



**TUOLUMNE COUNTY
BEHAVIORAL HEALTH DEPARTMENT**

**MENTAL HEALTH SERVICES ACT (MHSA)
ANNUAL UPDATE FY 2019-2020**

**Draft Posted for Public Review & Comment Period:
August 1 – 30, 2020**

**Public Hearing Held:
October 7, 2020**

**Approved by the Board of Supervisors:
October 20, 2020**

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Tuolumne County

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

Local Mental Health Director	Program Lead
Name: Michael Wilson, LMFT	Name: Donna Fone, LMFT, LPCC
Telephone Number: 209-533-6245	Telephone Number: 209-533-6245
E-mail: mwilson@co.tuolumne.ca.us	E-mail: dfone@co.tuolumne.ca.us
Local Mental Health Mailing Address:	
2 South Green Street Sonora, CA 95370	


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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on October 20, 2020.

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

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

Michael Wilson, LMFT
 Director of Behavioral Health (PRINT)


 Signature Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

County/City : Tuolumne County

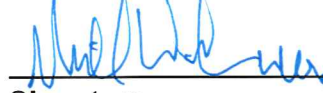
- Three-Year Program and Expenditure Plan
- Annual Update
- Annual Revenue and Expenditure Report

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

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

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


Michael Wilson, LMFT
Director of Behavioral Health (PRINT)


Signature 10-22-20
Date

I hereby certify that for the fiscal year ended June 30, 2019, 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, 2019. I further certify that for the fiscal year ended June 30, 2019, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

 10-21-2020
Signature **Date**

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

Introduction:

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

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

What is the purpose of an Annual Update?

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

County Demographics



Tuolumne County is located in the central Sierra Nevada, 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%
Veterans	10%	11.04%	9.63%	4.5%	4.8%	4.1%
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.

Community Program Planning Process (CPPP)

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. TCBH experienced the departure of two MHSA Coordinators, one in December 2018 and another in April 2019; a new MHSA Coordinator was hired in June 2019 and the CPPP was subsequently resumed in February 2020.

At the CPPP stakeholder meetings in February and March 2020, stakeholders were informed that the MHSA Annual Update for FY 19/20 was past due its deadline of June 30, 2019 and that the MHSA Three-Year Plan 2020-2023 was upcoming due on June 30, 2020. Stakeholders voiced wanting to focus the current stakeholder process on the upcoming three-year plan. They were agreeable to using the stakeholder process that informed the FY 18/19 MHSA Annual Update to inform the FY 19/20 MHSA Annual Update since at the time of the meetings FY 19/20 programming was well on its way. It is also important to note that the stakeholder process that informed the FY 18/19 MHSA Annual Update took place in late summer and fall of 2018 and was relevant to MHSA program planning for FY 19/20.

Furthermore, the COVID-19 pandemic further delayed the writing and publishing of this report as well as the writing of the MHSA Three-Year Plan 2020-2023. TCBH plans to submit a request to the California Department of Health Care Services (DHCS) for an extension of its deadline to submit the MHSA Three-Year Plan 2020-2023 under new State regulations allowing this flexibility. Under the regulation, the current State-approved MHSA plan would be in effect until the MHSA Three-Year Plan 2020-2023 is completed. Hence, this 19/20 MHSA Annual Update would remain in effect until completion of the new three-year plan.

The planning process for the MHSA Annual Updates for FY 18/19 and FY 19/20 included the gathering of stakeholder feedback via a community survey, key informant interviews, community meetings and focus groups. Information was gathered from participants to learn about their experiences with the current mental health system, record recommendations for improvement and acknowledge feedback and suggestions to address unmet needs.

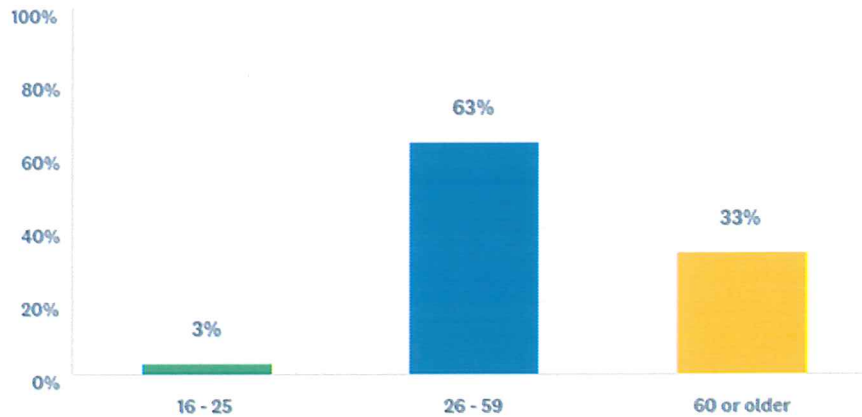
The community stakeholder survey was created and distributed to stakeholders via an e-mail marketing campaign to encourage stakeholders to make their voices heard. The survey opened on July 23, 2018 and was available online, and in printed format, through August 24, 2018. More than 225 surveys were received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

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

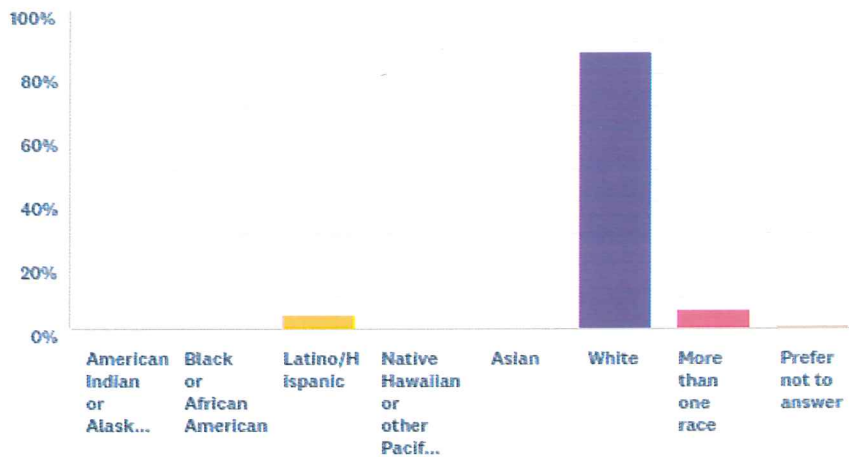
Answer Options	Response Percent
Mental health client/consumer	20%
Family member of a mental health client/consumer	18%
County mental health department staff	22%
Substance abuse service provider	3%
Community based organization	22%
Children & family services	12%
Education provider	12%
Law enforcement (including Jail and Probation)	10%
Veteran services	3%
Hospital / Health care provider	5%
Senior Services	7%
Faith based provider	5%
Student	4%
Advocate	21%
Homeless	8%

These charts demonstrate the age and race of survey respondents:

What is your age?



What is your race?



With 33% of survey respondents identifying as 60 or older; 87% as white; 6% as more than one race; and 4% as Latino/Hispanic, this demographic information generally mirrors the population of Tuolumne County, as shown in the most recent census data (See page 7), though more efforts will be made going forth to increase Latino/Hispanic individuals participation in the CPPP.

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

Top three key community mental health needs:

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

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

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

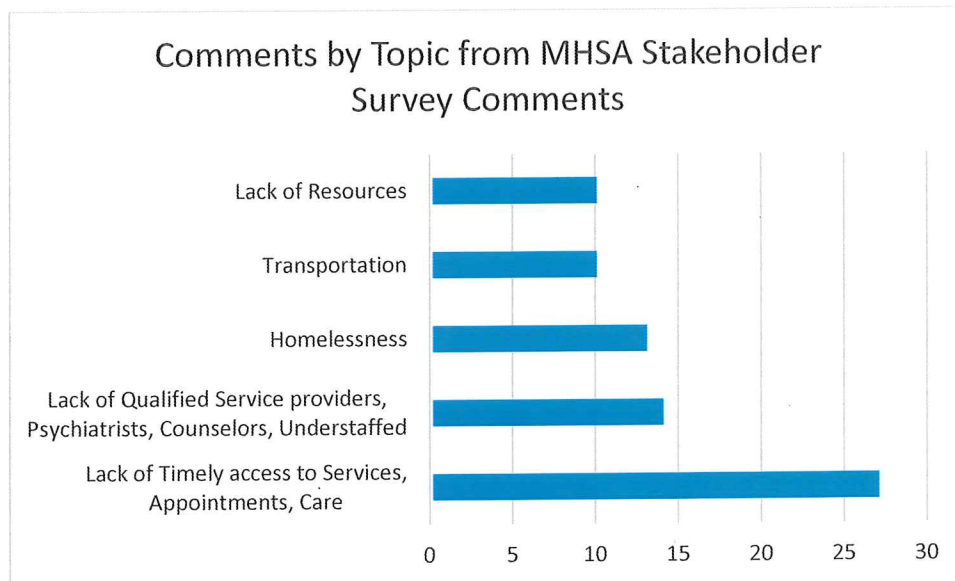
The top five challenges to Accessing Mental Health Services:

1. Transportation
2. Lack of Resources
3. Denial of Mental Illness
4. Lack of parental/family support
5. Stigma

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

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

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



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

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

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

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

Summary

Nearly 300 people voiced their opinions through surveys, focus groups and interviews throughout the CPPP. Consistently, the EC was mentioned as a valuable resource in the community and the children and TAY population were noted to be the most at-risk groups in Tuolumne County. Feedback concluded that TCBH needed to build awareness of mental health services available in the community. Efforts to build awareness were successful as 93% of the August 2018 survey respondents were familiar with TCBH and its location, a 7% increase from previous survey data. Also, more than 50% of survey respondents had not previously participated in a MHSA Stakeholder Survey.

30-Day Review Process:

A draft of the MHSA Annual Update FY 19/20 was available for public review and comment for 30 days from August 1, 2020 through August 30, 2020. The Notice of 30-Day Public Comment Period is shown on page 37.

Due to the COVID-19 pandemic, printed copies of the MHSA Annual Update FY 2019-20 were not available for review in public locations as has been the practice in the past. To obtain a hard copy or an electronic PDF copy, individuals were directed to contact TCBH as referenced in the Notice of 30-Day Public Comment Period (Page 37).

Interested persons could provide written comments during this public comment period as directed on the public comment form located on page 38. Written comments and/or questions were to be addressed to:

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



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 Department, Tuolumne County Enrichment Center & The David Lambert Center

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 MHSA Annual Update FY 2019/2020. The Public Hearing was originally scheduled for September 2, 2020, but due to technical issues on the day of the public hearing, was rescheduled for October 7, 2020. 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 MHSA plan and budget was reviewed for approval by the Tuolumne County Board of Supervisors on Tuesday, October 20, 2020.

PROGRESS REPORT BY COMPONENT:

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.

Due to budget-driven staff reorganization throughout TCBHD in December 2018, the EC hours and services offered were re-examined and it was determined that operating hours could be reduced with minimal impact to clients and services. Staff hours were greatly reduced during this time. In January 2019, the EC closed on Mondays temporarily. Due to stakeholder feedback, specifically those expressing the importance and value of the EC, the center's new 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.

However, in March 2020, and until further notice, the EC has limited services offering only laundry and shower facilities due to the COVID-19 pandemic.

Reference the two Enrichment Center Calendar of Events, Appendix B, for an example of support groups and activities.

FY 18/19 Cost Per Visit: The Enrichment Center was visited 3,364 times by 686 unduplicated individuals, for an annual cost of \$105 per visit.

The David Lambert Community Drop-In Center

The Enrichment Center's "sister center," the David Lambert Community Drop-In Center (Lambert Center) is open to community members, 18 years of age and older. The center is focused on

providing supports to individuals who are homeless, unemployed, or otherwise unable to meet their basic needs. Guests have access to computers and printers, as well as food, clothing and basic necessities, and the center offers a safe place for community members to relax, watch television, and socialize. Volunteer staff provide referrals to Behavioral Health and other community resources. The center celebrated 20 years of service to the community in May 2019.

However, in March 2020, and until further notice, the Lambert Center has temporarily closed due to the COVID-19 pandemic.

FY 18/19 Cost Per Visit: The David Lambert Center was visited 4,918 times by 555 unduplicated individuals for an average cost of \$12 per visit.

Outreach and Engagement (O&E)

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

Completed Projects

- *Community Outreach Peer Specialist at Columbia College:*

A Peer Specialist provided supports on campus at Columbia College in FY 17/18. This position performed various promotional and educational activities to build awareness and reduce stigma such as Active Minds. After this employee transferred to another Health & Human Services department in July 2018, the position was eliminated. However, a Behavioral Health Worker, who was originally the Enrichment Center Lead Peer Specialist, created an LGBTQ+ support group at the college, which began in Fall 2018 and continued to meet during the school year until March 2020.

- *Outreach in the Community:*

In FY 18/19 stigma reduction outreach activities through storytelling reached nearly 400 people in eleven (11) different locations throughout the community. Settings included churches, college health and wellness fairs, and service organizations such as the Sonora Lions Club. Additional outreach included the expansion of Behavioral Health promotional events throughout the county. Due to budget-driven staff reorganization throughout TCBH in December 2018, the Enrichment Center Peer Specialist Outreach position was eliminated. TCBH continues to maintain an active presence in the community by hosting information table at various fairs, conferences and community events.

Ongoing Programs

- *Benefits & Resources:*

A Benefits & Resources Specialist is available on site in the Tuolumne County Enrichment Center to assist individuals in the application process for public benefits such as Medi-Cal,

Supplemental Security Income (SSI)/Social Security Disability Income (SSDI), and CalFresh food supports. The SSI/SSDI Outreach, Access, and Recovery (SOAR) model 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), Disability Resource Agency for Independent Living (DRAIL), and the Salvation Army. Referrals can be made to TCBH for Benefits & Resources assistance, regardless of the individual's client status at TCBH.

During the first half of FY 18/19, a part-time Benefits & Resources Peer Specialist worked with individuals coming out of incarceration or hospitalization as well as those who were homeless or at risk of homelessness. This trained staff was not available during the second half of the fiscal year.

FY 18/19 Cost Per Person: The Benefits & Resources Specialist provided 873 direct benefits assistance services to 190 unduplicated individuals for an approximate annual cost per person of \$199.

- *Oral Health & Education:*

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

In FY18/19 the Smile Keepers program had a total of 404 encounters with individuals for all services including dental education and dental screenings and cleaning. Referrals for services were made to the Enrichment Center (EC), Behavioral Health, and other community resources. Community members enjoyed eighteen (18) educational sessions to learn about topics including proper hydration, cause and effect of dry mouth, and how certain medications can contribute to oral health issues. Smile Keepers also received walk-in referrals from the county Veterans Service Office, homeless shelter, and several community-based organizations.

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

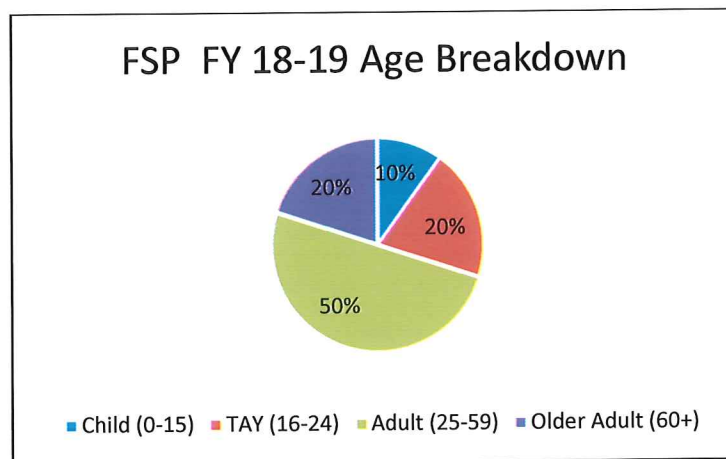
- *Mobile Shower Services*

In 2019 Give Someone a Chance began offering weekly shower services to community members in their mobile shower unit at the David Lambert Center. A total of 163 showers were taken by members of the community who also had access to the resources at the Lambert Center.

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 18//19 is as follows:



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

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

Prior to May 2018 LOCUS outcomes were entered into an Access Database by the administrative team. In May 2018 there was a shift from entering them into the database to FSP Case Managers entering the outcomes directly into the Electronic Health Record to be incorporated with the client charts. These outcomes could now be used on a more individualized basis with all TCBH.

When the LOCUS data is reviewed at a program level it was noticed that scores between CY 2017 and 2018 were less than one point different (see the LOCUS averages in the chart below). It

became clear that these outcomes should be reviewed on an individualized basis and showed little change when looking at the FSP program overall.

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

With this shift from LOCUS as a program outcome to a client outcome, other measures were reviewed to understand which outcomes should be analyzed to understand program change for FSP. With this notion Crisis and Hospitalization counts were decided more effective in evaluating program outcomes.

The chart below demonstrates FSP clients' utilization of crisis services. Numbers have remained relatively stable over the past few years, with the number and percentage of FSP clients utilizing crisis services decreasing steadily in 2018 and 2019. In 2019, twenty-six unduplicated FSP clients used an average of five (5) crisis services each; this is compared to three (3) in 2017 and 2018, and five (5) in 2016). The 2019 data indicates that FSP services have been effective at stabilizing over sixty (60) percent of clients and providing the wrap-around supports they need before a crisis develops.

FSP Crisis Counts by Calendar Year				
	2016	2017	2018	2019
Duplicated	157	95	107	139
Unduplicated	32	35	33	26
Total Admitted FSP for entire year	70	73	81	80
% of FSP Population used Crisis	46%	48%	41%	33%

The chart below gives a count of FSP clients that were hospitalized. These reports are reviewed in comparison to total agency hospitalizations. There was an increase in hospitalizations agency wide in FY 18/19, which is also a trend that was seen for FSP specific clients. The hospitalization reports show that there was an 56% increase in FSP hospitalization counts from FY 17/18 to FY 18/19. In addition, there was an 11% increase for total hospitalization agency wide for the same timeframe.

These numbers correlate to the increase in crisis services over the years viewed in the previous table.

FSP Hospitalization Count by Fiscal Year		
	FY 17/18	FY 18/19
Duplicated Client Counts	23	36
Unduplicated Client Counts	13	18

Total Hospitalization Count by Fiscal Year		
	FY 17/18	FY 18/19
Duplicated Client Counts	128	142
Unduplicated Client Counts	94	102

In FY18/19, a new protocol was launched in the FSP team known as Officer of the Day to offer additional support to FSP clients and enhance engagement with the FSP program. This protocol has been successful as FSP clients calling in to the dedicated FSP Warm Line between the hours of 8am to 5pm Monday through Friday, are able to speak to staff who are familiar with their case. The Office of the Day protocol will continue in FY 19/20.

Unduplicated Cost Per Client: In FY18/19 a total of 86 individuals received services through FSP. The estimated annual cost per client for the FY 2018/2019 year is \$10,976.

In FY 19/20, TCBH estimates that it can serve a total of one hundred (100) FSP clients over the 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 19/20, 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 20/21 is to increase capacity to serve the transitional age youth (TAY) population while reducing the number of those served in the adult age group. TCBH hopes to reach this goal by hiring a dedicated case manager for the TAY population at the end of the FY 19/20 fiscal year.

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 18/19 Cost Per Person: The CAIP unit served 791 unduplicated individuals for an average cost of \$583 per client.

Innovation

The last TCBH Innovation Project titled “Wellness: One Mind, One Body” was completed on June 30, 2017. TCBH is currently gathering stakeholder feedback regarding potential INN project ideas for the future and discussing possible collaboration with other community agencies.

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 local needs 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 for staff and community members. Trainings offered integrate the philosophy of a client/family-driven mental health system and foster cultural sensitivity and community collaboration. In FY 18/19, approximately 10 trainings were offered on topics such as: Mental Health First Aid (MHFA); Applied Suicide Intervention Skills Training (ASIST), safeTALK, Elder Empowerment; Child and Adolescent Needs and Strengths (CANS), Opioid Awareness, and Law and Ethics for Healthcare Providers. *Implicit Bias* and *The Culture of Poverty* are being considered as possible trainings to present to staff and community in FY 19/20.

TCBH is a certified Continuing Education (CE) provider for the Board of Registered Nursing (BRN), the California Consortium of Addiction Programs and Professionals (CCAPP), and the California Association of Marriage and Family Therapists (CAMFT). As such, TCBH can offer CE’s to eligible staff and community members for qualifying trainings. This benefit provides licensed and license-eligible staff a means to meet continuing education requirements at low cost and which is easily accessible. TCBH charges a nominal fee to community members for CE’s to help recuperate some cost related to WET expenditures.

TCBH provides opportunities for master’s level college students and post-graduate license-eligible individuals to gain hands-on, practical experience in mental health services. In FY 18/19 there were three (3) unpaid, volunteer master’s level student trainees on staff and approximately ten (10) paid license-eligible individuals on staff.

TCBH provides clinical supervision to licensed and license-eligible mental health staff through WET funds. Providing clinical supervision is a key benefit to recruit new staff and to continue to follow the “grow your own” model of workforce sustainability. In FY 18/19, an average of six (6) clinical staff received clinical supervision each month. This program will continue to be funded by WET for FY 19/20.

TCBH also collaborates with a local junior college nursing program 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.

Capital Facilities and Technological Needs (CFTN):

In FY 18/19, there were no expenditures for CFTN as all identified projects in the FY 18/19 budget were put on hold. These included:

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

In FY 19/20, the following funds are being allocated:

- \$29,272 Computers

Permanent Supportive Housing

There are two houses managed by TCBH, with a total of eleven beds. The 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.

The Cabrini House, a house for women, has five bedrooms and five baths. It is a ranch style home and has a common living room, kitchen, and dining area. The location is close to downtown Jamestown, and the bus route is easily accessible.

The Washington Street House is for men and has six bedrooms and four baths. There are three bedrooms downstairs and three upstairs; the levels are not joined. TCBH, The Enrichment Center, and downtown are within easy walking distance, which lends to the independence of the tenants.

Additional permanent supportive housing units for behavioral health clients are being included in No Place Like Home housing projects (see below) to be completed in the coming years.

Although planned in FY 18/19, the repairs to the decking at Cabrini House have not been completed and are currently on hold in FY 19/20.

State-Funded MHSA Programs

Funds for the following programs are not included in the TCBH MHSA budget attached to this 19/20 MHSA Annual Update as they are either State MHSA grant-funded or funded by MHSA appropriations to the State from each county as described below.

Mobile Triage Response (SB82)

In 2018, the Mental Health Wellness Act of 2013, SB82, provided \$461,370.50 in grant funding to TCBH for a new 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. 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 2019, the Mobile Triage Response program served 174 unduplicated individuals. Each unduplicated individual was served by the program an average of seven times for a total of 1,232 services.

No Place Like Home (NPLH)

On June 30, 2016 Governor Brown signed legislation establishing the NPLH Program. The legislation authorizes the State of California Housing and Community Development (HCD) to manage \$2 billion in bonds to fund the development of permanent supportive housing for people who are chronically homeless, at risk of chronic homelessness and are living with a serious mental illness. NPLH money will be appropriated, annually from each county's MHSA funds and will be eligible for individual counties to apply for in a Competitive and Non-Competitive round of applications.

- Participants must be referred through a Continuum of Care program
- Counties must offer wrap around mental health services, supports and connections to other community resources

- Counties must utilize a “housing first” approach which offers permanent supportive housing without mandating participation in services

TCBH expects the implementation of NPLH to reduce MHSA revenue by at least \$300,000 per year. However, is actively working towards applying for these Competitive and Non-Competitive grants. In a collaborative effort between Behavioral Health and the Community Resources Agency (CRA), the County of Tuolumne will pursue funding opportunities through the NPLH initiative. An approved request for \$500,000 in Non-Competitive grant funding will be used to leverage a larger project in which an application will be submitted in the Competitive round of available funds in 2020 and beyond.

One apartment complex with eight units is being repaired and rejuvenated and when completed, two of the apartments will house FSP clients.

The County is involved in another housing project which will provide approximately sixty to eighty units with about ten of the units earmarked for permanent supportive housing for behavioral health clients. The bid process is complete and a contract between the County and the developer to direct NPLH and other predevelopment funds to the project is scheduled to go to the Board of Supervisors in late August 2020.

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 (MHSAOC) 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. All TCBH PEI programs address access and linkage to treatment; access and linkage data will be reported in TCBH's FY 2019-20 Annual PEI Report.

In FY 18/19, TCBH allocated 59.6% of its PEI funds to programs supporting individuals aged twenty-five and younger; the State requirement is that at least 51% of PEI funds be dedicated to this age bracket. See the Annual Prevention and Early Intervention Report FY 18/19 (Appendix D) for a detailed breakdown.

The following is an overview of PEI program outcomes for FY 2018/2019. These programs will continue through fiscal years 19/20 and 20/21. More detailed information can be found in The Annual Prevention and Early Intervention Report FY 2018/2019 (Appendix D). The Three-Year Prevention and Early Intervention Evaluation Report for fiscal years 2016/2017 and 2017/2018 is included in Appendix C.

PEI Project Number 1 – Early Childhood Project #1

Nurturing Parenting Education

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

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

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



Parents take a pre-test and are provided with their scores in order for them to see where they are showing strengths, as well as areas for improvement. The post-test for classes presented in FY18/19 show that 100% of participants experienced an increase in AAPI scores in 3 of the domains listed above.

Highlights

- 165 parents/caregivers and their families benefitted from Nurturing Parenting Education classes and workshops.
- 31 individual parents/caregivers and their families received home visiting services

FY 18/19 Cost Per Person: The program served 196 unduplicated individuals. The estimated cost for this program is \$341 per person. This program is 75% Prevention and 25% Early Intervention.

PEI Project Number 1 – Early Childhood Project #2

Social Emotional Learning Foundations (SELF)

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

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

This year the program participated in a pilot program using the SELF 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.

- Teachers reported more than 3 new strategies were used.
- Teachers that participated reported that they benefitted from the customized coaching cycles
- The online format allows the coach to communicate with the teachers and not distract them from their time with their students

Highlights

- 8 teachers at 6 school sites received intensive training and coaching services throughout the school year with an estimated 100 children benefitting from the coaching services
- 8 children received targeted consultation:
 - 7 children (90%) referred to Special Education for further assessments; 2 of these referred to Special Education psychologist with only 1 requiring follow up
 - 7 children (90%) remained stable in the classroom
 - 1 child (10%) moved to a private childcare setting for personal reasons

FY 18/19 Cost Per Person: TCBH MHSA PEI funds account for 10% of the overall SELF program funding stream. The program served 16 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 \$625 per person.

PEI Project Number 1 – Early Childhood Project #3

Early Childhood Education Project – Family Support Aides

FY 18/19 was the second complete year of a new collaboration to strengthen and expand programs in the community by maximizing prevention funds between TCBHD and Tuolumne County Child Welfare Services (CWS). 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.

Highlights:

- 110 parents/caregivers received parenting education
- 85 of the parents/caregivers received 8 hours or more of parenting education
- 63 out of the 85 parents/caregivers improved their parenting skills by one level in 3 or more AAPI constructs (74%)
- 76 parents/caregivers graduated from the Nurturing Parenting program

FY 18/19 Cost Per Person: The program served 110 unduplicated individuals; the cost for this program is \$236 per person. The program is 75% Prevention and 25% Early Intervention.

PEI Project Number 2 – School Based Violence Prevention

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

For FY 18/19, workshops, presentations, and community events focused on building resiliency and protective factors in students, families, and community members. The focus this year centered on key components such as empathy building, sexual harassment prevention, conflict resolution, respect, and self-esteem building.

Highlights

- 28 Resiliency Workshops were implemented at 8 schools to a total of 690 unduplicated 3rd – 8th graders and 30 school staff.
 - There was 100% improvement in student confidence to resolve conflicts nonviolently

- 100% of 6-8th grade students (345 students) participating in Sexual Harassment workshops were able to identify and communicate personal boundaries, as well as recognize other students' personal boundaries
- 4 Project Respect: Got Respect! Seminars were implemented at 3 schools to a total of 380 middle school-aged students
- 11 Resiliency Awareness Workshops for Adults were implemented for 79 individuals
 - 100% of participants identified two (2) links between lifetime trauma, physical health, were able to name two (2) ways to interact with children who are exposed to trauma, and identified four (4) behavioral responses to trauma through training in ACE's, Resiliency, Trauma Informed Care, and Non-Violent Communication (NVC) Trainings.
- 1 Girls circle Group (10 sessions) was facilitated for eight (8) 7th grade girls
 - 100% of girls attending Girls Circle Session were able to identify two (2) ways to prevent sexual violence on campus. Through curriculum activities students identified communicating personal boundaries and protective factors such as self-esteem, and Strengths-Based Leadership training.

FY 18/19 Cost Per Person: Approximately 1,642 students, parents, teachers, and community members attended workshops for an annual cost of \$23 per person. This program is 100% Prevention.

PEI Project Number 3 – Suicide Prevention and Stigma Reduction Project

Program Description

The Amador Tuolumne Community Action Agency (ATCAA) provides the Suicide Prevention and Stigma Reduction 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 and that those with signs of mental health issues are connected to support and services. By training individuals in local behavioral health, primary care, school settings, staff of large local organizations, faith-based organizations, and the populace at large, each year the awareness around recognizing early signs of mental illness increases.

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

Highlights

- 45 individuals completed the 2-day ASIST II (Applied Suicide Intervention Skills Training) at four locations; almost 100% indicated that they feel prepared to help a person at-risk of suicide school staff
- 77 individuals completed the 3-hour safeTALK training at four locations; almost 100% felt prepared to talk directly and openly to a person about their thoughts of suicide

- 34 community members were trained in Youth Mental Health First Aid (YMHFA) and Mental Health First Aid (MHFA)
 - Almost 100% of participants reported that they would assist a person with suicidal ideation to find community and/or professional supports
 - Almost 100% reported that they would be able to recognize signs, reach out to, and assist someone dealing with a mental health crisis.
- 235 individuals completed the 1-hour Introduction to Suicide Prevention/esuicideTALK training at nine locations

FY 18/19 Cost Per Person: 391 people received training, attended a presentation or event, or received information about the program resulting in a cost per person of \$192. This program is 100% Prevention.

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

Older Adults:

CAFÉ (Connections and Awareness for Elders)

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 65 or older, that are isolated, lonely, unserved or underserved. Trained volunteers utilize engagement strategies such as in-home visits to provide socialization, counseling, resources, and referrals.

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

- 50 elder individuals received counseling, socialization, and depression intervention services
 - 95% of participants showed improvement in feelings of depression
- 5 new volunteers were recruited and trained
- 2 outreach presentations to local agencies
- 3 CAFÉ program presentations to elder communities
- 8 different agencies referred seniors in need including: TCBHD; Sierra Senior Providers; Avalon Care Center; and Adventist Health Sonora
- Participated in 5 local events to outreach to lonely and isolated elders including the Annual Elder Awareness Conference which provided education and resources to nearly 200 community members with resources and tips on how to identify elder abuse

FY 18/19 Cost Per Person: A total of approximately 255 people received supports, training, or outreach material for an annual cost of \$196 per person. This program is 100% Prevention.

Latino Outreach:

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.

The ATCAA Promotores de Salud *'People Helping People'* volunteer group continues to collaborate with the Tuolumne County Sheriff's Department to build trust in the community. The volunteer group focuses on working with the Latino community to decrease anxiety and fear around immigration challenges. The Promotores continue to support Latino families on preparedness plans and provide connections to legal assistance.

Highlights

- 24 informational presentations reaching 285 community members
- 133 Latina Support Group contacts
- 19 rides to access services
- 11 translation assistance services
- 62 in-home or telephone support services to 26 unduplicated Latino community members
- 195 direct services (in home or group support)
- 12 requests for services from other agencies, schools, or counselors
- 27 instances where Promotores participated in other agency events
- 17 referrals to Behavioral Health or other related services: 13 were to Latina Support Group

FY 18/19 Cost Per Person: Approximately 325 community members received services or education, resulting in an annual cost of \$92 per person. This program is designated as 70% Early Intervention and 30% Prevention.

Native American Outreach

The Tuolumne Me-Wuk Indian Health Center (TMWIHC) provides prevention 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 beading, and talking circles. Participants benefit from specific services and supports that honor the culture, beliefs and spirituality of Native American traditions.

FY 18/19 Highlights:

- 230 individuals participated in 12 community sweat lodge ceremonies
- 132 inmates received support and services in jail including development of a release plan to limit the chances of recidivism
- 141 individuals participated in 4 community events with visiting presenters, musicians, and healers
- 2 individuals received Student Study Team (SST) and Individualized Education Plan su

FY 18/19 Cost Per Person: 505 individuals received services, supports and education through this project for an annual cost of \$59 per person. This PEI contract is 80% Prevention and 20% Early Intervention.

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

Trauma Informed Care

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

Highlights:

- 39 homeless students received services
- 30 at-risk students were identified with numerous discipline referrals, poor attendance, and exposure to poverty and/or violence
- 162 students received mental health services on campus, or were referred to services off-campus
- 39 school staff have completed trauma-informed training this fiscal year and 11 school staff received follow-up coaching
- 84% of school staff surveyed believe the training is helpful on the job
- 86% of school staff reported improvement in the classroom/workplace environment

Progress is being made in changing the culture in Jamestown School District. In FY 18/19 there was a 11.7% reduction in Reflection Room referrals, suspensions, and expulsions and a 8.9% decrease in homeless student absenteeism. The district was featured in a cover article in California Educator Magazine as a state leader being in becoming a trauma informed organization.

<https://californiaeducator.org/2019/10/15/trauma-culture-of-compassion/>

FY 18/19 Cost Per Person: 417 students, parents, teachers and staff received services or training for an annual cost of \$48 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 E. 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 18/19 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.

Gender:	Male	828
	Female	935
Age	Children (0-15)	2197
	TAY (16-25)	157
	Adult (26-65)	5044
	Older Adults (65+)	86
Race	Caucasian	1085
	Native American	431
	Hispanic/Latino	169
	African American	13
	More than one race	46
	Asian	*
	Native Hawaiian/Pacific Islander	*
Sexual Orientation	Other	*
	LGBTQ+	*
Current Living Situation	Homeless	135
Veteran Status	Veteran	31
Disability	Difficulty Seeing	*
	Difficulty hearing or having speech understood	*

**Less than 11*

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 ANNUAL UPDATE FY 19/20

BUDGET SUMMARY

FY 2019/20 Budget for Mental Health Services Act Annual Update							
Funding Summary							
County:	Tuolumne County					Date:	3/31/20
	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 2019/20 Funding							
1. Estimated Unspent Funds from Prior Fiscal Years	1,148,458	399,899	699,497	21,621	83,657		
2. Estimated New FY 2019/20 Funding	2,808,991	587,283	192,916				
3. Transfer in FY 2019/20	(50,000)			50,000			
4. Access Local Prudent Reserve in FY 2019/20							
5. Estimated Available Funding for FY 2019/20	3,907,449	987,182	892,413	71,621	83,657		
B. Estimated FY 2019/20 MHSA Expenditures - net	2,885,115	595,279	0	58,000	33,010		
G. Estimated FY 2019/20 Unspent Fund Balance	1,022,334	391,903	892,413	13,621	50,647		
H. Estimated Local Prudent Reserve Balance							
1. Estimated Local Prudent Reserve Balance on June 30, 2019		566,100					
2. Contributions to the Local Prudent Reserve in FY 2019/20							
3. Distributions from the Local Prudent Reserve in FY 2019/20		0					
4. Estimated Local Prudent Reserve Balance on June 30, 2020		566,100	***				
***	Note *** Interest in amount of \$49,828 is in Prudent Reserve						
a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.							

**FY 2019/20 Budget for Mental Health Services Act Annual Update
Community Services and Supports (CSS) Funding**

County: Tuolumne County

Date: 3/31/20

	Fiscal Year 2019/20					
	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	1,477,798	1,052,839	424,959			
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. CAIP (Crisis Assessment & Intervention Program)	343,359	343,359				
2. Peer Coordination (Enrichment Center)	404,245	404,245				
3. Lambert Center (O&E)	76,497	76,497				
4. Mobile Crisis Outreach	524,120	524,120				
5. Benefits Development	319,489	319,489				
6. Promotion & Community Ed Activities	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	114,564	114,564				
CSS MHSA Housing Program Assigned Funds	50,002	50,002				
Total CSS Program Estimated Expenditures	3,310,074	2,885,115	424,959	0	0	0
FSP Programs as Percent of Total	45%					

**FY 2019/20 Budget for Mental Health Services Act Annual Update
Prevention and Early Intervention (PEI) Funding**

County: Tuolumne County

Date: 3/31/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Suicide Prevention & Stigma Reduction	82,500	82,500				
2. Older Adults, Latino, & Native American O&E	122,683	122,683				
3. School Based Violence Prevention	35,000	35,000				
4.	0					
5.	0					
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
PEI Programs - Early Intervention						
11. Early Childhood Project	121,000	121,000				
12. Jamestown Family Resource Center	40,000	40,000				
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
PEI Administration	176,475	176,475				
PEI Assigned Funds	17,621	17,621				
Total PEI Program Estimated Expenditures	595,279	595,279	0	0	0	0

**FY 2019/20 Budget for Mental Health Services Act Annual Update
Innovations (INN) Funding**

County: Tuolumne County

Date: 3/31/20

	Fiscal Year 2019/20					
	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 2019/20 Budget for Mental Health Services Act Annual Update
Workforce, Education and Training (WET) Funding**

County: Tuolumne County

Date: 3/31/20

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Workforce Staffing Support & Training	40,000	40,000				
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	18,000	18,000				
Total WET Program Estimated Expenditures	58,000	58,000	0	0	0	0

**FY 2019/20 Budget for Mental Health Services Act Annual Update
Capital Facilities/Technological Needs (CFTN) Funding**

County: Tuolumne County

Date: 3/31/20

	Fiscal Year 2019/20					
	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. Computers	24,272	24,272				
12.	0					
13.	0					
14.	0					
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
CFTN Administration	8,738	8,738				
Total CFTN Program Estimated Expenditures	33,010	33,010	0	0	0	0



Tuolumne County Behavioral Health Department

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

MHSA Annual Update FY 2019-20

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

- I. **The public review and comment period is open from August 1, 2020 through August 30, 2020.** Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to TCBHD, Attn: Donna Fone, MHSA Coordinator, 2 South Green St, Sonora, CA 95370. Please use the public comment form.
- II. **A Public Hearing will be held by the Tuolumne County Behavioral Health Advisory Board in September 2, 2020** for the purpose of receiving further public comment on the MHSA Annual Update for Fiscal Year 2019-2020. Public notice will be made with the date and time of the Public Hearing at least ten days in advance.
- III. **To review the MHSA Annual Update FY 2019-2020** or other MHSA documents via internet, follow the links:

<https://www.tuolumnecounty.ca.gov/DocumentCenter/View/14965/MHSA-ANNUAL-UPDATE-FY-19-20>

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

- IV. Due to the COVID-19 pandemic, printed copies of the MHSA Annual Update FY 2019-20 will not be available for review in public locations as has been the practice in the past.

Hard copies are available for pick-up at the following locations:

- TCBH Reception, 105 Hospital Rd., Sonora, CA
- Enrichment Center Reception, 101 Hospital Rd., Sonora, CA

To request a hard copy be mailed to you: Call (209) 533-6245,
or email behavioralhealth@tuolumnecounty.ca.gov

To request an electronic PDF copy: Email behavioralhealth@tuolumnecounty.ca.gov

Tuolumne County Behavioral Health Department Mental Health Services Act (MHSA)

Annual Update FY 2019-2020

30-Day Public Comment Form

Dates of Posting: August 1, 2020 – August 30, 2020

PERSONAL INFORMATION

Name: _____

Agency/Organization: _____

Phone Number: _____ E-mail Address: _____

Mailing Address: _____

YOUR ROLE IN THE MENTAL HEALTH SYSTEM

- Client/Consumer
- Family Member
- Education
- Social Services

- Service Provider
- Law Enforcement/Criminal Justice
- Probation
- Other (specify) _____

COMMENTS:

All Comments Must Be Received by: August 30, 2020

All Electronic Comments and Inquiries Regarding the MHSA Annual Update FY2019-2020 should be sent to:

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

Written Comments may be submitted by mail to:

Donna Fone, MHSA Coordinator, Tuolumne County Behavioral Health
2 South Green St, Sonora, CA 95370

All Comments Must Be Received by Sunday, August 30, 2020

A Public Hearing on the Mental Health Services Act (MHSA) Annual Update FY 2019-2020 will be held on September 2, 2020. Public notice of the date, time, and location will be made at least ten days in advance.

Public Comments Received for Draft MHSA Annual Update FY 19/20 Posted August 1-30, 2020 and Corresponding Responses:

A draft of the MHSA Annual Update FY 2019/2020 was available for public review and comment for 30 days from August 1, 2020 through August 30, 2020. A virtual stakeholder meeting was also held on August 20, 2020 to review the document as well as answer any questions. The public comments received regarding the DRAFT MHSA Annual Update FY 19/20 are as follows:

➤ **Comments regarding Community Supports and Services (CSS)**

Erika Hagstrom Dossi, Tuolumne County Superintendent of Schools, Smile Keepers Program, “This is Erika with Smile Keepers and I have appreciated the good communication with Behavioral Health and the Enrichment Center. It’s been helpful as things are coming and going and changing all the time; the communication has been really good, so I’ve appreciated that. We’re all kind of waiting and seeing. We’ve done a little bit of outreach to clients in different ways, so just have appreciated the good communication.”

County MHSA Program Response:

Comment noted and appreciated.

➤ **Comments regarding Innovation (INN)**

Sherry Bradley, “How are you approaching doing another Innovation project? I know it’s been a while and a lot of money is sitting there and we’re not using it and the community probably needs it, so what’s the process that you’re going to be using or maybe you’re already doing it because it indicated, I think, it says that you’re currently gathering stakeholder feedback.”

County MHSA Program Response:

TCBH held MHSA stakeholder meetings for input into its 2020-2023 Three Year Plan in February and March of 2020 and solicited stakeholder feedback regarding community needs and the County’s MHSA programs including Innovation projects. As well, TCBH has also been working with the Superintendent of Schools on a possible Innovation project related to school-based mental health services. Since the advent of the COVID-19 pandemic and recent national attention on racial/social equity issues, there may be additional community needs and the plan is for TCBH to solicit additional stakeholder input for the three-year plan.

Sherry Bradley, “Another question is, with students returning to school through virtual means; and I know Tuolumne County did apply for the MHSA grant, you know for school-based programs, so will there be any opportunity to include any of that in the next three-year plan since you all didn’t get an award, but very clearly I think kids are going to need some help, some emotional support, maybe that’s something you’re thinking about with the Innovation project, but I would certainly think because of the pandemic, because of COVID, the impact to children. Unfortunately, Tuolumne didn’t get the opportunity to get the grant. It was a lot of money for small counties, but just hoping

there might be some other way that current prevention/early intervention, or through CSS, some means to provide some school-based services, maybe it's a virtual thing as well working with County Superintendent, maybe a pilot. I just hate to see our county miss this opportunity. I'm speaking from watching my daughters-in-law home schooler, helping their own children with virtual learning and knowing what they're going through, what the kids are going through, the little ones, and the moms and dads too. They aren't individuals who would normally seek support, but they really need it now. I mean, watching one of my daughters-in-law break down crying; it's heartbreaking. There has to be a way to do something. I don't have any particular idea; others probably have far more creativity about how it could happen. I'd just like to see that happen in some way."

County MHSA Program Response:

As mentioned above, TCBH plans to solicit additional stakeholder feedback for the 2020-2023 Three-Year Plan. Comments received here that are relevant to future planning will also be considered as input into the three-year plan.

➤ **Comments regarding MHSA Programming and Regulations**

Sherry Bradley, "Where will the County be reporting on the SB82, crisis triage program, the status of that, because I think it's been under way for a while. I don't know if that would come under this one 18/19, 19/20, but I'm wondering if that's going to be part of maybe the three-year plan, a kind of update?"

County MHSA Program Response:

Senate Bill 82 (SB82) used State MHSA funds to award grants to some counties to provide mobile triage response. These funds are not included in TCBH's 2019-20 MHSAs budget that is attached to this Annual Update as it is not subject to stakeholder input. For information, we have included a description of the program and outcomes data in the section on State-Funded MHSA Programs on Page 21.

Appendix A



Appendix A

Mental Health Services Act FY 18/19 Community Survey

Community Planning Process MHSA FY 2018-2019

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

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

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

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

Background:

The Mental Health Services Act (MHSA) was passed by California voters in 2004 to transform and expand the mental health system. MHSA funds a variety of programs to provide services to people with mental illness or those at risk of developing mental illness, to educate and train mental health workers and to ensure that counties have the proper facilities to serve those in need. The purpose of the MHSA Three-Year Program & Expenditure Plan survey is to gather information from community members to document concerns, issues, challenges and priorities for addressing mental health needs in Tuolumne County.

KEY TERMS & DEFINITIONS:

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

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

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

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

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

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

UNDERSERVED: Populations which are disadvantaged because of access to health

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

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

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

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

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

- Transportation
- Stigma

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

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

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

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

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

- Yes
- No

6. Do you know where TCBHD is located?

- Yes
- No

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

- Yes
- No

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

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

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

- Yes

No

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

Yes

No

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

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

Yes

No

I don't know

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

Mental Health Client/Consumer

Family Member of a Mental Health Client/Consumer

County Behavioral Health Department Employee

Substance Abuse Service Provider

Private Mental Health Therapist

Community Based Organization

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

Other (please specify)

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

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

15. What is your age?

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

16. What is your race?

- American Indian or Alaska Native
- Black or African American

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

Other (please specify)

17. What is your Ethnicity?

Non-Hispanic or Latino

Hispanic or Latino

Ethnicity

Other (please specify)

18. What was your gender assigned at birth?

- Female
- Male
- Prefer not to answer

19. What gender do you identify as now?

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

Other (please specify)

20. Are you a veteran?

- Yes
- No
- Prefer not to answer

21. Are you a currently Homeless?

- Yes
- No
- Prefer not to answer

22. What best describes your current living arrangement?

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

Other (please specify)

23. What language do you mainly speak at home?

- English
- Spanish
- Prefer not to answer

Other (please specify)

24. What city do you currently live in?

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

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

Other (please specify)

Done



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

[Privacy & Cookie Policy](#)

Appendix B

DECEMBER 2019

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 12.20.19





MONDAY

TUESDAY

WEDNESDAY

THURSDAY

FRIDAY

<p>8-9 Social Hour & News 9 Check-In & GM Group 9-12 SHOWERS* 9-30 Balloons and Balls 10-11 Pride: Power/Benefits of Healthy Lifestyles EC CLOSES AT NOON FOR STAFF TRAINING</p>	<p>3 9-1 LAUNDRY 9 The Bridges of Madison County Movie 9-12 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support 6-7 Prostate Cancer</p>	<p>4 8-9 Social Hour & News 9 Check-In & GM Group 10-11 Pride: CREATING YOUR OWN CHRISTMAS 11-12 HEALTHY EATING 12-3 Recovery Films 12:30-2 Working w/Emotions 2-3 Adult Education</p>	<p>5 8-9 Social Hour & News 9-3 Recreation 10 Inspirational Open Mic 12-3 Recovery Films 1:30-2:30 Trauma Recovery/PTSD</p>	<p>6 8-9 Social Hour & News 9 Check-In 9 HOLIDAY SHOPPING!!! 9:15 Karaoke 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis</p> 
<p>9 8-9 Social Hour & News 9 Check-In & GM Group 9:30 Pictionary 10-11 Pride: PRIDEFUL THOUGHTS NEW!! 11-12 Recreation & Music 12-3 Recovery Films 12:30-1:30 Depression Group</p>	<p>10 9-1 LAUNDRY 9 Wonder Movie 9-12 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support</p>	<p>11 8-9 Social Hour & News 9 Check-In & GM Group 10 Pride: Holiday Diversity CHRISTMAS CAROLS 10:30 CHRISTMAS CAROLS 11-11:30 Positive Lifestyles 12-3 Recovery Films 12:30-2 Working w/Emotions 2-3 Adult Education</p>	<p>12 EC CLOSED </p>	<p>13 8-9 Social Hour & News 9 Check-In 9-12 Smile Keepers 9:15 Bingo 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis</p>
<p>16 8-9 Social Hour & News 9 Check-In & GM Group 9:30 Human Bingo 10-10:30 Pride: Quality Improvement Council 10:30 HOLIDAY MUSIC & COOKIE DECORATING 12:30-1:30 Depression Group</p>	<p>17 9-1 LAUNDRY 9 The Perks of Being a Wallflower Movie 9-12 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support</p>	<p>18 EC OPENS @ 9:30 9:30-10 Social Time 10-11 Pride: Calendar 11-12 HEALTHY EATING 12:30-2 Working w/Emotions 11-12 Recreation & Gardening 12-3 Recovery Films 2-3 Adult Education</p>	<p>19 8-9 Social Hour & News 9-3 Recreation 10 Inspirational Open Mic 12-3 Recovery Films 1:30-2:30 Trauma Recovery/PTSD</p>	<p>20 8-9 Social Hour & News 9 Check-In 9-12 Smile Keepers 9:30-12 CHRISTMAS POTLUCK & KARAOKE 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis Happy Almost Winter Solstice</p>
<p>23 8-9 Social Hour & News 9 Check-In & GM Group 9:30 Balloons and Balls 10-11 Pride: Gratitude 11-12 Recreation & Music 12-3 Recovery Films 12:30-1:30 Depression Group</p> 	<p>24 EC CLOSED</p>	<p>25 EC CLOSED </p>	<p>26 8-9 Social Hour & News 9-3 Recreation 10 Inspirational Open Mic 12-3 Recovery Films 1:30-2:30 Trauma Recovery/PTSD</p> 	<p>27 8-9 Social Hour & News 9 Check-In 9:15 Bingo 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis</p>
<p>30 8-9 Social Hour & News 9 Check-In & GM Group 9:30 Pictionary 10-11 Pride: New Year's Eve Resolutions 11-12 Recreation & Music 12-3 Recovery Films 12:30-1:30 Depression Group</p>	<p>31 9-1 LAUNDRY 9 The Horse Whisperer Movie 9-12 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support 6:30-8 NAMI-TC Family Support</p>	<p>1 EC CLOSED </p>	<p>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</p> 	

JANUARY 2020

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.




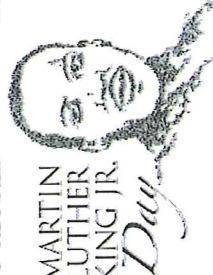
Tuesday &
Thursday:
9 a.m. to 3 p.m.

Community Center
for Wellness and
Recovery funded by
Prop 63



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

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

<p>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</p> 		<p>EC CLOSED 1</p> 	<p>9-10 Social Hour & News 9-3 Recreation 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD</p>	<p>8-9 Social Hour & News 9 Check-In 9:15 Karaoke 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis</p>
<p>8-9 Social Hour & News 9 Check-In & GM Group 9:30 Self Care Bingo 10-11 Pride: Proudful Thoughts 11-12 Recreation & Music 12-3 Recovery Films 12:30-1:30 Depression Group</p>	<p>7 9-1 LAUNDRY 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</p>	<p>8-9 Social Hour & News 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</p>	<p>9-10 Social Hour & News 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</p>	<p>8-9 Social Hour & News 9 Check-In 9-12 Smile Keepers 9:15 Bingo 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis</p>
<p>8-9 Social Hour & News 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</p>	<p>14 EC OPENS @ 10 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</p>	<p>EC OPENS @ 9:30 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</p>	<p>9-10 Social Hour & News 9-3 Recreation 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD</p>	<p>8-9 Social Hour & News 9 Check-In 9:15 Karaoke 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis</p>
<p>EC CLOSED 20  MARTIN LUTHER KING JR. Day</p>	<p>21 9-1 LAUNDRY 9 Each Mind Matters 9-3 Recovery Films 9-3 Recreation 12:30-1:30 AA 1:45-2:30 Bipolar Support</p>	<p>8-9 Social Hour & News 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</p>	<p>9-10 Social Hour & News 9-3 Recreation 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD</p>	<p>8-9 Social Hour & News 9 Check-In 9-12 Smile Keepers 9:15 Bingo 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis</p>
<p>8-9 Social Hour & News 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</p>	<p>28 9-1 LAUNDRY 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</p>	<p>8-9 Social Hour & News 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</p>	<p>9-10 Social Hour & News 9-3 Recreation 11 Inspirational Open Mic 11-3 Recovery Films 1:30-2:30 Trauma Recovery/ PTSD</p>	<p>8-9 Social Hour & News 9 Check-In 9:15 Bingo 12-3 Recovery Films 12-3 Recreation 12:30-2 Dual Diagnosis</p>

Appendix C



WELLNESS · RECOVERY · RESILIENCE

Three-Year Prevention and Early Intervention Evaluation Report FY 16/17 and FY 17/18

Tuolumne County Behavioral Health

Prevention and Early Intervention Three-Year Evaluation Report

The following report comprises the first Prevention and Early Intervention (PEI) Three-Year Evaluation Report and per California Department of Health Care Services requirements this report includes data from only two fiscal years, FY 2016-17 and FY 2017-18. The report is divided into the five PEI project areas: 1) Early Childhood Projects; 2) School-based Violence Prevention; 3) Suicide Prevention and Stigma Reduction Project; 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 each fiscal year.

Please note that similar data may not have been reported by the program across years and where data was not available the symbol “-” is used.

PEI Project Number 1 Early Childhood Projects

Program Name: PEI Project #1 – Early Childhood Project #1
Nurturing Parenting Education – Raising Healthy Families

Type of Program: Prevention 75% Early Intervention 25% Outreach Access & Linkage
Stigma & Discrimination Reduction

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 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*”. 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 (AAPPI), which measures parent progress, and assures the program is meeting desired outcomes. The AAPPI 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. Post-tests show participants improvements in AAPI scores in the various domains after completion of the parenting course.

Goals: Improve parenting outcomes for healthy child development for families living in Tuolumne County.

Objectives: 1) Parents know how to manage child behavior in a nurturing and effective manner; 2) Parents have a better understanding of how to navigate their disadvantaged situation; 3) Parents understand the effects of substance abuse on the family; 4) Parents meet their children’s needs for health and safety, both emotionally and physically; 5) Parents find belonging, resources, and can contribute alongside other Tuolumne County parents; 6) Families in the community are aware of the program’s services.

Key Activities:

- Offer parenting education classes and workshops to community members referred to the program
- Home visits for parents/caregivers referred to the program
- Facilitate a Parent Leadership Program
- Outreach to community members about parenting education through community events

Outcome Measures:

- Adult Adolescent Parenting Inventory (AAPI), Pre- and Post-Tests
- Class evaluations (narrative)
- Participant retrospective evaluations
- Advocacy and Protective Factors Self-Evaluation
- Estimated # of materials/flyers distributed per event
- Sign-in sheets if applicable

Data Collection: Biannually

OUTCOMES	FY 2016-2017	FY 2017-2018
Nurturing Parenting Classes and Workshops:		
# of Sessions of Nurturing Parenting Classes	5	1
# of Weeks of Nurturing Parenting Classes	24	5
# of Community Workshops	4	9
# of Participants in Classes and Workshops	67	--
% of Participants Indicated Satisfaction with Course Content	80%+	100%

% of Parents/Caregivers Reporting Improved Parenting Knowledge in More Than 3 Areas	100%	100%
% of Participants Who Completed AAPI Showing Improved Scores in 3 Parenting Constructs	82%	100%
Nurturing Parenting Classes for Parents in Recovery:		
# of Sessions of Nurturing Parenting Classes	2	0
# of Weeks of Nurturing Parenting Classes	20	0
# of Participants in Classes	16	0
% of Participants Indicated Satisfaction with Course Content	80%+	--
% of Parents/Caregivers Reporting Improved Parenting Knowledge in More Than 3 Areas	100%	--
% of Participants Who Completed AAPI Showing Improved Scores in 3 Parenting Constructs	82%	--
Home Visiting Program:		
# of Individual Parent/Caregivers Receiving Home-Visiting Services	33	--
# of Families Receiving Home-Visiting Services	24	17
# of Individuals Residing In Homes of Families Served	109	--
% of Participants Indicated Satisfaction with In-Home Parenting Services	80%+	--
% of Participants Reporting Improved Parenting Knowledge in More Than 3 Areas	100%	80%+
% of Participants Who Completed AAPI Showing Improved Scores in 3 Parenting Constructs	84.6%	100%
Networking/Information Sharing on Nurturing Parenting Program		
# of Presentations at Community Events	14	13
# of Attendees at Outreach Events (approx.)	440	1,200
# of Flyers and Information Sheets Distributed	290	510
# of Inquiries From Outreach Events	23	36
Parent Leadership Program		
# of Parent Leadership Meetings Using Strengthening Families Curriculum	--	8
# of Parent/Caregivers Completing Entire Program	--	2

Successes:

In FY 17/18, the program restructured its parenting education program to include more single-day workshops to address the decreasing interest in parenting class series. More than double the number of community workshops were offered in FY 17/18 (9) than in FY 16/17 (4).

The program reported that they had seen increased requests for In-Home parenting education supports. In FY 16/17, twenty-four (24) families received in-home visiting services and in FY 17/18, seventeen (17)

families received these services. The majority of participants both years reported improved parenting knowledge in more than three areas and showed improved scores in at least three parenting constructs.

Each year the program does outreach to the community to educate the public on parenting education and their programs. From FY 16/17 to FY 17/18, the program distributed 76% more outreach material and increased the number of inquiries about their programs by 56%.

Implementation Challenges:

A primary challenge facing this program in FY 16/17 was the decrease of interest in the traditional and Drug Dependency Court (DDC) Nurturing Parenting classes. A year over year decline in class enrollment prompted ICES staff to seek feedback from the community to seek solutions on addressing the lower participation levels. In FY 17/18, the program offered more single-day workshops rather than parenting class series. The total number of participants in class series and workshops was not reported for FY 17/18 therefore it is difficult to assess the success of this change.

Program Name: PEI Project Number 1 – Early Childhood Project #2
Social Emotional Learning Foundations (SELF)

Type of Program: Prevention Early Intervention Outreach Access & Linkage
Stigma & Discrimination Reduction

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 Description: In a contract with The Tuolumne County Superintendent of School’s (TCSOS) First 5 Program, the Social Emotional Learning Foundations (SELF) program instructs and coaches teaching staff on strategies to support the healthy social and emotional development of pre-school children, ages 0 through 5, and creating a positive and supportive classroom environment. 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.

MHSA PEI funds account for 10% of the overall SELF program funding stream.

Goals: Children aged 0-5 will be supported in healthy social-emotional development

Objectives: 1) Early Childhood Educators (ECE) will be effectively trained and supported in implementing CSEFEL/CLASS recommended practices in their classrooms on a consistent basis; 2) ECE will gain skills to effectively communicate with parents in regards to children’s challenging behaviors; 3) Children will be identified who have need for individual consultation and if parent permission given, consultation provided.

Key Activities:

- Training and coaching to preschool teachers and family child care providers on promoting early social-emotional competencies
- Train teachers to learn to recognize social-emotional delays and how to discuss shared approaches with parents
- Provide targeted consultation to teachers on children who need to improve social skills

Outcome Measures:

- Year-end survey for teachers
- Observation checklists
- Pre- and Post-Social Skills Assessments
- Tracking of children’s stability in current classroom

Data Collection: Annually

OUTCOMES	FY 2016-2017	FY 2017-2018
Teachers		
# of Teachers Receiving Teaching & Coaching Services	8	35
# School Sites Receiving Services	4	11
# of Direct Coaching Services to Teachers	--	70
# of Teacher Consultations	400	--
# of Teachers Observed Using Strategies Often/Frequently	4	--
# of Teachers Observed Using Strategies Occasionally or Sometimes	4	--
# of Teachers Demonstrating Mastery/Confidence of the Strategies	5	--
# of Teachers Demonstrating a Steady Skill Gain of the Strategies	3	--
Children		
# of Children Receiving Targeted Consultation	16	12
# of Children Remaining Stable in the Classroom	8	11
# of Children Remaining in ECE Setting with Escalating Behavior	--	1
# of Children Who Left School & Program Due to Parent Choice	4	0
# of Children Receiving Placement at a Local Special Education Preschool	3	0
# of Children Qualified for Expanded IEP & Family Received Behavioral Supports	1	0

# of Children Improved in Positive Behavior Indicators from Pre to Post Test	--	9
# of Children Benefitting From Coaching Services	--	485
# of Children Screened with Developmental Screening Tool	--	378

Successes:

In FY 17/18, 35 teaching staff at 11 preschool sites participated in the learning and coaching program and received 70 hours of direct coaching support on implementing learned strategies; this was noticeably higher than in FY 16/17. Due to a shift in the delivery method of the educational material and coaching to teachers to a virtual model, many more teachers were able to be served. Teachers were able to access prepared online material, virtual coaching, and one on one observations and seventeen (17) teachers completed some or all of the five virtual coaching cycles based on CSEFEL models. The topics included building relationships, promoting social emotional competence, the importance of the environment, practical social emotional teaching strategies, and making the most of transitions. The change in the delivery model was in response to the difficulties in finding time to communicate one-on-one during the school day. The virtual trainings and coaching were well received, as shown by the significant increase in number of teachers served.

Implementation Challenges: No challenges were reported by the program

Program Name: PEI Project Number 1 – Early Childhood Project #3
Family Support Aids

Program Type: 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 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. This program began in fall of 2017.

Goals: Improve parenting outcomes for healthy child development for families living in Tuolumne County.

Objectives: 1) To provide Early Childhood Education to parents/caregivers that are delivered by peers with lived experience relating to mental illness, and/or child welfare; 2) Parents/caregivers know how to manage child behavior in a nurturing and effective manner; 3) Parents/caregivers meet their children’s needs for health and safety, both emotionally and physically; and 4) Parents/caregivers develop social connections and build relationships with other parents/caregivers, families, and community members.

Key Activities:

- Recruit, hire and supervise Americorps Family Support Aides (FSA) to provide services
- Use the Strengthening Families model and facilitate Nurturing Parenting Program lessons at the Child Welfare Service Visitation Center
- Administer the Adult Adolescent Parenting Inventory (AAPI) to identify areas of parenting that need support
- Facilitate activities/workshops where parents and children can interact and model positive and appropriate parent-child interactions
- Educate participants on child and adolescent development; including age appropriate social-emotional and cognitive development
- Teach appropriate child development activities individually or in groups as needed
- As needed, assist families in navigating resources for needed supports
- Participate in community events to help reduce the stigma and discrimination that those with Child Welfare Services contact might receive

Outcome Measures:

- Adult Adolescent Parenting Inventory (AAPI) Pre- and Post-Tests
- # of Parents/Caregivers participating in parenting education classes and/or workshops
- % of Parents/Caregivers receiving at least 8 hours of parenting education
- % of participants who receive at least 8 hours of parenting education that improve their parenting skills by 1 level in 3 or more AAPI constructs

Data Collection: Annually

OUTCOMES	FY 2017-2018
# of Parents/Caregivers Receiving Services	60
# of Parents/Caregivers participating in at least 8+ hours of NPP	39
# of Parents/Caregivers graduating from NPP	27
# of Parents/Caregivers improving in 3 or more AAPI constructs	20
% of graduating parents/caregivers improving in 3 or more AAPI constructs	74%
# of Families Receiving Stabilization Services	11

Successes: FY 17/18 was the first complete year of a new collaboration to strengthen and expand programs in the community by maximizing prevention funds between TCBHD and Tuolumne County Child Welfare Services (CWS). Taking advantage of new shared workspace, the goal is to combine together to provide resources, education, services and supports to a shared population. In FY 17/18, sixty (60) parents/caregivers received services with thirty-nine (39) participating in at least 8 hours of the Nurturing Parenting Program (NPP). Twenty-seven (27) parents/caregivers graduated from the NPP program with 74% improving in three or more Adult Adolescent Parenting Inventory constructs.

Implementation Challenges: None reported by the program.

**PEI Project Number 2
School-Based Violence Prevention**

Program Name: PEI Project Number 2 – School Based Violence Prevention

Type of Program: Prevention Early Intervention Outreach Access & Linkage
Stigma & Discrimination Reduction

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 Description: The Center for a Non-Violent Community (CNVC) provides education, information and interactive learning opportunities to students and staff in the county's schools aimed at reducing school-based violence. Throughout the years, a successful model has been implemented to teach students respect, empowerment and choice. Workshops, presentations, and community events focus on building resiliency and protective factors in students, families, and community members. Topics include building healthy relationships, sexual harassment prevention, bullying prevention, empathy building, self-esteem building, empowering adult allies, and reducing mental health stigma.

Goals: School-age children in Tuolumne County are resilient and there is increased community awareness of the psycho-social impacts of trauma on children.

Objectives: 1) Students have an increased sense of confidence, empathy and self-esteem; 2) Adults will have increased awareness of childhood traumas and the critical role they play in resiliency as adult allies; 3) Community members will have an increased awareness of the psycho-social impact of trauma on children.

Key Activities:

- Provide resiliency workshops to 3rd -12th grade students at schools and community programs with topics such as "Consent, Sexual Harassment and Healthy Relationships," "Conflict, Bullying Prevention, Empathy Building, Self-Esteem," "Sexual Harassment Awareness/Prevention," "Healthy Communication and Self-Esteem."
- Provide resiliency awareness workshops for adults including school staff, parents, and community members
- Facilitate boy's and girl's groups at local elementary and/or high schools
- Provide leadership and support for the Tuolumne County Office of Education on the annual Children's Friendship Conference Committee
- Facilitate a marketing campaign addressing the psycho-social impact of trauma on children

Outcome Measures:

- Pre- and Post- Surveys
- Measurement tools such as students’ measurement charts of personal space and Personal Code of Ethics
- Adverse Childhood Experiences (ACE) Score
- Resiliency Score
- Social Media analytics

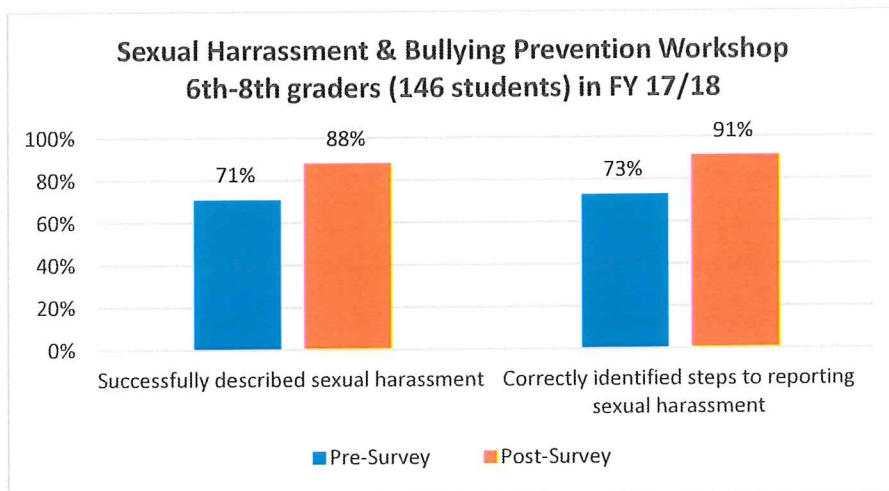
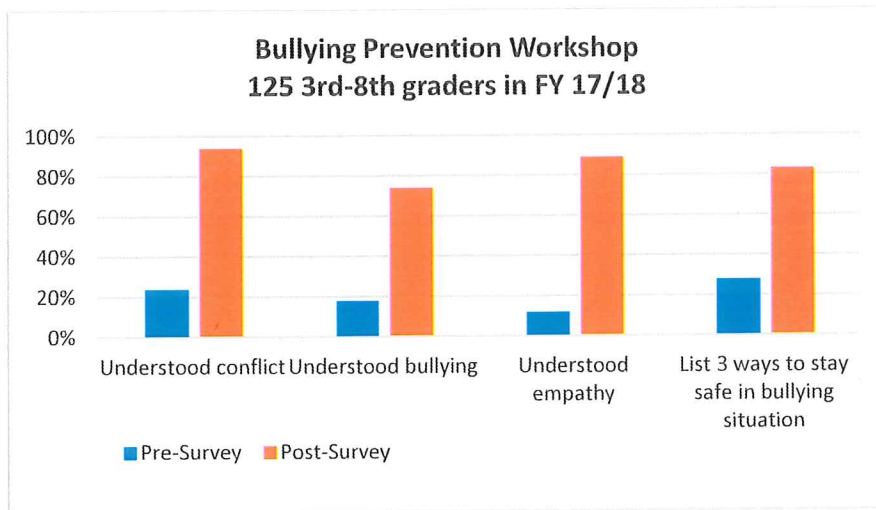
Data Collection: Annually

OUTCOMES	FY 2016-2017	FY 2017-2018
Resiliency Workshops for 3rd – 12th Graders		
# Resiliency workshops offered	4	7
# of Students participating in resiliency workshops	579	616
# of Adults attending resiliency workshops	18	18
Pre and Post Tests Results from different workshops for following questions:	Pre/Post	Pre/Post (multiple sets of scores represent multiple workshops)
What is conflict?	8%/92%	24%/94%; 7%/100%
What is bullying?	43%/62%	18%/74%; 44%/88%
Name 3 ways to stay safe in a bullying situation	--	28%/83%; 70%/88%
What is empathy?	26%/98%	12%/89%; 11%/92%
What is sexual harassment?	8%/92%	71%/88%; 79%/89%
Can identify steps to reporting sexual harassment	--	73%/91%
Does the school have rules for sexual harassment? (Yes)	--	61%/89%
# of high school students participating in workshops during Teen Dating Violence (TDV)/Sexual Assault (SA) Awareness Month	--	375
# of adults participating in workshops during TDV/SA Awareness Month	--	6
Resiliency Awareness Workshops for Adults		
# of Community members who learned about Adult Allies	302	--
# of resiliency workshops for adults	--	5
# of adults participating in resiliency workshops	--	55
Boys Council and Girls Circles		
# of Elementary schools with Boys Council and/or Girls Circle Groups	2	2
# of Students participating in Boys Council and Girls Circle	19	15
Leadership & Support for TCOE’s Children’s Friendship Conference Committee		
# of training sessions provided to facilitators	--	3
# of facilitators participating in trainings	--	32
Marketing Campaign		

# of Community events participated in	6	--
# of community members reached	--	2,000+

Successes:

During the two fiscal years, the program’s eleven (11) Resiliency Workshops reached a total of 1,195 students and 36 teachers. Pre- and post-tests demonstrate the extent of students’ learning as shown in the charts below:



A notable success for FY 16/17 was the completion of a documentary style film entitled “Voices and Visions” which features interviews with students, educators and adult allies. The film highlights the struggles that youth in the community face in terms of bullying and mental health stigma. It also captures healthy coping mechanisms and hopeful visions for the future.

Implementation Challenges:

The program reported that the only challenge experienced by this program in FY 16/17 was the need to hire and train two new Prevention Educators. This challenge was met and conquered as training began in November 2016 and both educators received the following training: Strengths-based Leadership; Girl’s Circle facilitation; Violence Prevention Core Competencies; Identifying Commercial Exploitation; and one completed Youth Mental Health First Aid.

In FY 17/18, program organizers reported that they designed a new pre- and post-survey for one school program which asked four questions to gauge the students’ self-esteem and how they felt about themselves relative to their peers. There was little variation between pre- and post-survey results. Program organizers think the students struggled to measure their own self-esteem/self-image. In reflection, they realized that the survey questions were not an effective measurement tool and would not continue with it in the future. They learned from this experience that to shift attitudes and beliefs, and measure those changes, it takes multiple sessions and more long-term work with youth. With these students in particular, they realized that they are not going to get past student’s walls and defense mechanisms with two-day presentations. Going forward, the program would like to build stronger relationships by working with students over a longer period of time, increasing the likelihood of having a positive impact on students’ self-esteem.

**PEI Project Number 3
Suicide Prevention and Stigma Reduction Project**

Program Name: PEI Project Number 3 – Suicide Prevention and Stigma Reduction

Type of Program: Prevention Early Intervention Outreach Access & Linkage
Stigma & Discrimination Reduction

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

Goals: Tuolumne County residents will be more suicide-alert and aware and able to take appropriate measures when needed. There will be less stigma associated with experiencing mental health issues and talking about mental health issues.

Objectives: Community members will feel confident and prepared to: 1) help a person at risk of suicide; 2) talk directly and openly to a person about thoughts of suicide; 3) help a person at recent risk of suicide develop and achieve recovery and growth goals; 4) recognize the signs that someone may be dealing with a mental health problem or crisis

Key Activities:

- Provide suicide prevention trainings: Applied Suicide Intervention Skills Training (ASIST II); suicide to Hope (s2H); Suicide Alertness For Everyone-Tell, Ask, Listen, Keep-Safe (safeTALK)
- Provide Mental Health First Aid (MHFA) trainings
- Provide Youth Mental Health First Aid (YMHFA) trainings
- Facilitate Boys Council and Girls Circle groups at local elementary or high schools
- Provide leadership and administrative support for the Suicide Prevention Committee
- Distribute suicide prevention materials at community events

Outcome Measures:

- Feedback forms and evaluations completed by participants at end of workshops and groups
- # and type of trainings offered
- # of participants attending trainings
- # of Boys Council and Girls Circles offered
- # of community members outreached to

Data Collection: Biannually

OUTCOMES	FY 2016-2017	FY 2017-2018
Suicide Prevention Trainings		
# of ASIST II 2-day workshops offered	2	--
# of Individuals completing the ASIST II workshops	31	--
% of Individuals in ASIST II workshops who indicated that they feel prepared to help an at-risk person	100%	--
# of safeTalk 3-hour trainings offered	2	3
# of Individuals completing the safeTALK trainings	54	57
# of Suicide to Hope (s2H) trainings offered	--	1
# of Individuals completing the s2H training	--	16
# of School sites receiving suicide prevention training	--	8
# of School staff completing suicide prevention training	--	178
# of eSuicide training vouchers for online training distributed	--	75
Mental Health First Aid (MHFA) Trainings		
# of MHFA 8-hour trainings offered	3	4
# of Individuals completing the MHFA training	61	64
# of Youth MHFA (YMHFA) 8-hour trainings offered	4	1
# of Individuals completing the Youth MHFA training	61	11
% of MHFA/YMHFA participants who indicated they would assist a person with suicidal ideation to find community and/or professional supports	100%	95%

% of MHFA/YMHFA participants who indicated that they would be able to recognize signs, reach out to, and assist someone dealing with a mental health crisis	100%	95%
Boys Council and Girls Council		
# of Boys Council Groups offered	2	--
# of students participating in Boys Council Groups	26	--
# of Girls Council Groups offered	2	--
# of students participating in Girls Council Groups	19	--
Community Outreach		
# of Community members reached	--	450

Successes:

During the two-year period, 336 individuals completed some type of suicide prevention training and 197 individuals completed Mental Health First Aide (MHFA) training. Close to 100% of those who took the MHFA training indicated that they would be able to recognize signs, reach out to, and assist someone dealing with a mental health crisis as well as assist a person with suicidal ideation to find community and/or professional reports. 100% of those who took the 2-day ASIST workshop indicated that they felt prepared to help an at-risk person. In FY 16/17, two (2) additional individuals were trained as MHFA trainers to train in the community.

Although the program was not able to offer the ASIST workshops in FY 17/18 due to lack of a trainer, they were able to offer other suicide prevention trainings in community venues such as the local casino, in the public schools, and to the peer home visitors for the older adult program run by Catholic Charities. The program also provided post-intervention services to staff of two local organizations that experienced the suicide of someone in their community.

Implementation Challenges:

Assembly Bill 2246 presented itself as a challenge starting in FY 16/17. Approved by Governor Brown in September of 2016, AB 2246 law requires all Tuolumne County school districts to create and implement a Suicide Prevention Plan for staff and students in grades 7 through 12. The plan was to be in place for the FY 17/18 school year. Local schools were struggling with meeting the requirement. Tuolumne County Superintendent of Schools office was able to offer funding for districts to comply with the law and they reached out to ATCAA's Suicide Prevention program team for assistance in training, marketing materials, implementation strategies and overall support. ATCAA stepped up to create a new training model specifically for schools in Tuolumne County.

Due to the loss of a trainer, the 2-day ASIST II Training was not offered in FY 17/18. The plan for FY 18/19 was that more ASIST II trainings be offered with the addition of a newly certified training staff and another staff member returning from a leave.

**PEI Project Number 4
Special Populations**

Program Name: PEI Project Number 4 – Older Adults

Type of Program: Prevention Early Intervention Outreach Access & Linkage
Stigma & Discrimination Reduction

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 Description:

Tuolumne County's "grey" population (persons 65 years and over) at 26.2% continues to be almost double the rate of the State of California (14.3%) per the US Census Bureau statistics of July 1, 2018. Support services to this potentially isolated population in Tuolumne County continued to be provided by the Catholic Charities' CAFÉ program (Connections and Awareness for Elders) for fiscal years 16/17 and 17/18. The purpose of the program is to outreach to and 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.

Goals: Older adults (60+) will experience mental well-being, have outlets for socialization, access to resources and support, and be able to self-advocate.

Objectives: Previously isolated and lonely older adults will 1) show an improvement in how they are feeling after each visit from the volunteer and 2) show an improvement in any feelings of depression.

Key Activities:

- Partners/Volunteers will visit isolated older adults to provide socialization and engage clients in activities that bring enjoyment
- Partner/Volunteers will track client's mood upon arrival and departure and complete the Partner/Volunteer checklist
- Track clients' level of depression using the Geriatric Depression Scale (GDS)
- Track referral sources
- Volunteer recruitment and training
- Community outreach to promote services

Outcome Measures:

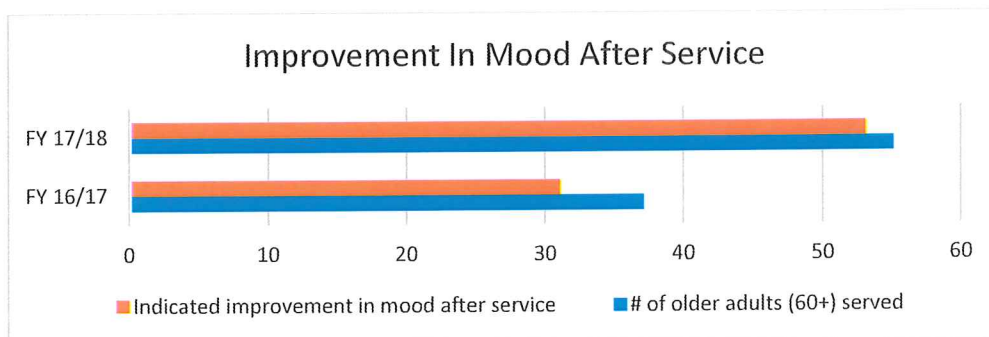
- Partner/Volunteer Checklist
- Geriatric Depression Scale (GDS)
- # of volunteers recruited
- # of outreach events and presentations
- # of distributed program material

Data Collection: Biannually

OUTCOMES	FY 2016-2017	FY 2017-2018
# of Individuals receiving services	37	55
% of Participants showing improvement in positive indicators and how they are feeling after each visit	83%	96%
% of Participants showing improvement in feelings of depression	--	75%
# of New volunteers recruited and trained	9	7
# of Agencies referring seniors	8	8
# of presentations to local agencies	1	3
# of CAFÉ' program presentations to elder communities	2	3
# of community events participated in to provide outreach to isolated elders	3	5
Approx # of Community members reached at Annual Elder Awareness Conference	182	--
Approx # of Community members reached through attendance at local meetings	68	--

Successes:

In FY 16/17, Catholic Charities implemented a new tracking tool to provide measurable outcome data to show the impact of the program on the Senior Peers who are receiving supports. The “CAFÉ Partner Visit Checklist” is an interactive tool between the volunteer and the participant to discuss concerns, feelings of well-being, personal goals and activities. In FY 17/18 the CAFÉ program served 55 individual, a 49% increase over FY 16/17. The majority of the older adults served in both fiscal years indicated an improvement in how they felt after their visit.



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.

Implementation Challenges:

In FY 16/17, recruitment of additional volunteers continued to be a challenge for this program. New volunteers were recruited and trained, but not all completed the training program. Along with several

seasoned volunteers who “retired”, there were actually less trained volunteers than in the past. The program addressed this challenge by increased promotional efforts in the community. Program presentations at outreach events resulted in 5% of participants expressing interest in obtaining more information about becoming a CAFÉ volunteer

Program Name: PEI Project Number 4 – Latinos

Type of Program: Prevention 30% Early Intervention 70% Outreach Access & Linkage
Stigma & Discrimination Reduction

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 Description:

Tuolumne County’s largest non-white ethnic population is Latino/Hispanic which makes up 12.7% of the county population of 54,539 individuals per the US Census Bureau as of July 1, 2018. In calendar year 2017, 11.1% of the Medi-Cal enrollees in Tuolumne County, a total of 1,583 individuals, identified as Latino/Hispanic.

The Amador-Tuolumne Community Action Agency’s (ATCAA) Promotores de Salud (Promoters of Health) program has been providing outreach to the Latino/Hispanic community in Tuolumne County since 2014. The program trains and mentors Spanish-speaking community members to be promoters of health and to outreach to Latino/Hispano community members about behavioral health. 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.

Goals: Promote the mental health of the Latino and Spanish-speaking population living in Tuolumne County.

Objectives: 1) Increase the awareness of mental health services in Tuolumne County available for the Latino-American population; 2) Connect Spanish-speaking Hispanic/Latino community members with community-based prevention and early intervention and behavioral health services without fear of discrimination, stigmatization, or negative family outcomes; 3) Increase the number of Latino American community members of any age being served by the Promotores each year; and 4) Grow collaborative service provision between the Promotores and community service providers, with a focus on culturally competent service approaches, translation, and reduction of fear and discrimination.

Key Activities:

- Deliver presentations in various venues in the community to increase awareness of mental health issues and services relevant to the Latino-American population in the county

- Provide assistance to the Latino-American population in the county such as translation, support in accessing community services, and services related to immigration status
- Collaborate with community partners to assist their clients in accessing services or to provide culturally competent service provision

Outcome Measures:

- # of participants at presentations and groups
- # of contacts
- # of referrals
- # assisted with translation
- # assisted with health insurance
- # assisted with first visits
- Pre- and post-tests
- Evaluations of presentations
- Surveys

Data Collection: Quarterly

OUTCOMES	FY 2016-2017	FY 2017-2018
# of Outreach Presentation	23	24
# of Outreach Presentation Contacts	302	300
# of Individuals in Latina Support Group	28	25
# of Latina Support Group Contacts	--	112
# of Unduplicated Individuals Receiving Rides	7	
# of Rides to Access Services	21	16
# of Translation Services	10	12
# of Direct Services (In-home or group support)	153	148
# of Individuals Receiving In-Home Services	12	22
# of In-Home Contacts	44	36
# of Requests for Assistance to Other Agencies	--	7
# of Other Agency Events that Promotores Participated In	21	23
# of Referrals to Community Mental Health Services or Initial Appointment with a Medical Professional	14	14
# of Referrals to Support Groups	28	28

Successes:

ATCAA's Promotores de Salud program has created a recognized presence in the community with steady numbers of contact and activity in the community as shown by the data chart above.

FY 16/17 outreach efforts included education and increased awareness around cultural sensitivity and stigma related to mental health issues in the Latino community. These presentations reached a variety of community members, and nearly 70% of attendees reported as non-Hispanic. The Promotores are able to reach out and engage members outside of the Latino community to help build understanding of cultural differences in Tuolumne County.

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

Implementation Challenges:

Many families who receive supports through the Promotores are only eligible for emergency Medi-Cal, or they have insurance that does not cover mental health services. This makes it difficult to keep community members engaged in on-going treatment. One solution was the implementation of a peer support group in FY 16/17. In a collaborative effort with the Center for a Non-Violent Community (CNVC), individuals received supports from both agencies and were connected with available community services to assist them.

A challenge in both fiscal years was the increase in fear, anxiety, and uncertainty for families in regards to changes in the political environment and immigration status. The Promotores program found that many of the families were limiting their time outside of their houses due to fear, which prompted a change in the program’s approach to doing outreach and focused more on individual contacts rather than larger group community contacts to help families feel more secure. In FY 16/17, the program began educating the community about their rights and developing family preparedness plans in order to decrease anxiety and fear. In FY 17/18, despite the program’s efforts to provide Know Your Rights events to educate the community, they found that there was a still a high level of anxiety within the community and reluctance to access services for fear of discovery of immigration status. While there is a large group of community allies who are ready to help however they can, the trust within the Latino community is slow to build.

Program Name: PEI Project Number 4 – Native Americans

Type of Program: Prevention 80% Early Intervention 20% Outreach Access & Linkage
Stigma & Discrimination Reduction

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 Description:

Tuolumne County’s second largest non-white ethnic population is Native American which makes up 2.3% of the county population of 54,539 individuals per the US Census Bureau as of July 1, 2018. In calendar year 2017, 1.1% of the Medi-Cal enrollees in Tuolumne County, a total of 160 individuals, identified as Native American.

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 participants in health and wellness activities, with a focus on connection to Native American culture, the program encourages activities such as sweat lodges, traditional beading, and talking circles. Participants benefit from specific services and supports that honor the culture, beliefs and spirituality of Native American traditions.

Goals: The Native American population, as well as the general population, in Tuolumne County will experience health and wellness and will feel supported by the healing practices of the Native American culture

Objectives: 1) An increased number of Native American individuals, as well as individuals in the community at large, will learn the healing practices of the Native American culture to increase health and wellness; 2) an increased number of Native Americans will have support while incarcerated and while making the transition out of jail/prison; 3) an increased number of Native American children and families will have support while participating in SST's and IEP's; 4) an increased number of Native American Youth 11-18 years of age will have support for substance use issues.

Key Activities:

- Plan and implement sweat lodge ceremonies
- Provide support and recovery activities for Natives Americans incarcerated in county jail and prison systems
- Provide healing programs and activities for Native American community and clients
- Support Native American families in Student Study Team (SST) meetings or Individualized Educational Plan (IEP) processes for Native American children and youth
- Provide substance abuse services for Native American youth

Outcome Measures:

- # of sweat lodge ceremonies offered to community
- # of Native American participants at sweat lodge ceremonies
- # of Native American inmates served
- # of healing programs and activities offered to the community
- # of participants at programs and activities
- # of SST and IEP meetings attended

Data Collection: Annually

OUTCOMES	FY 2016-2017	FY 2017-2018
Community Sweat Lodge Ceremonies		
# of Sweat lodge ceremonies offered to community	10	14
# of Individuals participating in community sweat lodge ceremonies	160	133
# of sweat lodge ceremonies offered in the jail/prison	--	44
# of Individuals participating in sweat lodge ceremonies in jail/prison	172	317
Support to Native Americans in Jail System		

# of support services to incarcerated Native Americans	111	161
Support for Native American Families with SST's and IEP's		
# of individuals receiving support	10	1
Substance Use Group for Native Youth 11-18		
# of youth attending weekly sessions	87	232
Community Events		
# of community events held	2	4
# of individuals participating in community events	139	91
# of Native Americans participating in community events	--	31

Successes:

From FY 16/17 to FY 17/18, TMWIHC hosted an average of 12 sweat lodge ceremonies each year, reaching an average of 147 individuals annually. For FY 17/18, TMWIHC reported that the feedback on the sweat ceremonies was positive; participants stated that they felt more connected to a spiritual component that tied them to their community and culture.

FY 16/17 introduced a Full-Time Substance Counselor to provide services to incarcerated Native Americans. This staffing addition allowed more inmates to be seen in the jail with a focus on pre-release planning in order to connect inmates with resources and supports such as substance use disorder programs, mental health outpatient services, peer supports and wellness and recovery groups. As a result, some of these individuals achieved long term recovery, improved their mental health side effects, and became productive members of the community. In FY 17/18, TMWIHC was able to continue their sweat lodge program in the prison system and led an additional 44 ceremonies for a total of 317 attendees as compared to 172 attendees in FY 16/17.

Implementation Challenges:

A challenge for this program in FY 16/17 was the growing number of families who qualified for SST & IEP supports. The number of children and youth who were receiving mental health services was growing and those students required educational supports. Also, while Transitional Age Youth were attending more native events such as sweats, more activities were needed to attract more Native American youth. Beading, Talk Circles, and Youth Focused Wellness & Healing Workshops were offered to encourage more youth participation in programs.

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

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

Type of Program: Prevention Early Intervention Outreach Access & Linkage
Stigma & Discrimination Reduction

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 Description: The Jamestown Family Resource Center (JFRC) of Jamestown School District is working towards implementing a trauma-informed approach to working with students and their families in the school district by educating school staff on trauma-informed principles. School staff complete a series of trainings on how trauma impacts youth and youth behaviors, how to discern whether a youth has or may be experiencing current trauma in their lives, and how to appropriately respond with supportive interventions for the student and their families rather than punitive interventions. 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.

Goals: As a result of Jamestown School District becoming trauma-informed, all students, and especially identified high-risk students, will be supported by school staff in an environment where students can thrive academically, socially, and personally.

Objectives: 1) All school staff are trained on trauma-informed practices; 2) An increasing number of school staff implement trauma-informed practices; 3) There is an increase in attendance and GPA scores amongst identified high-risk students

Key Activities:

- Educate and train school staff on trauma and trauma-informed practices
- Provide coaching to school staff on trauma-informed practices
- Identify, connect with, offer support, and refer to service high-risk students and their families

Outcome Measures:

- # of school staff that complete trauma informed trainings
- # of school staff receiving coaching
- % reduction in Reflection Room referrals, suspension, expulsions and other consequences for unwanted behavior
- % improvement in attendance by high-risk students
- # of high-risk students that realize a 0.5 improvement in GPA
- Increase in retention and implementation of trauma-informed responses by teachers
- % of teachers who report improved classroom behavior
- # of homeless students, students in foster care, other high-risk students identified and served # of direct services provided to high-risk students

Data Collection: Biannually

OUTCOMES	FY 2016-2017	FY 2017-2018
Educate & Train Staff on Trauma-Informed Behavior		
# of school staff that received Trauma-Informed Behavior training	38	43
% of school staff trained in Trauma-Informed Behavior	75%	75%

# of Trauma-Informed Response training presented for school staff	6	--
% Attendance for 30 identified homeless students	97%	--
% Decrease in suspensions from prior FY	10%	--
Follow-up to Training and Coaching on Trauma Response		
# of coaching contacts with school staff	0	0
% of teachers surveyed believe a trauma-informed approach has improved the classroom environment	50%+	81%
% of teachers indicating support or strong support of continuing to move towards becoming a trauma-informed institution	--	98%
% of teachers interested in further training	--	90%
Identify, Connect With, Offer Support and Refer High Risk Students and Their Families		
# of children identified as being in formal foster placements	2	2
# of children identified as being in informal foster-type settings (eg. Grandparents or other relatives)	31	39
# of children identified as homeless and provided services	30	33
# of students identified as high-risk due to # of discipline referrals, poor attendance, poverty, exposure to violence of other risk factors	--	41
# of high-risk students and their families who received counseling services at JFRC	24	--
# of family therapy sessions conducted on campus	432	--
# of students receiving mental health services on campus or referred to outside services	--	164

Successes:

About 75% of the school district’s staff had received Trauma-Informed Behavior training each year and in FY 17/18 nearly 100% had received a minimum of an introductory training. In FY 17/18, 81% of teachers surveyed believed that a trauma-informed approach had improved the classroom environment and over 90% of staff were interested in continuing the trauma-informed program and further training.

In general, the Jamestown School District staff are becoming more familiar with the concept of being trauma-informed. When the project began, almost no one in the organization had heard the term “trauma-informed,” much less what it meant and how it could benefit the students and staff. The program now reports that nearly all staff have some understanding of the practice, with some fully embracing it as a way to meet the mental health challenges of so many of the district’s students and their families. Administration has fully embraced the goal of becoming a compassionate school – through trauma-informed practices.

Implementation Challenges:

- The program coordinator reported that in FY 17/18, Reflection Room referrals, rather than punishment, went up along with every other discipline category. The program has learned that

the measurement of progress is more complex than originally thought. For instance, even though principal referrals went up from 39 (2016-17) to 81 (2017-18), more than double, suspensions only went up by 12%, from 38 to 43). This would seem to show that out-of-school consequences are being used less than in the past.

- Although the attendance of some high-risk students improved by 10% or more, a small number of chronically absent students kept the overall attendance percentage for high risk students from showing much improvement. Improved attendance is a district-wide area of focus again for FY 18/19.
- The program has seen very little movement in GPA for the highest risk students. Some are no longer in the school district and some are in lower grades where grades are not assigned. A few who showed better attendance made some progress on improving their GPA.
- The program has not been able to afford the quality of coaching envisioned in the original plan so instead have been providing follow-up training for school staff.
- In FY 17/18, the school district had a large turnover of staff, including at the leadership level, as well as an increase in student enrollment, though nearly every staff member has had at least an introduction to trauma-informed practice.
- The program coordinator has learned that systemic changes takes a long view, with constant evaluation and adaptation of the work to meet the changing needs in such a dynamic environment as a school. Staff, students and parents are constantly changing and in a socioeconomically challenged environment such as Jamestown, stability is a formidable challenge to steady system change. That being the case there has still been significant progress, especially in the area of staff awareness of trauma and its effects on students and families. Mindfulness practice, Positive Behavior Intervention and Support (PBIS), alternatives to out-of-class discipline and student support from counseling to peer mediation are all new concepts and strategies being applied, most of which were unheard of three years ago.

Program Demographics

The following demographic information is unduplicated and is an aggregate of all PEI programs. Disclosure of demographic information by individuals served is voluntary. *If less than 11, the number is not reported

	FY 16/17	FY 17/18
Age		
Children/Youth (0-15)	196	662
Transition Age Youth (16-25)	855	565
Adult (26-59)	241	1,971
Older Adult (60+)	79	81
Prefer not to answer		
Race		
American Indian/Alaska Native/Native American	1,023	1,034
Asian		
Black or African American		*
Latino/Hispanic	99	34
Native Hawaiian/Pacific Islander		
White	404	1,097
More than one race		
Other		
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		
Filipino		
Japanese		
Korean		
Middle Eastern/North African		
Vietnamese		
Native/Pacific Islander		
Other		
Prefer not to answer		
Primary Language		
English		
Spanish		
Other		
Prefer not to answer		

	FY 16/17	FY 17/18
Gender Assigned at Birth		
Female	1,058	831
Male	611	1,268
Prefer not to answer		
Current Gender Identity		
Female		
Male		
Transgender		
Genderqueer		
Questioning/Unsure		
Other Gender Identity		
Prefer not to answer		
Sexual Orientation		
Gay or Lesbian		
Heterosexual/Straight		
Bisexual		
Questioning/Unsure		
Queer		
Other (LGBTQ)		21
Prefer not to answer		
Veteran Status		
Yes	13	*
No		
Prefer not to answer		
Disability		
I do not have a disability		
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		
Current Living Situation		
Homeowner		
Rent Home/Apartment		
Homeless		115
Sharing Housing		
Multi-Family		
With Friends/Family		
Foster Care		
Supportive Housing		
Subsidized Housing		
Other		
Prefer not to answer		

Appendix D

Annual Prevention and Early Intervention Report FY 2018-19

TUOLUMNE COUNTY BEHAVIORAL HEALTH

Prevention and Early Interventions Program Summary for Annual PEI Report– FY 18/19

Program Information

- 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
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Individuals experiencing onset of serious psychiatric illness Underserved cultural populations

Program Name: Nurturing Parenting Education: Raising Healthy Families

Project Area as Defined by PEI Plan: PEI Project #1 – Early Childhood Project #1

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*”. 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: 196

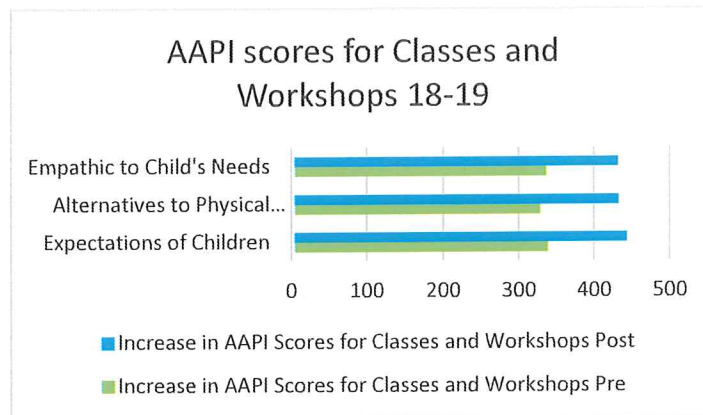
Program Reflection

Successes:

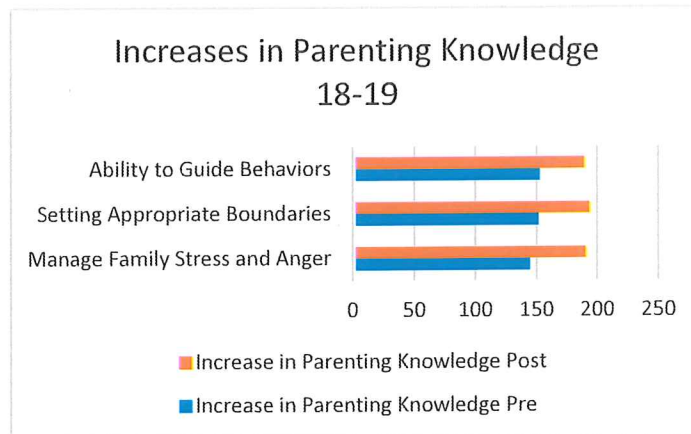
Parent Education Workshops and Classes

- 7 two-hour parent education workshops were held (12 offered) utilizing *Nurturing Parenting and Strengthening Families* curriculum
- 1 weekly year-round class

- 165 parents participated in the workshops and classes
- 100% of participants were able to increase their AAPI scores in three parenting areas based on pre/post scores



- 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

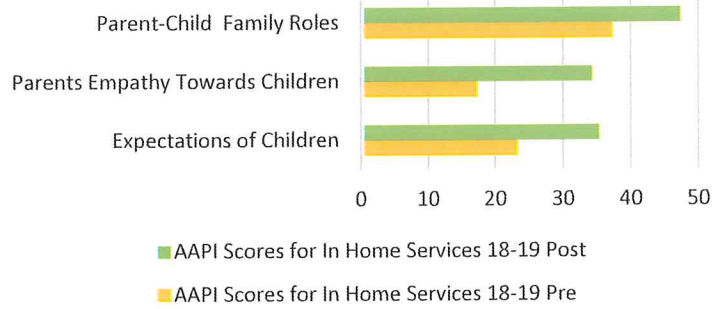
Nurturing Parenting classes for parents in recovery

- 0 Nurturing Parenting classes offered (see Implementation Challenges below)

Home visiting program

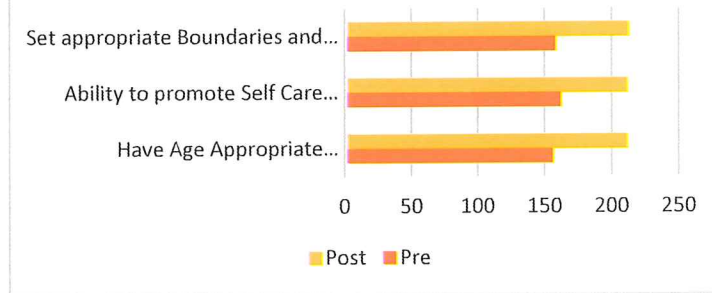
- 31 individual parents and/or caregivers received home-visiting services
- More than 80% of participants who completed the AAPI showed improved scores in 3 parenting areas

AAPI Scores for In Home Services 18-19



- 80% of parents reported improved parenting knowledge in more than 3 areas

Parenting Knowledge Improvement for In Home Services 18-19



Networking/Information Sharing on Nurturing Parenting Program

- Presented at 3 community events and reached approximately 475 people
- Involvement in approximately 8 regular community meetings
- 315 flyers and information sheets distributed
- 125 new inquiries from outreach events were received

Agency Collaboration

- ICES met with TCBH staff at least 3 times during FY 18-19
- ICES met with other PEI contractors once to collaborate, gain and share information and resources to better understand the needs of the community
- ICES met with 6 other Tuolumne County agencies to discuss the vitality of families

Implementation Challenges and Lessons Learned

- Seven (7) parent education workshops were held rather than the twelve (12) workshops planned due low enrollment, and unforeseen staffing and/or building issues. In order to fulfill the needs of the community, the program also offered a weekly year-round class, as many of the program’s attendees required more consistent substantial education based on court requirements. In offering the class in the evenings we have noticed a steady increase in attendance.
- For years previous, ICES had collaborated with Behavioral Health and Tuolumne County Child Welfare Services on teaching the Nurturing Parenting curriculum “Families in Substance Abuse Treatment and Recovery” to individuals that were enrolled in the Drug Dependency Court. This year ,ICES was not contacted by

Behavioral Health to assist with the facilitating of the DDC class which prevented the program's ability to complete this portion of the grant requirement due to circumstances beyond the program's control.

- The program reported that there is always a significant request for In-Home parenting. Since the In-Home Support Program is designed to be long-term and individualized, providing an increase in In-Home services does have a higher cost per client. In-Home services include intake appointments, weekly in-home visits, travel expenses, one-on-one meetings, case notes for each visit, preparation for individualized learning, group meetings, assessments, collaboration with other agencies parents are involved with, resourcing, and other activities. Despite the higher cost to provide In-Home Support, the Raising Healthy Families program has met the community need by exceeding the annual goal of 20 In-Home parents, to having served 31 In-home parents in year 2018- 2019.

Examples of Success/Impact

A story of success as reported by the program:

The Brush family had just moved up to Tuolumne County and their oldest child, Caleb, had just been diagnosed with Autism Spectrum Disorder. The Brush family is also a blended family, and had some parenting challenges because of that. When the family first began meeting with the ICES Family Support Specialist, they were having a hard time finding nurturing ways to deal with Caleb's Autistic meltdowns, as well as finding positive ways to encourage Caleb to have good interactions at school.

The Mother, Gail, and Step Father, Dale, struggled with maintaining family rules and using the correct rewards and consequences to follow through with each rule. After working with the Family Support Specialist, the family was able to come together as a whole to create family rules that everyone was held to, creating rewards as incentives and consequences to follow should the rules be broken.

While working through the Nurturing Parenting curriculum the family was also able to build up Caleb's self-esteem, which was helpful for him at school. Because of Caleb's behavior he had previously not been able to stay in a school longer than one year, and is now attending his second year within his current school. Dale and Caleb's relationship has drastically improved as they have developed healthier ways to communicate with each other. The Brush family has even created time for family meetings; this is where any family member can bring forward any concerns they may have, and the family discusses ways to problem solve the situation. Then the family meeting ends with playing a game that everyone enjoys, creating time for family bonding.

The Brush family has been very successful utilizing the Nurturing Parenting curriculum to create a healthy and happily family. The family is still utilizing the Family Support Specialist's services, as they feel they still have some other parenting techniques to work on with their other children. However, the Family Support Specialist is extremely proud of the progress they have made as a family unit and as individuals.

Prevention and Early Interventions Program Summary for Annual PEI Report– FY 18/19

Program Information

- 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: Social Emotional Learning Foundations (SELF)
Project Area as Defined by PEI Plan: PEI Project #1 – Early Childhood Project #2
<p>Program Description: In a contract with The Tuolumne County Superintendent of Schools office (TCSOS), The Social Emotional Learning Foundations (SELF) program, promotes the social and emotional development of pre-school children ages 0 through 5. This Early Intervention program utilizes an Early Childhood Education (ECE) specialist to provide on-site training, consultation and materials to preschools in the community.</p> <p>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.</p> <p>Note: MHSA PEI funds account for 10% of the overall SELF program funding stream.</p>
Number of unduplicated participants or audience members during fiscal year: 16

Program Reflection

Successes:

This year the program participated in a pilot program using the SELF 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.

1. Teachers reported more than 3 new strategies were used.
2. Teachers that participated reported that they benefitted from the customized coaching cycles
3. The online format allows the coach to communicate with the teachers and not distract them from their time with their students

Data:

- 8 teachers at 6 school sites received intensive training and coaching services throughout the school year
- 106 hours of direct coaching were provided to teachers

- 8 children received targeted consultation
 - 7 (90%) remained stable in the classroom
 - 1 (10%) moved to a private child care setting for personal reasons
 - 7 referred to Special Education for further assessments; 2 of these referred to Special Education psychologists; only 1 required follow up

Implementation Challenges and Lessons Learned

None reported

Examples of Success/Impact

From a Head Start Preschool Teacher after finishing the Positive Climate coaching cycle:

"I learned that building a trustworthy relationship with the child is important in the successful development of the child. In building a relationship that means having conversations with them and letting them know that what they say is important. Also, sharing space and items with them like I would want them to mirror with friends. I learned that by role modeling positive social behavior it helps the child in building positive relationships and being open to learning more with me."

From a Head Start preschool teacher after completing the Dialogic Reading coaching cycle:

"I enjoyed learning about the distancing questions, as it helps to relate the story to the children's own lives. I love that part, because I want the kids to come to enjoy reading, and that can happen when they find that the people in the books can be relatable to them. I think I also enjoy it because it really does give them something to relate to, and that is important. It connects it to their own lives, thus hopefully making it more memorable and enjoyable. I will continue to use dialogic reading in my classroom when I read stories to the kids. I think it helps to make the story more engaging for the kids and honestly, it made it more fun for me to read to them. I think I was doing a little bit of dialogic reading before I learned about it, but now I can intentionally do it and do it correctly. It will take being intentional to plan my questions and to be familiar with the story, but if it gets my kids engaged in the story, then it's worth it. Wouldn't it be cool to have my kids who always leave circle actually stay at circle and be engaged with the story every time? Maybe dialogic reading will help with that and maybe not. But I'm still glad I learned about it and plan to use it often. I like that the CROWD prompts don't have to be used in order. I also don't think they are very hard to come up with. They really do make sense to implement when reading a story to kids. I for sure think it works best in groups of 3-4 kids, which isn't always compatible with our circle time, but perhaps I could still use it with a larger group. I really like dialogic reading! This probably has been my favorite coaching cycle!"

Prevention and Early Interventions Program Summary for Annual PEI Report– FY 18/19

Program Information

- 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: Family Support Aide (FSA)
Project Area as Defined by PEI Plan: PEI Project Number 1 – Early Childhood Project #3
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: 110

Program Reflection

Successes:

- 110 parents/caregivers received parenting education
- 85 parents/caregivers received 8 hours or more of parenting education
- 63 out of 85 parents/caregivers improved their parenting skills by one level in 3 or more AAPI constructs (74%)
- 76 parents/caregivers graduated from the Nurturing Parenting program

Implementation Challenges and Lessons Learned

None reported

Examples of Success/Impact

As reported by a Family Support Aide:
 “The overall progress of the Ameri Corps program has not only impacted our community but my life as well. The interest in services offered has increased over the last four years by almost 70 percent. The team is serving three times the amount of clients compared to last year and are seeing less reentry into the Child Welfare System. Ameri Corps families are receiving parenting education for sixteen weeks along with assistance in connecting to county resources. Our Family support aides build trusting relationships with our at-risk families while empowering them with the tools needed to be successful nurturing parents.”

A story of success as reported by a Family Support Aide:
 “It has been an amazing first term serving with Americorps. I have learned so much about the way giving support to the families helps in their success. I have been able to build some community partner relationships as well as maintain existing ones and am able to connect my clients with resources and services in our community. I love being able to have been a part of so many of their

stories as someone who saw the best in them and supported them to achieve parenting and personal goals. I have an amazing client whom the progress and changes she's made for the better are undoubtedly visible. When coming into the program she stated that she was resentful, mad, embarrassed, and felt lonely and like a failure as a person and mother. Her world had come crashing down. She was ashamed of who she had become. When CWS stepped into her life her family was worried, upset and broken. It did not take her any time at all to see this is exactly where she needed to be at that moment. She was immediately connected and enrolled herself into services such as NPP, DDC, and complied with probation. She involved herself heavily into the NA program and I was able to support her and her journey. She set herself a healthy routine and gained a new healthy perspective on her life. She took ownership of what she had done and moved on from it. She worked on herself and has achieved an amazing connection with the foster parent of her child. She dove right in with parenting with me and never missed an appointment. She showed growth and change in her parenting views and skills, although she had an amazing foundation of love and kindness to start with, we were able to build upon that. She has noticed herself being calmer, honest and family oriented today. She is grateful every day and walks with an "attitude of gratitude". I am excited for the rest of her journey and know she will continue to shine."

Prevention and Early Interventions Program Summary for Annual PEI Report– FY 18/19

Program Information

- 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 Violence Prevention

Project Area as Defined by PEI Plan: PEI Project #2 – School-based Violence Prevention

Program Description: The Center for a Non-Violent Community (CNVC) provides education, information and interactive learning opportunities to students and staff in area schools aimed at reducing school-based violence. Throughout the years, a successful model has been implemented to teach students respect, empowerment and choice. 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: 1642

Program Reflection

Successes:

28 Resiliency Workshops were implemented at 8 schools to a total of 690 unduplicated 3rd – 8th graders and 30 school staff

- 100% of students participated in Fill Your Bucket and Kindness Chain Activity in which all were able to identify (3) positive traits in peers and (3) positive traits were received as feedback about themselves.
- 100% of 6-8th grade students (345 student) participating in Sexual Harassment workshops were able to identify and communicate personal boundaries, as well as recognize other students' personal boundaries through the Measuring Boundaries and Flirting vs. Hurting activities.
- There was 100% improvement in student confidence to resolve conflicts nonviolently, as feelings and needs were demonstrated through the Feelings Charade and Crumpled Paper activities.
- 100% of students participated and demonstrated in activities-Fill Your Bucket, Kindness Chain, Feelings Charades, Crumpled Paper, & Iceberg Poster- demonstrating empathy and self-esteem.

4 Project Respect: Got Respect! Seminars were implemented at 3 schools to a total of 380 middle school-aged students

- 100% of students participated in Activities designed to identify personal boundaries for themselves and for others. These were reflected in Respect Agreements that students created for their groups.
- 100% of students participated in a role-play activity to demonstrate how to resolve conflicts nonviolently. 100% of students identified three (3) coping skills to use when challenged, and two (2) safe-adults in Helping Hand Activity.

- 100% of students participated in Cross the Line Activity, showing empathy for classmates who had experienced challenges; also participated in Iceberg Poster activity designed to build empathy for classmates by identifying personal challenges that others do not see (below the waterline).
- Each class created a Respect Agreement poster, which CNVC Staff added class photo, printed and delivered to each classroom with a follow up classroom debrief.

11 Resiliency Awareness Workshops for Adults were implemented for 79 individuals

- 100% of participants identified two (2) links between lifetime trauma, physical health, were able to name two (2) ways to interact with children who are exposed to trauma, and identified four (4) behavioral responses to trauma through training in ACE's, Resiliency, Trauma Informed Care, and Non-Violent Communication (NVC) Trainings.
- Eighteen (18) adults went through The Boys Council and Girls Circle Facilitator Training, Sixty-one (61) adults trained in Project Respect Facilitation, and assisted facilitating 6th and 7th grade groups at four (4) Project Respect Workshops.

1 Girls circle Group (10 sessions) was facilitated for eight (8) 7th grade girls

- 100% of girls attending Girls Circle Session were able to identify two (2) ways to prevent sexual violence on campus. Through curriculum activities students identified communicating personal boundaries and protective factors such as self-esteem, and Strengths-Based Leadership training.
- 100% of girls attending Girls Circle Sessions were able to demonstrate two (2) ways to fortify caring and healthy relationships through curriculum activities, including making friendship bracelets with friendship commitments, journaling and dream catcher crafts.

CNVC Community Educators attended facilitation training and used Tuolumne County Office of Education curriculum to facilitate seven (7) groups of approximately fifteen (15) students each. Overall, we reached 455 students: 100% of Students at the event participated in activities with friendship role playing, including meeting a friend, finding something in common, and apologizing. 100% of student groups participated in a role play that demonstrated two (2) ways to make friends.

Marketing campaign to increase resiliency and protective factors

- Uploaded CNVC's documentary style film about bullying and reducing mental health stigma in our community to YouTube to make it accessible to a broader audience. It received 66 views.
- Utilized Facebook and CNVC Website as a marketing tool, including protective factors for resiliency for:
 - Empowering Women, Strengthening Communities Oct. 2018, connecting women in our community with resources available to them. (340 reached, 62 engagements)
 - Project Respect Nov. 2018, improving community's awareness on programs we provide for youth (700 reached, 104 engagements)
 - Utilized Facebook and CNVC Website as a marketing tool, including protective factors for resiliency for Advent of Kindness Dec. 2018, spreading kindness during the holiday season (1,598 reached, 221 engagements)

Teen Dating Violence Prevention Awareness Social Media Campaign promoting protective factors, spreading awareness on teen dating violence and aspects of healthy relationships to our Facebook followers. Feb. 2018

CNVC created a marketing Team within the agency to boost our social media presence in Facebook and YouTube. There was a 50% increase in social media posting for the agency. For example, the program's intentional Teen Dating Violence Prevention Awareness Social Media Campaign, as well as

Empowering Women Campaign offered weekly gift card drawings for Facebook post comments identifying healthy relationship qualities.

Attended (10) community events reaching (4,023) people

Implementation Challenges and Lessons Learned

We were unable to facilitate The Boys Council Group due to losing several trained facilitators throughout the year. It is best practice to use male facilitators for the 10-week program, and after training two (2) male facilitators, they ended their employment with CNVC for various reasons.

Examples of Success/Impact

CNVC exceeded many of program's goals:

- In the number of presentations and students and adults reached
- Creating a Marketing Team to enable a larger presence on Social Media as well as post media campaigns coinciding with events and presentations.

Prevention and Early Interventions Program Summary for Annual PEI Report– FY 18/19

Program Information

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: PEI Project #3 – Suicide Prevention and Stigma Reduction Project
Program Description: The Amador Tuolumne Community Action Agency (ATCAA) provides the Suicide Prevention services for TCBHD. The goal of the program is to provide a variety of community-wide trainings, education and information to open dialogue and raise awareness about risk factors, protective factors and warning signs of suicide as well as other mental health issues. 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: 391

Program Reflection

Successes:

- Four 2-day ASIST II (Applied Suicide Intervention Skills Training) Workshops offered; 45 people completed the training; almost 100% of participants indicated that they feel prepared to help a person at-risk of suicide.
- Four 3-hour safeTALK trainings offered; a total of 77 people were trained and almost 100% of participants felt prepared to talk directly and openly to a person about their thoughts of suicide.
- One 8-hour Mental Health First Aid (MHFA) trainings was offered; 16 individuals were trained
- One 8-hour Youth Mental Health First Aid (YMHFA) trainings was offered; 18 individuals were trained
- Almost 100% of MHFA/YMHFA participants reported that they would assist a person with suicidal ideation to find community and/or professional supports
- Almost 100% of MHFA/YMHFA participants reported that they would be able to recognize signs, reach out to, and assist someone dealing with a mental health crisis.
- Nine 1-hour Introduction to Suicide Prevention/esuicideTALK Trainings were offered; 235 individuals completed the trainings
- Suicide prevention materials were distributed at all workshops and trainings and at local community health and wellness fairs

Implementation Challenges and Lessons Learned:

Plans were made to co-facilitate a Boys Council Group with the Center for a Non-Violent Community (CNVC), but due to staffing changes at CNVC the group was postponed. ATCAA had difficulties finding

facilitators willing to commit to a 10-week program. ATCAA instead participated in two Project Respect programs with CNVC at local elementary schools.

Examples of Success/Impact

The need for suicide prevention training and awareness is steadily increasing. ATCAA has tried to respond accordingly. For example, the need for people to be trained to do a suicide intervention increased significantly in FY 18/19. ATCAA responded by offering four ASIST trainings instead of one. There was also a significant increase in the number of people attending the Introduction to Suicide trainings. ATCAA was glad to have the opportunity to train the entire freshman class at Sonora High in suicide prevention during the Life Skills class.

Prevention and Early Interventions Program Summary for Annual PEI Report– FY 18/19

Program Information

- 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: Connections and Awareness for Elders (CAFÉ)

Project Area as Defined by PEI Plan: PEI Project #4 – Older Adults (60+)

Program Description: TCBHD has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County’s older adult population. The purpose of the program is to engage individuals, aged 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: 255

Program Reflection

Successes:

- 50 individuals received counseling, socialization, and depression intervention services
 - 96% of participants showed improvement in how they felt after each visit
 - 95% of participants showed improvement in feelings of depression
- 5 new volunteers were recruited and trained for a total of 17 CAFÉ program volunteers
- 8 different agencies referred seniors in need including: TCBHD; Sierra Senior Providers; Avalon Care Center; and Adventist Health Sonora
- 2 outreach presentations to local agencies
- 3 CAFÉ program presentations to elder communities
- Participated in 5 local events to reach lonely and isolated elders including the Elder Awareness Conference which provided education and resources to nearly 200 community members with resources and tips on how to identify elder abuse.

Implementation Challenges and Lessons Learned:

None reported

Examples of Success/Impact

From a CAFÉ volunteer:

I have learned so much from my dear little friend. We had fun going shopping together, looking through everything and coming home with our treasures. We baked cookies at Christmas, used her old-word recipe. We have built a bond that will last forever and have a lot of fond memories to look back on.

The relationship with each of my partners is quite different; there is a common need in each case, to share quality time. My second partner and I enjoy sharing lunch in her dining room

and then continuing to enjoy our afternoon chatting in her lovely living room. She shares stories about her world travels and the exciting life she has lived. We will continue to provide many hours of joy and laughter.

Prevention and Early Interventions Program Summary – FY 18/19

Program Information

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: PEI Project #4 – Latino Outreach

Program Description: TCBHD contracts with the Amador Tuolumne Community Action Agency (ATCAA) to provide prevention and early intervention services to the Latino community in Tuolumne County. The program consists of two Promotores de Salud (Promoters of Health) who provide mental health education, outreach and support. The Promotores 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: Approx 325

Program Reflection

Successes:

- 24 information presentations on mental health and Promotores de Salud reaching 285 community members
- 133 Latina Support Group contacts
- 19 rides to access services
- 11 translation assistance services
- 62 in-home or telephone support services to 26 unduplicated Latino community members
- 195 direct services (in-home or group support)
- 12 requests for assistance from other agencies, schools, or counselors
- 27 instances where Promotores participated in other agency events
- 17 referrals to Behavioral Health or other related services, 13 were to Latina support group

Implementation Challenges and Lessons Learned

Reported by ATCAA/Promotores de Salud Program:

We continue to struggle with the lack of health insurance for many of our community members who do not qualify for regular Medical, which limits their access to mental health services through Behavioral Health. Because of their legal status, many clients only qualify for emergency Medical which is not accepted for ongoing counseling services at Behavioral health and other clinics. These families often cannot afford to pay out of pocket for services and therefore do not peruse counseling. We also battle the stigma associated with mental health and accessing services. This is one reason why we established the support group for women as a more culturally acceptable way to access mental health services.

Examples of Success/Impact

Reported by ATCAA/Promotores de Salud Program:

We met our contract goals and objectives this year and are continuing to make steady progress each year. We increased the number of outreach contacts we made to Latino males, as well as the number of individual contacts with Latinx community members in general. We met our goal of 22 presentations and also increased our number of referrals to mental health and wellness services in our community.

This year we expanded our work with the People Helping People Immigration group and established a relationship with the Sheriff's department to insure that our families without proper documentation feel safe reporting crimes to the authorities. One of our Latina leaders in the group made a connection with the Sheriff's department and created a survey that we could get out to the community to anonymously share concerns and instances in which they have felt unsafe or discriminated against by the department. Through this work we have created a partnership with the Sheriff, with the goal of educating the community about the importance of reporting crimes and concerns without fear of involvement of Immigration and Customs Agencies. Our plan is to expand this partnership with the Highway Patrol and Sonora Police Department in order to decrease the community's fear and anxiety about their immigration status when they are in need of assistance from law enforcement.

Another success for this year was the development of a passport fund for children who need a passport as part of a Family Preparedness Plan in the event of a parent's deportation. This was organized by the People Helping People volunteers who sought out donations within the community specifically to pay for children's passports. The Unitarian Church was a large donor to the program and ATCAA assisted in using their tax exempt status to facilitate access to the account.

One of our individual successes was with a pregnant teen that arrived eight months pregnant on an asylum status. The Promotoras worked with her to quickly get her connected with health insurance, an OB/GYN, the Early Head Start Program, an immigration lawyer, housing, the Latina support group, and social services. She arrived here alone and was staying with an uncle who was often out of town. The Promotoras helped her get settled in the community and were even present when she gave birth, since she had no one else to be with her. She gradually became integrated into the community and made connections with other Spanish speaking mothers in the area who lived near her. Although she left the area to be with the baby's father and his family, the support that the Promotoras were able to give her through her transition to motherhood and living in an unfamiliar country were invaluable for her during a time of crisis.

Prevention and Early Interventions Program Summary for Annual PEI Report– FY 18/19

Program Information

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
Project Area as Defined by PEI Plan: PEI Project #4 – Native American Outreach
Program Description: The Tuolumne Me-Wuk Indian Health Center (TMWIHC) provides prevention & 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 beading, 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: 505

Program Reflection

Successes:

Sweat Lodge Ceremonies:

- 12 community sweat lodge ceremonies were held; 230 individuals participated

Support to Native Americans in County Jail System:

- 132 inmates received support

Coordinate Local and Visiting Presenters, Musicians, and Healers

- 4 community events were held
- 141 individuals participated; 102 individuals identified as Native American

Support Families and Educators in the Student Study Team (SST) Meetings and in the Individualized Educational Planning (IEPO Processes for Youth and Children

- 2 individuals received support
- 100% of SST and IEP meetings for these 2 individuals attended
- Unable to develop outreach to parents through youth activity center (Blue House) on the reservation (see Implementation Challenges below)

Weekly Substance Use Group for Native Youth Ages 11-18

- No weekly groups offered (see Implementation Challenges below)

The program made progress towards its goals of providing monthly sweat lodge ceremonies and the attendance has increased significantly. Another success has been providing support and substance

abuse services to Natives in the county jail. The program was able to structure regular substance abuse education in the county jail as well as provide the inmates assistance to obtain their GED and be enrolled to start Columbia collage when they were released. The inmates were also able to obtain mental health appointments within 48 hours of being released for medication to prevent debilitating mental health symptoms.

Implementation Challenges and Lessons Learned

The program reported:

- The number of inmates receiving support decreased from last fiscal year (161) as the program was not able to continue providing support in the prison in Jamestown.
- Staff participating in the SST and IEP meetings were unable to do outreach to parents through the youth center on the reservation as they did not meet the criteria to be in the youth center called the Blue House.
- This year again, the program was not able to offer weekly substance youth groups for youth aged 11-18 on the reservation due to the inability to access the youth center (Blue House) on the reservation.

The program's biggest issue was in being able to provide youth services. The program was able to meet with the tribal staff that works with the youth and we were able to develop a future plan for meeting the needs of the youth.

Examples of Success/Impact

The program reported:

"We have had several people start support services in the jail and when released continue our other services and achieve long term recovery, improve mental health side effects, and become productive members of the community."

Prevention and Early Interventions Program Summary for Annual PEI Report– FY 18/19

Program Information

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

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: 417 (39 teachers and 378 students)

Program Reflection

Successes:

Educate and Train Staff on Trauma Informed Behavior

- 39 Jamestown Elementary School staff completed Trauma-Informed training this fiscal year
- 11.7% reduction in Reflection Room referrals, suspensions, and expulsions
- 8.9% decrease in homeless student absenteeism
- 1.6% decrease in disabled student absenteeism
- 2.3% decrease in economically disadvantaged student absenteeism

Follow-Up Coaching and Training on Trauma Response

- 11 school staff received trauma-informed coaching services
- 84% of school staff surveyed believe the training is helpful on the job
- 86% of school staff reported improvement in the classroom/workplace environment

Identify, Connect With, Offer Support and Refer High Risk Students and Their Families

- 39 students identified as homeless and provided services
- 3 students identified as being in formal foster placements
- 21 students identified as being in informal foster type settings (eg. grandparents or other relatives)
- 30 students identified as high risk due to number of discipline referrals, poor attendance, poverty, exposure to violence or other risk factors

Referrals:

- 162 individuals referred to mental health services
- 8 individuals referred to substance use services

- 24 individuals referred to primary care
- 51 individuals referred to Social Services
- 62 individuals referred to housing services

Implementation Challenges and Lessons Learned

- The goal was to have 100% of school staff complete trauma-informed training, but scheduling all staff was challenging due to difficulties finding substitute teachers. There were also staff that were resistant or uninterested.
- From the Program Director: *“One of the challenges we face in an economically and socially challenged school district is turnover – of both staff and students. For example, we have had a different principal for each year of this contract as well as a new superintendent. Looking at staff class photo from last year 27% of the group no longer work here. Going back to the 15/16 school year – the start of this project, 43% of staff in the picture are no longer here. This presents a challenge in training new staff while staying engaged with those who’ve had training. In order to become a fully trauma-informed institution takes longer when those who’ve been exposed and trained in TIP are replaced with new staff who lack that training and exposure.”*

Examples of Success/Impact

From Mark Dyken, Program Director:

Progress is being made in changing the culture in Jamestown School District. The district was featured in a cover article in California Educator Magazine as a state leader being in becoming a trauma informed organization. <https://californiaeducator.org/2019/10/15/trauma-culture-of-compassion/>

Principal discipline referrals, suspensions and expulsions all continue to trend down. Chronic absenteeism is also trending down, especially in the high-risk groups. Teachers and other staff overwhelmingly report improved work and classroom conditions. Other schools and districts are hearing about what we’re doing and requesting training or asking if they can visit Jamestown to see what we’re doing. Just yesterday I received an email from Marysville asking if we could provide training for their district and/or if they could visit our schools.

I have seen a marked change in several teachers who embrace TIP in the classroom. One teacher went from being the 2nd highest user of out-of-class response to unwanted student behavior (send to principal or reflection room etc) to the absolute lowest user – he now handles all issues in the classroom – which means his students spend more time at the desk learning.

Although we haven’t measured an improvement academic performance I believe that will come along as we continue the course.

Program Demographics

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

Age	
Children/Youth (0-15)	2197
Transition Age Youth (16-25)	157
Adult (26-59)	5044
Older Adult (60+)	86
Prefer not to answer	
Race	
American Indian/Alaska Native/Native American	431
Asian	5
Black or African American	13
Latino/Hispanic	169
Native Hawaiian/Pacific Islander	2
White	1085
More than one race	46
Other	8
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	
Filipino	
Japanese	
Korean	
Middle Eastern/North African	
Vietnamese	
Native/Pacific Islander	
Other	
Prefer not to answer	
Primary Language	
English	
Spanish	
Other	
Prefer not to answer	

Gender Assigned at Birth	
Female	935
Male	828
Prefer not to answer	
Current Gender Identity	
Female	
Male	
Transgender	
Genderqueer	
Questioning/Unsure	
Other Gender Identity	
Prefer not to answer	
Sexual Orientation	
Gay or Lesbian	
Heterosexual/Straight	
Bisexual	
Questioning/Unsure	
Queer	
Other (LGBTQ+)	3
Prefer not to answer	
Veteran Status	
Yes	31
No	
Prefer not to answer	
Disability	
I do not have a disability	
Mental illness	
Difficulty seeing	7
Difficulty hearing or having speech understood	9
Other seeing, hearing, speaking disability	
Learning disability	
Developmental disability	
Dementia	
Physical or mobility disability	
Chronic health condition or chronic pain	
Other physical disability	
Current Living Situation	
Homeowner	
Rent Home/Apartment	
Homeless	135
Sharing Housing	
Multi-Family	
With Friends/Family	
Foster Care	
Supportive Housing	
Subsidized Housing	
Other	
Prefer not to answer	

Prevention and Early Intervention Programs FY 18/19

PEI PROJECT	PEI PROGRAM NAME	CATEGORY	AGE GROUP	MAX CONTRACT AMOUNT
PEI Project #1: Early Childhood Project #1	Nurturing Parenting Education: Raising Healthy Families	Prevention 75% Early Intervention 25%	Children/Youth (0-15)	\$68,750
PEI Project #1: Early Childhood Project #2	Social Emotional Learning Foundations	Early Intervention	Children/Youth (0-15)	\$10,000
PEI Project #1: Early Childhood Project #3	Family Support Aides (FSA)	Prevention	Children/Youth (0-15)	\$26,000
PEI Project #2	School-Based Violence Prevention	Prevention	Children/Youth (0-15)	\$37,500
PEI Project #5: Fostering Healthy Activities in Non-Traditional Settings	Trauma-Informed Schools	Early Intervention	Children/Youth (0-15)	\$20,000
PEI Project #4: Latino Outreach	<u>Promotores de Salud</u>	Prevention 30% Early Intervention 70%	Adults 50% Older Adults 30% TAY 15% Children/Youth 5%	\$30,000 <i>Adults \$15,000</i> <i>Older Adults \$9,000</i> <i>TAY \$4,500</i> <i>Children/Youth \$1,500</i>
PEI Project #4: Older Adults (60+)	Connections and Awareness for Elders (CAFÉ')	Prevention	Older Adults (60+)	\$50,000
PEI Project #4: Native American Outreach	Native American Outreach	Prevention 80% Early Intervention 20%	Adults 70% Older Adults 1% TAY 5% Children 24%	\$30,000 <i>\$21,000</i> <i>\$300</i> <i>\$1,500</i> <i>\$7,200</i>
PEI Project #3	Suicide Prevention and Stigma Reduction Project	Prevention; Stigma & Discrimination Reduction	Adults 35% Older Adults 25% TAY 25% Children/Youth 15%	\$75,000 <i>Adults \$26,250</i> <i>Older Adults \$18,750</i> <i>TAY \$18,750</i> <i>Children/Youth \$11,250</i>

PEI Program Breakdown by Age Group, Amount, and Percentage

AGE GROUP	MAX CONTRACT AMOUNT	% OF MAX CONTRACT
Children/Youth (0-15)	\$182,200	52.47%
TAY (16-25)	\$24,750	7.13%
Adults (26-59)	\$62,250	17.92%
Older Adults (60+)	\$78,050	22.48%
TOTAL:	\$347,250	100%
FY 18/19 PEI BUDGET	\$360,000	

Total PEI funds allocated towards ages 25 and below is \$206,950 or 59.6%. The State requires that at least 51% of PEI funds be allocated towards programs supporting those aged 25 years and below.

Appendix E

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):


- | | | |
|--|--|---|
| <input type="checkbox"/> City of Sonora | <input type="checkbox"/> East Sonora | <input type="checkbox"/> Columbia |
| <input type="checkbox"/> Twain Harte/Mi-Wuk/Sugar Pine | <input type="checkbox"/> Tuolumne City | <input type="checkbox"/> Soulsbyville |
| <input type="checkbox"/> Groveland | <input type="checkbox"/> Jamestown | <input type="checkbox"/> Don Pedro/La Grange |
| <input type="checkbox"/> Chinese Camp | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Prefer not to answer |

11. Current Living Situation:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Homeowner | <input type="checkbox"/> Rent Home/Apartment | <input type="checkbox"/> Homeless | <input type="checkbox"/> Sharing Housing |
| <input type="checkbox"/> Multi-Family | <input type="checkbox"/> With Friends/Family | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Supportive Housing |
| <input type="checkbox"/> Subsidized Housing | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Prefer not to answer | |

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

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

FOR OFFICE USE ONLY		
Date: _____	MHSA PEI Program: _____	Training / Event Name: _____
Participant ID: _____		
		
*Not intended for promotional events.		