WELLNESS · RECOVERY · RESILIENCE

TUOLUMNE COUNTY
BEHAVIORAL HEALTH DEPARTMENT

MENTAL HEALTH SERVICES ACT (MHSA):
THREE YEAR PROGRAM & EXPENDITURE PLAN
FY 2020-2023

Including:

FY 2021–2022 Annual Update
FY 2019–2020 Annual PEI Report
FY 2019–2020 Annual Innovations Report

Draft Posted for Public Review & Comment Period:
November 1-30, 2021

Public Hearing:
Wednesday, December 1, 2021

Board of Supervisors Approval:
Tuesday, December 7 , 2021

North Fork of the Tuolumne River from the West Side Railroad Trail, Tuolumne, California

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Tuolumne

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

Local Mental Health Director	Program Lead
Name: Rebecca Espino, Acting Director Telephone Number: 209-533-6245 E-mail: behavioralhealth@tuolumne.ca.gov	Name: Lindsey Lujan, Acting MHSA Programs Coordinator Telephone Number: 209-533-6245 E-mail: behavioralhealth@tuoumnecounty.ca.gov Subject line: Attn MHSA Programs Coordinator
Local Mental Health Mailing Address: Tuolumne County Behavioral Health Department 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 December 7, 2021

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.

Rebecca Espino
Acting Director of Behavioral Health (PRINT)

Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City : Tuolumne County

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

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: Rebecca Espino, Acting Director	Name: Deborah Bautista
Telephone Number: (209) 533-6245	Telephone Number: (209) 533-5551
E-Mail: behavioralhealth@tuolumne.ca.gov	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.

Rebecca Espino
Acting Director of Behavioral Health (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 CERTIFICATION[1]

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

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

Deborah Bautista

County Auditor Controller/City Financial Officer (PRINT)

_____

Signature **Date**

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

Introduction:

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

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

What is a Three-Year Plan?

The intent of Tuolumne County Behavioral Health's (TCBH) MHSA Three-Year Program and Expenditure Plan FY 2020 through 2023 (Three-Year Plan) is to provide stakeholders and community members with information and outcomes for all MHSA activities. In accordance with Welfare & Institutions Code, Section 5847; the MHSA Three-Year Program and Expenditure Plan shall address each component: Community Services and Supports (CSS), Innovation (INN), Prevention and Early Intervention (PEI), Workforce/Education & Training (WET) and Capital Facilities & Technological Needs (CFTN). Also in accordance with MHSA regulations, County Mental Health Departments are required to submit a program and expenditure plan update on an annual basis, founded on the estimates provided by the state and in accordance with established stakeholder engagement and planning requirements.

TCBH's initial deadline to submit it's 2020-2023 Three-Year Plan was June 20, 2020. Due to the COVID-19 pandemic, the California Department of Health Care Services (DHCS) extended flexibilities to counties, one of which was to extend the deadline for submittal of the Three-Year Plan to June 30, 2021 for those counties who requested it. Because TCBH's focus was on changes being made throughout its behavioral health system to continue to provide services during the pandemic, TCBH assessed that it needed more time to write the Three-Year Plan and submitted a request to DHCS for an extension of the deadline; the request was approved. Until the Three-Year Plan is approved, the 2019-2020 Annual Update remained in effect.

TCBH's 2021-2022 Annual Update is also due to DHCS on June 30, 2021 and any information that would have been included in the 2021-2022 Annual Update is included in this Three-Year Plan. Any program changes for the future will be addressed in the 2022-2023 Annual Update Community Program Planning Process which is planned to begin once this Three-Year Plan is completed.

County Demographics

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

Per the 2019 US Census, Tuolumne County has a population of 54,478. Demographics for Tuolumne County have shifted only slightly from 2016 to 2019. Tuolumne County is predominately Caucasian representing 80% of its population. The second highest reported ethnicity for Tuolumne is Hispanic at 13%. Tuolumne County has a large older adult population with 27% of the population being 65 or older; the state of California is at 15% for this age group as seen in the table below.

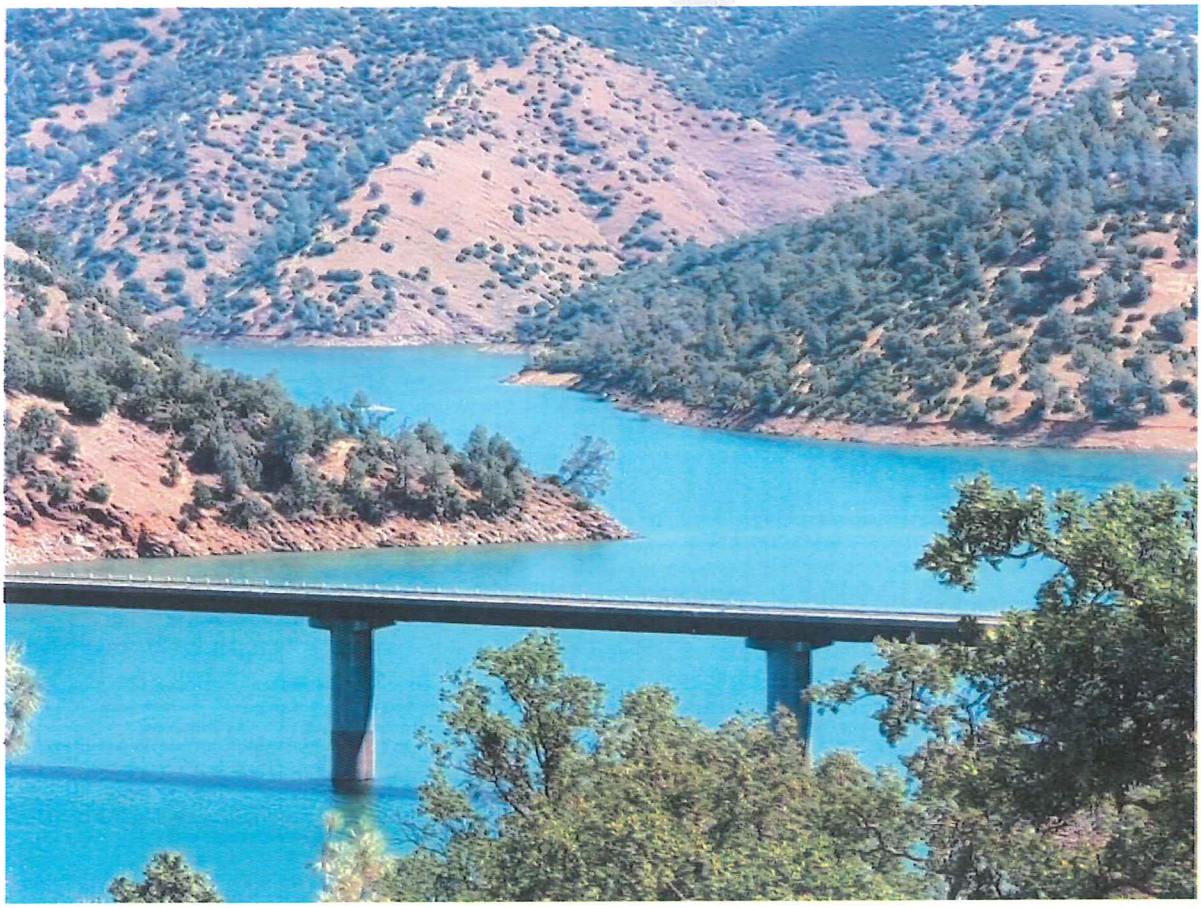
	Tuolumne County July 2016	Tuolumne County July 2018	Tuolumne County July 2019	California July 2016	California July 2018	California July 2019
White	80.4%	79.8%	79.7%	37.7%	36.8%	36.5%
Hispanic	12.2%	12.7%	12.7%	38.9%	39.3%	39.4%
Two or more Races	3.5%	3.6%	3.6%	3.8%	3.9%	4.0%
Black	2.1%	2.0%	2.0%	6.5%	6.5%	6.5%
American Indian	2.2%	2.3%	2.3%	1.7%	1.6%	1.6%
Asian	1.3%	1.4%	1.5%	14.8%	15.3%	15.5%
Pacific Islander	0.2%	0.3%	0.3%	0.5%	0.5%	0.5%
Over 65 Years Old	24.7%	26.2%	27.0%	13.6%	14.3%	14.8%

Live Below Poverty Line	14.5%	12.5%	12.5%	14.3%	12.8%	12.8%
Per Capita Income	$27,054	$31.570	$33,685	$30,318	$31,750	$35,021

Source: July 1, 2019 Tuolumne County and California QuickFacts from US Census Bureau

County Challenges

- Tuolumne County is federally designated as a Mental Health Professional Shortage Area (MHPSA). MHPSA's are noted to have a shortage of clinical psychologists, clinical social workers, psychiatric nurse specialists, marriage and family therapists, and/or psychiatrists.
- The rural location and culture increases potential for stigma and delays in seeking mental health services.
- 27% of the population is aged 65 and older.
- Factors that adversely affect low income residents living in Tuolumne County include lack of affordable housing, food insecurity, and limited availability of affordable medical and dental services.

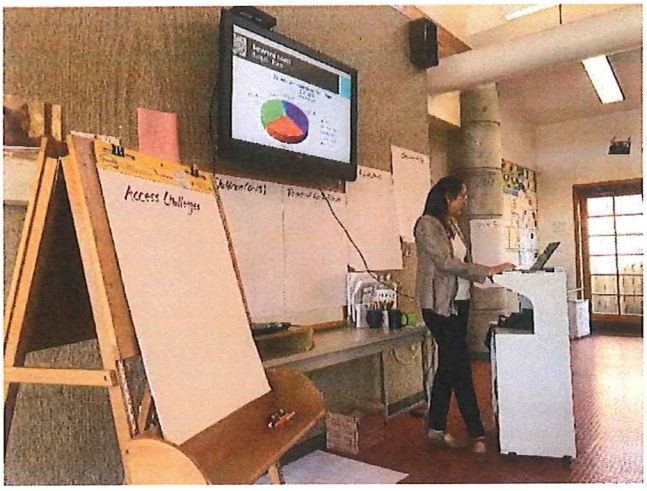


Lake Don Pedro

Community Program Planning Process (CPPP)

The Community Program Planning Process (CPPP) is the Mental Health Services Act (MHSA) mandate for the involvement of the public in identifying local funding priorities and ensures that a meaningful stakeholder process guides the planning of the programs under the MHSA components. This is an ongoing inclusive stakeholder process involving consumers, families, caregivers and partner agencies to identify community issues related to mental illness resulting from gaps in community services and support, and stigma and discrimination. The CPPP assesses the current needs, defines the populations to be served, and determines the strategies for providing effective services. From this process the MHSA Three-Year Plan is developed.

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



2020 Stakeholder Meeting at the Enrichment Center, Sonora, California

The stakeholder process for the 2020-2023 MHSA Three-Year Plan (Plan) included in-person stakeholder meetings, an initial community stakeholder survey, and a follow-up community stakeholder survey. Two in-person community stakeholder meetings were held at the Enrichment Center in Sonora, California on February 20, 2020 at 9am and 2pm with a total of thirty-seven (37) attendees. Many local community organizations were represented.

Adventist Health Sonora

CELEBRATING 40 YEARS ATCAA

FIRST 5 TUOLUMNE COUNTY

CHP SONORA AREA

Lantern of Light

On March 4, 2020, another stakeholder meeting was held during the regular PRIDE (Peer Recovery, Independence, Determination, and Empowerment) group hours with 21 PRIDE members attending out of a total of 26 attendees. The PRIDE group includes current and former TCBH clients, homeless individuals and those with lived experience of behavioral health issues. Their input into MHSA programming has always been extremely valuable.

The MHSA Programs Coordinator also invited input from the YES Partnership members at their regular meeting on February 13, 2020 with 23 attendees, from local law enforcement leadership on February 25, 2020, and from members of the Cultural Community Collaborative at their regular meeting on March 12, 2020.

Each in-person meeting began with an indepth 45-minute presentation on TCBH, the origins of the Mental Health Services Act, budgets, program components, and program outcomes from FY 18/19. Information was gathered from participants to learn about their experiences with the current mental health system, record recommendations for improvement, and to acknowledge feedback and suggestions to address unmet needs.

In late summer and fall of 2020, stakeholders were informed that the COVID-19 pandemic would delay the completion of the Plan and of TCBH's intention to submit a request to the California Department of Health Care Services (DHCS) for a one-year extension of its deadline to submit the Plan under new State guidelines allowing this flexibility. The request was approved by DHCS and the current Board-approved 19/20 MHSA Annual Update would remain in effect until this Three-Year Plan was completed.

Input from In-Person Stakehold Meetings

During the in-person stakeholder meetings in 2020, the TCBHD gained valuable feedback from its audience of nearly 60 who participated. Their suggestions and ideas along with results of the stakeholder survey are used to identify priorities for improving the quality of TCBHD programs and services.

After the presentation on TCBHD and the Mental Health Services Act, attendees were asked to participate in a series of questions regarding behavioral health services provided by TCBHD and those provided by the broader community.

The questions posed were: 1) What are the challenges to accessing mental health services in the county and barriers clients face?; 2) What populations should TCBH continue to focus on?; 3) What is working well?; 4) What is not working well?; 5) What population(s) is TCBH not serving, but should?; 6) What types of programs are needed?; and 7) Are there any other concerns?

Most mentioned current challenges and barriers to accessing mental health services in the county:

- Lack of affordable/low-income housing
- Lack of local residential treatment/services
- Lack of providers and their availability

Most mentioned populations TCBH should continue focusing on:

- Veterans
- Collaborative courts
- Post-partum mental wellness
- Homeless
- Whole person care, families and youth, and all cultures

Most mentioned as working well:

- Affordable SUD services
- Prevention and early intervention services
- Active outreach to the homeless via the SB82 Mobile Triage Unit
- The Enrichment Center – The staff cares about clients at the EC; the Smile Keepers dental hygiene program, peer support
- Full-Service Partnership
- Providing mental health services at schools

Most mentioned as not working well:

- Mentoring/one-on-one
- Youth programs
- Active outreach to the homeless; need work and/or training to get out of homelessness
- Literacy
- Developmentally disabled
- Lack of affordable housing
- Isolation/being alone
- Pregnancy/in utero
- Silos between organizations
- Lack of providers/not enough clinicians
- Timeliness
- Communication issues/cultural differences
- Inadequate pay

- Not being heard by provider/not only one way to do something regarding treatment or therapy
- TCBHD All-Staff meetings interrupt PRIDE (Peer Recovery Independence Determination Empowerment) Group on the third Wednesday of each month at the Enrichment Center (*PRIDE is held 9 a.m. to noon. Monday, Wednesday and Friday).*

What populations are we not serving that we should be?

The most mentioned population that we are not serving but should be is teens. Community members said that TCBHD has a lack of teen programs and needs placement for teenage fosters or a place for youth to go in the afternoon. It was suggested by many during these in-person stakeholder meetings, that the Enrichment Center should be used for the youth in the afternoon as our adult program ends at 3 p.m.

Other noted populations that stakeholders thought needed to be served are:

- We have recreation centers but no mental health or living skills
- Pregnant/post-partum
- Children
- Senior programs
- Faith-based community
- Provider with the same faith
- Trauma-informed therapists for children/need for trauma-informed training

What type of programs needed?

- Post-partum mental health
- Services for single parents/parents with infants 3 and older
- Serving population within the "gap"
- Too much income for Medi-Cal services
- Developmentally disabled
- Severe mental health population needing mental health services
- More empathetic therapists

What other concerns do you have regarding mental health?

- Existing programs: suicide prevention, Latino and Native American
- Isolation due to lack of transportation as well as living in a rural area
- Jail/mental health
- Affordable SUD treatment
- Increased communication between agencies and community providers – "Who does what?"
- Competitive wages to help retain mental health professionals in the county system
- Preventing turnover rates with mental health providers
- Clients prefer a live person rather than tele-psych or prefer a better psychiatrist in general.

- Clients and community members who attend the Enrichment Center's PRIDE Group would prefer that this group be held on more days than the current schedule, which is 9 a.m. to noon. Monday, Wednesday and Friday.
- Adding more support groups, peer support, and activities (such as a barbecue, field trips to Humane Society, and getting haircuts, etc.) to the Enrichment Center
- Additional training for law enforcement to help them understand the homeless population

Specific needs mentioned surrounding various age populations included:

- Older Adults (60+)
    1. Grace Fund at Tuolumne County Senior Center
    2. Sparrow at Catholic Charities
    3. Food for seniors/additional funding for Meals on Wheels
- Adults (25-59)
    1. Support for parents to support kids
- Transitional Age Youth (16-24)
    1. Teen programs – girls' and boys' programs in Sonora like the Sonora Youth Center
    2. Foster Youth Mentoring Program
- Children (0-15)
    1. The need for counselors at schools was the most mentioned.
    2. Foster Youth Mentoring Program
    3. Continue existing programs.

Stakeholder Surveys

Two surveys collected stakeholder feedback to inform the 2020-2023 Three-Year Plan. Feedback was invited from stakeholders, partners and community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs. The goal was to collect ideas, suggestions and feedback so as to hear the mental health needs of the diverse populations within the community in order to create relevant programs. The initial 2020 community stakeholder survey was created and distributed to stakeholders via an e-mail marketing campaign as well as made available via paper to encourage stakeholders to make their voices heard. The survey opened on February 3, 2020 and was available online and in printed format through March 16, 2020. One hundred sixty-five (165) surveys were received with responses from various stakeholder groups, ages, and representations. Sixty-five percent (65%) of respondents indicated that this was the first time participating in an MHSA Community Survey; 27% of respondents had participated in an MHSA Community Survey before, and 8% did not know.

It was decided that a follow-up survey to the 2020 community survey was needed as the initial survey had taken place prior to the onset of the COVD-19 pandemic and other key events that rocked the nation. The follow-up survey opened on January 20, 2021 and was available online, and in printed format, through February 7, 2021. Hard copies were made available at Tuolumne County Behavioral Health (TCBH) and the Enrichment Center (EC). Lambert Center, the EC's sister center, has been closed since February 2020 so hard copies that would typically be collected to represent the homeless population were not available this year. Seventy (70) individuals completed the follow-up survey with

49% (34 individuals) having participated in the initial 2020 survey, 36% (25 individuals) responding that they did not participate in the initial 2020 survey, and 14.5% (10 individuals) responding that they did not know if they participated.

A copy of both community surveys are attached, reference Appendixes A and B.

This chart shows the wide variety of participation throughout the community on the two surveys. Note that participants could identify as belonging to multiple categories:

Answer Options	Response % 2020 Survey 162 Responses	Response % 2021 Followup Survey 67 Responses
Mental health client/consumer	21.6%	10.5%
Family member of a mental health client/consumer	24.7%	21.0%
County mental health department staff	13.6%	25.4%
Substance abuse service provider	2.5%	4.5%
Private Mental Health Therapist	3.1%	4.5%
Community based organization	34.6%	29.9%
Children & family services	14.8%	6.0%
Education provider	10.5%	9.0%
Law enforcement (including Jail and Probation)	1.9%	7.5%
Veteran services	1.9%	0%
Hospital / Health care provider	6.8%	4.9%
Senior Services	13.6%	4.9%
Faith based provider	11.7%	4.9%
Student	4.3%	1.5%
Advocate	23.5%	26.9%
Prefer Not to Answer	13.0%	7.5%

These charts demonstrate the age and race of survey respondents:

What is your age?

Answer Options	Responses 2020 Survey	Responses 2021 Followup Survey	Totals From Two Surveys	Percent
Under 16	0	0	0	0%
16-17	0	0	0	0%
18-24	*	*	*	2.74%
25-34	20	*	26	11.87%
35-44	27	*	35	15.98%
45-54	31	14	45	20.55%

55-64	39	21	60	27.40%
65-74	26	13	39	17.81%
75-84	*	0	*	2.74%
85 or over	*	0	*	0.91%
Totals	155	64	219	100%

*If less than 11, the number is not reported

What is your race?

Answer Options	Responses 2020 Survey	Responses 2021 Followup Survey	Totals From Two Surveys	Percent
American Indian or Alaska Native	*	*	*	1.79%
Asian	*	*	*	0.90%
Black or African American	0	0	0	0%
Native Hawaiian or other Pacific Islander	0	*	*	0.45%
White	126	52	178	79.82%
More than one race	12	*	19	8.52%
Prefer not to answer	17	*	19	8.52%
Totals	159	64	223	100%

*If less than 11, the number is not reported

What is your ethnicity?

Answer Options	Responses 2020 Survey	Responses 2021 Followup Survey	Totals From Two Surveys	Percent
Non-Hispanic or Non-Latino				
African	*	0	*	0.86%
Asian Indian/South Asian	0	0	0	0%
Cambodian	0	0	0	0%
Chinese	*	*	*	1.72%
Eastern European	*	*	13	11.21%
European	36	24	60	51.72%
Filipino	0	0	0	0%
Japanese	0	0	0	0%
Korean	0	0	0	0%
Middle Eastern	0	0	0	0%
Vietnamese	0	0	0	0%
Prefer not to answer	15	*	21	18.10%
Hispanic or Latino				
Caribbean	0	0	0	0%
Central American	0	0	0	0%
Mexican/Mexican-American/Chicano	*	*	*	4.31%
Puerto Rican	*	0	*	0.86%
South American	*	0	*	0.86%
Prefer not to answer	*	*	12	10.34%
Totals	72	44	116	99.98%

*If less than 11, the number is not reported

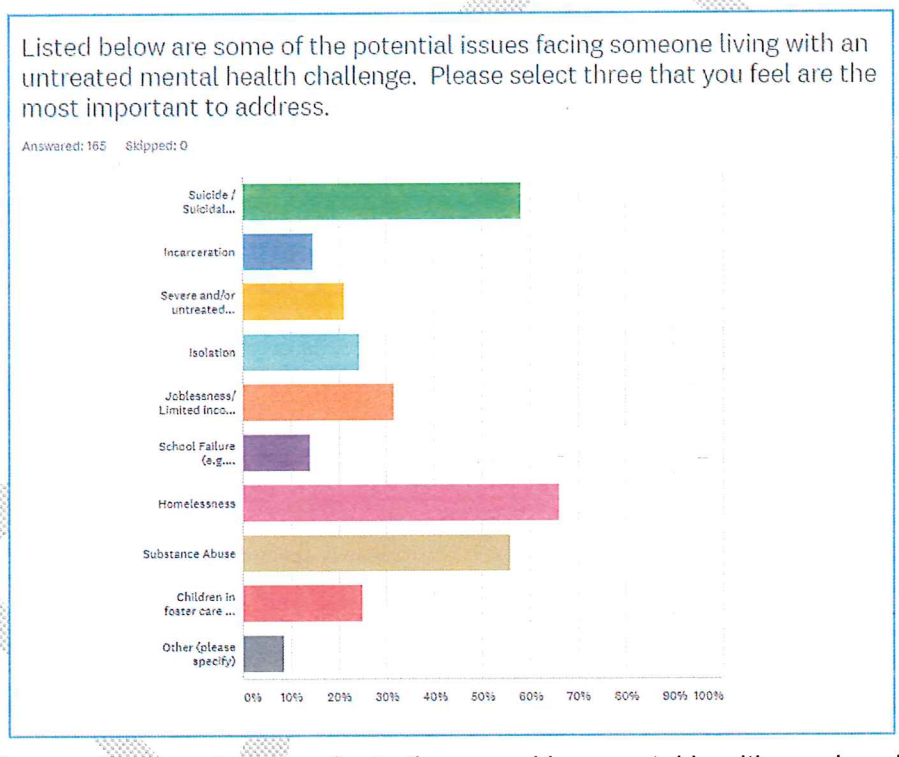
With 21.5% of survey respondents identifying as 65 or older; 80% as white, 16% as Latino/Hispanic, 1.8% as American Indian or Alaska Native, 0.9% Asian, and 8.5% as more than one race; this demographic information generally mirrors the population of Tuolumne County, as shown in the most recent census data (See page 8).

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

Responders of the 2020 stakeholder survey indicated the following:

- Top issues to address for those living with untreated mental illness include:

    1. Homelessness
    2. Suicide/suicidal thoughts
    3. Substance abuse



- Top challenges that may be a barrier to those seeking mental health services in the county include:

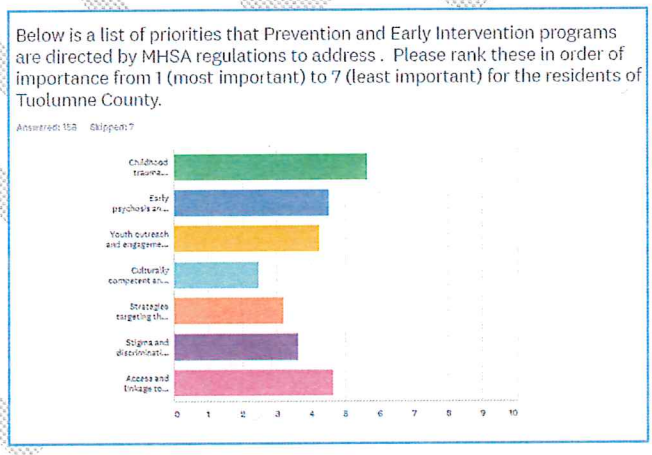
    1. Substance use
    2. Transportation
    3. Lack of resources

ANSWER CHOICES		RESPONSES	
Transportation		46.67%	77
Stigma		25.45%	42
Lack of resources		41.82%	69
Denial of Mental Illness		26.67%	44
Language barriers		2.42%	4
Lack of Insurance		16.97%	28
Lack of trust and/or confidence		32.73%	54
Lack of Information		19.39%	32
Lack of communication by schools regarding at-risk students		10.30%	17
Primary Care Providers awareness of or embracing the importance of mental health		17.58%	29
Lack of parental/family support		19.39%	32
Substance use		48.48%	80
Other (please specify)	Responses	9.09%	15

Total Respondents: 165

- Top four Prevention and Early Intervention priorities:

1. Childhood trauma prevention and early intervention
2. Access and linkage to treatment
3. Early psychosis and mood disorder detection/intervention and suicide prevention programming
4. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs

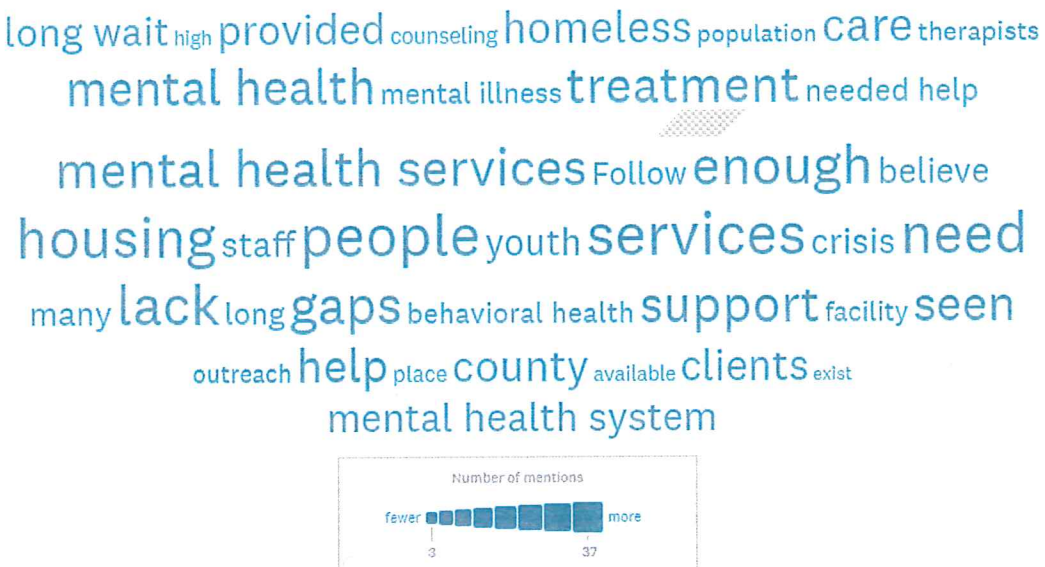


- Top three unserved/underserved populations that have the greatest need for mental health prevention and early intervention programs and services in the county:

1. Homeless
2. Transition Aged Youth (TAY, 16-24 years)
3. Veterans

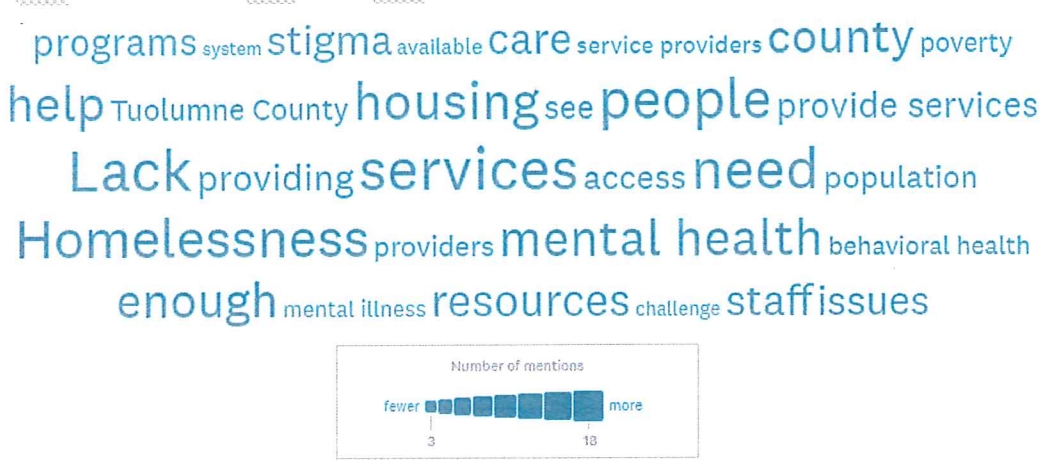
- Most mentioned gaps in the mental health system in the county:

1. Access to care (timeliness)
2. Mental health staffing
3. Lack of insurance
4. Housing
5. Awareness of services
6. Lack of services



- Most mentioned challenges to mental health and wellness in the county:

1. Staffing (recruitment, retention, low wages)
2. Homelessness
3. Access to care
4. Substance abuse



- Survey respondents would like to see:

1. More prevention and early intervention services and programs for youth
2. Childhood trauma informed training
3. Drug and addiction education (including substances and gambling)

- Top three mentioned areas for an Innovation project:

1. Programs to address youth and families including school-based mental health services
2. Programs to address homelessness, housing, and job training for the homeless
3. Self-care programs

Respondents of the 2021 Follow Up Community Survey indicated the following:

- 80% of respondents indicated that it was very important for behavioral health services and programs in the County to address the behavioral health impacts of the Covid-19 pandemic and only 11.6% felt that this was being addressed.
- 59% of respondents indicated that it was very important to address the behavioral health impacts of racial injustice and only 2.9% of respondents felt that this was being addressed.
- The top ideas for youth prevention and early intervention services and programs include:
    1. Childhood trauma-informed training for staff at all schools
    2. Resiliency programs for youth
    3. Mental health professional and services embedded at schools
    4. More prevention and early intervention programs at all schools
- Of the four services for the homesless that were suggested, respondents indicated that shelters and services for homeless youth was the most important.
- Of the eleven other ideas or concerns that were mentioned in the first survey, respondents indicated that the following were most important:
    1. A 24/7 Crises Assessment and Intervention Program (CAIP)
    2. More wrap around support to assist those with mental illness deal with basic living necessities (shelter, food, transportation) and social services
    3. Programs and services to address domestic violence, sexual assault, and human trafficking prevention and intervention
    4. Lack of mental health providers and availability of services

Highlights of feedback given in the focus groups:

- There are more diverse populations coming to this County, but do not see them accessing services at TCBH or the Enrichment Center. Perhaps more outreach is needed.
- Having consistent behavioral health staffing at the Lambert Center, rather than just volunteers or intermittent SB82 program staff, would help build trust and link homeless individuals to needed behavioral health services.
- In the focus group with law enforcement leadership, they noted that 45% of the calls in the previous 24-hour day had mental health, substance use, and homelessness needs and were unable to find resources for most of them that occurred after hours. During business hours law enforcement is able to link individuals with the Enrichment Center, Lambert Center, churches,

and other community resource, but after hours is more challenging. Participants in the group remarked that support from TCBH's mobile triage (SB82 program) staff has been effective and that more staffing in a program like this or the Crisis Assessment and Intervention Program (CAIP), with more walk-in hours into the evenings and early mornings, would be valuable to help those who do not meet criteria for the hospital emergency room, 5150, or jail.

Summary

Throughout the CPPP, nearly 300 stakeholders voiced their opinions through community surveys, in-person meetings, focus groups and interviews. The feedback consistently identified the high importance of children, TAY and foster youth programs that are needed in Tuolumne County. Although the Enrichment Center has been mentioned as a valuable resource and support for TCBH clients and the community, stakeholders noted that the use of the wellness center could be expanded to serve the above at-risk populations. Our stakeholders expressed their deep concerns surrounding accessing mental health services in a rural area such as Tuolumne County. Some issues, such as timeliness, were directly associated with TCBHD services, noting an area where the the county needs to make specific changes and improvements. Many of the challenges that were most mentioned during the stakeholder meetings were not specific to TCBHD, but due to living in a rural area with limited resources similar to what other rural counties face. Those challenges include location, transportation, stigma, and lack of affordable housing, shelter, jobs, providers and services. Despite living a rural location, stakeholders voice that TCBHD is doing several things well such as early intervention, access to Smile Keepers, and active outreach to the homeless population via the SB82 Mobile Triage Unit. Stakeholders were very forthright in offering their feedback to help improve TCBHD's services and supports.

30-Day Review Process:

A draft of the 2020-2023 MHSA Three-Year Program and Expenditure Plan was made available for public review and comment for 30 days from November 1, 2021 through November 30, 2021. The Notice of 30-Day Public Comment Period is shown on page 60.

Interested persons could provide written comments during this public comment period as directed on the public comment form located on page 61. Written comments and/or questions were to be addressed to:

Tuolumne County Behavioral Health
Attn: MHSA Programs Coordinator
2 South Green St Sonora, CA 95370

Email: behavioralhealth@tuolumnecounty.ca.gov
and note in subject line: *Attn MHSA Programs Coordinator*

Circulation Methods

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

- The Union Democrat
- MyMotherLode.com
- Electronic Mail Notification to TCBH newsletter subscribers
- Tuolumne County Network of Care Website and Behavioral Health Website
- Facebook pages for Tuolumne County Behavioral Health

Informational flyers have been circulated and printed copies of the MHSA Three-Year Program & Expenditure Plan FY 2020 through FY 2023 have been made available to stakeholders for review 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, 4th Floor, Sonora
- The David Lambert Center, 347 W. Jackson St, Sonora
- Tuolumne County Enrichment Center, 101 Hospital Rd, Sonora
- Tuolumne County Public Health Department, 20075 Cedar Rd North, Sonora
- Tuolumne County Library Sonora Branch, 480 Greenley Rd, Sonora
- Tuolumne County Library Groveland Branch, 18990 Highway 120
- Tuolumne County Library Twain Harte Branch, 18701 Tiffeni Drive #1F, Twain Harte
- Tuolumne County Library Tuolumne City Branch, 18636 Main St, Tuolumne

Public Hearing

As per WIC Section 5848, the Tuolumne County Mental Health Advisory Board conducted a Public Hearing at the close of the 30-day comment period for the purpose of receiving further public comment on the 2020-2023 MHSA Three-Year Program and Expenditure Plan (Plan). The Public Hearing was scheduled for Wednesday, December 1, 2021 and public notice was made with the date, time, and location of the Public Hearing at least ten (10) days in advance. Input from the public comment period and public hearing have been added to this report.

Review and Approval by the Board of Supervisors

As required by WIC Section 5847, the final plan and budget was reviewed for approval by the Tuolumne County Board of Supervisors on Tuesday, December 7, 2021.

PROGRESS REPORT BY COMPONENT:

Welfare and Institutions Code Section 5848 states that Counties shall report on the achievement of performance outcomes related to MHSA components, including Community Services and Supports (CSS), Prevention and Early Intervention (PEI), Innovation (INN), and one-time funds including Permanent Supportive Housing, Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CF/TN). Any changes to these components due to performance or funding should also be reflected in this report. Per Welfare and Institutions Code Section 5847, Counties shall also report on those served, and submit a budget that represents unspent funds from the current fiscal year and projected expenditures for the next fiscal year. As this is a Three-Year Plan, projected expenditures are included for Fiscal Years 2020/21 through FY 2022/23.

Also included in this report is an informational update on the Senate Bill 82 Mental Health Triage program. SB 82 is a separate MHSA grant with specific requirements, outcomes and objectives.

Chewing Gum Lake in Emigrant Wilderness

Community Services & Support (CSS)

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

General System Development (GSD)

GSD funds are intended to help counties improve programs, services and supports for all clients and families, to change their service delivery systems, and to build transformational programs and services.

The following are ongoing activities within the Tuolumne County GSD program:

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

Peer Support Services

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

The Enrichment Center

The Enrichment Center (EC) is a peer-run recovery and wellness center that encourages activities while promoting emotional, social and physical wellness. A key goal of the Enrichment Center, which is open to community members 18 years of age and older, is to provide recovery and wellness supports to those who are living with a mental illness, recovering from drug and/or alcohol addiction, experiencing homelessness and those released from incarceration.

The Peer Specialist staff and volunteers offer numerous support groups, individual peer support, activities and events that will most benefit those working on their recovery. The EC is a safe and comfortable place for socialization, as well as access to food (Healthy Eating), clothing, phone, computers, printers, community resource referrals, weekly trips to Interfaith Community Social Services and the Red Church, dental hygiene access (Smile Keepers), and daily laundry and shower facilities.

The center's operating hours as of February 1, 2019 were:

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

In February 2020, the EC's operating hours were shifted to 8 am to 3 pm, Monday through Friday to provide consistency for community members. Hours are always subject to change.

Due to the COVID-19 pandemic, in late March 2020 the EC shut down all of its peer support services and offered only the use of laundry and shower facilities to community members between the hours of 8am to 3pm. In October 2020, the EC began to open its doors to offer more support services, but due to the surge in COVID-19 cases locally, the EC was shut down after two weeks. Laundry and shower services continued to be offered.

During the pandemic, Enrichment Center staff explored and learned methods of delivering peer support services virtually via video and telephone. Video support was challenging as many of the individuals who attended EC programs did not have access to technology, lacked skills to manage the technology, or were not interested; these efforts ended in March 2021. Peer support via telephone has been the most popular medium for consumers and peer support staff continue to reach out to those who have requested support in this manner.

The EC followed the County Public Health Officer's COVID-19 guidelines as the County moved into the less restrictive tiers. The EC re-opened for drop-ins in mid-April 2021 starting with a limited numbers of community members during the morning hours. As of July 1, 2021, the EC began expanding its adult program with an unlimited capacity to include support groups, social and recreational activities, and community resources again. TCBHD has had difficulty in recruiting Peer Specialist staff and EC drop-in days and hours have fluctuated in Fall of 2021 based on staff availability. As staffing permits, Peer Specialists continue to offer weekly phone support to those clients who have not been back to the center since the pandemic began.

The EC also acted as an "unofficial cooling center" for Tuolumne County for two days in June 2021 when temperatures reached more than 105 degrees. Additional emergency supplies such as water and food were provided by the Red Cross and the Lambert Center for staff to distribute to community members during this time.

Reference the five Enrichment Center calendars, Appendix C, for examples of support groups and activities prior to the pandemic and during the pandemic.

FY 19/20 Cost Per Visit: The Enrichment Center was visited 2,121 times by 583 unduplicated individuals at a cost of $155 per visit. Note that the EC was closed 3-1/2 months during this fiscal year due to the pandemic.

The David Lambert Community Drop-In Center

The David Lambert Community Drop-In Center (Lambert Center) has been open to community members, 18 years of age and older, since 1999. The center is focused on providing supports to individuals who are homeless, unemployed, or otherwise unable to meet their basic needs. Guests have access to computers and printers, as well as food, clothing and basic necessities, and the center offers a safe place for community members to relax, watch television, and socialize. Volunteer staff provide referrals to Behavioral Health and other community resources.

In late March 2020, the Lambert Center closed temporarily due to the COVID-19 pandemic. It re-opened in mid-June 2021 to community members. The Lambert Center also stepped in as an "unofficial cooling center" for Tuolumne County for four days (Thursday through Sunday) in June 2021 when temperatures reached more than 105 degrees. Lambert Center distributed food and water to community members during this time.

FY 19/20 Cost Per Visit: The David Lambert Center was visited 3,316 times by 463 unduplicated individuals for an average cost of $15 per visit. Note that the Lambert Center was closed 3-1/2 months during this fiscal year due to the pandemic

Outreach and Engagement (O&E)

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

- *Benefits & Resources:*

  A Benefits and Resources Specialist is available on site in the Tuolumne County Enrichment Center to assist individuals, who are current or potential TCBH clients, in the application process for public benefits such as Supplemental Security Income (SSI)/Social Security Disability Income (SSDI), Housing Choice Vouchers, Medi-Cal, and CalFresh food supports. The SSI/SSDI Outreach, Access, and Recovery (SOAR) model is used to increase access to benefits. Connections and linkage to affordable housing, behavioral health services, and other resources are also provided. In addition to working one-on-one with individuals, the Benefits Specialist is engaged with community agencies such as Amador Tuolumne Community Action Agency (ATCAA), Stanislaus Housing Authority, and Interfaith.

  The Benefits and Resources Specialist continued to assist individuals during the COVID-19 pandemic shifting from in-person services to primarily virtual services. They plan to meet with individuals in-person as the County moves into the less restrictive tiers for COVID-19 guidance.

  FY 19/20 Cost Per Person: The Benefits & Resources Specialist provided 1,116 direct benefits assistance services to 146 unduplicated individuals for an approximate annual cost per person of $666.

- *Oral Health & Education:*

  Smile Keepers provides information and treatments regarding oral health hygiene, such as education, dental screenings and cleanings. The program utilizes relationships and trust built with their patients over time, to provide much needed oral health supports. The program provides a warm hand-off to Enrichment Center staff to support those who may be experiencing anxiety, PTSD, and other immediate mental health challenges. During the fiscal year, Smile Keepers staff provided sixty-three (63) individuals with referrals to TCBH, primary care, and/or dental providers for services.

  In FY19/20 the Smile Keepers program held 17 clinic days with group education events prior to some of these. Seventy-two (72) unduplicated individuals met one-on-one with Smile Keepers staff with 44 of these receiving basic dental services and the rest receiving consultation and/or dental education. There were a total of 262 encounters with individuals for all services including dental education and dental screenings and cleaning. In the group educational events, community members learned about topics including proper hydration, cause and effect of dry mouth, and how certain medications can contribute to oral health issues.

  Due to the COVID-19 pandemic there were no clinic days during the fourth quarter when the Enrichment Center was closed; during this period Smile Keepers staff reached out to 26 patients via telephone to check on dental care and any information or referrals needed.

  For FY 19/20, Sonora Area Foundation granted the program additional funding which would have allowed the program to operate 9 of the approximately 27 planned clinic days during the fiscal year. Due to the pandemic they were only able to offer 17 of these.

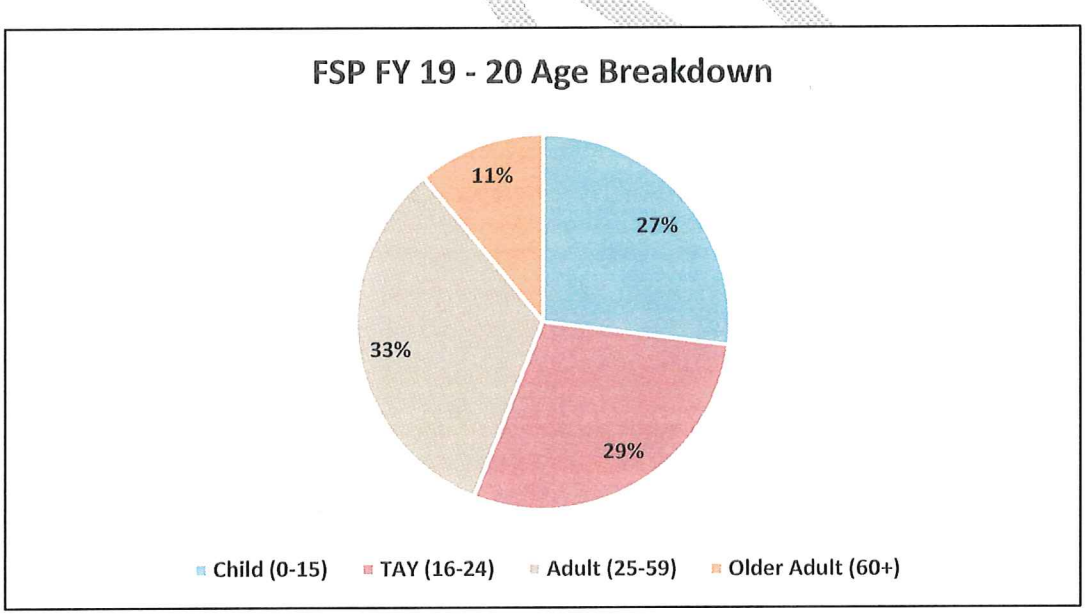
- *Mobile Shower Services*

  In 2019 Give Someone a Chance began offering weekly to bi-monthly shower services to community members in their mobile shower unit at the David Lambert Center. In 2019, total of 163 showers were taken by members of the community who also had access to the resources at the Lambert Center. In 2020, regular weekly shower services were set to begin in April, but due to the pandemic the Lambert Center was closed to the public at the end of March 2020 as were shower services. Due to a shortage of volunteers to staff the mobile shower unit, shower services have not yet started up again.

Full Service Partnership (FSP)

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

TCBH serves FSP clients in all age groups, the breakdown for FY 19/20 is as follows:



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

Over the last year FSP has taken an active effort in ensuring there are fewer barriers to services within the program. Referrals for the program are closely monitored and reviewed. As a result of this close monitoring, a new process has been put in place to increase timely access to services. If a referral for a client comes through and they are not currently enrolled in services at TCBH, a FSP clinician will schedule a rapid intake for the client within five days. This ensures that clients that need the high-level

services that FSP offers are seen in a timely manner. In addition, clinicians began launching into the field to complete assessments. This ensures that transportation or other issues related to physically getting to TCBH would not be a barrier to services. This is reflective of the "whatever it takes" support that FSP provides to its clients.

In FY 19/20 a total of sixty referrals were made to the FSP program as compared to FY 18/19 there were forty-one. This increase in referrals has also allowed for FSP to serve a larger age demographic. In FY 18/19 only 10% of the clients enrolled in FSP were ages 0-15 as compared to FY 19/20 the population size was 27%. In FY 18/19, 20% of the clients enrolled were ages 16-24 and in FY 19/20 it was 29%. FSP enrolled less than thirty clients under the age of twenty-five in FY 18/19 and were able to enroll over fifty clients in this age group by FY 19/20. This has expanded services for youth within the FSP program which was a goal established in the last report. As a result, there are now youth dedicated case managers and a dedicated clinician within the FSP team.

As more referrals come into the program utilizing the established outcomes remain essential to FSP. In the past there were challenges in the ability to comprehensively collect meaningful data around the designated outcomes tool, the LOCUS (Level of Care Utilization System). The LOCUS provides a system for the assessment of service needs for adult clients, based on measurements in seven domains: Stress, Risk, Functional, Co-Morbidity, Support, Treatment History, and Engagement.

These issues have since been resolved through ongoing monitoring and a dedicated administrative staff. The LOCUS has become an essential part of the referral review process. Each new referral comes with a completed LOCUS to understand current levels of functioning. These outcomes are then completed quarterly for all FSP clients to monitoring ongoing individual client progress in each domain.

The LOCUS score is an ongoing tool utilized on an individual basis for clients, but there are additional outcomes used to evaluate program results. The chart below demonstrates FSP client's utilization of crisis services.

Numbers for crisis utilization within the FSP program has remained relatively stable over the last two fiscal years with just under 50% of those enrolled utilizing crisis services. This is a positive outcome for FSP considering that COVID impacted fiscal year 2019-2020. COVID lockdown began in March 2020 and as an immediate response FSP launched support services to all clients. The FSP team remained in close contact and rolled out services as necessary to clients to ensure stability and ongoing support throughout the lockdown. As a result of these efforts crisis services did not rise above the previous fiscal years. This is all due to the support systems that were put in place for some of the most high-needs clients in the Tuolumne County Behavioral Health System.

FSP Crisis Counts by Fiscal Year		
	FY 18/19	FY 19/20
Duplicated Crisis Events	119	106
Unduplicated Client Counts	38	39
% of FSP Population that received a Crisis Service	48%	49%

As COVID was a large part of the fiscal year 2019-2020 the FSP program strategized on how best to respond to client needs. As a result of collaboration and focus on client care the FSP increased services to clients to help support them through the beginning of COVID. This is seen in the increase of services offered during this time. In 2019 from March to June the average number of services a client received in FSP during this time was forty (40). In 2020 from March to June this average number of services increased to forty-six (46). Though six extra services do not seem like a lot in averages, in actuality it is almost five-hundred (500) more services rendered to all enrollees across the FSP program in just a four-month span.

Cost Per Client: In FY19/20 a total of 80 unduplicated individuals received services through FSP. The estimated annual cost per client for the FY 2019/2020 year is $8,834.

In FY's 20/21 and 21/22, TCBH estimates that it can serve a total of one hundred (100) FSP clients over each fiscal year with a current caseload at any given time of no more than sixty (60). Capacity is established through ongoing quarterly network adequacy reports. For FY's 20/21 and 21/22, the estimated number of clients served is highest in the adult age group (26-59) at thirty-five (35) individuals, followed by thirty (30) transitional age youth (16-25), twenty (20) children (0-15), and fifteen (15) older adults (60+). The goal for the FSP program for FY 21/22 is to increase capacity to serve the older adult population while reducing the number of those served in the child (0-15) population. TCBHD hopes to reach this goal by providing children Therapeutic Behavioral Services rather than FSP services thereby increasing the FSP program's capacity to serve older adults.

Crisis Services

TCBH provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP). CAIP staff consists of a specialized team of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services. Services provided include:

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

TCBH currently provides crisis services as follows:

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

FY 19/20 Cost Per Person: The CAIP unit served 1,125 unduplicated individuals for an average cost of $373 per client. 42% more clients were served than the prior fiscal year most likely due to the COVID-19 pandemic.

Innovation

The last TCBHD Innovation Project titled "Wellness: One Mind, One Body" was completed on June 30, 2017. TCBHD had been collaborating on an Innovation project proposal with the Tuolumne County Superintendent of Schools (TCSOS) to address student and family mental health, but TCSOS is now able to fund this project with a State grant. There is no Annual Innovation Report for fiscal years 19/20 and 20/21. Input for a new Innovation project will be solicited at future community stakeholder meetings.

Workforce Education and Training (WET)

Workforce staffing support is a required element of the WET component and is focused on tracking mental health workforce trends, identifying training needs locally and assisting staff with work-related and training goals. Trainings provided are wellness and recovery oriented, with a concentration on strength-based and best practice models. The courses offered integrate the philosophy of a client/family-driven mental health system and foster cultural humility and community collaboration.

TCBHD is an approved Continuing Education (CE) provider for the Board of Behavioral Sciences (BBS) through the California Association of Marriage and Family Therapists (CAMFT), the Board of Registered Nurses (BRN), and the California Consortium of Addiction Programs and Professionals (CCAPP). As such, TCBH may offer CE's to staff and community members for qualifying trainings.This benefit provides licensed and license-eligible staff a means to meet continuing education requirements at no or low cost and contributes to staff retention. As an approved CE provider, TCBH may partner with other counties, county departments, or community agencies such as the Amador Tuolumne Community Action Agency (ATCAA) to provide educational opportunities. TCBH charges a nominal fee to community members for CE's to help recuperate some cost related to WET expenditures. TCBHD was recently granted the right to use the CAMFT CE Provider seal in recognition of its adherence to CAMFT's high standards for protocol and documentation.

Some of the trainings offered in FY's 19/20 and 20/21 include Law and Ethics for Heathcare Providers, 5150 & Crisis Evaluation, Tuolumne Me-Wuk Indian Culture, Applied Suicide Intervention Skills Training (ASIST), Implicit Bias and Cultural Awareness, and Cognitive Behavioral Therapy.

The Tri-County Cultural Collaborative (TCCC) formed sometime prior to 2019, its purpose being for the Ethnic Service Managers/Coordinators of Amador, Calaveras, and Tuolumne counties and associated staff to dialogue about cultural and diversity issues unique to these three rural counties. The California DHCS later remarked on the uniqueness of this collaborative as "the first of its kind in California." The TCCC collaborated to bring renowned speaker, Dr. Bryant Marks, as a presenter for an "Implicit Bias" training on December 2, 2019 for staff in all three counties as well as for community members as space permitted. Stepanie Beaver, a local Native American educator, was also invited to speak on Cultural Awareness. Three hundred and seventeen (317) individuals, both staff from the three counties and staff

from community organizations, attended the training held at the Black Oak Casino Resort Conference Room. Frank Canizales, Tuolumne Me-Wuk Social Services Director and Tribal Council Elder, had arranged for the use of the venue pro bono. TCBHD's Ethnic Services Coordinator/WET Coordinator arranged for CE credits for the sixty-five licensed healthcare professionals that attended. The training was impactful and has continued to elicit dialogue amongst TCBHD staff about implicit cultural biases. In 2021,TCBHD invited staff to keep learning in the areas of racial and social equity in healthcare with recorded webinars featuring diverse speakers on the topic.

The COVID-19 pandemic presented challenges to in-person trainings beginning in March 2020 on into 2021. Out of necessity, electronic training platforms replaced many in-person trainings. Both the 2021 all-day Privacy, Law, and Ethics training and 2-day Cognitive Behavioral Therapy training were conducted virtually. Although many staff began to experience 'Zoom fatigue,' virtual platforms provided more accessibility to trainings (lower cost, less transportation time, no lodging or meal expenses) and staff were able to attend from their office or home.

TCBHD can be considered a 'teaching facility' as many post-graduate license-eligible clinical staff gain hours towards licensure while working at TCBH while receiving clinical supervision funded by the WET program and ongoing training. As well, TCBH offers placements for students in Master's behavioral health programs for them to be able to gain real-world experience in the field of community behavioral health. In FY's 19/20 and 20/21, TCBH had approximately ten (10) paid license-eligble clinical staff and four (4) volunteer graduate students. Clinical supervision continues to be provided by the Roving Supervisor that was hired after the funding from the last Central WET Regional Partnership ended in late 2018 and is funded by TCBH's WET funds. Providing clinical supervision is a key benefit to recruit new staff and to follow the "grow your own" model of workforce sustainability; this will continue to be funded by WET for FY's 21/22 and 22/23.

TCBHD also collaborates with the Columbia College/Modesto Nursing College to provide a venue, the Enrichment Center, in which the nursing students can gain experience working with those experiencing mental health issues and/or homelessness. The students offer community members support in the area of physical health care. TCBH has had an average of ten (10) student nurses on their mental health rotation each spring and fall semester since 2014, excluding the period that the Enrichment Center has been closed to drop-in services due to the COVID-19 pendemic.

TCBHD is participating in RI International's Peer Certification Training, funded by a State grant, in anticipation of certified peer staff being able to provide mental health services claimable to Medi-Cal. In the future, there may be costs associated with providing continuing education to certified peer staff.

In FY 20/21 the following funds are being allocated:

- $28,937 Clinical supervision

In FY 21/22, the following funds are being allocated:

- $40,000 Clinical supervision
- $10,000 Trainings
- $25,712 WET Regional Partnership (see below)

In FY 22/23, the following funds are being allocated:

- $40,000 Clinical supervision
- $10,000 Trainings

2020-2025 State MHSA Workforce Education and Training

The Office of Statewide Health Planning and Development (OSHPD) spearheads statewide WET efforts funded by MHSA and administered by five (5) regional partnerships made up of counties who choose to participate. Participating counties can leverage county MHSA funds to tap into additional State WET funds. TCBHD has chosen to participate in the Central Regional Partnership with a total contribution of $25,712 over the five (5) years which allows TCBHD to tap into approximately $78,000 in State WET funds, a total of approximately $103,712 which will support the following programs:

- Pipeline Development: *Introduces the Public Mental Health System (PMHS) to kindergarten through 12th grades, community colleges, and universities. These programs incorporate developmentally appropriate concepts of mental health needs, self-care, and de-stigmatization and target resources at educational institutions with underrepresented communities.* With funding from the last OSHPD 5-Year Plan, TCBHD developed the Pathways Project which introduced mental health concepts and the PMHS to 3rd grade and 7th to 9th grade students. The hope is that some of these students will choose careers in the public mental health system.

- Loan Repayment Program: *Provides educational loan repayment assistance to PMHS professionals that are serving in hard-to-fill and hard-to-retain positions, giving consideration to applicants who previously received scholarships and/or stipends.*

- Retention Activities: *Increase the continued employment of hard-to-find and hard-to retain PMHS personnel, by developing and enhancing evidence-based and community-identified practices.* TCBHD and all rural and urban areas are seeing a drop in their workforce numbers, especially clinical staff. These funds will be used for strategies to promote staff retention.

Capital Facilities and Technological Needs (CFTN):

In FY 19/20, there were no MHSA expenditures for CFTN. Funds for computers were budgeted in the 19/20 Annual Update in the amount of $24,272, but all computer expenses were paid for through other funding. The following will be budgeted in this Three-Year Program and Expenditure Plan:

In FY 20/21 there are no allocations for CFTN.

In FY 21/22, the following funds are being allocated:

- $27,500 Computers
- $283,423 New Electronic Medical Record System (EMRS)

In FY 22/23, the following funds are being allocated:

- $50,000 Cabrini House deck replacement
- $27,500 Computers
- $358,851 New Electronic Medical Record System (EMRS) system

Funds in the amount of $60,635 were budgeted in FY 18/19 for an upgrade to TCBHD's electronic medical record system to come into compliance with federal privacy regulations, but the current system does not have the capacity to be upgraded and an entirely new EMRS is needed. Funds are being allocated for a new EMRS that meets compliance standards.

Funds for replacement of the deck at Cabrini house were budgeted in the FY 18/19 MHSA Annual Update in the amount of $34,214, but the project has not yet been started. Due to the recent rise in cost of materials the budgeted amount will be increased to $50,000 for FY 22/23.

Permanent Supportive Housing

TCBHD has two houses: 1) Cabrini house - a five-bedroom five-bath ranch house for women and 2) Washington house - a home for men split to have three-bedrooms and two bathrooms on each floor. Both homes are close to a town and bus stops for utilizing public transit. One of the homes is walking distance to the TCBHD where tenants may access behavioral health services and other resources. These homes are meant to house persons living with severe and persistent mental illness; some may have lived homeless for years or have just been released from a higher level of care. Both houses typically remain at full capacity throughout the year.

At entrance into the housing program, tenants most likely are receiving supportive services which may include therapy, medication services, case management, and transportation services as needed. They may be part of TCBH's Full-Service Partnership program which provides intensive case management and promotes independent living skills. As a community member, tenants may also receive support at the Enrichment Center, a peer-run recovery center offering support groups and peer-led activities. Permanent supportive housing provides a safe and supported environment in which an individual can begin to thrive.

TCBHD housing and benefits staff have been working diligently to get all supportive housing tenants approved for a Housing Choice Voucher through Stanislaus Housing Authority. This will give tenants the option to apply for affordable housing in the community if they choose to move on from TCBHD's supportive housing program.

State-Funded MHSA Programs

Funding for the following program is not included in the TCBH MHSA budget attached to this Three-Year as it is State MHSA grant-funded with the funding ending in December 2021.

Mobile Triage Response (SB82)

The Mental Health Wellness Act of 2013, SB82, provided $461,370.50 in grant funding to TCBH for the mobile triage response program to divert individuals in mental health crisis from going to the hospital emergency department to outpatient services and provide brief case management and outreach to at-risk youth and adults such as homeless persons. In FY 19/20, $90,417 in expenditures was allocated to the Mobile Triage Response program. The program is staffed by one Behavioral Health Worker and two part-time Peer Specialists who assist local law enforcement by providing immediate in-person field responses to individuals experiencing a mental health crisis and follow-up case management as appropriate. The staff also outreach to homeless individuals for potential referral to resources and/or to TCBH for treatment or services. The program focuses on teens and young adults aged 16-25 years of age, but also serves any adult over the age of 25.

In FY 19/20, the Mobile Triage Response program served 187 unduplicated individuals.Since this a field-based program, staff were able to serve a similar number of clients and provide almost the same quantity of services as the previous fiscal year despite the pandemic. Each unduplicated individual was served by the program an average of six (6) times for a total of 1,166 total services and $78 per service. SB82 funding ends in December 2021.

Prevention and Early Intervention (PEI)

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

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

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

5. Strategies targeting the mental health needs of older adults.

The State also requires that TCBH have at least one strategy or program for each of the following: 1) Outreach for Increasing Recognition of Early Signs of Mental Illness; and 2) Access and Linkage to Treatment. TCBH's suicide prevention and stigma reduction program through the Amador Tuolumne Community Action Agency (ATCAAI) addresses the first requirement and is described further in this section. Eight (8) of TCBH's PEI programs address access and linkage to treatment; access and linkage data will be reported in TCBH's FY 2019-20 Annual PEI Report (Appendix E).

The State requires that at least 51% of PEI funds be dedicated to programs supporting individuals aged twenty-five and younger. In FY 19/20, 47% of TCBHD's PEI funds were expended on programs supporting this age bracket.

It is important to note that during the 2019-20 fiscal year the major event that impacted all PEI programs and service delivery was the COVID-19 pandemic beginning in March 2020 and continuing through the end of the fiscal year and beyond. In-person PEI program delivery ground to a halt while programs assessed risk to staff and consumers, researched and evaluated other means of service delivery, and called on the creativity of their staff to create new programming that could be delivered via video, phone, or via social media platforms.

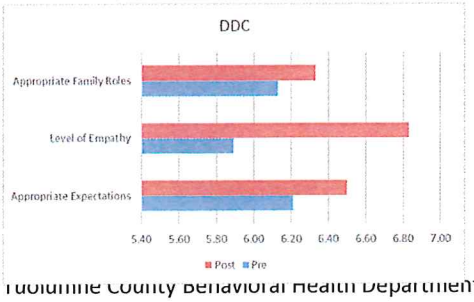
The following is an overview of PEI program outcomes for fiscal year 19/20. The majority of these programs will continue through fiscal years 20/21 and 21/22. More detailed information can be found in The Annual Prevention and Early Intervention Report FY 2019/2020 (Appendix E).

PEI Program Number 1 – *Nurturing Parenting Education*

Nurturing Parenting is a priority intervention, universal prevention program that is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. This program is implemented by a team led by contract provider, Infant/Child Enrichment Services (ICES) through a program called, "*Raising Healthy Families*". Nurturing Parenting classes are designed to help parents in stressed families including those with a history of substance use disorder, child abuse and/or neglect, domestic violence and social isolation.

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

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



Parents take a pre-test and are provided with their scores in order for them to see where they are showing strengths, as well as areas for improvement.

19/20 Highlights

- 155 parents and caregivers participated in the workshops and/or year-round classes
- 30 families received crisis therapeutic home-visiting services

FY 19/20 Cost Per Person: The program served 155 unduplicated individuals and 30 families. The estimated cost for this program is $412 per individual or family served. This program is 75% Prevention and 25% Early Intervention.

PEI Program Number 2 – *Supporting Early Education and Development*

In a contract with First 5 Tuolumene County program, The Supporting Early Education and Development (SEED) program, promotes the social and emotional development of pre-school children ages 0 through 5. This Early Intervention program utilizes an Early Childhood Education (ECE) specialist to provide on-site training, consultation and materials to preschools in the community.

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

19/20 Highlights

- 19 early childhood educators at 7 school sites received SEED consulation to support early childhood development
- 4 family childcare providers were provided services in their homes
- 1 child was the focus of targeted consultation with the teacher and parent

FY 19/20 Cost Per Person: TCBH MHSA PEI funds account for 10% of the overall SEED program funding stream. The program served 24 unduplicated individuals not including the estimated 100 children in the classroom who benefitted. This PEI contract is 100% Early Intervention with an annual cost of $904 per person.

PEI Program Number 3 – *Early Childhood Education Family Support Aides*

FY 19/20 was the third complete year of the collaboration to strengthen and expand programs in the community by maximizing prevention funds between TCBH and Tuolumne County Child Welfare Services (CWS). The goal is to combine together to provide resources, education, services and supports to a shared population.

The AmeriCorps Family Support Aides (FSA) utilize their lived experienced along with the evidence-based, Nurturing Parenting curriculum, to provide one-on-one sessions that are tailored to the specific needs of each parent. The FSA will work to help parents to develop social connections, to build relationships with other parents, families and community members, and to increase parent self-sufficiency.

19/20 Highlights:

- 38 parents/caregivers received parenting education
- 23 of the parents/caregivers received 8 hours or more of parenting education

FY 19/20 Cost Per Person: The program served 38 unduplicated individuals; the cost for this program is $743 per person. The program is 75% Prevention and 25% Early Intervention.

PEI Program Number 4 – *School-Based Resiliency Services*

The Center for a Non-Violent Community (CNVC) provides education, information, and interactive learning opportunities to students and staff in local area schools aimed at increasing resiliency and protective factors, and reducing school-based violence. Throughout the years, a successful model has been implemented to teach students respect, empowerment, and choice. Resiliency Workshops are presented on topics such as bullying prevention, kindness and empathy, and sexual harassment.

Highlights

- 25 resiliency workshops were implemented at 5 schools to a total of 640 unduplicated 3rd– 8th graders, topics included Kindness & Empathy, Coping Skills/Feelings & Needs, and Bullying and Sexual Harassment Prevention
- 1 six-session Resilience for Youth (R4Y) Pilot Program was planned for 6th-8th grade students at 1 school; 1 of 6 sessions was held before COVID-19 pandemic closed the school; 149 students attended
- 4 Resiliency for Youth (R4Y) Awareness Workshops for Adults were provided to 51 adults including members of the Tuolumne Resilience Coalition, teachers, school administrators, and school Board of Trustee members
- 8 onsite resiliency coaching sessions were provided at one elementary school working with 4 classified staff on organized games at recess
- 3 Girls Circles were facilitated for 28 girls at 3 middle schools; two of the groups met for all 8 sessions and 1 group met for 7 of the 8 sessions
- 2 Boys Councils were facilitated for 22 boys at 1 middle school; they were able to meet for 4 of the 10 planned sessions
- 8 young adult mentors participated in the Young Adult Mentoring Program and co-facilitated 8 of the resiliency workshops as well as co-facilitating the Kindness Chain activity at CNVC's International Women's Day Luncheon with over 200 adult attendees
- Spearheaded a marketing campaign to increase resiliency and protective factors

FY 19/20 Cost Per Person: Approximately 3,469 students, parents, teachers, and community members attended workshops for an annual cost of $11 per person. This program is 100% Prevention.

Due to challenges with contractor staffing and budget, this program will not be offered in FY 2021-22.

PEI Program Number 5 – *Suicide Prevention and Stigma Reduction*

The Amador Tuolumne Community Action Agency (ATCAA) provides the Suicide Prevention services for TCBH. The goal of the program is to provide a variety of community-wide trainings, education and information to open dialogue and raise awareness about risk factors, protective factors and warning signs of suicide as well as how to recognize that a person may be dealing with a mental health problem or crisis. Through trainings, meetings and community involvement, ATCAA continues to work toward ensuring that Tuolumne County is a suicide safer community, that community members can recognize

the signs of someone experiencing a mental health issue, and to reduce the stigma associated with having a mental health issue.

19/20 Highlights

- Two (2) 2-day ASIST II (Applied Suicide Intervention Skills Training) Workshops offered; 24 individuals completed the training; 100% of participants indicated that they would do a suicide intervention if someone told them they were having thoughts of suicide, feel prepared to help a person at-risk of suicide, and feel confident they can help a person at risk of suicide
- Three 3-hour safeTALK trainings offered; a total of 64 people were trained; 100% of participants felt well prepared or mostly prepared to talk directly and openly to a person about their thoughts of suicide.
- One (1) 8-hour Youth Mental Health First Aid (YMHFA) training was offered; 35 individuals were trained; 100% of the training participants agreed or strongly agreed that they can recognize the signs that a young person may be dealing with a mental health challenge or crisis, that they will reach out to a young person who may be dealing with a mental health challenge, that they will assist a young person who may be dealing with a mental health problem or crisis seek professional help, and that they will assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports
- Three (3) 1-hour Introduction to Suicide Prevention/esuicideTALK Trainings were offered; 86 individuals completed the trainings; 100% of the attendees understand the importance of suicide alertness and the four steps (Tell, Ask, Listen, Keep Safe) to help someone who has thoughts of suicide by referring them to a keep safe connection for assistance
- Provided leadership and administrative support in the planning and coordination of the first Hope and Honor Walk for suicide prevention and awareness on September 21, 2019

FY 19/20 Cost Per Person: 209 people received training, attended a presentation or event, or received information about the program resulting in a cost per person of $428. This program is 100% Prevention.

This program also acts as TCBH's strategy within a program for outreach for increasing recognition of early signs of mental illness. The number of potential responders is two hundred and nine (209), the number of individuals that received training during the fiscal year. The setting(s) in which potential responders are engaged and types of potential responders engaged in each setting include:

- Adventist Health Primary Health Care (23)
  - Nurses and Medical Staff
  - Hospital Administrators
- California Highway Patrol (1)
  - CHP Officer
- Columbia College (11)
  - School Administrators
  - Educators
- Community Members (37)
- County Behavioral Health (8)
  - Administrative Analyst
  - Behavioral Health Workers
  - Behavioral Health Clinician at Juvenile Detention Facility
  - MHSA Coordinator
  - Peer Specialists from drop-in wellness & recovery center
  - Social Workers

- County Staff Other (1)
- County Child Welfare (1)
  - Community Health Worker
- County Victim Witness program (2)
  - Administrative Assistant
- Mother Lode Job Training (2)
- K-12 School Personnel (121)
  - School Administrators
  - Educators
- Sierra Senor Providers (1)
- Tuolumne Band of Me Wuk Indians (1)

PEI Program Number 6 – *Older Adult Wellness Program*

TCBH has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of the program is to engage individuals, aged 60 or older, that are isolated, lonely, unserved or underserved. Trained volunteers utilize engagement strategies such as in-home visits to provide socialization, counseling, resources, and referrals.

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

19/20 Highlights

- 27 individuals received counseling, socialization, and depression intervention services; a total of 287 sessions
  - 100% of the individuals who completed counseling and the post test reported a reduction in symptoms as measured by the Geriatric Depression Scale and/or the Geriatric Anxiety Schedule
- 1 counseling trainee/associate (MFT) was recruited to co-facilitate groups and to provide individual counseling
- 2 different agencies referred seniors in need including: Adventist Health Sonora and Area 12 on Aging; the program received self-referrals from individuals who learned about the program from NAMI and the local newspaper
- Made referrals to 17 different community programs/agencies
- 2 program presentations to one elder community reached 16 residents; 100% of attendees expressed that content was relevant and helpful to empower them to improve their quality of life
- 8 individuals were provided with brief phone counseling on coping strategies for dealing with COVID-19 restriction
- 14 open support group meetings were conducted with 7 unique individuals attending; 94% of attendees surveys indicated overall satisfaction with the support group.
- Program clinician attended monthly networking meetings, placed notices in local paper, and made program material available at a local health fair, senior living facilities, mobile home parks in the community, and reached out to community partners during the pandemic to inform them that the program was offering telemedicine

FY 19/20 Cost Per Person: A total of 58 people received supports, training, or outreach material for an annual cost of $1,216 per person. This program is 100% Prevention.

PEI Program Number 7 – *Promotores de Salud (Promoters of Health)*

TCBH contracts with the Amador Tuolumne Community Action Agency (ATCAA) to provide prevention and early intervention services to the Latino community in Tuolumne County. The program consists of two Promotores de Salud (Promoters of Health) who provide mental health education, outreach, and support. The Promotores are from the Latino community themselves and have succeeded in building relationships and trust with their peers. They focus on breaking down barriers to accessing services, such as transportation, culture, language, stigma, and mistrust of behavioral health services.

19/20 Highlights

- 18 information presentations on mental health and Promotores de Salud reaching over 177 community members
- 64 members of the Latinx-American community were provided services by the Promotores
- 51 Latina Support Group contacts
- 12 rides to access services
- 15 translation assistance services
- 112 direct services (in-home or group support)
- 15 requests for assistance from other agencies, schools, or counselors
- 24 instances where Promotores participated in other agency events
- 10 referrals to Behavioral Health or other related services

FY 19/20 Cost Per Person: Approximately 431 community members received services or education, resulting in an annual cost of $63 per person. This program is designated as 70% Early Intervention and 30% Prevention.

PEI Program Number 8 – *Native American Outreach and Engagement*

The Tuolumne Me-Wuk Indian Health Center (TMWIHC) provides prevention and early intervention services for anyone in need, but specifically targeted to the Native American population including youth and families. By offering programs designed to engage the participants in health and wellness activities, with a focus on connections with Native American culture, the program encourages activities such as sweat lodges, traditional healing, and talking circles. Participants benefit from specific services and supports that honor the culture, beliefs and spirituality of Native American traditions.

19/20 Highlights:

- 113 individuals participated in 8 community sweat lodge ceremonies
- 77 inmates received support and services in jail including development of a release plan to limit the chances of recidivism
- 390 individuals participated in 72 two-hour community events including health activities and programs for the community to connect with Native American culture
- 161 individuals participated in 40 ninety-minute White Bison 12-step study meetings

- 91 individuals attended 6 community events to promote awareness of mental illness and traditional healing
- Over 100 children and/or youth attended a weekly prevention cultural activity

FY 19/20 Cost Per Person: Approximately 932 individuals received services, supports and education through this project for an annual cost of $28 per person. This PEI contract is 80% Prevention and 20% Early Intervention.

PEI Program Number 9 – *Trauma Informed Schools*

The Jamestown Family Resource Center (JFRC) is working towards implementing a trauma-informed approach to working with students and their families in the Jamestown School District by educating school staff on trauma-informed principles. School staff are trained to effectively reach out to, and work with, high risk students such as those experiencing homelessness, or living in the foster care system or other out-of-home placement. This project is intended to provide students with access to preventative health care services that may be otherwise unavailable. In FY 19/20, JFRC also expanded its program in Tuolumne County by reaching out to other local school districts and providing trauma-informed training to school staff.

19/20 Highlights:

Jamestown School District

- 86% of previously trained staff report using trauma-informed practices and find it to be useful on the job
- 72% of identified high-risk students show a reduction in discipline referrals and improved attendance (3rd quarter report as no in-person school in 4th quarter due to pandemic)
- 38% of the identified high-risk students who could be measured show academic improvement (primary grade students do not receive grades)
- 3 two-hour basic trauma-informed trainings were provided for 5 classified staff and 2 certified staff who were new or not trained previously
- An additional two-hour strategies and implementation training was provided for both classified and certified staff
- 350 students in the Jamestown School District benefited from trauma-informed trainings

Expansion of Trauma-Informed Schools Program in Tuolumne County

- Engaged 3 additional school districts in Tuolumne County to create trauma-informed training plans
- 1 two-hour basic trauma-informed training was provided as follows:
    - 27 school staff at Curtis Creek Elementary; 430 students benefitted
    - 20 school staff at Twain Harte Elementary; 267 students benefitted
    - 13 school staff as Cassina High; 73 students benefitted
    - Additional strategies and implementation training was provided for the three schools before the COVID-19 pandemic closed the schools (4 hours at one school, 3 hours at another, and 2 hours at another)
    - 100% of the participants in the trainings stated that the training was effective despite the fact that the trainings could not be completed due to the pandemic

FY 19/20 Cost Per Person: 67 teachers and school staff received training which benefitted a total of 1,120 students for an annual cost of $37 per person. This program is 100% Early Intervention.

PEI Demographics:

The Mental Health Services Oversight and Accountability Commission (MHSOAC) created PEI regulations to ensure that all counties are meeting PEI requirements within their programs. California Code of Regulations (CCR), Title 9, Sections 3560.010, requires specific data to be collected by counties and reported annually. Examples of demographic information that must be asked for, collected, and reported on by the county annually include: age group, race, ethnicity, primary language, gender, sexual orientation, any disability, and veteran status. A county may ask for other relevant data. The demographic collection form is attached as Appendix G. It is understood that participation in completing demographic information is voluntary and participant anonymity will be respected.

To ensure participant privacy, the demographic information collected and reported for Tuolumne County in FY 19/20 will be presented to include participants across all PEI programs. Demographic data that can potentially be perceived as identifiable information, and place a participant at risk of being recognized, is not included.

PEI Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported

Age	
Children/Youth (0-15	7,408
Transition Age Youth (16-25)	1,754
Adult (26-59)	3,854
Older Adult (60+)	378
Prefer not to answer	
Race	
American Indian/Alaska Native/Native American	1,309
Asian	34
Black or African American	48
Latino/Hispanic	741
Native Hawaiian/Pacific Islander	32
White	3,355
More than one race	124
Other	63
Prefer not to answer	*
Ethnicity	
Hispanic or Latino:	
Caribbean	
Central American	*
Mexican	*
Mexican American/Chicano	*
Puerto Rican	
South American	
Native	

Gender Assigned at Birth	
Female	5,889
Male	3,061
Prefer not to answer	
Current Gender Identity	
Female	50
Male	*
Transgender	
Genderqueer	
Questioning/Unsure	
Other Gender Identity	*
Prefer not to answer	
Sexual Orientation	
Gay or Lesbian	*
Heterosexual/Straight	53
Bisexual	*
Questioning/Unsure	
Queer	
Other (LQBTQ+)	14
Prefer not to answer	
Veteran Status	
Yes	11
No	53
Prefer not to answer	
Disability	

Other	*
Prefer not to answer	*
Non-Hispanic or Latino	
African	*
Asian Indian/South Asian	
Cambodian	
Chinese	*
Eastern European	*
European	18
Filipino	
Japanese	
Korean	
Middle Eastern/North African	
Vietnamese	
Native/Pacific Islander	*
Other	12
Prefer not to answer	*
Primary Language	
English	
Spanish	
Other	
Prefer not to answer	

I do not have a disability	42
Mental illness	*
Difficulty seeing	*
Difficulty hearing or having speech understood	
Other seeing, hearing, speaking disability	
Learning disability	
Developmental disability	
Dementia	
Physical or mobility disability	*
Chronic health condition or chronic pain	*
Other physical disability	*
Prefer not to answer	*
Current Living Situation	
Homeowner	27
Rent Home/Apartment	21
Homeless	252
Sharing Housing	*
Multi-Family	
With Friends/Family	*
Foster Care	
Supportive Housing	
Subsidized Housing	
Other	*
Prefer not to answer	

PEI Statewide Plans Program

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

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

MHSA THREE-YEAR EXPENDITURE PLAN BUDGET SUMMARY

FY 2020-2021 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan
Funding Summary

County: Tuolumne Date: 10/18/21

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2020/21 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	1,245,506	300,032	856,068	27,709	83,657	
2. Estimated New FY 2020/21 Funding	3,474,179	868,545	228,564			
3. Transfer in FY 2020/21[a/]	(70,000)			70,000	0	
4. Access Local Prudent Reserve in FY 2020/21						0
5. Estimated Available Funding for FY 2020/21	4,649,685	1,168,577	1,084,632	97,709	83,657	
B. Estimated FY2020/21 MHSA Expenditures	2,119,633	569,750	0	36,171	0	
C. Estimated FY2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,530,052	598,827	1,084,632	61,538	83,657	
2. Estimated New FY2021/22 Funding	3,860,047	965,012	253,950			
3. Transfer in FY2021/22[a/]	(450,000)			50,000	400,000	
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	5,940,099	1,563,839	1,338,582	111,538	483,657	
D. Estimated FY2021/22 Expenditures	3,060,201	586,000	0	88,212	388,654	
E. Estimated FY2022/23 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,879,898	977,839	1,338,582	23,326	95,003	
2. Estimated New FY2022/2023 Funding	3,528,307	882,077	232,125			
3. Transfer in FY2022/23[a/]	(500,000)			50,000	450,000	
4. Access Local Prudent Reserve in FY2022/23						0
5. Estimated Available Funding for FY2022/23	5,908,205	1,859,916	1,570,707	73,326	545,003	
F. Estimated FY2022/2023 Expenditures	3,121,405	586,000	0	62,500	538,564	
G. Estimated FY2022/2023 Unspent Fund Balance	2,786,799	1,273,916	1,570,707	10,826	6,440	

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2020	554,758
2. Contributions to the Local Prudent Reserve in FY 2020/21	0
3. Distributions from the Local Prudent Reserve in FY 2020/21	0
4. Estimated Local Prudent Reserve Balance on June 30, 2021	554,758
5. Contributions to the Local Prudent Reserve in FY 2021/22	0
6. Distributions from the Local Prudent Reserve in FY 2021/22	0
7. Estimated Local Prudent Reserve Balance on June 30, 2022	554,758
8. Contributions to the Local Prudent Reserve in FY 2022/23	0
9. Distributions from the Local Prudent Reserve in FY 2022/23	0
10. Estimated Local Prudent Reserve Balance on June 30, 2023	554,758

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 2020-2021 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan
Community Services and Supports (CSS) Component Worksheet

County: Tuolumne Date: 10/18/21

	Fiscal Year 2020/2021					
	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	1,100,387	972,887	127,500			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. non-FSP	845,319	722,819	122,500			
2.						
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					
CSS Administration	486,427	423,927	62,500			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	2,432,133	2,119,633	312,500	0	0	0
FSP Programs as Percent of Total	51.9%					

	Fiscal Year 2021/2022					
	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	1,579,453	1,229,453	350,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. non-FSP	1,368,708	1,218,708	150,000			
2.						
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					
CSS Administration	737,040	612,040	125,000			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,685,201	3,060,201	625,000	0	0	0
FSP Programs as Percent of Total	51.6%					

	Fiscal Year 2022/2023					
	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	1,611,042	1,254,042	357,000			
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
Non-FSP Programs						
1. non-FSP	1,396,082	1,243,082	153,000			
2.						
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					
CSS Administration	751,781	624,281	127,500			
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	3,758,905	3,121,405	637,500	0	0	0
FSP Programs as Percent of Total	51.6%					

FY 2020-2021 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan
Prevention and Early Intervention (PEI) Component Worksheet

County: Tuolumne Date: 10/18/21

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	235,000	235,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention	198,000	198,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	108,250	108,250				
PEI Assigned Funds	28,500	28,500				
Total PEI Program Estimated Expenditures	569,750	569,750	0	0	0	0

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	246,000	246,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention	200,000	200,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	111,500	111,500				
PEI Assigned Funds	28,500	28,500				
Total PEI Program Estimated Expenditures	586,000	586,000	0	0	0	0

	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	246,000	246,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Intervention	200,000	200,000				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	111,500	111,500				
PEI Assigned Funds	28,500	28,500				
Total PEI Program Estimated Expenditures	586,000	586,000	0	0	0	0

FY 2020-2021 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan
Innovations (INN) Component Worksheet

County: Tuolumne Date: 10/18/21

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	0	0				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
INN Administration	0					
Total INN Program Estimated Expenditures	0	0	0	0	0	0

FY 2020-2021 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan
Workforce, Education and Training (WET) Component Worksheet

County: Tuolumne Date: 10/18/21

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	28,937	28,937				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	7,234	7,234				
Total WET Program Estimated Expenditures	36,171	36,171	0	0	0	0

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	50,000	50,000				
2. WET Regional Partnership	25,712	25,712				
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	12,500	12,500				
Total WET Program Estimated Expenditures	88,212	88,212	0	0	0	0

	Fiscal Year 2022/2023					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1.	50,000	50,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	12,500	12,500				
Total WET Program Estimated Expenditures	62,500	62,500	0	0	0	0

FY 2020-2021 Through FY 2022-2023 Three-Year Mental Health Services Act Expenditure Plan
Capital Facilities/Technological Needs (CFTN) Component Worksheet

County: Tuolumne Date: 10/18/21

	Fiscal Year 2020/2021					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11.	0					
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	0	0				
Total CFTN Program Estimated Expenditures	0	0	0	0	0	0

	Fiscal Year 2021/2022					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. New EMR/EHR Software Program	283,423	283,423				
12. Computer Purchases	27,500	27,500				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	77,731	77,731				
Total CFTN Program Estimated Expenditures	388,654	388,654	0	0	0	0

	Fiscal Year 2022/2023					
	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. Deck Project	50,000	50,000				
2.	0					
3.	0					
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. Software Program EMR/HER	358,851	358,851				
12. Computers	27,500	27,500				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	102,213	102,213				
Total CFTN Program Estimated Expenditures	538,564	538,564	0	0	0	0

Tuolumne County Behavioral Health

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

MHSA Three-Year Program & Expenditure Plan FY 2020-2023

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.

II. **The public review and comment period is open from November 1, 2021 through November 30, 2021.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to TCBHD, Attn: MHSA Programs Coordinator, 2 South Green St, Sonora, CA 95370. Please use the public comment form.

III. **A Public Hearing will be held by the Tuolumne County Behavioral Health Advisory Board on Wednesday December 1, 2021** for the purpose of receiving further public comment on the MHSA 3-Year Program and Expenditure Plan for Fiscal Years 20-21, 21-22 and 22-23. Public notice will be made with the date and time of the Public Hearing at least ten days in advance.

IV. **To review the MHSA Three-Year Program & Expenditure Plan FY 2020-2023** or other MHSA documents via Internet, you may find the documents on the following websites:

https://www.tuolumnecounty.ca.gov/634/Mental-Health-Services-Act

http://tuolumne.networkofcare.org/mh

V. Printed copies of the MHSA Three-Year Program & Expenditure Plan FY 2020-2023 are available for review 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, 4th Floor, Sonora
- The David Lambert Center, 347 W. Jackson St, Sonora
- Tuolumne County Enrichment Center, 101 Hospital Rd, Sonora
- Tuolumne County Public Health Department, 20075 Cedar Rd North, Sonora
- Tuolumne County Library Sonora Branch, 480 Greenley Rd, Sonora
- Tuolumne County Library Groveland Branch, 18990 Highway 120
- Tuolumne County Library Twain Harte Branch, 18701 Tiffeni Drive #1F, Twain Harte
- Tuolumne County Library Tuolumne City Branch, 18636 Main St, Tuolumne

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

Tuolumne County Behavioral Health
Mental Health Services Act (MHSA)
Three-Year Program & Expenditure Plan FY 2020-2023
30 Day Public Comment Form
Dates of Posting: November 1-30, 2021

PERSONAL INFORMATION

Name:_____

Agency/Organization:_____

Phone Number:_____ E-mail Address:_____

Mailing Address:_____

YOUR ROLE IN THE MENTAL HEALTH SYSTEM

_____ Client/Consumer	_____ Service Provider
_____ Family Member	_____ Law Enforcement/Criminal Justice
_____ Education	_____ Probation
_____ Social Services	_____ Other (specify)_____

COMMENTS:

All Comments Must Be Received by: November 30, 2021.

All Electronic Comments and Inquiries Regarding the Three-Year Program & Expenditure Plan FY2020-2023 should be sent to:
Email address: behavioralhealth@tuolunnecounty.ca.gov
With subject line: Attn MHSA Programs Coordinator

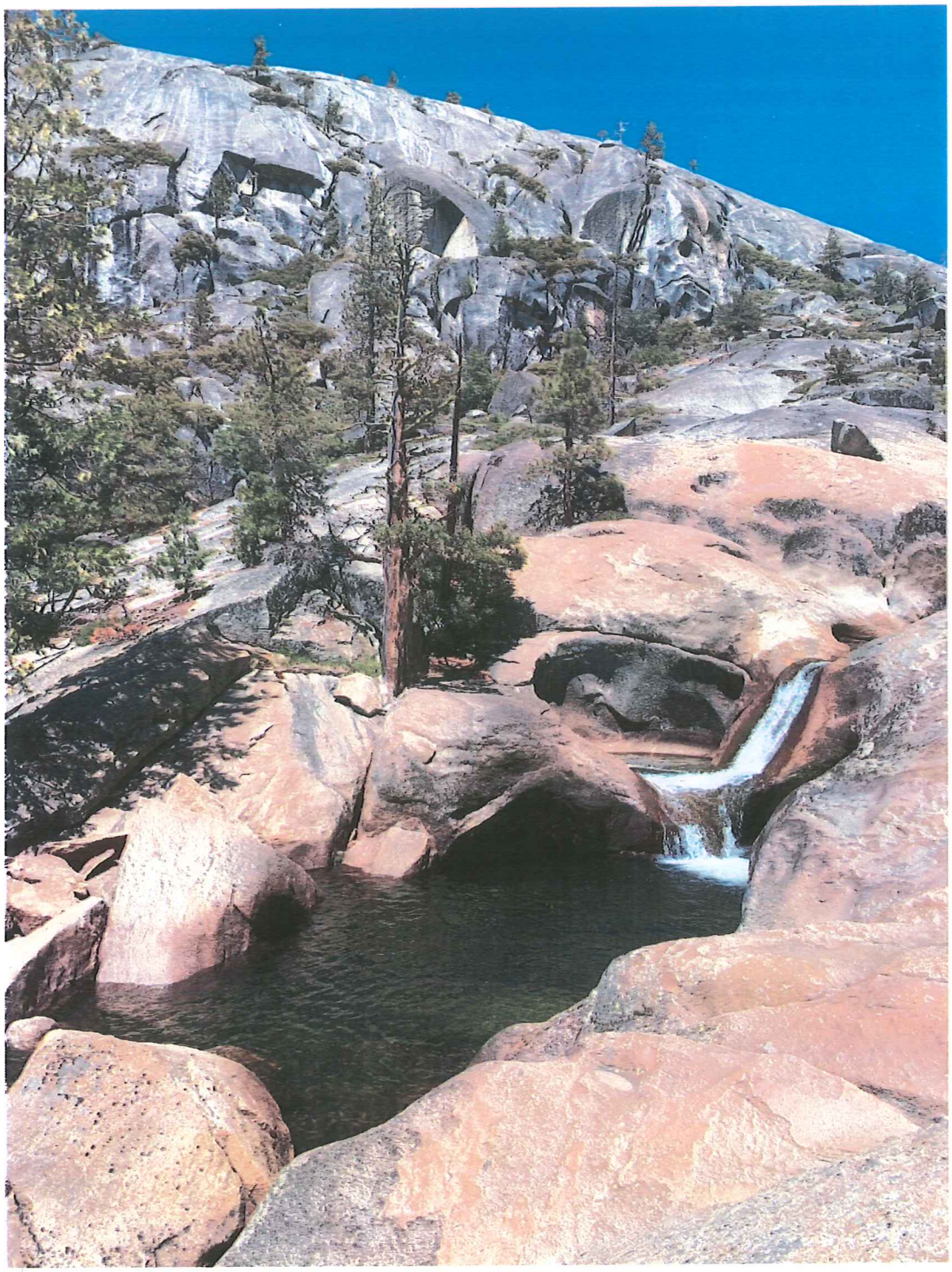
Written Comments may be submitted by mail to:
MHSA Programs Coordinator, Tuolumne County Behavioral Health, 2 South Green St, Sonora, CA 95370

All Comments Must Be Received by Tuesday, November 30, 2021.

A Public Hearing on the Mental Health Services Act (MHSA) Three-Year Program & Expenditure Plan FY 2020-2023 will be held on Wednesday, December 1, 2021. Public notice will be made with the date and time of the Public Hearing at least ten days in advance.

Public Comments Received and Corresponding Responses:

Thank You For Your Time!



Appendix A

Mental Health Services Act Three-Year Plan 2020-2023

Community Survey

Your voice matters! We'd like to hear what you think Tuolumne County Behavioral Health Department should spend Mental Health Service Act dollars on going forth as we are planning for fiscal years 2020 to 2023. We invite community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs to take this survey so we can hear the mental health needs of the diverse populations within the community and create relevant programs.

What is MHSA? The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA is funded by a tax of 1% on individual income over a million dollars and funds county programs as well as state-wide programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need.

This survey takes about 15 minutes to complete. If you or someone you know needs help taking this survey in another language or accessing this survey in another format please call TCBH at (209) 533-6245 and ask for the MHSA Coordinator.

The survey will close on March 15, 2020. ***Thank you for your participation!***

1. Listed below are some of the potential issues facing someone living with an untreated mental health challenge. Please select three that you feel are the most important to address.

- [ ] Suicide / Suicidal thoughts
- [ ] Incarceration
- [ ] Severe and/or untreated medical conditions (e.g. Cancer, diabetes, heart disease)
- [ ] Isolation
- [ ] Joblessness/ Limited income or lack of income
- [ ] School Failure (e.g. Suspension, truancy, expulsion)
- [ ] Homelessness
- [ ] Substance Abuse
- [ ] Children in foster care or juvenile justice system
- [ ] Other (please specify)

2. Listed below are some of the challenges that may be a barrier to those seeking mental health services in Tuolumne County. Please check three that you believe are the biggest barriers.

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

3. Below is a list of priorities that Prevention and Early Intervention programs are directed by MHSA regulations to address . Please rank these in order of importance from 1 (most important) to 7 (least important) for the residents of Tuolumne County.

Childhood trauma prevention and early intervention to deal with the early origins of mental health needs

Early psychosis and mood disorder detection and early intervention; and mood disorder and suicide prevention programming that occurs across the lifespan

Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs

Culturally competent and linguistically appropriate prevention and intervention

Strategies targeting the mental health needs of older adults

Stigma and discrimination reduction for those experiencing mental illness

Access and linkage to treatment including timely access to services for underserved populations

4. Listed below are Prevention and Early Intervention programs and services that are currently funded by the MHSA in Tuolumne County. Please rate them in importance as services to provide to those who may be at-risk of mental illness in Tuolumne County.

	Not Important At All	Slightly Important	Of Average Importance	Very Important	Absolutely Essential
Reducing Stigma & Discrimination	○	○	○	○	○
Brief Counseling and Support Services for Older Adults (56+)	○	○	○	○	○
Suicide Prevention	○	○	○	○	○
School-based Resiliency Programs for Children (K-12) and Teachers (e.g. anti-bullying, violence prevention, self-esteem, communication, respect)	○	○	○	○	○
Support Services to Native Americans	○	○	○	○	○
Support Services to Latino Americans	○	○	○	○	○
Early Childhood Education for Teachers: Promotion of social & emotional development of young children ages 0-5	○	○	○	○	○
Parenting Education and Support	○	○	○	○	○
Training and education for teachers and school staff regarding trauma-informed care and how to build resiliency in children who have experience, or living with, trauma	○	○	○	○	○

5. Below are unserved/ underserved racial, ethnic and cultural populations. Please indicate which groups you feel have the greatest need for mental health Prevention and Early Intervention programs and services in Tuolumne County.

	Very Low Need	Low Need	Moderate Need	High Need	Very High Need
Transition Aged Youth (aged 16-24 years)					
Veterans					
Homeless					
Older Adults (60+)					
LGBTQ+ (lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer, questioning, intersex, asexual, ally)					
People with disabilities					
Native Americans					
Latino Americans					
African Americans					
Asian American / Pacific Islanders					

Other (please specify)

6. What other types of Prevention and Early Intervention programs would you like to see in Tuolumne County?

7. Listed below are Community Support and Services programs that are currently funded by the MHSA. Please rate them in importance as services to provide to those who may be at-risk for or experiencing mental illness and/or homelessness in Tuolumne County.

	Not Important At All	Slightly Important	Of Average Importance	Very Important	Absolutely Essential	I'm not familiar with this program
Crisis Support (CAIP)						
Full-Service Partnership Program (FSP) - a "whatever it takes" service intensive program						
Enrichment Center (Peer-run groups, peer support, SSI & Medi-Cal Assistance, computers, showers, laundry, recovery programs)						
Dental services at the Enrichment Center						
Lambert Community Center (Food, social & emotional support, referrals to resources, computers)						
Mobile shower services at Lambert Community Center						
Housing for those with severe mental illness						

8. The MHSA funds Workforce Education and Training on behavioral health topics to county staff, county-contracted staff, and community organization staff who provide behavioral health services in the community. On what topics would you like to see training offered to these providers?

9. The MHSA funds Innovation projects such as Tuolumne County's 'Wellness: One Mind, One Body' which focused on the integration of behavioral health care and physical health care services to clients of TC Behavioral Health. The project was completed in 2017. Briefly describe any ideas you might have for a future Innovation project to meet a community need.

10. Please rate the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel adequately educated about mental health signs and symptoms.					
I feel adequately educated about the availability of mental health services in Tuolumne County.					
I feel that there is unfair stigma and discrimination towards those living with a mental illness.					
I feel that mental health can impact physical health and vice versa.					
I feel that mental illness and substance use are related.					
Suicide should not be talked about because it can be 'contagious.'					
People suffering from a mental illness are dangerous.					
People with mental health challenges, such as depression and anxiety, are weak and should just 'get over it.'					
Mental illness should be treated like physical illness (e.g. Annual check-ups, depression screenings)					

11. Are you familiar with the services offered at Tuolumne County Behavioral Health Department (TCBHD)?

- Yes
- No

12. Do you know where TCBHD is located?

- Yes
- No

13. What gaps do you believe exist in the mental health system in Tuolumne County?

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

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

- Yes
- No
- I don't know

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

- [ ] Mental Health Client/Consumer
- [ ] Family Member of a Mental Health Client/Consumer
- [ ] County Behavioral Health Department Employee
- [ ] Substance Abuse Service Provider
- [ ] Private Mental Health Therapist
- [ ] Community Based Organization
- [ ] Children / Family Services
- [ ] Professor, Teacher, School Staff, Education Provider
- [ ] Law Enforcement, including prison and jail staff
- [ ] Probation
- [ ] Veteran Services
- [ ] Hospital / Physical Health Care Provider
- [ ] Senior Services
- [ ] Faith Based Support Provider
- [ ] Student
- [ ] Advocate
- [ ] Prefer not to answer

Other (please specify)

17. What city, town, or locale do you currently live in?

18. Answers to the following demographic questions will help us identify who is taking the survey on an aggregate level. Your individual responses will be kept confidential; however, we respect your right to decline to answer any or all of the questions.

What is your age?

19. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- More than one race
- Prefer not to answer

Other (please specify)

20. What is your Ethnicity?

	Non-Hispanic or Non-Latino	Hispanic or Latino
Ethnicity		

Other (please specify)

21. What was your assigned gender at birth?

- Female
- Male
- Prefer not to answer

22. What gender do you identify as?

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

Other (please specify)

23. Are you a veteran?

- Yes
- No
- Prefer not to answer

24. What best describes your current living arrangement?

- Rent
- Own home
- Homeless (e.g. living outside, living in your car, couch surfing, etc)
- Live with parents/ family/ friends
- Temporary housing (e.g. motel/ hotel)

Other (please specify)

25. What language do you mainly speak at home?

- English
- Spanish
- Prefer not to answer

Other (please specify)

Appendix B

MHSA Three-Year Plan 2020-2023 - Follow-up to 2020 Community Survey

Tuolumne County Community Survey

Your voice matters! **As we continue to plan for fiscal years 2020-2023, we are inviting members of our community to offer additional feedback given the significant events of 2020. Below are listed some of the top results from the Mental Health Services Act (MHSA) stakeholder survey conducted in February 2020, just prior to the onset of the COVID-19 pandemic and prior to other significant events that continue to have an impact on the well-being of community members. Given these unprecedented times we welcome any additional feedback.**

Summary of 2020 Survey Results:

-Top issues to address for those living with untreated mental illness: Homelessness, suicide/suicidal thoughts, substance abuse

-Top challenges that may be a barrier to those seeking mental health services in the county: Substance use, transportation, lack of resources

-Top three Prevention and Early Intervention priorities: 1) Childhood trauma prevention and early intervention; 2) access and linkage to treatment; 3) early psychosis and mood disorder detection/intervention and suicide prevention programming

-Top three unserved/underserved populations that have greatest need for mental health services and programs: Homeless, transition aged youth (16-24 years), and veterans

-Most mentioned gaps in mental health system in the county: Access to care (timeliness), mental health staffing, lack of insurance, housing, awareness of services, lack of services

-Most mentioned challenges to mental health and wellness in the county: Staffing (recruitment, retention, low wages), homelessness, access to care, substance abuse

-Programs respondents would like to see: More prevention and early intervention services and programs for youth, childhood trauma informed training, and drug and addiction education (including substances and gambling).

-Top three mentioned areas for an Innovation project: 1) Programs to address youth and families including school-based mental health services, 2) programs to address homelessness, housing, and job training for the homeless, and 3) self-care programs.

This survey takes about 10 minutes to complete. If you or someone you know needs help taking this survey in another language or accessing this survey in another format please call TCBH at (209) 533-6245 and ask for the MHSA Coordinator. The survey will close on February 7, 2021. ***Thank you!***

We invite community members of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs to take this survey.

1. How important to you is it for behavioral health (mental health and substance use) services and programs in Tuolumne County to address the behavioral health impacts of the following?

	Very important	Somewhat important	Neither important nor unimportant	Somewhat unimportant	Not important at all
COVID-19 pandemic					
Racial injustice					
Wildfires					
Political uncertainty					

2. Please indicate the level to which you agree or disagree with the following statement - Behavioral health services, providers, and programs in Tuolumne County are adequately addressing the mental health impacts of each of the following:

	Totally agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Totally disagree
COVID-19 pandemic					
Racial injustice					
Wildfires					
Political uncertainty					

3. Many ideas for youth prevention and early intervention service and programs were suggested. Please rank them in the order that you feel are the most important to address. (1=most important; 12 = least important)

Youth wellness drop-in center that promotes positive youth development

Childhood trauma informed training for staff at all schools

Free weekend night activities for youth that include programming for positive youth development

Resiliency programs for youth (empowerment, bullying prevention, empathy, kindness and self-esteem)

More prevention and early intervention programs at all schools

Mental health professionals and services embedded at schools

Parenting education and community education on behavioral health offered in the community and at school sites

Childhood screening for mental health issues

Peer support groups for youth and youth peer outreach and engagement

Postpartum mental health awareness/services and infant/toddler wellbeing when postpartum mental health issues exist

Prevention for families and early programs for drug-addicted babies

Foster youth mentoring programs for ages 0-15 and ages 16-24

4. The following ideas for services and programs for the homeless were suggested. Please rank them from 1 to 4 based on what you feel is most important (1=most important; 4 = least important)

Homeless/transition placement

Emergency (after hours) care for displaced persons

Shelters and services for homeless youth

Programs for homeless/transients to work; gain purpose, experience and wages; and to give back to the community

5. The following are other ideas or concerns that were mentioned. Please rank them in the order that you feel are the most important to address. (1=most important; 10=least important)

Programs and services to address domestic violence, sexual assault, and human trafficking prevention and intervention

A 24/7 Crisis Assessment and Intervention Program (CAIP)

More funding and more robust programs for Seniors

Counseling for incarcerated individuals

Anger management and conflict resolution training

Funding and programs for Veterans

More wrap around support to assist those with mental illness deal with basic living necessities (shelter, food, transportation) and social activities

Programs and services to support mental health professionals manage stress and trauma due to work

Lack of a local residential treatment/inpatient facility

Lack of mental health providers and availability of services

6. Please provide any additional comments regarding the 2020 survey results or the behavioral health impacts of the events of 2020.

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

- Yes
- No
- I don't know

8. Did you participate in the 2020 MHSA Survey?

- Yes
- No
- I don't know

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

- [ ] Mental Health Client/Consumer
- [ ] Family Member of a Mental Health Client/Consumer
- [ ] County Behavioral Health Department Employee
- [ ] Substance Abuse Service Provider
- [ ] Private Mental Health Therapist
- [ ] Community Based Organization
- [ ] Children / Family Services
- [ ] Professor, Teacher, School Staff, Education Provider
- [ ] Law Enforcement, including prison and jail staff
- [ ] Probation
- [ ] Veteran Services
- [ ] Hospital / Physical Health Care Provider
- [ ] Senior Services
- [ ] Faith Based Support Provider
- [ ] Student
- [ ] Advocate
- [ ] Prefer not to answer

Other (please specify)

10. What city, town, or locale do you currently live in?

11. Answers to the following demographic questions will help us identify who is taking the survey on an aggregate level. Your individual responses will be kept confidential; however, we respect your right to decline to answer any or all of the questions.

What is your age?

12. What is your race?

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- More than one race
- Prefer not to answer

Other (please specify)

13. What is your Ethnicity?

	Non-Hispanic or Non-Latino	Hispanic or Latino
Ethnicity		

Other (please specify)

14. What was your assigned gender at birth?

- Female
- Male
- Prefer not to answer

15. What gender do you identify as?

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

Other (please specify)

16. Are you a veteran?

- Yes
- No
- Prefer not to answer

17. What best describes your current living arrangement?

- Rent
- Own home
- Homeless (e.g. living outside, living in your car, couch surfing, etc)
- Live with parents/ family/ friends
- Temporary housing (e.g. motel/ hotel)

Other (please specify)

18. What language do you mainly speak at home?

- English
- Spanish
- Prefer not to answer

Other (please specify)

Appendix C

JANUARY 2020

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
SHOWER HOURS: Mondays: 11 a.m. to 2 p.m. Wednesday: 11 a.m. to 2 p.m. Thursday: 9 a.m. to 1 p.m. Friday: 11 a.m. to 2 p.m. **UNLESS NOTED*		**EC CLOSED** 1 	9-10 Social Hour & News 2 9-3 Recreation 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD	8-9 Social Hour & News 3 9 Check-In **9:15 Karaoke** 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis
8-9 Social Hour & News 6 9 Check-In & GM Group 9:30 Self Care Bingo **10-11 Pride: Prideful Thoughts** 11-12 Recreation & Music 12-3 Recovery Films 12:30-1:30 Depression Group	**9-1 LAUNDRY** 7 9 Forrest Gump Movie 9-3 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support 6-7 Prostate Cancer Support Group	8-9 Social Hour & News 8 9 Check-In & GM Group 10 Pride: Power of Kindness **11-12 HEALTHY EATING** 12-3 Recovery Films 12:30-2 Working w/Emotions 2-3 Adult Education	9-10 Social Hour & News 9 9-3 Recreation 10-11:30 Community Cultural Collaborative, Art Room 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD	8-9 Social Hour & News 10 9 Check-In 9-12 Smile Keepers **9:15 Bingo** 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis
8-9 Social Hour & News 13 9 Check-In & GM Group 9:30 Balloons & Balls 10-11 Pride: Happiness 11-12 Recreation & Music 12-3 Recovery Films 12:30-1:30 Depression Group	**EC OPENS @ 10** 14 **10-1 LAUNDRY *** 10 Secret Life of Walter Mitty Movie 10-3 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support	**EC OPENS @ 9:30** 15 9:30-10 Social Time 10-11 Pride: Harms of Substance Abuse 11-11:30 Positive Lifestyles 12:30-2 Working w/Emotions 12-3 Recovery Films 2-3 Adult Education	9-10 Social Hour & News 16 9-3 Recreation 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD	8-9 Social Hour & News 17 9 Check-In **9:15 Karaoke** 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis
EC CLOSED 20 	**9-1 LAUNDRY** 21 9 Each Mind Matters 9-3 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support	8-9 Social Hour & News 22 9 Check-In & GM Group 10 Pride: Calendar **11-12 HEALTHY EATING** 12-3 Recovery Films 12:30-2 Working w/Emotions 2-3 Adult Education	9-10 Social Hour & News 23 9-3 Recreation 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD	8-9 Social Hour & News 24 9 Check-In 9-12 Smile Keepers **9:15 Bingo** 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis
8-9 Social Hour & News 27 9 Check-In & GM Group 9:30 Pictionary 10-11 Pride: Telling Your Story: Glenda & Peers 11-12 Recreation & Music 12-3 Recovery Films 12:30-1:30 Depression Group	**9-1 LAUNDRY** 28 9 I Can Only Imagine Movie 9-3 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support 6:30-8 NAMI-TC Family Support	8-9 Social Hour & News 29 9 Check-In & GM Group 10 Pride: Contentment 11-11:30 Positive Lifestyles 12-3 Recovery Films 12:30-2 Working w/Emotions 2-3 Adult Education	9-10 Social Hour & News 30 9-3 Recreation 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD	8-9 Social Hour & News 31 9 Check-In **9:15 Bingo** 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370

Phone: 533-7114

EC HOURS:
Unless noted

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

Tuesday & Thursday:
9 a.m. to 3 p.m.

Community Center for Wellness and Recovery funded by Prop 63

Reducing Stigma by Becoming a Visible and Valued Part of the Community

V 1.2.20

MAY 2020

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.		stand up against stigma No Health without Mental Health		1 **Showers 8-2:30**
4 **Showers 8-2:30**	5 **Laundry 8, 10, 12 & 2 only**	6 **Showers 8-2:30**	7 **Laundry 8, 10, 12 & 2 only**	8 **Showers 8-2:30**
11 **Showers 8-2:30**	12 **Laundry 8, 10, 12 & 2 only**	13 **Showers 8-2:30**	14 **Laundry 8, 10, 12 & 2 only**	15 **Showers 8-2:30**
18 **Showers 8-2:30**	19 **Laundry 8, 10, 12 & 2 only**	20 **Showers 8-2:30**	21 **Laundry 8, 10, 12 & 2 only**	22 **Showers 8-2:30**
25 IN LOVING MEMORY OF MEMORIAL DAY THOSE WHO HAVE FALLEN	26 **Laundry 8, 10, 12 & 2 only**	27 **Showers 8-2:30**	28 **Laundry 8, 10, 12 & 2 only**	29 **Showers 8-2:30**

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370

Phone: 533-7114

EC HOURS:
Unless noted

Monday through Friday
8 a.m. to 3 p.m.

Community Center for Wellness and Recovery funded by Prop 63

Reducing Stigma by Becoming a Visible and Valued Part of the Community

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V 4.20.20

APRIL 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	***We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.***		1 ***Laundry 8, 10, 12 only***	2 ***Showers 8-2:30***
5 ***Showers 12-2:30***	6 ***Laundry 8, 10, 12 only***	7 ***Showers 8-2:30***	8 ***Laundry 8, 10, 12 only***	9 ***Showers 8-2:30***
12 ***Showers 8-2:30*** **Reopening EC with limited capacity 8 am—12 pm**	13 **EC 8 am—12 pm** ***Laundry 8, 10, 12 only***	14 **EC 8 am—12 pm** ***Showers 8-2:30***	15 **EC 8 am—12 pm** ***Laundry 8, 10, 12 only***	16 **EC 8 am—12 pm** ***Showers 8-2:30***
19 **EC 8 am—12 pm** ***Showers 8-2:30***	20 **EC 8 am—12 pm** ***Laundry 8, 10, 12 only***	21 **EC 9 am—12 pm** ***1-hr late start*** ***Showers 8-2:30***	22 **EC 8 am—12 pm** ***Laundry 8, 10, 12 only***	23 **EC 8 am—12 pm** ***Showers 8-2:30***
26 **EC 8 am—12 pm** ***Showers 8-2:30***	27 **EC 8 am—12 pm** ***Laundry 8, 10, 12 only***	28 **EC 8 am—12 pm** ***Showers 8-2:30***	29 **EC 8 am—12 pm** ***Laundry 8, 10, 12 only***	30 **EC 8 am—12 pm** ***Showers 8-2:30***

TUOLUMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD
SONORA, CA 95370

Phone: 533-7114

EC HOURS:
Beginning April 12th, 2021, the EC will be open Monday through Friday 8 a.m. to 12 p.m.

Community Center for Wellness and Recovery funded by Prop 63

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MENTAL HEALTH SERVICES ACT · PROPOSITION 63 · CALIFORNIA

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V 4.12.21

JULY 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.			**8, 10 & 12 Laundry** 1 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 10-11:30 Stress Relief Group, Art Room NEW!	**8-2:30 Showers** 2 8-1 Computers 8-1 Recovery Library 9 Check-In **9:15 Bingo** 11-12 Community Garden
EC CLOSED 5 	**8, 10 & 12 Laundry** 6 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 	**8-2:30 Showers** 7 8-1 Computers 8-1 Recovery Library 8-1 Recreation 9 Check-In 9:15-10 Pride: Heat Info 10-11 Community Garden	**8, 10 & 12 Laundry** 8 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 10-11:30 Community Cultural Collaborative, Virtual Meeting 10-11:30 Mindfulness Group, Art Room NEW!	**8-2:30 Showers** 9 8-1 Computers 8-1 Recovery Library 9 Check-In **9:15 Bingo** 
8-2:30 Showers 12 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 9 Art Group NEW! 9 Let's Move! NEW! 10-11 Community Garden	**8, 10 & 12 Laundry** 13 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 9 Mindfulness Group, Art Room NEW!	**8-2:30 Showers** 14 8-1 Computers 8-1 Recovery Library 8-1 Recreation 9 Check-In 9:15-10 Pride: Friendship 10-11 Community Garden	**8, 10 & 12 Laundry** 15 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 10-11:30 Stress Relief Group, Art Room NEW!	**8-2:30 Showers** 16 8-1 Computers 8-1 Recovery Library 9 Check-In **9:15 Movie Day!!** 
8-2:30 Showers 19 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 9 Art Group NEW! 9 Mindfulness Group NEW! 10-11 Community Garden 10-11 QIC, Virtual Meeting	**8, 10 & 12 Laundry** 20 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 	**9-2:30 Showers** 21 9-1 Computers 9-1 Recovery Library 9-1 Recreation 9 Check-In 9:15-10 Pride: Calendar 10-11 Community Garden 11 Smile Keepers: Education 	**8, 10 & 12 Laundry** 22 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 10-11:30 Stress Relief Group, Art Room NEW!	**8-2:30 Showers** 23 8-1 Computers 8-1 Recovery Library 9 Check-In **9:15 Bingo** 11-12 Community Garden
8-2:30 Showers 26 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 9 Art Group NEW! 9 Let's Move! NEW! 10-11 Community Garden	**8, 10 & 12 Laundry** 27 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 9 Mindfulness Group NEW!	**8-2:30 Showers** 28 8-1 Computers 8-1 Recovery Library 8-1 Recreation 9 Check-In 9:15-10 Pride: Kindness 10-11 Community Garden 11 Smile Keepers: Education 	**8, 10 & 12 Laundry** 29 8-1 Computers 8-1 Recovery Films 8-1 Recovery Library 8-1 Recreation 10-11:30 Stress Relief Group, Art Room NEW! 	**8-2:30 Showers** 30 8-1 Computers 8-1 Recovery Library 9 Check-In **9:15 Bingo** 11-12 Community Garden

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370

Phone: 533-7114

EC Shower & Laundry Hours:
8 a.m. to 3 p.m.

EC Main Room and Patio Hours now open from 8 a.m. to 1 p.m.

The EC is a peer-run Community Center for Wellness and Recovery funded by Prop 63

COVID-19 Screening & Masks are Required. Social distancing is strongly encouraged.

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

V 7.12.21

SEPTEMBER 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.		***8-2:30 Showers*** 1 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In **9:15-10 Pride** 10-11 Community Garden	2 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	***8-2:30 Showers*** 3 8-12 Computers 8-12 Recovery Library 9 Check-In **9:15 Bingo** 11-12 Community Garden
EC CLOSED 6 	7 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	***8-2:30 Showers*** 8 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In **9:15-10 Pride** 10-11 Community Garden	9 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	***8-2:30 Showers*** 10 8-12 Computers 8-12 Recovery Library 9 Check-In **9:15 Bingo** **9-12 Smile Keepers**
8-2:30 Showers 13 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library **9 Mindfulness Group** 10-11 Community Garden	14 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	***9-2:30 Showers*** 15 9-12 Computers 9-12 Recovery Library 9-12 Games & Recreation 9 Check-In **9:15-10 Pride** 10-11 Community Garden ***LATE START—OPEN AT 9***	16 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	***8-2:30 Showers*** 17 8-12 Computers 8-12 Recovery Library 9 Check-In **9:15 Bingo** 11-12 Community Garden
8-2:30 Showers 20 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library 10-11 Community Garden	21 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	***8-2:30 Showers*** 22 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In **9:15-10 Pride** 10-11 Community Garden	23 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	***8-2:30 Showers*** 24 8-12 Computers 8-12 Recovery Library 9 Check-In **9:15 Bingo** **9-12 Smile Keepers**
8-2:30 Showers 27 8-12 Computers 8-12 Recovery Library **9:15 Movie Day!!** 	28 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	***8-2:30 Showers*** 29 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In **9:15-10 Pride** 10-11 Community Garden	30 ***Laundry*** ***8, 10, 12 only*** ***EC Main Room and Patio are closed to the public.***	

TUOLUMNE COUNTY ENRICHMENT CENTER
101 HOSPITAL ROAD
SONORA, CA 95370

Phone: 533-7114

EC Shower & Laundry Hours:
8 a.m. to 2:30 p.m.

Effective August 30, 2021, the EC Main Room and Patio Hours are open from 8 a.m. to 12 p.m. Monday, Wednesday and Friday only.

The EC is a peer-run Community Center for Wellness and Recovery funded by Prop 63

COVID-19 Screening & Masks are Required. Social distancing is strongly encouraged.

NATIONAL SUICIDE PREVENTION LIFELINE
1-800-273-TALK (8255)
suicidepreventionlifeline.org

V 8.30.21

Appendix D

Assessment of Mental Health Needs and Capacity to Implement Community Services and Supports (CSS)

Tuolumne County Behavioral Health provides mental health services and substance use disorder treatment to nearly 1,800 consumers annually. Program penetration is monitored quarterly and generally reflective of the Tuolumne County Population. Tuolumne County Behavioral health completed a needs assessment by analyzing several sets of penetration data for clients served and Medi-Cal eligible data. In addition, census data and community partner data were analyzed. Then finally a provider survey was launched and informing material from the Community Program Planning Process was reviewed. Low data numbers are removed from charts for client privacy.

SUD FY 20-21 Total Penetration Counts (At least 1 Service)		% Of Total Penetration
Total	281	
Female	114	41%
Male	167	59%
Other / Unknown	0	0%
Total	281	
Under 18	21	7%
18 and over	260	93%
Unknown	0	0%
Total	281	
Native American	-	3%
Hispanic / Latino	35	12%
White	138	49%
Other	-	1%
Unknown	98	35%
Total	281	
0-5 Miles	167	59%
6 to 10 Miles	27	10%
11 to 20 Miles	16	6%
20 plus Miles	20	7%
Unknown	51	18%

MH FY 20-21 Total Penetration Counts (At least 1 Service)		% Of Total Penetration
Total	1579	
Female	819	52%
Male	747	47%
Other / Unknown	13	1%
Total	1579	
Under 18	296	19%
18 and over	1283	81%
Unknown	0	0%
Total	1579	
Native American	38	2%
Hispanic / Latino	110	7%
White	1041	66%
Other	29	2%
Unknown	361	23%
Total	1579	
0-5 Miles	958	61%
6 to 10 Miles	143	9%
11 to 20 Miles	81	5%
20 plus Miles	217	14%
Unknown	180	11%

Clients served population was first reviewed for assessment. It was found that there is a higher percentage of males seen for SUD than females but are similar percentages for mental health. Additional data was reviewed, the External Quality Review Organization (EQRO) Calendar Year 2019 Approved claims data. This data showed that the small county and statewide average penetration rates for both males and females was less than 5%. Tuolumne County penetration rate for both males and females was over 7%.

This race and ethnicity data was reviewed alongside our county Census data to ensure that the populations being served were aligned with the county population.

	Tuolumne County CY 2018	Tuolumne County CY 2019
White	79.80%	79.70%
Hispanic	12.70%	12.70%
Two or more races	3.60%	3.60%
Black	2.00%	2.00%
American Indian	2.30%	2.30%
Asian	1.40%	1.50%
Pacific Islander	0.30%	0.30%
Over 65 Years Old	26.20%	27.00%
Veterans	11.04%	9.60%
Live below Poverty line	12.50%	12.50%
Per Capita Income	$31,570	$33,685

The census aligned closely with Native American populations. Hispanic/Latino populations were aligned closely for the SUD populations served and were lower for mental health served. However, when the mental health penetration rates for those who received five or more services was analyzed the pentation rate for Hispanic/Latino was 9%. The same trend was noted for those who identify as White. For those in mental health that received at least one service and identify as White the penetration rate was 66% and the penetration rate for those

who received five or more services the rate as 74%. The engaged service numbers of five or more were closer in similarity to the census data.

Primary language data was reviewed, and English was the majority and other languages were less than one percent, but Spanish was the second highest. Currently the county does not have a threshold language, but reviews these penetration reports quarterly to ensure ongoing monitoring of these numbers. Over the past few fiscal years Tuolumne has experienced a little change in Spanish as primary language. In Fiscal Year 17-18 the Spanish prevalence rate was 2.4% and now in Fiscal Year 20-21 Spanish prevalence rate is 2.2%

Other data reviewed on a quarterly basis to understand consumer demographics is age. These are regularly reviewed with the Medi-Cal eligible data for the same fiscal year. These age penetration breakdowns are also reviewed with the current FSP age breakdowns. These reviews help to inform program decisions and capacity.

MH FY 20-21 Medi-Cal Eligible by age	%
0-5	9.1%
6-11	9.4%
12-17	8.8%
18-20	4.0%
21-24	4.8%
25-34	14.3%
35-44	13.0%
45-54	10.5%
55-64	14.7%
65+	11.3%

MH FY 20-21 TCBH by age	%
0-5	1.1%
6-11	5.9%
12-17	13.7%
18-20	4.2%
21-24	4.9%
25-34	17.0%
35-44	15.8%
45-54	13.2%
55-64	18.0%
65+	6.2%

Review of the data around age shows that Tuolumne County Behavioral Health's served TAY population is higher than the Medi-Cal penetration rate, however, is lower for youth. This data was then compared to the foster youth data to ensure that youth were being served throughout the county. EQRO Approved Claims for Calendar Year 2019 data shows that foster youth six and above for small counties have a penetration rate of 48.91% and a statewide rate of 53.18%. Tuolumne County has a penetration rate of 62.32% for foster youth penetration of six and older. This analysis helped to inform current needs for youth are not foster youth, but other Medi-Cal eligible consumers.

The same review was completed for older adults. Medi-Cal eligible rates for Tuolumne show 11.3% and those served in this age group as 6.2%. Tuolumne County 2019 Census data states that 27% of the county population is over 65. These differences from those served then was

reviewed with the approved claims data from EQRO. This data showed that the small county average for claims for the same age population was 3.23% and the statewide average was 2.90%. Tuolumne county approved claims penetration rate for this age group was 5.23%, which is higher than both the small county and statewide average.

One additional way assessments are completed is through a Workforce Assessment. To ensure our workforce population matches our beneficiaries. The survey results showed that 72% of the staff responded as identifying as White or Caucasian. Also, almost 14% of staff identified as American Indian/Alaska Native/Native American.

Age ranges were also represented in the staff survey with around 80% of staff being between the ages of 26-59 and 18% being over 60. These demographics are important to compare with current census and penetration data. This allows TCBH to ensure that full demographic assessment is complete for both clients, potential clients and staff who serve them.

Through the survey its was noted that 90% of staff responded that they identified as a person with lived experience and/or a family member of a person with lived experience of mental health or substance abuse challenges. This is important as through our Community Services and Supports program, the Enrichment Center, a Peer Run wellness center is funded. The Enrichment Center is open to the community and ensuring that it is truly peer-run is essential.

Through this analysis Tuolumne County Behavioral Health can understand its capacity for delivering Community Services and Supports (CSS). Each quarter through the Quality Assurance and Performance Improvement (QAPI) Plan the CSS capacity is monitored. This is to ensure that current penetration rates for programs are aligned with current staff capacity for each program.

Through this table we can identify that there is an ability to serve not only current admitted client, but new clients. Staff have caseload flexibility in current caseload within the CSS programs.

Staff Title	Age Group(s) Served	Full-Time Equivalent	Maximum Number of Medi-Cal Beneficiaries rendering provider will accept	Current Number of Medi-Cal Beneficiaries assigned to provider
BHW	0-20	025	10	3
BHW	21+	075	20	14
BHW	0-20	025	10	1
BHW	21+	075	20	12
BHW	0-20	040	25	6
BHW	21+	060	100	34
Nurse	0-20	020	20	6
Nurse	21+	080	90	24
BHW	0-20	100	20	14
BHW	21+	000	10	10
BHW	0-20	025	10	3
BHW	21+	075	20	11
BHW	0-20	030	50	33
BHW	21+	070	150	145
Clinician	0-20	030	25	6
Clinician	21+	070	125	43
BHW	0-20	010	10	1
BHW	21+	090	30	21
Clinician	0-20	015	30	20
Clinician	21+	085	150	62
Clinician	0-20	020	20	18
Clinician	21+	080	75	64
Clinician	0-20	020	20	6
Clinician	21+	080	80	39
BHW	0-20	025	30	6
BHW	21+	075	40	9
Clinician	0-20	075	50	17
Clinician	21+	025	60	11
BHW	0-20	025	60	39
BHW	21+	075	100	135

Appendix E

FY 19/20

Annual Prevention and Early Intervention Report FY 2019-20

TUOLUMNE COUNTY BEHAVIORAL HEALTH

INTRODUCTION

This report comprises the Fiscal Year 2019-2020 Annual Prevention and Early Intervention (PEI) Report as required by the California Department of Health Care Services. The report is divided into the five PEI project areas: 1) Early Childhood Projects; 2) School-based Resiliency Services; 3) Suicide Prevention and Stigma Reduction; 4) Special Populations; and 5) Fostering Healthy Activities in Non-Traditional Settings. The report ends with an aggregate reporting of demographic data across all PEI programs for the fiscal year.

It is important to note that during the 2019-20 fiscal year the major event that impacted all PEI programs and service delivery was the COVID-19 pandemic beginning in March 2020 and continuing through the end of the fiscal year and beyond. In-person PEI program delivery ground to a halt while programs assessed risk to staff and consumers, researched and evaluated other means of service delivery, and called on the creativity of their staff to create new programming that could be delivered via video, phone, or via social media platforms.

Tuolumne County Behavioral Health's (TCBH) PEI contractors are to be commended for their commitment to the community as demonstrated by their creativity and service delivery during the pandemic; not only during the 2019-20 fiscal year, but beyond as the pandemic continued to assert itself in the community. Each program summary speaks to the successes and challenges of the year.

The Chart of Prevention and Early Intervention Programs on Page 2 gives a quick summary of Tuolumne County Behavioral Health's nine PEI programs, the type of program, and age group served. By State regulation, at least fifty-one percent (51%) of PEI funding for each county must be allocated to serve those aged 25 and under. During fiscal year 2019-20, 47% of TCBH's PEI funding served the age 0-25 population.

The chart also notes program names changes made in order to provide consistency between the Annual Revenue and Expenditure Report, PEI reports, and MHSA Plans and Updates per State of California Department of Health Care Services regulations.

Chart of Prevention and Early Intervention Programs

Program Name	Previous Program Name on Annual Revenue and Expenditure Report and/or in Past MHSA Reports	Standalone	Combined	Program Type					Strategy			Population Served in %				% Serving Ages 25 and Under
				% Prevention	% Early Intervention	% Outreach	% Stigma & Discrimination Reduction	% Suicide Prevention	Improving Timely Access to Services	Access & Linkage	Outreach for Increasing Recognition of Early Signs of Mental Illness	Children/ Youth (0-15)	TAY (16-25)	Adults	Older Adults	
PEI Project #1: Nurturing Parenting Education	Early Childhood Project		x	75	25					x		100				100
PEI Project #2: Supporting Early Education and Development (SEED)	Early Childhood Project or Social Emotional Learning Foundations		x		100					x		100				100
PEI Project #3: Early Childhood Education Family Support Aides	Early Childhood Project Or Americorp		x	100						x		100				100
PEI Project #4: School Based Resiliency Services	School Based Violence Prevention	x		100						x		100				100
PEI Project #5: Suicide Prevention & Stigma Reduction		x					50	50			x	15	25	35	25	40
PEI Project #6: Older Adult Wellness Program	Older Adults, Latino, & Native American O & E Or Connections and Awareness for Elders		x	100						x					100	0
PEI Project #7: Promotores de Salud	Older Adults, Latino, & Native American O & E		x	30	70					x		5	15	50	30	20
PEI Project #8: Native American Outreach and Engagement	Older Adults, Latino, & Native American O & E		x	80	20					x		24	5	70	1	29
PEI Project #9: Trauma Informed Schools	Jamestown Family Resource Center Or Fostering Healthy Activities in Non-Traditional Settings	x			100					x		100				100

PEI Program Number 1

Type of Program: ☒Prevention 75% ☒Early Intervention 25% ☐Stigma & Discrimination Reduction ☒Access & Linkage ☐Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure ☒Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

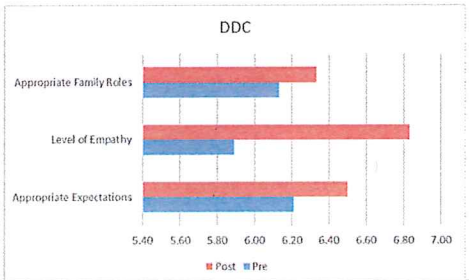
Program Name: Nurturing Parenting Education

Project Area as Defined by PEI Plan: Early Childhood

Program Description: Nurturing Parenting is a priority intervention, universal prevention program that is a multi-level parenting and family support strategy to prevent severe behavioral, emotional and developmental problems in children by enhancing the knowledge, skills and confidence of parents. This program is implemented by a team led by contract provider, Infant/Child Enrichment Services (ICES) through a program called, *"Raising Healthy Families" (RHF)*. Nurturing Parenting classes are designed to help parents in stressed families including those with a history of substance use disorder, child abuse and/or neglect, domestic violence and social isolation.

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

- Expectations of Children
- Empathy
- Discipline
- Family Roles
- Power and Independence.



Parents take pre- and post-tests and are provided with their scores in order for them to see where they are showing strengths, as well as areas for improvement.

Total number of unduplicated individuals served during fiscal year: Approximately 185

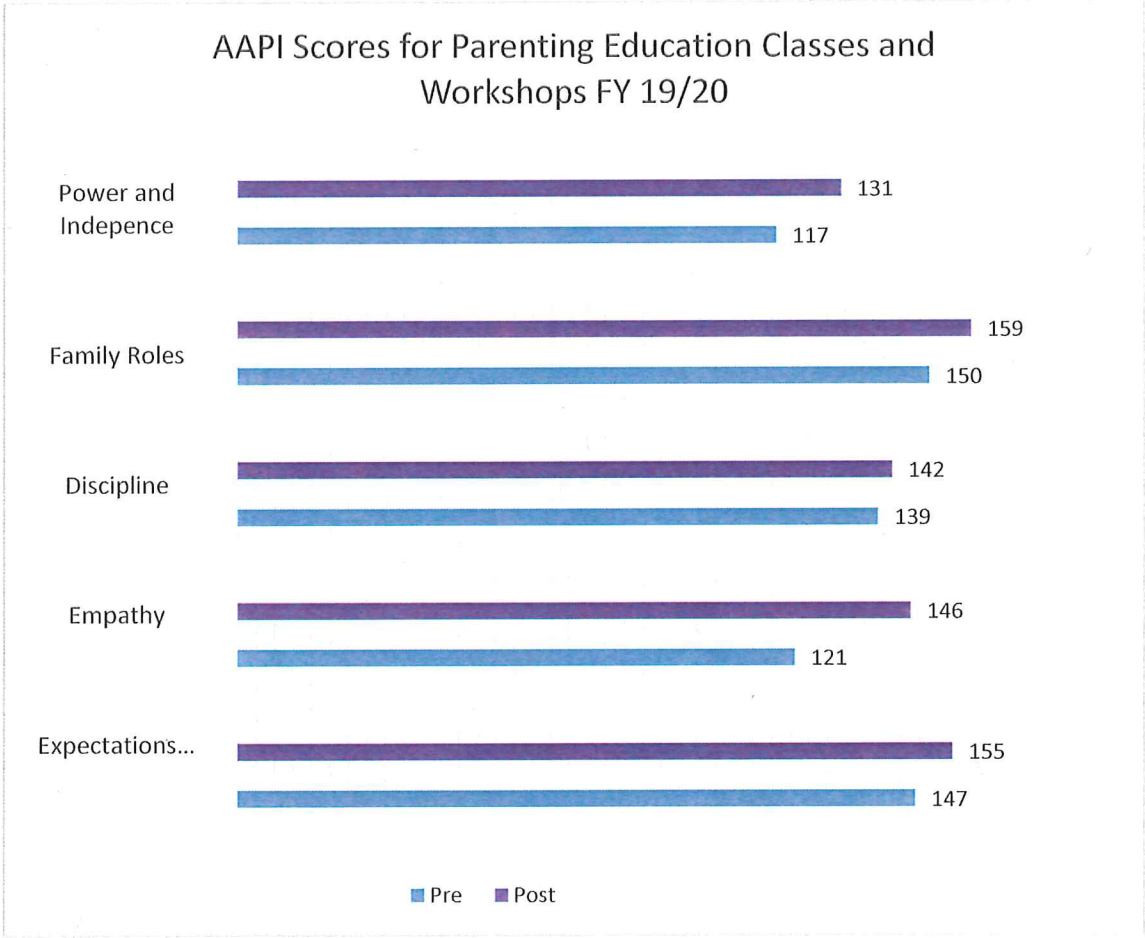
Program Reflection

Successes:

Parent Education Workshops and Classes

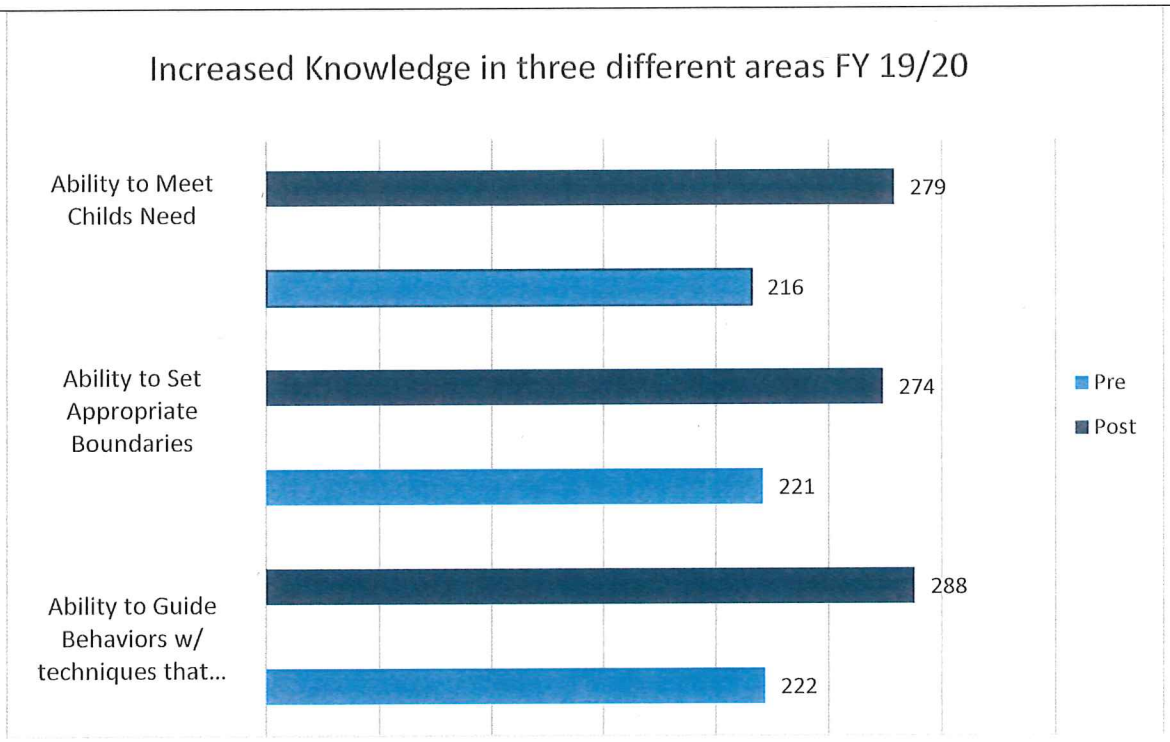
- 9 two-hour parent education workshops were held utilizing *Nurturing Parenting and Strengthening Families* curriculum

- 1 weekly year-round class
- 155 parents and caregivers participated in the workshops and/or year-round classes
- 100% of participants were able to increase their AAPI scores in all five parenting constructs as

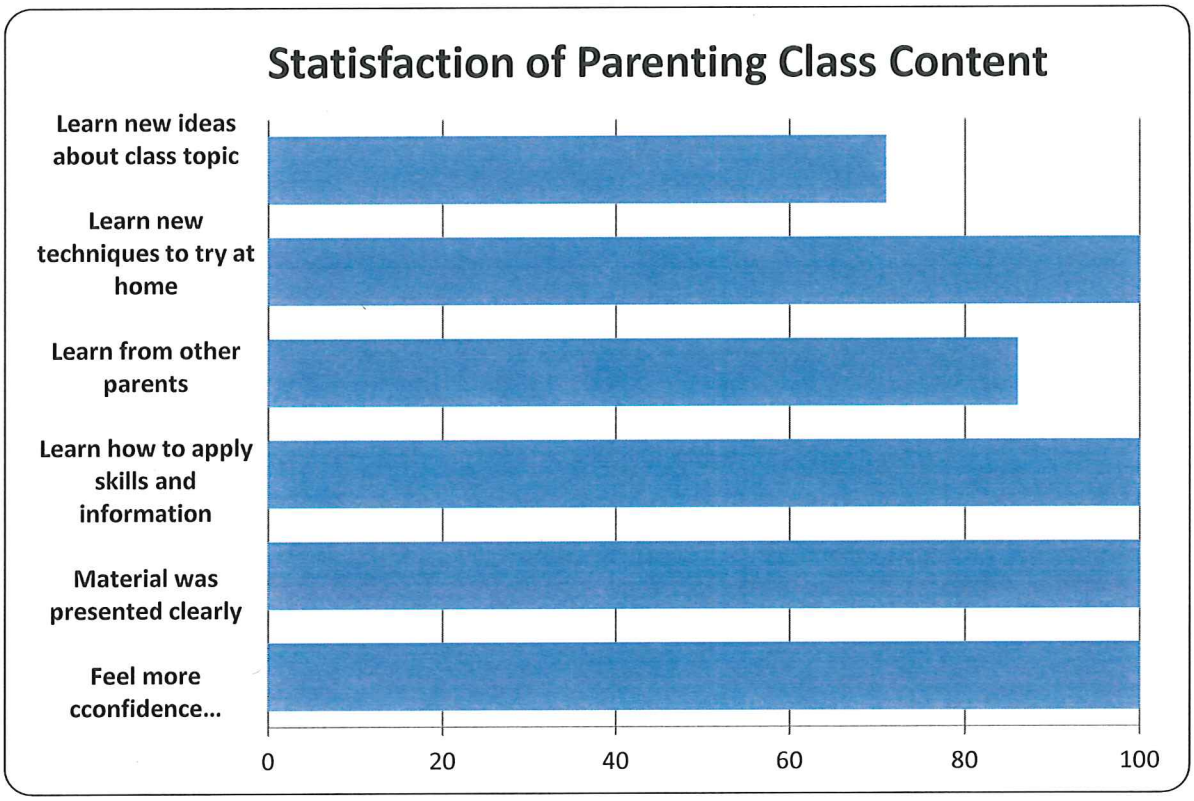


shown in the pre and post test scores below.

- 100% of participants were able to increase their knowledge in three areas based on pre/post quizzes.

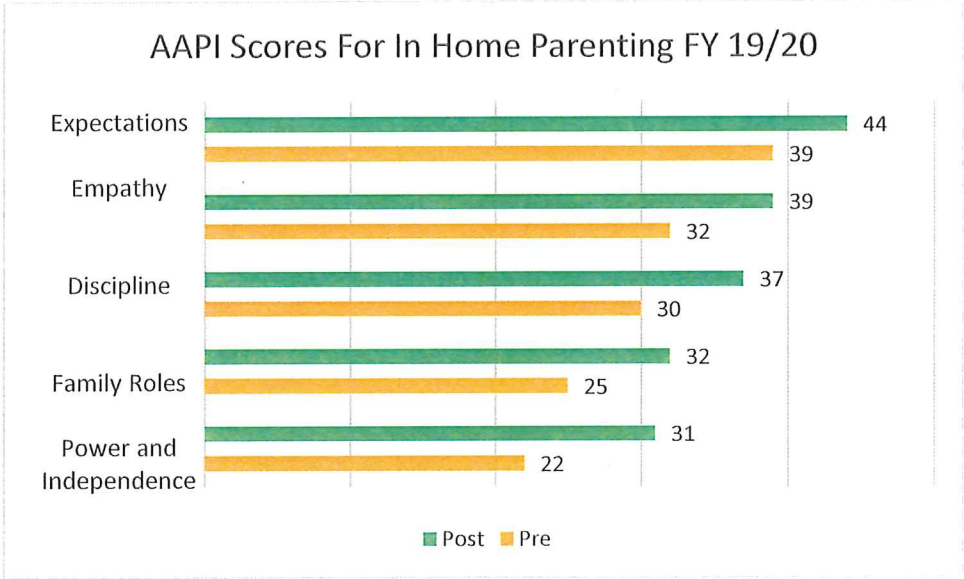


- 100% of participants expressed satisfaction with Parenting Class Content in four areas (learning new techniques, applying skills and information, material presented clearly, feeling more confident)

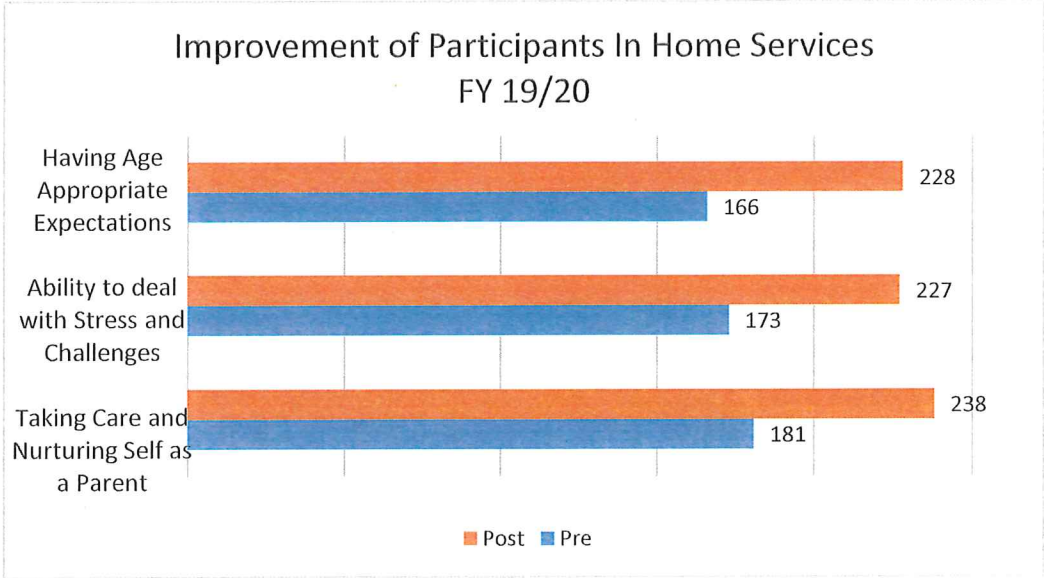


Calm the Crisis Therapeutic Home Visiting Program (first year)

- 30 unique families received crisis therapeutic home-visiting services
- More than 50% of the families moved into longer term Home Visiting Services or Parenting Classes
- 9 clients will receive continuing services into FY 20/21
- 100% of clients improved in 5 different parenting construct areas, using the AAPI pre and posttest assessment.



- 100% of clients improved their parenting knowledge in three areas after receiving In Home Therapeutic and Parenting Support Services on the retrospective evaluation.



Networking/Information Sharing on Nurturing Parenting Program

- Presented at 1 community event (Foster Youth Liaison Meeting)

- Involvement in approximately 8 regular community meetings (Social Services Consortium, SARB, Tuolumne Resiliency Coalition, Mental Health Coalition, Tuolumne County Opioid Safety Coalition, First 5, YES Partnership, Community Action Committee)
- Approximately 200 community members received information about Raising Healthy Families services
- Approximately 275 flyers and information sheets distributed
- Approximately 75 new inquiries from outreach events were received

Agency Collaboration

- ICES communicated with TCBH staff regularly throughout the fiscal year
- Involvement in approximately 8 regular community meetings (Social Services Consortium, SARB, Tuolumne Resiliency Coalition, Mental Health Coalition, Tuolumne County Opioid Safety Coalition, First 5, YES Partnership, Community Action Committee)

Implementation Challenges and Lessons Learned

- The obvious challenge or concern met this year through the Raising Healthy Families program was the COVID virus and how it affected the community as a whole. Setting the county at a stay-at-home order created a host of issues that the ICES Raising Healthy Families (RHF) program was able to acclimate to over the last first few months of the pandemic. Due to the signs of stress that were seen in parents, it was recognized that the critical need was to focus transitioning consultation capacities to help parents cope with their anxiety, isolation and economic fears. A large number of parents faced worries and sadness that often led to their parenting in unhealthy patterns. The Raising Healthy Families programs was faced with the pressing task of keeping their eyes firmly on the client. Staff had to chart new methods and gather new tools to help parents engage in the delicate balance of taking care of themselves and their children. The number of virtual consultations increased by 500%. ICES RHF staff did reach across multiple professional horizons to learn and seek out resources and strategies toward new ideas of working with clients. Those entities included Center for A Non-Violent Community, Amador Tuolumne Community Action Agency (ATCAA), County Superintendent of Schools Office and professional private therapists.

- Nine (9) parenting workshops were provided throughout the year, but due to COVID-19 and the stay-at-home order ICES had a difficult time implementing workshops during the last quarter of the fiscal year. This was due to no enrollment and difficulty with outreach to the community about the alternative teaching method (Zoom) the program was using.

- Approximately seventy-five (75) new inquiries resulted from outreach events. This was a decrease from FY18/19 of about 60%. The COVID pandemic played a big part in this. ICES was unable to facilitate the annual Children's Fair this year, due to the stay-at-home order placed on the state in April 2020. This annual event reaches upwards of 400 families per year and is one of ICES's largest marketing outreach strategies.

Examples of Success/Impact

A story of success as reported by the program (names changed to protect confidentiality):

Karen began working with Raising Healthy Families when Child Welfare Services became involved in the family's life. Karen lived with her second oldest daughter, her son who is severely autistic, and youngest daughter. In addition, Karen was also raising her oldest daughters' three very young boys. Her husband and oldest daughter did not live in the home, so Karen had very few

supports. The home was in poor condition, in part due to Karen's lack of support and help, but also in part due to Karen's unaddressed mental health.

Karen had her two children under eighteen placed into foster care, and her grandchildren were also removed from her care and placed into foster care. Karen had minimal independence from her husband, relying solely on him to make decisions for the family and manage any appointments and financial aspects. Her son had not been receiving appropriate medical care or supports he needed to be successful. Family roles, boundaries and healthy relationships were also a concern for everyone involved with the family.

When Karen first began working with the FSS she was resistant to any sort of information. Karen was under the impression that her children were removed unjustly and that she did not need to make any changes. After working with the Raising Healthy Families program for a while Karen was able to take a reflective look at her life and realize that changes were necessary to reunite her family.

Once Karen became insightful she began working with the FSS on formulating achievable goals. One such goal addressed her time management so she was able to have some time to care for herself, as well as the children. Karen has utilized the Nurturing Parenting curriculum to create schedules and routines, as well as effective communication. Karen has also worked very hard to learn what personal empowerment looks like, as well as beginning to exercise that personal power.

Karen has come a long way from the start of her involvement with the FSS. Karen has extended her supports, and now has family and friends that are willing to support her desire for a healthy life. Through her use of organizational and time management skills acquired, Karen has completely changed her house from unsafe, hoarding conditions, to now a very livable home.

With encouragement and continued support from the FSS, Karen sought treatment for her previously unaddressed mental health conditions. Karen is now utilizing therapy, in conjunction with medication, to continue making changes. She is in the process of separating from her husband, after realizing it was an abusive and manipulative relationship.

Karen has been able to show her CWS Social Worker that she is cable of learning and creating sustainable positive changes to such an extent that her children have been successfully returned to her care. In addition, Karen has now been able to secure successful employment to support her family on her own. Karen has completely changed her previous life and parenting style, she is now taking an active role in caring for her children and herself.

Another success:
100% of clients participating in the Calm the Crisis Home Visiting Therapeutic Services demonstrated reaching the goals suggested in the contract work plan. Clients have been able to practice using a more trauma-informed approach to parenting, in turn decreasing stress and challenges within the home, thus reducing the impact of mental illness. With teaching parents how to meet their child's needs and help foster optimal development, families have exhibited better attachment and a more nurturing environment.

PEI Program Number 2

Type of Program: ☐ Prevention ☒ Early Intervention ☐ Stigma & Discrimination Reduction
☒Access and Linkage ☐Outreach for Increasing Recognition of Early Signs of Mental Illness
State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention
☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs
☐Culturally Competent & Linguistically Appropriate PEI
Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure
☐Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals
☐Individuals experiencing onset of serious psychiatric illness ☐Underserved cultural populations

Program Name: Supporting Early Education and Development
Project Area as Defined by PEI Plan: Early Childhood
Program Description: In a contract with the First 5 Tuolumne County program, The Supporting Early Education and Development (SEED) program, promotes the social and emotional development of pre-school children ages 0 through 5. This Early Intervention program utilizes an Early Childhood Education (ECE) specialist to provide on-site training, consultation and materials to preschools in the community. These visits include observations of the social emotional climate in the classrooms, modeling behavior management strategies and supporting teachers in dealing with challenging behaviors. Children and families may receive targeted consultation, expanded special education services, and/or evaluation for an Individualized Education Plan (IEP). This project allows children and their families to receive early intervention support and services. Note: MHSA PEI funds account for 18% of the overall SEED program funding stream.
Number of unduplicated participants or audience members during fiscal year: 24

Program Reflection

Successes:

The program used the SEED Coaching Companion program to provide online and face-to-face professional development. The coach is able to develop customized lessons in Coaching Companion to focus on each teacher's specific goals. Most of the goals focused on CLASS, ECERS and CSEFEL strategies. At the Head Start sites, the teachers' coaching was focused on their goals based on CLASS and ERS outcomes.

Data:

- 19 early childhood educators at 7 school sites received SEED consultation utilizing Pyramid Model for Supporting Emotional Competence in Infants and Young Children; all of the lead teachers reported that they had learned and successfully implemented at least 3 new strategies and all stated that they intended to continue using the CSEFEL practices
- 8 of the teachers mentioned above participated in the online "Coaching Companion" training and had a combined total of 106 hours of coaching
- 4 Family Child Care providers were served at their homes
- Hosted staff meeting for 13 Columbia College educators on Pyramid M1 topics

Consultation

- 1 child was the focus of targeted consultation with the teacher and parent, and the child received developmental screenings

Implementation Challenges and Lessons Learned

The COVID-19 pandemic created challenges for this program as any in-person coaching or observation of teaching stopped. The program Director stated:

> *"We were very close to meeting this goal (incorporating at least 3 new skills related to the Pyramid Model in their classrooms). Before Covid-19, it is my understanding that staff were incorporating at least 3 new skills related to the Pyramid Model in their classrooms. All, except one program were focusing on increasing Positive Descriptive Acknowledgement (PDA). All were using a visual schedule, job charts, posted expectations, and looking for ways to change up their environments using more visuals (photos of children/and or families posted). We had 3 staff at Summerville Head Start, 4 staff at Motherlode Christian, 1 at Belleview, and 1 family childcare provider. I began visiting the Sonora SELPA program at the end of the 3rd quarter. Once COVID hit I did not get to start on goals with the 1 staff member there I had planned to work with. This puts us at a total of 9 coached staff."*

In regards to educators reporting that they intend to continue using these practices in future years the program Director reported:

> *"Through staff meetings and experiences with them, all the staff intend to incorporate and build upon the goals they've implemented during the coaching process this year. Some programs have materials yet to be prepared and are postponed due to COVID, but we have communicated that we will pick back up where we left off when we are allowed, and/or get through the rest of Pyramid Module training."*

In regards to challenges related to the COVID-19 pandemic the program Director reported:

> *"No longer can see anyone in person. All Meetings held via ZOOM. Programs closed...some private programs open when allowed by state Covid guidelines. SEED Coordinator continued sending out professional development opportunities and offered support to programs who continued to be open or doing virtual teaching."*

Examples of Success/Impact

Reported by the program Director:

> *"As staff become more aware and informed on the Pyramid skills and strategies, we see that less children are being referred. The SEED Coordinator role has gone from generally child focused to staff coaching focused."*

> *"The programs are having a lot of success with the visuals provided and notice the positive impact it is having with their students. There is an increase in the use of Positive Descriptive Acknowledgment (PDA) by staff. A family child care provider has expressed*

gratitude for having more materials to refer to, and the guidance it gives her in planning for goals with her clients."

"The child observed is having success using the Calming Strategies to calm down. He carries them around with him for quick reference. His mother and teacher feel like they have something to go to now for helping him regulate his emotions, and practice the skill together too. Staff are staying connected virtually with parents and students during the COVID19 closure. The SEED Coordinator continues to engage in online professional development related to Pyramid strategies and skills with staff and send them new opportunities that present themselves. SEED Coordinator is supporting staff in uploading PD hours in the Ipinwheel system. SEED Coordinator is producing packets of lessons for families that do not have internet access. Lessons incorporate activities related to Pyramid strategies and skills."

PEI Program Number 3

Type of Program: ☒Prevention ☐Early Intervention ☐Stigma & Discrimination Reduction ☒Access & Linkage ☐Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Youth 15-24 ☐Older Adult MH Needs ☐Early Psychosis & Mood Disorder Detection & Intervention; Mood Disorder & Suicide Prevention Programming ☐Culturally Competent & Linguistically Appropriate PEI ☐Early identification programming of mental health symptoms and disorders

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure ☒Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☐Underserved cultural populations

Program Name: Early Childhood Education Family Support Aide (FSA)
Project Area as Defined by PEI Plan: Early Childhood
Program Description: The AmeriCorps Family Support Aide (FSA) utilizes their lived experienced along with the evidence-based, Nurturing Parenting curriculum, to provide one-on-one sessions that are tailored to the specific needs of each parent or caregiver. The FSA will work to help parents and caregivers to develop social connections, to build relationships with other parents, families and community members, and to increase parent self-sufficiency.
Total number of unduplicated individuals served during fiscal year: 38

Program Reflection

Successes:

- 38 parents/caregivers received parenting education
- 23 parents/caregivers received 8 hours or more of parenting education
- During the first half of the fiscal year, 56% of participants improved their parenting skills, but not all parents completed the follow up AAPI.

Implementation Challenges and Lessons Learned

Due to the COVID-19 pandemic the program was unable to administer the AAPI assessment in the second half of the fiscal year, so skills improvement data is unavailable.

Examples of Success/Impact

As reported by the program's Family Support Aides (FSA) *(Identifying information has been changed to protect confidentiality):*

Story #1

"The client's emotional state and well-being would best be described as defeated when her infant daughter was removed from her care. The client has a history of substance abuse both before and during her pregnancy, but she proactively sought outpatient services following the birth of her daughter, which allowed her to continue safely caring for her child. However, after a medical emergency, she illegally obtained opiates from friends, after which her daughter was removed from her care and placed with the child's grandparent. The client was

referred to AmeriCorps Family Support Aides by Child Welfare Services. She was extremely eager to get her child back and was willing to accept help.

Services under the Nurturing Parenting Program has solely consisted of one-on-one home sessions with an FSA. The client is appreciative of consistent weekly support and grateful for an open-minded and objective learning environment, which has allowed her to enhance her parenting techniques and gain new skills. Family stabilization services included local substance use support groups. Although the client's family was originally in denial about her substance abuse, they have since become integrative and vital members of her supportive system

The client recently reunified with her daughter, has remained clean, and completed Dependency Drug Court. Additionally, she obtained a part-time job, moved into a better living environment with her parent, and has remained active in her church community.

The client's partnership with the FSA has enabled her to create a stable, loving, and safe home environment, including part-time employment and a clean lifestyle. She is honest and open about her substance abuse, maintains regular communication, is engaged during each class, and, most importantly, has recognized the need for oversight and accountability. Through the skills she learned from the Nurturing Parenting Program (NPP) as well as the insight she has gained into her own choices and future, she has been able to provide a structured, healthy, and nurturing home in which she has the tools to care for her daughter and herself. The client is healing from past trauma, recognizing the importance of focusing on the present, and reaching for goals that she thought were previously unobtainable."

Story #2

"Upon first meeting with this client, she was highly reserved and unsure of meeting with me. She was nervous about whether she could be hones and trust me to open up. The client was referred by her CWS worker as she had an open case plan with them due to prenatal substance abuse. Her child however was able to remain in her care. And she was willing to do what she had to in order to comply and keep her child in home and safe. My client successfully completed the drug dependency court, attended counseling sessions and graduated from Nurturing Parenting Program. She also participated in family stabilization services attending substance use support meetings as well. This client didn't take long maybe two sessions to open up. She connected with me and was open and honest about pat us and what she is doing now to prevent relapse. She was rally grateful to have extra support and be learning new parenting techniques to carry in to her parenting. My client was able to gain education and understanding of the negative effects of drug use in the home and with children. She was able to gain parenting knowledge and skills to help her appropriately interact with her son which I was able to observe in action as we met in home each week. She held a job and a home for her son as well as reliable transportation. But most importantly she was able to remain clean and sober mother. She was fully appreciative of the relationship she built with myself her family support aide, and continues to do well."

Story #3

It has been a journey within my Americorp duties. I have had the pleasure of watching many families grow and change. Some may not always make it though or with outcomes they wished for, but all will have learned something from this experience. Once client came in broken and just getting clean (forced to as her daughter was removed). She has mental health issues that at that time were not being addressed as well as the substance use. When they took her daughter she was using illegal substances and was not able to take care of her.

When she started parenting she was erratic at times and shut down others. It only took a few times for her to finally start opening up and looking at what she needed to do to be the best parent possible. I was able to refer her to domestic violence counseling and help her locate what she needed to go to meetings for her recovery. She leaned on me for advice and parenting support. While attending these classes she gained self-confidence. I could literally see a visible difference in her demeanor. She obtained a job and stable housing as well! By the end of our meetings this client was able to stand up for what she knew was the healthy way to parent and own her mistakes. She has implemented what she's learned within her visits with her daughter I have seen myself, and is vey close to getting her home."

PEI Program Number 4

Type of Program: ☒Prevention ☐Early Intervention ☐Stigma & Discrimination Reduction ☒Access & Linkage ☐Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☒Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure ☒Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☐Underserved cultural populations

Program Name: School-Based Resiliency Services
Project Area as Defined by PEI Plan: Childhood trauma prevention and early intervention
Program Description: The Center for a Non-Violent Community (CNVC) provides education, information and interactive learning opportunities to students and staff in local area schools aimed at increasing resiliency and protective factors, and reducing school-based violence. Throughout the years, a successful model has been implemented to teach students respect, empowerment and choice. Resiliency Workshops are presented on topics such as bullying prevention, kindness and empathy, and sexual harassment. Project Respect: Got Respect! focused on personal boundaries, conflict resolution, and empathy.
Number of unduplicated participants or audience members during fiscal year: 3469

Program Reflection

Successes:

Empathy and Kindness Workshops

25 resiliency workshops were implemented at 5 schools to a total of 640 unduplicated 3rd– 8th graders

- 16 Kindness & Empathy Workshops for 1st-5th grader students, 6 Coping Skills/Feelings & Needs workshops for 6th-8th grade students, and 3 Bullying and Sexual Harassment Prevention workshops for 6th-8th grade students) were held
- 100% of students identified at least 3 ways to show kindness to others and to themselves.
- 100% of 6th – 8th grade students were able to identify their boundaries after sexual harassment prevention presentation activity "Measuring Personal Spaces" in which they identified their own personal boundary and their peers' boundaries
- 100% of 6th – 8th grades students participating in nonviolent communication and healthy coping skills workshops were able to correctly identify peer feelings and needs and healthy coping skills to meet those needs

Resilience for Youth (R4Y) Pilot Program

- 1 6-session Resilience for Youth (R4Y) Pilot Program was planned for 6th-8th grade students at 1 school
- Facilitators spent weeks studying the curriculum and developed structured lesson plans for each session
- 1 of 6 sessions was held before COVID-19 pandemic closed the school; 149 students attended
- A Resilience for Youth social media campaign was launched for entire month of May 2020

Resilience for Youth (R4Y) Awareness Workshops for Adults

- 4 Resiliency for Youth (R4Y) Awareness Workshops for Adults were provided to 51 unduplicated adults including members of the Tuolumne Resilience Coalition, teachers, school administrators, and school Board of Trustee members
- 100% of participants in the workshop identified 2 links between lifetime trauma, physical and mental health
- 100% of participants in the workshop named 2 ways to interact with children who have been exposed to trauma
- 100% of participants in the workshop identified at least 4 behavioral responses to trauma

Coaching Sessions for Classified Staff

- 8 onsite resiliency coaching sessions were provided at one elementary school working with 4 classified staff on organized games at recess; onsite coaching at another elementary school was canceled due to the pandemic
- 100% of classified staff at the elementary school that received onsite coaching were able to demonstrate and model positive behaviors and a climate of respect after (8) coaching sessions at recess. The program staff observed a shift from punitive discipline to encouragement to resolve differences
- 100% of classified staff at Columbia Elementary were able to identify at least (2) ways to support children in reducing trauma after each of the (8) coaching sessions at recess. Classified staff identified ways that recess activities could build resiliency skills and positive protective factors serving as an antidote to trauma

Girls Circle and (Boys) Council

- 3 Girls Circles were facilitated for middle school-aged girls at 3 middle schools
- Curtis Creek Girls Circle met for 8 sessions with 11 participants
- Columbia Elementary Girls Circle met for 8 sessions with 8 participants
- Jamestown Elementary Girls Circle met for 7 of the 8 planned sessions with 9 participants
- 100% of students who participated in the Girls Circle group at Jamestown Elementary School identified personal strengths, communication styles, conflict resolution styles, and leadership styles after taking self-assessments
- 2 Boys Councils were facilitated for middle school-aged boys at 1 middle school
- Curtis Creek (Boys) Council 1 met for 4 of the 10 planned sessions with 11 participants
- Curtis Creek (Boys) Council 2 met for 4 of the 10 planned sessions with 11 participants
- 100% of students who attended the Girls Circle and The Council groups were able to demonstrate at least 2 ways to fortify caring and healthy relationships
- 100% of students who participated in the Girls Circle and The Council groups were able to identify at least 3 personal mindfulness techniques for self-care, coping, personal affirmation, and conflict resolution

Young Adult Mentoring Program

- 8 young adult mentors attended four 3-hour educational sessions and 5 planning sessions
- 8 young adult mentors co-facilitated 6 Coping skills/Feeling & Needs workshops and 2 Warming Up the Winter with Kindness events; 360 youth participated in the workshops/events
- 8 young adult mentors co-facilitated the Kindness Chain activity at CNVC's International Women's Day Luncheon with 200+ adult attendees; 2 senior students doing their senior projects also helped facilitate the activity

- As the pandemic began, 1 young adult mentor participated in creating content for social media campaigns and youth programs such as the "What I Stand For" campaign and the "It's My Body" music video created for the Keeping Kids Safe program as well as doing other volunteer work. CNVC recruited 4 additional students to create social media outreach and contribute to curriculum for the program's on-line platform
- 100% of the young adult mentors signed commitment agreements
- 100% of mentors identified their top 5 strengths and recorded on a group strengths' chart, and referred to several times during their training and participation in activities
- 100% of mentors were able to identify 4 ways to build protective factors and incorporated these factors into workshop activities for the middle-school aged students
- 100% of mentors demonstrated coaching students in the decision-making process during the Coping Skills/Feels and Needs workshop activities

Promotion of Resilience Into the Community Prevention Partners

- 62 collaborative events promoting the integration of resilience into 20 Tuolumne County community prevention partners including: ATCAA Promotores, ATCAA Headstart, EPIC Youth Coalition, Leadership Tuolumne County, Tuolumne Resilience Coalition, YES Partnership, YES Partnership Executive Committee, Sonora Police Department, NAMI, Columbia College, Sierra Senior Providers, Tuolumne County Superintendent of Schools Office, Cal Fire, Independent Living Program, Tuolumne County Public Health, Tuolumne County Board of Supervisors, First5, District Attorney's Office Victim Witness Program, Tuolumne County Behavioral Health, Tuolumne County Sheriff's Office
- During pandemic collaborated virtually with many of the above as well as with the California Coalition Against Sexual Assault Peer Network and California Partnership to End Domestic Violence Prevention Peer Network
- 8 local programs had plans to integrate resilience into their programs
- 9 community partner agencies attended training on resilience and/or co-facilitated the resiliency workshops including staff at one local elementary school
- 100% of the community partners that attended training on resilience were able to name 4 ways to build protective factors

Marketing campaign to increase resiliency and protective factors

- 296 Facebook posts and 120 Instagram posts highlighting and promoting aspects of resilience
- Over 100% increased engagement with social media
- Distributed material to promote resiliency at 24 community events including events such as health, wellness and benefits fairs, Sonora Police Department's National Night Out, Cal Fire's Fire Prevention Week Event, CNVC's Empower Women/Strengthening Communities event, Sonora Sport and Fitness, Columbia Elementary School, Women's March, Sierra Senior Providers, and more
- 2,001 attendees received and/or had access to materials and information on kindness and empathy; resilience; and behavioral and social services in Tuolumne County

Strengthen School Policies & Procedures

- CNVC staff compiled and reviewed all policies for three elementary schools and developed outreach plan to the schools
- CNVC signed an MOU with two of the three elementary schools including plans to strengthen school policies and procedures

- CNVC presented the foundation of the programs to the two School Boards and met with school Superintendents to build relationships
- Due to the COVID-19 pandemic and school closures the plans ceased, but CNVC staff continued to stay in touch with teachers, counselors and administration of the two elementary schools and offered support and virtual workshops and groups to promote a school climate of respect and positive behavior

Implementation Challenges and Lessons Learned

The COVID-19 pandemic in the third and fourth quarters of the fiscal year created many challenges for the program. Many changes were made in response to the pandemic:

- Because the Resilience for Youth pilot program ended after the first of session in-person sessions due to the pandemic, CNVC launched a Resilience For Youth social media campaign for the entire month of May 2020 consisting of (8) informational posts with corresponding calls to action. Each post was a condensed version of every R4Y lesson. The goal was to reach as many community members as possible and increase engagement by asking for responses to questions in the comment section. The program stimulated interaction by offering to those who engaged via comments into a giveaway.
- For many of the programs it was difficult to collect data as the schools were closed. CHKS indicators were chosen, but CHKS data was unavailable due to COVID-19.
- Many of the Girls Circle and (Boys) Council groups did not start or complete the full 8-10 sessions due to the pandemic. The program attempted to continue the groups virtually during the school closures, but coordination with the school was challenging and there was a lack of participants.
- CNVC staff and volunteers were trained and scheduled for the County-wide Friendship Conference for all 3rd grade students (hosted by TCSOS) scheduled for March 6, and March 13, 2020. CNVC facilitators were to guide 3rd grade students in activities teaching skills like making friends, building empathy and reducing discrimination and stigma. Due to COVID-19 the Superintendent of Schools cancelled the Conference.
- The COVID-19 pandemic spurred CNVC on to further develop its web-based marketing campaign. Compared to the first half of the fiscal year in which 62 Facebook posts were made, in the second half a total of 235 Facebook posts and 120 Instagram posts were made. CNVC launched a targeted social media campaign for the month of May utilizing the Resilience For Youth curriculum, posting 10 posts to Facebook and 10 posts to Instagram. In June, CNVC launched a targeted social media campaign asking the community to share what they stand for to find peaceful solutions to violence. 9 posts were shared to Facebook and 9 posts to Instagram.
- In the third quarter, the program was concerned with COVID-19 and school closures. Inability to complete workshops and groups; therefore, inability to collect data. CHKS survey is the other data indicator they look at. This was inconclusive due to the shelter in place. The program offered support to the schools and local therapists by introducing online support groups.
- In the fourth quarter, COVID-19 and school closures shifted CNVC's approach to their work plan goals. The shift included additional on-line outreach and developing plans to implement in different ways in the future. This included staff attending workshops on how to provide lessons using zoom, how to provide virtual Girls Circle and the Council workshops; increased number of staff to understand the use of Facebook analytics; how to utilize google share as we work remotely. Discussions about how to provide program services in the next school year if they were not allowed in the classroom. CNVC staff engaged in expanding their skills in facilitation and coaching. CNVC engaged in an interactive Book Club, Coaching For Non Profit Leaders and Managers. These discussions

provided a vehicle for the staff to understand how to lead from a place of compassion and inquiry. This is of particular importance as CNVC is responsible for coaching young adults and developing activities that promote resilience. Their style of delivery has the potential to impact the message they deliver in positive as well as negative ways. CNVC staff attended bi-weekly nonviolent communication training and racial equity discussions. The combination of all of these trainings and discussions has equipped the staff to better understand diversity and how to address this with children and adults.

Examples of Success/Impact

The program was able to reach over 3,000 individuals despite the pandemic and continued to further develop their online programming to reach individuals in the local community and beyond. Before the pandemic, CNVC was facilitating in-person workshops for youth, teachers, school administrators, and classified staff and those successes are described above.

PEI Program Number 5

Type of Program: ☒Prevention ☐Early Intervention ☒Stigma & Discrimination Reduction ☐Access & Linkage ☒Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☐Childhood Trauma PEI ☒Early Psychosis and Mood Disorder Detection & Intervention ☒Mood Disorder & Suicide Prevention Programming ☒Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☐Children/youth at risk of school failure ☐Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☒Individuals experiencing onset of serious psychiatric illness ☐Underserved cultural populations

Program Name: Suicide Prevention and Stigma Reduction
Project Area as Defined by PEI Plan: Suicide Prevention and Stigma Reduction; Outreach for Increasing Recognition of Early Signs of Mental Illness
Program Description: The Amador Tuolumne Community Action Agency (ATCAA) provides the Suicide Prevention services for TCBH. The goal of the program is to provide a variety of community-wide trainings, education and information to open dialogue and raise awareness about risk factors, protective factors and warning signs of suicide as well as how to recognize that a person may be dealing with a mental health problem or crisis. Through trainings, meetings and community involvement, ATCAA continues to work toward ensuring that Tuolumne County is a suicide safer community, that community members can recognize the signs of someone experiencing a mental health issue, and to reduce the stigma associated with having a mental health issue.
Number of unduplicated participants or audience members during fiscal year: 209

Program Reflection

Successes:

- Two (2) 2-day ASIST II (Applied Suicide Intervention Skills Training) Workshops offered; 24 individuals completed the training; 100% of participants indicated that they would do a suicide intervention if someone told them they were having thoughts of suicide, feel prepared to help a person at-risk of suicide, and feel confident they can help a person at risk of suicide
- Three 3-hour safeTALK trainings offered; a total of 64 people were trained; 100% of participants felt well prepared or mostly prepared to talk directly and openly to a person about their thoughts of suicide.
- Zero (0) 8-hour Mental Health First Aid (MHFA) trainings were held during the fiscal year
- One (1) 8-hour Youth Mental Health First Aid (YMHFA) training was offered; 35 individuals were trained; 100% of the training participants agreed or strongly agreed that they can recognize the signs that a young person may be dealing with a mental health challenge or crisis, that they will reach out to a young person who may be dealing with a mental health challenge, that they will assist a young person who may be dealing with a mental health problem or crisis seek professional help, and that they will assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports
- Zero (0) Boys Council or Girls Circle Groups were held during the fiscal year
- Three (3) 1-hour Introduction to Suicide Prevention/esuicideTALK Trainings were offered; 86 individuals completed the trainings; 100% of the attendees understand the importance of

suicide alertness and the four steps (Tell, Ask, Listen, Keep Safe) to help someone who has thoughts of suicide by referring them to a keep safe connection for assistance
- The Suicide Prevention Committee met regularly during the first two quarters of the fiscal year; the committee did not meeting the last two quarters; the Committee gave regular reports at the YES Partnership meetings
- Provided leadership and administrative support in the planning and coordination of the first Hope and Honor Walk for suicide prevention and awareness on September 21, 2019; evaluated outcome of first Walk and determined that there would be a Second Annual Hope and Honor Walk on September 12, 2020
- Suicide prevention materials were distributed at all workshops and trainings and at the Hope and Honor Walk; information on the new Hopeline and "The Greater Good's Guide to Well-Being During Coronavirus" was distributed to YES Partnership members and several community partners posted the information on their social media platforms; the program director spoke about suicide prevention services at "The New Normal Staying Connected" virtual roundtable in June

Implementation Challenges and Lessons Learned:

- The Covid-19 pandemic disrupted many planned suicide prevention programs during the fourth quarter.
- An ASIST workshop was canceled in third quarter due to low enrollment and all in-person workshops were canceled in fourth quarter due to COVID-19 pandemic
- In 4th quarter, an Introduction to Suicide Prevention was conducted virtually with 13 members of Mental Health Coalition in attendance
- Plans were made to offer a Boys Council Group and Girls Circle Group after Spring Recess during the week of March 30 and a staff member from TCBH attended a Girls Circle facilitator training in February 2020. There were no Groups held due to the COVID-19 pandemic
- There was a problem with the LivingWorks Start web portal which postponed the rollout of the new online suicide prevention training.

Examples of Success/Impact

- 209 individuals from various sectors of the community received suicide prevention and Youth Mental Health First Aide training including school personnel and hospital and medical staff.
- The Hope and Honor Walk for suicide prevention and awareness was a success. Michael Wilson, Tuolumne County Behavioral Health Director, Cathy Parker, Tuolumne County Superintendent of Schools, and Bob White, Prevention Programs/YES Partnership Director did a Mother Lode Views show on suicide prevention which aired during Suicide Prevention Month in September.

Outreach for Increasing Recognition of Early Signs of Mental Illness Strategy within a Program

This program also acts as TCBH's strategy within a program for outreach for increasing recognition of early signs of mental illness. The number of potential responders is two hundred and nine (209), the number of individuals that received training during the fiscal year. The setting(s) in which potential responders are engaged and types of potential responders engaged in each setting include:

- Setting(s) in which potential responders are engaged and types of potential responders engaged in each setting:
    - Adventist Health Primary Health Care (23)

        - Nurses and Medical Staff
        - Hospital Administrators
    - California Highway Patrol (1)
        - CHP Officer
    - Columbia College (11)
        - School Administrators
        - Educators
    - Community Members (37)
    - County Behavioral Health (8)
        - Administrative Analyst
        - Behavioral Health Workers
        - Behavioral Health Clinician at Juvenile Detention Facility
        - MHSA Coordinator
        - Peer Specialists from drop-in wellness & recovery center
        - Social Workers
    - County Staff Other (1)
    - County Child Welfare (1)
        - Community Health Worker
    - County Victim Witness program (2)
        - Administrative Assistant
    - Mother Lode Job Training (2)
    - K-12 School Personnel (121)
        - School Administrators
        - Educators
    - Sierra Senor Providers (1)
    - Tuolumne Band of Me Wuk Indians (1)

PEI Program Number 6

Type of Program: ☒Prevention ☐Early Intervention ☐Stigma & Discrimination Reduction ☒Access & Linkage ☐Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☐Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☒Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☐Children/youth in stressed families ☐Children/youth at risk of school failure ☐Children/youth at risk of juvenile justice involvement ☐Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

Program Name: Older Adult Wellness Program
Project Area as Defined by PEI Plan: Older Adult Mental Health
Program Description: TCBH has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of the program is to engage individuals, aged 60 or older, that are isolated, lonely, unserved or underserved. Trained volunteers utilize engagement strategies such as in-home visits to provide socialization, counseling, resources and referrals.
Number of unduplicated participants or audience members during fiscal year: 58

Program Reflection

Successes:

- 27 individuals received counseling, socialization, and depression intervention services; a total of 287 sessions
    - 100% of the individuals who completed counseling and the post test reported a reduction in symptoms as measured by the Geriatric Depression Scale and/or the Geriatric Anxiety Schedule (1 individual did not complete the post test)
- 1 counseling trainee/associate (MFT) was recruited to co-facilitate groups and to provide individual counseling
- 2 different agencies referred seniors in need including: Adventist Health Sonora and Area 12 on Aging; the program received self-referrals from individuals who learned about the program from NAMI and the local newspaper
- Made referrals to 17 different community programs/agencies
- 2 CAFÉ program presentations to one elder community reached 16 residents; 100% of attendees expressed that content was relevant and helpful to empower them to improve their quality of life
- 8 individuals were provided with brief phone counseling on coping strategies for dealing with COVID-19 restriction
- 14 open support group meetings were conducted with 7 unique individuals attending; 94% of attendees surveys indicated overall satisfaction with the support group.
- Program clinician attended monthly networking meetings, placed notices in local paper, and made program material available at a local health fair, senior living facilities, mobile home parks in the community, and reached out to community partners during the pandemic to inform them that the program was offering telemedicine

Implementation Challenges and Lessons Learned:

The program reports:

- Quarter 1: The most difficult challenges facing the program continue to be resistance to accessing mental health services among older adults and difficulty getting information about services to the most isolated individuals. Adventist Health Home Health social workers have been invaluable in getting information about services to some individuals but many of the high-risk individuals have minimal contact outside of their homes and do not participate in community events. Program clinician plans to increase outreach to medical offices and community clinics to try to facilitate awareness of services. When clients are referred for services, they can be reluctant to participate due to stigma and/or the belief that feelings of depression are normal parts of aging. Community presentations will focus on addressing these challenges.
- Quarter 2: In the second quarter the open support group was canceled three times due to weather, holidays, and Public Safety Power Shutoff events.
- Quarter 3: The major new development during the third quarter has been the COVID-19 crisis and the restrictions to social gatherings and personal contact. The program support group has been unable to meet in person since mid-March. Additional plans for community education presentations are on hold at this time. All clients have been offered alternative options for continuing their individual counseling sessions but not all clients are comfortable with the technology required. Some clients have chosen to wait until the restrictions are lifted to continue services. Outreach events have been cancelled throughout the county, making it harder to do new outreach and community about the program changes.
- Quarter 4: The major challenge for the fourth quarter has continued to be the COVID-19 crisis and restrictions. Program presentations and support group had to be cancelled until further notice due to these restrictions. Referrals declined significantly after the restrictions were announced but had begun to increase in the final weeks of June. Outreach events have also been cancelled and the program has been forced to rely on community referrals, postings and notices in the local paper to communicate that services are still available. Older adults are frequently less comfortable with telehealth counseling options and some have chosen to wait to pursue counseling until they feel safe resuming face to face sessions.

Examples of Success/Impact

The program reports:

- Quarter 1: The Mother Lode Wellness Program has created a mental health service option that serves people who fall between the cracks. Individuals who don't qualify for Behavioral Health services but cannot afford to pay a private therapist can utilize our program to address their mental health needs. Our support group has provided a safe place for clients to share challenges and connect with peers. The members initiated a group exercise period prior to the group meeting led by one group member and regularly offer support with each other's challenges. We hope to continue building on these accomplishments in the months to come through our community presentations and ongoing outreach in the community.
- Quarter 2: The Motherlode Wellness Program continues to serve older adults who could not access traditional behavioral health service options. Several clients have requested in home sessions due to limited mobility prohibiting them from accessing other mental health services. The program has also begun receiving referrals from the Groveland area where some services are less accessible. The program services have made progress in establishing mutually supportive relationships and reducing stigma of mental health issues through our community presentation and support group meetings. When speaking with Skyline residents after the Winter Wellness Presentation, clinician heard comments that indicated that the

presentation succeeded in expanding the attendees' perception of the purpose of mental health services. Attendees made comments expressing interest in pursuing wellness services to assist them in coping with major life transitions and relationship challenges.

- Quarter 3: The program has adapted to the new state of our world by shifting to providing telehealth sessions in the third quarter. Many clients have taken advantage of this option to continue their services. The program clinician has also been checking in with current and past clients to support them in reacting to the COVID-19 safety measures. Referrals are being made when appropriate and clinician is helping people to brainstorm solutions for the new challenges in their lives. Support group members have been encouraged to stay in touch with each other by phone and other means so they can continue to support each other during this crisis.
- Quarter 4: Telehealth sessions are being provided. Program clinicians have also provided face-to-face sessions with clients while following mask and social distancing protocols. Program clinician has continued to provide phone support to individuals who are struggling with the restrictions but do not wish to pursue regular counseling sessions at this time. Support group members report they are staying in contact with each other and providing support and encouragement.

PEI Program Number 7

Type of Program: ☒Prevention 30% ☒Early Intervention 70% ☐Stigma & Discrimination Reduction ☒Access & Linkage ☐Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs ☒Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure ☐Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

Program Name: Promotores de Salud (Promoters of Health)
Project Area as Defined by PEI Plan: Latino Outreach and Engagement
Program Description: TCBH contracts with the Amador Tuolumne Community Action Agency (ATCAA) to provide prevention and early intervention services to the Latino community in Tuolumne County. The program consists of two Promotores de Salud (Promoters of Health) who provide mental health education, outreach and support. The Promotores are from the Latino community themselves and have succeeded in building relationships and trust with their peers. They focus on breaking down barriers to accessing services, such as transportation, culture, language, stigma, and mistrust of behavioral health services.
Number of unduplicated participants or audience members during fiscal year: 431

Program Reflection

Successes:

- 18 information presentations on mental health and Promotores de Salud reaching over 177 community members
- 64 members of the Latinx-American community were provided services by the Promotores
- 51 Latina Support Group contacts
- 12 rides to access services
- 15 translation assistance services
- 112 direct services (in-home or group support)
- 15 requests for assistance from other agencies, schools, or counselors
- 24 instances where Promotores participated in other agency events
- 10 referrals to Behavioral Health or other related services

Implementation Challenges and Lessons Learned

Reported by ATCAA/Promotores de Salud Program:

- *Beginning in March 2020, due to the Covid-19 pandemic, the Promotores were unable to facilitate any presentations or outreach activities in the community. They did reach out by phone to Mexican restaurants in the area to help give information about programs to assist financially for the closing of their businesses. The Promotoras continued to reach out to the community via phone, but it was challenging to have the same level of outreach. They focused on making sure families were connected to health resources to keep their families safe*

and on connecting to food resources in the county. The program implemented conference calling to continue training for the Promotores staff. One success was that the program established a Los Promotores de Salud Facebook page in the fourth quarter that is helping to get more information in Spanish out to the community.

- *We did not have a formal survey of clients this year because most of our presentations were through outreach tables in the community, which made it difficult to have clients fill out surveys. There was difficulty in finding a way to do the survey anonymously without the Promotora doing the survey being the one asking the questions, but we were able to gather some surveys which are included in the report attachments. We will include this on a more regular basis in the 20/21 fiscal year.*

  There was also a challenge with the Latina support group in the third quarter and the role the Promotoras play in the group. We had two meeting set up at the beginning of the year with the group organizer to discuss the role of the Promotores in the group and how they can contribute, but both meetings were canceled due to the group organizer being ill. We had to shelter in place shortly after. Because of this, the group participation numbers were not part of the third quarter report. The dynamics of this situation were complicated and were resolved in the fourth quarter.

Examples of Success/Impact

Reported by ATCAA/Promotores de Salud Program:

- Promotores staff met regularly with the program coordinator and met virtually once the pandemic hit. The Promotoras gave the program coordinator positive verbal feedback about the trainings and they expressed that the most helpful trainings were the Suicide Prevention for Parents, "Vamos a Platicar," the ASIST suicide prevention training, and the Implicit Bias and Cultural Awareness training.Promotores staff received the following training: ASIST Suicide Prevention, social median and advocacy webinar, Implicit Bias and Cultural Awareness, PITC Marijuana Abuse, Voter's Choice, Family First Training through UC Davis on Autism and IEP's, Adolescent Mental Health webinar, Adolescents and Vaping webinar, Suicide Prevention for parents and in education, self-care for parents with children with disabilities.
- Despite the challenges of the COVID-19 pandemic the Promotores program continued to do outreach via virtual means and was prompted to create a Facebook page in Spanish that could provide information to the Spanish speaking community.

PEI Program Number 8

Type of Program: ☒Prevention 80% ☒Early Intervention 20% ☐Stigma & Discrimination Reduction ☒Access & Linkage ☐Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☐Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs ☒Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☐Children/youth in stressed families ☐Children/youth at risk of school failure ☐Children/youth at risk of juvenile justice involvement ☐Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☒Underserved cultural populations

Program Name: Native American Outreach and Engagement
Project Area as Defined by PEI Plan: Native American Outreach and Engagement
Program Description: The Tuolumne Me-Wuk Indian Health Center (TMWIHC) provides prevention and early intervention services for anyone in need, but specifically targeted to the Native American population including youth and families. By offering programs designed to engage the participants in health and wellness activities, with a focus on connections with Native American culture, the program encourages activities such as sweat lodges, traditional healing, and talking circles. Participants benefit from specific services and supports that honor the culture, beliefs and spirituality of Native American traditions.
Total number of unduplicated individuals served during fiscal year: 932+

Program Reflection

Successes:

Sweat Lodge Ceremonies:

- 8 community sweat lodge ceremonies were held; 113 individuals participated

Support and Recovery Activities for Native Americans in County Jail System:

- 77 inmates received support

Healthy Activities and Programs for Community to Connect with Native American Culture

- 72 two-hour community events were held; 390 individuals participated
- 40 ninety-minute White Bison 12-step study meetings were held; 161 individuals participated

Promote Awareness of Serious Mental Illness and Traditional Healing in the Community

- 6 community events were offered with a total of 91 individual attending:
  - Traditional Healing with Maggie Steele: 43 participants
  - Youth Drumming and Storytelling: 28 participants
  - Plant Wellness Zoom Event: 10 participants
  - Storytime Presentation Zoom Event: 0 participants
  - Spring Into Wellness Zoom Event: 0 participants
  - Storytelling Zoom Event: 10 participants

Outreach Strategies for Children (0-11) and Youth (12-19)

- 1,305 children and/or youth attended the weekly prevention cultural activity (may be some duplication, but the program reached its goal of serving 100 children/youth)

Implementation Challenges and Lessons Learned

The program reported:

- *The program was unable to go to the jail (in the first quarter) due to short staffing; the program staffing problems were taken care of (in the second quarter) and we were able to get into the county jail. The program was informed from Columbia College that out of 7 outreach participants that were in the jail and that were sent to college when released 6 made the dean's list the end of December.*
- *The goal of having 120 participants attend sweat ceremonies was not met, as only 113 individuals attended these activities as of the third quarter of the fiscal year. However, this goal would have likely been met if COVID-19 restrictions had not prevented sweat ceremonies from being held in Quarter 4.*
- *The goal was for 100 incarcerated Natives to have participated in support and recovery activities; 77 unduplicated individuals participated so this goal was not met. This is in part due to staffing changes within the program at the end of Quarter 3. This is also partially due to a re-evaluation of agency resources and collaborative opportunities with the jail. There was an initial in increase in services for all jail inmates, include the Native population during quarters 2 and 3, but COVID-19 drastically decreased capabilities for public-facing services. For example, the jail has been closed to outside agencies since March 2020.*
- In the fourth quarter: *Programming has been greatly hindered by COVID-19 and restrictions on public-facing services. April and May saw a halting of all services that were not one-on-one counseling sessions provided via telehealth. In March the Jail closed to all outside agencies, pausing administrative discussions re. services to be provided in the jail and future collaboration between our agencies. Cultural and 12-step group programming resumed in June, however with reduced size and additional safety-precautions in place. As a success, the Zoom platform was utilized to provide x2 community cultural events this quarter: a "Storytelling" event and a "Spring into Wellness" plant wellness medicine event. We have also begun using Zoom/ iPad to work through barriers to better serve our community during this pandemic.*
- *It appeared as if we were going to increase the number of cultural activity attendees and White Bison attendees as compared to earlier quarters this FY, however COVID safety restrictions greatly decreased our ability to provide these services the second half of the year. Despite this barrier we have begun using creative methods such as using Zoom/ iPad, holding group sessions outdoors in confidential setting to better serve our community during this pandemic.*
- *Our outreach to the older adult population could be improved, as these numbers are significantly lower than the younger age groups. We have already begun to explore how to reach this population.*

Examples of Success/Impact

The program reported:

- Client comments following sweats: *"I feel so much better after attending sweat ceremony, thank you;" "I greatly appreciate you guys having sweat and allowing me to participate;" "I'm glad I have found a place that accepts me and that I fit in at."*

- Per Morris Gaede, Inmate Programs Specialist with Tuolumne County jail, participants would "specifically ask to see Tina (former SUD counselor);" "look forward to Tina's visits;" "Mewu:Ya's services within the jail are a huge benefit to our inmates."
- In regards to cultural activities and White Bison meetings:
    - Taken from Patient Satisfaction Survey: *"The communication and encouragement from the counseling team and their empathy has been the most helpful to me." "I have been able to learn more about the triggers to my addiction and healthier behaviors."*
    - From participant statements: *"I think it's a good part of recovery, teaching new ways to keep busy;" "Drumming is the best thing I have done for my recovery, peace of mind, and spirit;" "It has helped me calm! Healed me!;" "I love this attrition to my AA recovery program;" "It helps me so much and I look forward to it."*
- In regards to Outreach Strategies for Children (0-11) and Youth (12-19):
    - *We were able to provide traditional activities to the youth which is new and it was very well received.....they are very eager to learn about their culture and language. The transitional youth class has learned and are now able to count to 100 in the Me-Wuk language.*
    - Participant comments after children/ youth activities: *"Look how high I can count in language;" "Thank you for coming and showing us the plants today;" "I love playing hungu, hungu, tin:u mi'tan? (wolf, wolf, what time is it?);" "I love playing Hino'wu (handgames)"*
- In regards to promoting traditional healing in the community: *The cultural and drum gathering has helped bring families together and making them available to all ages has assisted in bringing wellness to the family's in the community.*

PEI Program Number 9

Type of Program: ☐Prevention ☒Early Intervention ☐Stigma & Discrimination Reduction ☒Access & Linkage ☐Outreach for Increasing Recognition of Early Signs of Mental Illness

State Priority: ☒Childhood Trauma PEI ☐Early Psychosis and Mood Disorder Detection & Intervention ☐Mood Disorder & Suicide Prevention Programming ☒Youth 15-24 ☐Older Adults MH Needs ☐Culturally Competent & Linguistically Appropriate PEI

Priority Population: ☒Children/youth in stressed families ☒Children/youth at risk of school failure ☒Children/youth at risk of juvenile justice involvement ☒Trauma-exposed individuals ☐Individuals experiencing onset of serious psychiatric illness ☐Underserved cultural populations

Program Name: Trauma-Informed Schools
Project Area as Defined by PEI Plan: Childhood trauma prevention and early intervention
Program Description: The Jamestown Family Resource Center (JFRC) is working towards implementing a trauma-informed approach to working with students and their families in Jamestown School District by educating school staff on trauma-informed principles. School staff are trained to effectively reach out to, and work with, high risk students such as those experiencing homelessness, or living in the foster care system or other out-of-home placement.
Number of unduplicated participants or audience members during fiscal year: 1,187 (67 school staff and 1,120 students)

Program Reflection

Successes:

Jamestown School District

Trauma-Informed Training for Previously Trained Staff in Jamestown School District

- 86% of previously trained staff report using trauma-informed practices and find it to be useful on the job
- 72% of identified high-risk students show a reduction in discipline referrals and improved attendance (3rd quarter report as no in-person school in 4th quarter due to pandemic)
- 38% of the identified high-risk students who could be measured show academic improvement (primary grade students do not receive grades)

Trauma-Informed Training for Untrained and New Staff

- 2 two-hour basic trauma-informed trainings were provided for 5 classified staff
- 1 two-hour basic trauma-informed training was provided for 2 certified staff
- An additional two-hour strategies and implementation training was provided for both classified and certified staff
- 350 students in Jamestown School District benefitted from trauma-informed trainings

Expansion of Trauma-Informed Schools Program in Tuolumne County

- Engaged 3 additional school districts in Tuolumne County to create trauma-informed training plans
- 1 two-hour basic trauma-informed training was provided as follows:
  - 27 school staff at Curtis Creek Elementary; 430 students benefitted

- 20 school staff at Twain Harte Elementary; 267 students benefitted
- 13 school staff as Cassina High; 73 students benefitted

- Additional strategies and implementation training was provided for the three schools before the COVID-19 pandemic closed the schools (4 hours at one school, 3 hours at another, and 2 hours at another)
- 100% of the participants in the trainings stated that the training was effective (123 evaluations returned) despite the fact that the trainings could not be completed due to the pandemic
- The coaching and assessment/monitoring components of this program could not be implemented due to the pandemic

Implementation Challenges and Lessons Learned

As reported by the Program Director:

- *It took longer than expected to finalize the scope of work and contract for services so work on delivering the trainings is a bit behind schedule. Without a signed contract I couldn't post a job listing for the support position. Hiring in a school district is a slow process – the job has to be posted internally for 3 weeks before going outside the organization..... I haven't been able to fill the assistant position..... Other than not being able to hire an assistant the project is going better than I anticipated.*
- *Due to the COVID-19 pandemic the school was closed in the 4th quarter of the fiscal year, so measurements for high-risk students of attendance, disciplinary referrals, and grades were reported from the 3rd quarter of the fiscal year.*
- *In the fourth quarter of the fiscal year no trainings were provided to school staff due to the school being closed. An on-line training course was developed, but not implemented. The program facilitator continued to track and make contact with high-risk students at Jamestown school district through phone calls and home visits.*

Examples of Success/Impact

Quotes from training evaluations:

"We would love more of this training at Twain Harte." – Teacher at Twain Harte
"This is not only useful at work but also at home." – Teacher at Cassina
"Very informative and relevant to our jobs on a daily basis." – Yard Duty at Jamestown
"Great presentation! We need more of these to help understand and remind us of why we are here for our students." – Classroom Aide at Jamestown
"Please come back and provide more information and strategies. Thank you!" – Teacher at Curtis Creek

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported

Age	
Children/Youth (0-15	7,408
Transition Age Youth (16-25)	1,754
Adult (26-59)	3,854
Older Adult (60+)	378
Prefer not to answer	
Race	
American Indian/Alaska Native/Native American	1,309
Asian	34
Black or African American	48
Latino/Hispanic	741
Native Hawaiian/Pacific Islander	32
White	3,355
More than one race	124
Other	63
Prefer not to answer	*
Ethnicity	
Hispanic or Latino:	
Caribbean	
Central American	*
Mexican	*
Mexican American/Chicano	*
Puerto Rican	
South American	
Native	
Other	*
Prefer not to answer	*
Non-Hispanic or Latino	
African	*
Asian Indian/South Asian	
Cambodian	
Chinese	*
Eastern European	*
European	18
Filipino	
Japanese	
Korean	
Middle Eastern/North African	
Vietnamese	
Native/Pacific Islander	*
Other	12
Prefer not to answer	*
Primary Language	
English	
Spanish	
Other	
Prefer not to answer	

Gender Assigned at Birth	
Female	5,889
Male	3,061
Prefer not to answer	
Current Gender Identity	
Female	50
Male	*
Transgender	
Genderqueer	
Questioning/Unsure	
Other Gender Identity	*
Prefer not to answer	
Sexual Orientation	
Gay or Lesbian	*
Heterosexual/Straight	53
Bisexual	*
Questioning/Unsure	
Queer	
Other (LQBTQ+)	14
Prefer not to answer	
Veteran Status	
Yes	11
No	53
Prefer not to answer	
Disability	
I do not have a disability	42
Mental illness	*
Difficulty seeing	*
Difficulty hearing or having speech understood	
Other seeing, hearing, speaking disability	
Learning disability	
Developmental disability	
Dementia	
Physical or mobility disability	*
Chronic health condition or chronic pain	*
Other physical disability	*
Prefer not to answer	*
Current Living Situation	
Homeowner	27
Rent Home/Apartment	21
Homeless	252
Sharing Housing	*
Multi-Family	
With Friends/Family	*
Foster Care	
Supportive Housing	
Subsidized Housing	
Other	*
Prefer not to answer	

Access and Linkage

For FY 2019-20, TCBHD collected general referral information from PEI contractors as follows:

Referrals To	#
Mental Health Services	54
Substance Use Services	28
Primary Care	14
Social Services	106
Grief Support	*
Caregiver Support	*
ATCAA	*
Interfaith	14
Jamestown Family Resource Center	12

*If less than 11, the number is not reported

For FY's 2020-21 and going forward, PEI contractors are being required to submit the following "MHSA PEI Contractor Referral Log" which will allow TCBHD to track referrals to TCBHD and required data points per MHSA PEI regulations.

PEI Contract Agency/Program Name: _____

FY: _____ Quarter: _____ Check if no referrals this quarter: _____

Log to be used to track referrals from PEI contractor to both TCBH and Non-TCBH behavioral health services.*
Submit log quarterly to TCBHD MHSA Programs Coordinator, 2 South Green St, Sonora, CA 95370 or via secure encrypted email to dfone@co.tuolumne.ca.us

MHSA PEI Contractor Referral* Log (referrals for behavioral health services only)				
First & Last Name of Referred (For referrals to non-TCBH services, write "N/A")	Date of Birth (For TCBH referrals only)	Date of Referral	Referred to which TCBH program? (eg. Crisis, MH, FSP, SUD)	Referred to which Non-TCBH Behavioral Health Agency/Program

**'Referral' is defined to mean the process by which the individual is given a recommendation in writing to one or more specific TCBH service providers for a higher level of care and treatment. Distributing a list of community resources to an individual does not constitute a referral.*

v.7.1.20

Appendix F

Annual Innovation Report
FY 2019-20

Tuolumne County Behavioral Health

There was no Innovation project in FY 2019-20 hence there is nothing to report on. Input for a new Innovation project will be solicited at future community stakeholder meetings.

Appendix G

MHSA PEI Participant Survey

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

1. ☐ **I prefer not to answer demographic questions**

2. Age:

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

3. How would you describe your race?:

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

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

Non-Hispanic or Latino

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

Hispanic or Latino

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

5. Gender assigned at birth:

☐ Female ☐ Male ☐ Prefer not to answer

6. Current gender identity:

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

7. Sexual orientation:

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

8. Are you a Veteran?

☐ Yes ☐ No ☐ Prefer not to answer

9. Primary Language:

☐ English ☐ Spanish ☐ Other_____ ☐ Prefer not to answer

10. City of residence (including surrounding areas):

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

11. Current Living Situation:

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

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

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

FOR OFFICE USE ONLY

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

Participant ID: _____

*Not intended for promotional events.