



TUOLUMNE COUNTY BEHAVIORAL HEALTH
MENTAL HEALTH SERVICES ACT (MHSA):
ANNUAL UPDATE FY 2015 - 2016



WELLNESS • RECOVERY • RESILIENCE

Draft Posted for Public Review & Comment Period Friday October 2,
2015 through 5:00PM Monday November 2, 2015
Public Hearing at Tuolumne County Mental Health Advisory Board
held Wednesday November 4th at 4pm
Revised draft posted with public comments and updates, Thursday
November 5 through Tuesday November 17
Board of Supervisors Presentation approved Tuesday November 17

TABLE OF CONTENTS

<u>MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION</u>	<u>3</u>
<u>MHSA COUNTY COMPLIANCE CERTIFICATION</u>	<u>4</u>
<u>INTRODUCTION</u>	<u>6</u>
LEGISLATIVE CHANGES ANNUAL UPDATE REQUIREMENTS BACKGROUND COMMUNITY PLANNING PROCESS	
<u>MHSA PROGRESS REPORT BY COMPONENT</u>	<u>9</u>
COMMUNITY SERVICES AND SUPPORTS (CSS) PREVENTION AND EARLY INTERVENTION (PEI) INNOVATION (INN) WORKFORCE EDUCATION AND TRAINING (WET) CAPITAL FACILITIES AND TECHNOLOGY NEEDS (CFTN) PERMANENT SUPPORTIVE HOUSING	
<u>MHSA ANNUAL UPDATE BUDGET SUMMARY</u>	<u>22</u>
<u>PUBLIC COMMENT NOTIFICATION</u>	<u>27</u>
<u>PUBLIC COMMENT FORM</u>	<u>28</u>
<u>SUMMARY OF PUBLIC COMMENTS RECEIVED AND OF CHANGES MADE</u>	<u>29</u>
<u>ATTACHMENTS</u>	
A: UNENCUMBERED FUNDS LETTER B: ENRICHMENT CENTER CALENDAR C: SPREAD PLANNER TUOLUMNE COUNTY CCC D: REVISED INNOVATION PLAN AND BUDGET E: MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION F: MHSA COUNTY COMPLIANCE CERTIFICATION	

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City : Tuolumne County

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

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

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

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

Rita Austin, LCSW
Local Mental Health Director (PRINT)

Signature **Date**

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

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

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

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

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

Introduction:

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

MHSA Legislative Changes:

In March of 2011, AB 100 was signed into law by the Governor and created immediate legislative changes to MHSA. The key changes eliminated the State Department of Mental Health (DMH) and the MH Services Oversight and Accountability Commission (MHSOAC) from their respective review and approval of County MHSA plans and expenditures. It also replaces DMH with the “state” in terms of the distribution of funds, and suspended non-supplant requirement for fiscal year 11/12 due to the State’s fiscal crisis. This set the stage for funds to be used for non-MHSA programs, and for \$862 million dollars to be redirected to Early and Periodic Screening, Diagnosis, and Treatment (EPSDT), Medi-Cal Specialty Managed Care and Mental Health Services for Special Education pupils.

On June 27, 2012, AB 1467, the trailer bill for the 2012-13 state budget, was signed into law. This bill contained changes to state law, including amendments to MHSA. This bill retains the provision that county INN plans be approved by the MHSOAC. The bill also clarifies that the Annual Updates are to be adopted by the county board of supervisors and submitted to the MHSOAC within 30 days after board adoption. The bill also requires that plans and updates include the following additional elements: 1. Certification by the county mental health director to ensure county compliance with pertinent regulations, laws and statutes of the Act; including stakeholder engagement and non-supplantation requirements, and 2. Certification by the county mental health director and the county auditor-controller that the county has complied with any fiscal accountability requirements, and all expenditures are consistent with the Act.

In January of 2015, AB1929 was signed into law allowing Tuolumne County to reclaim unencumbered MHSA housing funds from the California Housing Finance Agency (CalHFA) totaling \$11,792.96. The bill requires that prior to receiving these funds, Tuolumne County must first follow the stakeholder process identified in W&I Code section 5848, when determining the use of these funds; include the use of these funds in the Tuolumne County MHSA Annual Update, per W&I Code section 5847; and the County will account for the expenditure of those funds in the Tuolumne County Annual Revenue and Expenditure Report (W&I Code section 5899). Evidence of the Tuolumne County Board of Supervisors approval was included with the request for funds (See *Attachment A: “Unencumbered Funds Letter”*).

Annual Update Requirements:

The intent of the MHSA Annual Update is to provide the public a projection for Fiscal Year 2015/2016 regarding each of the components within MHSA. 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). This update provides a progress report of MHSA activities as well as an overview of current or proposed MHSA programs planned for Fiscal Year 2015/2016.

Tuolumne County Background:



Tuolumne County, with a population of 53,831, is located in the central Sierra Nevada, roughly 95 miles South of Sacramento and approximately 135 miles East of San Francisco. The county stretches from the Central Valley in the West to the Eastern crest of the Sierra Nevada Mountains. The county includes the Northern portion of Yosemite National Park, has a total of 2,221 square miles, and the elevation ranges from 300 feet to more than 12,000 feet.

County Demographics:

- 81.6% Caucasian
- 11.2% Hispanic/Latino
- 3.2% Reporting 2 or More Races/Ethnicities
- 2.1% African American
- 2.2% American Indian
- 1.3% Asian
- 0.2% Pacific Islander
- 22.8% Over 65 Years Old
- 5,375 Veterans
- 69.9% Homeownership Rate
- \$48,426 Median Household Income, 2009-2013
- \$25,943 Per capita money income in the last 12 months
- 14.5% Live Below Poverty Level

County Challenges:

- Tuolumne County has a federal designation as a Mental Health Professional Shortage Area (MHPSA). MHPSA's are noted to have a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists.
- Remote areas face transportation challenges, leading to increased isolation for residents.
- Increased potential for stigma and delay in seeking mental health services due to rural location.
- Tuolumne County has a higher concentration of persons aged 65 and older.
- Factors that adversely affect low income residents living in Tuolumne County include lack of affordable housing, food insecurity, and limited availability of affordable medical and dental services.

Sources: 2014 Tuolumne County QuickFacts from US Census Bureau;

Community Planning Process

Extensive community planning was executed in order to prepare the existing MHSA Three-Year Program & Expenditure Plan FY 2014 - 2017. Using that plan as the foundation for the MHSA Annual Update FY 2015-2016, the Community Planning Process began in January, 2015 with internal discussions amongst TCBHD staff. With cross-functional representation from internal groups, current plans and existing programs were reviewed and data from the last CPP process was considered. Re-analysis of the data revealed that stakeholders are concerned about the following:

- Lack of mental health supports for youth
- Lack of affordable housing
- Homelessness
- Timeframe to access mental health services

Using this information, projects were reviewed and an outline of the proposed MHSA Annual Update FY 15/16 was presented to interested stakeholders on April 15th 2015. The presentation was advertised via mass email distribution, Facebook, community flyers as well as personal invitations. Those in attendance included law enforcement, consumers, family members, TCBH staff, community agencies and probation.

Stakeholders wholeheartedly supported the proposed changes, budget allocations and they expressed excitement at the inclusion of new aspects of the Innovation project as well as SB 82 plans which are detailed in the update.

30-Day Review Process:

A draft of the MHSA Annual Update FY2015-2016 is being posted for a public review and comment period of 30 days starting Friday October 2, 2015 through 5:00pm on Monday, November 2, 2015. To review the plan, or other MHSA documents via Internet, follow this link to the Tuolumne County Network of Care website:

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

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

Tuolumne County Behavioral Health Department

Attn: Kristi Conforti, MHSA Coordinator
2 South Green St
Sonora, CA95370
209-533-6262

kconforti@co.tuolumne.ca.us

Printed copies of the MHSA Annual Update FY2015-2016 have been made available to all stakeholders to review at the reference desk of all branches of Tuolumne County Public Libraries and in the public waiting areas of the following locations during regular business hours:

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

Public Hearing

As per Welfare and Institutions Code (WIC) Section 5848, the Tuolumne County Mental Health Board will conduct a Public Hearing at the close of the 30 day comment period for the purpose of receiving further public comment on the MHSA Annual Update FY2015-2016. The Public Hearing will be held on November 4, 2015 at 4:00 pm at the Tuolumne County Behavioral Health Department located at 105 Hospital Road, Sonora, CA in the Community Conference Room. Once held, comments from the public hearing will be added.

Review and Approval by the Board of Supervisors

As required by Welfare and Institutions Code Section 5847, the final plan and budget will be reviewed for approval by the Tuolumne County Board of Supervisors, currently scheduled for Tuesday, November 17, 2015.

IMPLEMENTATION PROGRESS REPORT BY COMPONENT:

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

Note: This plan includes estimates of cost per client for the CSS and PEI program components for 2013/2014 as per Welfare & Institutions Code 5847. These statements are marked with an asterisk (*) to note the following explanation: These numbers are an approximation only and should not be utilized for any benchmark for services provided or as any minimum or maximum amounts to be spent. These numbers can be affected by a variety of factors including but not limited to: salaries of staff delivering services, established case rates, other insurance billing, variable cost of living and other related program expenses. In a very general way, one may draw the conclusion that some services are more costly per client; for example, an FSP client who is receiving intensive individual service with a therapist, seeing the doctor and receiving assistance with housing expenses will reflect a significantly higher cost than a client who uses the shower, computers and attends groups at the Enrichment Center. This is to be expected, as the programs are designed as such. It should also be noted that many of the FSP clients are also utilizing the Enrichment center, so it is an additional service, not an option to utilize one or the other. Further, outreach services are intended to eventually engage a client in appropriate community programs and services which may or may not include behavioral health services. Therefore, the numbers do not necessarily lead logically into one another. These amounts fluctuate according to circumstances and need and should be utilized for informational purposes only.

Community Support Services (CSS)

Community Support Services (CSS) supports efforts to provide Outreach and Engagement, System Development and Full Service Partnership. Outreach and Engagement and System Development services refer to activities that utilize a recovery and resiliency model that centers around the consumer, and targets un-served and under-served severely mentally ill residents. The Full Service Partnership program is voluntary and provides a broad range of supports to accelerate client recovery.

New for FY 15/16 is the addition of a Staff Services Analyst to support systems development and provide program evaluation. This position will perform data analysis of FSP clients as well as evaluation of FSP outcomes, and will also provide program evaluation services for the peer support programs, supportive housing and other MHSA program evaluation services.

Full Service Partnerships (FSP)

The Tuolumne County Full Service Partnership (FSP) was designed for individuals requiring the highest level of care and service necessary in order to avoid the potential of more restrictive care. The program provides comprehensive, one on one mental health services for those who have been diagnosed with a severe mental illness. Clients are referred from various sources and, if they meet criteria, are assigned to a specific FSP Case Manager. Criteria for FSP are: Homeless or at risk of homelessness; Diagnosed with a serious mental illness; Recent hospitalization or emergency intervention; Receiving public mental health services; Willingness to partner in the program; Not a parolee or incarcerated. The FSP program fosters client driven services and supports by promoting a team approach and partnership between the client, the provider and the client's family if possible. Specific to the FSP program are, a low staff to client ratio, 24/7 crisis access and individualized services. FSP clients may receive assistance with housing, employment and education in addition to access to mental health services and integrated treatment for those living with more than one diagnosed condition. The following outcomes are reported for the FY 13/14:

- 4.2% decrease in psychiatric hospitalizations (24 served; 6 with psychiatric hospitalizations)
- 71.3% decrease in number of days spent in a psychiatric hospital (24 served; 6 with psychiatric hospitalizations; calculation based on days per partners with psych hosp days)

In FY 15/16, additional FSP liaisons were added to the program. Liaisons provide recovery support, one on one mentoring, self-help support, coordination of personal services, home visits and ongoing linkages to community resources. An additional FSP case manager position has also been added to increase the number of clients that can be supported and to potentially be available to meet support needs after hours and weekends when the Walk-In may not be able to accommodate. Two new vehicles, estimated at \$30,000 for both, will be purchased to replace aging vehicles that are currently in the fleet.

In FY13/14 a total of 31 individuals were enrolled in and received FSP services with an estimated annual cost per client at approximately \$12,212*.

Peer Support Services

TCBHD encourages wellness and recovery by providing peer supported environments for clients to learn from others who have experience living with a mental illness. Peer-run environments stimulate socialization, encourage wellness and recovery and provide an atmosphere that fosters independent

functioning. Two such programs, the Enrichment Center and the David Lambert Center are supported through MHSA.

The Enrichment Center (EC) helps peers to build coping skills and encourages activities for mental and physical wellness. There are numerous support groups that are all facilitated by peer volunteers: Mental Health and Addictions; Bipolar and Depression; Peers Helping Peers; Working with Emotions; and Trauma Recovery/Post Traumatic Stress Disorder (PTSD). Each of these groups hosts an average of 2 to 8 participants. (See Attachment B: "Enrichment Center Calendar of Events"). In addition to group support, the center allows peers a safe and comfortable place for socialization, as well as access to computers, printers, laundry and shower facilities and direct contact to FSP case managers. New programs and activities introduced in FY 15/16 include: Community Garden Partnership with the Innovation Lab; Guitar Jam; Seeds of Hope Grief Support Group; and Red Road Recovery Native American based recovery concepts.

In FY 13/14, the Enrichment Center served an average of 83 unduplicated clients per quarter for an estimated annual cost of \$338 per person

The Lambert Center is a community drop in center that caters to homeless individuals and is staffed completely by volunteers, some with lived experience. The center focuses on outreach to the homeless population by offering food and basic necessities as well as a place for socialization and emotional support. Guests have access to computers and printers and they are provided with referrals to various resources if they are in need of services.

The David Lambert center saw an average of 111 unduplicated visits per quarter in FY 13/14 for an estimated annual cost per person of \$95*.

A Benefits Specialist is on site in the Enrichment Center to assist individuals in applying for, and obtaining, public benefits such as Medi-Cal and Supplemental Security Income (SSI). Due to the volume of individuals seeking assistance and because the program has been so successful, TCBHD is pursuing external funding to supplement the Benefits Specialist function in order to assist more clients. Benefits Specialist services were utilized by 110 people in FY 13/14 for an estimated annual cost per client is \$562*.

New for FY15/16 is the addition of a Program Specialist to oversee the day to day activities at both peer support centers; to create a detailed plan to support and train peer staff and volunteers; and to manage MHSA funded supportive housing structures.

Crisis Services and Mental Health Triage (SB 82)

TCBHD provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP). CAIP workers perform mental health crisis interventions for persons who come to the walk-in independently or as referred by the Emergency Department or law enforcement. The crisis team consists of a specialized group of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services 24 hours a day, 7 days a week. Services include:

- Telephone and face-to-face intervention for support or crisis intervention
- Assistance in connecting to community resources
- Follow-up appointments and reminders
- 5150 evaluations and arrangements for hospitalization if needed

➤ On-site evaluations and services at Tuolumne County Jail

Expanded MHSA funding was granted to select counties, including Tuolumne County through Senate Bill 82 (SB 82). The goal of SB 82 is to reduce the number of mental health crisis's presenting at the Emergency Department, to limit the need for law enforcement involvement, and to ultimately reduce the number of psychiatric admissions. Funding allows triage personnel to be diverted to the field to assist law enforcement for crisis intervention prior to placing an individual on an involuntary hold. SB 82 outcomes, costs and reports are presented in a separate forum to the Mental Health Oversight & Accountability Commission (MHSOAC), but the functions of the program are truly integrated into the crisis support system. Currently, TCBHD is reviewing the CAIP and SB 82 programs to determine the best way to combine and streamline efforts to provide the best possible services to those experiencing a crisis situation.

In 2013/2014, the CAIP served 1261 unduplicated individuals at an average annual cost of \$518 per client.

Prevention and Early Intervention (PEI)

Prevention and Early Intervention (PEI) strategies are meant to prevent a mental challenge from occurring by providing information and resources to the community. PEI is also designed to intervene early to keep a mental illness from reaching a severe level. The following programs are planned to continue through FY 16/17.

Early Childhood Nurturing Parenting Education Program

Nurturing Parenting is a priority intervention, universal prevention program that is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. This program has consistently been implemented by a team from TCBHD and via staff through a contract with an organizational provider called Infant/Child Enrichment Services (ICES). These services target parents in stressed families including: pregnant and parenting teens; special needs; poverty communities; substance abuse; abuse and/or neglect; domestic violence; social isolation; lack of basic needs; homelessness. Services provided in FY 13/14 include:

- 69 adults, 44 children participated in 5 Nurturing Parenting Parent Education Classes
- Classes held: 3 Nurturing Parenting; 2 Nurturing Parenting Classes for Families In Recovery; 2 Trauma Informed Parenting Workshops – Parenting Without Guilt
- 16 adults and 18 children received home visits with staff using appropriate Nurturing Parenting curriculum.

The Nurturing Parenting Program continues to be a successful model and strategy for improving parenting outcomes for families in our community. The program uses an evaluation tool, the Adult Adolescent Parenting Inventory (AAPI), which measures parent progress, as well as, assuring the program is meeting the desired outcomes. The AAPI assesses skills in five domains: Expectations of Children; Empathy; Discipline; Family Roles; and Power and Independence. The scores range from 1-10, with 1-3 being high risk, 4-7 medium risk, and 8-10 low risk. The program was provided to 32 parents throughout the year with a total of 22 pre and posttests completed and the parents completing the course in FY 13/14 improved in all domains.

The estimated annual cost per person for this program is approximately \$492. This PEI contract is funded 75% (\$369) towards Prevention and 25% (\$123) towards Early Intervention.

The Social Emotional Learning Foundations (SELF) Program

TCBHD contracts with First Five, which administers the Social Emotional Learning Foundations (SELF) program, in promoting the social and emotional development of young children ages 0 through 5. The funds are allocated to provide individual play therapy to children who are not responding to the SELF program classroom interventions. In FY 13/14, there were 42 children who, with parental permission, were observed for behavior management issues or received therapy sessions with a LCSW

The estimated annual cost per person for this program is approximately \$119. This PEI contract is funded 100% towards Early Intervention.

Bullying Prevention Program

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

- 413 students and 35 adults attended Bullying Prevention presentations or workshops at local elementary schools
- 8 students participated in Girls Circle/Boys Council Activities at Jamestown Elementary School

The Bullying Prevention Program continues to be a successful model to teach students respect, empowerment and choice. In FY 13/14, Jamestown Elementary School Superintendent, Dr. Brenda Chapman praised the program stating:

“There has been significant reduction in disciplinary referrals and reports of bullying. Staff are now resolving issues on the yard without sending students to the office. Reports are coming in from the larger community that the behavior of Jamestown School students is positive, polite, and respectful.”

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

Suicide Prevention Program

The goal of the program is to provide a variety of community-wide trainings, education and information in order to open dialogue and raise awareness about risk factors, protective factors and warning signs of suicide. A community education campaign was implemented to continue to build awareness of suicide, educate the community about suicide, encourage the community to act to address suicide and to reduce the stigma around depression and suicide. The following activities took place in FY 13/14:

- 85 Primary Care Staff participated in a “Lunch & Learn” Suicide Prevention Training designed for healthcare providers
- “Know The Signs” literature, posters & brochures were distributed through the county
- 199 community members successfully completed either safeTALK (Tell Ask Listen and KeepSafe) or ASIST (Applied Suicide Intervention Skills Training)
- Successful planning and implementation of the Suicide Prevention Summit with over 90 attendees

The Suicide Prevention Task Force (SPTF) continues to play a large role in gathering and disseminating information, addressing the needs of the community and supporting organizations seeking funds for suicide prevention activities. Through trainings, meetings and community involvement, ATCAA maintained a solid plan to strengthen awareness of suicide in Tuolumne County. Their partnership with community advocates and their work to coordinate with state level resources continues to bring Suicide Prevention activities to the forefront. ATCAA now has several trained Mental Health First Aid instructors and is seeking additional funding to provide Youth Mental Health First Aid trainings to teachers, parents and educators.

In addition to trainings, ATCAA provides support, organization and coordination of the overall suicide prevention initiative, therefore, it is difficult to calculate an actual cost per person. In FY 13/14, over 1,144 people attended training, an event, received information, or attended a presentation about the program. Based on that reach, the estimated cost per person would be \$44. This PEI contract is funded 100% towards Prevention training and programs.

CAFÉ: Connections and Awareness for Elders

TCBHD has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of this program has been to engage those individuals, aged 60 or older, that are isolated, lonely, and under-served. Engagement strategies include offering in-home visits for socialization, counseling, activities, resources and referrals.

- Home visits were made to more than 65 Senior Peers
- Successful planning and implementation of the 7th Annual Elder Awareness Conference with 190 attendees

For FY 15/16, Catholic Charities will be implementing the PHQ-9 survey in order to provide measureable outcome data as to how the Senior Peers are benefitting from the program. They continue to plan activities and strategies to reach older adults including: providing information at community meetings; attending multi-disciplinary team meetings; and working closely with County departments.

Over 250 individuals received services, training or information about the CAFÉ program. The estimated annual cost per person for FY 13/14 is \$196. This PEI contract is funded 100% towards Prevention.

Latino Outreach

Family supports were the focus of this outreach program. Teaching parents strategies to manage anger and stress and providing assistance with navigating the mental healthcare system as well as community resources were things that people requested services for.

- 254 Home visits were provided to 36 Latino families, which included outreach, information and referral and case management services.
- Total unduplicated adults served: 39
- Total unduplicated children: 57

Specific, measurable outcomes are not available to report, outreach efforts to agencies and schools helped to build a greater awareness of bilingual services that are available in the community. Translation services, in person or over the phone, were highly requested services. Awareness was reinforced through networking systems: Schools/Special Education; Cultural Competence Awareness; Supporters of the Spanish Speaking Community; Health Providers; and Social Services.

The overall estimated annual cost per client for this program is approximately \$229. Of that, 70% (\$160) is funded towards Early Intervention services and the remaining 30% (\$69) is funded towards Prevention activities.

A Program wide Request For Proposal for all PEI contracts was launched for FY 14/15 PEI projects. As a result, a change in provider occurred for this program effective FY 14/15. TCBHD contracted with Amador Tuolumne Community Action Agency (ATCAA) and the Promotores de Salud (Promoters of

Health) program to provide prevention and early intervention services to Latino families needing mental health services.

Native American Outreach and Engagement:

The Tuolumne Me-Wuk Indian Health Clinic (TMIHC) has provided outreach and engagement services targeting Native American youth and their families. By offering programs designed to engage the participants in healthy activities, and offering opportunities to connect with their Native American culture, the program encourages activities such as sweat lodges and cultural-specific trainings. The primary focus has been on developing coping strategies and leadership skills to assist in the prevention and early intervention of mental illness in this population. Services provided in FY 13/14 include:

- 140 individuals participated in monthly sweat lodge ceremonies
- 40 youth received Individual Education Plan (IEP) assistance or participated in leadership groups
- 80 participants attended Native focused workshops and presentations

Promotion of spiritual and healing practices among Native Americans in recovery is another main focus. Monthly Sweat Lodge Ceremonies, Native Circle and other special events are scheduled throughout the year to provide culturally sensitive services to those in need.

The estimated annual cost per person for this program is approximately \$116. This PEI contract is funded 100% towards Prevention.

Fostering Healthy Activities in Non-Traditional Settings

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

Through a contract with the Tuolumne County Public Health Department, TCBHD was able to provide access to services to students via the Be On Board (BOB), Health Van. The BOB van began running in September, 2013, and services included routine immunizations, sports physicals, health and wellness assessments and screenings for behavioral health disorders as well as infectious diseases. Several students were referred to Behavioral Health for additional evaluation and the program provided a forum for discussing mental health issues with youth

During the FY13/14 school year, 70 students were evaluated with an estimated annual cost per person of approximately \$286. This PEI contract was funded 100% towards Early Intervention.

Due to the lack of other external funding sources, the BOB Health Van was not operational after the 13/14 school year and the MHSA funds dedicated to the program went unused for FY 14/15. TCBHD issued a Request For Proposal to locate a contractor to provide students with access to services. Beginning in FY 15/16, TCBHD has contracted with the Jamestown Family Resource Center (JFRC) in Fostering Health Activities in a Non-Traditional setting. JFRC will be providing Student Mental Health and Wellness services in the center. Based on the student demographic population, JFRC has access to students and families who are under-served. Jamestown Elementary School staff is already implementing the evidence based practice of Positive Behavior Intervention and Support (PBIS), our hope is to support that program and to report measureable improvements in students with a history of

behavioral problems. Elementary school is a key time to perform early intervention activities and this is an opportunity for TCBHD and JFRC to reach at-risk children and their families.

PEI Statewide Plans Program:

Three statewide projects are implemented through the State Department of Mental Health (DMH):

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

In FY 13/14, more than 500 students at Sonora Elementary and Jamestown Elementary were reached through the Walk in Our Shoes program. The students attended a play addressing stigma reduction by highlighting the struggles of students experiencing various mental health challenges. TCBHD plans continued participation in the annual funding of PEI Statewide Plans at a contribution rate of 5% of local PEI funds. This will allow for continuation of existing and successful PEI programs to prevent suicide, reduce stigma and discrimination, and to improve student mental health.

Innovation (INN)

The purpose of the “Wellness: One Mind, One Body” Innovation Project is to increase the quality of life for persons with living with a severe mental health illness. The Innovation Component of MHSA affords each county an opportunity to learn by the piloting of a new or changed practice. Specifically, TCBHD wants to learn if using a coordinated approach to integrating behavioral healthcare and physical healthcare will benefit clients served in this rural community. It is intended that clients will achieve not only improved health outcomes as a result of the project, but improved self-care as well. There are several issues being addressed by this innovation including:

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

Phase One of the “Wellness: One Mind, One Body” Innovation Project has been completed, and the project has moved into Phase Two. When the project was initially approved by the Board of Supervisors on April 1, 2014, the project identified several ways that a contribution to learning will occur for TCBH Staff, collaborators, clients, and family members:

- Initiating, supporting and expanding collaboration from various non-mental health disciplines (such as public health, physical health, holistic practice) can improve the health outcomes of TCBH clients;
- A model of service delivery which integrates behavioral/physical healthcare through collaboration and communication will not only improve health outcomes for TCBH clients, but also influence clients to manage their self-care.

Phase One included technical assistance and training through participation in a Care Coordination Collaborative through the California Institute for Mental Health (CiMH). This phase also included identifying and training a Client Care Coordinator. With the conclusion of the technical assistance/training portion of the project, TCBHD held a series of meetings (from January 2015 to May 2015) to undertake efforts to sustain the learned processes and to spread the practice as a core principle and value. (*See Attachment C: Spread Planner: Tuolumne County Care*). The Spread Planner includes initial learnings derived from Phase One.

Phase Two focuses on the implementation of the learnings from the Care Coordination Collaborative. Based upon the initial learnings included in the Spread Planner, some adjustments to the project will need to be made.

- Assignment of additional staffing to support transition and clinical needs
- Assure clear processes to better integrate and maximize appropriate service utilization
- Quality Improvement coordination is needed for support in consultation and tracking (this function had previously been supported through the Learning Collaborative) and was not established at the conclusion of Phase One to assure quality improvement measures continued
- Utilization of the Spread Planner Work plan to track specific planning efforts

The requested changes will impact the Innovation Project Budget for FY 2015/2016 and going forward. Those changes are summarized in the narrative, and are reflected in the revised Innovation Project Plan and Budget (*See Attachment D: INN_02_Amended FY15/16*)

- Additional Personnel costs
 - A portion of the time spent by the Quality Improvement Coordinator to establish internal and sustainable measures
 - A portion of the time spent by a Senior Behavioral Health Worker
- Dental/Oral Health Care

The realization that there was a serious gap in addressing wellness of the whole person came as a result of an oral care crisis for a participant in the program. It became clear that the project needed to expand the definition of overall wellness to include oral health care for participants. Beginning in FY 15/16 a dental component is being added to this project. This will include addressing dental hygiene, oral health care education, dental screenings, cleanings, and referrals for repair or extensive work.

Poor oral health has been linked with systemic illnesses such as coronary heart disease, diabetes or respiratory disease, which may mediate links with mental health (Arigbede, et al, 2012, and Humphrey, et al, 2008). In addition, dental hygiene affects eating and speech, and thus has an impact on social and psychological aspect of life (Mirza, 2001). A recent systematic review and meta-analysis of links between poor oral health and severe mental illness has been conducted by (Kisely et al, 2015). Those findings included:

- Persons with severe mental illness were 2.8 times more likely than those in the control group to have lost all of their teeth;
- People with severe mental illness had higher numbers of decayed, missing or filled teeth;
- People with severe mental illness also had significantly higher surface scores.

The research by Kisely et al raises awareness that people with mental disorders may be particularly vulnerable and at high risk of dental problems and that screening for oral health be included as part of a more thorough assessment of this population.

Adding oral health care to the existing Innovation project will contribute to the general health, wellness, self-esteem and quality of life of clients who participate in the project. For many persons living with mental illness, oral healthcare may be a low priority when other treatment and health issues must also be addressed. Cost and fear may be barriers to getting the care. Additionally, having a mental illness may lead to deterioration of self-care, and some clients may have no experience or history of engaging in dental care as part of their overall health practice. A contract with Tuolumne County Superintendent of Schools Office has been issued and the Smile Keepers Oral Health Project will be providing oral hygiene education, screenings and cleanings by using a mobile dental unit.

It is expected that the project will take between three and four years in order to achieve the learning objectives.

The first twelve to fifteen months of the project (March 2014 through May 2015), consisted primarily of the technical assistance and training necessary to lay groundwork for the collaborative team. Data will be available at the conclusion of the first full fiscal year (FY14/15) which will provide preliminary results about whether or not improved outcomes are being achieved.

Workforce Education and Training (WET)

TCBHD is currently in the process of reviewing and updating the existing WET Five Year Plan from FY 08/09. Included in this review is the launch of a new Workforce Needs Assessment which is required every five years. A new assessment is being created and will be launched, reviewed and documented for reporting in the MHSA Annual Update FY 16/17. The original funding allocated in 08/09 has been depleted; therefore, we will be transferring \$100,000 from CSS into WET in order to support training and education programs

Ongoing training has been provided to staff annually through online trainings, via In-Service sessions and through individual off-site training opportunities. FY 13/14 offerings included: Best Practices in Serving LGBTQ and Families; Problem Gambling; Culturally Responsive Services for Latinos and Latinas; Substance Use and Older Adults; Culture of the Client and Culture of the Family; Mending Broken Hearts Me-Wuk Indian Health Care; Law & Ethics; and Intergenerational and Situational Poverty. Many trainings were attended by TCBHD staff, as well as community members. Suicide prevention trainings such as Mental Health First Aid (MHFA) Applied Suicide Intervention Skills Training (ASIST) and SafeTALK have been utilized to train educators, school administration, nurses, faith based community members and health care professionals.

The Mental Health Loan Assumption Program (MHLAP) served 4 employees in 2013, granting each approximately \$4,000 in student loan repayment in turn for a 2 year employment contract. TCBHD also provides ongoing supervision and support to Marriage and Family Therapist (MFT) and Approved Social Worker (ASW) interns. The success of this program is evident by the number of licensed individuals on staff and in FY 13/14, four licensed or license eligible interns were hired into the department. Also, at a Regional level, MFT students are offered a stipend award in return for 1 year of service in an under-served community. This year, FY 15/16, TCBHD welcomed its first MFT Stipend recipient into the agency.

A key objective for FY 15/16 is to provide peer employees with the tools they need such as job readiness, interpersonal skills and support skills that will allow them to be successful in a peer-run environment. We have partnered with Mental Health America of Northern California (NorCalMHA) to provide trainings to peer staff, volunteers and any peers interested in entering the workforce. The program, Workforce Integration Support and Education (W.I.S.E.) and the associated trainings are complementary to TCBHD as NorCalMHA received grant funding to develop and implement the trainings.

This year, TCBHD extended a one-time grant of \$10,000 in WET funds to HealthLitNow, a non-profit organization dedicated to educating elementary and high school students about healthcare literacy and providing them with information and resources about healthcare career opportunities in our community.

Capital Facilities and Technological Needs (CFTN):

TCBHD is facing “space needs” in several areas, which lead to several projects. A transfer of \$250,000 has been made from CSS to CFTN in order to support the following projects:

- Renovation of a former Long Term Care facility, located next to the Tuolumne County Behavioral Health building at 105 Hospital Road. This building is to house all FSP program employees as well as some MHSA administrative staff case and is co-located with County social services staff.
- Perimeter fencing around the Tuolumne County Behavioral Health campus is intended to improve safety and control. The fencing protects clients and employees from unsafe areas and also acts as a deterrent to unauthorized persons from accessing hidden areas.

Permanent Supportive Housing

TCBHD continues to support two residential housing structures and residents at both the Washington Street and Cabrini House locations continue to receive supportive services and assistance. Residents are thriving and the units continue to remain occupied 100% of the time, with an ever growing waiting list of eligible clients in need of housing.

As stated in the Introduction, AB 1929, passed in January 2015 and allowed Tuolumne County Behavioral Health to request MHSA housing funds, in the amount of \$11,792.96 to be returned from the California Housing Finance Agency (CALHFA). Allowable uses of these funds include provision of housing services to residents of Tuolumne County with severe mental illness and can include rental assistance, security deposits, utility deposits, or other move-in cost assistance. Based on the obvious demands for more supportive housing, these funds are being allocated to assist Full Service Partnership clients to move from current supportive housing units to their own permanent housing. The moves foster independent living and allows supportive housing placement to others in need.

FY 2015/16 Mental Health Services Act Annual Update Funding Summary

County: Tuolumne County

Date: 11/4/15

	MHSA Funding					
	A Community Services and Supports	B Prevention and Early Intervention	C Innovation	D Workforce Education and Training	E Capital Facilities and Technological Needs	F Prudent Reserve
A. Estimated FY 2015/16 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,806,949	444,350	277,256	47,366	145,819	
2. Estimated New FY 2015/16 Funding	2,604,619	488,366	162,789			
3. Transfer in FY 2015/16 ^{a/}	(350,000)			100,000	250,000	0
4. Access Local Prudent Reserve in FY 2015/16						
5. Estimated Available Funding for FY 2015/16	5,061,568	932,716	440,045	147,366	395,819	
B. Estimated FY 2015/16 MHSA Expenditures - net	2,374,313	456,983	231,092	80,000	300,509	
G. Estimated FY 2015/16 Unspent Fund Balance	2,687,255	475,733	208,953	67,366	95,310	
H. Estimated Local Prudent Reserve Balance						
1. Estimated Local Prudent Reserve Balance on June 30, 2015		406,901				
2. Contributions to the Local Prudent Reserve in FY 2015/16		0				
3. Distributions from the Local Prudent Reserve in FY 2015/16		0				
4. Estimated Local Prudent Reserve Balance on June 30, 2016		406,901				

*** Note *** Interest in amount of **\$30,724** is in Prudent Reserve but reflected as part of the CSS balance

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

**FY 2015/16 Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Tuolumne County

Date: 7/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. FSP	1,388,189	1,044,203	343,986			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
Non-FSP Programs						
1. 24 hr Walk-in Clinic	506,072	334,324	171,748			
2. Peer Coordination (EC)	226,552	226,552				
3. Lambert Center (O&E)	18,000	18,000				
4. Mobile Crisis Outreach	40,000	40,000				
5. Benefits Development	38,316	38,316				
6. Promotion & Community Ed Activities	33,159	33,159				
7.	0					
8.	0					
9.	0					
10.	0					
CSS Administration	77,511	77,511				
CSS MHSA Housing Program Assigned Funds	46,514	46,514				
Total CSS Program Estimated Expenditures	2,374,313	1,858,579	515,734	0	0	0
FSP Programs as Percent of Total	58%					

FY 2015/16 Mental Health Services Act Annual Update

Prevention and Early Intervention (PEI) Funding

County: Tuolumne County

Date: 7/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention & Stigma Reduction	75,000	75,000				
2. Older Adults, Latino, & Native American O&E	105,000	105,000				
3. School Based Violence Prevention	30,000	30,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Childhood Project	115,000	115,000				
12. Jamestown Family Resource Center	35,000	35,000				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	71,983	71,983				
PEI Assigned Funds	25,000	25,000				
Total PEI Program Estimated Expenditures	456,983	456,983	0	0	0	0

**FY 2015/16 Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Tuolumne County

Date: 7/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Wellness: One Mind, One Body	205,822	168,250	37,572			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	25,270	25,270				
Total INN Program Estimated Expenditures	231,092	193,520	37,572	0	0	0

**FY 2015/16 Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Tuolumne County

Date: 7/24/15

	Fiscal Year 2015/16					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. MHS Admin Center Enrichment	268,000	268,000				
2. Center FSP & Walk-in Facility	15,000	15,000				
3.	5,644	5,644				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Computers	11,865	11,865				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0					
Total CFTN Program Estimated Expenditures	300,509	300,509	0	0	0	0



Tuolumne County Behavioral Health Department

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

MHSA Annual Update FY 2015-2016

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

- I. **The public review and comment period begins Friday October 2, 2015 and ends at 5:00 p.m. on Monday, November 2, 2015.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to TCBHD, Attn: Kristi Conforti, MHSA Coordinator, 2 South Green St, Sonora, CA 95370. Please use the public comment form.
- II. **A Public Hearing will be held by the Tuolumne County Mental Health Board on Wednesday November 4, 2015, at 4:00 p.m.,** at the Behavioral Health Department, 105 Hospital Rd., Sonora, CA, for the purpose of receiving further public comment on the MHSA Annual Update FY 15/16.
- III. **To review the MHSA Annual Update FY 2015-2016** or other MHSA documents via Internet, follow this link to the Tuolumne County Network of Care website:
<http://tuolumne.networkofcare.org/mh/content.aspx?id=353>
- IV. Printed copies of the MHSA Annual Update FY 2015-2016 are available to read in the public waiting areas of the following locations during regular business hours:
 - Tuolumne County Behavioral Health, 105 Hospital Rd, Sonora.
 - Tuolumne County Administrator Office, 2 South Green St, Sonora
 - The David Lambert Center, 347 W. Jackson St, Sonora
 - Tuolumne County Enrichment Center, 102 Hospital Rd, Sonora

To obtain a copy by mail, or to request additional information, call the MHSA Coordinator at (209) 533-6262.

**Tuolumne County Behavioral Health
Mental Health Services Act (MHSA)
Annual Update FY 2015-2016**

30 Day Public Comment Form
Dates of Posting: October 2, 2015 to 5:00pm on November 2, 2015

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

All Electronic Comments and Inquiries Regarding the Annual Update FY 2015-2016 should be sent to:
Email address: KConforti@co.tuolumne.ca.us

Written Comments may be submitted by mail to:
Kristi Conforti, MHSA Coordinator, Tuolumne County Behavioral Health: 2 South Green St, Sonora, CA 95370
All Comments Must Be Received by: 5:00 P.M., Monday November 2, 2015

**A Public Hearing on the Mental Health Services Act (MHSA) Annual Update FY 2015-2016 will be held on
Wednesday November 4, 2015 at 4:00pm.** The meeting will convene at: Tuolumne County Behavioral Health
Department, 105 Hospital Road, Sonora, California

Public Comments Received and Actions Taken:

1. Updated the MHSA Annual Update Summary Budget to update the estimated revenues to reflect actual revenues received thus far. Total increase is \$345,651 and the additional funding has not been allocated at this time. Upon allocation, an update to the Annual Update will be submitted.
2. Several grammatical and formatting edits were completed and some verbiage reworded to ensure accuracy and clarify information. These edits did not change the content of the report.
3. Added reference to the purchase of 2 new vehicles to replace the aging fleet for the Full Service Partnership (FSP) program. The purchase was already included in the FSP budget allocation; however, it was not specified in the update. This edit did not change the content of the report.
4. Added reference to the transfer of funds from CSS to WET. \$100,000 is being transferred and was included in the WET and CSS budget allocations, however, it was not specified in the update. This edit did not change the content of the report.

Attachments

- A: UNENCUMBERED FUNDS LETTER**
- B: ENRICHMENT CENTER CALENDAR**
- C: SPREAD PLANNER TUOLUMNE COUNTY CCC**
- D: REVISED INNOVATION PLAN AND BUDGET**
- E: MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION**
- F: MHSA COUNTY COMPLIANCE CERTIFICATION**



Tuolumne County Behavioral Health Department

RITA AUSTIN, LCSW
Director

105 Hospital Road
Sonora, CA 95370
Main: (209) 533-6245 24 Hour Crisis: (209) 533-7000
FAX: (209) 588-9563

Date: June 18, 2015

To: California Department of Health Care Services
Mental Health Services Division
Program Outcomes, Evaluation and Reporting Section
1500 Capitol Avenue, MS 2704
Sacramento, CA 95899-7413

Subject: Request to Release Unencumbered Mental Health Services Act (MHSA) Housing Program Funds Pursuant to Welfare and Institutions (W&I) Code Section 5892.5

Attachments: 1) MHSA Housing Program County Funding Release Form
2) Meeting Minutes from April 7, 2015 Tuolumne BOS Meeting

Per instructions written within MHSUDS Information Notice No. 15-004, please find attached documents for Tuolumne County's request of the release of all available Unencumbered Funds dedicated to Mental Health Service Act Housing Program. Please find attached, Tuolumne County's Board of Supervisors Meeting Minutes from April 7, 2015. Please find said reference on Vol. 1-15, page 60 of the Board of Supervisors Meeting Minutes pertaining to the Board of Supervisors' motion of approval to release unencumbered funds in the amount of \$11,792.96.

Sincerely,

A handwritten signature in black ink, appearing to read "Rita Austin", is written over a horizontal line.

Rita Austin, LCSW

Tuolumne County Behavioral Health Director

MHSA HOUSING PROGRAM COUNTY FUNDING RELEASE FORM

County/City: Tuolumne County

(NOTE: Funds may be requested once per year).

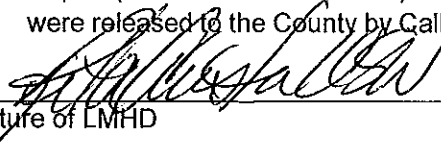
<p>Local Mental Health Director ("LMHD") Name: <u>Rita Austin, LCSW</u> E-mail: <u>LAustin@co.tuolumne.ca.us</u> Telephone No.: <u>209-533-6245</u> Mailing Address: <u>Tuolumne County Behavioral Health</u> <u>2 South Green Street</u> <u>Sonora, CA 95370</u></p>	<p>MHSA Funds Requested:</p> <p><input checked="" type="checkbox"/> All Available Unencumbered MHSA Funds; <input type="checkbox"/> Unencumbered funds less withhold amount of \$_____ (attach explanation)</p> <p>Check should be made payable to:</p> <p><u>Tuolumne County</u></p>
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**CalHFA considers funds to be encumbered once a Project has received CalHFA Senior Loan Committee approval.*

Pursuant to Welfare and Institutions (W&I) Code section 5892.5, I hereby request that the California Housing Finance Agency (CalHFA), with concurrence of the Department of Health Care Services, release unencumbered Mental Health Services Fund moneys dedicated to the Mental Health Services Act Housing Program ("MHSA Funds") to this requesting County.

I hereby certify the following: (1) the requesting County will use the funds released to the County from CalHFA to provide housing assistance to the target populations identified in Welfare and Institutions Code (W&I Code) section 5600.3. Housing assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless; and (2) the requesting County will administer the funds released to the County from CalHFA in compliance with the requirements of the Mental Health Services Act including, but not limited to, the following:

- the County will follow the stakeholder process identified in W&I Code section 5848, when determining the use of those funds;
- the County will include the use of those funds in the County's Three-Year Program and Expenditure Plan or Annual Update, per W&I Code section 5847; and
- the County will account for the expenditure of those funds in the County's Annual Revenue and Expenditure Report (W&I Code section 5899). Reporting will begin in the fiscal year when the MHSA Housing Program funds were released to the County by CalHFA.

 6/17/15
 Signature of LMHD Date

Attachment: Evidence of Board of Supervisors Approval of this MHSA Funding Release Request (post January 1, 2015).

State of California Use Only:

APPROVED BY:

Department of Health Care Services

California Housing Finance Agency

 Signature Date

 Signature Date

Unencumbered Mental Health Services Funds authorized for Release to the County: \$_____

plus any accrued interest earnings through the most recent quarter ending prior to the date of this Approval.

BOARD OF SUPERVISORS
COUNTY OF TUOLUMNE

April 7, 2015

9:00 a.m.

The Board of Supervisors of the County of Tuolumne, State of California, met in regular session on the foregoing date with Supervisors: John L. Gray, Chair; Karl Rodefer, Vice Chair; Sherri Brennan; Randy Hanvelt; and Evan Royce. Also present were Craig Pedro, County Administrator; Sarah Carrillo, County Counsel; and Alicia Jamar, Chief Deputy Clerk of the Board.

Absent: None.

Craig Pedro, County Administrator, led the Pledge of Allegiance.

Oral Communications (15 minutes)

Suzane Greenwood addressed the Board and announced the upcoming Tuolumne County Local Care & Development Planning Council.

Carlyn Drivdahl, Deputy County Counsel, addressed the Board and requested a non-agenda for the Board to consider authorizing the County Counsel to sign onto the County of San Bernardino's request for publication of Save Our Uniquely Rural Community Environment v. County of San Bernardino (E059524).

It was moved by Supervisor Hanvelt, seconded by Supervisor Rodefer, and carried by 4 -0 vote, with Supervisor Royce being absent, to approve finding that the matter arose subsequent to the posting of the agenda and is of sufficient urgency to be heard today, and the matter was placed on the agenda at 11:00 a.m. as the second matter. .

Supervisor Royce arrived to the dais at 9:05 a.m.

Adele Arnold, Chief Probation Officer, addressed the Board and announced her upcoming retirement.

Craig Pedro, County Administrator, addressed the Board.

Supervisor Hanvelt announced the upcoming Columbia Chorus Spring Concert.

It was moved by Supervisor Royce, seconded by Supervisor Rodefer, and carried by unanimous vote, to accept the **Consent Calendar**

1. Minutes of the meeting held March 3, 2015.

2. Accepting the State Responsibility Area (SRA) Fire Prevention Grant for roadside brushing in the amount of \$84,000, authorizing the County Administrator to sign.
3. Adopting Resolution No. 34-15, authorizing the Director of Environmental Health or his/her designee to submit applications, execute agreements and administer grant awards under the California Department of Resources Recycling and Recovery (CalRecycle) Waste Tire Enforcement Grant program for a period of five (5) years.
4. Adopting Resolution No. 35-15, authorizing the Director of Environmental Health or his/her designee to submit applications, execute agreements and administer grant awards under the California Department of Resources Recycling and Recovery (CalRecycle) Local Enforcement Agency Grant program for a period of five (5) years.
5. Adopting Resolution No. 36-15, to provide the County of Tuolumne with a temporary exemption from the requirements of Assembly Bill (AB) 1826 regarding mandatory commercial organics recycling.
6. Approving correspondence in support of Assembly Bill 323 which would extend the sunset of the statutory exemption from the California Environmental Quality Act (CEQA) pursuant to Section 21080.37 of the Public Resources Code for minor road improvement projects from January 1, 2016 to January 1, 2020, and authorizing the Chair to sign.
7. Approving the Lease with PHI Air Medical Services, LLC at Columbia Airport in the amount of \$1,233.54 per month, authorizing the Chair to sign.
8. Approving correspondence supporting AB 1262 continuing State funding for two years to encourage deployment of high-quality advance communication services (broadband) to all Californians, authorizing the Chair to sign.

The Board considered adopting a resolution proclaiming April 19-25, 2015 as Crime Victims Rights Week in Tuolumne County and approving Certificates of Recognition commending Detective Brandon Lowry; Deputy Sabrina Cable; Officer Ryan Webb; Mandy Tudor, Alyssa Najera; Betsy Kelly; and Carol Haflich for their outstanding services to crime victims and the community.

Laura Krieg, District Attorney, presented the staff report and responded to questions.

It was moved by Supervisor Royce, seconded by Supervisor Brennan, and carried by unanimous vote, to adopt the following resolution and approving Certificates of Recognition commending Detective Brandon Lowry; Deputy Sabrina Cable; Officer Ryan Webb; Mandy Tudor, Alyssa Najera; Betsy Kelly; and Carol Haflich for their outstanding services to crime victims and the community.

Resolution No. 37-15

Proclaiming April 19-25, 2015 as Crime Victims Rights Week in Tuolumne County.

The Chair presented Certificates of Recognition to Detective Brandon Lowry; Deputy Sabrina Cable; Officer Ryan Webb; Mandy Tudor, Alyssa Najera; Betsy Kelly; and Carol Haflich for their outstanding services to crime victims and the community.

The Board considered adopting a resolution proclaiming April 2015 as Child Abuse Prevention month in Tuolumne County.

Cori Ashton, Child Welfare Services Program Manager, presented the staff report and responded to questions.

It was moved by Supervisor Rodefer, seconded by Supervisor Brennan, and carried by unanimous vote, to adopt the following resolution.

Resolution No. 38-15

Proclaiming April 2015 as Child Abuse Prevention month in Tuolumne County.

The Board heard a presentation of the 2015 Child Abuse Prevention Poster and Poetry Contest winners in recognition of Child Abuse Prevention Month.

Sarah Garcia, Recreation Activities Coordinator; Reina Enriquez, Jamestown Youth Center Coordinator; Jacque Pullen, Groveland Youth Center Coordinator; and Laurie Britt, Tuolumne Youth Center, presented the staff report and responded to questions.

No action was required.

The Board considered approving Certificate of Recognition for Levi Lowe for winning first place in the Poetry Out Loud 2015 State Competition.

It was moved by Supervisor Hanvelt, seconded by Supervisor Rodefer, and carried by unanimous vote, to approve Certificate of Recognition for Levi Lowe for winning first place in the Poetry Out Loud 2015 State Competition.

Connie O'Connor, Tuolumne County Arts Alliance, addressed the Board.

The Chair presented the Certificate of Recognition to Mr. Lowe.

Mr. Lowe thanked the Board.

The Board considered approving Certificates of Recognition for the Dodge Ridge Race Team for their 5th straight year of winning the United States Ski and Snowboard Association (USSA) Far West Central Series Season and to Varun Suklikar, Evan Lear and Stash Perry for winning 1st place in their age divisions.

Mr. Pedro presented the staff report.

It was moved by Supervisor Royce, seconded by Supervisor Hanvelt, and carried by unanimous vote, to approve Certificates of Recognition for the Dodge Ridge Race Team for their 5th straight year of winning the United States Ski and Snowboard Association (USSA) Far West Central Series Season and to Varun Suklikar, Evan Lear and Stash Perry for winning 1st place in their age divisions.

The Board considered adopting a resolution proclaiming April 12-18, 2015 as National Library Week, April 14, 2015 as National Library Workers Day and April 15, 2015 as National Bookmobile Day in Tuolumne County.

Lynn McCormick, Librarian I, presented the staff report and responded to questions.

It was moved by Supervisor Brennan, seconded by Supervisor Rodefer, and carried by unanimous vote, to adopt the following resolution.

Resolution No. 39-15

Proclaiming April 12-18, 2015 as National Library Week, April 14, 2015 as National Library Workers Day and April 15, 2015 as National Bookmobile Day in Tuolumne County.

The Board heard a presentation of a County service award to Deborah Montgomery from the Human Services Agency.

Ann E. Connolly, Human Services Agency Director, presented the staff report and responded to questions.

The Chair presented the County Service Award to Ms. Montgomery.

Ms. Montgomery thanked the Board.

No action was required.

The Board considered adopting a resolution declaring April 5-11, 2015 as Safety Seat Checkup Week

Mr. Pedro presented the staff report and responded to questions.

It was moved by Supervisor Rodefer, seconded by Supervisor Hanvelt, and carried by unanimous vote, to adopt the following resolution.

Resolution No. 40-15
Declaring April 5-11, 2015 as Safety Seat Checkup Week

The Board considered adopting a resolution continuing the Local State of Emergency as required by the California Emergency Services act Article 14 §8630(c).

Tracie Riggs, Deputy County Administrator; and Robert Kostlivy, Director of Environmental Health, presented the staff report.

Peter Kampa, Interim General Manager of Lake Don Pedro Community Service District, addressed the Board and responded to questions.

It was moved by Supervisor Rodefer, seconded by Supervisor Hanvelt, and carried by unanimous vote, to adopt the following Resolution.

Resolution No. 41-15
Continuing the Local State of Emergency as required by the California Emergency Services act Article 14 §8630(c).

The Board considered approving correspondence to the Bureau of Reclamation and the National Marine Fisheries Service supporting a balanced approach to water flows in the Stanislaus River and its resulting impacts to Lake Tulloch.

Daniel Richardson, Deputy County Administrator, presented the staff report and responded to questions.

Susan Larson of Tri Dam addressed the Board.

Discussion ensued.

It was moved by Supervisor Rodefer, seconded by Supervisor Hanvelt, and carried by unanimous vote, to approve correspondence to the Bureau of Reclamation and the National Marine Fisheries Service supporting a balanced approach to water flows in the Stanislaus River and its resulting impacts to Lake Tulloch with noted changes, authorizing the Chair to sign.

The Board considered approving correspondence to the State Water Resources Control Board in support of the Notice of Intent to adopt a Mitigated Negative Declaration for Pacific Gas and Electric Company's Pinecrest Lake level modification project.

Mr. Richardson presented the staff report and responded to questions.

It was moved by Supervisor Rodefer, seconded by Supervisor Royce, and carried by unanimous vote, to approve correspondence to the State Water Resources Control Board in support of the Notice of Intent to adopt a Mitigated Negative Declaration for Pacific Gas and Electric Company's Pinecrest Lake level modification project with noted changes, authorizing the Chair to sign.

The Board recessed at 10:30 a.m. and reconvened at 10:40 a.m.

The Board reconsidered approving correspondence to the Bureau of Reclamation and the National Marine Fisheries Service supporting a balanced approach to water flows in the Stanislaus River and its resulting impacts to Lake Tulloch.

Ms. Larson readdressed the Board.

No additional action was taken.

The Board considered authorizing the release of unencumbered Mental Health Services Act (MHSA) Housing Program Funds in the amount of \$11,792.96 pursuant to Welfare and Institution Code Section 5892.5.

Rita Austin, Director of Behavioral Health, presented the staff report and responded to questions.

It was moved by Supervisor Brennan, seconded by Supervisor Rodefer, and carried by unanimous vote, to approve the release of unencumbered Mental Health Services Act (MHSA) Housing Program Funds in the amount of \$11,792.96 pursuant to Welfare and Institution Code Section 5892.5, authorizing the Behavioral Health Director to sign.

The Board considered amending the 2015 Board of Supervisors Committee, Organizations and Partnerships Handbook to modify the membership of the Board of Supervisors Housing Policy Committee.

Sheila Shanahan, Housing Program Coordinator, presented the staff report and responded to questions.

It was moved by Supervisor Hanvelt, seconded by Supervisor Rodefer, and carried by unanimous vote, to approve the amended 2015 Board of Supervisors Committee, Organizations and Partnerships Handbook to modify the membership of the Board of Supervisors Housing Policy Committee "B".

The Board considered accepting the Workforce Housing Survey summary report.

Ms. Shanahan, presented the staff report and responded to questions.

It was moved by Supervisor Hanvelt, seconded by Supervisor Rodefer, and carried by unanimous vote, to accept the Workforce Housing Survey summary report.

The Board considered adopting a resolution to authorize, and establish requirements and procedures for, the County of Tuolumne to serve as the Lead Agency under the California Environmental Quality Act (CEQA) for projects proposed by non-public entities that have a public benefit to Tuolumne County and for which Tuolumne County has jurisdiction by law pursuant to 15366(b) of the State CEQA Guidelines.

Beverly Shane, Community Resource Agency Director, presented the staff report and responded to questions.

Ms. Drivdahl responded to questions.

It was moved by Supervisor Rodefer, seconded by Supervisor Brennan, and carried by unanimous vote, to adopt the following resolution with noted changes.

Resolution No. 42-15

Authorizing and establishing requirements and procedures for, the County of Tuolumne to serve as the Lead Agency under the California Environmental Quality Act (CEQA) for projects proposed by non-public entities that have a public benefit to Tuolumne County and for which Tuolumne County has jurisdiction by law pursuant to 15366(b) of the State CEQA Guidelines.

The Board considered authorizing the County Counsel to sign onto the County of San Bernardino's request for publication of Save Our Uniquely Rural Community Environment v. County of San Bernardino (E059524).

Ms. Drivdahl presented the staff report and responded to questions.

It was moved by Supervisor Hanvelt, seconded by Supervisor Royce, and carried by unanimous vote, to authorize the County Counsel to sign onto the County of San Bernardino's request for publication of Save Our Uniquely Rural Community Environment v. County of San Bernardino (E059524).

The Board recessed at 11:23 a.m. and reconvened at 11:30 a.m.

The Board heard a presentation on Tuolumne County Child Welfare Services Program.

Ms. Ashton and Sarah Carrillo, County Counsel, presented the staff report and responded to questions.

No action was required.

The Board recessed at 12:16 p.m. and reconvened at 1:30 p.m. with Supervisors Hanvelt and Royce being absent.

The Board held a Public hearing to consider Hoyt, Special Ordinance amending Section 17.06.020 of the Tuolumne County Ordinance Code by establishing the boundaries of zoning districts under the Tuolumne County Uniform Zoning ordinance by rezoning (RZ14-015) 477 square feet from O to R-1:MX and 479 square feet from R-1:MX to O, located at 12960 Sunny Hill Court, Sonora, APN 44-550-02.

Ms. Shane presented the staff report and responded to questions from the Board.

The public hearing was declared open.

No one wished to speak, the public hearing was declared closed.

It was moved by Supervisor Brennan, seconded by Supervisor Rodefer, and carried by 3 -0 vote, with Supervisors Hanvelt and Royce being absent, to approve the zone change to R-1:MX, finding that: A) The proposed Zone Change is consistent with the Tuolumne County General Plan; B) The proposed Zone Change is in accordance with the Tuolumne County Ordinance Code; C) The project site is suited to the uses permitted under the proposed zoning districts; and D) The potential environmental impacts associated with the proposed project have been adequately addressed in previously prepared environmental documents; consequently, no further environmental review is required for the project under the California Environmental Quality Act (CEQA) pursuant to Section 15162 of the State CEQA Guidelines, and adoption of the following Ordinance.

Ordinance No. 3272

A special ordinance amending Section 17.06.020 of the Tuolumne County Ordinance Code by establishing the boundaries of zoning districts under the Tuolumne County Uniform Zoning Ordinance.

The Board held a public hearing to consider adopting a resolution to approve the issuance of tax exempt revenue bonds by the California Statewide Communities Development Authority for the Tuolumne Apartments on behalf of Tuolumne Road Partners, LP, a California limited partnership where Tuolumne-Michaels, LLC is the General Partner, after conducting a public hearing in accordance with the Tax Equity and Fiscal Responsibility Act.

Ms. Shanahan presented the staff report and responded to questions.

The public hearing was declared open.

No one wished to speak, the public hearing was declared closed.

It was moved by Supervisor Rodefer, seconded by Supervisor Brennan, and carried by 3 -0 vote, with Supervisors Hanvelt and Royce being absent, to adopt the following resolution.

Resolution No. 43-15

Approving the issuance of tax exempt revenue bonds by the California Statewide Communities Development Authority for the Tuolumne Apartments on behalf of Tuolumne Road Partners, LP, a California limited partnership where Tuolumne-Michaels, LLC is the General Partner, after conducting a public hearing in accordance with the Tax Equity and Fiscal Responsibility Act.

The Clerk announced that the 1:30 No. 3 matter has been pulled off the Agenda and will be heard at a later date.

The Board considered adopting the Tuolumne County Water Action Plan.

Mr. Pedro presented the staff report and responded to questions.

Supervisor Royce arrived at the dais at 1:44 p.m.

Discussion ensued.

It was moved by Supervisor Rodefer, seconded by Supervisor Royce, and carried by 4 -0 vote, with Supervisor Hanvelt being absent, to adopt the Tuolumne County Water Action Plan.

The Board Members, County Administrator, County Counsel and Chief Deputy Clerk of the Board reported on their respective activities the last few weeks.

The Board recessed at 2:16 p.m. to Closed Session: to hold a Conference with Real Property Negotiators - Price and Terms: (Authority: Government Code Section 54956.8) Negotiators: Craig Pedro, County Administrator, Daniel Richardson, Deputy County Administrator and Gary Wilson related to several parcels located at the Jamestown Mine with APNs 58-200-27, -30 through -35, -560-01 through -03, and 59-080-42.

The Board reconvened at 2:49 p.m, wherein the Chair announced there was nothing to report and adjourned the meeting to the next regularly scheduled meeting on April 21, 2015 at 9:00 a.m.

APPROVED:

John L Gray

John L. Gray, CHAIR

ATTEST:

Alicia L Jamar

Alicia L. Jamar, Chief Deputy
Clerk of the Board of Supervisors

OCTOBER 2015

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Mon	Tue	Wed	Thu	Fri
<p><u>SHOWERS:</u> Monday 12-3 Wednesday 12-3 Thursday 8-3 Friday 12-3</p>	<p><u>LAUNDRY:</u> Tuesday 8-2 ~Laundry and Shower Supplies provided~</p>		<p>1 8-3 Showers 10-12 Art / Game Day 12:15-1:15 Peers Helping Peers 2-3 Trauma Recovery/PTSD</p>	<p>2 9-11 Karaoke/Gardening 10-11 Music Jam 11-12 Red Road 12:30-1:30 Peers Helping Peers</p>
<p>5 9-10 Men and Women 10-10:45 Pride: Safe Sex/ Healthy Choices with Zini 11-12 Seeds of Hope Grief Group 11-12 Dancing Dogs 1-2 Mental Health & Addictions</p>	<p>6 8-2 Laundry 11-2 Movie Day 12:30-1:30 AA 1:45-2:45 Bipolar and Depression</p>	<p>7 9-10 Men and Women 10-10:45 Pride: Karen Meyer 11-12 Fun and Healthy Eating 12:30-2 Working With Emotions</p>	<p>8 8-3 Showers 10-12 Art / Game Day 12:15-1:15 Peers Helping Peers 2-3 Trauma Recovery/PTSD</p>	<p>9 9-11 Karaoke/Gardening 10-11 Music Jam 11-12 Testimonial/Story 12:30-1:30 Peers Helping Peers</p>
<p>12 9-10 Men and Women 10-10:45 Pride: Art~ Mandalas 11-12 Honky Tonk 1-2 Mental Health & Addictions</p>	<p>13 8-2 Laundry 11-2 Movie Day 12:30-1:30 AA 1:45-2:45 Bipolar and Depression</p>	<p>14 9-11:30 Movie Day! What About Bob?  12:30-2 Working with Emotions</p>	<p>15 8-3 Showers 10-12 Art / Game Day 12:15-1:15 Peers Helping Peers 2-3 Trauma Recovery/PTSD</p>	<p>16 9-11 Karaoke/Gardening 10-11 Music Jam 11-12 Red Road 12:30-1:30 Peers Helping Peers</p>
<p>19 9-10 Men and Women 10-10:45 Pride: Calendar and Meditation 11-12 Seeds of Hope Grief Group 11-12 Word Games 1-2 Mental Health & Addictions</p>	<p>20 8-2 Laundry 11-2 Movie Day 12:30-1:30 AA 1:45-2:45 Bipolar and Depression 6:30-8:15 Mother Lode Survi-</p>	<p>21 9-10 Men and Women 10-10:45 Pride: Bipolar And Schizophrenia discussion 11-12 Fun and Healthy Eating 12:30-2 Working With Emotions</p>	<p>22 8-3 Showers 10-12 Art / Game Day 12:15-1:15 Peers Helping Peers 2-3 Trauma Recovery/PTSD 2-3:30 Homeless Community Meeting</p>	<p>23  9-11 Bingo 11-12 Smile Keepers 12:30-1:30 Peers Helping</p>
<p>26 9-10 Men and Women 10-10:45 Pride: Life Skills 11-12 Honky Tonk 1-2 Mental Health & Addictions</p>	<p>27 8-2 Laundry 11-2 Movie Day 12:30-1:30 AA 1:45-2:45 Bipolar and Depression</p>	<p>28 9-10 Men and Women 10-10:45 Pride: Meditation 11-12 History of Halloween 12:30-2 Working With Emotions</p>	<p>29 8-3 Showers 10-12 Art / Game Day 12:15-1:15 Peers Helping Peers 2-3 Trauma Recovery/PTSD</p>	<p>30 9-12 Karaoke/Gardening Party Day!  12:30-1:30 Peers Helping Peers</p>

Changes to be Spread	Spread to Whom	Spread Timeline	Who is Responsible?	Details of How?(Including communication plans)
<p>Initiation of bi-directional release of information to Managed Care Plans, Physicians and support systems at first contact or continuation of treatment to optimize and assure orientation of total health care in recovery.</p>	<p>Behavioral Health consumers- including those receiving MH, dual-diagnosis, SUD</p> <p>Primary Care Physicians</p>	<p>February 2015 for BH and Mathiesen staff training.</p> <p>June 2015 for community partners and PCPs.</p>	<p>Intake and triage staff at BHD, annually BH staff providing ongoing services</p> <p>Medical Records Supervisor to direct and establish procedure for Electronic Records staff to FAX to PCPs and MCPs</p> <p>BH Care Coordinators</p>	<ul style="list-style-type: none"> • Ask about PCP, check for MCP and support systems at intake/triage for all consumers entering systems – (training commenced as of Nov. 2014) to emphasize total health care model and resources • Get Bi-directional ROI and forward copy of ROI to primary care and develop cover letter of notification of shared services. • Provide information/ training related to peer support and self-management skills to peer liaisons to support self-advocacy and use of resources including MCP case management.
<p>Behavioral Health Record Management for Medical Reconciliation and diagnosis updates with BH and PCP, including lab results and medication reconciliation</p>	<p>MH, SUD providers internal to BH.</p> <p>Electronic Medical Records Staff</p> <p>MCPs</p> <p>PCPs</p>	<p>Ongoing – first evaluation of status 6/2014</p>	<p>Established as of 12/2014: Care Coordinators for both SUD and MH for primary point of monitoring</p> <p>PCPs – Implementation of Patient Portals</p>	<ul style="list-style-type: none"> • Establish procedures and protocols to assure timely sharing and updates of medications and/or diagnosis from all provider groups. • Establish mechanism to assure that emergency services are identified and

	Consumers		Consumer: My Health Info wallet card use for personal management of same	<p>shared among care providers.</p> <ul style="list-style-type: none"> Establish a tracking system to identify use of emergency services.
Strengthen health screening and self-identification of comorbid conditions at intake, annual and at change in health to identify need for referral to intensified coordination of care	<p>Target group: Identified persons with barriers in treatment or risk of complex health care compromise, e.g., dual physical and MH/SUD issues.</p> <p>Referral Options from:</p> <p>Consumers</p> <p>Peer Liaisons</p> <p>PCPs</p>	June 2015	<p>Utilization Reviewer, Quality Assurance Manager/IT and clinical management staff to assure current Assessment and tools adequate to identify key qualifiers for care.</p> <p>Staffing at intake and annual assessments accurately screen and document health care issues.</p> <p>Peer liaisons – establish and maintain individual and group services for use of WRAP and My Health Info wallet cards.</p>	<ul style="list-style-type: none"> Review of current assessment and annual processes and implement any necessary changes to assessment document. Re-training of all BH staff to assure comprehensive understanding and communication of integrated self-management and care. Ongoing training modules for peer liaison staff, weekly meetings to support incorporation of total health care into self-management and personal care. Use of PCP Patient Portals
Use of a data-driven population management system to assure identification of persons requiring intensified care coordination is sustained, monitored for population management.	<p>Quality Management Program for BH</p> <p>Care Coordinator</p>	By June 2015	<p>Updated Medication Management Review (Med UR) to include annual baseline lab assurance.</p> <p>Quality Improvement Coordinator for evaluation of identification and</p>	<ul style="list-style-type: none"> Establish quarterly data monitoring to assess success of implementation and usage. Notify MCP of MH Specialty services upon identification of co-occurring conditions to optimize resources (MD,

			<p>appropriate service development with ongoing data for success of identification and assignment.</p> <p>Care Coordinator for development of self-management planning and coordination with care teams.</p>	<p>case management, etc.) and access to care – Care coordinator responsibility.</p> <ul style="list-style-type: none"> For intake, ongoing service or annual assessment activities: Any staff assigned for evaluation and referral for care coordination based on health care indicators utilize referral processes.
<p>Coordination of Care with the Managed Care Plans; Development and maintenance of a referral and consultation model.</p>	<p>BHD in coordination with Anthem Blue Cross and California Health and Wellness</p>	<p>Calif H&W: (First meeting 12/2014 completed) March 2015</p> <p>Anthem: Sept. 2015</p>	<p>Director</p> <p>Clinical Supervisors</p> <p>Care Coordinators: both MH and SUD</p> <p>Quality Management staff</p> <p>Managed Care Plan case managers and supervisors</p>	<ul style="list-style-type: none"> MCP and BH administrative policy development of referral processes and resource management Training of Care Coordinators and establishment of monthly care coordination meeting related to referral Ongoing review of access to care and referral
<p>Building a Plan of Sustainability with Community and Primary Health Care through data management support</p>	<p>County Administration</p> <p>Hospital system</p> <p>MCPs</p> <p>Community Based PCPs</p>	<p>June 2016</p>	<p>Behavioral Health:</p> <p>MHSA and M/C billing staff, Accounting</p> <p>Quality Management Program Staff including: Utilization Reviewer,</p>	<ul style="list-style-type: none"> Assure plan development for funding opportunities and leveraging of resources through data management of outcomes related to psychiatric hospitalizations, population management

			<p>Quality Improvement and Quality Assurance</p> <p>Clinical Supervisory Staff</p> <p>Director and HSA Administration</p> <p>MCPs: Anthem and Calif H&W</p>	<p>evaluation as related to MediCal billing.</p> <ul style="list-style-type: none"> • Develop presentation and outreach to PCPs for standardization of integrated care. • Provide/develop sustainability plan and outcomes success to Board of Supervisors to support necessary staffing and/or resource development.
<p>Enhancement of Peer System for Coordination and Self-Management skills building</p>	<p>Employed persons with lived experience</p> <p>Consumers</p> <p>BH Providers</p> <p>PCPs</p>	<p>Budget adoption 2015/16</p>	<p>MHSA Coordinator</p> <p>Human Resources</p> <p>BH Director and Administration</p>	<ul style="list-style-type: none"> • Establish tier level of peer liaison system (I, II and Senior) within the County Personnel system for permanent benefitted positions and extra hire • Maintain weekly meeting schedule for case planning and support. • Establish long term plan for MHSA Workforce Development and Training for peer providers • Monitor and implement MediCal billing upon establishment and approval of certification. • Educate consumers, MCPs and providers on use and advantages of peer provider system.

NEW/REVISED PROGRAM DESCRIPTION
 Innovation

County: Tuolumne County

Program Number/Name: JNN02 – “Wellness: One Mind. One Body”

Date: August 6, 2015

Complete this form for each new Innovation Program.

TCBH submits the following information as both an update to the existing Innovation Project, identified as above, but also to revise/amend the existing project as follows:

- Assign additional staffing to support transition and clinical needs;
- Assure clear processes to better integrate and maximize appropriate service utilization;
- Quality improvement coordination is needed for support in consultation and tracking (this function had previously been supported through the Learning Collaborative, Phase One) and did not get established at the conclusion of Phase One to assure quality improvement measurements were continued;
- Utilization of the Spread Planner Workplan to best track specific planning efforts, and
- Expand the definition of overall wellness to include oral health.

The requested changes will impact the Innovation Project Budget for FY 2015/2016 and for the duration of the project. Those changes are summarized, below, and are reflected in the attached revised Innovation Project Budget(s):

- Additional Personnel costs:
- A portion of the time spent by the Quality Improvement Coordinator to establish internal and sustainable measures;
- A portion of the time spent by a Senior Behavioral Health Worker.
- Dental/Oral Health Care

The responses to the sections that follow address only the revisions to the initial Innovation Program Description.

1.	Select one of the following purposes that most closely corresponds to the Innovation Program’s learning goal and that will be a key focus of your evaluation. Increase access to underserved groups <u>Increase the quality of services, including better outcomes</u> Promote interagency collaboration Increase access to services There is no change in the selection of purpose as it corresponds to the Innovation Program’s learning goal and key focus of our evaluation.
2.	Describe the reasons that your selected primary purpose is a priority for your county for which there is a need to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system. If your Innovation Program reflects more than one primary purpose in addition to the one you have selected, you may explain how and why each also applies.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

There has been no change in our selected primary purpose as a priority for our county, but what has occurred are some design changes and evaluative approaches in and of the project. With the early results and evaluation of the project as completed to date, the project has been successful in that the department has derived multiple learnings from the project (described later), and began applying those learnings on an ongoing basis.

It has been necessary to assign additional staff to support the infrastructure of the team in transition from the Technical Assistance received during Phase One participation in the Care Collaborative (with CiBHS), as well as to provide for additional clinical needs for initial participants. At the conclusion of Phase One, the peer liaison who had worked on the team resigned employment. What was learned by the loss of that team member is that the support and direction by other peers who have moved further in their recovery is central to teaching self-management and self-care to participants. In addition, the training of other peers in WRAP (Wellness Recovery Action Plan) development and certification of same was also an important part of continued self-care, as well as sustainability of the peer participation on the team.

Assessing whether or not the clients participating in the project were achieving better outcomes is a central part of supporting the primary purpose of the project. The team had relied on the Learning Collaborative (during Phase One) to collect and analyze the health outcome data for participants. Unfortunately, when the training and assistance was concluded, transitioning the collection of data and analysis of data fell to one person in the department. This individual already had a full-time workload, therefore another learning has been that quality improvement coordination (expansion) is needed for support in consultation and tracking of data.

The realization that there was a serious gap in addressing wellness of the whole person came as a result of an unfortunate oral care crisis for a participant. The team realized that it needed to expand the definition of overall wellness to include oral health care for participants. Expanding this definition of overall wellness to also include oral health will require addressing dental hygiene, oral health care education, dental cleaning, repair, etc. The Client Care Coordinator will screen for whether or not enrollees receive regular oral/dental health care, and if not, refer them to dental hygiene services, as well as education on overall health and wellness.

Poor oral health has been linked with systemic illnesses such as coronary heart disease, diabetes or respiratory disease, which may mediate links with mental health (Arigbede, et al, 2012, and Humphrey, et al, 2008). In addition, dental hygiene affects eating and speech, and thus has an impact on social and psychological aspect of life (Mirza, 2001). A recent systematic review and meta-analysis of links between poor oral health and severe mental illness has been conducted by (Kisely et al, 2015). Those findings included:

- Persons with severe mental illness were 2.8 times more likely than those in the control group to have lost all of their teeth;
- People with severe mental illness had higher numbers of decayed, missing or filled teeth;
- People with severe mental illness also had significantly higher surface scores.

The research by Kisely et al raises awareness that people with mental disorders may be particularly vulnerable and at high risk of dental problems and that screening for oral health be included as part of a more thorough assessment of this population.

Adding oral health care to the existing Innovation Project will contribute to the general health, wellness, personal self-esteem and quality of life of TCBH clients who participate in the project. For many persons living with mental illness, oral healthcare may be a low priority when other treatment and health issues must also be addressed. Cost and fear may be barriers to getting the care. Additionally, having a mental illness may lead to deterioration of self-care, and some clients may have no experience or history of engaging in dental care as part of their overall health practice.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

3. Which MHSa definition of an Innovation Program applies to your new program, i.e. how does the Innovation Program
- a) introduce a new mental health practice or approach; **or** b) make a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; **or** c) introduce a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting? How do you expect your Innovation Program to contribute to the development and evaluation of a new or changed practice within the field of mental health?

There has been no change to the selection of MHSa definition of an Innovation Program to apply to the project:

- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community.

With the completion of Phase One of the project, TCBH has entered Phase Two, which has included implementing the initial learnings from the Learning Collaborative, and to sustain the learned processes and to spread the practice as a core principle and value.

TCBH continues with Phase Two of the project as an opportunity to learn if using a coordinated approach to integrating behavioral health, physical health, and adding oral health, will work for the clients served by this rural county. It is intended that clients will achieve not only improved physical and oral health outcomes as a result of the project, but improved self-care as well.

The team is using a project approach called “Spread Planner: Tuolumne County Care”, to track the changes to be spread, to whom the changes should be spread, timeline, person responsible, and how this will occur. This tool has been central to tracking the actual changes and approaches in care, and helping the department adapt and evolve the practice in the community.

Phase One (I) included technical assistance and training through participation in a Care Coordination Collaborative through the California Institute for Behavioral Health Services. At the conclusion of the technical assistance/training portion of the project, the department held a series of meetings (from January 2015 to May 2015) to undertake efforts to sustain the learned processes to date, and to spread the practice as a core principle and value, as well as to continue with the learning process. (*See Attachment Titled “Spread Planner: Tuolumne County Care Coordination Collaborative – Innovation Project”*). The Spread Planner includes initial learnings derived from Phase One.

4. Describe the new or changed mental health approach you will develop, pilot, and evaluate. Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

There have been no changes to our selection of a changed mental health approach we are developing, piloting, and evaluating. We would like to include that as clients have been included and/or enrolled in the project, over time, the Collaborative has been tracking whether or not there have been some improvements in the health outcomes for clients. These outcomes are included in the attached Dashboards (*See CCC Data and Dashboards Attachment*). Initial findings are demonstrating that increased collaboration to integrate physical health and behavioral health care are finding successes in improved outcomes for the clients. With the addition of oral care as part of the overall definition of whole body wellness, we will be assessing whether or not there are improved oral health outcomes through increased collaboration and integration.

We would like to take this opportunity to list multiple learnings identified, thus far, in the coordination of care aspect of the project during Phase Two which have impacted the change in approach:

- Incorporating and institutionalizing integrated discharge planning is an important part of client self-care (both medication management through the PCP and/or natural support network for self-management of symptoms) – discharge planning allows for program sustainability (new enrollees/participants can be added as other clients opt for planned discharge).
- Bi-directional release(s) of information to Managed Care Plans, Physicians and support systems at first contact or continuation of treatment are necessary to optimize and assure orientation of total health care in recovery;
- Behavioral health records management for medical reconciliation and diagnosis updates with Behavioral Health and Primary Care Physician, including lab results and medication reconciliation, requires establishing procedures and protocols to assure timely sharing and updates of medications and/or diagnosis from all provider groups, as well as establishment of mechanism to assure that emergency services are identified and shared among providers.
- Health screening and self-identification of comorbid conditions at intake, annual and at change in health is critical to identifying the need for referral to intensified coordination of care.
- Use of monitoring (through data driven population management system) to assess the success of implementation and usage of those persons identified who require intensified care coordination and the sustainment thereof.
- Coordination of care with Managed Care Plans, as well as development and maintenance of a referral and consultation model is critical to referral processes and resource management.
- Data management and support is vital to both building a plan of sustainability with the community and primary health care.
- Enhancement of the Peer System/Network for coordination and self-management skills building is a vital piece of improving discharge readiness and planning.

4a. If applicable, describe the population to be served, including demographic information relevant to the specific Innovation Program such as age, gender identify, race, ethnicity, sexual orientation, and language used to communicate

There has been no change in the definition of the population to be served.

4b. If applicable, describe the estimated number of clients expected to be served annually

The number of clients served during the project has fluctuated as a result of clients who have dis-enrolled from participating managed care plan(s), as well as individual (positive health/behavioral health self-management) outcome(s) of the client. During Phase Two, the team added the goal of institutionalizing integrated discharge planning. However, the peak number of clients served at one time reached 32.

4c. Describe briefly, with specific examples, how the Innovation Program will reflect and be consistent with all relevant (potentially applicable) Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320. If a General Standard does not apply to your Innovation Program, explain why.

There has been no change in how the program reflects and is consistent with all relevant MHSA General Standards.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

4d. If applicable, describe how you plan to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation funds

Given that we are only in the second year of a four year project, plans for protecting and providing continuity for individuals with serious mental illness who are receiving services from the Innovative Project are still being developed. The Healthcare Access Resource Team (HART) program has been created to potentially sustain this Innovative project. Currently, the team consists of a Psychiatric Technician, a Behavioral Health Worker, and a Community Liaison. One of the important learnings thus far has been that participants need help in navigating both health and oral health care needs as part of their self-management, and as such, the team has already developed a "Health Care Self-Management Resource Map" (*See Attachment*). Training peers with lived experience who are already in recovery to teach participants how to access the broader health system is an important aspect of improvement outcomes for those participants. Understanding what community resources are available, how the community is organized, how to use informal social networks, etc., help a client to organize their own health/oral health care. The core elements we have defined for the health system and the organization of one's health/oral health care include:

- Community Resources
- Ongoing follow-up and support
- Skills instruction
- Collaborative goal setting
- Individualized assessment and care plan
- Continuity of quality clinical care.

This will require clients to have the following activity goals:

- Healthy eating
- Being Active
- Monitoring
- Taking Medication
- Problem solving
- Healthy coping
- Reducing risks

Another aspect of protecting and providing for continuity of participants has included the team's work in the area of readying participants for discharge through planning strategy. As mentioned before, Phase Two of the project

5. Specify the total timeframe of the Innovation program. Provide a brief explanation of how this timeframe will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results and lessons learned. Include a timeline that specifies key milestones for all of the above, including meaningful stakeholder involvement.

There has been no change in the timeframe as explained in our approved submission. We don't believe, at this point in time, we will need to make any adjustment in the Phases as initially outlined.

6. Describe how you plan to measure the results, impact, and lessons learned from your Innovation Program. Specify your intended outcomes, including at least one outcome relevant to the selected primary purpose, and explain how you will measure those outcomes, including specific indicators for each intended outcome. Explain the methods you will use to assess the elements that contributed to outcomes. Explain how the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to relevant existing mental health practices. Describe how stakeholders' perspectives will be included in the evaluation and in communicating results. Explain how your evaluation will be culturally competent.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

There has been no change in reviewing and assessing success at the client level, process/system level, and the community level. There is a slight change/modification to determine success (or lack thereof) for the learning objectives. The project will also help determine whether or not removing the known barriers between the client and getting oral health services results in better oral health outcomes as well as contribute to the client's self-care and their self-esteem. The change to the learning objectives, below, are underlined and bolded:

- Improved **physical** health **and oral health** outcomes because of collaborative approach and coordination of behavioral/physical healthcare/**oral healthcare**
- **Improved self-esteem because of improved oral care –**
- **Improved self-care management as a result of the model of service delivery**

Previously selected pre and post assessment of indicators is modified to **add** the following new **client level** indicator(s):

- **Client has designated oral care service**
- **Pre/post measures of oral care outcomes**

Previously selected Process/System level indicators is modified to **add** the following new indicator:

- **Increased access to oral care services**

Previously selected data collection methods are modified to **add** the following:

- **Dental care checklist**
- **Client self-administered oral care pre and post survey**

7. Describe how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds. Specify how stakeholders will contribute to this decision.

There has been no change to this section.

8. If applicable, provide a list of resources to be leveraged.

There has been no change to this section.

9. Provide an estimated annual and total budget for this Innovation Program, utilizing the following line items. Please include information for each fiscal year or partial fiscal year for the Innovation Program.

- There are changes to the annual budget, which is attached. As outlined earlier, the changes to the budget include the **addition** of the following new expenditures:
- Training costs related to peer support and self-management skills to peer liaisons to support self-advocacy and use of resources;
 - Additional personnel costs;
 - A portion of the time spent by a Senior Behavioral Health Worker;
 - Dental/Oral Health Care Education, Instruction, oral hygiene care, management of iatrogenic dry mouth, and early dental referral.

NEW/REVISED PROGRAM DESCRIPTION

Innovation

NEW ANNUAL PROGRAM BUDGET

NEW ANNUAL PROGRAM BUDGET							
A. EXPENDITURES							
	Type of Expenditure	FY 2015/2016	FY xxxx	FY xxxx	FY xxxx	FY xxxx	Total
1.	Personnel expenditures, including salaries, wages, and benefits	\$191,092					
2.	Operating expenditures						
3.	Non-recurring expenditures, such as cost of equipping new employees with technology necessary to perform MHSAs duties to conduct the Innovation Program						
4.	Contracts (Training Consultant Contracts)						
6.	Other expenditures projected to be incurred on items not listed above and provide a justification for the expenditures in the budget narrative	\$40,000					
	Total Proposed Expenditures	\$231,092					
B. REVENUES							
1.	MHSA Innovation Funds	\$193,520					
2.	Medi-Cal Federal Financial Participation	\$37,572					
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Any other funding (specify)						
	Total Revenues						
	C. TOTAL FUNDING REQUESTED (total amount of MHSA Innovation funds you are requesting that MHSOAC approve)	\$231,092					

D. Budget Narrative

1. Include a brief narrative to explain how the estimated total budget is consistent with the requirements in Section 3920. The narrative should explain costs allocated for evaluation, if this information is not explicit in the budget

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City : Tuolumne County

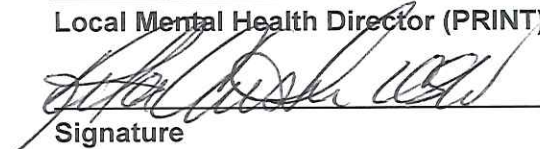
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

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

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

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

Rita Austin, LCSW
Local Mental Health Director (PRINT)

 11/20/15
Signature **Date**

I hereby certify that for the fiscal year ended June 30, 2015, 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 Tuolumne County Behavioral Health Department, 105 Hospital Road, Sonora, CA 95370 | (209) 533-6245 4

dated for the fiscal year ended June 30, 2015. I further certify that for the fiscal year ended June 30, 2015, the State MHSA distributions were recorded as
MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

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

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

Deborah Bautista
County Auditor Controller/City Financial Officer (PRINT)

Deborah Bautista 11-24-15
Signature **Date**

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

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Tuolumne

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

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

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 11/17/15

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

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

Rita Austin, LCSW
 Local Mental Health Director (PRINT)


 Signature Date