

TUOLUMNE COUNTY BEHAVIORAL HEALTH

MHSA ANNUAL UPDATE FY 2012/2013

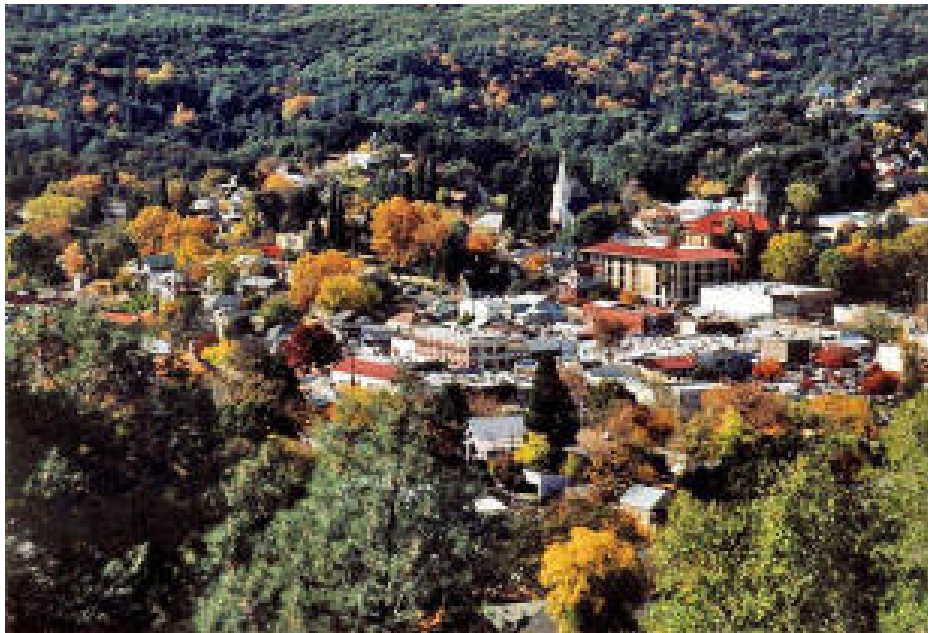


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I hereby certify that I am the official responsible for the administration of county mental health services in Tuolumne County and that the County has complied with all pertinent regulations, laws and statutes for this annual update. Mental Health 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.

This annual update has been developed with the participation of stakeholders, in accordance with Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft FY 2012/13 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.

A.B. 100 (Committee on Budget – 2011) significantly amended the Mental Health Services Act to streamline the approval process of programs developed. Among other changes, A.B. 100 deleted the requirement that the three year plan be updated annually and approved by the Department of Mental Health after review and comment by the Mental Health Services Oversight and Accountability Commission. In light of this change, the goal of this update is to provide stakeholders with meaningful information about the status of local programs and expenditures.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2012/13 annual update are true and correct.

Rita Austin, LCSW
Mental Health Director/Designee (PRINT)

Signature

Date

County: Tuolumne

INTRODUCTION:

November 2004, California voters passed Proposition 63, the Mental Health Services Act, which became law on January 1, 2005. The Act imposed a 1% taxation on personal income exceeding \$1 million. These funds were designed to transform, expand and enhance the current mental health system. The Mental Health Services Act has allowed Tuolumne County Behavioral Health Department (TCBHD) to significantly improve services including integrated recovery-oriented approaches and improved access to underserved populations, to add prevention and early intervention programs, opportunities for building MHSA workforce, education and training initiatives and to pilot new innovative approaches. It also allowed for enhanced Capital Facility and Technology infrastructure, and a Supportive Housing Project.

Update Requirements

The intent of TCBHD's MHSA Annual update for FY 2012/2013 is to provide the public a progress report of each of the primary components of the MHSA: Community Services and Supports, Innovation, Prevention and Early Intervention, Workforce/Education and Training, Capital Facilities/Technology and Supportive Housing.

In accordance with MHSA regulations, County Mental Health Departments are required to submit a program and expenditure plan and update it on an annual basis, based on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements (Welfare & Institutions Code, Section 5847).

MHSA Legislative Changes:

In March of 2011 AB 100 was signed into law by the Governor and created immediate legislative changes to MHSA. The key changes eliminated the State Department of Mental Health (DMH) and the MH Services Oversight and Accountability Commission (MHSOAC) from their respective review and approval of County MHSA plans and expenditures. It also replaces DMH with the "state" in terms of the distribution of funds, and suspended non-supplant requirement for fiscal year 11/12 due to the State's fiscal crisis. This set the stage for funds to be used for non-MHSA programs, and for \$862 million dollars to be redirected to EPSDT, Medi-Cal Specialty Managed Care and Mental Health Services for Special Education pupils. Following the aforementioned redirection, the County received 50% of their FY11/12 component allocation on August 1, 2011. Counties will receive the remaining MHSA component allocations on a monthly cash basis, starting April 1, 2012.

County Demographics

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

In 2010, the county's population totaled 55,365. Tuolumne County's median age is significantly higher than California's. In fact, we are one of the "grayer" counties, with a high number of persons over 66 (20.4%), almost twice as high as state (11.4%) percentages (U.S. Census Bureau, QuickFacts).

The county ethnic diversity is:

- 85% White
- 10% Hispanic
- 2% Multiracial
- 2% Black
- 2% American Indian
- 1% Asian
- 0% Pacific Islander

In discussing Tuolumne County, it is important to acknowledge that the county's population differs significantly from that of California. The county is dramatically less racially and ethnically diverse than California, and has no racial or ethnic "majority". Tuolumne County is also less linguistically diverse than California, and has no threshold language. According to the Census, 94% of the total population speaks "only English at home". Eighty-eight percent of the population that does not speak English at home speaks English "very well" or "well". Based on Census estimates, less than 400 individuals county-wide, primarily Spanish speakers, speak English "not well" or not at all".

COMMUNITY PLANNING AND LOCAL REVIEW

Local Stakeholder Process

The Community Program Planning Process consisted of asking for, and documenting the input specific to Tuolumne County's current Mental Health Services Act Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), Housing, and the Capital Facilities and Technological Needs programs and

activities for 2012/2013, along with updates specific to the current Tuolumne County MHSA components that were in place in fiscal year 2010/2011.

A MHSA Community Forum was held on April 4, 2012, which was a widely advertised meeting inviting people to gather to discuss Mental Health Services Act programs. A total of twenty individuals participated, with representation from a range of local community based agencies and organizations that represent and/or serve diverse stakeholders, including consultants providing outreach and engagement services to both Latino families and Native Americans and seven members of the Tuolumne County Behavioral Health Advisory Board members who also represented the MHSA Leadership Committee and local NAMI chapter.

A large focus group was held with forty-two consumers attending the P.R.I.D.E. group (Peer Recovery: Independent Development and Empowerment), on April 9, 2012.

Overall, the feedback received from the stakeholder reviews were complimentary of what Tuolumne County Behavioral Health Department is doing with the MHSA dollars. Consumers from the PRIDE Group shared enthusiasm and ideas regarding plans to expand the Peer Center with MHSA CF/TN funds in the fall, 2012.

Community Forum Input on April 4, 2012
Summary of input as follows:

- Priorities selected from past cycle still appropriate.
- Requests made to reinstate PEI and CSS contract funding to original amounts that had been cut back for last two years due to decrease in MHSA funding - input about how to request these funds was provided.
- New areas to support with MHSA funds in future included Mentoring programs (including intergenerational mentoring with children and older adults and older youth with younger children).
- Recommendations were made to strengthen and share resources community-wide through coordination and planning.
- NAMI representatives shared importance in working together with future stigma reduction project, *In Our Own Voice*.

The Peer Center P.R.I.D.E group (a peer supported group for residents with mental illness which fosters leadership development and extended recovery skills to continue living independently) provided input below on April 9, 2012 during a focus group:

What is working?

- Teamwork, sense of community, support for each other, sense of belonging, able to confide in each other, learning from each other.
- Computers and transportation services important for Peer Center.

- Peer Center Coordinator services are great (M. Hensley), and staff are caring and always helping to get needs met.
- Staff and peers are loyal and honest.
- Peers are able to develop their own calendar of activities.

What changes would you like to see when after move to renovated Peer Center?

- Ensure that newer computers are available that work faster online; add a range of new activities which could include Karaoke sessions, field trips, music and cooking classes, exercise and nutrition classes, master gardener education and help with raised beds for gardening; continue art classes; purchase new board games; and provide more space for activities that includes a recreation center, pool and ping pong tables, and exercise room – create lots of fun things to do together!
- Create micro-enterprise business by cooking and selling lunches from new center.
- Bring in community speakers to share resources available (i.e. DRAIL, A-TCAA, Social Security, Department of Social Services representatives).
- Increase representation from Behavioral Health medication and recovery counselors at PRIDE meetings.
- Create work programs for a labor ready work force, including supportive employment with Job Shadowing/Mentoring component at different community sites.
- Have volunteer opportunities available.
- Provide vendor machine for sodas.
- Have separate smoking and non smoking areas outside available.

Priorities and discussions were revisited that had been generated between 2004 and 2009 and documented from the CSS, PEI, WET, and INN planning processes. For the PEI and WET components, input was obtained in 2007 and 2008 through a large community forum with 70 in attendance; five community stakeholder meetings averaging a total of 50 participants each; 45 focus groups and key informant interviews; and 375 surveys completed. The CSS planning process in 2004/2005 resulted in excess of 1,100 individuals participating in the planning process and providing nearly 6,000 comments regarding mental health needs, impacts, and issues facing Tuolumne County.

30-Day Review Process:

A draft of the FY 2012/2013 Annual Update will be posted for the required 30 day review on both the Tuolumne County Behavioral Health Department website (www.tuolumnecounty.ca.gov) and the Network of Care website for stakeholders' review and comment, from May 3, 2012 to June 4, 2012.

Circulation Methods:

Copies of the MHSA Annual Update will also be made available to all stakeholders at the Tuolumne County Behavioral Health Department, the

Tuolumne County Peer Help Support Center, and the Tuolumne County Library during this time period.

Public Hearing:

The Public Hearing will be held on June 6, 2012 at 5:00 pm at the Tuolumne County Behavioral Health Department located at 105 Hospital Road, Sonora, CA in the Community Conference Room. Once held, input from the public hearing will be added at the end of this report.

IMPLEMENTATION PROGRESS REPORT BY COMPONENT:

Tuolumne County Behavioral Health Department's (TCBHD) Community Support Services (CSS), Prevention and Early Intervention (PEI), Workforce Education and Training (WET), Innovation (INN) Capital Facilities and Technological Needs (CF/TN) and Housing components are proceeding as described in TCBHD's approved plans, and overall the activities under each of these components are on track based on milestones/timelines, goals and objectives.

Integrated Community Support Services (CSS):

Full Service Partnerships (FSP):

TCBHD provides extensive support and wrap around case management services for individuals who have a serious mental illness or severe emotional disorder. In 2010/2011 a total of 24 individuals have been enrolled and received FSP services, and include residents of all ages as follows: Children 21%; Transitional Age Youth 25%; Adult 46%; and Older Adult 8%.

Peer Support Services:

As part of the peer driven continuum of care, and with oversight from the TCBHD's Peer Support Coordinator, and a dedicated group of community volunteers – an average of 184 individuals each quarter (as compared to 160 in FY 2009/2010) utilized the David Lambert Center as part of the peer driven continuum of care in FY 2010/2011.

Services include:

1. The David Lambert Community Center, opened in 2007, is located at 347 W. Jackson Street. The center is the current site for socialization, and provides outreach and help to people in achieving recovery in a safe and caring place. Currently, the David Lambert Community Center averages 128 participants (unduplicated) each quarter in FY 2010/2011.
2. The P.R.I.D.E. (Peer Recovery: Independent Development and Empowerment) support group is a peer supported group for residents with mental illness which fosters leadership development and extended recovery skills to continue living independently. The PRIDE Support Group has offered weekly peer-led support for an average of 56 mentally ill residents (unduplicated) quarterly in FY 2010/2011.

3. Since 2008 a range of Community Support Groups have been held and run by Peer Volunteers – these groups currently meet at the David Lambert Center as part of the peer driven continuum of care. Currently, four Community Support Groups (Dual Diagnosis, Depression/Bi-Polar Support, Emotion Regulation and Post Traumatic Stress Disorder) are held weekly with an average of 4 to 8 participants in each group.
4. The Benefits Specialist program assists consumers in applying for and obtaining public benefits such as Medi-Cal and SSI, as well as other community resources. In 2010/2011 the Benefit Specialist Program has offered support and services to 56 individuals (unduplicated).

Walk In Services:

Call or Walk in Services offer a team of clinicians and recovery counselors that respond to crisis prevention or emergency support and referral services 24 hours/7 Days a week.

Services include:

- Telephone and face-to-face intervention for support or crisis intervention.
- Onsite evaluations at Sonora Regional Medical Center.
- Help in connecting to community resources.
- Follow-up appointments and reminders.
- Arrangements for hospitalization if needed.
- On-site evaluations and services at Tuolumne County Jail.

From 1/2010 to 12/2011, the Walk In Services has served 1,079 individuals (unduplicated).

Native American Outreach and Engagement:

For the last three years, TCBHD's contract with the Tuolumne Me-Wuk Indian Health Clinic provides outreach and engagement services targeting Native American youth and their families. The purpose of this contract is to reach out to those unserved or underserved persons needing mental health services and to reduce barriers of access to services. The intent is to engage those individuals/families/populations that are currently receiving little or no mental health services by providing services within the community and in locations other than traditional mental health service sites.

In 2010/2011 Tuolumne Me-Wuk Indian Health Clinic has served 102 Native American persons (unduplicated).

Older Adults Outreach and Engagement Services:

TCBHD's contract with Catholic Charities for the last four years provides outreach and engagement services targeting older adult population (60+). The purpose of this contract is to reach out to those unserved or underserved persons needing mental health services and to reduce barriers of access to services. The intent is to engage those individuals/families/populations that are currently receiving little or no mental health services by providing services within the community and in locations other than traditional mental health service sites.

In 2010/2011, Catholic Charities has served 104 older adults (unduplicated).

Innovation:

TCBHD's *Building A Life At Home Innovation Program* began in July, 2010. The purpose of this Innovation Project is to create a service that provides comprehensive and collaborative case management and peer recovery strategies with Tuolumne County's Public Guardian Program that target individuals with mental illness who are currently conserved or at risk of being conserved, have been hospitalized and at risk of requiring a higher level of care, and reside in residential facilities and are able to return home to live safe and independent lives. A team of case managers provide support needed, including a licensed Psychiatric Technician (PT) for medication management.

In FY 2009/2010, 23 of the 27 conservatees in Tuolumne County had been placed in residential facilities, at a departmental cost of \$690,000 annually. As of January, 2012, 14 of those individuals have been moved from residential facilities to live independently in shared housing.

A recent TCBHD evaluation report titled "*CAEQRO PIP Outline, July 2011-June 2012*" has been completed that examines the effectiveness of the *Building A Life At Home Innovation Program*. The PIP report states that this MHA project seems to be very successful specific to bringing clients back into the county and/or moving them to lower levels of care when possible while supporting them with case management and access to their local support networks. Funds saved are being utilized as planned to support the ongoing case management. Since the Innovation program began two years ago, only one new client has been conserved and only some of the previous conservatorships were renewed. The total number of conservatees has dropped from 27 to 16. The clients all participate in the Peer Center PRIDE group and other activities and have 24 hour access to supportive services at the TCBHD. While TCBHD recognizes there are some clients who are conserved who need higher level of care and may never be able to live independently, there are many others who can. In addition, having a strong program in place allows an avenue for those clients to begin moving to lower levels of care and increase integration into the community if and when they are able to do so. The decrease in the numbers of people placed out of the county and the numbers of people on LPS conservatorship, as well as

those who have maintained those lower levels of placement are strong and tangible indicators that the improvement is true improvement.

Prevention and Early Intervention (PEI):

Nurturing Parenting Early Childhood Education:

For the last three years, TCBHD has provided a contract with Infant Child Enrichment Center (ICES) to provide a comprehensive *Nurturing Parenting (NP)* multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents.

This program has been implemented over the last three years by a team from TCBHD and ICES staff. These services foster positive parenting skills and activities to promote positive brain development in children birth to teen years.

In 2010/2011:

- 132 adults, 54 children 0-5, and 29 children 6-18 participated in 12 *Nurturing Parenting* Parent Education Classes.
- 31 Preschool and Kindergarten teachers, and CWS Social Workers received *Nurturing Parenting* curriculum training.
- Classes held:
5 *Nurturing Parenting for Families in Recovery*, one *Nurturing Parenting for Families with Infants and Toddlers*, 2 *Nurturing Parenting* Classes targeting the general public, 1 *Nurturing ABC's of Parenting*, and 4 *Nurturing Parenting Workshops, Training and Events* targeting parents, foster parents and teachers.
- 16 adults and 25 children received home visits with staff using appropriate NP curriculum.

Data outcomes and participant feedback across the board have been positive over the last three years. The *Nurturing Parenting Program* is proven to be a successful model and strategy for improving parenting outcomes for families in Tuolumne County.

Bi-lingual Case Management/Parent Education Services:

TCBHD's bi-lingual parent educator provides outreach, information and referral, and case management services to Latino families in Tuolumne County for the last three years. Case Management support includes the development of an individualized needs identification and goal setting plan for each family.

This consultant provided *Nurturing Parenting* parent education and life skills classes at the Amador-Tuolumne Community Action Agency's (A-TCAA) Family Learning Centers (FLC) in Tuolumne City from May to December, 2009. These classes were discontinued due to the closing of A-TCAA's Center.

In 2010/2012:

- 343 Home Visits were provided to 30 Latino families, which included outreach, information and referral and case management services.
- Total unduplicated adults served: 54
- Total unduplicated children: 61
- Average case load: 17 families

An important component of the individualized case management work has been to explore how the social expectations change from one culture to another, and how to meet those challenges in a way that support the parent(s) as well as the children. Tools are provided to recognize and manage stress caused by the process of acculturation.

Friendship Program:

TCBHD's contract with the Tuolumne County Office of Education's Friendship Program team (a School Special Education Psychologist and School Readiness Educator) provides for the last three years on-site consultation and follow up coaching to preschool and Head Start teachers, Head Start Family Advocates and parents to assist in the identification and long range management of children with behavioral health.

In 2010/2011:

The Friendship School team, with leveraged funds from First 5 Tuolumne County provided:

- 54 parent consultations.
- 76 classroom teacher consultations (including counselors, aides, speech therapists, school secretary, and school psychologists) that impacted 770 children.

Social Emotional Learning Foundations (SELF) Program:

On September, 2011 the Friendship Program was discontinued by the Office of Education due to budget cutbacks. In November, 2011 a new Tuolumne County Office of Education contract was provided by TCBHD to support a portion of the Social Emotional Learning Foundations (SELF) Program using an early childhood education specialist to address social-emotional development delays in early childhood through five preschool sites annually. No outcome data is available yet for this new program.

Bullying Prevention Program:

TCBHD' contract with the Center for Non Violent Community (CNVC) Bullying Prevention provides a school-wide Bullying Prevention Program titled *Project Respect* to students between the ages of 6 and 13 at Summerville Elementary School Project for the last three years. Teachers engage students in lesson and

activities which increase empathy for the victim, the person exhibiting bullying behaviors, and the bystander. Strategies are then provided for victims and bystanders to remain safe.

A variety of bullying prevention services are also provided to school age children at Curtis Creek, Jamestown, Soulsbyville, Pinecrest, and Sonora Elementary Schools; as well as Sonora High School, Gold Rush Charter School, After School Programs in three school districts and the First Baptist Church.

In 2010/2011:

- 1,543 children, ages 6 through 13, have received Bullying Prevention services.
- 80 teachers, school staff, and adult community volunteers at twelve school districts and community sites have been trained on how to coach someone who has been bullied and someone exhibiting bullying behavior.

Challenge Days:

For the last three years, TCBHD has provided a contract with Amador Tuolumne Community Action Agency's (A-TCAA) Friday night Live Program which involves Implementation of a violence prevention program in Tuolumne County School Districts titled "*Challenge Days*" and a follow-up "*Afterburner*" program for students. These programs create an atmosphere of tolerance and respect on campus, help to eliminate harassment in all its forms; enhances self-management skills of students, and fosters positive connections with students.

In 2010/2011:

- 376 students have participated in *Challenge Days* and *Afterburner* activities, along with over 90 community and school adults.
- Tuolumne County School Districts that participated in 2010/2011 include Sonora High, Sonora Elementary, and Jamestown Elementary School.

Suicide Prevention Activities:

The Center for a Non Violent Community (CNVC) was selected by the Tuolumne County Suicide Prevention Task Force to assume the responsibility of implementation, coordination, monitoring, and projects management of the suicide prevention education training, and training of trainer activities, as well as providing a comprehensive community education campaign targeted to all community residents. As a match to the Sonora Area Foundation grant, TCBHD's MHSAs PEI funds have been contracted to CNVC for two years to cover the costs of the Suicide Prevention Trainings for training sectors of the community in suicide prevention gatekeeper programs. Targeted individuals have training to help recognize and review risk, and intervene to prevent the immediate risk of suicide.

In 2010/2011:

- 3 Volunteer Instructors (bringing total to 15) have been trained and certified as Question, Persuade, Respond (QPR) Gatekeeper Trainers.
- 31 QPR Gatekeeper trainings held – and 297 community members county-wide trained and certified in QPR (bringing total to 1015).
- 21 agencies, churches, organizations trained in QPR.
- Two QPR Triage Instructors certified, who have since trained 135 emergency responders representing 4 agencies (Sheriff, Sonora Fire Department, MiWuk-Sugar Pine Fire District, MiWuk Health Center).
- 1 Applied Suicide Intervention Skills Training (ASIST) community member was trained as a trainer (bringing total to 5 local trainers) – and 2 trainings held for 30 community and school staff (bringing total to 70).
- 1 U.S. Air Force Suicide Prevention training for 8 business representatives.

Lilliput Children's Services:

For two years TCBHD provided a contract to Lilliput Children's Services for 23 *Foster Care/Adoptive Parent Support and Education* classes for 25 parents, along with support for the annual community training (*Community Connections*) for foster care and adoptive parents of young children from March 2009 to June 2011. 58 adults attended this workshop this year - held at Sonora Elementary School, and 52 adults attended this workshop in 2009, held at Columbia College. This contract was not renewed in July 2011.

PEI Training Technical Assistance and Capacity Building Services:

TCBHD contracted with the American Association of Suicidology to hold a two day *Recognizing and Responding to Suicide Risk (RRSR)* Suicide Prevention training in Fall of 2009. *RRSR* is an advanced, interactive two day training based on established core competencies that mental health professionals need in order to effectively assess and manage suicide risk.

- 41 therapists, licensed clinical social workers, counselors, case managers, physicians and chaplains community wide were trained in *RRSR*.

TCBHD contracted with the Institute on Aging in November, 2010 to provide trainings and a 24-hour *Friendship (FL) Line* services for the elderly in Tuolumne County. *FL* services target people sixty years of age and older who may be depressed, lonely, isolate, bereaved, anxious, abused, and/or suicidal.

- 4 trainings were provided, with training materials, to community and professional agency representatives specific to the *Friendship Line* and how to best support older adults.

TCBHD contracted with the Tuolumne County Commission on Aging in September, 2011 to fund expenses related to videotaping a day-long community workshop for Cable 8 and 2, and to create a lending library of DVDs.

- 14 educational sessions of the “*Aging for Dummies*” Workshop videotaped for public access.

TCBHD developed a Memorandum of Understanding with Probation Department to support a portion of the expenses for a two day *Boys Council* Training of Trainers workshop. The *Boys Council* Program is a structured support group for boys ages 9 through 18. The Council training will provide the attendees with skills and a curriculum that challenges myths about what it means to be a “real boy” or “real man”; reject violence and define power from multiple perspectives; experience belonging and connection with adults and peers; make safe and healthy decisions.

- 36 community participants who have committed to facilitating Council groups throughout Tuolumne County will participate in the *Boys Council* training – to be held on June 18 & 19 for 36.

Workforce Education and Training (WET):

Trainings:

Through the approved WET plan in 2008, TCBHD identified the need for a range of trainings in several areas that will strengthen staff’s knowledge to provide services that are based in wellness, recovery, and resilience model, are culturally competent, support the philosophy of a client/family driven mental health system, and integrates services including community collaboration.

Trainings held for TCBHD staff and community in 2010/2011 include:

- Cultural Competency
- Culture of the Client
- Culture of the Family
- Nurturing Parenting Early Childhood Education
- Suicide Prevention – ASIST Training
- Kene Me Wu Native American Education
- Culture of the Hispanic Family
- Older Adult Outreach and Engagement
- Elder Abuse
- Managing Losses of a Lifeline
- PTSD - Veterans and the Military Culture

Education:

Since the fall 2008, TCBHD and Calaveras Behavioral Health Department partnered with Columbia College to offer two 12- unit certificates – one in *Peer Support* and one in *Psychosocial Rehabilitation*. The program consists of four 3 – unit courses: Introduction to Peer Support, Advanced Skills in Peer Support, Helping Skills and basic conflict management, and a Work Experience Internship at the county or other community based organizations. These certificates became the first of their kind in California for staff, consumers, or other

community members to gain skills and knowledge for entry level – positions at Tuolumne County Behavioral Health Department. As of Spring 2011, the Certificate program has been changed to one program, the *Psychosocial Rehabilitation Skills Attainment Certificate*.

In 2010/2011:

- 2 consumers and 2 Behavioral Health Recovery Counselors successfully completed their certificate program in 2010/2011.

Community College is normally the first step for those returning to higher education. To ensure financial accessibility, this fund provides reimbursement on a semester-by-semester basis for all educational expenses for staff and consumer/family members attending community college, including distance education courses, or the regionally sponsored mental health certificates at Columbia College. Courses require pre-approval and must support employment in the mental health field. Upon successful completion of each semester with a passing grade, students then submit for reimbursement from this fund.

In 2010/2011:

- Four students have received reimbursement from TCBHD to successfully complete Columbia College classes.

Since the Fall of 2009, a new master's in social work (MSW) program at Sacramento State University has been offered with an emphasis on rural mental health, which is also a first for California. Tuolumne County, along with several rural counties and a central region workforce partnership, provided WET funds to assist Sacramento State University in offering the three-year rural mental health MSW program at Sacramento State.

In 2010/2011:

- 5 students in Tuolumne county were enrolled in the MSW program
- Students are currently working in the field doing Internships and will graduate in June of 2012.

Internships:

TCBHD provides ongoing supervision and support to new interns each year. Prior to accepting these intern placements, agreements are created and approved by the county and each University before students can start their hours, as well as completed and cleared background checks. Internships include both undergraduate and graduate level students.

In 2010/2011:

- 9 psychology and social work interns were placed with TCBHD from CSU Sacramento, Saybrook, Stanislaus State, Western Seminary San Francisco Bay Area, and UOP.

Capital Facilities and Technological Needs (CFTN):

On May 16th, 2011 a Public Hearing was held to draw down Capital Facilities and Technological Needs (CFTN) funds. This plan was approved locally, and through the California Department of Mental Health. Approved funds were used to consolidate three separate Behavioral Health buildings into one building located at 105 Hospital Road, as well as remodel the Walk In Crisis Services building.

In March of 2012, TCBHD held a local 30-day public review and comment period 2012 in order to utilize the approved MHSA CFTN funds to renovate an unused building owned by Tuolumne County located at 105 Hospital Road. Once renovated, this building will be used to meet the expansion needs for TCBHD's Peer Support and Recovery Services. No public comments were received, and TCBHD is moving ahead with the renovation plans.

Supportive Housing:

The TCBHD's MHSA Supportive Housing Project is in planning stages with the Tuolumne County Board of Supervisors to purchase permanent supportive housing for severely mentally ill residents. One home is being considered that has three bedrooms on the first and second floors. This house is close to Sonora, as well as close to public transportation. If the Tuolumne County Board of Supervisors approves this project, the new housing is anticipated to be ready for occupancy by Winter, 2012.

CHALLENGES/BARRIERS:

There were no major challenges and/or barriers to how MHSA services were provided in FY2010/11.

SIGNIFICANT CHANGES FOR FY 2012/2013:

In January, 2012, TCBHD agreed to participate in the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Statewide Projects funded from the PEI Component of the MHSA Three-Year Program and Expenditure Plan. The MHSA PEI Statewide Projects are administered by to the Department of Mental Health and California Mental Health Authority (CalMHSA) Joint Powers Authority (JPA). TCBHD's MHSA Prevention and Early Intervention (PEI) Statewide funds totaling \$193,200 were assigned to implement projects in three areas: Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health Initiative projects across the State of California. In addition, TCBHD joined the JPA as a member.

A significant and new program that will be available to severely mentally ill residents in Tuolumne County is the Tuolumne County MHSA Supportive Housing Project. With the Tuolumne Board of Supervisor's approval, TCBHD plans to purchase a two story, six bedroom house by the end of the calendar year 2012, and have six new tenants living in this home with supportive services in place.

TCBHD is currently collaborating with Tuolumne County's local chapter of NAMI (National Alliance on Mental Illness) to help promote their new stigma reduction presentation titled "In Our Own Voice" (funded with CalMHSA funds) by people living with mental illness. Eleven presentations to a range of community service organizations are planned this Spring, 2012. Two trained "In Our Own Voice" speakers are sharing compelling and personal testimonies of living with and overcoming the challenges posed by mental illness.

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. Estimated FY 2012/13 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	\$0	\$188,000	\$367,462	\$360,000	\$158,000	
2. Estimated New FY 2012/13 Funding	\$1,720,000			\$322,500	\$107,500	
3. Transfer in FY 2012/13 ^{a/}						
4. Access Local Prudent Reserve in FY 2012/13						
5. Estimated Available Funding for FY 2012/13	\$1,720,000	\$188,000	\$367,462	\$682,500	\$265,500	
B. Estimated FY 2012/13 Expenditures	\$1,720,000	\$40,000	\$100,000	\$322,000	\$250,000	
C. Estimated FY 2012/13 Contingency Funding	\$0	\$148,000	\$267,462	\$360,500	\$15,500	

^{a/}Per 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.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2012	\$156,901
2. Contributions to the Local Prudent Reserve in FY12/13	\$0
3. Distributions from Local Prudent Reserve in FY12/13	\$0
4. Estimated Local Prudent Reserve Balance on June 30, 2013	\$156,901

Public Hearing Comments held on June 6, 2012: