TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING – PUBLIC HEARING AGENDA

Time: Wednesday, June 4, 2025 @ 4:00 p.m.
Place: Tuolumne County A.N. Francisco Building - 48 Yaney Ave., 3rd Floor, Committees & Commissions Conference Room, Sonora, CA 95370

This Behavioral Health Advisory Board Meeting will be available to the public via in-person attendance only at the above physical address. However, written comments may be submitted by the public for inclusion in the meeting through the following methods.
Email: Email your comments to Attn: Pandora Armbruster at behavioralhealth@tuolumnecounty.ca.gov
U.S. Mail: Mail your comments to Attn: Behavioral Health Advisory Board, 2 S. Green St., Sonora CA 95370. Written comments must be received no later than 8:00 a.m. on the morning before the noticed meeting.
Important Public Notice: Under CA Assembly Bill 2449's amendments to the Brown Act, through very limited circumstances, some members of the Tuolumne County Advisory Board may participate by teleconference. If so, additional virtual meeting information will be afforded to the public through publication of an amended agenda.

AGENDA

BOARD OF SUP. REP/ CHAIR
Ryan Campbell

ALTERNATE BOS REP./ VICE CHAIR
Daniel Anaiah Kirk

MEMBERS
Cathie Peacock
Elizabeth Marum
Jenn Salazar
Maureen Woods
Sherry Bradley
Terry Garcia
Valerie Shuemake

1. **CALL TO ORDER**
2. **ROLL CALL & INTRODUCTIONS**
3. **GENERAL PUBLIC COMMENT** (3 minutes per person)
   Members of the public may be heard on any item, **not** on the Board's Agenda. A person addressing the Board will be limited to three minutes. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.
4. **PUBLIC HEARING & FINAL COMMENT PERIOD: Mental Health Services Act (MHSA) Annual Update FY 25/26 - See link below to review.**
   - https://www.tuolumnecounty.ca.gov/DocumentCenter/View/29273/MHSA-Annual-Update-25-26-Complete
5. **APPROVAL OF MINUTES**
   - Draft Minutes of the May 7, 2025, Meeting
6. **BEHAVIORAL HEALTH DIRECTOR'S REPORT**
7. **BEHAVIORAL HEALTH STAFF REPORT**
8. **NEW BUSINESS**
   - None
9. **CONTINUED BUSINESS**
   - Signing of final approved Behavioral Health Advisory Board Proclamation in support of inclusivity.
10. **BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS**
11. **NEXT MEETING -** Wednesday, July 2, 2025 @ 4 pm – Tuolumne County A.N. Francisco Building – 3rd Floor Committees & Commissions Conference Room
12. **ADJOURNMENT**

WELLNESS • RECOVERY • RESILIENCE

TUOLUMNE COUNTY BEHAVIORAL HEALTH MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FY 2025/26

PRESENTED BY AGENCY PROGRAM MANAGER, JENN GUHL
TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD, PUBLIC HEARING
JUNE 4, 2025

FISCAL YEAR ACCOMPLISHMENTS

- Reshaping the Community Program Planning Process
- Expanded Community Outreach and Engagement Efforts
- Innovation Plan “Family Ties: Youth and Family Wellness”
- Prevention and Early Intervention
- Current Mental Health Services Act Annual Update FY 2025/26

FISCAL YEAR ACCOMPLISHMENTS

- Reshaping the Community Program Planning Process
  - Awareness CPPP needed to change
  - How will it change? How will it be effective both short and long-term? How will it be most beneficial for the overall community?
  - Efforts in making the shift
  - Positive impacts of those changes
  - Public Feedback: How does these suggestions impact change at TCBH?

OUTREACH & ENGAGEMENT

- Expanded Community Outreach and Engagement Efforts
  - AU FY 22/23 –Two surveys, 70 survey responses, 5 meetings with 30 participants
  - 3YR PLAN FY 23/24 – One survey with 130 survey responses, 8 meetings in Fall 2022 (7 plus CCC) with 40 participants, outreach to BOS in November 2022 regarding meetings, two Q&A meetings in Spring 2023 with 16 participants
  - AU FY 24/25 – Two surveys, 9 meetings in Fall 2023 (8 plus CCC) with nearly 200 participants
  - AU FY 25/26 –Two surveys, no meetings, with nearly 400 participants
- Public Feedback: How does these suggestions impact change at TCBH?
  - Increasing Hours at the Tuolumne County Enrichment Center (consumer voice)
  - Community Cultural Collaborative/Mental Health Month lime green ribbon decorating held annually in May (free community announcements, stickers)
  - Additional community outreach at the Tuolumne and Groveland Community Resilience Centers, grocery stores, etc.

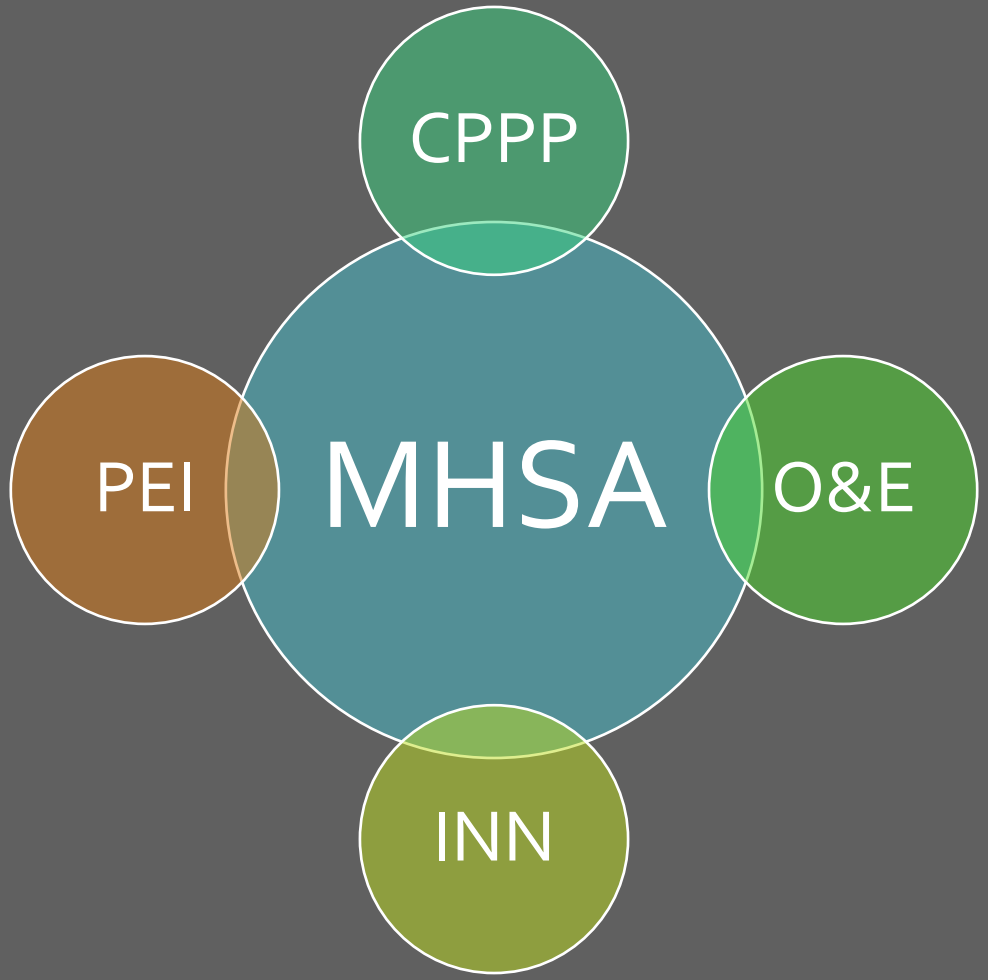
INNOVATION

- Innovation Plan “Family Ties: Youth and Family Wellness”
- Approved Plan by the former Mental Health Services Oversight and Accountability Commission on June 15, 2023.
- Four events held in 2024
  - Best Western in Sonora, February 2024
  - Elevate in Tuolumne, June 2024
  - Chester & Push Horse Rescue, August 2024
  - Blue Zones Healthy Eating, November 2024
  - Nearly 50 duplicated youth and family members attended these events with positive feedback and outcomes

PREVENTION AND EARLY INTERVENTION

- Prevention and Early Intervention (PEI) Contractors through June 30, 2026
- Amador-Tuolumne Community Action Agency – Suicide Prevention & Stigma Reduction
- Infant/Child Enrichment Services – Parenting Services
- First 5, Tuolumne County Superintendent of Schools – Early Childhood Services
- Catholic Charities – Older Adults
- Tuolumne Me-Wuk Indian Health Clinic – Native Americans

MHSA ANNUAL UPDATE FY 25/26



MHSA TO BHSA TRANSITION

MHSA

•Prop 63

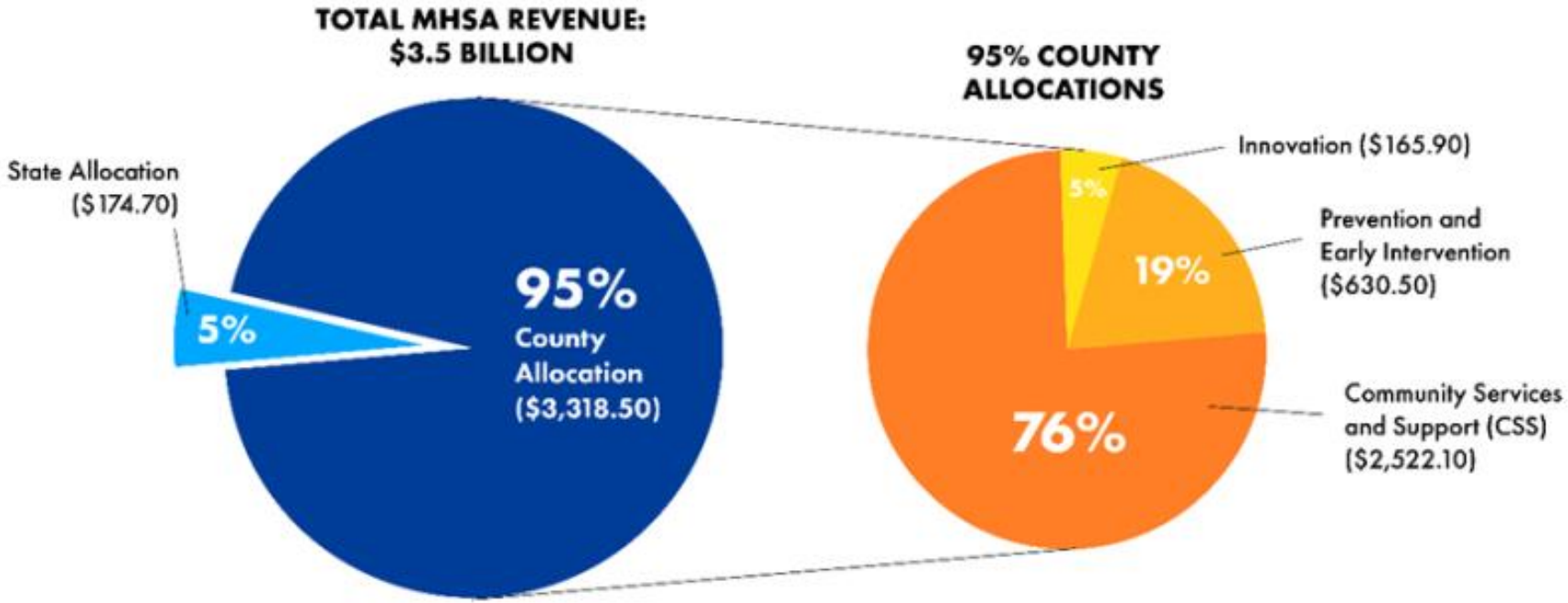
BHSA

•Prop 1

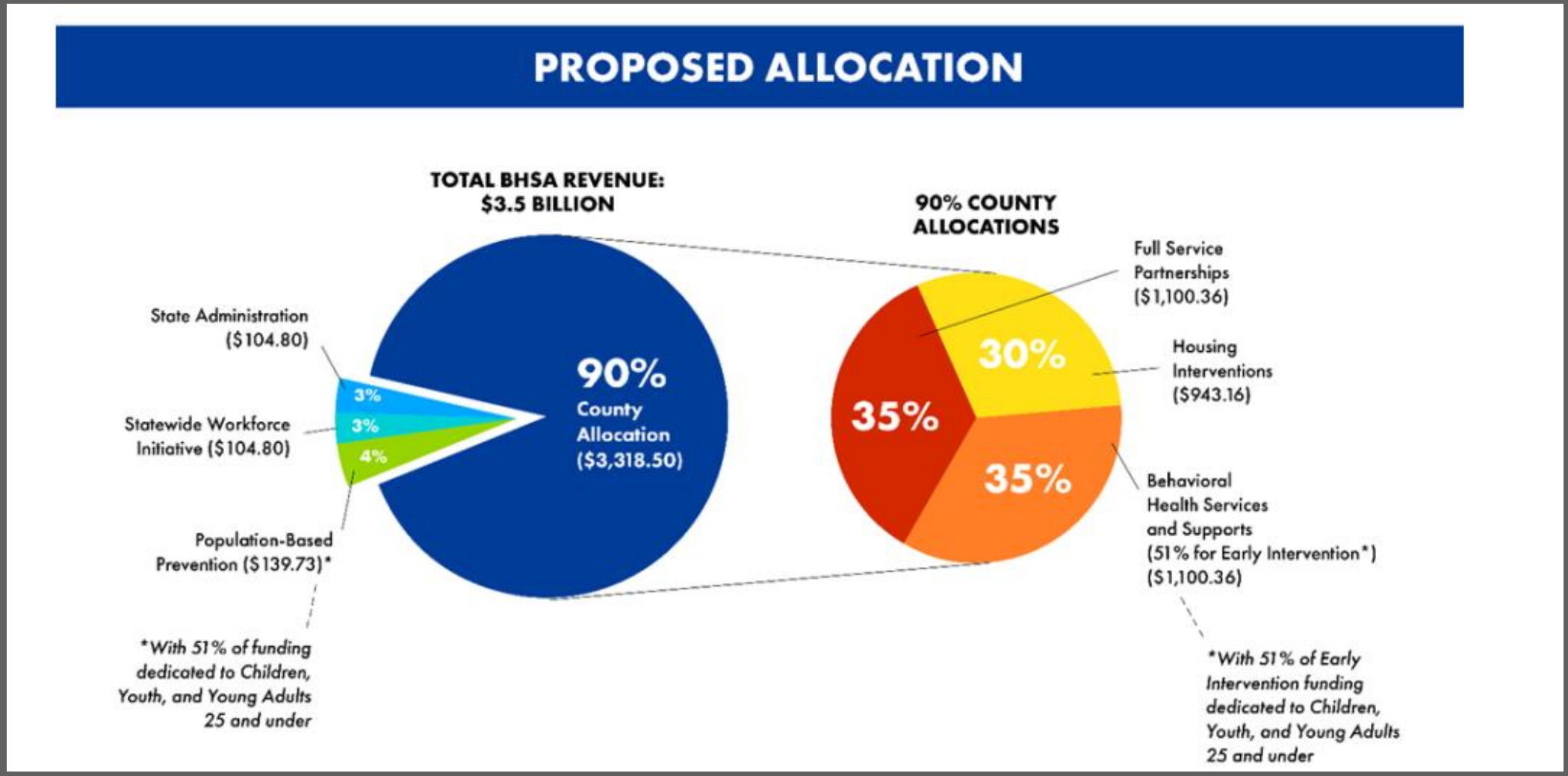
TCBH

MHSA FUNDING ALLOCATIONS

CURRENT ALLOCATION



BHSA FUNDING ALLOCATIONS



BHSA REQUIREMENTS

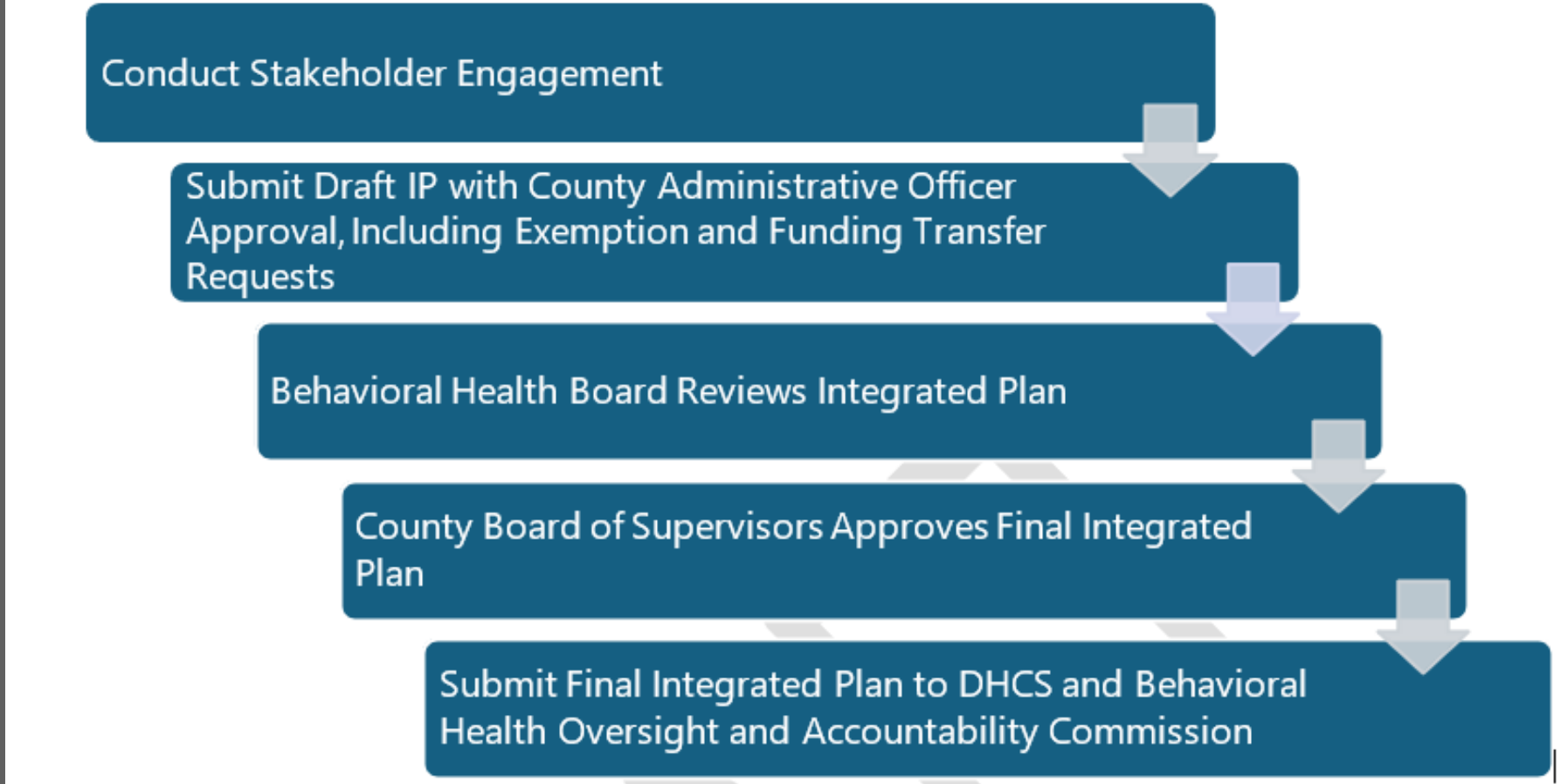


Figure 1. Integrated Plan Submission Workflow

BHSA REQUIREMENTS

Table B.2.1. Timeline for Implementation

Requirement	Effective Date
Counties Submit Draft FY 2026-2029 County Integrated Plan to DHCS with County Administrative Officer (CAO) Approval	No later than March 31, 2026
Counties Submit Final FY 2026-2029 County Integrated Plan to DHCS County Board of Supervisors Approve Final Fiscal Year (FY) 2026-2029 County Integrated Plan	No later than June 30, 2026
County Integrated Plans Are Effective	July 1, 2026

BHSA CPPP

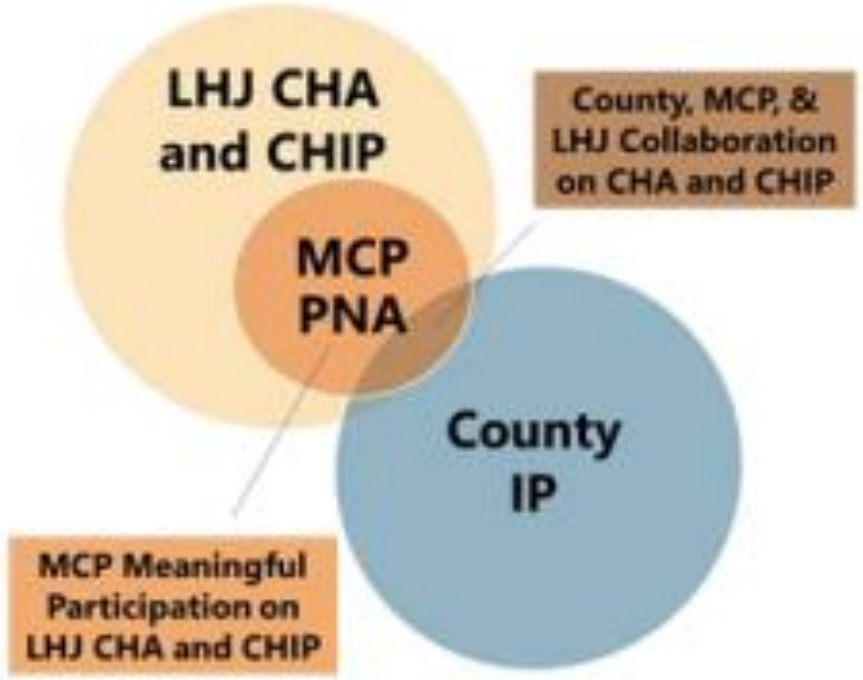


Figure 3.B.2.2 LHJ CHA and CHIP, MCP PNA, and County IP Overlap

BHSA CPPP

Figure 3.B.2.1. LHJ CHA and CHIP Submission Cycle Alignment Timeline

BHSA INTEGRATED PLAN TEMPLATE VERSION 1 4/7/25

TABLE OF CONTENTS

DRAFT

Jennifer Guhl

Agency Program Manager

Tuolumne County Behavioral Health

(209) 533-6245

Jguhl@co.Tuolumne.ca.us

QUESTIONS?

Tuolumne County Behavioral Health Advisory Board
(Minutes of the meeting of May 7, 2025)
DRAFT

2024 BHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Ryan Campbell - BOS	Meeting Cancelled	✓	✓	-	✓							
Anaiah Kirk – BOS Alt		-	-	-	-	-	-	-	-	-	-	-
Mike Holland – BOS Alt		-	-	✓	-	-	-	-	-	-	-	-
Cathie Peacock		✓	E	E	✓							
Elizabeth Marum		A	✓	✓	✓							
Jenn Salazar		✓	✓	✓	✓							
Maureen Woods		✓	✓	✓	E							
Marshall Romeo		✓	✓	✓	-	-	-	-	-	-	-	-
Sherry Bradley		✓	✓	E	✓							
Terry Ann Garcia		✓	✓	✓	✓							
Valerie Shuemake		✓	E	✓	E							

Present = ✓ Absent = A Excused = E Virtual Attendance = V 8 MHAB Members, 1 BOS Alternate

Tuolumne County Staff in Attendance
Tami Mariscal, Director – Behavioral Health Department
Lindsey Lujan, QM Deputy Director – Behavioral Health Department
Jenn Guhl, BHSA Agency Manager – Behavioral Health Department
Pandora Armbruster, Administrative Technician – Behavioral Health Department
Others in Attendance
Several community members were also in attendance.

1. CALL TO ORDER

Board of Supervisors Behavioral Health Advisory Board Chair, Ryan Campbell, called the meeting to order at 4:15 pm.

2. ROLL CALL/INTRODUCTIONS

Six members were present and accounted for at the time of roll call, completing a quorum for the Board. Those present were Ryan Campbell-District 2 Supervisor, Cathie Peacock, Elizabeth Marum, Jenn Salazar, Terry Ann Garcia, and Sherry Bradley. Maureen Woods and Valerie Shuemake were not in attendance.

The Behavioral Health Advisory Board members introduced themselves to all present.

County staff introduced themselves to the group as well.

3. GENERAL PUBLIC COMMENT:

Members of the public may be heard on any item not on the Board's Agenda. A person addressing the Board will be limited to **three minutes**. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

There were no public comments received.

4. APPROVAL OF MINUTES

Terry Garcia moved, and Elizabeth Marum seconded to approve the April 2, 2025, Meeting Minutes as presented. Motion passed.

(Ayes: 5 – Supervisor Campbell, Cathie Peacock, Elizabeth Marum, Jenn Salazar, and Terry Ann Garcia. Abstentions: 1 – Sherry Bradley Nays: 0 Members Absent: 2 – Maureen Woods and Valerie Shuemake)

5. BEHAVIORAL HEALTH DIRECTOR'S REPORT

Tami Mariscal, Behavioral Health Director provided an overview of the current Behavioral Health Department of Health Care Services integrated contract. This new contract combines specialty mental health services and substance use disorder services into one performance contract. Tami provided a detailed report to be included with these minutes.

The group discussed the benefits of the combined contract and the department's success in becoming an early adopter. They also acknowledged the BHAB's future work in becoming integrated to include members with substance use disorder experience.

6. BEHAVIORAL HEALTH STAFF REPORT

Mental Health Awareness Month Activities and upcoming Public Hearing on the MHSA Annual Update presented by Jenn Guhl, Behavioral Health Services Act Agency Manager.

Jenn Guhl informed the group that Mental Health Awareness month kicked off on May 1, 2025. Jenn informed the group of the many events planned to commemorate this month. The Community Cultural Collaborative will be placing green mental health ribbons throughout town at 1:00 pm on Tuesday, May 13th at the Courthouse Park. She requested that the BHAB members attend to show support, as well as share this information to encourage community attendance. She also invited the group to attend the upcoming Mental Health Awareness Green Potluck scheduled for May 16th at the Enrichment Center. She shared that the Mental Health Awareness month celebrations will culminate with an event at the Enrichment Center on May 30th. Many contractors will be onsite to share important resources and available programs with community members. She encouraged Behavioral Health Advisory Board members to attend any or all of these festivities. Outreach activities are ongoing. We have staff out in the public, most recently at Safeway, with a table set up to provide information and resources. Those efforts will continue throughout the month. The website has also been updated to reflect current mental health month activities.

The group was informed that the Behavioral Health Advisory Board meeting scheduled for June 4, 2025, will be used to host the Public Hearing related to the closing of the public comment period for the MHSA Annual Update.

Sherry Bradley informed the group that the MHSA Annual Update is very large and takes time to download from the website. She also shared that financial data was a bit difficult to read due to blurry text.

7. NEW BUSINESS

None.

8. CONTINUED BUSINESS

Proclamation in support of inclusivity and tolerance of vulnerable populations

The group reviewed and provided feedback on the proposed proclamation. Final edits and feedback were received. A copy of the final edited Proclamation is included with these minutes.

Terry Garcia moved, and Sherry Bradley seconded to accept and approve the Proclamation in support of inclusivity and tolerance of marginalized and vulnerable populations with the incorporated edits received. Motion passed.

(Ayes: 6 – Supervisor Campbell, Cathie Peacock, Elizabeth Marum, Jenn Salazar, Sherry Bradley, and Terry Ann Garcia. Abstentions: 0 Nays: 0 Members Absent: 2 – Maureen Woods and Valerie Shuemake)

Review and possible approval of the Behavioral Health Advisory Board's Annual Report to the Board of Supervisors.

The group reviewed the Annual Report and provided feedback.

Sherry Bradley moved, and Terry Garcia seconded the approval of the Annual Report to the Board of Supervisors including the provided feedback. Motion passed.

(Ayes: 6 – Supervisor Campbell, Cathie Peacock, Elizabeth Marum, Jenn Salazar, Sherry Bradley, and Terry Ann Garcia. Abstentions: 0 Nays: 0 Members Absent: 2 – Maureen Woods and Valerie Shuemake)

9. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS:

Sherry Bradley, Behavioral Health Advisory Board member, shared a written report detailing information received from her attendance at the Behavioral Health Department's Quality Improvement Council. A copy of that report is attached to these minutes.

Jenn Salazar, Behavioral Health Advisory Board member, reported that Camp Justice residents stated that Behavioral Health Department staff are present at the camp but not interacting with them.

10. NEXT MEETING

The next Tuolumne County Behavioral Health Advisory Board meeting is scheduled for Wednesday, June 4, 2025, at 4:00 pm. This meeting will host a Public Hearing for the closing of the Public Comment Period of the MHSA Annual Update. Detailed meeting information will be provided on the June Behavioral Health Advisory Board Meeting Agenda.

11. ADJOURNMENT

The May 7, 2025, Behavioral Health Advisory Board meeting was adjourned at 6:30 pm.

MHAB Directors Report- 05.07.2025

Summary of the DHCS Integrated Contract Initiative

The California Department of Health Care Services (DHCS) is implementing the Behavioral Health Administrative Integration as part of the broader California Advancing and Innovating Medi-Cal (CalAIM) initiative. This effort aims to consolidate the administration of Specialty Mental Health (SMH) and Substance Use Disorder (SUD) services into a unified behavioral health program at the county level. The primary goal is to enhance care coordination, reduce administrative burdens, and improve health outcomes for Medi-Cal members, particularly those with co-occurring mental health and SUD issues.

Rationale for Integration

Currently, SMH and SUD services are managed through separate structures at the county level, leading to challenges such as fragmented care, inefficiencies, and a complex experience for members and providers. Integrating these services is expected to streamline operations, facilitate better data sharing, and provide a more cohesive care experience for individuals. *This integration is distinct from the CalAIM Full Integration Plan, which seeks to combine physical, behavioral, and oral health care into comprehensive managed care plans.*

Implementation Timeline

The integration process is structured in three phases:

- ✓ **Phase 1 (2023–2024):** Counties voluntarily begin integrating administrative functions under existing contracts.
- ✓ **Phase 2 (2025–2026):** Tuolumne is an early adopter, entered into integrated contract with DHCS, effective January 1, 2025.
- ✓ **Phase 3 (2027):** All counties are required to adopt integrated contracts, with full implementation by January 1, 2027.

This phased approach allows for gradual implementation, accommodating the varying capacities of counties and ensuring a smoother transition. DHCS is providing ongoing technical assistance and stakeholder engagement to support counties throughout the process.

Integrations Effect on the BH Board

The integration of Specialty Mental Health (SMH) and Substance Use Disorder (SUD) services under the DHCS Integrated Contract has direct implications for the composition and scope of local Mental Health Advisory Boards, often referred to as Mental Health Boards or Behavioral Health Boards.

Impact on Advisory Board Composition and Function:

1. **Expanded Scope and Representation:**
   - With the integration of SMH and SUD services into a unified behavioral health system, counties are expected to align their advisory structures accordingly.
   - Mental Health Boards may need to evolve into *Behavioral Health Advisory Boards* to reflect both mental health and substance use perspectives.
   - This means **incorporating members with lived experience or professional expertise in substance use treatment**, in addition to mental health, ensuring that both populations are adequately represented.
2. **Statutory Adjustments:**
   - Under California Welfare & Institutions Code §5604, Mental Health Boards were traditionally focused on mental health only. However, DHCS encourages counties to consider changes—either formally or through internal policy—to expand the mandate and membership of these boards to include SUD expertise.
   - Some counties are combining their Alcohol and Drug Advisory Boards with their Mental Health Boards to create a single integrated advisory body.
3. **Broader Responsibilities:**
   - These integrated boards are increasingly tasked with reviewing and evaluating the broader spectrum of behavioral health services and advising county supervisors and departments on policies affecting both mental health and substance use services.
   - This includes providing input on performance outcomes, equity considerations, and public awareness efforts that span the full range of behavioral health needs.
4. **Opportunities for Enhanced Oversight and Advocacy:**
   - Integration offers advisory boards a more comprehensive view of system-level issues, enabling them to advocate for more holistic and coordinated care models.
   - It also opens the door for more meaningful stakeholder engagement and transparency in service delivery program and how funding or workforce may be impacted.

In summary, the integration under DHCS is prompting counties to reconsider and often broaden the composition and responsibilities of their advisory boards to reflect a more unified behavioral health system. This shift supports stronger community engagement and oversight aligned with the realities of co-occurring conditions and integrated service delivery.

PROCLAMATION

To the Board of Supervisors of Tuolumne County, California

By the Tuolumne County Behavioral Health Advisory Board

WHEREAS the Tuolumne County Behavioral Health Advisory Board is committed to promoting dignity and respect to every individual regardless of race, ethnicity, nationality, religion, creed, age, sex, gender identity, sexual orientation, disability, or socioeconomic/housing status; and

WHEREAS the Tuolumne County Behavioral Health Advisory Board recognizes that systemic barriers and biases have historically prevented marginalized and vulnerable communities from accessing quality behavioral health services; and

WHEREAS the Tuolumne County Behavioral Health Advisory Board is dedicated to addressing these disparities and promoting culturally responsive care that values the unique experience and perspectives of all individuals; and

WHEREAS the Tuolumne County Behavioral Health Advisory Board stands against any violence committed towards marginalized and vulnerable groups.

NOW, THEREFORE, it shall be known that our goals include fostering a culture of inclusivity, respect, and empathy within our organization and among partners as well as addressing systemic bias that prevent marginalized and vulnerable communities from accessing quality behavioral health services.

In the County of Tuolumne, California

IN WITNESS WHEREOF, we, the Behavioral Health Advisory Board members of Tuolumne County, do hereby affix our signatures on this 4th day of June 2025.

_____

Ryan Campbell, Chair

_____

Sherry Bradley, Member

_____

Cathie Peacock, Member

_____

Elizabeth Marum, Member

_____

Maureen Woods, Member

_____

Valerie Shuemake, Member

_____

Terry Garcia, Member

_____

Jenn Salazar, Member

TCBH Advisory Board Community Meeting Report

Name of Community Meeting: Quality Improvement Council

Date of Meeting: Monday, April 21, 2025

1. Key Decisions (if any)
   No Key decisions were made. The report is informational.

2. Key Actions (if any)
   There were no key actions.

3. Key Information
   a. TCBH Grievance Analysis for FY 2024-2025 Q2
      i. Grievances by Reason – There were 4 grievances under "Treatment Issues of Concerns", and 6 as "Other Greivance".
      ii. The average time for resolution of grievances is 5 days, and the range of resolutions is 1 to 28 days.
      iii. It was announced that a new Behavioral Health Information Notice will be coming out, pushing the time frame for resolution to 30 days. Our county doesn't have difficulty reaching the 30 days.
      iv. These analyses are submitted quarterly to DHCS (Department of Health Care Services).
   b. TCBH Test Call Report for FY 20225 Q2
      i. There was 82% compliance (count of calls that met standards) during business hours (8-5), 0% after hours (5p-7p), and 30% compliance when phones switched (7pm to 8am).
      ii. The biggest thing the department sees with not meeting test call standards is that they aren't being logged correctly.
   c. TCBH Change of Provider Request FY 2024-2025 Q2
      i. Treatment/Communication issue was the largest count for change of provider requests.
      ii. A total of 28 change requests were approved, 16 were denied, and 1 client became inactive.
   d. TCBH Timeliness Reports in Business Days for Initial Request to First Offered Assessment FY 2024-2025 Q2
      i. The purpose of the timeliness reports is to watch clients move through the system. There are DHCS standards for compliance.
      ii. There are three measures that the county must focus on:
         1. Number of clients
         2. Average length of time from initial request to first offered assessment
         3. Range of days it takes to move from the initial request to first offered assessment.
      iii. A new Behavioral Health Information Notice (BHIN) is being worked on by DHCS. Currently, the standard for average length of time from initial request to first offered assessment by age is within 10 business days.
   e. TCBH Timeliness for Average Length of Time from Initial Request to First Accepted Assessment for FY 24-25 Q2
      i. There were a total of 8 days in FY 23-24 and 10 days in FY 24-25 Q2 for the average length of time from initial request to first kept assessment.

ii. Even though the number of days is up, the range itself is down (1 to 62 in FY 23-24 and 1-47 in FY 24-25 Q2).

f. Average Time from Initial Request to First Any Follow Up FY 24-25 Q2
   i. This measure helps the department to see if clients are still engaged. There are other touchpoints and communications that also occur.

g. Average Length of Time from Initial Request to First Offered SMH Appointment by Age FY 24-25 Q2
   i. The compliance rate for this measure is 15 days. However, before having the first offered SMH appointment, the client MUST have an assessment completed first. The department is on track to meet those numbers.
   ii. The average is 18 days, and the department managed to lower that number by one day. The department has been able to get the range of days down.

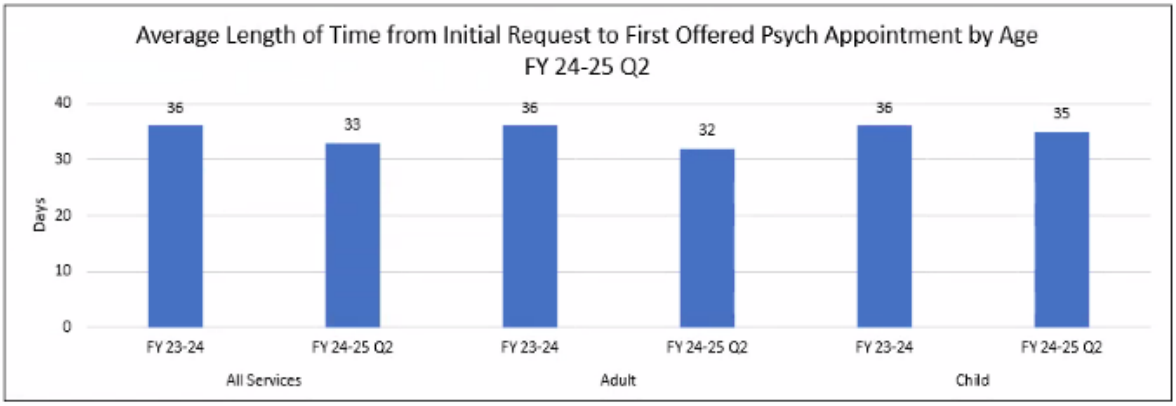
h. Average Length of Time from Kept Assessment to first **offered** SMH Appointment FY 24-25 Q2, AND Average Length of Time from Kept Assessment to first **Kept** SMH Appointment
   i. The department experienced a dramatic drop in range from the prior fiscal year. They are making strides to improve this measure, and it is shown in the numbers.

i. Average Length of Time from Initial Request to First Offered Psych Appointment by age, FY 24-25 Q2

Average Length of Time from Initial Request to First Offered Psych Appointment by Age FY 24-25 Q2

	All Services		Adult		Child*	
	FY 23-24	FY 24-25 Q2	FY 23-24	FY 24-25 Q2	FY 23-24	FY 24-25 Q2
Number of Clients	206	106	184	97	22	9
Average Length	36 Days	33 Days	36 Days	32 Days	36 Days	35 Days
Range	5 to 92	7 to 73	5 to 92	7 to 73	10 to 84	7 to 63
Compliance	10%	10%	7%	10%	36%	11%

*In TCBH policy it is a requirement for children to receive three Specialty Mental Health appointments first



i. The above is a measure that the department struggles with. Like other counties, the behavioral health departments struggle with getting psychiatric coverage.
ii. It was noted that for children – they must have 3 assessments prior to their first psych appointment. They don't want to put children on meds unnecessarily.

j. Average Length of Time from Initial request to First Accepted Psych Appointment FY 24-25 Q2

i. The number of days dropped, and the range of days also dropped.
ii. Some timelines weren't achieved, but the department is making improvements over time.

k. Audit Updates
   i. The EQRO (External Quality Review Organization) Audit, DMC (Drug Medi-Cal) and DHCS (Department of Health Care Services) Audits have been completed.
   ii. The EQRO Audit was performed by a new vendor. The vendor is now focused on and is more geared towards Quality Improvement ad billing. They didn't want any sessions with clinical, line staff, or clients. They Focused on HEDIS data, timeliness, and moving through electronic record with them.
   iii. Mental Health audits with DHCS focused on the contract and client care. This was the first time DHCS payed attention to Quality Improvement and data measurements. DHCS is getting to see "our side" of it. TCBH's audit didn't feel dissimilar from other counties. This audit was completed in March 2025. Everything requested by them must be submitted by next week, so there is no final report until September. The county hasn't received any feedback yet.
   iv. The Drug Medi-cal and Substance Abuse Grant audit was completed via a virtual meeting last week. The audit was short, only 1 hour. Eight follow-up documents were submitted last week. DHCS usually responds within 90 days, and anything received from them will be shared with this committee.

l. Other Information:
   i. Monthly meetings are held with DHCS; Tuolumne County has two liaisons for them. Each county will have a SUBG liaison soon. Liaison will attend starting in June. This process may change or look different for our county. That information will be shared with the QIC when it comes up. It may be a few months before hearing anything.
   ii. For mental health audit, the department cleared caps from audit, every three years, so within the next year the audit will be held.

4. Key Announcements (if any)

5. Next Meeting Date:
   The third Monday in May 2025

PROCLAMATION

To the Board of Supervisors of Tuolumne County, California

By the Tuolumne County Behavioral Health Advisory Board

WHEREAS the Tuolumne County Behavioral Health Advisory Board is committed to promoting dignity and respect to every individual regardless of race, ethnicity, nationality, religion, creed, age, sex, gender identity, sexual orientation, disability, or socioeconomic/housing status; and

WHEREAS the Tuolumne County Behavioral Health Advisory Board recognizes that systemic barriers and biases have historically prevented marginalized and vulnerable communities from accessing quality behavioral health services; and

WHEREAS the Tuolumne County Behavioral Health Advisory Board is dedicated to addressing these disparities and promoting culturally responsive care that values the unique experience and perspectives of all individuals; and

WHEREAS the Tuolumne County Behavioral Health Advisory Board stands against any violence committed towards marginalized and vulnerable groups.

NOW, THEREFORE, it shall be known that our goals include fostering a culture of inclusivity, respect, and empathy within our organization and among partners as well as addressing systemic bias that prevent marginalized and vulnerable communities from accessing quality behavioral health services.

In the County of Tuolumne, California

IN WITNESS WHEREOF, we, the Behavioral Health Advisory Board members of Tuolumne County, do hereby affix our signatures on this 4th day of June 2025.

_____

Ryan Campbell, Chair

_____

Sherry Bradley, Member

_____

Cathie Peacock, Member

_____

Elizabeth Marum, Member

_____

Maureen Woods, Member

_____

Valerie Shuemake, Member

_____

Terry Garcia, Member

_____

Jenn Salazar, Member

TCBH Advisory Board Community Meeting Report

Name of Community Meeting: Quality Improvement Council

Date of Meeting: Monday, May 12, 2025

Board Member Reporting: Sherry Bradley

1. Key Decisions (if any)
   No Key decisions were made. The report is informational.

2. Key Actions (if any)
   There were no key actions.

3. Key Information
   a. FY 2024-2025 Q2 – MH Penetration Update
      i. Penetration rates do NOT include MHSA outreach, engagement/Benefits and resources and SUD.
      ii. The standard is that clients are required to be within 60 miles or minutes. This county meets the requirement because of the National Forest Land that is a good part of our geographical area.
      iii. Our county does pay attention to penetration rates to make sure we are accessible to our clients. Penetration rates can be utilized to assess whether a second location or mobile services may be needed.
   b. FY 2024-25 Q2 – SUD Penetration Rates
      i. There are a lot of "dashes" on the report (no number or percentage rate shown). According to a statute from DHCS, once a number is below a certain point (especially in a rural county like ours), the county is not allowed to present or speak about the numbers publicly. Due to the small number, it may be possible for someone to say "I know who these clients are", and that would be a breach of confidentiality.
   c. FY 2024-25 Q2 – No-Show Rates for Mental Health
      i. Overall, the no-show Rate for initial assessments has been slowly decreasing since FY 2023-24. From a high of 30%, it decreased to 14% in this last quarter.
      ii. Initial assessment no-show rates were shown by the month for FY 2024-25 Q2, and the highest percentage of no-shows occurs during the month of December.
      iii. No-show rates for Psych Appointments have decreased for adults (28% to 11%), and for children (from 14% to 8%).
      iv. DHCS is starting to pay more attention to no show rates as they relate to timeliness standards.
   d. FY 2024-25 Q2 – No Show Rates for SUD Assessments:
      i. The percentage of no-show rates for SUD assessments has stayed about the same for adults and all clients (25-25%) but has increased for children (20% to 21%).
      ii. When measured by month, the no-show rates for SUD assessments is highest in December.
      iii. The no-show rate for SUD Group Appointments has decreased (FY 23/24) from 21% to 20% in FY 2024-25 Q2.

iv. The department is getting more parity with the Mental Health and SUD Reports.

e. <u>SUD Monitoring Update:</u>

i. The Drunk Driving Program is administered by Kingsview.

ii. Drug Medi-Cal (DMC) Monitoring:

1. TCBH and Aegis Program do the monitoring at all locations. It was explained that the monitoring is completed on site. A group of counties (including Tuolumne, Calaveras, Amador, Glenn, Plumas) tackle the monitoring as a group project.
2. In the next month and a half, TCBH and Aegis will visit Aegis locations in Merced, Modesto, and Stockton.
3. A monitoring tool is used for all locations.
4. Once the monitoring of the Aegis locations is completed, the county will share the results with QIC.

iii. Substance Use Block Grant (SUBG)

1. TCBH and ATCAA work together on this grant.

4. Key Announcements – there were none, other than what was reported, above.

5. Next Meeting Date:
The third Monday in June 2025