Connie would meet with the FSS to establish goals and learn new parenting strategies. A focus was on using trauma informed practices that would aide them in dealing with the off track behaviors the children had developed due to the prior traumatic events. Another week, the FSS would attend the family's supervised visit at the Child Welfare Services office to get to know the children and observe parenting skills in the presence of the children. Daniel and Connie both intuitively had a sense of how to parent in a nurturing manner and it became evident that "stress" was their biggest barrier to nurturing their children. The FFS showed them ways to minimize stress, and how to manage old patterns of reacting to angry feelings.

A family decision making meeting was held to help problem solve with a team of people who cared about the kids. The FSS was instrumental in organizing the meeting and preparing Daniel and Connie to present their concerns and desires to reunite with their children. They felt empowered and grateful for the opportunity to meet with all the supportive people. New hope entered the family and Connie got a job that allowed them to buy a car. A transitional housing unit became available in the community and they were no longer homeless. With income, transportation and a roof over their heads, Connie and Daniel had their children back home. The FSS continued visiting weekly, working closely on specific family concerns. They worked on setting limits and boundaries for themselves and the children. The kids started at a new school and they had varying developmental needs that were challenging. Connie and Daniel worked out a family routine/structure that accommodated all members of the family. The family started to operate like a fine tuned machine; one that offered a secure base/safe haven for each member to explore and retreat with mom and dad in charge and being available to nurture their emotional and physical needs.

With Connie and Daniel's dedication to make changes and with support from family, friends and numerous community service providers, they eventually were able to provide a safe haven for their family. They graduated from Dependency Drug Court and have been able to stay clean and sober on their own. Connie and Daniel were given the opportunity to access the *Step Down Program* where by a home visitor aided them in making the transition from having plenty of outside agency support to advocating on their own for the family. Connie and Daniel still face challenges from past traumatic events but now, they use their new life and parenting skills to problem solve positive solutions. The family now enjoys playing and laughing together, they are able to support each other in times of need, and they have moved on to permanent housing. When "stress" becomes overwhelming they remember to calm themselves with a big cleansing breath because they know that "love will enter and peace will follow" and that they will make good choices for themselves and for their family.

PEI Project Number 1 – *Early Childhood Project*

The Social Emotional Learning Foundations (SELF) Program:

Program Description

TCBHD contracts with Tuolumne County Office of Education, which administers the Social Emotional Learning Foundations (SELF) program, in promoting the social and emotional development of young children ages 0 through 5. The program relies on an Early Childhood Education (ECE) specialist, along with other qualified and experienced community professionals, to address social-emotional development delays in early childhood. A minimum of five preschools are required to be served each fiscal year and are selected through an application process. Each selected preschool receives training, consultations and materials for teachers to use for the identification and long range management of children with behavioral problems. ECE specialists provide additional consultation on behavior management strategies to both teachers and parents and a Licensed Clinical Social Worker (LCSW) is also available to work on-site with children.

FY 12/13 Demographics

The target population for this program is

- Children/youth in stressed families
- Children/youth at risk of school failure

FY 12/13 Highlights

- 6 on-site training and consultation sessions were completed
- 20 teachers received consultation and training
- 11 children (with parental permission) were observed for behavior management issues
- 5 children (with parental permission) received therapy sessions with a LCSW

FY 12/13 Challenges

Transportation is an issue for children who live in outlying parts of Tuolumne County. Some parents are not able to afford gasoline to transport their children to special education child development screenings at the Tuolumne County Superintendent of Schools Office. The program manager is considering offering screenings at various times of day to accommodate parent work schedules. Also, despite having access to a LCSW to work on-site with children, many parents refuse services as they are not always ready to recognize that their child is in need of counseling services.

FY 12/13 Program Results

Each selected preschool received at least 20 visits from the SELF ECE for a total of 400 teacher consultations. These visits included observations of the social emotional climate in the classrooms, modeling behavior management strategies and supporting teachers in dealing with challenging behavior. Twelve children from five sites received individualized sessions. Five were seen for at least six months and none of the children had an Individualized Education Plan (IEP). The children were observed in the classroom and parents were informed of the results, with follow-up telephone consultation as needed and parents were provided with connections to various agencies in Tuolumne County. Five children were referred to a designated LCSW, one child was referred to a Child Find screening, and two families initiated services with ICES Raising Healthy Families for parenting support. These site visits, teacher consultations and parent referrals allow children and their families to receive early intervention support and services.

FY 12/13 Unduplicated Cost Per Client

The estimated annual cost per client for this program is approximately $142. This PEI contract is funded 100% towards Early Intervention.

How Lives Have Changed

These PEI funds are used to provide individual therapy for children who are not responding to the Social Emotional Learning Foundations (SELF) program classroom interventions. The following is a statement from Robin Gavoor, LCSW, who provides this service:

"I have been working with a 3 year old girl and her family. The child's paternal grandmother has guardianship and the maternal grandfather cares for the child at his home generally for several days each week. Her parents are in and out of the picture, generally due to drug use and incarceration. The child becomes overjoyed when her mom returns and, of course, doesn't understand why her mom just disappears. The child is navigating 2 very different cultures in the 2 homes of her grandparents. I have been able to provide regular 1:1 play therapy with the little girl. In therapy, she has had the opportunity to try on different modes of what being powerful feels like, to experience negotiation, to grieve with an ally, and to access a breadth of emotions. This child has had adverse experiences, and, understandably, has periods of dysregulation. Through the attuned, intimate, and playful interactions of therapy, she is becoming better regulated and I have seen increased resilience, and a quicker recovery from distress. Both caregivers have been open to a good deal of consultation with me. Having such good rapport with paternal grandmother and maternal grandfather has been a great help in helping the child. Further, the 2 aforementioned caregivers were at odds and have now softened towards each other."

PEI Project Number 2 – *School Based Violence Prevention*

Based upon the original PEI planning and data, strategies included in the school based violence prevention project continue through a universal violence prevention program.

The following were identified as Key Mental Health Needs for this project:

- Disparities in access to behavioral health services (Children & Youth)
- Psycho-social impact of trauma (Children & Youth)
- At-risk children, youth, and young adult populations
- Stigma and discrimination

The PEI priority populations selected for this project include:

- Trauma exposed individuals
- Individuals experiencing onset of serious psychiatric illness
- Children/youth in stressed families
- Children/youth at risk for school failure
- Underserved cultural populations

Bullying Prevention Program:

Program Description

TCBHD contracts with The Center for Non Violent Community's (CNVC) Bullying Prevention to provide programs to students between the ages of 6 and 13 at area schools aimed at reducing school based violence. Prevention educators engage students in lessons and activities which increase empathy for the victim, the person exhibiting bullying behaviors, as well as the bystander. Strategies are then provided for victims and bystanders to remain safe.

Demographics

The following populations are targeted by this program:

- Disparities in access to behavioral health services (Children & Youth)
- Psycho-social impact of trauma (Children & Youth)
- At-risk children, youth, and young adult populations

Highlights

- 386 students and 40 adults received Bullying Prevention services at Jamestown, Summerville and Curtis Creek Elementary Schools as well as through the Cal-SAFE Program
- 32 students participated in Girls Circle/Boys Council Activities at Jamestown Elementary School

Challenges

Effecting change as large as altering a culture is a momentous task and resistance has been met along the way. A school principal wanted to change the way in which staff dealt with conflict and move from a punitive based policy to a more positive, recuperative one. Bullying is reported in more than just the classroom, it is also evident in areas such as the bus, cafeteria and playground. CNVC was challenged to design a Conflict Resolution Workshop for teachers and classified staff (bus drivers, yard duty, and cafeteria workers) to deal with how to manage student conflicts. The staff was provided with the tools and training needed in order to recognize the most effective ways to deal with conflict. This involved changing the way in which they have instinctually dealt with these issues in the past. Teaching adults to change their learned behaviors remains a challenge to the organization.

Program Results

The Bullying Prevention Program continues to be a successful model to teach students respect, empowerment and choice. A Student Climate Survey was administered before and after a Bullying Prevention presentation to 6th through 8th grade students at one elementary school in order to gauge how the program is working. The presentation and survey were targeted to sexual harassment and how it is related to bullying. The presentation was given to 118 students and a pre- and post- survey was completed by each participant. Survey results show the following:

- 32% of students believe their peers are being bullied or harassed.
- 89% of students knew the steps to report bullying and harassment.

Overall, the majority of students are clear that sexual harassment is unwanted; however, they were uncertain about the distinctions between certain types of bullying and sexual harassment. This finding shows that there is an opportunity in teaching students in this area. The survey also asked students to identify the reasons why people get bullied at school and the top answers were: "*Being in special education*", and "*being overweight*". This data provides information on specific issues to address and which student groups to target moving forward. Social media was mentioned as well, with a large percentage of students mentioning: "*people call names or spread rumors about other kids using internet or cell phone (like text messages, email, Facebook, etc)*".

FY 12/13 Unduplicated Cost Per Client

The estimated annual cost per client for this program is approximately $55. This PEI contract is funded 100% towards Prevention.

How Lives Have Changed

A young man shared with CNVC staff that he was being bullied at school and he asked for their help. He joined the CNVC youth group at school and his self-esteem began to soar after

the very first meeting. After actively participating in the group for a few months, he now feels like he is a part of something and that there is a place where he belongs. He is the star of his own short movie vignette which tells his story about being bullied. His confidence has allowed him to discover that he has a talent, which is his ability to “pop” dance. Even though he is still bullied at school, he now has a hope that things will change and he has a place where he feels comfortable, welcomed and wanted. His family is rebuilding connections and he has a reason to get up every day.

PEI Project Number 3 – *Suicide Prevention and Stigma Reduction Project*

Based upon earlier PEI planning, stakeholder response and data analysis, community feedback indicated that people who have attempted or might attempt suicide have one of the greatest needs for behavioral health prevention and early intervention services in Tuolumne County. Suicide has been selected as one of the most important community issues specific to prevention and early intervention. Stigma/discrimination was listed as the third most glaring barrier to access of behavioral health support and counseling, and stigma/discrimination education was considered a high priority.

The following key community mental health needs included in the project:

- At risk children, youth and young adult populations
- Stigma and discrimination
- Suicide Risk

The PEI priority populations selected for this project include:

- Trauma exposed individuals
- Individuals experiencing onset of serious psychiatric illness (Adults and Older Adults)
- Children/youth in stressed families
- Children/youth at risk of or experiencing juvenile justice involvement
- Underserved Cultural Populations

Suicide Prevention Program:

Program Description

In November, 2012, TCBHD contracted with Amador Tuolumne Community Action Agency (ATCAA) to coordinate and manage the Suicide Prevention Program for Tuolumne County. The goal of the program is to provide a variety of community-wide trainings in order to open dialogue and raise awareness about risk factors, protective factors and warning signs of suicide. A community education campaign was implemented to continue to build awareness of suicide, educate the community about suicide, encourage the community to act to address suicide and to reduce the stigma around depression and suicide.

Demographics

The target populations for this program are:

- Trauma exposed individuals
- Individuals experiencing onset of serious psychiatric illness (Adults and Older Adults)
- Children/youth in stressed families
- Children/youth at risk of or experiencing juvenile justice involvement
- Underserved Cultural Populations

Highlights

- 22 participants successfully completed a 2-day ASIST Training (Acquiring Suicide Intervention Skills Training)
- "Know The Signs" literature, posters & brochures were distributed through the county
- 3 trainers were certified to facilitate safeTALK (Tell Ask Listen and KeepSafe) Trainings
- Successful planning and implementation of the 4th Suicide Prevention Summit

Challenges

ATCAA took over the program from a previous contractor in November, 2012. Many obstacles were encountered because approximately 6 months of time had elapsed since any work had been dedicated to the program. A great deal of learning took place, a plan was developed and momentum was built during this period.

Program Results

A major accomplishment of the program overall has been to strengthen, broaden and sustain the Suicide Prevention Task Force (SPTF). The task force has been comprised of representatives from various organizations including Tuolumne County Behavioral Health, Board of Supervisors, the Office of Education, local hospitals, medical practitioners, non-profit agencies, senior support agencies, faith-based organizations, Public Health, community college and child development agencies, as well as community members, many with personal experience of suicide in their families. ATCAA has provided the leadership and direction needed and the result is a robust group of heavily involved community members. Designated task force representatives work cohesively as a team and are committed to disseminating information, addressing the needs of the group and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA has managed to build a solid plan to strengthen awareness of suicide in Tuolumne County. Their partnership with community advocates and their work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront.

FY 12/13 Unduplicated Cost Per Client

Because ATCAA is providing support and coordination for the overall suicide prevention initiative, it is not possible to calculate a cost per client. This PEI contract is funded 100% towards Prevention training and programs.

Tuolumne County
Suicide Prevention Task Force

How Lives Have Changed

A significant success was the planning, and subsequent implementation, of safeTALK trainings in the community. Bringing safeTALK trainings to Tuolumne County was a goal for the Suicide Prevention Task Force strategic plan for a number of years. During the trainings, "Know the Signs" and other suicide prevention materials were distributed. It was reported that a participant at one of the trainings was able to use the material learned to help to prevent a person in Tuolumne County from committing suicide. There have been other participants at the trainings that have indicated they will go back and have a conversation with someone they thought might be having thoughts of suicide. Implementing safeTALK trainings in the community is making a significant, positive impact.

PEI Project Number 4 – *Older Adults, Latino and Native American Outreach and Engagement*

Older Adults Outreach and Engagement Services:

Program Description

TCBHD has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of this program has been to engage those individuals that are unserved or underserved and are currently receiving little or no mental health services by providing those services within the community and in locations other than traditional mental health service sites. Engagement strategies include offering in-home and in-facility visits, socialization, counseling, resources and referrals.

Demographics

The target population for this program is:

- Underserved Older Adult Populations (60+)

Highlights

- 103 individuals received counseling, engagement services and/or participated in socialization activities.
- Implementation of the "Salt Shaker Support Group".
- An Elder Awareness Conference and a Free Senior Luncheon were held to build awareness.

Challenges

The recruitment of a Volunteer Coordinator was a challenge for this provider as viable candidates were not readily available. The focus of the Coordinator was to address volunteer recruitment, training, and partnerships which would enable the program to grow. Continued efforts have been made to recruit a Volunteer Coordinator from the existing pool of volunteers.

Program Results

Catholic Charities staff attempted to conduct pre- and post- surveys; however, the results were not matching the anecdotal feedback that they are receiving directly from clients. Survey results showed little to no improvement after services were received, yet reported written and verbal statements were indicating positive development in client's mental health. After some investigation, it was determined that the "Yes" or "No" answer options on the survey were not adequately capturing the data. A new survey using the Likert scale is recommended for better capturing data results. A Likert scale measures attitudes presenting answer choices that range from one extreme to another such as: Strongly Agree, Agree, Neutral, Disagree and Strongly Disagree. Offering a range of responses would help to more easily identify areas of improvement for the program. Despite the lack of quantifiable data, many activities and

strategies are being used to reach older adults including: providing information at community meetings; attending multi-disciplinary team meetings; and working closely with County departments. Additional outreach was executed in the form of informational presentations that were offered at local service clubs, the Tuolumne County Health Fair and the Senior Expo. These activities helped to build a partnership between clinical staff and volunteers by using each partner's expertise to provide outreach, engage, assess, and link each individual, or family, with the appropriate programs or services.

FY 12/13 Unduplicated Cost Per Client

The estimated annual cost per client for this program is approximately $485. This PEI contract is funded 100% towards Prevention.

How Lives Have Changed

An Outreach and Engagement counselor visited a woman in her 70's who was living alone and suffering from moderate depression. When treatment began, the woman, "Gwen" (this is not her real name), had been isolating from others and was being taken advantage of by some of those coming into the home to provide assistance. Gwen was at risk of falling due to her medical issues and her home was severely cluttered. After three months of weekly treatment, Gwen began to regularly attend Alcoholics Anonymous meetings and had begun to repair relationships. She broke ties with more than one person who had been taking advantage of her, and was setting better boundaries with those helpers still in her life. Gwen also successfully cleaned and de-cluttered two entire areas of her home with the help of in-home supportive services. Due to the improvement in her self-care and her greater sense of inner strength leading to better self-protection, Gwen is able to enjoy better physical and mental health.

Latino Outreach & Bilingual Parenting:

Program Description

In order to more appropriately conduct outreach to the Latino families in Tuolumne County, TCBHD contracted with a bilingual parent educator who provides outreach, information and referral, and case management services to Latino families at risk of needing mental health services. Case Management support includes the identification and development of individualized needs and goal setting plan for each family.

Demographics

The target populations for this program are:

- Children/youth in stressed families

- Children/youth at risk of school failure
- Trauma-exposed individuals
- Underserved Latino populations

Highlights

- 269 Home Visits were provided to 28 Latino families, which included outreach, information and referral and case management services.
- Total unduplicated adults served: 46
- Total unduplicated children: 50
- Average case load: 28 families

Challenges

Lack of childcare continues to be an obstacle for parents to negotiate when they need to attend a class or a workshop. Many parents do not have the family support, or the funds to pay, for childcare during these classes.

Program Results

While specific, measurable outcomes are not available to report, outreach efforts to agencies and schools helped to build a greater awareness of bilingual services that are available in the community. This outreach resulted in several requests for translation services in person or over the phone. Awareness was also reinforced through 2 workshops on Cultural Awareness, as well as through collaborative efforts in advertising and community events such as health fairs.

FY 12/13 Unduplicated Cost Per Client:

The overall estimated annual cost per client for this program is approximately $208. Of that, 70% ($146) is funded towards Early Intervention services and the remaining 30% ($62) is funded towards Prevention activities.

How Lives Have Changed:

From Mercedes Tune

“A blended family consisting of two parents and two children ages 9 and 5 were in need of services. The Mother’s nuclear family lives locally and while she understands some English, she reads and writes in Spanish only. The Father does not have family in USA and he

understands only basic English. The older child is bilingual while the younger child does not speak at all.

The five year old presented developmental delays and the parents only "knew something was not OK". The child was referred for assessment to the Early Start Program. After a series of tests, he was diagnosed with "Selective Mutism". Due to the lack of verbalization, the family overprotected him resulting in developmental delays, including the fact that he was still using diapers. The family was eager to participate in the intervention program. I worked intensively with the parents on honing their parenting skills, building self-confidence, and understanding the diagnosis of Selective Mutism and its treatment. We developed routines and approaches to support the child development and age appropriate self-sufficiency. Early Start provided speech therapy and constant psychological monitoring. A partnership developed between the family, the Early Start Program and the Bilingual Parenting Program which provided the necessary services to the child and his parents. Within a few months of intervention the child had mastered developmental tasks required to join the Head Start program for a few hours day, and in a few more months, he was able to attend full time. He started producing words, then phrases and finally joined in games and activities with the other children. Head Start teachers were pro-active in supporting the child's integration to the classroom. The family became proficient in managing the child's anxiety, a symptom of the Selective Mutism, and they learned strategies to re-direct his behaviors and to help him to stay calm.

At the same time, it was necessary to address the oldest child's role in the family. For some time her emotional needs were on hold because of her sibling's condition. The parents were willing to examine the situation and worked to change it.

The case is now closed and the family continues to do well."

Native American Outreach and Engagement:

Program Description

Through a contract with TCBHD, the Tuolumne Me-Wuk Indian Health Clinic (TMIHC) has provided outreach and engagement services targeting Native American youth and their families. The intent of this program is to involve individuals, families in this population by offering programs designed to engage the participants in healthy activities, and offering opportunities to connect with their Native American culture through activities such as sweat lodges and cultural-specific trainings. The primary focus has been on developing coping strategies and leadership skills to assist in the prevention and early intervention of mental illness in this population

Demographics

The target population for this program is:

- Underserved Native American Populations

Highlights

- 117 individuals participated in monthly sweat lodge ceremonies.
- 279 individuals participated in the Native Circle, substance abuse recovery group.
- 3 Workshops were held: Mending Broken Hearts; Healing the Healers; and Motivational Interviewing.

Challenges

The Native Youth Leadership Group sees a reduction in participation when various sports activities conflict with students schedules. Since participation in sports and physical education is vital to overall health and wellness, staff used this "down-time" as an opportunity to attend state-wide training and to plan and implement ongoing group curriculum to specifically address the needs of youth and leadership skills that are culturally relevant to Native American youth.

Program Results

Continued support of the academic success of Native American students, currently attending local schools on an Individualized Education Plan (IEP), continues to be a focal point of the program. Through the Blue House afterschool program, staff collaborated with school faculty to provide tribal support to these students and their families. There were a total of 6 high school seniors in the program and 100% completed the required work and graduated. Promotion of spiritual and healing practices among Native Americans in recovery is another main focus. Monthly Sweat Lodge Ceremonies, Native Circle and other special events are scheduled throughout the year to provide culturally sensitive services to those in need.

FY 12/13 Unduplicated Cost Per Client

The estimated annual cost per client for this program is approximately $73. This PEI contract is funded 100% towards Prevention.

How Lives Have Changed

For many years a member of our Native Community struggled with addictions to drugs and alcohol. He was unable to sustain employment and his marriages ended in divorce. He was homeless most of the time and had a history of dozens of arrests with some prison time. Elders looked down on him and he could not be trusted. He was unhappy.

As a Native American, he was able to remember the spiritual roots of his family and chose to return to those roots. He arrived to our program the very same day and only "a little drunk".

After about a year, he was able to complete all of the required orders of the Court system including graduating from Drug Court. He has been drug and alcohol free for well over a year. He attends and participates in our red Road Groups and Spiritual Ceremonies. He also volunteers for service to the Sweat Lodge Ceremony. Most important of all is that he is now going to school so he can be a Substance Abuse Counselor himself. He is doing a great job helping people in our community and has a goal to intern with us here at MEWU:YA. Today, he is happy.

PEI Project Number 5 – *Fostering Healthy Activities in Non-Traditional Settings*

A new PEI Project was approved as part of the MHSA FY 13/14 Annual Plan, titled "Fostering Healthy Activities in Non-Traditional Care Settings". This project is intended to provide students with access to preventative health care services that may be otherwise unavailable.

Program Description

Through a contract with the Tuolumne County Public Health Department, TCBHD is able to provide preventive health care service access to students via the Be On Board (BOB), Health Van. This service was initiated in September, 2013, and has been devoted to providing students in Tuolumne County with access to preventative health care services that may otherwise not be available to them. Services include routine immunizations, sports physicals, health and wellness assessments and screenings of school-age residents for behavioral health disorders as well as infectious diseases.

Demographics

The target populations for this program are:

- Children/youth in stressed families
- Children/youth at risk of school failure
- Children/youth at risk of juvenile justice involvement

Program Results

This is a new PEI program for FY13/14, therefore challenges, highlights, results and annual cost per client are not yet available. This PEI contract is funded 100% towards Prevention.

PEI Statewide Plans Program:

Program Description

In 2008 the Mental Health Services Oversight and Accountability Commission (MHSOAC) determined that three statewide projects would be most effectively implemented through the State Department of Mental Health (DMH), a single statewide entity, and that a combined funding level each year for four years would be used specifically for these three projects:

- Suicide Prevention – intended to significantly impact information about suicide prevention
- Student Mental Health initiative – intended to provide grants to educational institutions
- Stigma and Discrimination Reduction – intended to develop a strategic plan to reduce sigma and discrimination against people living with mental illness

Because these funds were to be utilized in a statewide process, DMH requested counties assign their allocation for these three initiatives directly back to DMH for administration. In response to stakeholder request for additional options for using the funds, the DMH and the MHSOAC determined that these options would be made available to Counties to use their assigned fund allocations in order to implement prevention and early intervention programs across the state.

California Mental Health Services Authority (CalMHSA), a Joint Powers Agreement (JPA), was formed in July 2009 as a solution to providing fiscal and administrative support in the delivery of mental health services. DMH then contracted with CalMHSA to administer the funding and implementation of mental health services, projects and educational programs at the state, regional and local levels. Counties then became eligible to assign the Statewide PEI fund allocation to CalMHSA, thereby creating a multi-county collaboration. TCBHD, through a community stakeholder planning process, elected to assign the Statewide PEI allocation funds to the CalMHSA, JPA, because it was believed that CalMHSA would most efficiently utilize these funds for broad prevention approaches to suicide prevention, stigma and discriminations and student mental health, and successfully connect efforts across counties in California. The total allocation from TCBHD assignment to CalMHSA set aside funds totaling $193,200 ($48,300 a year for four years).

Subsequent the assignment from TCBHD, and all other counties that assigned said funds, CalMHSA began implementation of these projects upon receiving funds from the counties through DMH. These PEI statewide projects were developed and implemented with the involvement of County Directors and staff, California Mental Health Directors Association (CMHDA), Mental Health Services Oversight and Accountability Commission (MHSOAC) staff and other diverse stakeholders throughout the state.

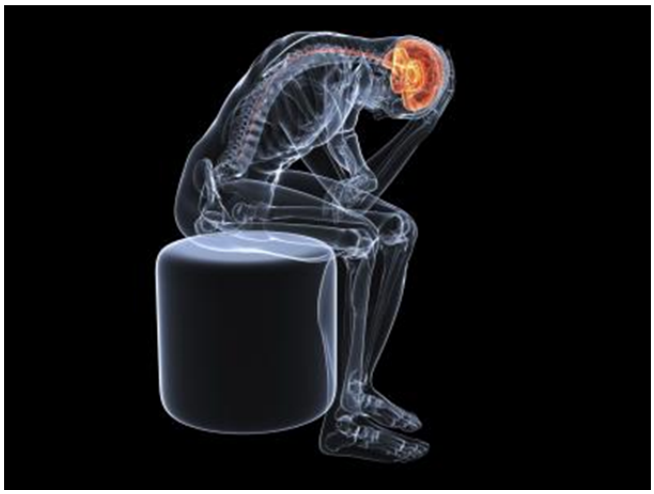
TCBHD recommends continued participation and election to participate in the mandatory annual funding of PEI Statewide Plans at a contribution rate of 5% of local PEI funds. This will allow for continuation of existing and successful PEI programs to prevent suicide, reduce stigma and discrimination, and to improve student mental health. These programs would continue to be provided through CalMHSA.

Innovation

Innovation - Wellness: One Mind, One Body

Program Description

Tuolumne County Behavioral Health Department's newest Innovation Project is titled "Wellness: One Mind, One Body". During the planning process for the FY 2013/2014 Annual Update, specific input regarding a new Innovation project was received using a variety of methods and sources. Based upon the responses, it became apparent that there was a need to integrate behavioral and physical healthcare services to provide clients more satisfactory health and mental health services. Using the information received, the Tuolumne County Medical Society was engaged to provide their perception of the identified need for coordination/integration of behavioral and physical healthcare. The physicians indicated that they would like someone to consult with and refer clients to. The concept of an integrated approach to healthcare and behavioral healthcare was introduced. This Innovation project was approved on April 1, 2014, by the Board of Supervisors as an update to the MHSA FY 13/14 Annual Update.



The Innovation plan focuses on integrating behavioral health care with physical health care through the coordination of the client's care. The project was selected based on an increasing body of research which shows that people with serious and persistent mental illness (SPMI) have health outcomes that are significantly worse than those of the general population. Deaths for this population occur on average 25 years earlier than those without SPMI. These individuals are more likely to have high blood pressure, heart disease, diabetes, or other serious medical issues. There are many reasons for the premature deaths such as low medical follow up, high rates of tobacco use, high rates of alcohol and illicit substance use, poor diet and lack of exercise. A Care Collaboration Team is working together intensively, and ultimately, it is expected that a service delivery model which is unique to Tuolumne County will be developed. The collaborative partners consist of non-mental health care providers from public health, physical health care, holistic care practice, as well as members of the TCBHD behavioral health care team. Utilizing technical training provided through a collaborative effort with the California Institute for Mental Health (CiMH), the team will work to accomplish the integrated service delivery model.

A TCBHD clinical staff member has been appointed as the Innovation Project Client Care Coordinator. This staff person is working to identify clients for participation in the Innovation project. The Care Coordinator ensures that those clients who do not have a designated primary care provider are offered assistance in finding and establishing care with a provider that meets their insurance and health needs. Additionally, current clients who are stable and utilizing medication services only are being assisted in transitioning to receive ongoing mental health medication support from their primary care doctor. The project involves opportunities

for primary care doctors and nurses to consult with behavioral health staff to support the client's ongoing care and maintain stability. The Client Care Coordinator also assures the collection of data which will (ultimately) be used to monitor and measure the success of the project.

It is expected that the project will take between three and four years in order to achieve the learning objective(s).

Demographics

The project demographic includes persons with lived mental health experience who are already receiving services at TCBHD. Through an initial screening process, participants are included in the project as it moves forward. This screening includes interviewing clients to determine whether or not they have a primary care physician (PCP). For those that do NOT have a PCP, the Client Care Coordinator works to obtain medical benefits for the client, and to locate a PCP. These individuals are the early enrollees in the project. The demographic may shift and/or expand during future phases of the project.

Information gathered as part of the MHSA Annual Update FY 2012/2014 community program planning process uncovered the belief that there is a gap between the behavioral health care and the physical health care received by clients served by TCBHD. Also discovered during that process, was a distinct lack in the coordination of care and the follow up for the client. Additionally, State and Federal changes in health care management will have an impact on how service is delivered because the Patient Protection and Affordable Care Act provides incentives and support for the integration of Mental Health/Substance Use Disorders and primary care services.

Highlights

The essential purpose of the "Wellness: One Mind, One Body" Innovation Project is to increase the quality of life for persons with lived mental health experience, including better outcomes for them. The Innovation Component of MHSA affords each county an opportunity to learn by the piloting of a new or changed practice. Specifically, TCBHD wants to learn if using a coordinated approach to integrating behavioral healthcare and physical healthcare will benefit the clients served in this rural county. It is intended that clients will achieve not only improved health outcomes as a result of the project, but improved self-care as well.

There are several issues being addressed by this innovation. Those issues include:

- Identification of changes needed to establish multiagency communication;
- Creation of improved workflow(s) for coordinated physical and behavioral healthcare;
- Promotion of client's self-management of (physical and behavioral health care);
- Establishment of a clinical information "system", using limited resources in this rural county.

Challenges

TCBHD is addressing a significant local challenge which involves the need to provide better and more coordinated physical healthcare with behavioral healthcare in order to give clients a more satisfactory health and mental health outcome. Medical services for persons with lived (mental health) experience are poorly coordinated and fragmented because of "siloed" care plans and treatment. Clients also rarely receive support to be active in their own care, or to engage in healthy behaviors.

The population of Tuolumne County tends to be isolated geographically. The county consists of a large older adult population (22% in Tuolumne County vs. 12% in California), and the residents generally have lower college education rates, as well as more limited access to technology due to signal restrictions or lack of cable availability. These are unique values and cultural issues embedded in the rural lifestyle and attitudes of the community, and these standards and issues provide challenges, and also present barriers, to the coordination of physical health care with mental health care. Stigma related to mental health remains a substantial barrier as well.

Program Results

Implementation of the newest Innovation Project has just begun; therefore there are no program results to report as of yet. It is expected that at the conclusion of the first full fiscal year (FY 14/15) there will be data available which will provide preliminary results about whether or not improved outcomes are being achieved. During the first 12 to 15 months of the project (approximately 3/1/2014 through 5/31/2015), the project consists primarily of the technical assistance and training necessary to lay groundwork for the collaborative team.

How Lives Have Changed

Because the project is still in the first months of implementation, there are not yet any personal stories to be shared about whether or not the lives of some of the clients have changed as a result of participation in the project.

FY 12/13 Unduplicated Cost Per Client

Because this program is in the early stages of implementation, and was not operational during FY 12/13, the annual cost per client is not available.

Workforce Education & Training

Workforce Education and Training

Program Description

In order to prepare for TCBHD's initial Three-Year plan, a workforce needs assessment was conducted to determine the Workforce Education and Training (WET) requirements. The initial plan covered FY's 2006/2007, 2007/2008 and 2008/2009. Since then, the WET plan has been updated annually within the overall MHSA Annual Plan and counties were required to identify WET activities related to the following components:

- Workforce Staffing Support;
- Training and Technical Assistance;
- Mental Health Career Pathways;
- Residency, Internship Programs;
- Financial Incentives.

TCBHD identified specific actions to be taken as part of each of these directives and the plan outlined the need for a range of trainings for staff development and community collaboration. These trainings were intended to bring about a wellness, recovery oriented, and strengths based reliance model for agency staff. In turn, the culturally competent philosophy of a client/family driven mental health system is intended to deliver services based on the wellness, recovery and resilience model which includes community collaboration. The funding provided for WET was a one-time allocation to cover a ten year period.

Planned Workforce Staffing Support

Competency-based training approaches are important in order to ensure accountability and outcomes. TCBHD will continue to build core professional competencies through trainings for staff in support of evidence based practices. Also, peers on staff at the Enrichment Center are in need of specialized core development training. This is a key objective to give peer employees the tools they need such as job readiness, interpersonal skills and support skills that will allow them to be successful in a peer-run environment.

New staff, in the form of interns from educational institutions is desired. However, many interns move on after earning their hours within the County Public Mental Health system. It is TCBHD's goal to involve and create a professional environment with incentive programs and career pathway programs to encourage them to stay. The Mental Health Loan Appreciation Program (MHLAP) can serve up to 6 employees per year for qualified positions. Eligible employees are granted up to $10,000 in student loan repayment and must agree to a 2 year employment contract in return. There were 4 applicants in 2013 that benefitted from this program. There are also Marriage and Family Therapist (MFT) Stipend programs available to staff who are willing to agree to 2 years of service within the rural mental health system.

Highlights

Staff and or Community Trainings during FY 12/13 included:

- Mental Health First Aid
- Best Practices in Serving LGBTQ and Families
- Problem Gambling
- Culturally Responsive Services for Latinos and Latinas
- Substance Use and Older Adults
- Culture of the Client and Culture of the Family
- Mending Broken Hearts Me-Wuk Indian Health Care
- Intergenerational and Situational Poverty
- Suicide Prevention – ASIST
- SafeTALK Trainings

These trainings have created a greater awareness of cultural sensitivity and helped lead to community collaboration within Tuolumne County. In October 2012 Intergenerational and Situational Poverty, an all-day training course to improve understanding in the sensitivity of services related to those in the culture of poverty, was attended by 123 community members of mixed professional, cultural, and ethnic backgrounds. Eleven staff members from TCBHD were present at this training.

In early 2012, TCBHD offered a Mental Health First Aid (MHFA), "train the trainer" course to Columbia Junior College staff. The course has since been a staple at the College and instructors have attended 2 additional training courses to keep their certifications current. As a direct result of the MHFA training, college staff recognized a need for wellness awareness on campus and they hosted a Wellness Fair in Spring 2013. The fair highlighted a plan for physical, mental, emotional, and educational wellness among college students, families, community members, and instructors.

The trainings listed above were attended by 35-45 staff members, and some had outside community members present, as well. Suicide prevention trainings such as ASIST and SafeTALK have been utilized to train educators, school administration, nurses, faith based community members and health care professionals. As a Certified Continuing Education (CE) Unit Provider, TCBHD is able to support these training efforts by awarding CE Units which meet the strict guidelines of the Board of Behavioral Sciences, the Board of Registered Nurses, and the Certified Addiction Specialist Board.

Interns and Student Nurses

TCBHD provides ongoing supervision and support to new MFT and Approved Social Worker (ASW) interns. Prior to accepting these intern placements, contracts are created and approved by the county and each university. Before students start their hours, they are fingerprinted and background checked by the county and fill out an intern packet. Once cleared through the Department of Justice, the interns may start to accumulate hours of experience necessary for their certification or licensure.

The success of this portion of the WET funding expenditures can be calculated by the number of licensed individuals who continue on staff at TCBHD. In FY 2012/13, four licensed and license eligible interns were hired to replace retiring therapists.

In FY 2012/13, nineteen Student Nurses from Modesto Jr. College came to TCBHD as part of their student rotations. TCBHD hosted the nurses as they spent five weeks on rotation through Medication Management with the Psychiatrist, Alcohol and Drug Dependency Group, and the Enrichment Center for Peer Services. The nurses have reported great interest in this portion of their student program.

Challenges

Several challenges have been evident in the WET program. A dedicated WET Coordinator had previously not been assigned which made it difficult to determine which training opportunities were available and eligible under the funding umbrella. Keeping track of these trainings was an issue as well and the fact that funding was spread out over a ten year period was difficult to manage. TCBHD now has an appointed WET Coordinator who will manage all aspects of department training requirements.

Capital Facilities & Technological Needs

Capital Facilities and Technological Needs (CFTN):

The initial Capital Facilities and Technological Needs plan included approvals to consolidate three separate behavioral health buildings into one building located at 105 Hospital Road. The plan also included the remodeling of the building area where the Crisis Assessment Intervention Program (CAIP), which provides Phone and Walk-In Crisis Services, is located. This plan was approved in 2011. In March 2012, Capital facilities funds were used to renovate an vacant building owned by Tuolumne County, located at 101 Hospital Road. That building met the expansion needs for TCBHD's Peer Support and Recovery Services, and is now known as the Enrichment Center.

Technological Needs have also been met with this funding, specifically the CAIP Project and IT infrastructure, including cabling, reconfiguration, and networking. The county's use of electronic health record software, ANASAZI, has also been partially funded under technological needs, which included staff training on the system, as well as the migration of data and purchase of signature pads.

Challenges

Through careful planning with facility expenditures being kept to a minimum, there are still unspent CFTN funds which are available for additional projects. This is presented as a challenge because there are several program support needs which would drive additional capital building expenditures. TCBHD is facing "space needs" in several areas, which lead to the possibility of several projects:

- Renovation of a former Long Term Care facility, located next to the current Tuolumne County Behavioral Health building at 105 Hospital Road. This building would be considered to house all FSP and LPS case managers into a central location and potentially co-located County social services staff.
- Perimeter fencing around the Tuolumne County Behavioral Health campus is intended to improve safety and control. The fencing would protect clients and employees from unsafe areas and also act as a deterrent to unauthorized persons from utilizing the hidden areas for suspicious activities.

In addition to the Capital Facilities requirements, certain technology needs have also arisen around the basic infrastructure in the Enrichment Center and the David Lambert Center. Specifically, the need to upgrade computers and printers and to expand and modernize computer labs and workstations in both locations is becoming a critical issue. With more and more peers visiting both centers, the need for updated and more computers is becoming vital to TCBHD's ability to provide services to all individuals.

Permanent Supportive Housing

Permanent Supportive Housing

Program Description

The MHSA Housing Program was created following State Executive Order S-07-06 which created a state-controlled dedicated funding source for financing the capital and operating costs associated with the development, acquisition, construction, and/or rehabilitation of permanent supportive housing for individuals with mental illness and their families. In the summer of 2012, utilizing the funds allotted to Tuolumne County for this purpose, the Tuolumne County Board of Supervisors approved the purchase of permanent supportive housing for severely mentally ill residents. This action was the culmination of several years of community program planning as part of MHSA housing efforts. The cooperative effort between Tuolumne County Behavioral Health and the Tuolumne County Board of Supervisors resulted in the purchase of the Washington Street Supportive Housing Project. This supportive housing project added a total of 6 units, three units each of two floors.

Recognizing the ongoing need for additional housing for TCBHD clients, Tuolumne County Board of Supervisors approved the use of previously unspent MHSA-CSS funds as part of General Systems Development Housing efforts. The funds were transferred to Tuolumne County Behavioral Health Housing, a 501-c-3 organization, and the property in Jamestown, known as Cabrini House, is planned for acquisition to provide stable, permanent housing. The Cabrini House Project is supported in the same way as the current Washington Street Housing Project. The procurement of the Cabrini House results in five (5) additional housing units to the current inventory available to TCBHD clients.

Demographics

The target individuals for this program are those served by the current MHSA Housing Programs, including MHSA Full Service Partners, as well as persons with lived mental health experience who are receiving other TCBHD services.

Highlights

There are 11 individuals who are supported to live independently, to receive mental health services and to thrive by living within the community. Having housing units within Tuolumne County means that clients do not have to leave their community in order to receive services.

Challenges

TCBHD has had some issues when “siting” a housing project, specifically the difficulty surrounding stigma against persons with lived mental health experience. However, working

closely with neighbors in the surrounding areas where housing has been successfully located has been instrumental in addressing this significant local challenge.

Program Results

Residents at the Washington Street housing project have successfully received supportive services and continue to live independently, many having moved out of institutional care during TCBHD's previous Innovation Program: Building a Life at Home. The residents at the Cabrini House have been residing there for some time, and have been well-received by the neighbors. The program has been successful in that the units remain occupied 100% of the time, and the demand for more supportive housing units is ever apparent.

How Lives Have Changed

TCBHD was providing services to "Steve" (this is not his real name). Steve had been diagnosed with Severe Mental Illness (SMI) as well as alcohol and substance abuse problems. Initially, Steve was at odds with his family, was unemployed, homeless and significantly impaired by symptoms of his SMI and substance abuse. He began treatment with TCBHD and was eventually placed in a Supportive Housing unit. By receiving mental health counseling services, medication services, peer support and housing, Steve was able to gain confidence in his abilities and managed to turn his life around. He has since begun to repair the relationships with his family, he is active in the community and in the Enrichment Center and he is a role model for other peers to follow. Along with the other services received, Steve credits a stable housing environment with helping to give him the foundation he needed to re-build his life, from the ground up.

Mental Health Triage – SB 82

Mental Health Triage – SB 82

Program Description

Expanded MHSA funding became available through a competitive grant application process under Senate Bill 82 (SB 82). SB 82 funding was established in order for the Mental Health Crisis Response system to support law enforcement in the field related to mental health crisis situations. TCBHD was awarded the expanded MHSA funding to increase the crisis services within the county. The goal of the funding award is specifically to reduce the number of persons that present at the Emergency Department and to reduce psychiatric admissions. As a result of this new funding, TCBHD will expand the number of Behavioral Health staff available to meet law enforcement in the field within a 30 minute radius of the department. Three (3) Full Time Equivalent (FTE) positions are being added to create a strong foundation to the existing Crisis, Access and Intervention (CAIP) Program. The addition of these resources gives TCBHD the opportunity to build upon current successes and strengthen the existing system with the flexibility of field response. This field response is critical to the ongoing resource development to reduce hospitalizations and, by extension, conservatorships in Tuolumne County.

Demographics

Mental health crisis interventions for persons who come to the 24 hour walk-in services independently or as referred as diversion from Sonora Regional Medical Center is the core function of the Crisis, Access and Intervention (CAIP) Program. The persons who will be served by the addition of the triage personnel are those individuals who can be served in the field, with whom law enforcement has become involved. Triage personnel will be diverted to the field for crisis intervention for these individuals.

Highlights

TCBHD is currently in the process of working with County Administrative Staff to create the new positions and fill them. There are no “program highlights” to point out at this time, but it is anticipated that by the end of FY 14/15, data will be available, along with outcomes, on the program.

Challenges

The program is in the implementation phase, which involves the creation of new positions, then the hiring and training to fill those positions. This is a challenging phase of the program.

Program Results

Program results will not be available until the close of FY 14/15.

MHSA THREE-YEAR EXPENDITURE PLAN BUDGET SUMMARY

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Tuolumne County Date: 6/2/14

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2014/15 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,360,509	340,118	154,515	118,920	203,682	
2. Estimated New FY2014/15 Funding	1,748,000	327,750	109,085			
3. Transfer in FY2014/15[a/]	0					
4. Access Local Prudent Reserve in FY2014/15						0
5. Estimated Available Funding for FY2014/15	3,108,509	667,868	263,600	118,920	203,682	
B. Estimated FY2014/15 MHSA Expenditures	1,622,480	456,983	123,400	40,000	120,000	
C. Estimated FY2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,486,029	210,885	140,200	78,920	83,682	
2. Estimated New FY2015/16 Funding	1,782,960	334,305	111,264			
3. Transfer in FY2015/16[a/]	0					
4. Access Local Prudent Reserve in FY2015/16						0
5. Estimated Available Funding for FY2015/16	3,268,989	545,190	251,464	78,920	83,682	
D. Estimated FY2015/16 Expenditures	1,606,505	328,609	123,400	40,000	83,682	
E. Estimated FY2016/17 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,662,484	216,581	128,064	38,920	0	
2. Estimated New FY2016/17 Funding	1,782,960	334,305	111,264			
3. Transfer in FY2016/17[a/]	0					
4. Access Local Prudent Reserve in FY2016/17						0
5. Estimated Available Funding for FY2016/17	3,445,444	550,886	239,328	38,920	0	
F. Estimated FY2016/17 Expenditures	1,633,688	334,305	123,400	38,920	0	
G. Estimated FY2016/17 Unspent Fund Balance	1,811,756	216,581	115,928	0	0	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2014	406,901
2. Contributions to the Local Prudent Reserve in FY 2014/15	0

3. Distributions from the Local Prudent Reserve in FY 2014/15	0
4. Estimated Local Prudent Reserve Balance on June 30, 2015	406,901
5. Contributions to the Local Prudent Reserve in FY 2015/16	0
6. Distributions from the Local Prudent Reserve in FY 2015/16	0
7. Estimated Local Prudent Reserve Balance on June 30, 2016	406,901
8. Contributions to the Local Prudent Reserve in FY 2016/17	0
9. Distributions from the Local Prudent Reserve in FY 2016/17	0
10. Estimated Local Prudent Reserve Balance on June 30, 2017	406,901

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Tuolumne Date: 6/2/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP	959,380	808,218	151,162			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Non-FSP Programs						
1. non-FSP	861,824	644,204	217,620			
2.						
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	170,058	170,058				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,991,262	1,622,480	368,782	0	0	0
FSP Programs as Percent of Total	59.1%					

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding

FSP Programs						
1.	973,542	819,318	154,224			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Non-FSP Programs						
1. non-FSP	812,892	613,685	199,207			
2.						
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	173,503	173,503				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	1,959,936	1,606,505	353,431	0	0	0
FSP Programs as Percent of Total	60.6%					

	Fiscal Year 2016/17					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
FSP Programs						
1.	1,011,695	833,171	178,524			
2.	0					
3.	0					
4.	0					

5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Non-FSP Programs						
1. non-FSP	826,656	624,079	202,577			
2.						
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	176,438	176,438				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,014,790	1,633,688	381,102	0	0	0
FSP Programs as Percent of Total	61.9%					

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Tuolumne Date: 6/2/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	351,042	351,042				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11.	29,689	29,689				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	59,865	59,865				
PEI Assigned Funds	16,388	16,388				
Total PEI Program Estimated Expenditures	456,983	456,983	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						

1.	184,331	184,331				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11.	29,689	29,689				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	43,048	43,048				
PEI Assigned Funds	71,541	71,541				
Total PEI Program Estimated Expenditures	328,609	328,609	0	0	0	0

	Fiscal Year 2016/17					
	A	**B**	**C**	**D**	**E**	**F**
	Estimated Total Mental Health Expenditures	**Estimated PEI Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
PEI Programs - Prevention						
1.	244,107	244,107				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					

8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11.	29,689	29,689				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	43,794	43,794				
PEI Assigned Funds	16,715	16,715				
Total PEI Program Estimated Expenditures	334,305	334,305	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Tuolumne Date: 6/2/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	163,999	110,566	53,432			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
INN Administration	12,834	12,834				
Total INN Program Estimated Expenditures	176,832	123,400	53,432	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	163,999	110,566	53,432			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
INN Administration	12,834	12,834				
Total INN Program Estimated Expenditures	176,832	123,400	53,432	0	0	0

	Fiscal Year 2016/17

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	163,999	110,566	53,432			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
INN Administration	12,834	12,834				
Total INN Program Estimated Expenditures	176,832	123,400	53,432	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Tuolumne Date: 6/2/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	36,040	36,040				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
WET Administration	3,960	3,960				
Total WET Program Estimated Expenditures	40,000	40,000	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	36,040	36,040				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
WET Administration	3,960	3,960				
Total WET Program Estimated Expenditures	40,000	40,000	0	0	0	0

	Fiscal Year 2016/17

	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	35,067	35,067				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
WET Administration	3,853	3,853				
Total WET Program Estimated Expenditures	38,920	38,920	0	0	0	0

FY 2014-15 Through FY 2016-17 Three-Year Mental Health Services Act Expenditure Plan

Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Tuolumne Date: 6/2/14

	Fiscal Year 2014/15					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	108,600	108,600				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	5,000	5,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	6,400	6,400				
Total CFTN Program Estimated Expenditures	120,000	120,000	0	0	0	0

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	72,282	72,282				
2.	0					

3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	5,000	5,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	6,400	6,400				
Total CFTN Program Estimated Expenditures	83,682	83,682	0	0	0	0

	Fiscal Year 2016/17					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated CFTN Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					

CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

Tuolumne County Behavioral Health Department

MENTAL HEALTH SERVICES ACT (MHSA):
NOTICE OF 30-DAY PUBLIC COMMENT PERIOD and NOTICE OF PUBLIC HEARING

MHSA Three-Year Program & Expenditure Plan FY 2014-2017

To all interested stakeholders, Tuolumne County Behavioral Health, in accordance with the Mental Health Services Act (MHSA), is publishing this **Notice of 30-Day Public Comment Period and Notice of Public Hearing** regarding the above-entitled document.

I. **The public review and comment period begins Wednesday, April 23, 2014 and ends at 5:00 p.m. on Friday, May 23, 2014.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to TCBHD, Attn: Kristi Conforti, MHSA Coordinator, 2 South Green St, Sonora, CA 95370. Please use the public comment form.

II. **A Public Hearing will be held by the Tuolumne County Mental Health Board on Wednesday June 4, 2014, at 5:00 p.m.,** at the Behavioral Health Department, 105 Hospital Rd., Sonora, CA, for the purpose of receiving further public comment on the MHSA 3-Year Program and Expenditure Plan for Fiscal Years 14-15, 15-16, 16-17.

III. **To review the MHSA Three-Year Program & Expenditure Plan FY 2014-2017** or other MHSA documents via Internet, follow this link to the Tuolumne County website: http://tuolumne.networkofcare.org/mh/content.aspx?id=353

IV. Printed copies of the MHSA Three-Year Program & Expenditure Plan FY 2014-2017 are available to read at the reference desk of all public libraries in Tuolumne County and in the public waiting areas of the following locations during regular business hours:

- Tuolumne County Behavioral Health, 105 Hospital Rd, Sonora.
- Tuolumne County Administrator Office, 2 South Green St, Sonora
- The David Lambert Center, 347 W. Jackson St, Sonora
- Tuolumne County Enrichment Center, 102 Hospital Rd, Sonora
- Tuolumne County Health & Human Services, 20075 Cedar Rd North, Sonora

To obtain a copy by mail, or to request additional information, call the MHSA Coordinator at (209) 533-6262 before 5:00pm on Thursday May 23, 2014.

Tuolumne County Behavioral Health
Mental Health Services Act (MHSA)
Three-Year Program & Expenditure Plan FY 2014-2017
30 Day Public Comment Form
Dates of Posting: April 23, 2014 to 5:00 on May 23, 2014

PERSONAL INFORMATION	
Name:_____	
Agency/Organization:_____	
Phone Number:_____ E-mail Address:_____	
Mailing Address:_____	
YOUR ROLE IN THE MENTAL HEALTH SYSTEM	
_____ Client/Consumer _____ Family Member _____ Education _____ Social Services	_____ Service Provider _____ Law Enforcement/Criminal Justice _____ Probation _____ Other (specify)_____
COMMENTS:	
All Comments Must Be Received by: May 23, 2014	

All Electronic Comments and Inquiries Regarding the Three-Year Program & Expenditure Plan FY2014-2017 should be sent to:
Email address: KConforti@co.tuolumne.ca.us

Written Comments may be submitted by mail to:
Kristi Conforti, MHSA Coordinator, Tuolumne County Behavioral Health: 2 South Green St, Sonora, CA 95370
All Comments Must Be Received by: 5:00 P.M., Thursday, May 23, 2014
A Public Hearing on the Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan FY 2014-2017 will be held on Wednesday June 04, 2014 at 4:00pm. The meeting will convene at: Tuolumne County Behavioral Health Department, 105 Hospital Road, Sonora, California

Tuolumne County Behavioral Health Mental Health Services Act Three Year Program FY2014-2017

Public Comments Received and Actions Taken:

1. Public Comments Received:
   "Are progress or outcomes measures are being used or considered, especially with FSP, to help determine if the program is effective and clients are making progress? Regular and consistent outcome measures would be helpful for stakeholders both locally and statewide to determine if this high cost program is being done effectively here in our county and whether there are evidence based or promising practices we could share with other counties."
   County Program Response:
   "Comment noted, appreciate input, County is working on additional outcome measures for FSP as well as other programs."

   "Lack of transportation was noted by the focus groups as an issue or barrier that is preventing people from seeking mental health services. What are you doing to address this issue?"
   "Comment noted, appreciate input, County had previously purchased 2 passenger vans to transport clients to and from TCBHD using MHSA funds. County staff will look into possible collaboration with other County agencies to offer additional transportation services."

   All other public comments received were reviewed but will not result in any changes to the plan.

2. Updated the MHSA Three-Year Expenditure Plan Budget Summary and Component worksheets for each fiscal year to account for minor adjustments in personnel cost.

3. Updated Table of Contents to reflect correct page numbers which did not affect or change the content of the report.

4. Several grammatical and formatting edits were completed and some verbiage reworded to ensure accuracy and clarify information. These edits did not change the content of the report.

MHSA 3 Year Plan FY 2014 - 2017

Focus Group Questions

1) Can you tell us what changes you have seen in the mental health system as a result of the California Mental Health Services Act (MHSA) in Tuolumne County?

2) Have these changes impacted you, or a member of your family, personally? If so, how?

3) What mental health services offered are the most effective/helpful in Tuolumne County?

4) What other mental health services would you like to see in Tuolumne County?

5) What are some issues or barriers that might prevent others from seeking and/or receiving mental health services in Tuolumne County?

6) Who are the populations most in need of mental health services and focused attention?

MHSA Three-Year Plan Community Survey

MHSA Three-Year Program & Expenditure Plan FY 2014-2017

Thank you for visiting our survey! This survey is part of the Community Planning Process for the Mental Health Services Act (MHSA) in Tuolumne County. The purpose of this survey is to hear what you think about the mental health needs and services in Tuolumne County. The information you provide will help the Tuolumne County Behavioral Health Department design mental health programs in the county. In order to develop mental health services that meet the needs of people in Tuolumne County, we need to hear from you!

The survey will take about 10 minutes to complete. All of the answers you provide will remain confidential - we will not be collecting your name or contact information. You do not have to answer all of the questions and you may exit the survey at any time.

We appreciate you taking the time to share your experience with us!

Background:
The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA funds a variety of programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need. The purpose of the MHSA Three-Year Program & Expenditure Plan is to document the community's vision for addressing mental health needs in Tuolumne County.

1. What is your gender?

- ◯ Female
- ◯ Male
- ◯ Transgender

Other (please specify)

2. What is your age?

- ◯ 18 to 24
- ◯ 25 to 34
- ◯ 35 to 44
- ◯ 45 to 54
- ◯ 55 to 64
- ◯ 65 or older

MHSA Three-Year Plan Community Survey

3. What is your race and/or ethnicity? Please choose one or more.

- [ ] White / Caucasian
- [ ] Black / African-American
- [ ] Asian / Pacific Islander
- [ ] American Indian or Alaska Native
- [ ] Latino / Hispanic

Other (please specify)

4. What city do you currently live in?

- ◯ Sonora
- ◯ Twain Harte / Mi Wuk Village / Sugar Pine
- ◯ Jamestown
- ◯ Columbia
- ◯ Groveland
- ◯ Tuolumne City
- ◯ Soulsbyville

Other (please specify)

5. Choose as many options below that best describe you:

- [ ] Mental health client/consumer
- [ ] Family member of a mental health client/consumer
- [ ] County mental health department staff
- [ ] Substance abuse service provider
- [ ] Community based organization
- [ ] Children & family services
- [ ] Education provider
- [ ] Law enforcement
- [ ] Veteran services
- [ ] Hospital / Health care provider
- [ ] Senior Services
- [ ] Faith based provider
- [ ] Student
- [ ] Advocate

Other (please specify)

6. What best describes your current living arrangement?

- ◯ Own Home
- ◯ Rent
- ◯ Live with parents / family / friends
- ◯ Homeless

Other (please specify)

7. What language do you mainly speak at home?

- ◯ English
- ◯ Spanish

Other (please specify)

MHSA Three-Year Plan Community Survey

8. Listed below are some of the programs and services that are funded by MHSA. Please check all of the services you are familiar with.

- [ ] Suicide Prevention
- [ ] Anti-Bullying
- [ ] Nurturing Parenting
- [ ] Crisis support
- [ ] Enrichment Center
- [ ] Latino Outreach
- [ ] Native American Outreach
- [ ] Senior Outreach
- [ ] Early Childhood Education
- [ ] Not Applicable

Other (please specify)

9. Have you, or someone you know, been helped by the programs and/or services that are funded by MHSA?

- ◯ Yes
- ◯ No
- ◯ Not Applicable

10. If you answered Yes to Question 9, please tell us how the programs or services helped you.

11. Are you familiar with the Tuolumne County Behavioral Health Department (TCBH)?

- ◯ Yes
- ◯ No

12. If you are receiving services through TCBH, please rate your experiences.

- ◯ Excellent
- ◯ Very Good
- ◯ Good
- ◯ Fair
- ◯ Poor
- ◯ Not Applicable

13. What services do you think are needed to help people who suffer from a mental illness?

14. What are some issues or barriers that might prevent people from seeking mental health services in Tuolumne County? Please check all that apply

- ☐ Lack of transportation
- ☐ Lack of child care
- ☐ There is a stigma around mental illness in the community
- ☐ Services are not provided in consumers' preferred language
- ☐ Lack of insurance or unsure of insurance eligibility
- ☐ Not sure where to go for help

Other (please specify)

15. What are the best ways to provide information to the community about mental illness and about mental health services that are available in Tuolumne County?

- [ ] My Motherlode.com
- [ ] Tuolumne County website
- [ ] The Union Democrat
- [ ] Brochures/Flyers
- [ ] Word of Mouth
- [ ] Participation at Health & Wellness Fairs

Other (please specify)

16. What do you think are the most serious substance problems in Tuolumne County? Check all that apply.

- [ ] Marijuana
- [ ] Heroin
- [ ] Methamphetamine
- [ ] Cocaine
- [ ] PCP
- [ ] Perscription drugs
- [ ] Huffing
- [ ] Alcohol
- [ ] Tobacco (Cigarettes and Chew)

Other (please specify)

17. Do you think that it's easy for middle school and high school kids in Tuolumne County to get alcohol, tobacco and other drugs?

- ◯ Yes
- ◯ No

18. If you answered Yes to Question 17, what types of drugs do you think kids are using?

19. What are some things that might happen in the community and in families as a result of drug abuse? Please check all that apply.

- [ ] Loss of job
- [ ] Health issues
- [ ] Problems in school
- [ ] Increase in crime
- [ ] Relationship problems
- [ ] Increase in homelessness

Other (please specify)

20. Please provide any other comments or suggestions regarding mental health care in Tuolumne County.

Key Informant Interview Subjects

Theresa & Dan Sandelin

Parents of Consumer

Michelle McMasters

Tuolumne County Veterans Services

Jeanette Lambert

Homeless & Elder Adult Advocate

Cathie Peacock

Interfaith Community Social Services
Homeless & Elder Adult Advocate

Sherri Brennan

Tuolumne County Board Of Supervisors

Lieutenant Commander Scott Clamp

CHP

Officer Nick Norton

CHP

Adele Arnold

Tuolumne County Probation

David Krieg

Correctional Counselor - Sierra Conservation Center

Megan Mills

Public Health Employee, Consumer, Advocate and Ally

Nancy Scott

Homeless Advocate

Key Informant Interview Questions

Date	
Name	
Organization	
Telephone#	
Interviewer	

Background:

The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA funds a variety of programs to provide services to people with mental illness, or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve clients. The purpose of the MHSA Three-Year Program & Expenditure Plan is to document the community's vision for addressing mental illness. We are interviewing stakeholders to better understand what the community needs are for Tuolumne County and the information that you share will help us in the development of the plan for Tuolumne County's MHSA services and programs.

This interview is confidential and your name will not be attached to the answers you provide unless your permission is given. However, we would like to include a list of all of the participants in this process. May we include your name on this list?

Do you have any questions before we begin?

Introduction

1. Are you familiar with MHSA? Yes No

2. If Yes: Can you tell me about any specific MHSA programs that you are aware of?
   If No: Give program examples – Suicide Prevention, Anti-Bullying, Senior outreach

3. What are the most significant mental healthcare needs in Tuolumne County?

4. What mental health services are you aware of that are currently available in Tuolumne County?

5. What are some barriers that might keep someone from accessing mental health services?

6. What do you think are the most serious substance abuse problems in Tuolumne County?

7. Do you think that it's easy for middle & high school aged kids to obtain alcohol, tobacco and other drugs?

8. If Yes, what types of drugs do you think these kids are using?

Do you have any other comments or suggestions regarding mental health care in Tuolumne County? Is there anything else you would like to add that you think we missed?

Thank you for your time.

Mental Health Services Act (MHSA)

MHSA provides opportunities to expand and develop innovative mental health services

Tuolumne County Behavioral Health Department Announces a 30-Day Public Comment Period for the Mental Health Services Act Three-Year Program and Expenditure Plan FY 2014-2017.

Wednesday, April 23, 2014 through 5 p.m. Friday, May 23

Printed copies of the MHSA Three-Year Program & Expenditure Plan FY 2014 through 2017 have been made available to all stakeholders to review at the reference desk of all branches of Tuolumne County Public Libraries and in the public waiting areas of the following locations during regular business hours:

- Tuolumne County Behavioral Health, 105 Hospital Rd, Sonora.
- Tuolumne County Board of Supervisors Chambers, 2 South Green St, Sonora
- The David Lambert Center, 347 W. Jackson St, Sonora
- Tuolumne County Enrichment Center, 101 Hospital Rd, Sonora
- Tuolumne County Health & Human Services, 20075 Cedar Rd North, Sonora

To request a copy or to make a comment, please contact us at:

Phone: 209-533-6262

Email: KConforti@co.Tuolumne.ca.us

Address:

Tuolumne County Behavioral Health Department

Attention: Kristi Conforti

2 South Green Street

Sonora, CA 95370

The document is also available in electronic format on the Tuolumne County Network of Care website:

http://tuolumne.networkofcare.org/mh/content.aspx?id=353

MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA

TUOLUMNE COUNTY

COUNTY OF TUOLUMNE CALIFORNIA

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Tuolumne

[X] Three-Year Program and Expenditure Plan
[ ] Annual Update

Local Mental Health Director	Program Lead
Name: Rita Austin, LCSW	Name: Kristi Conforti
Telephone Number: 209-533-6245	Telephone Number: 209-533-6245
E-mail: laustin@co.tuolumne.ca.us	E-mail: kconforti@co.tuolumne.ca.us
Local Mental Health Mailing Address: 2 South Green Street Sonora, CA 95370	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on July 1, 2014.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Rita Austin, LCSW
Local Mental Health Director (PRINT)

Signature

7/2/14
Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City : Tuolumne County

[X] Three-Year Program and Expenditure Plan
[ ] Annual Update
[ ] Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: Rita Austin, LCSW	Name: Deborah Bautista
Telephone Number: (209) 533-6265	Telephone Number: (209) 533-5551
E-Mail: laustin@co.tuolumne.ca.us	E-Mail: dbautista@co.tuolumne.ca.us
Local Mental Health Mailing Address: 2 South Green Street, Sonora, CA 95370	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report, or Update to the Annual Plan, is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Rita Austin, LCSW
Local Mental Health Director (PRINT)

Signature **Date** 7/2/14

I hereby certify that for the fiscal year ended June 30, 2014 , the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is

dated for the fiscal year ended June 30, 2014. I further certify that for the fiscal year ended June 30, 2014, the State MHSA distributions were recorded as

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Deborah Bautista

County Auditor Controller/City Financial Officer (PRINT)

Deborah Bautista 7-7-14

Signature **Date**

[1]Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (2/14/2013)