



TUOLUMNE COUNTY BEHAVIORAL HEALTH

**Mental Health Services Act
(MHSA) ANNUAL UPDATE
FY 2013 - 2014**



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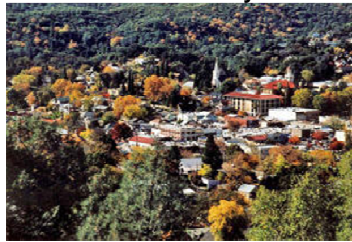
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Tuolumne County Snapshot

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.



County Demographics

In 2011, as per the U.S. Census Bureau Quick Facts, the county's population was estimated to be 54,008, declining from the previous year of 55,365. In discussing Tuolumne County, it is important to acknowledge that the county's population differs significantly from most of California.

Tuolumne County's median age is significantly higher than California's. In fact, it continues to be one of the "grayer" counties, with a high number of persons over 65 (21.1%), almost twice as high as state (11.7%) percentages (U.S. Census Bureau, QuickFacts). The county is dramatically less racially and ethnically diverse than California, and has no racial or ethnic "majority". The county's ethnic diversity is as follows:

- 81.3% White
- 11.3% Hispanic
- 3.2% Multiracial
- 2.3% Black
- 2.2% American Indian
- 1.2% Asian
- 0.2% Pacific Islander

Tuolumne County is also less linguistically diverse than California, and has no designated threshold language. According to the Census, 92% 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, fewer than 400 individuals county-wide, primarily Spanish speakers, speak English "not well" or not at all".

Background: Mental Health Services Act (Prop 63)

In November 2004, California voters passed Proposition 63, the Mental Health Services Act, which became law on January 1, 2005. The Act imposed a one percent tax 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 2013/2014 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 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 moved its functions to the Department of Health Care Services (DHCS). It also replaces DMH with the "State" in terms of the distribution of funds, and suspended non-supplantation requirement for fiscal year 11/12 due to the State's fiscal crisis. This set the stage for funds to be used for non-MHSA programs, and for \$862 million dollars to be redirected to Early Periodic Screening, Diagnosis, and Treatment (EPSDT), Medi-Cal Specialty Managed Care and Mental Health Services for Special Education pupils. Following the aforementioned redirection, the County received 50% of its FY11/12 component allocation on August 1, 2011. Counties then began to receive the remaining MHSA component allocations on a monthly cash basis, starting April 1, 2012. Monthly disbursement amounts vary according to tax revenues, so projections remain conservative.

Additionally, recent legislation shifted the review and approval of county MHSA plans and expenditures from the Mental Health Services Oversight and Accountability Commission (MHSOAC) to the local county Board of Supervisors, and requires submission to the MHSOAC within 30 days of BOS approval.

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 2013/2014, along with updates specific to the current Tuolumne County MHSAs components that were in place in fiscal year 2011/2012.



This year, the MHSAs Community forums were advertised widely through flyers and posting on the Tuolumne Network of Care website. Two formal MHSAs Community Forums were held on April 3 and 10, 2013, which were widely advertised meetings inviting people to gather to discuss Mental Health Services Act programs. A formal survey was distributed in these meetings and also made available through an online survey tool. The annual update summary presentation and stakeholder survey were posted on the Network of Care site to facilitate a "Virtual Stakeholder Process" as well.

A total of 49 individuals participated in the in-person forums and a total of 92 surveys were completed. Stakeholder representation included 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, members of the Tuolumne County Behavioral Health Advisory Board, the MHSAs and Quality Improvement Committees(QIC) and the local National Alliance on Mental Illness (NAMI) chapter.

In addition to these meetings, a large focus group was held with 36 peers attending the P.R.I.D.E. group (Peer Recovery: Independent Development and Empowerment), held at the peer-run Enrichment Center on March 27, 2013.

Overall, the feedback received from the stakeholder reviews was complimentary of what Tuolumne County Behavioral Health Department is doing with the MHSAs dollars. Consumers from the PRIDE Group shared appreciation of the MHSAs CF/TN funds used for the Enrichment Center building improvements, allowing for it to open in late summer 2012.



Did you know? Tuolumne County's Network of Care site features a community calendar, searchable local service directory, health database, Wellness and Recovery Action Plan development and allows for easy posting of current events, notices and information. This year a "QR code" was created and added to all TCBH brochures and announcements which allows a person to scan the code with a smart phone, routing them directly to the Network of Care site: <http://tuolumne.networkofcare.org/mh/>

Summary of Stakeholder Review and Input:

Community Forums - April 3 & 10, 2013

Summary of input as follows:

- Priorities selected from past cycle still appropriate.
- New areas to support with MHSA funds in future included
 - Mental Health First Aid and Mental Health First Aid for Youth
 - Suggestion to increasing outreach to students possibly through school assemblies.
 - Increasing/including family members in treatment, especially when family is a resource and part of the client's support network.
 - Offering support services for family members including grandparents raising grandkids and families working with elder parents or supporting siblings.
 - Increase outreach to veterans, especially homeless veterans
 - Work with Veterans Service Office to ensure knowledge and utilization of resources as appropriate
 - Supporting the BOB health van, which outreaches to students through school campuses, recognizing that many of the services delivered have a substance abuse or mental health component.
- Other suggestions included:
 - Exploring causes for appointment no-shows and cancellations and determining methods to improve compliance with treatment
 - Offering childcare for Mental Health appointments and other groups
 - Collaborating with Primary Care to assist client in receiving needed physical health care.
 - Seeking ongoing input from people with lived experience and encouraging them to share their stories of recovery
- Continued support of efforts to strengthen and share resources community-wide through coordination and planning.

Virtual Stakeholder Group Survey - March 27- April 30, 2013

A brief survey was developed to allow input from people in addition to the community forums. Of the 92 total surveys completed, more than 40% were from community members, 12% were from consumers/clients, 9% were from family members and the rest were from behavioral health employees and representatives of collaborating agencies working with populations including Latinos, Native Americans, children, older adults, veterans and health care. The primary issues identified as problems for people with mental illness in our community included:

- Stigma
- Drugs and/or alcohol
- Lack of housing
- Transportation
- Lack of services, including psychiatry, especially for those with private insurance or CMSP (Path2Health)

Suggested resources to improve services included:

- More services available
- More services to families
- Working with health care/doctors
- Education/outreach to the community

The following Prevention and Early Intervention services were identified as being helpful in reducing the seriousness of mental illness in the community:

| | |
|---|-------|
| Peer Services | 47.4% |
| Homeless Outreach | 55.1% |
| Senior Peer Counseling | 23.1% |
| Older Adults Outreach | 37.2% |
| Native American Outreach | 16.7% |
| Latino Parenting Education and Case Management | 11.5% |
| Suicide Prevention | 46.2% |
| Nurturing Parenting Program | 47.4% |
| Bullying Prevention | 48.7% |
| Other (list below) | 17.9% |
| <ul style="list-style-type: none"> • Referral information for early childhood educators • Help for students/education for teachers about Serious Mental Illness (SMI) • Information to and collaboration with doctors, health care • Intergenerational programs • Exercise, gardening, crafts and skills training • Adult Day Care program • BOB Health Van outreach to students • Stigma reduction and resource promotions • Teen and transitional age youth outreach • Home visits • Support groups, some offered in evening • More dual diagnosis/substance abuse services • Earlier intervention, education to health care and schools | |

Another question on the survey asked respondents to identify what type of mental health related activities, programs, or services are most needed in Tuolumne County. Responses were variable and included many of the items listed under “Other” on the previous question. In addition, many programs and services were listed that are already being offered, suggesting that increased promotions efforts and more comprehensive information dissemination may help to inform the community about the resources that are already in place.

The survey also included a question about the importance of collaboration with health care, to gauge whether this would be an appropriate topic for the upcoming Innovation project being proposed. The response was overwhelmingly positive: 78 people agreed it is “very important”, 7 marked “important” and 7 people skipped the question. There were no responses in the “neutral”, “not very important,” and “not at all important” categories.

Peer Center P.R.I.D.E group - March 27, 2013

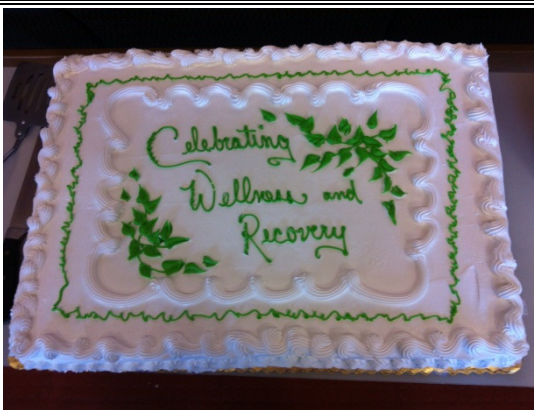
The Peer Center P.R.I.D.E group (a peer supported group for residents with mental illness which fosters leadership development and extended recovery skills to continue living independently) provided input below on March 27, 2013 during a focus group:

What is working:

- Supportive Housing project is moving forward and residents were about to move in at the time of this group so those in attendance were very excited.
- Continued sense of community, teamwork support for each other, sense of belonging, able to confide in each other, learning from each other.
- Computers and transportation services are important for Peer Center.
- Peer Center Coordinator and other BH staff are caring and always helping to get needs met.
- Peers continue to develop their own calendar of activities.

Suggestions/needs:

- Fix and clean up the raised beds so that the garden can be planted.
- Fix the fence so the large patio can be used.
- Increase visits to the building and program from the Behavioral Health administration and staff.
- Have an official grand opening.



Did You Know? This year's stakeholder process coincided with Mental Health Month and a statewide CalMHSA sponsored campaign called "Each Mind Matters: California's Mental Health Movement" focusing on mental health awareness and stigma reduction. The Enrichment Center and PRIDE group held a celebration of wellness and recovery on March 17, 2013. Attendees, including peers, family members, Behavioral Health and Human Services Agency staff, and community members brought plants and other gardening supplies for the Enrichment Center garden. Everyone enjoyed a morning of refreshments, karaoke and socialization and many received Each Mind Matters t-shirts, coffee mugs, shopping bags, pens, stickers, and magnets provided by the campaign. A showing of the campaign's stigma reduction documentary "A New State of Mind" is planned for fall 2013.

Inclusion of previous planning:

Throughout the stakeholder process, 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 was 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 July 3 – August 2, 2013. Comment forms are included at the end of this report, or by contacting the Tuolumne County Behavioral Health Department at (209) 533-6245.

Circulation Methods:

Copies of the MHSA Annual Update are available upon request in printed or electronic form, and will also be made available to all stakeholders at the following locations:

Tuolumne County Behavioral Health Department
105 Hospital Road
Sonora, CA 95370

Tuolumne County Enrichment Center
102 Hospital Road
Sonora, CA 95370

Tuolumne County Library
480 Greenley Road
Sonora, CA 95370

Public Hearing:

The Public Hearing was held on **August 7, 2013 at 5:00 pm at the Tuolumne County Behavioral Health Department located at 105 Hospital Road, Sonora, CA** in the Community Conference Room. Input from the public hearing has been 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. See **Attachment A** for a summary overview of the MHSa components and the corresponding activities in Tuolumne County.

Note: This year's update includes estimates of cost per client for the CSS and PEI program components for 2011/2012 as per Welfare & Institutions Code 5847. These statements are marked with an asterisk (*) to note the following explanation: These numbers are an approximation only and should not be utilized for any benchmark for services provided or as any minimum or maximum amounts to be spent. These numbers can be affected by a variety of factors including but not limited to: salaries of staff delivering services, established case rates, other insurance billing, variable cost of living and other related program expenses. In a very general way, one may draw the conclusion that some services are more costly per client; for example, an FSP client who is receiving intensive one on one time with a therapist, seeing the doctor and receiving assistance with housing expenses will reflect a significantly higher cost than a client who uses the shower, computers and attends groups at the Enrichment Center. This is to be expected, as the programs are designed as such. It should also be noted that many of the FSP clients are also utilizing the Enrichment Center, so it is an additional service, not an option to utilize one or the other. Further, outreach services are intended to eventually engage a client in appropriate community programs and services which may or may not include behavioral health services. Therefore, the numbers do not necessarily lead logically into one another. These amounts fluctuate according to circumstances and need and should be utilized for informational purposes only.

Integrated Community Support Services (CSS):

Full Service Partnerships (FSP):

TCBHD provides extensive support and wraparound case management services for individuals who have a serious mental illness or severe emotional disorder. Clients are referred from various sources and, if they meet the criteria, are assigned to a specific FSP Case Manager. The client must be able to partner in the recovery process, and is provided a variety of resources as needed and able to access supportive services through the case managers 24 hour per day.



In 2011/2012, a total of 43 individuals were enrolled in and received FSP services, and included residents of all ages as follows: Children 7%; Transitional Age Youth 16%; Adult 56%; and Older Adult 21%. The average cost per client for the 2011/2012 year was approximately \$5,550*.

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 242 individuals each quarter (as compared to 184 in 2010/2011 and 160 in FY 2009/2010) utilized the David Lambert Center as part of the peer driven continuum of care in FY 2011/2012. The average cost per client was \$334* for 2011/2012. In July 2012, the Tuolumne County Enrichment Center was opened and many of the peer-run groups and services were moved from the David Lambert Center to this new facility. As a result, all numbers are now independently reported for each Center.



Peer Support Services include:

1. The Tuolumne County Behavioral Health Enrichment Center opened in July, 2012 and many of the peer support services were moved to the new facility, located at 102 Hospital Road, near the Behavioral Health Department. The new center offers computer use privileges, laundry and shower facilities, access to the benefits specialist and FSP/LPS case managers, as well as the ongoing peer support groups. Since opening, the Enrichment Center has averaged 85 participants each quarter in 2012/2013. These numbers are expected to increase as time goes on, as shower use was limited during the first two quarters, lowering attendance.
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 59 mentally ill residents (unduplicated) quarterly in FY 2011/2012.
3. Various Community Support Groups have been held and run by Peer Volunteers since 2008. These groups currently meet at the Enrichment 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 David Lambert Community Center, opened in 2007, is located at 347 W. Jackson Street. The center was the primary site for socialization in 2011/2012, providing outreach and help to people in achieving recovery in a safe and caring

place. Since the Enrichment center has opened, the David Lambert Community Center has continued to do outreach to the homeless populations, offering food and basic necessities as well as socialization and computer/tv access, averaging 109 participants (unduplicated) each quarter in 2012/2013.

5. 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). The average cost per client for 2011/2012 was \$604*.

Walk-In Services:

Call or Walk-in Services (Crisis Access and Intervention Program) 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.



In 2011/2012, the Call/Walk-In Services served 1251 unduplicated individuals at an average cost of \$587 per client per year*.

Newly added to CSS is funding for the BOB health van which makes health care services available to students on campus. Services have included sports physicals to check-ups and addressing specific injuries and illnesses. This contact and availability has resulted in the van being a crucial contact point for youth to access information and referrals for a variety of health topics. The Public Health staff reported that a repeating theme and issues included many mental health and substance abuse challenges, thus providing an ideal confidential and non-threatening contact point for youth outreach related to sensitive issues.

Innovation (INN):

2011-2013 Conclusion of “Building a Life at Home” Innovation Project:

TCBHD’s Building A Life At Home Innovation Program began in July, 2010. As of June 2013, it has been fully integrated into the core behavioral health program, transitioning from a program supported by Innovation funds to one that supports itself through the cost savings realized by moving people and supporting them in lower levels of care. The purpose of this Innovation Project was to create a service that provides comprehensive and collaborative case management and peer recovery strategies with Tuolumne County’s Public Guardian Program that targeted individuals with mental

illness who were currently conserved or at risk of being conserved, had been hospitalized and at risk of requiring a higher level of care, and resided in residential facilities and were able to return home to live safe and independent lives. A team of case managers continues to provide needed support, making it possible for clients to remain at these lower levels of care.

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, 2013, 14 of those individuals have been moved from residential facilities to live independently in shared housing and, with the ongoing case management support afforded by the Innovations funding, continue to live and thrive in the community.

2013- 2015 Innovation Project Proposal: “Wellness: One Mind, One Body”

TCBHD’s next innovation project will focus on integration with health care. “Wellness: One Mind, One Body” will designate case management specifically to assist clients in a variety of ways. One goal is to ensure those who do not have a designated primary care provider are offered assistance in finding and establishing care with a provider that meets their insurance and health needs.



Another goal of the project is to assist current TCBH clients who are stable and utilizing medication services only to transition to receiving ongoing mental health medication support from their primary care doctor. This will involve opportunities for primary care doctors and nurses to consult with corresponding behavioral health staff to support the client’s ongoing care and maintain stability. During the second and third years of the project, there may be opportunities for onsite exchanges, where the behavioral health psychiatrist could spend one day a month in the primary clinic. TCBH is also exploring the possibility of having the Sonora Regional Medical Center health van begin visiting the Enrichment Center once a month to facilitate access to the resource for the peers who attend there. A comprehensive Innovation Work Plan is being completed based on the outcomes of the community stakeholder groups, and data collected to support the gaps in integration of health care with behavioral health treatment and State and Federal changes in health care management. To support and structure the Innovation Work Plan, Tuolumne County is applying to participate in a California Institute of Mental Health Learning Collaborative.

Prevention and Early Intervention (PEI):

Bi-lingual Case Management/Parent Education Services:

TCBHD’s bi-lingual parent educator has provided 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.

In 2011/2012:

- 269 Home Visits were provided to 17 Latino families, which included outreach, information and referral and case management services.
- Total unduplicated adults served: 24
- Total unduplicated children: 27
- Average case load: 17 families
- Average cost per client: \$294*



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.

Additional services provided included:

- Contacted agencies and schools to inform them of services available through the MHSA-Bilingual Parenting and Outreach program
- One time collaboration in several cases where translation was required, either over the phone or in person, at agencies/schools requests
- Collaborating and advertising in community events, i.e. Health Fair, Black Oak Casino Fair, etc.
- Collaboration in community groups to open spaces for the Latino Community in Tuolumne County and to work toward a more accepting environment
- Offered 2 workshops regarding Cultural Awareness
- Offered 2 presentations on “Latino Culture”

This program will be continued in the 2013/2014 year, with a recognition that some activities fall under CSS and will be reported as such, while most of the work will continue to focus on prevention and early intervention activities.

Bullying Prevention Program:

TCBHD’s contract with the Center for a 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 area schools for the last four years. In 2011-2012, the program was primarily focused on Jamestown Elementary and Sonora High School. 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 Twain Harte Elementary, Tuolumne County Recreation Department’s Summer Program, and Twain Harte’s Recreational Summer Program, and to parents through the Parent Leadership Academy at the Seventh Day Adventist Academy.

In 2011/2012:

- 466 children, ages 6 through 13, received Bullying Prevention services at Jamestown and Summerville Elementary School.
- 587 children in grades K-8 participated in Project Respect at Curtis Creek and Jamestown Elementary Schools.
- 162 students participated in the strengths-based leadership program through the Sonora High School leadership class.
- 13 parents participated in the Parent Leadership Academy at the Seventh Day Adventist Academy
- 389 youth received bullying prevention services through the summer recreation programs.
- Average cost per client: \$31*



In Spring 2013, an Anti-bullying summit was held in Tuolumne county, funded through a CalMHSA grant to the county Office of Education. CNVC participated along with County Schools, Tuolumne County Behavioral Health, Calaveras County Behavioral Health, ATCAA, and Friday Night Live, providing a day of information, interaction and inspiration for school administrators, students, teachers and parents. This collaboration emphasized the importance of ongoing programs such as CNVC's Bullying Prevention Program as well as one-day events which bring a cross section of the community together to educate and empower and initiate action. The CNVC program will continue in 2013/2014 without any significant changes.

Challenge Days:

For the last four years, TCBHD has provided a contract with Amador Tuolumne Community Action Agency (A-TCAA) 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. Due to the lack of sufficient follow-up programming to reinforce the elements of Challenge Days, and the difficulties of tracking and reinforcement learned elements with participants in the future, this program is being discontinued after 2012-2013.



In 2011/2012:

- 554 students have participated in Challenge Days and Afterburner activities, along with over 179 community and school adults.
- Tuolumne County School Districts that participated in 2011/2012 include Summerville High, Summerville Elementary, Soulsbyville Elementary, Twain Harte Elementary, Sonora Elementary, and Columbia Elementary Schools.
- Average cost per client: \$106*

Native American Outreach and Engagement:

For the last past four years, TCBHD's contract with the Tuolumne Me-Wuk Indian Health Clinic has provided outreach and engagement services targeting Native American youth and their families. The purpose of this contract has been to reach out to



those unserved or underserved Native American persons needing mental health services and to reduce barriers of access to services. The intent has been 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 2011/2012 Tuolumne Me-Wuk Indian Health Clinic served 124 Native American persons (unduplicated) at an average cost of \$121 per client*. Additionally, a review of the program and forward planning with the contractor resulted in this program's focus shifting to PEI for the 2012/2013 year. This allows the contractor to focus on Prevention and Early Intervention strategies designed to engage the participants in healthy activities, and offers opportunities to connect with their Native American culture through activities such as sweat lodges and cultural-specific trainings. The primary focus will be on developing coping strategies and leadership skills to assist in the prevention and early intervention of mental illness in this population.

Nurturing Parenting Early Childhood Education:



For the last four 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 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 2011-12:

- 140 adults, 41 children 0-5, and 19 children 6-18 participated in 9 Nurturing Parenting Parent Education Classes.
- 16 Preschool and Kindergarten teachers, and schools administrators received Nurturing Parenting curriculum training.
- Classes held:
3 Nurturing Parenting for Families in Recovery, 2 Nurturing Parenting Classes targeting the general public, and 4 Nurturing Parenting Workshops, Training and Events targeting parents, foster parents and teachers.

- 17 adults and 30 children received home visits with staff using appropriate NP curriculum.
- Average cost per client: \$364*

Data outcomes and participant feedback across the board have been positive over the last four years. The Nurturing Parenting Program is proven to be a successful model and strategy for improving parenting outcomes for families in Tuolumne County and this program will be continued without major changes for the 2013/2014 year.

Older Adults Outreach and Engagement Services:

TCBHD’s contract with Catholic Charities for the last four years has provided outreach and engagement services targeting the older adult population (60+). The purpose of this contract has been to reach out to those unserved or underserved persons needing mental health services and to reduce barriers of access to services. The intent has been 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, under the Community Support Services component of MHSA, Catholic Charities served 79 older adults (unduplicated) at an average cost of \$253 per client*. A review of the program and forward planning with the contractor resulted in this program’s focus shifting to PEI in the 2012/2013 year. This allows the contractor to focus on Prevention and Early Intervention strategies in serving the older adult population, offering in-home and in-facility visits, socialization, counseling, and resources and referrals. Funding for FY 2013/2014 is being increased this year to support the Senior Peer Program, which will be transitioned out of Behavioral Health and incorporated into Catholic Charities’ program the coming year.

PEI Training Technical Assistance and Capacity Building Services:

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 to create a lending library of DVDs.

- 14 educational sessions of the “Aging for Dummies” Workshop videotaped for local public television and/or 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 provided 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.

- 44 community participants who committed to facilitating Council groups throughout Tuolumne County participated in the Boys Council training –held on June 18 & 19, 2012.

Social Emotional Learning Foundations (SELF) Program:

TCBHD’s contract with the Tuolumne County Office of Education’s provides for 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 issues. 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.



In 2011/2012:

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

- 11 child observations and parent consultations .
- 20 classroom teacher consultations (including counselors, aides, speech therapists, school secretary, and school psychologists)
- Referrals to Raising Healthy Families, Sierra Vista Family Services, and TCBH as appropriate.
- Average cost per client: \$161*

This program will be continued in the 2013/2014 year without any significant changes and funding will continue be leveraged with other monies through First 5 to ensure the services are available at multiple preschools sites.

Suicide Prevention Activities:

In 2011/2012, the Center for a Non Violent Community (CNVC) continued 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. Unfortunately, partway through the year, the loss of two key CNVC staff led to the decision to return the unexpended funds and discontinue the contract.

In 2011/2012:

- Two Applied Suicide Intervention Skills Training (ASIST) trainings were held with a total of 23 people attending.
- Two people became SafeTALK trainers and conducted 3 trainings, with a total of 29 people attending.
- Nine Question, Persuade, Respond (QPR) training and QPR training updates were provided to 147 people.

- Advertisement and outreach included health fairs and other community events, distribution of brochures and flyers, and features on both the local radio on television stations.
- The Suicide Prevention Task Force held a Strategic Planning Conference on Sept. 29, 2011, featuring Dr. Philip Verderame and gathering input from participants on current and future task force activities for prioritization and incorporation into the new strategic plan.
- The Suicide Prevention Task Force Oversight Committee continued to meet and completed their three-year strategic plan.
- Average cost per client: \$68*



In the fall of 2012, ATCAA was selected as the new coordinating agency and a work plan was developed to ensure implementation of the Suicide Prevention Task Force Strategic Plan and continue the excellent work accomplished by CNVC. Much of the work in 2012/2013 has been focused on identifying and strengthening existing programs and trainings and bringing the task force together for the fourth Suicide Prevention Task Force summit in May, 2013. This summit featured Dr. Patricia Arean from UC San Francisco on the topic of older adults and depression; in addition, Anara Guard from the “Know the Signs” campaign presented the current statewide media efforts focused on suicide prevention and stigma reduction.



For 2013/2014, the funding for this contract has been increased to allow for even more comprehensive implementation of the suicide prevention strategic plan, including Boys Council and Girls Circle programs at area schools, and additional trainings, such as SafeTALK and ASIST.

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/or community in 2011/2012 include:

- *Culture of the Client*
- *Culture of the Family*
- *Suicide Prevention – ASIST Training*
- *Mental Health First Aid training*
- *Kene Me Wu Native American Family resources*
- *Latino Culture*
- *Managing Caregiver Stress*
- *Veterans Benefits and Crisis Resources*
- *Military and PTSD*

In addition, staff and peers were able to attend a variety of trainings and conferences in 2011/2012 including California's Central Region Transitional Age Youth (TAY) Unconvention in Stockton, a Boys Council/Girls Circle facilitator training, as well as work specific trainings and meetings for Quality Improvement, MHSA, peers, and clinical programs.

Education:

1. 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. In Spring 2011, the Certificate program was changed to one program, the Psychosocial Rehabilitation Skills Attainment Certificate.

In 2011/2012, this program continued to be offered at Columbia College. In 2013/2014, an online cohort will be offered through Madera Junior College at no cost to participants, allowing numerous behavioral health staff and peers to attend and receive this certification.

2. 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, (complementing the county's similar opportunity for reimbursement of 50% of pre-approved educational expenses for employees after the course is successfully completed). The funds may be utilized 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 2011/2012, this opportunity remained in place. However, the junior college reimbursement was not utilized by any staff or consumer/family members. This program will be promoted more comprehensively in 2013/2014. However, three staff who did receive other educational assistance funds during 2011/2012. Two were granted funds to support LCSW licensure testing training. The other supported the interim director in obtaining the MPA needed for the position. This assistance is offered on a case-by-case basis, contingent on agency needs and available funding.

3. Beginning in Fall of 2009, a new master's in social work (MSW) program at Sacramento State University was 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 2011/2012:

- 5 students in Tuolumne County successfully completed the MSW program, graduating in June 2012.
- Of these, only one is currently employed with TCBHD. It is undetermined whether future participation in similar programs will be considered.



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 2011/2012:

- 8 psychology and social work interns were placed with TCBHD from CSU Sacramento, CSU Stanislaus, Grand Canyon University, and Southern California University.

Capital Facilities and Technological Needs (CFTN):

Capital Facilities:

In March of 2012, TCBHD held a local 30-day public review and comment period in order to utilize the approved MHSA CFTN funds to renovate an unused building owned by Tuolumne County located at 105 Hospital Road. No public comments were received, and TCBHD moved ahead with the renovation plans. The facility now houses TCBHD's peer Enrichment Center, which was previously sharing the Lambert Community Center building. This move has allowed the Enrichment Center to expand the peer recovery and support services previously offered, and the Lambert Center to continue to provide homeless outreach services.

Technology Needs:

This funding continues to support the purchase and implementation of Anasazi, the Electronic Health Record (EHR) program, components such as Assessment and Treatment planning and Doctor's Home Page modules. Electronic signature pads will be purchased this year to further support the EHR program by allowing consumers to add a signature to electronic documents.



Supportive Housing:

In summer 2012, TCBHD and the TC Board of Supervisors worked together to complete the purchase of permanent supportive housing for severely mentally ill residents. The home, located in downtown Sonora, has two separate floors, each with three bedrooms, a shared kitchen, living room, and laundry, allowing each resident to have his/her own bedroom while sharing the common areas with two other peers. This house is close to the BHD and Enrichment Center, as well as close to public transportation. This allows for frequent visits from case managers and allows residents to easily access the resources in town such as health care, government services, groceries, post office and more. Current activities include coaching residents in activities of daily living, facilitating socialization and activities, and assisting with shared housing issues. TCBHD is utilizing available technical assistance and resources to support and enhance the services being provided and to address various issues that arise.

For 2013/2014, exploration has begun on the purchase of a second house, utilizing CSS funding, leveraged with other resources. This house, known as the Cabrini House, is located in Jamestown and has been being utilized as a home for people with mental health issues for many years. It was renovated some years ago to accommodate five residents, each having a separate room with shared living areas. This potential purchase would allow for additional transitional and permanent supportive housing options for FSP clients, further enhancing the efforts toward maintaining recovery and wellness at the lowest levels of care possible.



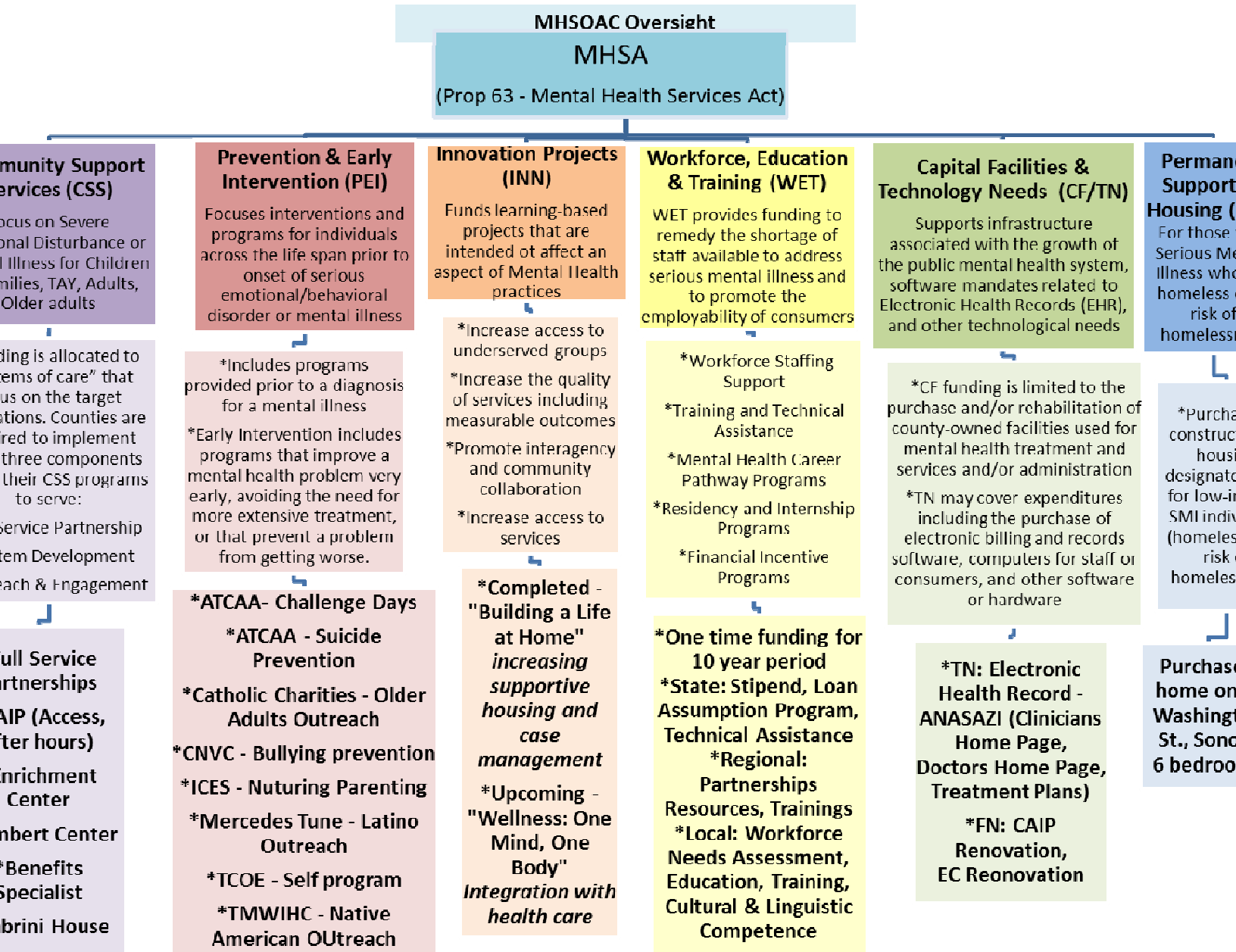
CHALLENGES/BARRIERS:

There were no major challenges and/or barriers to how MHSA services were provided in FY 2011/12.

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. This collaboration has led to a noticeable increase in regional and statewide meetings and low or no cost trainings, allowing counties to share best practices, leverage resources, and maximize training opportunities. It has been a welcome addition to local efforts, as promotional materials and statewide campaigns have complemented and strengthened many of the programs and activities already in place.

In October 2012, Tuolumne County experienced staffing changes resulting in an opportunity to emphasize Quality Management and enhance transition and integration with the core mental health programs. This has allowed for a new level of review and organization in the already strong, community-driven program, from streamlining and expanding the contractors' reporting mechanisms, to integrating the WET program more fully, to enhancing the online Network of Care resources.



Attachment B: MHSAs 2013/2014 Funding Summary

| Tuolumne County | | | | | | | Date: | 7/ |
|---|-------------|---------------|----------|-----------|-----------|-----|-----------------------|----|
| | | MHSAs Funding | | | | | | |
| | | CSS | WET | CFTN | PEI | INN | Local Prudent Reserve | |
| Estimated FY 2013/14 Funding | | | | | | | | |
| Estimated Unspent Funds from Prior Fiscal Years | \$1,527,702 | \$141,880 | \$97,425 | \$389,177 | \$211,997 | | | |
| Estimated New FY 2013/14 Funding | \$1,755,000 | | | \$322,500 | \$107,500 | | | |
| Transfer in FY 2013/14 | | | | | | | | |
| Access Local Prudent Reserve in FY 2013/14 | | | | | | | | |
| Estimated Available Funding for FY 2013/14 | \$3,282,702 | \$141,880 | \$97,425 | \$711,677 | \$319,497 | | | |
| Estimated FY 2013/14 Expenditures | \$1,755,000 | \$40,000 | \$82,209 | \$401,000 | \$123,400 | | | |
| Estimated FY 2013/14 Contingency Funding | \$1,527,702 | \$101,880 | \$15,216 | \$310,677 | \$196,097 | | | |

Under the Health 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 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.

| | |
|--|-----------|
| Estimated Local Prudent Reserve Balance | |
| Estimated Local Prudent Reserve Balance on June 30, 2013 | \$430,926 |
| Contributions to the Local Prudent Reserve in FY13/14 | \$0 |
| Contributions from Local Prudent Reserve in FY13/14 | \$0 |
| Estimated Local Prudent Reserve Balance on June 30, 2014 | \$430,926 |

Attachment C: MHSA 2013/2014 Funding Summary

County: Tuolumne

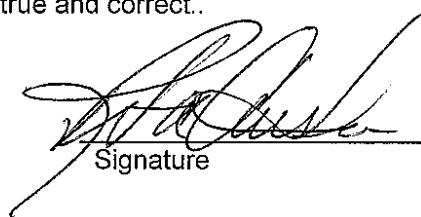
| County Mental Health Director | Project Lead |
|--|-----------------------------------|
| Name: Rita Austin, LCSW | Name: Willow Thorpe, MHSA Analyst |
| Telephone Number: 209-533-6245 | Telephone Number: 209-533-6245 |
| E-mail: laustin@co.tuolumne.ca.us | E-mail: wthorpe@co.tuolumne.ca.us |
| Mailing Address: 2 South Green Street Sonora, CA 95370 | |

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and non-supplantation requirements.

This 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 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 September 3, 2013.

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

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

 9/4/13
Signature Date

County: Tuolumne

Attachment D: County Fiscal Accountability Certification

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City: Tuolumne

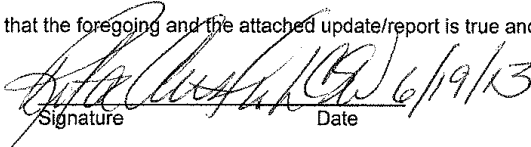
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

| Local Mental Health Director | County Auditor-Controller / City Financial Officer |
|--|--|
| Name: Rita Austin, LCSW | Name: Deborah Bautista |
| Telephone Number: (209) 533-6245 | Telephone Number: (209) 533-5551 |
| E-mail: laustin@co.tuolumne.ca.us | E-mail: dbautista@co.tuolumne.ca.us |
| Local Mental Health Mailing Address: 2 South Green Street Sonora, CA 95370 | |

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

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

Rita Austin, LCSW
Local Mental Health Director (PRINT)


Signature Date 6/19/13

I hereby certify that for the fiscal year ended June 30, 2012, 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 1/30/13 for the fiscal year ended June 30, 2012. I further certify that for the fiscal year ended June 30, 2012, 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)


Signature Date 6/19/13

¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

**Tuolumne County Behavioral Health
Mental Health Services Act Annual Update Report for 2013/2014
30 Day Review Period: July 3 – August 2, 2013**

Public Comments Received and Actions Taken:

1. Three minor typographical errors were identified which did not affect or change the content of the report. These have been corrected.
2. Additional edits were completed and some passages reworded to ensure accurate citations of sources and clarify information. These also did not change the content of the report.
3. A stakeholder commented that the FSP section was very small and asked that the description be expanded since FSP is a large portion of CSS funding and offers a unique set of services; the descriptions of the program have been enhanced to better describe the program.
4. The CNVC contact noted that the numbers served reported in the section describing the PEI Bullying Prevention Program were not accurate; the numbers were reviewed and corrected to match the reporting that had been submitted.
5. The Innovation Plan description was enhanced to fulfill the proposal requirements.