TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD
REGULAR MEETING AGENDA

Time: Wednesday, October 1, 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: Ryan Kramer 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 SUPERVISOR'S REPRESENTATIVE/ CHAIRPERSON
Ryan Campbell

ALTERNATE REPRESENTATIVE/ 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. **APPROVAL OF MINUTES**
   - Draft Minutes of the August 6, 2025, Meeting
5. **BEHAVIORAL HEALTH DIRECTOR'S REPORT**
   - CARE Court Update
6. **BEHAVIORAL HEALTH STAFF REPORT**
   - David Lambert Community Center
   - Behavioral Health Advisory Board Bylaws approved by Board of Supervisors on August 19, 2025, redline adoption and publication.
7. **NEW BUSINESS**
   - Review, discussion, and possible action to approve a letter of support for the Department's Behavioral Health Continuum Infrastructure Program (BHICP) Grant application.
   - Discuss and establish a workgroup to focus on the 2025 Data Notebook.
8. **CONTINUED BUSINESS**
   - Discussion and decision to move forward or sunset the identification of concerns gained through BHSA Listening Sessions in consideration of Letter of Concern from the Behavioral Health Advisory Board (continued from previous months).
9. **BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS**
10. **NEXT MEETING -** Wednesday, November 5, 2025 @ 4 pm – Tuolumne County A.N. Francisco Building – 3rd Floor Committees & Commissions Conference Room
11. **ADJOURNMENT**

Tuolumne County Behavioral Health Advisory Board
(Minutes of the meeting of August 6, 2025)
DRAFT

2025 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	✓	✓	✓	✓	A	✓				
Jenn Salazar		✓	✓	✓	✓	E	✓	A				
Maureen Woods		✓	✓	✓	E	✓	✓	✓				
Marshall Romeo		✓	✓	✓	-	-	-	-	-	-	-	-
Sherry Bradley		✓	✓	E	✓	✓	✓	✓				
Terry Ann Garcia		✓	✓	✓	✓	✓	✓	E				
Valerie Shuemake		✓	E	✓	E	✓	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
A community member was in attendance.

1. CALL TO ORDER

Board of Supervisors Behavioral Health Advisory Board Chair, Ryan Campbell, called the meeting to order at 4:03 pm.

2. ROLL CALL/INTRODUCTIONS

Five 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, Maureen Woods, and Sherry Bradley. Jennifer Salazar, Terry Ann Garcia, and Valerie Shuemake were not in attendance. Introductions were waived as all present at the meeting are acquainted.

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

Cathie Peacock moved, and Sherry Bradley seconded to approve the July 2, 2025, Meeting Minutes including Sherry's suggested edits. Motion passed unanimously.

(Ayes: 5 – Supervisor Campbell, Cathie Peacock, Elizabeth Marum, Maureen Woods, and Sherry Bradley. Abstentions: 0 Nays: 0 Members Absent: 3 – Jenn Salazar, Terry Ann Garcia, and Valerie Shuemake)

5. BEHAVIORAL HEALTH DIRECTOR'S REPORT

- Lambert Drop-In Center

  Tami Mariscal, Behavioral Health Director provided an update on the David Lambert Drop-In Center operations. Tami explained that for quite some time, especially since changes in funding due to implementation of the Behavioral Health Services Act, the department has been struggling to try to realign Lambert Center activities, resources, and services to match existing funding sources. The Behavioral Health Department has given notice to volunteers and the property owner of our intention to cease operations. As services currently provided there are important to the community, a decision was made to pursue support and funding from an outside source. Nancy's Hope will be joining forces with existing volunteers to take over management of the Lambert Drop-In Center in October of 2025. This change supports the community's needs and the department's funding restrictions. Advisory Board members discussed the change and appreciated the department's assistance in assuring the transition moves forward with the least amount of impact to the services they provide. A public comment was made expressing support of the change.

- Behavioral Health Continuum Infrastructure Program (BHCIP) Grant

  Tami informed the group of the department's decision to pursue Behavioral Health Continuum Infrastructure Program (BHCIP) grant funding to close gaps in crisis response. The department has identified the need to develop a peer respite site that can be utilized for cooling down, safety planning, upon return from inpatient hospitalization, etc. Per grant requirements, it was determined that there is no limit to how much funding can be requested, but a 10% local match for that funding is required. With approval by Annie Hockett, Director of Health and Human Services Agency, a potential site has been identified at the main Tuolumne General Hospital first floor. Behavioral Health has named the project "The Foundry – Where Strength is Forged." The department's application is due in October of this year. Results of grant awards will not be available until Spring of 2026. The department's anticipated "Go Live" date is expected to be in 2027. The department is slowly and thoughtfully navigating through the first steps of the application. A letter of support from the Behavioral Health Advisory Board in favor of the department's pursuit of this grant funding is needed.

  The group discussed the potential of this important project and expressed appreciation of the hard work being done to pursue expanding appropriate behavioral health services and resources within the community.

  An item will be placed on next month's agenda to finalize the Behavioral Health Advisory Board's letter of support in "The Foundry – Where Strength is Forged" proposed grant project.

6. BEHAVIORAL HEALTH STAFF REPORT

Jenn Guhl, BHSA Agency Manager, provided a PowerPoint presentation informing the Behavioral Health Advisory Board on the department's transition from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) Integrated Plan for FY 26-29. Highlights detailed the shift in required program funding allocations, a much more robust and expanded community stakeholder process, and new State reporting requirement timelines. A copy of that presentation is attached to these minutes.

The group discussed the changes and potential impacts to the department and the community. Jenn shared information on a current survey already underway to meet these expanded requirements and encouraged everyone to participate and share it with others as much as possible. Surveys and flyers were shared in paper form with those in attendance. Information will also be available on the website and sent out to members for sharing.

7. NEW BUSINESS

- Review, discussion and possible action on new and pending Behavioral Health Advisory Board applications for appointment and re-appointment.

  A motion was made by Maureen Woods and seconded by Ryan Campbell to forward Sherry Bradley and Cathie Peacock's applications for reappointment to the Behavioral Health Advisory Board to the Board of Supervisors with a recommendation of reappointment.

  (Ayes: 5 – Supervisor Campbell, Cathie Peacock, Elizabeth Marum, Maureen Woods, and Sherry Bradley. Abstentions: 0 Nays: 0 Members Absent: 3 – Jenn Salazar, Terry Ann Garcia, and Valerie Shuemake)

  A motion was made by Cathie Peacock and seconded by Ryan Campbell to forward Blake Dolman's application for appointment to the Behavioral Health Advisory Board to the Board of Supervisors with a recommendation of appointment.

  (Ayes: 5 – Supervisor Campbell, Cathie Peacock, Elizabeth Marum, Maureen Woods, and Sherry Bradley. Abstentions: 0 Nays: 0 Members Absent: 3 – Jenn Salazar, Terry Ann Garcia, and Valerie Shuemake)

  A motion was made by Sherry Bradley and seconded by Cathie Peacock to forward Katrina Olvera's application for appointment to the Behavioral Health Advisory Board to the Board of Supervisors with a recommendation of appointment.

  (Ayes: 5 – Supervisor Campbell, Cathie Peacock, Elizabeth Marum, Maureen Woods, and Sherry Bradley. Abstentions: 0 Nays: 0 Members Absent: 3 – Jenn Salazar, Terry Ann Garcia, and Valerie Shuemake)
  The group requested that administrative support reach out to any of those with pending applications and invite them to attend upcoming Advisory Board meetings if still interested in appointment.

8. CONTINUED BUSINESS

Discussion and identification of concerns gained through recent BHSA Listening Sessions and consideration of drafting a Letter of Concern on behalf of the Behavioral Health Advisory Board.

The group determined that this item will be postponed until the next meeting.

9. BEHAVIORAL HEALTH ADVISORY BOARD MEMBERS' REPORTS:

Cathie Peacock shared information on required AB1234 Ethics training for Behavioral Health Advisory Board members and shared her certificate of completion with Administrative Support. The group discussed this required training's availability through the California Behavioral Health Boards and Commissions (CALBHBC) website. Members were encouraged to complete it when required and send their certificates to Pandora for filing.

Sherry Bradley reported that there was no Quality Improvement Council Meeting to report on in July. She also informed the group that she may be missing more meetings due to recurring health issues.

Elizabeth Marum informed everyone that she will not be at the upcoming September meeting. She will be in Kenya to honor her husband's passing. All expressed condolences on her loss.

Maureen Woods reminded the board of the need to schedule a guest speaker for a future meeting. Several suggestions for potential speakers were made. Maureen will work with Tami Mariscal to identify and invite the next guest speaker to a future meeting.

10. NEXT MEETING

The next Tuolumne County Behavioral Health Advisory Board meeting is scheduled for Wednesday, September 3, 2025, at 4:00 pm. Detailed meeting information will be provided on the September Behavioral Health Advisory Board Meeting Agenda.

11. ADJOURNMENT

The August 6, 2025, Behavioral Health Advisory Board meeting was adjourned at 5:57 pm.

Bylaws of the
Tuolumne County Behavioral Health Advisory Board

Article 1
Name

The name of this advisory board shall be the Tuolumne County Behavioral Health Advisory Board (hereinafter referred to as the "Advisory Board").

Article 2
Purpose

The Advisory Board shall review and evaluate the local public mental health and substance use disorder system and advise the Board of Supervisors on community behavioral health services delivered by the Department of Behavioral Health.

Article 3
Mission

To promote wellness, education, early intervention, prevention, treatment, and recovery for behavioral health services; to advocate for consumers; to protect/ensure high quality services are available to all; to advise the behavioral health program and county administrators of community needs and concerns.

Article 4
Duties

I.(a) Pursuant to California Welfare and Institutions Code §5604.2, the Advisory Board shall:

(1) Review and evaluate the community's public behavioral health needs, services, facilities, and special problems in any facility within the county or jurisdiction where mental health or substance use disorder

evaluations or services are being provided, including, but not limited to, schools, emergency departments, and psychiatric facilities.

(2)(A) Review any county agreements entered into pursuant to Section 5650.

(2)(B) The Advisory Board may make recommendations to the Board of Supervisors regarding concerns identified within these agreements.

(3)(A) Advise the Board of Supervisors and the local behavioral health director as to any aspect of the local behavioral health program.

(3)(B) The Advisory Board may request assistance from the local patients' rights advocates when reviewing and advising on mental health or substance use disorder evaluations or services provided in public facilities with limited access.

(4)(A) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

(4)(B) Involvement shall include individuals with lived experience of mental illness, substance use disorder, or both, and their families, community members, advocacy organizations, and behavioral health professionals. It shall also include other professionals who interact with individuals living with mental illnesses or substance use disorders on a daily basis, such as education, emergency services, employment, health care, housing, public safety, local business owners, social services, older adults, transportation, and veterans.

(5) Submit an annual report to the Board of Supervisors on the needs and performance of the county's behavioral health system.

(6)(A) Review and make recommendations on applicants for the appointment of a local director of behavioral health services.

(6)(B) The Advisory Board shall be included in the selection process prior to the vote of the governing body.

(7) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

(8) This part does not limit the ability of the Board of Supervisors to transfer additional duties or authority to the Advisory Board.

I.(b)It is the intent of the Legislature that, as a part of its duties pursuant to subdivision I.(a), the Advisory Board shall assess the impact of the realignment of services from the state to the county, on services delivered to clients and on the local community pursuant to Welfare and Institutions Code (WIC) 5963.03 Behavioral Health Services Act (BHSA) Duties.

(1) The Advisory Board established pursuant to Section 5604 shall conduct a public hearing on the draft integrated plan and annual updates at the close of the 30-day comment period required by subdivision (a).

(2) Each plan and update shall include any substantive written recommendations for revisions.

(3) The adopted integrated plan or update shall summarize and analyze the recommended revisions.

(4) The Advisory Board shall review the adopted integrated plan or update and make recommendations to behavioral health department, as applicable, for revisions.

(5) The Behavioral Health Department, as applicable, shall provide an annual report of written explanations to the Board of Supervisors and the State Department of Healthcare Services for any substantive recommendations* made by the Advisory Board that are not included in the final integrated plan or update. (*For purposes of this section, “Substantive recommendations made by the Advisory Board” means any recommendation that is brought before the Advisory Board and approved by a majority vote of the membership present at a Public Hearing of the Advisory Board that has established its quorum.)

*I.(c) In preparing annual and intermittent updates:

(1) The Behavioral Health Department is NOT required to comply with the stakeholder process described in subdivisions (a) and (b).

(2) The Behavioral Health Department shall post on its internet website all updates to its integrated plan and a summary and justification of the changes made by the updates for a 30-day comment period prior to the effective date of the updates.

(*Section I.(c) is NOT a duty of the Advisory Board.)

Article 5
Membership

1. Advisory Board Composition. The Advisory Board shall be comprised of between five (5)* and fifteen (15) members of the public who are appointed by the Board of Supervisors.**
2. Member Categories. Members shall be Tuolumne County residents and the overall composition should reflect the ethnic diversity and demographics of the client population in the County to the extent possible. Members shall be placed in categories as required by Welfare & Institutions Code § 5604(a). Vacancies shall be notified to the Board of Supervisors by submission of an agenda item requesting direction from the Board to the Clerk to post a notice of vacancy. The required categories are as follows:
    a. At least fifty (50) percent of the Advisory Board membership shall be consumers or the parent, spouse, sibling, or adult children of consumers, who are receiving or have received behavioral health services. At least one of these members shall be an individual who is 25 years of age or younger.
    b. At least twenty (20) percent of the total membership shall be consumers.
    c. At least twenty (20) percent shall be families of consumers.
    d. At least one member of the Advisory Board shall be an employee of a local education agency. To comply with this requirement, county staff shall notify its county office of education about vacancies on the Advisory Board.

e. In counties with a population of fewer than 100,000, the county shall give strong preference to appointing at least one member of the board who is a veteran or a veteran advocate. To comply with this clause, a county shall notify its county veterans service officer about vacancies on the Advisory Board.

f. One (1) member shall be from the Board of Supervisors.

* If the Advisory Board membership is limited to five (5) members, then the requirements of (a) through (c) herein shall be reduced to require appointment of one (1) consumer and one (1) parent, spouse, sibling, or adult children of consumers, who are receiving or have received behavioral health and/or substance use disorder services.

** For appointment selection purposes, it is encouraged the Board of Supervisors appoint individuals who:

(1) have experience with and knowledge of the behavioral health system, and
(2) include members of the community that engage with individuals living with mental illness or substance abuse disorder(s) in the course of daily operations, such as representatives of county offices of education, hospitals, emergency departments personnel, city police chiefs, county sheriffs, and community and nonprofit service providers; and,
(3) Are a veteran, or "veteran advocate" defined as a parent, spouse, or adult child of a veteran, or an individual who is part of a Veterans organization, including the Veterans of Foreign Wars or the American Legion.

3. Membership Responsibilities. Members of the Advisory Board are expected to attend all regular and special meetings of the Advisory Board, to report unavoidable absences to the Chairperson or department staff prior to the date of the meeting, to participate in deliberations and activities of the Advisory Board, and to fulfill those other responsibilities that are specifically delegated to them as Advisory Board members by the Chairperson.

Specific responsibilities may include:

a. Attendance at all regular meetings typically lasting two (2) hours,

b. Spending additional time engaging in informal meetings with staff, program review, subcommittee meetings, training, interaction with other advisory boards, or general community contact as needed;

c. To accept appointment, attend and actively participate in an existing Advisory Board committee, ad hoc committee, task force or represent the Advisory Board with a collaborating group or agency**.**

No Advisory Board member may take any action or make any representation on behalf of the Advisory Board without consent of the full committee.

4. Conflicts of Interest.

   a. Advisory Board members shall abstain from voting on or participating in any matter in which the member has a financial interest as defined in Section 87103 of the Government Code.

      A member may disqualify themselves either in writing to the Advisory Board Chairperson, or when the item on the agenda is announced by (1) disclosing the interest raising the potential conflict, and (2) that they are disqualifying themselves from participating in the decision. Any questions about conflicts of interest or disqualification may be referred to the Office of County Counsel.

   b. Restrictions on Membership. No member of the Advisory Board, or his or her spouse, shall be a full-time or part-time employee of the County Department of Behavioral Health, or State Departments or entities receiving funding from TCBH, the reorganized authorities and services previously held by the “State Department of Mental Health,” such as the “State Department of Health

Services," or any employee or paid member of the governing body of a Short-Doyle contract agency or facility. Any such employment or relationship shall immediately be reported to the Advisory Board.

A consumer of mental health services who has obtained employment with an employer described above and who holds a position in which the consumer does not have any interest, influence, or authority over any financial or contractual matter concerning the employer may be appointed to the board. The member shall abstain from voting on any financial or contractual issue concerning the member's employer that may come before the board.

5. Terms of Appointment. Advisory Board members shall be appointed for a period of three (3) years and may be reappointed. Terms shall be staggered so that approximately one-third of the appointments expire each year.
6. Board Vacancies. Follow the Governing Bodies Handbook as it may be amended from time to time.
7. Removal of a Member. A majority of the members of the Advisory Board may, upon a roll call, vote to remove a member of the Advisory Board. Reasons for removal may include:
    a. Missing three (3) or more meetings which are not excused; or
    b. Exhibiting disruptive and/or disorderly behavior; or
    c. Taking actions contrary to the Advisory Board's mission

Upon removal, the Advisory Board will notify the Board of Supervisors.

Article 5
Member Training

1. Mentors. Each new member will have an Advisory Board member as a mentor appointed or volunteered at the first meeting following the new member's appointment. The mentor

will sit with the new member at meetings for at least one (1) year. The mentor will be available for questions.

2. Orientation Manual. New members will be provided with a current copy of the Advisory Board's Orientation Manual.
3. State Trainings. Each year the Advisory Board will consider utilizing trainings from the California Institute for Behavioral Health Solutions (CIBHS) and California Association of Behavioral Health Boards & Commissions (CALBHBC).
4. Behavioral Health Department Training. Each year the Advisory Board will receive trainings on the local system.

Article 6
Meetings

1. Open Meetings. Meetings shall be open to the public and conducted in accordance with the Ralph M. Brown Act. (Government Code §§ 54950 *et seq.*) The Advisory Board may conduct closed sessions to consider those matters allowed by law to be heard in this manner.
2. Regular Meetings. Regular meetings of the Advisory Board shall be held once a month. The Advisory Board may set the date and time of a regular meeting, or cancel a meeting, by a majority vote of the members of the Advisory Board. Regular meetings shall be noticed at least seventy-two (72) hours prior to the date and time set for the meeting.
    a. Agenda Preparation. Refer to the Governing Bodies Handbook, as it may be amended from time to time. The Chairperson of the Advisory Board, in consultation with the Behavioral Health Director, will set the agenda for each meeting.
    b. Agenda Distribution. In addition to posting, including on the County's website, the agenda shall be provided to Advisory Board members by email, or by U.S. Mail if no email address is provided, the same day the agenda is posted, but no later than two (2) days prior to the regular

meeting. Available agenda materials shall be included with the agenda, or if not, shall be available to members and attendees at the scheduled meeting.

3. Special Meetings. Special meetings may be called by the Chairperson or by majority vote of the members of the Advisory Board during a meeting. Special meetings shall be noticed at least twenty-four (24) hours prior to the date and time set for the meeting. Because special meetings must comply with Brown Act open meeting law requirements, resources of the department shall be confirmed prior to the scheduling of a special meeting.

4. Quorum. A quorum shall consist of a simple majority of the currently appointed members of the Advisory Board (excluding vacancies). A quorum shall be necessary at all times to conduct Advisory Board business. At any meeting at which a quorum is not achieved, or lost during a meeting, the meeting shall be adjourned or recessed as appropriate until such time a quorum is achieved or re-established.

5. Conduct of Meetings. The Chair may determine the order of meeting items, such as the following suggested format:

    a. Call to Order
    b. Introductions
    c. Public Comment
    d. Correspondence
    e. Approval of Minutes
    f. Action Items
    g. Program Review
    h. Supervisor/Director's Report
    i. Member Reports
    j. Committee Reports
    k. Old Business
    l. New Business
    m. Adjournment
    n. Behavioral Health and Recovery Upcoming Events

Article 7
Officers

1. Officers and Duties. The officers of the Advisory Board shall be the Chairperson and Alternate Chairperson. Refer to the Governing Bodies Handbook, as the appointed Board of Supervisor member shall serve as the Chairperson. If the Chairperson is unable to attend a meeting, an alternate Board of Supervisors member may preside as Vice-Chairperson at Advisory Board meetings.

    a. Chairperson Duties. As required by the Governing Bodies Handbook, the Chairperson shall be the appointed member of the Board of Supervisors. The Chairperson shall be in consultation with the local behavioral health director. The Chairperson shall preside at all meetings of the Advisory Board. The Chairperson shall have all the rights and duties of other members, including the right to introduce motions or proposals and to speak and vote on them while presiding. In the event of a tie vote, the matter may be either carried over for the next meeting, or the discussion may continue with an additional vote. If a consensus is not reached with further discussion or at a continued meeting, the matter will fail, or be reported as a "tie vote."

    b. Alternate Chairperson Duties. In the absence of the Chairperson, the Alternate Chairperson shall preside at meetings of the Advisory Board. In the event of a vacancy in the office of the Chairperson, the Alternate Chairperson shall succeed to the office of the Chairperson.

    In lieu of a secretary, department staff will fulfill such duties, including scheduling and noticing meetings, distribution of the agenda and materials, attending meetings, maintaining record of meeting quorums, preparing minutes of meetings, and maintaining record of all activities of the Advisory Board.

Article 8
Committees & Task Forces

1. Ad Hoc Committees. Ad Hoc Committees of limited duration and limited subject matter and constituting less than a quorum of the Advisory Board may be formed by the Advisory Board as needed provided department resources are confirmed by the department prior to formation.
2. Task Forces. Task forces may be formed by action of the Advisory Board consisting of community members and a task force chairperson. Members of the Advisory Board may not be appointed to a task force. Task force members are appointed by the Advisory Board, and the task force chairperson is appointed by the Advisory Board Chairperson.
3. Executive Committees. An executive committee of the Advisory Board may be created when absolutely necessary to conduct Advisory Board business outside of regular meetings. Because special meetings must comply with Brown Act open meeting law requirements, resources of the department shall be confirmed prior to the creation of an Executive Committee.

Article 9
Bylaw Amendments

All proposed bylaw amendments shall be approved by majority vote of the members of the Advisory Board. Amendments shall not take effect until approved by the Board of Supervisors.

Article 10
Parliamentary Procedure

The Advisory Board shall follow the Governing Bodies Handbook and the Governance Manual, as they may be amended from time to time to conduct its meetings.

Approved by the Tuolumne County Behavioral Health Advisory Board on this date, July 2, 2025.

By: _____
Chairperson, Behavioral Health Advisory Board

Approved by the Tuolumne County Board of Supervisors on this date, August 19, 2025.

By: _____
Chairperson, Board of Supervisors

Attest:

By: _____
~~Heather Ryan~~, Board Clerk of the Board of Supervisors

Nicole Miller

Approved as to legal form:

By: _____
Christopher Schmidt, Deputy County Counsel

Updated 2008/2009, 2012/2013, 2016/2017, 2023/2024, 2025/2026

I hereby certify that according to the provisions of Government Code Section 25103, delivery of this document has been made.

Nicole Miller
Board Clerk
By: _____

October 1, 2025

Subject: Support of Bond BHCIP Round 2 Grant: Unmet Needs Funding Application

To Tami Mariscal, Behavioral Health Director,

The Tuolumne County Behavioral Health Advisory Board is pleased to present a letter of support for the Tuolumne County Behavioral Health Department's application for the Bond BHCIP Round 2 Grant Unmet Needs Funding Application for a Peer Respite Site, The Foundry Where Strength is Forged. The Behavioral Health Advisory Board supports the department in moving forward with the application of this grant to meet the unmet housing need in the rural County of Tuolumne. There is a clear need for the Peer Respite Site to improve the Housing Continuum within Tuolumne County, with these bond funds this improvement can be made.

The Peer Respite Site would be located on the same campus as both the Behavioral Health Department Clinic and the Peer Run Drop-in Center. Having a Peer Respite Site on this campus could increase the ability for consumers to connect with community and socialization, resources, interim and supportive housing programs and have access to the full scope of Behavioral Health Services without having to leave the site. The Peer Respite will address the urgent needs in the care continuum for people with mental health or substance use conditions, including unhoused people, veterans, and older adults in Tuolumne County. It will also increase options for those who are released from incarceration, who are experiencing homelessness, and decrease hospitalization. It will ensure that care can be provided in the least restrictive settings to support community integration, choice, and autonomy. The Department will also be able to leverage county and Medi-Cal investments to support ongoing stability of the site.

This will all be done through the site being staffed 24/7 by the Behavioral Health Department. Consumers will have access to not only traditional Behavioral Health Services during business hours, but 24/7 Peer Respite Site staff which will include Peer Specialists and Case Managers. There will be 24/7 access to crisis support for all consumers. The site will focus on crisis stabilization, peer specialist services, housing navigation, and case management.

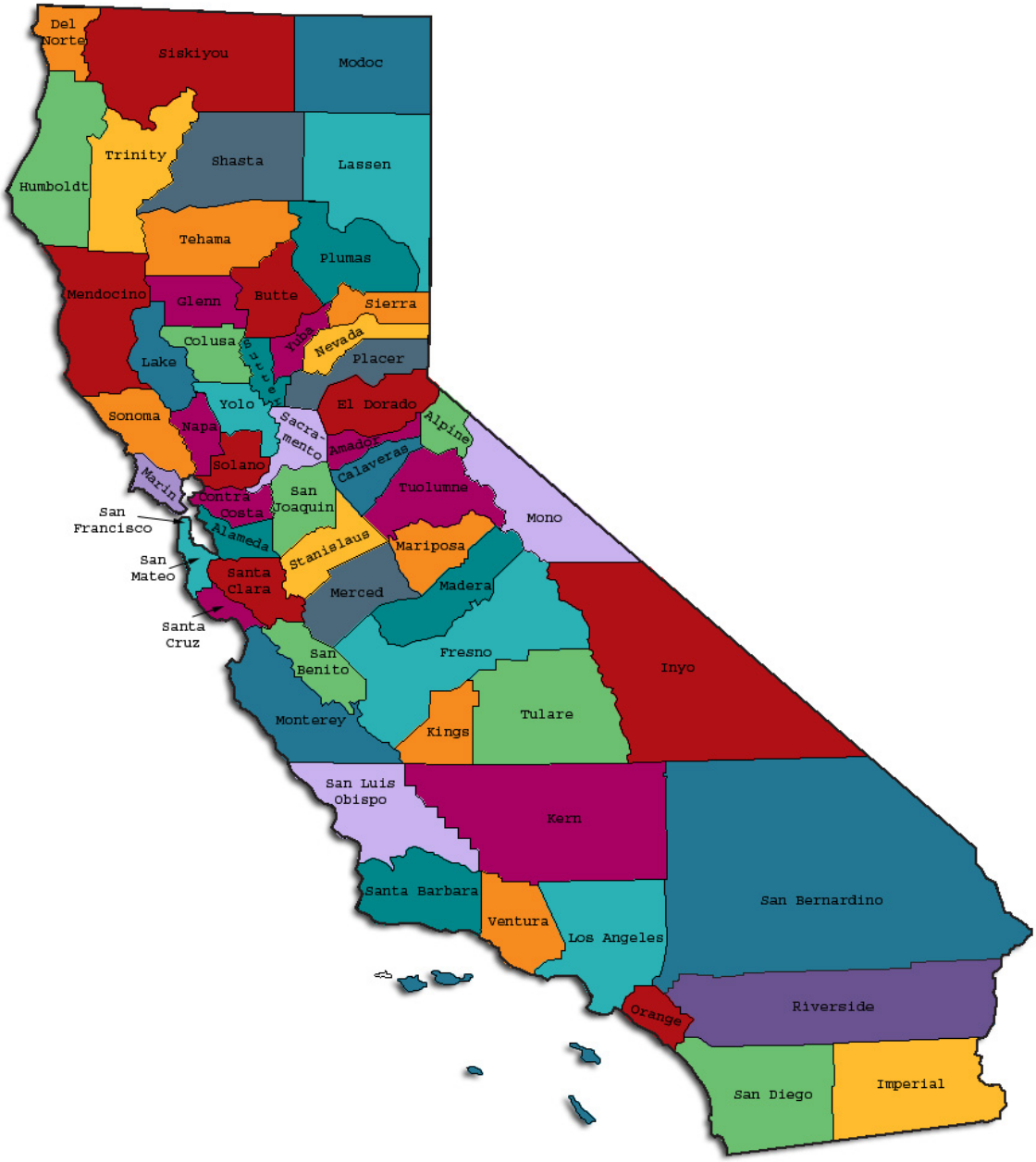
The Tuolumne County Behavioral Health Advisory Board will not be working with the applicant to provide services or client referrals and acts as a supportive board to the Behavioral Health Department made up of Tuolumne County community members and consumers.

Ryan Campbell, Behavioral Health Advisory Chair Date

DATA NOTEBOOK 2025

FOR CALIFORNIA

BEHAVIORAL HEALTH BOARDS AND COMMISSIONS



Prepared by California Behavioral Health Planning Council, in collaboration with:
California Association of Local Behavioral Health Boards/Commissions

The California Behavioral Health Planning Council (Council) is under federal and state mandate to review, evaluate and advocate for an accessible and effective behavioral health system. This system includes both mental health and substance use treatment services designed for individuals across the lifespan. The Council is also statutorily required to advise the Legislature on behavioral health issues, policies, and priorities in California. The Council advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally, and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resilience, and wellness of Californians living with severe mental illness and/or substance use disorders.

For general information, you may contact the following email address or telephone number:
DataNotebook@CBHPC.dhcs.ca.gov
(916) 701-8211

Or you may contact us by postal mail at:

Data Notebook
California Behavioral Health Planning Council
1501 Capitol Avenue, MS 2706
P.O. Box 997413 Sacramento, CA 95899-7413

For questions regarding the SurveyMonkey online survey, please contact Justin Boese at Justin.Boese@cbhpc.dhcs.ca.gov

NOTICE:

This document contains a textual **preview** of the California Behavioral Health Planning Council 2025 Data Notebook survey, as well as supplemental information and resources. It is meant as a **reference document only**. Some of the survey items appear differently on the live survey due to the difference in formatting.

DO NOT RETURN THIS DOCUMENT.

Please use it for preparation purposes only.

To complete your 2025 Data Notebook, please use the following link and fill out the survey online by **November 1, 2025**:

https://www.surveymonkey.com/r/data-notebook2025

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CBHPC 2025 Data Notebook: Introduction

What is the Data Notebook? Purpose and Goals

The Data Notebook is a structured format to review information and report on aspects of each county's behavioral health services. A different part of the public behavioral health system is addressed each year, because the overall system is large and complex. This system includes both mental health and substance use treatment services designed for individuals across the lifespan.

Local behavioral health boards/commissions (local boards) are required to review performance outcomes data for their county and to report their findings to the California Behavioral Health Planning Council (Planning Council). To provide structure for the report and to make the reporting easier, each year a Data Notebook is created for local boards to complete and submit to the Planning Council. Discussion questions seek input from local boards and their departments. Planning Council staff analyze these responses to create annual reports to inform policy makers and the public.

The Data Notebook structure and questions are designed to meet important goals:

- To help local boards meet their legal mandates[1] to review and comment on their county's performance outcome data, and to communicate their findings to the Planning Council;
- To serve as an educational resource on behavioral health data;
- To obtain the opinions and thoughts of local board members on specific topics;
- To identify successes, unmet needs and make recommendations.

How the Data Notebook Project Helps You

Understanding data empowers individuals and groups in their advocacy. The Planning Council encourages all members of local boards to participate in developing the responses for the Data Notebook. This is an opportunity for local boards and their county behavioral health departments to work together to identify critical issues in their community. This work informs county and state leadership about behavioral health programs, needs, and services. Some local boards use their Data Notebook in their annual report to the County Board of Supervisors.

[1] W.I.C. 5604.2, regarding mandated reporting roles of Behavioral Health Boards and Commissions in California.

In addition, the Planning Council will provide our annual 'Overview Report,' which is a compilation of information from all of the local boards who completed their Data Notebooks. These reports feature prominently on the website[2] of the California Association of Local Mental Health Boards and Commissions (CALBHBC). The Planning Council uses this information in their advocacy to the legislature, and to provide input to the state mental health block grant application to the Substance Abuse and Mental Health Services Administration (SAMHSA)[3].

CBHPC 2025 Data Notebook: Wellness and Recovery Centers in California's Public Behavioral Health System

Wellness and Recovery Centers represent an essential model within California's public behavioral health landscape. These community-based programs are designed to support individuals living with serious mental illness and/or substance use disorders by offering accessible, voluntary, and person-centered services. Drawing from principles of peer support, empowerment, and holistic wellness, Wellness and Recovery Centers provide a welcoming space where individuals can pursue recovery on their own terms and engage in services that promote stability, resilience, and social connection.

This year, the California Behavioral Health Planning Council has chosen to focus the Data Notebook on Wellness and Recovery Centers to better understand how they are implemented across the state, identify common strengths and needs, and highlight their role within a continuum of care. This focus is particularly timely given recent shifts in policy and funding under California's Behavioral Health Services Act (BHSA) and broader Behavioral Health Transformation efforts. As counties adapt to new mandates and resource allocations, there is growing concern that Wellness and Recovery Centers may face reductions or loss of support, despite their alignment with goals of equity, prevention, and community-based care.

The California Behavioral Health Planning Council first examined the role and potential of Wellness and Recovery Centers in its 2011 report, *Wellness & Recovery Centers: An Evolution of Essential Community Resources*[4]. That report identified Wellness and Recover Centers as innovative, peer-driven models that foster empowerment, social inclusion, and wellness outside of traditional clinical settings. It emphasized the

[2] See the annual Overview Reports on the Data Notebook posted at the California Association of Local Behavioral Health Boards and Commissions website.
[3] SAMHSA: Substance Abuse and Mental Health Services Administration, an agency of the Department of Health and Human Services in the U.S. federal government. For reports, see www.SAMHSA.gov.
[4] Wellness and Recovery Centers: An Evolution of Essential Community Resources. Published 2011 by the California Behavioral Health Planning Council.

importance of these centers in promoting recovery-oriented systems of care, particularly for individuals who may not engage readily with formal treatment environments.

More than a decade later, this year's *Data Notebook* serves as a follow-up to that foundational work, revisiting the concept of Wellness and Recovery Centers in light of changing policy landscapes, evolving community needs, and local program development. While the core values of these programs remain consistent, their structure, scope, and funding have evolved significantly. This survey seeks to increase understanding of how Wellness and Recovery Centers are functioning today.

Defining Wellness and Recovery Centers

While the design and operation of Wellness and Recovery Centers vary widely across the state in name, scope, staffing, and funding, most share common elements. For the purposes of the 2025 Data Notebook Survey, we are using the following definition:

> ***Wellness and Recovery Centers*** *are community-based programs that offer voluntary support services to individuals experiencing mental health and/or substance use challenges. These centers prioritize peer support, empowerment, and self-determined approaches to recovery, often providing activities such as support groups, wellness education, resource navigation, and social connection. They are designed to be welcoming, low-barrier spaces that affirm dignity, autonomy, and lived experience as central components of healing and recovery.*

2025 Data Notebook Survey Questions

Please answer the following questions about your county using the Survey Monkey link provided with this Data Notebook:

1. **What is the name of your county?** *(Drop down menu)*
2. **How many Wellness Centers are there in your county?** *(Numerical response)*
3. **Does your county also currently operate a Clubhouse Model program?** *(Yes/No)*

For the following questions, please select **one** Wellness and Recovery Center that you feel is representative of the programs in your county. Answer the following questions in regard to the selected program. ***If the answer to a question is not known and is not easily obtainable, please feel free to skip it and answer the questions that you can.*** Our goal is to gather as much information as possible without requiring burdensome research; we aim to have a complete report available by the end of the year, so this information can be considered by the stakeholder process within each county.

Section 1: Program Operations

4. **Name of Center/Program** *(Text Response)*
5. **Address (Text Response)**
6. **Is the program operated by the county?** *(Yes/No)*
7. **Is the program a non-profit organization?** *(Yes/No)*
8. **Is the program part of another organization?** *(Yes/No)*
9. **Does the program receive any issues or stigma from the surrounding community, i.e. "NIMBYism"?** *(Yes/No)*
10. **Who can we reach out to for more information about the program? (This may or may not be the same person who completed the survey.) Please provide their name, title, and contact information.** *(Text Response)*

Section 2: Management of the Program:

11. **Does the program have a Board of Directors?** *(Yes/No)*
12. **Are the participants engaged in the management and design of the program?** *(Yes/No)*
13. **Will the program assist participants' inclusion in community planning activities, such as the integrated plan for the behavioral health department?** *(Yes/No)*

Section 3: Program Model

14. **Is the program based on the recovery model?** *(Yes / No)*
15. **Is the program drop-in?** *(Yes/No)*
16. **Please indicate who is welcome at your center** *(check all that apply):*
    a. Persons who identify mental health needs
    b. Persons who identify substance use disorders needs
    c. Persons who do not identify with either category
    d. Other *(text box)*
17. **Does your program follow a specific model? If yes, what is the name of the model?** *(Yes with text response / No)*

Section 4: Program Finances

18. **Which of the following funding sources are used for program operations?** *Please check all that apply.*
    a. County
    b. MediCal
    c. BHSA
    d. Grants
    e. Other *(text response)*
19. **Does the program operate as part of a larger organization that is not the county behavioral health department? If yes, what organization?** *(Yes with text box response / No)*

Section 5: Program Staffing

20. **Do the supervisors of the program have lived experience?** *(Yes/No)*
21. **Does the program utilize volunteers with lived experience from your membership?** *(Yes/No)*
22. **Does the program utilize other volunteers, such as family members of people with lived experience?** *(Yes/No)*
23. **Does the program employ certified peer support specialists?** *(Yes/No)*
24. **If you answered "Yes" to question 22, are the peer support specialists the program employs billing Medi-Cal for their services?** *(Yes/No/NA)*
25. **Please list other categories of people working in the program:** *(Text Response)*

Section 6: Activities and Supports

26. **Does the program have guidelines or a code of conduct that participants must agree to?** *(Yes/No)*
27. **Does the center offer support or activity focused groups? If yes, what are some of the topics?** *(Yes with text response / No)*
28. **Does the center have a set schedule of groups and activities?** *(Yes/No)*
29. **Is there a list of activities provided to participants by staff?** *(Yes/No)*
30. **Does the center offer activities in different languages? If yes, what languages?** *(Yes with text response / No)*
31. **What personal supports does the center offer to participants?** *Please check all that apply:*
    a. Showers
    b. Meals
    c. Snacks
    d. Laundry services
    e. Clothing closet
    f. Personal grooming
    g. Personal products / toiletries
    h. Other (text response)
32. **Are transportation services or support provided to participants?** *(Yes/No)*
33. **Is there a licensed clinician at the center?** *(Yes/No)*
34. **Do you provide medication management support? If yes, please describe the services.** *(Yes with text response / No)*

Section 7: Participant Referrals

35. **Does the program accept drop-in participants?** *(Yes/No)*
36. **Does the program receive referrals from the county?** *(Yes/No)*
37. **Does the program receive referrals from other organizations? If yes, please list some of those organizations.** *(Yes with text response / No)*

Section 8: Other Information

38. **Does the program conduct satisfaction surveys for participants?** *(Yes/No)*
39. **If possible, please describe one brief success story from/about the program.** *(Large text box)*

Post-Survey Questionnaire

Completion of your Data Notebook helps fulfill the board's requirements for reporting to the California Behavioral Health Planning Council. The questions below ask about operations of mental health boards, and behavioral health boards or commissions, etc.

1. **What process was used to complete this Data Notebook?** *(Please select all that apply)*
    a. BH board reviewed WIC 5604.2 regarding the reporting roles of mental health boards and commissions.
    b. BH board completed the majority of the Data Notebook.
    c. Data Notebook placed on agenda and discussed at board meeting.
    d. BH board work group or temporary ad hoc committee worked on it.
    e. BH board partnered with county staff or director.
    f. BH board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.
    g. Other (please specify)
2. **Does your board have designated staff to support your activities?**
    a. Yes (if yes, please provide their job classification)
    b. No
3. **Please provide contact information for this staff member or board liaison.**
4. **Please provide contact information for your board's presiding officer** (chair, etc.)
5. **Do you have any feedback or recommendations to improve the Data Notebook for next year?**