



WELLNESS • RECOVERY • RESILIENCE

TUOLUMNE COUNTY BEHAVIORAL HEALTH DEPARTMENT

MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FY 2018-2019

Draft Posted for Public Review & Comment Period:
April 3, 2019 through May 3, 2019

Public Hearing Held:
May 8, 2019

Approved by the Board of Supervisors:
May 21, 2019

TABLE OF CONTENTS

<u>MHSA COMPLIANCE & FISCAL CERTIFICATIONS</u>	3
<u>INTRODUCTION</u>	6
MHSA ANNUAL UPDATE PURPOSE TUOLUMNE COUNTY DEMOGRAPHICS COUNTY CHALLENGES	
<u>COMMUNITY PLANNING PROCESS</u>	7
<u>MHSA PROGRESS REPORT BY COMPONENT</u>	11
COMMUNITY SERVICES AND SUPPORTS (CSS) INNOVATION (INN) WORKFORCE EDUCATION AND TRAINING (WET) CAPITAL FACILITIES AND TECHNOLOGY NEEDS (CFTN) PERMANENT SUPPORTIVE HOUSING NO PLACE LIKE HOME (NPLH) PREVENTION AND EARLY INTERVENTION (PEI)	
<u>MHSA ANNUAL UPDATE FY 18/19 BUDGET SUMMARY</u>	28
<u>PUBLIC COMMENT NOTIFICATION</u>	34
<u>PUBLIC COMMENT FORM</u>	35
<u>SUMMARY OF PUBLIC COMMENTS RECEIVED AND RESPONSES</u>	36
<u>APPENDICES</u>	40
APPENDIX A: MHSA ANNUAL UPDATE COMMUNITY SURVEY FY 18/19	
APPENDIX B: INFORMATIONAL FLYER 2018	
APPENDIX C: ENRICHMENT CENTER CALENDAR OF EVENTS	
APPENDIX D: PEI DEMOGRAPHICS FORM	

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Tuolumne County

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

Local Mental Health Director	Program Lead
Name: Michael Wilson, LMFT	Name: Alexandra Inslee, MPH
Telephone Number: 209-533-6245	Telephone Number: 209-533-6245
E-mail: mwilson@co.tuolumne.ca.us	E-mail: ainslee@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 May 21, 2019.

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.

Michael Wilson, LMFT
 Director of Behavioral Health (PRINT)


 Signature LMFT 01-10-2020
 Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City : Tuolumne County


- Three-Year Program and Expenditure Plan
 Annual Update
 Annual Revenue and Expenditure Report

<p>Local Mental Health Director</p> <p>Name: Michael Wilson, LMFT</p> <p>Telephone Number: (209) 533-6245</p> <p>E-Mail: mwilson@co.tuolumne.ca.us</p>	<p>County Auditor-Controller/City Financial Officer</p> <p>Name: Deborah Bautista</p> <p>Telephone Number: (209) 533-5551</p> <p>E-Mail: dbautista@co.tuolumne.ca.us</p>
<p>Local Mental Health Mailing Address:</p> <p>2 South Green Street, Sonora, CA 95370</p>	

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.

Michael Wilson, LMFT
Director of Behavioral Health (PRINT)


01-10-2020
Signature **Date**

I hereby certify that for the fiscal year ended June 30, 2018, 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, 2018. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as 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)

Debi Bautista 2.25.20
Signature Date

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

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 tax 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 it outlines a methodology to the plan of care and delivery of mental health services. All services are to be provided within MHSA core values:

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

What is the purpose of an Annual Update?

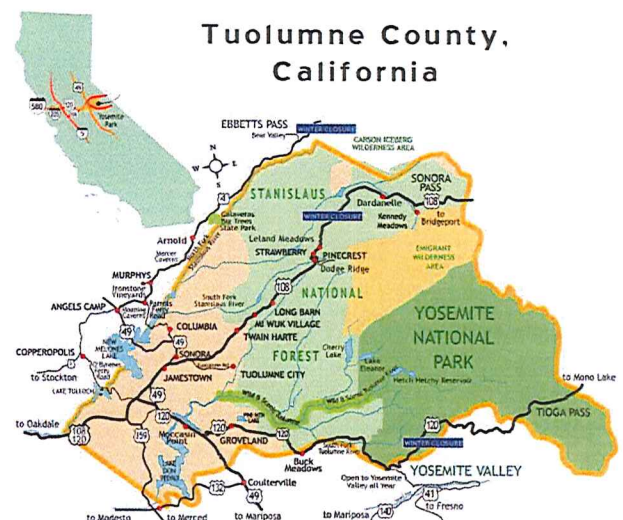
Welfare and Institutions (W&I) Code Section 5848 states that counties shall submit the MHSA Annual Update to report on the achievement of performance outcomes related to MHSA components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Permanent Supportive Housing, Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Any changes to these components due to performance or funding should also be reflected in this report. Per W&I Code Section 5847, Counties shall also report on those served, and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year.

County Demographics

Tuolumne County is located in the central Sierra Nevada, roughly 95 miles South of Sacramento, and approximately 135 miles East of San Francisco. The county includes the Northern portion of Yosemite National Park, has a total of 2,221 square miles, and the elevation ranges from 300 feet to more than 12,000 feet. In 2017, county population was estimated at 54,248, and with more than 25% of residents aged 65 and older, the median age in Tuolumne County is 48 years of age.

- 90.5% White
- 2.0% African American
- 12.5% Hispanic or Latino
- 3.6% Reporting 2 or More Races
- 2.3% American Indian/Alaska Native
- 1.3% Asian
- 0.3% Native Hawaiian and other Pacific Islander
- 25.5% Aged 65 or older
- 9.3% Veterans
- 15.4% Persons Living in Poverty

Source: July 1, 2017 Tuolumne County QuickFacts from US Census Bureau



County Challenges

- Tuolumne County is federally designated as a Mental Health Professional Shortage Area (MHPSA). MHPSA's are noted to have a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists.
- The rural location and culture increases potential for stigma and delays in seeking mental health services.
- More than 25% of the population is aged 65 and older.
- Factors that adversely affect low income residents living in Tuolumne County include lack of affordable housing, food insecurity, and limited availability of affordable medical and dental services.

Community Planning Process

Tuolumne County Behavioral Health conducts ongoing Community Planning Process (CPP) activities on a regular basis. The CPP process allows TCBHD to stay connected with stakeholders to keep them informed of MHSA activities and to participate, provide feedback and communicate concerns about current and/or planned MHSA programs, projects and services.

The planning process for the MHSA Annual Update FY 18/19 included the gathering of stakeholder feedback via a community survey, key informant interviews, community meetings and focus groups. Information was gathered from participants to learn about their experiences with the current mental health system, record recommendations for improvement and acknowledge feedback and suggestions to address unmet needs.

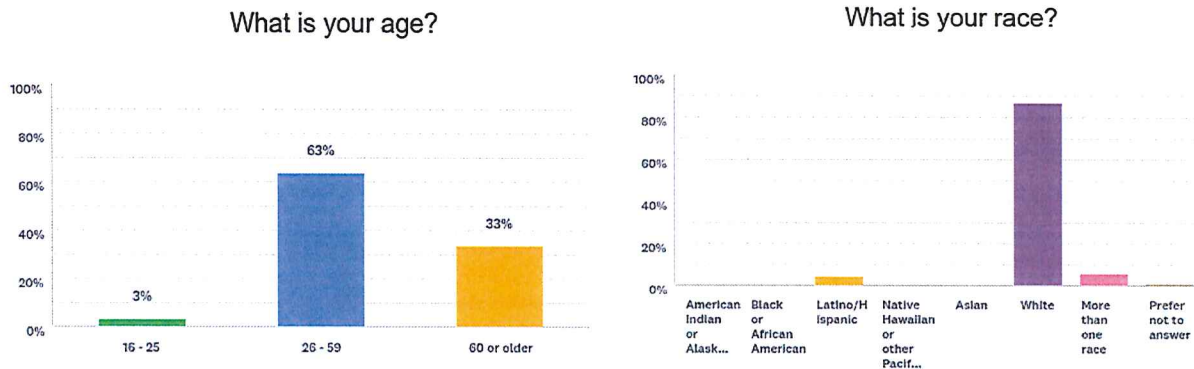
The community stakeholder survey was created and distributed to stakeholders via an e-mail marketing campaign to encourage stakeholders to make their voices heard. The survey opened on July 23, 2018 and was available online, and in printed format, through August 24, 2018. More than 225 surveys were received with responses from various stakeholder groups, ages and representations. A copy of the community survey is attached, reference Appendix A.

This chart shows the wide variety of participation throughout the community:

Answer Options	Response Percent
Mental health client/consumer	20%
Family member of a mental health client/consumer	18%
County mental health department staff	22%
Substance abuse service provider	3%
Community based organization	22%
Children & family services	12%
Education provider	12%

Law enforcement (including Jail and Probation)	10%
Veteran services	3%
Hospital / Health care provider	5%
Senior Services	7%
Faith based provider	5%
Student	4%
Advocate	21%
Homeless	8%

These charts demonstrate the age and race of survey respondents:



With 33% of survey respondents identifying as 60 or older; 87% as white; 6% as more than one race; and 4% as Latino/Hispanic, this demographic information mirrors the general population of Tuolumne County, as shown in the most recent census data (See page 6).

In addition to demographic information, survey questions solicited feedback regarding priority populations, key community mental health needs, and perceived mental health challenges and gaps in services that are affecting Tuolumne County residents:

Top three key community mental health needs:

1. At risk children, youth and young adult populations
2. Disparities in access to mental health services
3. At risk of suicide

The top three priority populations for Prevention & Early Intervention Programs:

1. Children, youth in stressed families
2. Individuals experiencing onset of serious psychiatric illness
3. Trauma Exposed (i.e., grief, isolation, abuse) and unlikely to seek mental health services

The top five challenges to Accessing Mental Health Services:

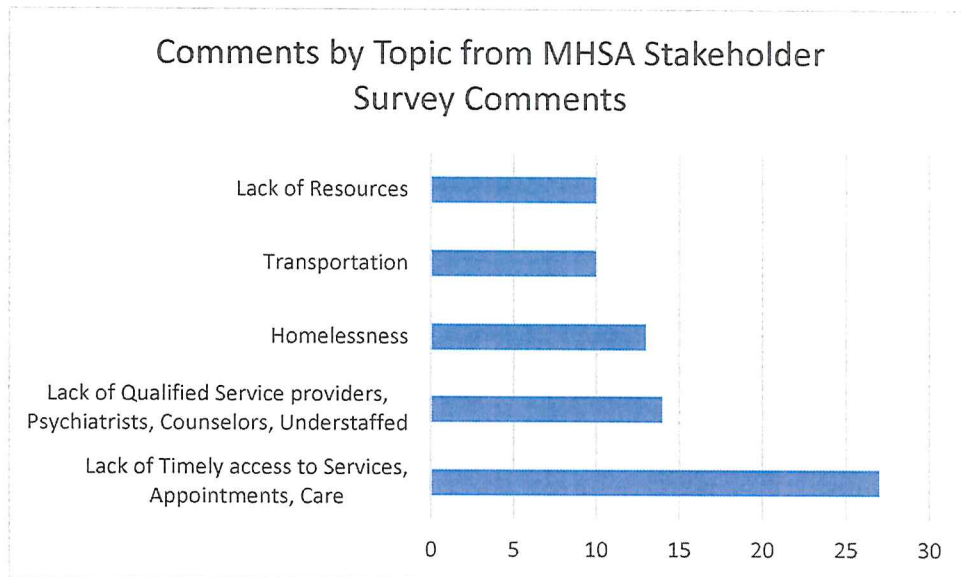
1. Transportation
2. Lack of Resources

3. Denial of Mental Illness
4. Lack of parental/family support
5. Stigma

The top three most concerning program gaps in the behavioral health system:

1. Timely access to counseling services
2. Counseling services available for all ages
3. Youth centers and activities
4. Suicide prevention education and services to all ages and programs
5. Community wide mental health education regarding stigma

More than 70% of survey respondents provided written comments about behavioral health services in the community. This graph represents the most recurring topics:



The issues identified within the survey will assist TCBHD in evaluating resources and determining how to best provide MHSA and other services to clients.

In addition to the survey, focus Groups were conducted with Law Enforcement, NAMI Tuolumne County, Enrichment Center participants, and PEI Partners. Many topics and issues were debated and common themes arose during the discussion periods. The following best captures the main issues that participants continually touched upon:

- Substance Abuse
- Length of time to access behavioral health services
- Lack of adequate services & supports for youth
- Lack of mental health services in schools
- Lack of affordable and/or supportive housing

This feedback is comparable with what was captured by survey participants and lays the foundation for the issues that need to be addressed moving forward.

Summary

Nearly 300 people voiced their opinions through surveys, focus groups and interviews throughout the CPP process. Consistently, the Enrichment Center was mentioned as a valuable resource in the community and the children and TAY population were noted to be the most at-risk groups in Tuolumne County. FY 17/18 feedback concluded that TCBHD needed to build awareness of mental health services available in the community. Efforts to build awareness were successful as this year, 93% of respondents were familiar with TCBHD and its location, a 7% increase from previous survey data. Also, more than 50% of survey respondents had not previously participated in a MHSA Stakeholder Survey.

30-Day Review Process:

A first draft of the MHSA Annual Update FY 2018/2019 was available for public review and comment for 30 days from December 1, 2018 through December 31, 2018. The public comments received during this period and the Public Hearing on January 2, 2019 prompted TCBH to revise and re-circulate the Annual Update. This updated draft of the MHSA Annual Update FY 2018/2019 is available for public review and comment for 30 days from April 3, 2019 through May 3, 2019. To review the plan electronically, follow these links to the Tuolumne County Behavioral Health, and the Network of Care Tuolumne County websites:

- [https://www.tuolumnecounty.ca.gov/DocumentCenter/View/11728/DRAFT-Tuolumne Ann Update 1819](https://www.tuolumnecounty.ca.gov/DocumentCenter/View/11728/DRAFT-Tuolumne%20Ann%20Update%201819)
- [http://tuolumne.networkofcare.org/content/client/176/DRAFTTuolumne Ann Update 1819.pdf](http://tuolumne.networkofcare.org/content/client/176/DRAFTTuolumne%20Ann%20Update%201819.pdf)

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: Alexandra Inslee, MHSA Programs Coordinator
2 South Green St Sonora, CA 95370



Please use the public comment form located on page 34.

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:

- The Union Democrat
- MyMotherLode.com
- Electronic Mail Notification
- Tuolumne County Network of Care Website and Behavioral Health Website
- Facebook pages for Tuolumne County Behavioral Health Department, Tuolumne County Enrichment Center & The David Lambert Center

Printed copies of the MHSA Annual Update FY18/19 are available for stakeholders to review in the public waiting areas of the locations identified on the information flyer, (reference Appendix B) and individual copies are available upon request.

Public Hearing

As per Welfare and Institutions Code (WIC) Section 5848, the Tuolumne County Mental Health Advisory 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 Annual Update FY 2018/2019. The Public Hearing will be held in May 2019. Public notice will be made with the date and time of the Public Hearing at least ten days in advance. Once held, input from the review period and public hearing will be added to this report.

Review and Approval by the Board of Supervisors

As required by Welfare and Institutions Code Section 5847, the final MHSA plan and budget will be reviewed for approval by the Tuolumne County Board of Supervisors, currently scheduled for Tuesday, May 21, 2019.

PROGRESS REPORT BY COMPONENT:

Community Services & Support (CSS)

Community Services and Support programs include: General System Development; Outreach & Engagement; and Full Service Partnership, which provide direct services to adults, children and families who are living with a serious mental illness and/or serious emotional disturbance and who meet the criteria for receiving specialty mental health services as set forth in Welfare and Institutions Code (WIC) Section 5600.3.

General System Development (GSD)

GSD funds are intended to help counties improve programs, services and supports for all clients and families, to change their service delivery systems, and to build transformational programs and services. The following are ongoing activities within the Tuolumne County GSD program:

- Peer Support & Coordination
- Benefits & Resources
- Promotions & Community Education Activities

Peer Support Services

TCBHD promotes and encourages wellness and recovery by providing peer support in various environments for individuals to learn from others who have experience living with a mental illness. Peer Specialists are employed to provide peer support within MHSA programs and services. These services include Peer-Run environments that encourage wellness and recovery. The Enrichment Center and the David Lambert Center are peer environments that stimulate socialization, model wellness and recovery, and provide an atmosphere that fosters independence.

The Enrichment Center

The Enrichment Center (EC) is a peer support, recovery and wellness center which encourages activities that promote both mental and physical wellness. An array of support groups, all facilitated by peer staff or volunteers, are available to provide information, education, motivation, and support. A key goal of the Enrichment Center is to provide recovery and wellness supports to those who are living with a mental illness. The Peer Specialist staff and volunteers strive to provide information, groups, activities, supports, and tools that will most benefit those working on their recovery. The EC also provides a safe and comfortable place for socialization, as well as access to food, clothing, community resource referrals, computers and printers, and laundry and shower facilities.

Due to budget-driven staff reorganization throughout TCBHD, the hours and services offered at the EC were re-examined and it was determined that operating hours could be reduced with minimal impact to clients and services. As of February 1, 2019, the EC's new operating hours are:

- *Mondays, Wednesdays, & Fridays: 8:00 am – 3:00 pm*
- *Tuesdays & Thursdays: 9:00 am – 3:00 pm*

Hours are always subject to change but it is important to note there was no significant impact to groups or services offered due to the change above.

Reference the Enrichment Center Calendar of Events, Appendix C, for a full list of support groups and activities.

FY 17/18 Cost Per Visit: The Enrichment Center was visited 3,355 times by 619 individuals, for an annual cost of \$117 per visit.

The David Lambert Center

The David Lambert Community Center is open to community members, 18 years of age and older. The center is focused on providing supports to individuals who are homeless, unemployed, or otherwise unable to meet their basic needs. Guests have access to computers and printers, as well as food, clothing and basic necessities, and the center offers a safe place for community members to relax, watch television, and socialize. Volunteer staff provide referrals to Behavioral Health and other community resources. The center will be celebrating 20 years of service to the community in May of 2019.

FY 17/18 Cost Per Visit: The David Lambert Center was visited 6,061 times by 617 different individuals for an average cost of \$12 per visit.

Outreach and Engagement (O&E)

Funds for outreach and engagement are meant to reach out to populations that are currently unserved, underserved, or inappropriately served. In an effort to interact with these populations, outreach and engagement efforts include collaboration with community-based organizations, faith-based agencies, tribal organizations, schools, law enforcement, veterans' groups, and those working with the homeless, incarcerated, and other underserved populations in the community.

Completed Projects

- *Community Outreach Peer Specialist at Columbia College:*

Peer Specialist supports provided on campus at Columbia College in FY 17/18 included the creation of a LGBTQ+ support group, a recovery group, and various promotional and educational activities to build awareness and reduce stigma. Due to staffing issues, the position has been put on hold, but Behavioral Health staff continue to provide facilitation of the LGBTQ+ support group at Columbia College.

- *Outreach Peer Specialist in the Community:*

In FY 17/18 stigma reduction outreach activities through storytelling reached nearly 400 people in 11 different locations throughout the community. Settings included churches, college health and wellness fairs, and service organizations such as the Sonora Lions Club. Additional outreach included the expansion of Behavioral Health promotional events throughout the county. Due to staffing and budget constraints, outreach activities may be reduced in the future but Tuolumne County Behavioral Health will continue to maintain an active presence in the community.

Ongoing Programs

- *Benefits & Resources:*

A Benefits & Resources Specialist is available on site in the Tuolumne County Enrichment Center to assist individuals in the application process for public benefits such as Medi-Cal, Supplemental Security Income (SSI)/Disability Income (SSDI) and CalFresh food supports. Connections and linkage to affordable housing, behavioral health services, and other resources are also provided. In addition to working one-on-one with individuals, the Benefits Specialist is engaged with community agencies such as ATCAA, DRAIL, and the Salvation Army. Referrals can be made to TCBHD for Benefits & Resources assistance, regardless of the individual's client status at TCBHD.

In FY 17/18 a Benefits & Resources Peer Specialist position was created to work with individuals coming out of incarceration or hospitalization as well as those who are homeless or at risk of homelessness. The SSI/SSDI Outreach, Access, and Recovery (SOAR) model is used to increase access to benefits.

FY 17/18 Cost Per Person: The Benefits & Resources Coordinator provided 1,097 direct services to individuals for an approximate annual cost per person of \$134.

- *Oral Health & Education:*

Smile Keepers provides information and treatments regarding oral health hygiene, such as education, dental screenings and cleanings. The program utilizes relationships and trust built with their patients over time, to provide much needed oral health supports. The program provides a warm hand-off to Enrichment Center staff to support those who may be experiencing anxiety, PTSD, and other immediate mental health challenges.

In FY17/18 nearly 70 unduplicated individuals received dental services with more than 20 referrals made to the EC, Behavioral Health, and other community resources. Community members enjoyed 15 educational sessions to learn about topics including proper hydration, cause and effect

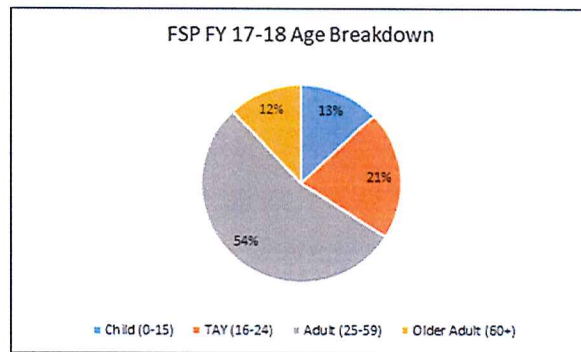
of dry mouth, and how certain medications can contribute to oral health issues. Smile Keepers also received walk-in referrals from the county Veterans Service Office, homeless shelter, and several community based organizations.

New for FY 18/19, Sonora Area Foundation has granted the program additional funding in the amount of \$10,526 which will allow the program to operate one additional day each month from November 2018 through June 2019. This will allow Smile Keepers to visit the EC a total of three days each month for that time period.

Full Service Partnership (FSP)

Full Service Partnership (FSP) funds are used to provide “whatever it takes” in terms of support of a client and/or family in their journey to wellness, recovery, and independence. FSP Services are culturally competent and include individualized client/family-driven mental health service and support plans that emphasize recovery and resilience, and offer an integrated service experience for clients and families. TCBHD provides wrap around case management, and services for these individuals based on goals as determined by the client. Services can be provided to individuals in their homes, the community and other locations. Peer supports are included in these services and are provided by trained Peer Specialist staff with lived experience.

TCBHD serves FSP clients in all age groups, the breakdown for FY 17/18 is as follows:



The FSP program includes the availability of flexible funding to meet the goals of the individual service and support plans for each client. Some examples of flexible funding may include: housing rental assistance, clothing, food, transportation, and educational materials.

A continuing challenge in the FSP program has been the ability to comprehensively collect meaningful data in order to understand, utilize and report client outcomes related to services provided. Currently, the tool in place to measure client improvements is the LOCUS (Level of Care Utilization System) which provides a system for the assessment of service needs for adult clients, based on measurements in seven domains: Stress; Risk; Functional; Co-Morbidity; Support; Treatment History; and Engagement.

In FY17/18, a dedicated administrative staff was put in place to assist with monitoring LOCUS assessment completion. As a result of this systematic change, LOCUS assessments were completed at a rate of 100% for all FSP clients. There was a slight drop in the total number of LOCUS completed in 2018 due to a change in the frequency of assessment completion from monthly to quarterly but there

were no significant changes in client outcomes as compared to FY 16/17 results, as seen in the chart below.

Average LOCUS Scores by Category for FSP by Calendar Year *Locus scores are inverted meaning the lower the score the better the outcome									Number of LOCUS Complete in each CY
	Risk	Functional	Co-Morbidity	Stress	Support	Tx History	Engagement	Total	
CY 2018	2.4	2.7	2.4	2.3	2.7	2.7	2.7	18.6	217
CY 2017	2.5	2.7	2.5	2.6	2.3	2.7	2.7	18.3	290
CY 2016	2.2	2.6	2.4	2.3	1.6	2.7	2.7	16.8	260

FY 18/19 will see the implementation of the CANs (Children, Adolescents Needs Assessment) for the assessment of all clients under the age of 21. These assessment tools, along with the implementation of Microsoft Business Intelligence software, will allow comparison of performance measures side by side and will offer the ability to gather more meaningful data.

In 2018 a two year long Performance Improvement Project, (PIP), was initiated at TCBHD to focus efforts to increase Engagement and Social Connectedness with the FSP population. It was noted that FSP clients who participated in the Performance Outcomes and Quality Improvement (POQI), scored lowest in these two areas. The implementation of therapy groups was developed in order to maximize engagement and enhance connectedness for better quality of care and engagement in recovery. Groups are scheduled throughout the week at different times and days to accommodate as many participants as possible and are available to all open clients, which will allow FSP clients to expand their social network and engage in recovery with more peers.

The chart below demonstrates FSP clients' utilization of crisis services. Numbers have remained relatively stable over the past few years, with the percentage of FSP clients utilizing crisis decreasing in 2018. This indicates that FSP services have been effective at stabilizing clients and providing the wrap-around supports they need before a crisis develops.

FSP Crisis Counts by Calendar Year			
	2016	2017	2018
Duplicated	157	95	107
Unduplicated	32	35	33
Total Admitted FSP for entire year			
	70	73	81
% of FSP Population used Crisis	46%	48%	41%

The Full Time Peer Specialist position that was created in FY 17/18 is currently on hold as it has been vacated due to the peer finding another position within Behavioral Health.

In FY18/19, a new protocol was launched in the FSP team known as Officer of the Day to offer additional support to FSP clients and enhance engagement with the FSP program. It was noted that when FSP clients would call into TCBH and speak to someone from either Planned Services or the Crisis Unit, these workers were not always aware of the client's case. Previously, most FSP Case Managers were in the field throughout the day meeting with clients, and not available to answer incoming calls. It was clear that it would be best for FSP clients to be able to talk to someone during business hours that was familiar with their case, ideally an FSP worker. The Officer of the Day protocol was developed in December of 2018 and launched in early 2019 to ensure that at least one FSP Case Manager is available to all FSP Clients Monday-Friday 8am-5pm. This allows clients to be more engaged with the program and their overall services as they can talk about their treatment and outcomes with someone who is actively involved in their Plan of Care. An FSP Case Manager is available to all incoming calls for FSP clients and a specific number was given to the line so that clients may call the line directly without having to transfer through reception. This gives FSP clients a direct line for engagement in services.

Unduplicated Cost Per Client: In FY17/18 a total of 67 individuals received services through FSP. The estimated annual cost per client for the FY 2017/2018 year is \$13,740.

Crisis Services

TCBHD provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP). CAIP staff 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. Services provided include:

- Telephone and face-to-face support or crisis intervention
- On-site mental health evaluations in the Emergency Department at Adventist Health Sonora
- Assistance connecting to community resources
- Arrangements for hospitalization and post-hospitalization follow-ups as necessary

As TCBHD strives to make more data-driven decisions to provide care where and when it is most needed, an analysis of the quantity and timing of requested services was conducted. It was found that since FY 15/16, the number of services requested overnight has dropped by 57%, leading TCBHD to determine that a change in CAIP services hours was needed. Service changes have since been implemented as follows:

- Behavioral Health Walk-In Services available from 8:00am to 7:00pm daily, with the exception of major holidays
- Behavioral Health Clinician available to Adventist Health Sonora from 7:00pm to 2:00am daily
- Phone Support available 24/7

FY 17/18 Cost Per Person: The CAIP unit served 1,307 unduplicated individuals for an average cost of \$1,501 per client.

Innovation

The last TCBHD Innovation Project titled “Wellness: One Mind, One Body” was completed on June 30, 2017.

A new INN project idea has not yet been approved for FY 18/19. TCBHD is currently gathering stakeholder feedback regarding potential INN project ideas

Workforce Education and Training (WET)

For FY 18/19, a transfer in the amount of \$30,000 from CSS to WET is needed in order to continue training efforts to TCBHD staff and the community.

Workforce staffing support is a required element of the WET component and is focused on tracking mental health workforce trends, identifying local needs and assisting staff with work-related and training goals. Trainings provided are wellness and recovery oriented, with a concentration on strengths based and best practice models for staff and community members. Trainings offered integrate the philosophy of a client/family-driven mental health system and foster cultural sensitivity and community collaboration. In FY 17/18, more than 40 trainings were offered including: Mental Health First Aid (MHFA); Culture of the Family/Client; Elder Empowerment; LGBTQ Awareness, Sensitivity & Competency; and Motivational Interviewing. *Implicit Bias* and *The Culture of Poverty* are being considered as possible trainings to present to staff and community in FY 18/19.

In FY 16/17 a group of clients, peers and staff formed the College Readiness Group as a way to support each other in furthering their education. WET funds supported the cohort and were utilized to purchase class materials, student ID cards and parking passes. In FY 17/18, two of the original six peers completed the Psycho-social Rehabilitation program through Columbia College and earned a certificate of completion. Both were hired as TCBHD Peer Specialists during the program.

TCBHD is a certified Continuing Education (CE) provider for the Board of Registered Nursing (BRN), the California Consortium of Addiction Programs and Professionals (CCAPP), and the California Association of Marriage and Family Therapists (CAMFT). As such, TCBHD is able to offer CE's to eligible staff and community members for qualifying trainings. This benefit provides licensed and license eligible staff to meet continuing education requirements in a low cost, easily accessible and convenient way. A new practice of charging a nominal fee to community members for CE's will help to recuperate some cost related to WET expenditures.

TCBHD provides opportunities for interns to gain hands on, practical experience in mental health services. In FY 2017/18, four eligible interns were hired by the department.

TCBHD provides clinical supervision to licensed and license eligible staff through the Roving Supervisor program. The WET Central Region partnership originally funded this program, and those monies were exhausted on June 30, 2018. It was determined that providing clinical supervision was a key benefit to recruit new staff and to continue to follow the “grow your own” model of workforce sustainability. The continuance of this program will be funded by WET for FY 18/19.

Capital Facilities and Technological Needs (CFTN):

In FY 17/18, a transfer in the amount of \$125,000 from CSS to CFTN was made in order to support CFTN projects including: completion of the installation of perimeter fencing around the TCBHD campus; a software upgrade of the electronic health records system; and additional computer hardware upgrades for MHSA staff. Not all of the projects were completed within the fiscal year, and those remaining will therefore roll into future planned expenditures. The costs of the following projects will be funded through MHSA, planned for FY 18/19 and 19/20:

- \$60,635 Electronic Health Records system upgrade
- \$34,214 Cabrini House deck replacement
- \$50,000 Fencing

Permanent Supportive Housing

TCBHD continues to manage two residential housing units where a total of 11 clients reside. Tenants receive supportive services including individualized case management support; independent living skills; and transportation. Both houses remain full, with a waiting list available to ensure future capacity.

In FY 17/18, four tenants were awarded Housing Choice Vouchers from the U.S. Department of Housing and Urban Development (HUD). Also known as Section 8, the voucher required the supportive housing units to pass rigorous inspections, which they did, and the homes are now certified to house Housing Choice voucher tenants moving forward. This helps ensure TCBHD receives rental income for those properties and provides the tenants a means of sustainable housing and shelter that they can bring with them wherever they live in the future.

Also in FY 17/18, home improvements were made including new carpet in one home and the installation of vinyl plank flooring in the other. FY 18/19 plans include extensive yard maintenance as well as repairs to front and back decking.

No Place Like Home (NPLH)

On June 30, 2016 Governor Brown signed legislation establishing the No Place Like Home (NPLH) Program. The legislation authorizes the State of California Housing and Community Development (HCD) to manage \$2 billion in bonds to fund the development of permanent supportive housing for people who are chronically homeless, at risk of chronic homelessness and are living with a serious mental illness. NPLH money will be appropriated, annually from each county's MHSA funds and will be eligible for individual counties to apply for in a Competitive and Non-Competitive round of applications.

- Participants must be referred through a Continuum of Care program
- Counties must offer wrap around mental health services, supports and connections to other community resources
- Counties must utilize a “housing first” approach which offers permanent supportive housing without mandating participation in services

TCBHD expects the implementation of NPLH to reduce MHSA revenue by at least \$300,000 per year. However, BH is actively working towards applying for these Competitive and Non-Competitive grants. In a collaborative effort between Behavioral Health and the Community Resources Agency (CRA), the County of Tuolumne will pursue funding opportunities through the NPLH initiative. A \$75,000 Technical Assistance (TA) grant was received and is being used to gather stakeholder data to develop a homeless plan, and collect any other data required to determine next steps in the program. A request for \$500,000 in Non-Competitive grant funding will be used to leverage a larger project in which an application will be submitted in the Competitive round of available funds in early 2019.

Prevention and Early Intervention (PEI)

Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills, and increasing support. Prevention programs promote positive cognitive social and emotional development and encourage a state of well-being. Early intervention involves assisting individuals and/or families in a short, relatively low-intensity support service to improve mental health problems and avoid the need for more extensive mental health treatment.

FY 18/19 brings the passage of Senate Bill 1004 which allows oversight by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in how MHSA funds are spent. The legislation mandates all counties in California to allocate their PEI funds to designated “areas of proven need” in these five categories:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the life span.
3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
4. Culturally competent and linguistically appropriate prevention and intervention.
5. Strategies targeting the mental health needs of older adults.

TCBH is in the process of reviewing existing PEI programs and will be conducting a robust stakeholder feedback process with current PEI providers, PEI participants, and all community members. This exercise will help to determine the legislation’s impact on standing PEI programs, as well as define how to best meet the requirements of the law, and what PEI programming should look like in the future in order to best serve Tuolumne County stakeholders.

The following Prevention & Early Intervention programs will continue through June 30, 2019:

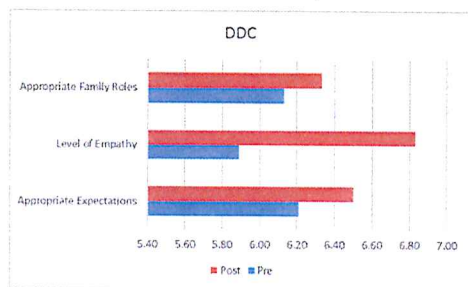
PEI Project Number 1 – Early Childhood Project #1

Nurturing Parenting Education

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 is implemented by a team led by contract provider, Infant/Child Enrichment Services (ICES) through a program called, “*Raising Healthy Families*”. Nurturing Parenting classes are designed to help parents in stressed families including those with a history of substance use disorder, child abuse and/or neglect, domestic violence and social isolation.

The Nurturing Parenting Program is an evidence-based strategy for improving parenting outcomes for families in our community. The program utilizes an evaluation tool, the Adult Adolescent Parenting Inventory (AAPI), which measures parent progress, and assures the program is meeting desired outcomes. The AAPI assesses skills in five domains:

1. Expectations of Children
2. Empathy
3. Discipline
4. Family Roles
5. Power and Independence.



Parents take a pre-test and are provided with their scores in order for them to see where they are showing strengths, as well as areas for improvement. The post-test for classes presented in FY17/18 show that 100% of participants experienced an increase in AAPI scores in 3 of the domains listed above.

Highlights

- 172 adults, children and families benefitted from Nurturing Parenting Education Classes. Classes are tailored to meet specific needs and include the following:
 - Drug Dependency Court (DDC) classes
 - Traditional classes for the general public
 - Understanding Sexuality
 - Parenting for Fathers
- 17 families received home visiting services

FY 17/18 Cost Per Person: The estimated cost for this program is \$381 per person. This program is 75% Prevention and 25% Early Intervention.

PEI Project Number 1 – Early Childhood Project #2

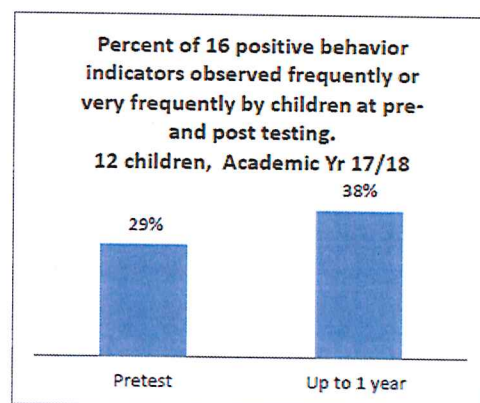
Social Emotional Learning Foundations (SELF)

In a contract with The Tuolumne County Superintendent of Schools Office (TCSOS), The Social Emotional Learning Foundations (SELF) program, promotes the social and emotional development of pre-school children ages 0 through 5. This Early Intervention program utilizes an Early Childhood Education (ECE) specialist to provide on-site training, consultation and materials to preschools in the community.

These visits include observations of the social emotional climate in the classrooms, modeling behavior management strategies and supporting teachers in dealing with challenging behaviors. Children and families may receive targeted consultation, expanded special education services, and/or evaluation for an Individualized Education Plan (IEP). This project allows children and their families to receive early intervention support and services.

Highlights

- 35 teachers received intensive training and coaching services throughout the school year
 - 485 children benefitted from the coaching services
 - 378 children were screened with Development Screening Tool
- 12 children received targeted consultation:
 - 92% remained stable in the classroom
 - 76% improved in Positive Behavior Indicators from pre to post test
 - 58% received social-emotional developmental screenings



FY 17/18 Cost Per Person: TCBHD MHSA PEI funds account for 10% of the overall SELF program. This PEI contract is 100% Early Intervention with an annual cost of \$19 per person.

PEI Project Number 1 – Early Childhood Project #3

Early Childhood Education Project – Family Support Aides

FY 17/18 was the first complete year of a new collaboration to strengthen and expand programs in the community by maximizing prevention funds between TCBHD and Tuolumne County Child Welfare Services (CWS). Taking advantage of this new shared workspace, the goal is to combine together to provide resources, education, services and supports to a shared population.

The AmeriCorps Family Support Aide (FSA) utilizes their lived experienced along with the evidence-based, Nurturing Parenting curriculum, to provide one-on-one sessions that are tailored to the specific needs of each parent. The FSA will work to help parents to develop social connections, to build

relationships with other parents, families and community members, and to increase parent self-sufficiency.

Highlights:

- 60 Parents received services
- 77% increased parenting skills in three AAPI constructs
- 11 Families received stabilization services

FY 17/18 Cost Per Person: The cost for this program is \$341 per person. This is 75% Prevention and 25% Early Intervention.

PEI Project Number 2 – School Based Violence Prevention

The Center for a Non Violent Community (CNVC) provides education, information, and interactive learning opportunities to students and staff in area schools aimed at reducing school based violence. Throughout the years, a successful model has been implemented to teach students respect, empowerment, and choice.

For FY 17/18, workshops, presentations, and community events focused on building resiliency and protective factors in students, families, and community members. The focus this year centered on key components such as sexual harassment prevention, bullying prevention, empathy building, and self-esteem building. These workshops were presented to five schools in the community.

Highlights

- Gold Rush Charter School: 125 students in 3rd through 8th grade attended a Prevention Workshop addressing conflict, bullying, empathy, and self-esteem. Pre & Post survey results illustrate learning achieved:

	What is Conflict?	What is Bullying?	What is Empathy?	Name 3 ways to stay safe In a bullying situation
Pre-Survey	24%	18%	12%	28%
Post-Survey	70%	56%	77%	54%

- Jamestown Elementary School: 91 students in 6th through 8th Grade participated in a Prevention Workshop addressing Sexual Harassment Awareness and Conflict Resolution.
- Columbia Elementary School: 146 students in 6th through 8th Grade participated in a Prevention Workshop addressing Sexual Harassment Awareness. Results showed:
 - 17% improvement in the ability to describe sexual harassment
 - 18% improvement in the ability to identify how to report sexual harassment.

In addition to school workshops, five resiliency workshops, specifically for adults to understand the psychosocial impact of trauma, were provided to school staff, parents, teachers, and interested community members.

FY 17/18 Cost Per Person: More than 1,000 students, parents, teachers, and community members attended workshops for an annual cost of \$35 per person. This program is 100% Prevention.

PEI Project Number 3 – Suicide Prevention and Stigma Reduction Project

Program Description

The Amador Tuolumne Community Action Agency (ATCAA) provides the Suicide Prevention services for TCBHD. The goal of the program is to provide a variety of community-wide trainings, education, and information to open dialogue and raise awareness about risk factors, protective factors, and warning signs of suicide. Through trainings, meetings and community involvement, ATCAA continues to work toward ensuring that Tuolumne County is a suicide safer community.

FY 17/18 presented a new opportunity for suicide prevention activities in local schools. The passage of Assembly Bill 2246 mandates that California schools, serving grades 7 and above, develop a suicide prevention program for staff and students. ATCAA stepped up to create a new training model specifically for schools in Tuolumne County.

Highlights

- 178 school staff, at 8 locations, received suicide prevention training
 - 75 eSuicide training vouchers were distributed to those who could not attend in person
- 57 people were trained in safeTALK
- 75 community members were trained in Youth Mental Health First Aid (YMHFA) and Mental Health First Aid (MHFA)
 - 95% of participants reported that they would assist a person with suicidal ideation to find community and/or professional supports
 - 95% reported that they would be able to recognize signs, reach out to, and assist someone dealing with a mental health crisis.

FY 17/18 Cost Per Person: 598 people received training, attended a presentation or event, or received information about the program resulting in a cost per person of \$125. This program is 100% Prevention.

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

Older Adults:

CAFÉ (Connections and Awareness for Elders)

TCBHD has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of the program is to engage individuals, aged 65 or older, that are isolated, lonely, unserved or underserved. Trained volunteers utilize engagement strategies such as in-home visits to provide socialization, counseling, resources, and referrals.

The program continues to plan events and strategies to reach older adults including: providing information at community meetings; attending multi-disciplinary team meetings; and working closely with County departments and other community agencies.

- 55 elder individuals received counseling, socialization, and depression intervention services
- 75% of participants showed improvement in feelings of depression
- 7 new volunteers were recruited and trained
- Eight different agencies referred seniors in need including: TCBHD; Sierra Senior Providers; Avalon Care Center; and Adventist Health Sonora
- The Annual Elder Awareness Conference provided education & resources to nearly 200 community members with resources and tips on how to identify elder abuse

FY 17/18 Cost Per Person: A total of 262 people received supports or training for an annual cost of \$190 per person. This program is 100% Prevention.

Latino Outreach:

Promotores de Salud (Promoters of Health)

TCBHD contracts with the Amador Tuolumne Community Action Agency (ATCAA) to provide prevention and early intervention services to the Latino community in Tuolumne County. The program consists of two Promotores de Salud (Promoters of Health) who provide mental health education, outreach, and support. The Promotores focus on breaking down barriers to accessing services, including transportation, culture, language, stigma, and mistrust of behavioral health services.

FY 17/18 introduced the formation of the People Helping People volunteer group, focused on working with the Latino community to decrease anxiety and fear around immigration challenges. Working in collaboration with the American Civil Liberties Union (ACLU) and the Tuolumne County Sheriff Department, the Promotores were able to bring two "Know Your Rights" events to the community. Education and training about immigration laws, immigrant rights, deportation, and family preparedness were provided to participants. The Promotores continue to support Latino families on preparedness plans and provide connections to legal assistance.

Highlights

- 24 informational presentations reaching more than 300 community members
- 42 referrals were made to medical professionals or support groups
- 14 referrals to Behavioral Health and related services
- 10% increase in Translation services from FY 16/17
- 10% increase of Individual in-home contacts/group participation

FY 17/18 Cost Per Person: 117 community members received services or education, resulting in an annual cost of \$152 per person. This program is designated as 70% Early Intervention and 30% Prevention.

Native American Outreach

The Tuolumne Me-Wuk Indian Health Center (TMWIHC) provides prevention & early intervention services to the Native American community including youth and families. Programs are designed to engage the participants in health and wellness activities, with a focus on connections with Native American culture and traditions. The program encourages activities such as sweat lodges, traditional beading, and talking circles. FY 18/19 will focus on bringing female only sweat lodge ceremonies.

FY 17/18 Highlights:

- 450 individuals participated in sweat lodge ceremonies, an increase of 36% from FY 16/17
- 475 inmates received services in jail including development of a release plan to limit the chances of recidivism
- 232 youth attended cultural education, learning about local native plants, songs, ceremonies, and language
- 27% increase in community presentation participation

FY 17/18 Cost Per Person: 1,157 people received services, supports and education through this project for an annual cost of \$26 per person. This PEI contract is 80% Prevention and 20% Early Intervention.

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

This project is intended to provide students with access to preventative health care services that may be otherwise unavailable.

Trauma Informed Care

In FY 15/16, TCBHD contracted with the Jamestown Family Resource Center (JFRC) to provide Prevention & Early Intervention programs focusing on Fostering Healthy Activities in a Non-Traditional setting. Jamestown Elementary School has a goal of becoming the first “Trauma-Informed School” in Tuolumne County. Staff training to effectively reach out to, and work with, high risk students such as those experiencing homelessness, or living in the foster care system or other out-of-home placement is a primary goal. Immensely positive results in reductions of suspensions and detentions were seen in the first two years of the program, with stabilization since.

Highlights:

- 33 homeless students received services
- 41 at-risk students were identified with numerous discipline referrals, poor attendance, and exposure to poverty and/or violence
- 164 students received mental health services on campus, or were referred to services off-campus
- 75% of school staff have completed trauma-informed training with nearly 100% of staff having received a minimum of an introductory training

- 100% of staff report that they are “trauma aware”
- 90% of staff are interested in further trauma-informed training

Positive impacts of this project include an improved school climate, with an emphasis on reducing bullying and violence on campus. Since the goal of the project is to foster healthy activities, students need to be inspired to come to school, stay in class all day, and not be sent out of class due to inappropriate behaviors.

Challenges:

Student environments outside of school are a continuing concern. These vulnerable families are experiencing economic stressors including lack of affordable housing and an increase in overall cost of living. These factors are influencing the behaviors of students at school, as the majority of their time is spent off campus.

FY 17/18 Cost Per Person: 281 students, parents, teachers and staff received services or training for an annual cost of \$72 per person. This program is 100% Early Intervention.

New PEI Regulations:

The Mental Health Services Oversight and Accountability Commission (MHSOAC) created PEI regulations to ensure that all counties are meeting PEI requirements within their programs. California Code of Regulations (CCR), Title 9, Sections 3560.010, requires specific data to be collected by counties and reported annually. Examples of demographic information that must be asked for, then collected and reported from by the county annually include: race, ethnicity, age, sexual orientation, and gender.

To ensure participant privacy, the demographic information collected and reported for Tuolumne County in FY 17/18 will be presented to include participants across all PEI programs. Demographic data that can potentially be perceived as identifiable information, and place a participant at risk of being recognized, is not included. The following demographics represent participants in five TCBHD PEI programs:

Gender:		
	Male	1268
	Female	831
	Trans	3
Age:		
	Children (0-15)	662
	Adult (26-65)	1971
	TAY (16-25)	565
	Older Adults (65+)	81
Race:		
	Caucasian	1097

	Native American	1034
	Hispanic/Latino	34
	African American	7
	LGBTQ	21
	Homeless	115
	Veteran	7

The finalized demographic collection form is attached, reference Appendix D. It is understood that participation in completing demographic information is voluntary and participant anonymity will be respected.

PEI Statewide Plans Program

The California Mental Health Services Authority (CalMHSA), a joint powers authority has implemented statewide prevention and early intervention programs since 2011. TCBH has received supports in the following areas:

- Statewide social marketing educational campaigns including the *Each Mind Matters* stigma reduction campaigns and the *Know the Signs* suicide prevention campaign with an emphasis in reaching diverse communities throughout California
- Community engagement programs including the *Walk In Our Shoes* stigma reduction programs for middle school students, and the *Directing Change* stigma reduction and suicide prevention program for high schools and higher education
- Technical assistance for counties and community based organizations to integrate statewide social marketing campaigns into local programs, and to provide support to counties in addressing county-specific stigma reduction and suicide prevention concerns
- Networks and collaborations that support dissemination of educational outreach materials

TCBHD is reviewing the desired level of participation in these statewide programs moving forward. The current contribution rate of 4% is under evaluation to determine if Tuolumne County stakeholders would be better served by allocating those dollars into local PEI programs.

MHSA ANNUAL UPDATE FY 18/19 BUDGET

SUMMARY

FY 2018/19 Mental Health Services Act Annual Update							
Funding Summary							
County:	Tuolumne County						Date: 1/8/19
	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 2018/19 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	1,144,117	394,803	524,119	18,387	195,861		
2. Estimated New FY 2018/19 Funding	2,681,807	821,538	184,386				
3. Transfer in FY 2018/19	(30,000)			30,000			
4. Access Local Prudent Reserve in FY 2018/19							
5. Estimated Available Funding for FY 2018/19	3,795,924	1,216,341	708,505	48,387	195,861		
B. Estimated FY 2018/19 MHSA Expenditures - net	2,784,580	516,672	0	43,000	144,849		
G. Estimated FY 2018/19 Unspent Fund Balance	1,011,344	699,669	708,505	5,387	51,012		
H. Estimated Local Prudent Reserve Balance							
1. Estimated Local Prudent Reserve Balance on June 30, 2018		554,758					
2. Contributions to the Local Prudent Reserve in FY 2018/19							
3. Distributions from the Local Prudent Reserve in FY 2018/19		0					
4. Estimated Local Prudent Reserve Balance on June 30, 2019		554,758	***				
***	Note *** Interest in amount of \$49,828 is in Prudent Reserve						

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 2018/19 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: **Tuolumne County**

Date: **11/26/18**

	Fiscal Year 2018/19					
	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	1,308,111	861,308	446,803			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. 24 hr Walk-in Clinic	563,560	563,560				
2. Peer Coordination (EC)	335,673	335,673				
3. Lambert Center (O&E)	68,000	68,000				
4. Mobile Crisis Outreach	478,954	478,954				
5. Benefits Development	261,529	261,529				
6. Promotion & Community Ed Activities	55,055	55,055				
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
CSS Administration	126,287	126,287				
CSS MHSA Housing Program Assigned Funds	34,214	34,214				
Total CSS Program Estimated Expenditures	3,231,383	2,784,580	446,803	0	0	0
FSP Programs as Percent of Total	40%					

**FY 2018/19 Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Tuolumne County

Date: 11/26/18

	Fiscal Year 2018/19					
	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. Suicide Prevention & Stigma Reduction	75,000	75,000				
2. Older Adults, Latino, & Native American O&E	105,000	105,000				
3. School Based Violence Prevention	30,000	30,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Childhood Project	115,000	115,000				
12. Jamestown Family Resource Center	35,000	35,000				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	121,672	121,672				
PEI Assigned Funds	35,000	35,000				
Total PEI Program Estimated Expenditures	516,672	516,672	0	0	0	0

**FY 2018/19 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: **Tuolumne County**

Date: **11/26/18**

	Fiscal Year 2018/19					
	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.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

**FY 2018/19 Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Tuolumne County

Date: 11/26/18

	Fiscal Year 2018/19					
	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. Workforce Staffing Support & Training	43,000	43,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	0					
Total WET Program Estimated Expenditures	43,000	43,000	0	0	0	0

**FY 2018/19 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Tuolumne County

Date: 11/26/18

	Fiscal Year 2018/19					
	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. MHSA Admin Center	50,000					
2. Enrichment Center						
3. Cabrini Deck	34,214					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Computers	60,635					
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	144,849	0	0	0	0	0



Tuolumne County Behavioral Health Department

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

MHSA Annual Update FY 2018-2019

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** regarding the above-entitled document.

- I. **The public review and comment period is open from April 3, 2019 through May 3, 2019.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to TCBHD, Attn: Alexandra Inslee, MHSA Programs 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 Behavioral Health Advisory Board in May 2019** for the purpose of receiving further public comment on the MHSA Annual Update for Fiscal Year 2018-2019. Public notice will be made with the date and time of the Public Hearing at least ten days in advance.
- III. **To review the MHSA Annual Update FY 2018-2019** or other MHSA documents via Internet, follow the link to the following websites:

https://www.tuolumnecounty.ca.gov/DocumentCenter/View/11728/DRAFT-Tuolumne_Ann_Update_1819

http://tuolumne.networkofcare.org/content/client/176/DRAFTTuolumne_Ann_Update_1819.pdf

- IV. Printed copies of the MHSA Annual Update FY 2018-2019 are available for review in the public waiting areas of the following locations during regular business hours:
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 - Tuolumne County Board of Supervisors Chambers, 2 South Green St, 4th Floor, Sonora
 - The David Lambert Center, 347 W. Jackson St, Sonora
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 - Tuolumne County Library Tuolumne City Branch, 18636 Main St, Tuolumne
 - Tuolumne County Library, 480 Greenley Rd, Sonora
 - Jamestown Family Resource Center, 18299 Fifth Avenue, Jamestown

To obtain a copy by mail contact the MHSA Programs Coordinator at (209) 533-6245.

Tuolumne County Behavioral Health Department Mental Health Services Act (MHSA)
 Annual Update FY 2018-2019
 30 Day Public Comment Form
 Dates of Posting: April 3, 2019 – May 3, 2019

PERSONAL INFORMATION	
Name: _____	
Agency/Organization: _____	
Phone Number: _____	E-mail Address: _____
Mailing Address: _____	
YOUR ROLE IN THE MENTAL HEALTH SYSTEM	
<input type="checkbox"/> Client/Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Education <input type="checkbox"/> Social Services	<input type="checkbox"/> Service Provider <input type="checkbox"/> Law Enforcement/Criminal Justice <input type="checkbox"/> Probation <input type="checkbox"/> Other (specify) _____
COMMENTS:	
<p><i>All Comments Must Be Received by: May 3, 2019</i></p>	

All Electronic Comments and Inquiries Regarding the MHSA Annual Update FY2018-2019 should be sent to:

Email address: Ainslee@co.tuolumne.ca.us

Written Comments may be submitted by mail to:

Alexandra Inslee, MHSA Coordinator, Tuolumne County Behavioral Health: 2 South Green St, Sonora, CA 95370
All Comments Must Be Received by Friday May 3, 2019

A Public Hearing on the Mental Health Services Act (MHSA) Annual Update FY 2018-2019 will be held in May 2019. Public notice of the date and time will be made at least ten days in advance.

The meeting will convene at:
 Tuolumne County Behavioral Health Department, 105 Hospital Road, Sonora, California

Public Comments Received for Draft MHSA Annual Update FY 18/19 Posted December 1 - 31, 2018 and Corresponding Responses:

A first draft of the MHSA Annual Update FY 2018/2019 was available for public review and comment for 30 days from December 1, 2018 through December 31, 2018. The public comments received during this period and the Public Hearing on January 2, 2019 prompted TCBH to revise and re-circulate the Annual Update in April 2019. The public comments received for the first draft are as follows:

➤ **Comments regarding WET:**

Martha Golay, ATCAA Youth & Families Program Coordinator, "Looking at this document I want to note there are more opportunities for partnership that are congruent with our mission goals with Student Equity Hi, Kristi. On page 16 (bottom) there is the following wording:

"A new practice of charging a nominal fee to community members for CE's will help to recuperate some cost related to WET expenses." Will this apply to Youth Mental Health/Mental Health First Aid trainings and ASIST? Have amounts to charge been established?

County MHSA Program Response:

This is targeted towards the BH sponsored trainings that we provide such as Law & Ethics, the Elder Awareness Conference, and any other trainings that TCBHD provides CE's. We have been doing this on an ad hoc basis for a couple of years, but are firming up guidelines for it. I know in the past we had talked about charging for CE's for suicide prevention trainings, but for now, I did not factor them in...

➤ **Comments regarding PEI:**

Sarah Garcia, First Five, "With a decline in our First 5 money, I am very concerned about our SELF program and whether it will be able to provide any Social/Emotional Developmental Screenings and assessments. At this point, we are planning on fully funding the position though a CA. Dept. of Ed grant. What do you think the likelihood would be of us asking for more money so we can continue the Social/Emotional work? We would probably need an additional \$15-20k per year."

County MHSA Program Response:

Comment noted, and appreciated. As reported in this plan, (see page 18) a rigorous stakeholder process will be launched to review all Prevention & Early Intervention programs in order to meet new state requirements. The MHSA Coordinator will be reaching out to stakeholders in January 2019 to schedule meetings and focus groups to further discuss all PEI programs in the community.

➤ **Comments regarding Enrichment Center:**

Patti Gallagher, "The Enrichment Center is supposed to be covered under MHSA funding and I am watching it close on Mondays and have less available peer support available. I am concerned about the future of the Enrichment Center and want to make sure that my welfare is not in jeopardy."

Scott Garrison, "I don't understand MHSA funding re Enrichment Center. My ignorance is holistic & detailed. Short & long term changes to the EC poorly handled (timing & extent)."

Todd Taylor, "Please do a 30 day comment policy and keep Enrichment Center open as much as possible people need it."

Raymond Bowcutt, "I think they should put the money towards people that have mental illness. I think they should close on Tuesday or Thursday because PRIDE days are important."

Heather Pogroszewski, "I go to the Enrichment Center M, W, and F. I don't think it's right that our place to go is getting cut off on Monday's in January and possibly February and so on. The Enrichment helps me with my depression and gives me a chance to build and spend time with friends. The Enrichment Center also provides transportation. Sometimes I have appointments on M or W with my counselor or the telepsych Dr. I had to change one of my appointments. Also, I don't think its right that a lot of employees got their job eliminated, changed, or go their hours cut. Now there's only going to be about 3 peer specialist. It seems like before these cuts the Enrichment Center was short staffed. It's nice to have a variety of people do the groups."

Denise Robinson, "To bring income to Behavioral Health we need to add Medicare and private insurance. Billing could be done out of Modesto if that's a problem. In the three county area, Tuolumne Me Wuk Clinics are the only ones that have Medicare and private insurance for Behavioral Health. This is very needed! Also, the Tuolumne General Hospital could be reinforced with steel and made into apartments for mental health and homeless. The Enrichment Center needs to be continued as it has been in the past. The peer specialists have done an excellent job teaching us how to manage our illnesses – anxiety, stress, PSD, Trauma, Drugs & alcohol among the topics. It keeps us stable, out of Hospital, and not calling the cops. Crisis Line is a valuable tool when we are not at Enrichment Center. It is the only facility that does this besides mental health hospital facilities!"

Marilyn Strong, "I have many concerns about the changes occurring at the Enrichment Center. I am concerned that the current situation is a presage to permanent displacement of peers. My understanding of the MHSA was a separate established entity for mental health services for the mentally ill. Used directly for the benefit of mentally ill clients to avoid hospitalization of clients. To support peoples recovery. I believe the Enrichment Center contributes greatly to the client's mental health stability. I would appreciate specific information on where the money was spent. It will, in my opinion, greatly diminish the effectiveness of the client's ability to sustain wellness."

County MHSA Program Response:

Comments noted and appreciated. Enrichment Center community members were informed that the Enrichment Center closure on Mondays is for January 2019 only. Participants were assured that the center would resume offering services five days a week starting February 1, 2019.

➤ **Comments regarding MHSA Programming and Regulations**

Sherry Bradley, - "As a former Administrative Manager for MHSA Programs prior to my retirement from a large Bay Area County, I am submitting this comment with knowledge of the MHSA Act and the writing of MHSA Plans and Three Year Program and Expenditure Plans. My concerns are as follows:

1. There have been some announcements to TCBHD staff regarding funding reductions that have or may result in a reduction in the EC days/hours of operation. If this is occurring, then it should specifically be mentioned in the Update, with the reasons for the reduction. In a review of the plan, and the average cost per client (which is required to be reported), it seems that the cost per client is lowest at the Lambert Center (\$12/visit) and EC is \$117/visit. This is compared to the CAIP cost at \$1501/client and FSP at \$13,740/client.
2. I am concerned that the county not operate outside of the Welfare and Institutions Code (WIC) sections 5813.5 (d)(1)(2)(3)(4):
'(d) Planning for services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers:
 - (1) To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.
 - (2) To promote consumer-operated services as a way to support recovery.

- (3) To reflect the cultural, ethnic, and racial diversity of mental health consumers.
 (4) To plan for each consumer's individual needs.'
3. I believe that the county is out of compliance with the Ca Code of Regulations, Title 9, Div. 1., Ch. 14, Section 3520.30 – FSP Outcome Data and also Section 3620.10 – FSP Data Collection Requirements. This section of the regulations outlines the data collection as part of the Partnership Assessment, which is done initially, and then is to be reported quarterly. If this is happening, then outcomes should be reported in the Update or Three Year Plan. There are absolutely no outcomes being reported in the 18/19 Plan for FSP clients. How does the county know that the program is working in its current iteration? I have a copy of what's required to be tracked, therefore there should be no reason why this information is reported in the MHSA Annual Updates as well as the Three Year Program and Expenditure Plan. As a stakeholder in the community, I am concerned that this may reflect poorly on our county and the department, and possibly result in an audit of our non-compliance with regulations.
 4. I am also concerned that according to the draft MHSA budget, the county is out of compliance with Title 9 CCR Section 3620 – FSP, i.e., that... (c) 'The county shall direct the majority of its Community Services and Supports funds to the Full Service Partnership Category.' The county is currently only using 37% of the CSS funds for the FSP category, while it should be at 51% or higher. This should be addressed immediately. Perhaps it's a matter of how the fiscal data is captured and tracked, and it should be visited. As a stakeholder in this community, I am concerned that this could result in the taking back of funds in the future due to non-compliance with regulations.
 5. As part of the local review process MHSA W&I Code Section 3315, paragraphs (b)(1)(2)(3) refer to summary and analysis of any substantive recommendations, and a description of any substantive changes made to the proposed update that was circulated. In other words, if, as a result of any substantive recommendations coming out of the 30 day review process and the Public Hearing today, should there be CHANGES necessary that are substantive, the REVISED draft Plan will have to be re-circulated with those changes included.
 6. Lastly, I am concerned of a possible Brown Act Violation due to the lack of timely posting of the agenda for this Public Hearing. I would recommend asking staff for verification of posting dates, and what was posted. As a community member, I couldn't find the agenda posted on the Website. I was told it was posted early in December with a paper posting in several locations, which could meet the requirement, but should be verified and clarified.

County MHSA Program Response:

Comments noted and appreciated. Responses below:

1. Funding changes had to do more with redistribution than reductions. This is noted in item 4 by the author of the comments and aligns with the comment. Regarding hours of operations, these have changed over the years and BH has paid close attention that services remain available with no significant changes. In fact, an additional group was added. BH retains the ability to add and remove groups based on staffing, volunteers, peer need, and other variables.
2. The county makes every effort to incorporate recovery principles, cultural competency, and consumer-driven services into the planning and programming of MHSA. As indicated on page 7, the development of this Annual Update followed the Community Planning Process and included input from many stakeholders throughout the community.
3. FSP Outcome Data is collected on a regular basis and reported according to regulatory requirements. There is no requirement that the Annual Update contain a full data report of FSP outcomes, but the revised Annual Update will contain more information.
4. The county has not historically met the requirement that FSP account for 51% or more of CSS funds but has made great strides to come into compliance with this requirement. From November 2018 to March 2019 the percentage of CSS funding allocated to FSP in FY 18/19 has risen from 37% to 40%. Furthermore, because there is need for clarification at the state level regarding how counties should arrive at this calculation, DHCS has announced that they will not hold counties to the 51% FSP requirement in the 17-18 or 18-19 Revenue and Expenditure Reports (RERs). Tuolumne County continues to increase the percentage of CSS funding allocated to FSP and will make every effort to comply with all regulations moving forward.

5. The county has completed a revised draft Annual Update, which is to be re-circulated for a 30-day public comment period April 3, 2019 through May 3, 2019.
 6. Timely posting of the agenda for the Public Hearing of the first draft Annual Update was investigated and confirmed.
-

Public Comments Received for Draft MHSA Annual Update FY 18/19 Posted April 3 - May 3, 2019 and Corresponding Responses:

No comments were received during the Public Comment Period April 3 – May 3, 2019. There was one late submission of a comment, below:

Sherry Bradley, “I wanted to commend Alex, Michael, and Steve for making the changes they have made on the MHSA plan update. They did the right thing by pulling it back, re working some sections, etc. They responded to the stakeholder input they received, and acknowledged that input so graciously.”

At the Public Hearing on May 8, 2019, some questions clarifying content were posed but no other public comments were made.

All comments and questions were acknowledged and all questions were addressed when posed. Small edits were made for grammatical and formatting purposes but no changes to the content of the Annual Update were necessary.



Appendix A

Mental Health Services Act FY 18/19 Community Survey

Community Planning Process MHSA FY 2018-2019

This survey is open to all stakeholders residing in Tuolumne County and is part of the Community Planning Process for the Mental Health Services Act (MHSA) in Tuolumne County. The purpose is to hear what YOU think about mental health needs and services in Tuolumne County. The information you provide is anonymous and will help the Tuolumne County Behavioral Health Department design mental health programs in our community.

The survey will take about 10 minutes to complete. You do not have to answer all of the questions and you may exit the survey at any time.

Thank you for taking the time to share your feedback with us!

This survey will close at 5pm on Friday August 10, 2018.

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 survey is to gather information from community members to document concerns, issues, challenges and priorities for addressing mental health needs in Tuolumne County.

KEY TERMS & DEFINITIONS:

AT-RISK: Individuals or population groups who show a higher than average likelihood of experiencing a mental health challenge.

DISPARITIES IN ACCESS: Refers to groups of people who have systematically experienced greater obstacles to healthcare based on their racial or ethnic group; religion; socioeconomic status; gender; age; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.

PREVENTION: Reduces risk factors or stressors; builds skills; and increases supports.

EARLY INTERVENTION: Is a short duration, low intensity service that replaces the need for more extensive treatments.

OUTREACH: The process of engaging, encouraging, educating, and/or training and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.

TRAUMA: An event, series of events, or circumstances that is experienced as physically or emotionally harmful or life-threatening and has lasting adverse effects on the person's functioning and mental, physical, social, emotional or spiritual well-being.

UNDERSERVED: Populations which are disadvantaged because of access to health

1. What do you see as the most important key community mental health need in Tuolumne County? Please rank from 1-5, with 1 being the most important, 5 the least important:

<input type="text"/>	Psycho-social impact of trauma
<input type="text"/>	At risk of Suicide
<input type="text"/>	Disparities in access to mental health services:
<input type="text"/>	At risk children, youth and young adult populations:
<input type="text"/>	Experiencing stigma and/or discrimination due to a mental health diagnosis:

2. Which priority population do you believe should receive prevention and early intervention services? Please rank from 1-6, with 1 being most important, 6 the least important:

<input type="text"/>	Underserved cultural populations (e.g. Latino, Native American)
<input type="text"/>	Individuals experiencing the onset of serious psychiatric illness:
<input type="text"/>	Children/Youth in Stressed Families:
<input type="text"/>	Children/youth at risk for school failure
<input type="text"/>	Trauma Exposed (e.g. Grief, Isolation, Abuse) and unlikely to seek mental health services:
<input type="text"/>	Children/youth at risk of juvenile justice involvement:

3. Please review the challenges listed below and select the ones that you believe may be a barrier to those seeking mental health services in Tuolumne County. Please check all that apply:

Transportation

Stigma

- Lack of resources
- Denial of Mental Illness
- Language barriers
- Lack of Insurance
- Lack of trust/confidence
- Lack of Information
- Lack of communication by schools regarding at-risk students
- Primary Care Providers awareness of or embracing the importance of mental health
- Lack of parental/family support
- Other (please specify)

4. Previous MHSA community feedback identified the following behavioral health program gaps. From the list below, please select the gaps you believe still exist in the mental health system in Tuolumne County. Please check all that apply:

- Counseling services available for all ages
- Timely Access to counseling services
- Youth Centers and Activities
- Mental Health education for pre-school and/or day care staff
- Mental Health education for parents and/or pregnant moms
- Support services for Foster parents
- Community-wide mental health education regarding stigma
- Support groups for those living with a mental illness
- Suicide prevention education and services to all ages and programs
- Information and Resources on mental health
- Supports and services for the Hispanic community
- Outreach and/or services to Veterans
- Mental Health supports for those with a traumatic brain injury
- LGBT Sensitivity Training

- Early infant care through High School/Daddy Boot Camp
- Friendship Line
- Friendship School
- Outreach and/or support to Probationers
- Victim support groups
- Other (please specify)

5. Are you familiar with the Tuolumne County Behavioral Health Department (TCBHD)?

- Yes
- No

6. Do you know where TCBHD is located?

- Yes
- No

7. Have you, or a family member, received services through TCBHD?

- Yes
- No

8. If you answered YES to Question 7, how likely would you be to recommend TCBH services to others?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

9. Are you familiar with the Enrichment Center and the supports provided there?

- Yes

No

10. Are you familiar with the David Lambert Center and the supports provided there?

Yes

No

11. What do you see as the biggest challenge facing Tuolumne County in regards to mental health and wellness?

12. Is this the first time you have participated in a MHSA Community Survey?

Yes

No

I don't know

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

Mental Health Client/Consumer

Family Member of a Mental Health Client/Consumer

County Behavioral Health Department Employee

Substance Abuse Service Provider

Private Mental Health Therapist

Community Based Organization

—

- Children / Family Services
- Professor, Teacher, School Staff, Education Provider
- Law Enforcement, including prison and jail staff
- Probation
- Veteran Services
- Hospital / Physical Health Care Provider
- Senior Services
- Faith Based Support Provider
- Student
- Advocate
- Prefer not to answer

Other (please specify)

14. Answers to the following demographics questions will be kept confidential, however, we respect your right to decline to answer them. Would you like to participate in this portion of the survey?

- Yes, I will participate
- No, I decline to answer demographic questions

15. What is your age?

- 15 years or younger
- 16 - 25
- 26 - 59
- 60 or older
- Prefer not to answer

16. What is your race?

- American Indian or Alaska Native
- Black or African American

- Latino/Hispanic
- Native Hawaiian or other Pacific Islander
- Asian
- White
- More than one race
- Prefer not to answer

Other (please specify)

17. What is your Ethnicity?

Non-Hispanic or Latino

Hispanic or Latino

Ethnicity

Other (please specify)

18. What was your gender assigned at birth?

- Female
- Male
- Prefer not to answer

19. What gender do you identify as now?

- Female
- Male
- Transgender
- Genderqueer
- Questioning or unsure of gender identity
- Prefer Not to Answer

Other (please specify)

20. Are you a veteran?

- Yes
- No
- Prefer not to answer

21. Are you a currently Homeless?

- Yes
- No
- Prefer not to answer

22. What best describes your current living arrangement?

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

Other (please specify)

23. What language do you mainly speak at home?

- English
- Spanish
- Prefer not to answer

Other (please specify)

24. What city do you currently live in?

- City of Sonora
- Twain Harte / Mi Wuk Village / Sugar Pine
- Jamestown
- Columbia

- Groveland
- Tuolumne City
- Soulsbyville
- East Sonora
- Don Pedro/La Grange
- Prefer not to answer

Other (please specify)

Done

Powered by



See how easy it is to [create a survey](#).

[Privacy & Cookie Policy](#)

Appendix B



Tuolumne County Behavioral Health Department

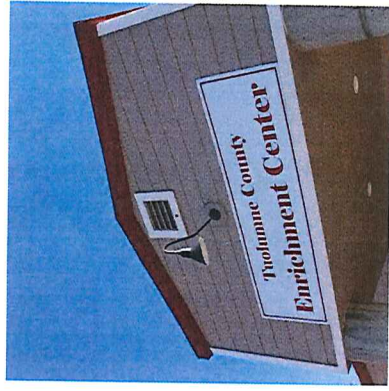
MENTAL HEALTH SERVICES ACT (MHSA): NOTICE OF 30-DAY PUBLIC COMMENT PERIOD

MHSA Annual Update FY 2018-2019

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 - Tuolumne County Library Twain Harte Branch, 18701 Tiffeni Drive #1F, Twain Harte
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Phone: 533-7114

COMMUNITY CENTER FOR WELLNESS AND RECOVERY














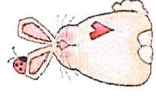


NEW EC Hours!!
NEW Shower & Laundry Times!!

Monday, Wednesday & Friday: 8 a.m. to 3 p.m.
Tuesday & Thursday: 9 a.m. to 3 p.m.

www.facebook.com/TuolumneCountyEnrichmentCenter



Monday Tuesday Wednesday Thursday Friday

<p>NEW SHOWER HOURS: Mondays: 11 a.m. to 2 p.m. Wednesday: 11 a.m. to 2 p.m. Thursday: 9 a.m. to 1 p.m. Friday: 11 a.m. to 2 p.m.</p> 	<p>NEW LAUNDRY HOURS: Tuesday: 9 a.m. to 1 p.m. ~Laundry and Shower Supplies provided~</p> 			<p>9-12 Karaoke 9-12 Smile Keepers</p> 
<p>4 9-10 Good Morning Group 10-11 Pride: Mental Illness Stress 11-12 Grief Support 11-12 Recreation 12:30-1:30 Depression Support Group</p> 	<p>5 EC CLOSED FOR STAFF TRAINING</p>	<p>6 9-10 Good Morning Group 9-10 Small Support Group 10-11 Pride: Greater Valley CC, Deb Phillips 11-12 Healthy Eating 12:30-2 Working Emotions 2-3:30 Adult Education</p>	<p>7 EC CLOSED</p> 	<p>8 9-12 Bingo</p> 
<p>11 9-10 Good Morning Group 10-11 Pride: Mindfulness 11-12 Recreation 12:30-1:30 Depression Support Group</p> 	<p>12 9-2 Recovery Films 12:30-1:30 AA 2-3 Bipolar Support Group</p>	<p>13 9-10 Good Morning Group 9-10 Small Support Group 10-11 Pride: Calendar and Relaxin' 11-12 Recreation 12:30-2 Working Emotions 2-3:30 Adult Education</p>	<p>14 9-2 Recovery Films 9:30-10:30 Diabetes Group 12:30-1:30 AA NEW! 2-3 Trauma Recovery/PTSD</p> 	<p>15 9-12 Karaoke 12:30-2 Dual Diagnosis</p> 
<p>18 9-10 Good Morning Group 10-10:30 Pride: Quality Improvement Council 11-12 Grief Support 11-12 Recreation 12:30-1:30 Depression</p>	<p>19 9-2 Recovery Films 10-11 Professional Development NEW! 12:30-1:30 AA 2-3 Bipolar Support Group</p> 	<p>20 9-10 Good Morning Group 9-10 Small Support Group 10-11 Pride: SAD 11-12 Healthy Eating 12:30-2 Working Emotions 2-3:30 Adult Education</p>	<p>21 9-2 Recovery Films 2-3 Trauma Recovery/PTSD</p>	<p>22 9-12 Bingo 9-12 Smile Keepers 12:30-2 Dual Diagnosis</p> 
<p>25 9-10 Good Morning Group 10-11 Pride: Healthy Choices 11-12: Recreation 12:30-1:30 Depression Support Group</p>	<p>26 9-2 Recovery Films 12:30-1:30 AA 2-3 Bipolar Support Group</p> 	<p>27 9-10 Good Morning Group 9-12 Smile Keepers 10-11 Pride: Loving Ourselves 11-12 Recreation 12:30-2 Working Emotions CLOSE @ 2/STAFF MTG.</p>	<p>28 9-2 Recovery Films 9:30-10:30 Diabetes Group 2-3 Trauma Recovery/PTSD</p> 	<p>29 9-12 Karaoke 9-12 Smile Keepers 12:30-2 Dual Diagnosis</p> 

Appendix D

MHSA PEI Participant Survey

The purpose of collecting participant demographics is to document the diversity represented by the participants. This information will be kept confidential.

1. I prefer not to answer demographic questions

2. Age:

- 0-15 (children/youth) 16-25 (transition age youth) 26-59 (adult) 60+ (older adult)
 Prefer not to answer

3. How would you describe your race?:

- American Indian/Alaska Native/Native American Latino/Hispanic Asian
 Black or African American Native Hawaiian/Pacific Islander White
 More than one race Other: _____
 Prefer not to answer

4. What is your Ethnicity? Check all that apply.

Non-Hispanic or Latino

- African
 Asian Indian/South Asian
 Cambodian
 Chinese
 Eastern European
 European
 Filipino
 Japanese
 Korean
 Middle Eastern/North African
 Vietnamese
 Native/Pacific Islander
 Other: _____
 Prefer not to answer

Hispanic or Latino

- Caribbean
 Central American
 Mexican
 Mexican American/Chicano
 Puerto Rican
 South American
 Native
 Other: _____
 Prefer not to answer

5. Gender assigned at birth:

- Female Male Prefer not to answer

6. Current gender identity:

- Female Male Transgender Genderqueer
 Questioning/unsure Other gender identity: _____
 Prefer not to answer

7. Sexual orientation:

- Gay or Lesbian Heterosexual/Straight Bisexual Questioning/unsure
 Queer Other: _____ Prefer not to answer

8. Are you a Veteran?

- Yes
- No
- Prefer not to answer

9. Primary Language:

- English
- Spanish
- Other _____
- Prefer not to answer

10. City of residence (including surrounding areas):

- City of Sonora
- Twain Harte/Mi-Wuk/Sugar Pine
- Groveland
- Chinese Camp
- East Sonora
- Tuolumne City
- Jamestown
- Other: _____
- Columbia
- Soulsbyville
- Don Pedro/La Grange
- Prefer not to answer

11. Current Living Situation:

- Homeowner
- Multi-Family
- Subsidized Housing
- Rent Home/Apartment
- With Friends/Family
- Other: _____
- Homeless
- Foster Care
- Prefer not to answer
- Sharing Housing
- Supportive Housing


12. Do you have any of the following disabilities? (Please select all that apply):

- I do not have a disability
- Mental Illness
- Difficulty seeing
- Other seeing/hearing/speaking disability: _____
- Learning disability
- Dementia
- Chronic health condition/chronic pain
- Prefer not to answer
- Difficulty hearing or having speech understood
- Developmental disability
- Physical/mobility disability
- Other physical disability: _____

FOR OFFICE USE ONLY

Date: _____ MHSA PEI Program: _____ Training / Event Name: _____

Participant ID: _____



*Not intended for promotional events.