

**TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD  
REGULAR MEETING AGENDA**

Time: Wednesday, December 7, 2022 @ 4:00 p.m. to 6:00 p.m.  
Place: Tuolumne County Behavioral Health, Virtual Attendance Only

In order to protect public health and the safety of our Tuolumne County citizens, this Behavioral Health Advisory Board meeting will be physically closed to the public, however the public may participate and comment on any item via teleconference, U.S. Mail, email, or video conferencing through the Zoom platform at the following link:

**Zoom (Video or Audio):**

<https://tuolumne-ca-gov.zoom.us/j/84180191870?pwd=WXhYMSs4dVBDRThiVmwwazJaMFdoZz09>

Meeting ID: 841 8019 1870 Passcode: 136673

**Telephone (one tap mobile)** +16694449171,,84180191870#,,,,\*136673# US

Or Dial by your location +1 669 444 9171 US

**Email:** Email your comments to Attn: Pandora Armbruster at [behavioralhealth@tuolumnecounty.ca.gov](mailto: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:** In accordance with Governor's Executive Order N-29-20, Accessibility Requirements, if you need swift special assistance during the meeting, please call (209) 533-6245. Under Executive Order N-25-20, members of the Tuolumne County Advisory Board may participate by teleconference.

**AGENDA**

**BOARD OF SUPERVISOR'S REPRESENTATIVE**

Jaron Brandon

**ALTERNATE REPRESENTATIVE**

Daniel Anaiah Kirk

**CHAIRPERSON**

Mary Anne Schmidt

**VICE**

**CHAIRPERSON**

Sherry Bradley

**SECRETARY**

Heather Farris

**OTHER MEMBERS**

Cynthia Halman

Emily Valentine

Jenn Salazar

M. Elizabeth Marum

Marjorie Langdon

Maureen Woods

Susie DeMassey

Valerie Shuemake

- I. **CALL TO ORDER - 20 minutes**
  - Chair calls meeting to order.
  - Announcement to attendees that the meeting is being recorded.
  - Establish quorum with the introductions of Board Members
  - Announce the November 2, 2022, Findings for AB 361
  - Discussion and Action regarding future Behavioral Health Advisory Board Meeting requirements (virtual and in-person) due to AB 2449 amendments to Brown Act Rules regarding remote attendance procedures.
  - Reading of Behavioral Health Advisory Board Vision and Mission Statements
- II. **INTRODUCTIONS – 2 minutes**

County staff, guests and any public attendees that wish to be identified
- III. **REVIEW ORDER OF AGENDA ITEMS – 2 minutes**
- IV. **CORRESPONDENCE – 2 minutes**
- V. **APPROVAL OF MINUTES – 5 minutes**

November 2, 2022, Regular Meeting Minutes (Attachment 1)
- VI. **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.
- VII. **CONTINUED BUSINESS & ACTION – 25 minutes**
  - A. Establish Goals of the Behavioral Health Advisory Board for January-July 2023 (Attachment 2)
  - B. Establish Behavioral Health Advisory Board Executive Committee Meeting Date, Time, and Place.
  - C. Review Proposal for Time Change of Behavioral Health Advisory Board Monthly Meetings (Attachment 3)

**Next Advisory Board  
Meeting is currently  
scheduled for  
January 4, 2023  
@ 4 pm**

VIII. **NEW BUSINESS & ACTION – 15 minutes**

- A. Review the Behavioral Health Advisory Board Evaluation Tool (Attachment 4)
- B. Set monthly meeting calendar (Attachment 5)
- C. Discuss the screening of Ken Burns Film: *Hiding in Plain Sight* (Attachment 6)

IX. **AD HOC COMMITTEE REPORTS & ACTION – 20 minutes**

- A. Board Membership-Training: Heather Farris
- B. Site Visit Plan: Sherry Bradley/Elizabeth Marum

X. **REPORTS – 30 minutes**

- A. Board Member Reports/Announcements - 3 minutes per Board member: Members of the Advisory Board may share announcements and/or comment on matters, not on the agenda.
- B. Behavioral Health Staff Reports/Announcements
- C. Supervisor's Report - Jaron Brandon, Tuolumne County Board of Supervisors, District 5 Representative
- D. Director's Report – Tami Mariscal, Behavioral Health Director
- E. Behavioral Health Advisory Board Chairperson Report – Mary Anne Schmidt (Attachment 7)

XI. **SUGGESTIONS FOR NEXT MONTH'S AGENDA - 2 minutes**

XII. **ADJOURNMENT**

This agenda can be made available in alternative formats upon request. Late agenda material can be reviewed at the Behavioral Health Department, 105 Hospital Road, Sonora, CA 95370.

If you require special assistance (i.e., auxiliary aids or services) in order to participate in this public meeting, please call (209) 533-6245 at least 48 hours prior to the start of the meeting to enable staff to make a reasonable accommodation to ensure accessibility to this public meeting.



**Tuolumne County Behavioral Health Advisory Board (BHAB)**  
**(Minutes of the meeting of November 2, 2022)**  
**DRAFT**

<u>2022 BHAB Membership</u>	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jaron Brandon - BOS	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Anaiah Kirk – BOS Alt	E	E	E	E	E	E	E	E	E	E	E	
Mary Anne Schmidt, Chairperson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Sherry Bradley, Vice-Chairperson	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Heather Farris, Secretary	✓	✓	E	✓	✓	✓	✓	✓	✓	✓	✓	
Cynthia Halman	✓	✓	E	✓	✓	✓	E	✓	✓	E	✓	
Elizabeth Marum	✓	✓	✓	✓	E	✓	✓	✓	E	✓	✓	
Emily Valentine	E	✓	✓	✓	E	✓	E	✓	A	A	A	
Jenn Salazar	✓	✓	✓	✓	✓	✓	✓	✓	E	✓	✓	
Marjorie Langdon	A	✓	✓	E	✓	✓	E	✓	A	✓	E	
Maureen Woods	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Susie DeMassey	✓	E	✓	E	✓	E	✓	E	✓	✓	✓	
Valerie Shuemake	E	✓	E	E	A	✓	✓	E	✓	E	E	

Present = ✓ Absent = A Excused = E

12 MHAB Members, 1 BOS Alternate

<u>Tuolumne County Staff in Attendance</u>
Rebecca Espino, Director – Health & Human Services Agency
Tami Mariscal, Director – Behavioral Health Department
Lindsey Lujan, Agency Manager – Behavioral Health Department
Jenn Guhl, MHSA Agency Manager – Behavioral Health Department
Pandora Armbruster, Administrative Assistant – Behavioral Health Department
<u>Others in Attendance</u>

**I. CALL TO ORDER**

- Behavioral Health Advisory Board Chairperson, Mary Anne Schmidt, announced to attendees that the meeting was being recorded.

The meeting was called to order at 4:02 pm. Nine of the twelve members were present and accounted for at the time of roll call to complete a quorum for the Board. Behavioral Health Advisory Board members introduced themselves as roll call was taken. Those present were Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Cynthia Halman, Elizabeth Marum, Jenn Salazar, Maureen Woods, and Susie DeMassey. Emily Valentine, Marjorie Langdon, and Valerie Shuemake were not in attendance.

- The October 5, 2022, Findings Resolution for AB 361 indicating that the Behavioral Health Advisory Board would be meeting virtually only for the November 2, 2022, meeting was incorporated into the meeting record.
- A motion was made by Jaron Brandon and seconded by Maureen Woods to make the December 7, 2022, Behavioral Health Advisory Board meeting available for virtual attendance per AB 361 and through #2 of the associated Findings. The motion passed. (Ayes: 8 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Marjorie Langdon, Maureen Woods, and Susie DeMassey. Nays: 1 – Jenn Salazar Abstentions: 0 Members Absent: 3 – Emily Valentine, Marjorie Langdon, and Valerie Shuemake)

As a result of this determination, the December 7, 2022, Behavioral Health Advisory Board meeting will be available through virtual attendance only, per the County Administrator’s recommendation to allow in-person or virtual meetings, and not through a combination of both.

**II. INTRODUCTIONS**

Introductions were made by Tuolumne County staff in attendance, as follows: Rebecca Espino – Director, Health and Human Services Agency, Tami Mariscal – Director, Behavioral Health Department, Lindsey Lujan - Agency Manager, Jenn Guhl – MHSA Agency Manager, and Pandora Armbruster – Administrative Assistant.

**III. AGENDA REVIEW PERIOD**

There were no suggested changes to the order of agenda items.

**IV. CORRESPONDENCE**

No correspondence was reported.

**V. APPROVAL OF MINUTES**

Heather Farris moved to approve the October 5, 2022, Behavioral Health Advisory Board Meeting Minutes with the noted corrections. Elizabeth Marum seconded. Motion passed.

(Ayes: 8 – Jaron Brandon, Mary Anne Schmidt, Sherry Bradley, Heather Farris, Elizabeth Marum, Jenn Salazar, Maureen Woods, and Susie DeMassey. Nays: 0 Abstentions: 1 – Cynthia Halman Members Absent: 3 – Emily Valentine, Marjorie Langdon, and Valerie Shuemake)

**VI. 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.

No public comments were received.

Supervisor Jaron Brandon left the meeting at 4:15 pm as he was attending another function in Sacramento.

**VII. AD HOC COMMITTEE REPORTS & ACTION**

- A. BOARD MEMBER RECRUITMENT& MEMBERSHIP – Heather Farris, Ad hoc Chair

Heather Farris, Behavioral Health Advisory Board Secretary, shared a brief PowerPoint presentation updating the group on the progress made and suggestions provided to improve the recruitment and orientation process for new Advisory Board members. Several flyers were shared which focused on the future recruitment of veteran, and college age members. Potential training efforts, including mentorship of new and existing members was also discussed. More information will be shared at next month's meeting.

The group thanked Heather for her hard work and time devoted to this project.

## **VIII. REPORTS**

### **A. BOARD MEMBER REPORTS/ANNOUNCEMENTS**

Cynthia Halman shared information on an upcoming 4-Hour SafeTalk Training scheduled for Saturday, November 5, 2022. A flyer will be shared with attendees.

Mary Anne Schmidt relayed that she and Elizabeth Marum recently attended the quarterly CALBHB/C meeting and training opportunity on October 21, 2022, in person in Sacramento. Being able to meet and discuss information related to their roles as Advisory Board members was very beneficial. Mary Ann also noted that Nevada County is in the final stages of building a facility for those with mental illness.

Jenn Salazar informed the group on the Homelessness Awareness Month resolution passed at the Board of Supervisors meeting yesterday. There are many offerings coming up focused on the unsheltered in Tuolumne County such as Stuff the Bus, a Watch Party, and other offerings. All are available to the public. More information can be found on the Tuolumne County website under the Tuolumne County Commission on Homelessness webpage.

### **B. SUPERVISOR'S REPORT**

Supervisor Brandon was not available to report.

### **C. DIRECTOR'S REPORT**

Tami announced that Behavioral Health continues to experience a large clinician vacancy rate at roughly 53%. However, this month, the department has gone from 7 vacancies to 5. One clinician is scheduled to start December 7th, with the other going through the hiring process now. Upon arrival they will be deployed to our Crisis Access Intervention Program (CAIP).

Timeliness for service delivery remains in compliance. For example, despite low clinician levels, we are running a 5-day average when measuring from the date of request for care to the assessment date. The goal is 10 days per federal standards.

Additionally, just this week three individuals were interviewed for Behavioral Health Worker positions. We will be offering 2 relief positions and 1 full time position. The full-time position will be deployed into our Full

Service Partnership (FSP) system to prepare for both the Incompetent to Stand Trial and Care Court population. The 2 relief positions will be used as department/program needs are identified.

Behavioral Health continues to work well with the Jail. We have managed to address all inmates identified as needing mental health services in addition to our response to the safety cell. We have had to manage 3 inmates' situations recently that caused transport to the Emergency Department for medical intervention/medical clearance and 5150 placements. This is more than we have done in one year total in the past. There have been some wrinkles identified that need to be worked out. Tami shared that she will be working more closely with the Adventist Health leadership about their staff's readiness and response to these kinds of individuals' being presented at their location.

Behavioral Health is working with Adventist Health to implement the Columbia Suicide Scale/screening tool. The use of such will enable Emergency Department physicians to be better informed when discharging patients, especially when our department has determined that the patient does not meet medical necessity criteria.

Behavioral Health Community/ Partner presentations: Steve Roos, Full Service Partnership (FSP) Program Supervisor, recently provided an FSP presentation to the Probation Dept. with a plan for Substance Use Disorder (SUD) to present in Nov. and Adult Outpatient Services to present in December 2022.

The Mental Health Services Act (MHSA) – Innovation project is pending at Mental Health Service Oversight and Accountability Commission (MHSOAC).

The MHSA 3 Yr. Plan survey is still running and will for an additional month. Currently, there are five stakeholder meetings planned.

Stephen Roos, new FSP Program Supervisor, has been reworking the FSP referral process, with increased efforts toward pre-assessment engagement which has resulted in zero pending referrals.

A Care Court Kick-Off Meeting was held on October 13, 2022. Quarterly local cohort meetings are planned, along with individual department meetings with California Behavioral Health Directors Association (CBHDA), and other department specific work groups.

Currently, the development of outpatient groups is a main priority for the department, along with providing clinical support to assist in bringing back community support groups to the Enrichment Center (EC).

The need for a Drug Medi-Cal Advisory Board is on the horizon as this department readies itself to implement Drug Medi-Cal. This new board may be combined with the current Behavioral Health Advisory Board.

The group discussed the information and news shared through the Director's Report. Mary Anne Schmidt noted that none of the currently scheduled stakeholder meetings were set for times outside of the 8-5 workday. She suggested that additional meetings be added that offered

time after the workday ends to solicit more participation from the community.

Mary Anne also noted that upon her last visit to the Enrichment Center, she discovered that Jenn Guhl, MHP Agency Manager, has created an amazing resource library at there.

**D. BEHAVIORAL HEALTH QUARTERLY STAFF REPORT:**

External Quality Review Organization Report – Lindsey Lujan, TCBH Agency Manager

The following link to Tuolumne County's External Quality Review Organization (EQRO) Report was shared with the group through the agenda packet. [Tuolumne MHP EQRO Final Report FY21-22](#)

Lindsey gave a brief description to attendees of what this report contains, and the important information provided regarding Tuolumne County Behavioral Health's systems.

The group briefly discussed the overview of information shared through this report.

In the interest of time, Lindsey offered to answer any additional questions members or attendees may have on this topic via email or phone call.

**E. MENTAL HEALTH PLAN (MHP) CONTRACT:**

State Performance Contract Section 1 – Lindsey Lujan, TCBH Agency Manager

Lindsey explained how the Tuolumne County Mental Health Plan (MHP) contract with the State of California defines the department's obligations on all things surrounding mental health, such as service time and delivery, medical necessity, funding, etc. See the attached Scope of Services portion of the contract covered at the meeting. (MHP - Scope of Services Attachment.) Utilizing the previously referenced section of the contract, Lindsey covered eligibility requirements and the criteria of medical necessity.

After a brief discussion with the Behavioral Health Advisory Board and attendees, Lindsey suggested an alternative to covering this contract that would allow the Board more time to understand such a complex document, as well as assist the department in creating a new, more robust Orientation Presentation that could be utilized in educating staff, new board members and other community partners in the department's mandated obligations surrounding mental health.

She requested the Advisory Board's attendance at an upcoming training event to provide feedback and input that will assist the department in building this training. The training will be videotaped to allow future use as an education piece. The Board's participation would provide questions and answers to assure appropriate coverage of material in a way that someone new to the topic would understand. This video-taped session would also educate the Behavioral Health Advisory Board more fully on what this department's obligations and capabilities are. This training could be scheduled as an all-day event or in two 4-hour sessions.

After discussion, the group felt that two half-day sessions would be easier for members to participate in. Staff will reach out with more information and to solicit input on preferred dates. Once training dates are determined, staff will send out invites for this event.

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Due to meeting time limitations, **Section IX. NEW BUSINESS** and was carried over to next month's meeting.

**IX. NEW BUSINESS – carried over to December 7, 2022, meeting.**

- A. PROPOSAL OF GOALS FOR BHAB – Mary Anne Schmidt, BHAB Chair
- B. CREATION OF PUBLIC EVENTS AD HOC COMMITTEE FOR 2023 – Mary Anne Schmidt, BHAB Chair
- C. PROPOSAL OF TIME OF BHAB MEETINGS – Mary Anne Schmidt, BHAB
- D. CALL A MEETING OF THE EXECUTIVE BOARD – Mary Anne Schmidt, BHAB Chair

**X. SUGGESTIONS FOR NEXT MONTH'S AGENDA**

Mary Anne Schmidt requested that all suggested items for the December 7, 2022, Meeting be submitted to Pandora via email.

**XII. ADJOURNMENT**

The November 2, 2022, Behavioral Health Advisory Board meeting was adjourned at 6:03 pm.

The next Tuolumne County Behavioral Health Advisory Board meeting is scheduled for December 7, 2022, at 4:00 pm via videoconference through Zoom and teleconference only. Meeting information will be posted on the December 2022 Agenda.



**Exhibit A – Attachment 2  
SCOPE OF SERVICES**

**1. Criteria for Beneficiaries to Access Specialty Mental Health Services**

Effective January 1, 2022, the Contractor shall implement the criteria for access to SMHS (except for psychiatric inpatient hospital and psychiatric health facility services) established below, update the Contractor's policies and procedures as needed to ensure compliance with this policy effective January 1, 2022, and communicate these updates to providers as necessary.

In addition, the Contractor shall update beneficiary handbooks, manuals, and related materials to ensure the criteria for SMHS for individuals under 21 years of age and for adults is accurately reflected in all materials, including materials reflecting the responsibility of Medi-Cal managed care plans and the Fee for Service delivery system for covering non-specialty mental health services.(BHIN 21-073).

A. Pursuant to Welf. & Inst. Code section 14184.402(a) the following definitions of "medical necessity" or "medically necessary" apply:

- 1) For individuals 21 years of age or older, a service is "medically necessary" or a "medical necessity" when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain as set forth in Welfare and Institutions Code section 14059.5
- 2) For individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code. This section requires provision of all Medicaid-coverable services needed to correct and ameliorate mental illness and conditions. Federal guidance from the Centers for Medicare & Medicaid Services makes it clear that services need not be curative or restorative to ameliorate a mental health condition. All mental health services that are not covered under Medi-Cal Fee For Service (FFS) or by Managed Care Plans as non-specialty mental health services as established in W&I Code section 14184.402(b) that sustain, support, improve, or make more tolerable a mental health condition are considered to ameliorate the mental health condition are thus medically necessary and covered as EPSDT services and the Contractor shall cover them

**Exhibit A – Attachment 2  
SCOPE OF SERVICES**

for beneficiaries who meet the criteria for access to the specialty mental health delivery system.

Services provided to a beneficiary must be medically necessary and clinically appropriate to address the beneficiary's presenting condition.

**B. Criteria for Adult Beneficiaries to Access the Specialty Mental Health Services Delivery System**

For beneficiaries 21 years of age or older, the Contractor shall provide covered specialty mental health services for beneficiaries who meet both of the following criteria, (1) and (2) below:

1. The beneficiary has one or both of the following:
  - a. Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities
  - b. A reasonable probability of significant deterioration in an important area of life functioning

AND

2. The beneficiary's condition as described in paragraph (1) is due to either of the following:
  - a. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems
  - b. A suspected mental disorder that has not yet been diagnosed

**C. Criteria for Beneficiaries under Age 21 to Access the Specialty Mental Health Services Delivery System**

For enrolled beneficiaries under 21 years of age, Contractor shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code. Covered specialty mental health services shall be provided to enrolled beneficiaries who meet either of the following criteria:

**Exhibit A – Attachment 2  
SCOPE OF SERVICES**

- 1) The beneficiary has a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by any of the following: scoring in the high-risk range under a trauma screening tool approved by the department, involvement in the child welfare system, juvenile justice involvement, or experiencing homelessness.

OR

- 2) The beneficiary meets both of the following requirements in a and b below:
  - a. The beneficiary has at least one of the following:
    - i. A significant impairment
    - ii. A reasonable probability of significant deterioration in an important area of life functioning
    - iii. A reasonable probability of not progressing developmentally as appropriate
    - iv. A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide

AND

- b. The beneficiary's condition as described in subparagraph (A) is due to one of the following:
  - i. A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders and the International Statistical Classification of Diseases and Related Health Problems
  - ii. A suspected mental health disorder that has not yet been diagnosed
  - iii. Significant trauma placing the beneficiary at risk of a future mental health condition, based on the assessment of a licensed mental health professional

**2. Provision of Services**

- A. The Contractor shall provide or arrange, and pay for, the following medically necessary covered specialty mental health services to beneficiaries who meet access criteria for receiving specialty mental

**Exhibit A – Attachment 2  
SCOPE OF SERVICES**

health services. See Exhibit E, Attachment 2, Service Definitions, for detailed descriptions of the specialty mental health services listed below:

- 1) Mental health Services;
- 2) Medication Support Services;
- 3) Day Treatment Intensive;
- 4) Day Rehabilitation;
- 5) Crisis Intervention;
- 6) Crisis Stabilization;
- 7) Adult Residential Treatment Services;
- 8) Crisis Residential Treatment Services;
- 9) Psychiatric Health Facility Services;
- 10) Intensive Care Coordination (for beneficiaries under the age of 21);
- 11) Intensive Home Based Services (for beneficiaries under the age of 21);
- 12) Therapeutic Behavioral Services (for beneficiaries under the age of 21);
- 13) Therapeutic Foster Care (for beneficiaries under the age of 21);
- 14) Psychiatric Inpatient Hospital Services;
- 15) Targeted Case Management; and
- 16) For beneficiaries under the age of 21, the Contractor shall provide all medically necessary specialty mental health services required pursuant to Section 1396d(r) of Title 42 of the United States Code (Welf. & Inst. Code 14184.402 (d)).

**Exhibit A – Attachment 2**  
**SCOPE OF SERVICES**

- B. Medi-Cal Managed Care Plan beneficiaries receive mental health disorder benefits in every classification - inpatient, outpatient, prescription drug and emergency - that the beneficiaries receive medical/surgical benefits, in compliance with 42 C.F.R. 438.910(b)(2). The Contractor is only required to provide inpatient and outpatient specialty mental health services, as provided for in this Contract and as required pursuant to section 1396d(r) of Title 42 of the United States Code, as prescription drug and emergency benefits are provided through other delivery systems.
- C. Services shall be provided, in accordance with the State Plan, to beneficiaries, who meet criteria to access SMHS, documented in accordance with state and federal requirements.
- D. The Contractor shall provide or arrange and pay for all medically necessary covered specialty mental health services in a sufficient amount, duration, and scope to reasonably achieve the purpose for which the services are furnished. The Contractor shall not arbitrarily deny or reduce the amount, duration, or scope of a medically necessary covered specialty mental health service solely because of diagnosis, type of illness, or condition of the beneficiary. The Contractor may deny services based on Welfare and Institutions Code sections 14184.402, subdivisions (a), (c), and (d), 14059.5; and departmental guidance and regulation. (42 C.F.R. § 438.210(a)(2) and (3).)
- E. The Contractor shall make all medically necessary covered specialty mental health services available in accordance with Cal. Code-Regs., tit. 9, sections 1810.345, 1810.350 and 1810.405, and 42 Code of Federal Regulations part 438.210.
- F. The Contractor shall provide second opinions from a network provider, or arrange for the beneficiary to obtain a second opinion outside the network, at no cost to the beneficiary. (42 C.F.R § 438.206(b).) At the request of a beneficiary when the Contractor or its network provider has determined that the beneficiary is not entitled to specialty mental health services due to not meeting the criteria for access to SMHS, the contractor shall provide for a second opinion by a licensed mental health professional (other than a psychiatric technician or a licensed vocational nurse). (Cal. Code Regs., tit. 9, § 1810.405(e).)

**Exhibit A – Attachment 2  
SCOPE OF SERVICES**

- G. The Contractor shall provide a beneficiary's choice of the person providing services to the extent feasible in accordance with Cal. Code-Regs., tit. 9, section 1830.225 and 42 Code of Federal Regulations part 438.3(l).
- 3. Requirements for Day Treatment Intensive and Day Rehabilitation**
- A. The Contractor shall require providers to request prior authorization for day treatment intensive and day rehabilitation services, in accordance with Information Notice 22-016 and any subsequent departmental notices.
- B. The Contractor shall require that providers of day treatment intensive and day rehabilitation meet the requirements of Cal. Code Regs., tit. 9, §§ 1840.318, 1840.328, 1840.330, 1840.350 and 1840.352.
- C. The Contractor shall require that providers include, at a minimum, the following day treatment intensive and day rehabilitation service components:
- 1) Therapeutic milieu. This component must include process groups and skill-building groups. Specific activities shall be performed by identified staff and take place during the scheduled hours of operation of the program. The goal of the therapeutic milieu is to teach, model, and reinforce constructive interactions by involving beneficiaries in the overall program. For example, beneficiaries are provided with opportunities to lead community meetings and to provide feedback to peers. The program includes behavior management interventions that focus on teaching self-management skills that children and adults and older adults may use to control their own lives, to deal effectively with present and future problems, and to function well with minimal or no additional therapeutic intervention. Activities include, but are not limited to, staff feedback to beneficiaries on strategies for symptom reduction, increasing adaptive behaviors, and reducing subjective distress.
  - 2) Process groups. These groups, facilitated by staff, shall assist each beneficiary to develop necessary skills to deal with their problems and issues. The group process shall utilize peer interaction and feedback in developing problem-solving strategies

**Exhibit A – Attachment 2  
SCOPE OF SERVICES**

to resolve behavioral and emotional problems. Day rehabilitation may include psychotherapy instead of process groups, or in addition to process groups.

- 3) Skill-building groups. In these groups, staff shall help beneficiaries identify barriers related to their psychiatric and psychological experiences. Through the course of group interaction, beneficiaries identify skills that address symptoms and increase adaptive behaviors.
- 4) Adjunctive therapies. These are therapies in which both staff and beneficiaries participate. These therapies may utilize self-expression, such as art, recreation, dance, or music as the therapeutic intervention. Participants do not need to have any level of skill in the area of self-expression, but rather be able utilize the modality to develop or enhance skills directed toward achieving beneficiary plan goals. Adjunctive therapies assist the beneficiary in attaining or restoring skills which enhance community functioning including problem solving, organization of thoughts and materials, and verbalization of ideas and feelings. Adjunctive therapies provided as a component of day rehabilitation or day treatment intensive are used in conjunction with other mental health services in order to improve the outcome of those services consistent with the beneficiary's needs.

D. Day treatment intensive shall additionally include:

- 1) Psychotherapy. Psychotherapy means the use of psychological methods within a professional relationship to assist the beneficiary or beneficiaries to achieve a better psychosocial adaptation, to acquire a greater human realization of psychosocial potential and adaptation, to modify internal and external conditions that affect individual, groups, or communities in respect to behavior, emotions and thinking, in respect to their intrapersonal and interpersonal processes. Psychotherapy shall be provided by licensed, registered, or waived staff practicing within their scope of practice. Psychotherapy does not include physiological interventions, including medication intervention.

**Exhibit A – Attachment 2  
SCOPE OF SERVICES**

- 2) Mental Health Crisis Protocol. The Contractor shall ensure that there is an established protocol for responding to beneficiaries experiencing a mental health crisis. The protocol shall assure the availability of appropriately trained and qualified staff and include agreed upon procedures for addressing crisis situations. The protocol may include referrals for crisis intervention, crisis stabilization, or other specialty mental health services necessary to address the beneficiary's urgent or emergency psychiatric condition (crisis services). If the protocol includes referrals, the day treatment intensive or day rehabilitation program staff shall have the capacity to handle the crisis until the beneficiary is linked to an outside crisis service.
  - 3) Written Weekly Schedule. The Contractor shall ensure that a weekly detailed schedule is available to beneficiaries and as appropriate to their families, caregivers or significant support persons and identifies when and where the service components of the program will be provided and by whom. The written weekly schedule will specify the program staff, their qualifications, and the scope of their services.
- E. Staffing Requirements. Staffing ratios shall be consistent with the requirements in Cal. Code Regs., tit. 9, section 1840.350, for day treatment intensive, and Cal. Code Regs., tit. 9 section 1840.352 for day rehabilitation. For day treatment intensive, staff shall include at least one staff person whose scope of practice includes psychotherapy.
- a. Program staff may be required to spend time on day treatment intensive and day rehabilitation activities outside the hours of operation and therapeutic program (e.g., time for travel, documentation, and caregiver contacts).
  - b. The Contractor shall require that at least one staff person be present and available to the group in the therapeutic milieu for all scheduled hours of operation.



**Exhibit A – Attachment 2**  
**SCOPE OF SERVICES**

- c. The Contractor shall require day treatment intensive and day rehabilitation programs to maintain documentation that enables the Contractor and the Department to audit the program if it uses day treatment intensive or day rehabilitation staff who are also staff with other responsibilities (e.g., as staff of a group home, a school, or another mental health treatment program). The Contractor shall require that there is documentation of the scope of responsibilities for these staff and the specific times in which day treatment intensive or day rehabilitation activities are being performed exclusive of other activities.
  
- F. The Contractor shall ensure that the provider receives Medi-Cal reimbursement only if the beneficiary is present for at least 50 percent of scheduled hours of operation for that day. In cases where absences are frequent, it is the responsibility of the Contractor to ensure that the provider re-evaluates the beneficiary's need for the day rehabilitation or day treatment intensive program and takes appropriate action.
  
- G. Documentation Standards. The Contractor shall ensure day treatment intensive and day rehabilitation documentation meets the documentation requirements in BHIN 22-019.
  
- H. The Contractor shall ensure that day treatment intensive and day rehabilitation have at least one contact per month with a family member, caregiver or other significant support person identified by an adult beneficiary, or one contact per month with the legally responsible adult for a beneficiary who is a minor. This contact may be face-to-face, or by an alternative method (e.g., e-mail, telephone, etc.). Adult beneficiaries may decline this service component. The contacts should focus on the role of the support person in supporting the beneficiary's community reintegration. The Contractor shall ensure that this contact occurs outside hours of operation and outside the therapeutic program for day treatment intensive and day rehabilitation.
  
- I. Written Program Description. The Contractor shall ensure there is a written program description for day treatment intensive and day rehabilitation. The written program description must describe the specific activities of each service and reflects each of the required components of the services as described in this section. The Contractor shall review the

**Exhibit A – Attachment 2  
SCOPE OF SERVICES**

written program description for compliance with this section with prior to the date the provider begins delivering day treatment intensive or day rehabilitation.

- J. Continuous Hours of Operation. The Contractor shall ensure that the provider applies the following when claiming for day treatment intensive and day rehabilitation services:
- a. A half day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available four hours or less per day. Services must be available a minimum of three hours each day the program is open.
  - b. A full-day shall be billed for each day in which the beneficiary receives face-to-face services in a program with services available more than four hours per day.
  - c. Although the beneficiary must receive face to face services on any full-day or half-day claimed, all service activities during that day are not required to be face-to-face with the beneficiary.
  - d. The requirement for continuous hours of operation does not preclude short breaks (for example, a school recess period) between activities. A lunch or dinner may also be appropriate depending on the program's schedule. The Contractor shall not conduct these breaks toward the total hours of operation of the day program for purposes of determining minimum hours of service.

**4. Therapeutic Behavioral Services**

Therapeutic Behavioral Services (TBS) are specialty mental health services covered as Early and Periodic Screening, Diagnostic and Treatment (EPSDT). (Cal. Code Regs., tit. 9, § 1810.215.) TBS are intensive, one-to-one services designed to help beneficiaries and their parents/caregivers manage specific behaviors using short-term measurable goals based on the beneficiary's needs. TBS is described in the Department of Mental Health Information Notice 08-38.

## Agenda Item VII.A

### Tuolumne County Behavioral Health Advisory Board

#### Annual Goals December 2022-July 2023

#### Goal I: Fulfill the mandated responsibilities and core purposes of the Tuolumne County Behavioral Health Advisory Board.

1. Review and evaluate the community's mental health needs, services, facilities, and special problems [5604.2 (a)(1)] Welfare & Institutions Code (WIC).
2. Review any county agreement entered pursuant to Section 5650 of the Welfare & Institutions Code (WIC) [WIC 5604.2 (a) (2)].
3. Advise the governing body and the local mental health director as to any aspect of the local mental health program. [WIC 5604.2 (a) (3)].
4. Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process [WIC 5604.2 (a) (4)].
5. Submit an annual report to the Board of Supervisors on the needs and performance of the county's Behavioral Health system [WIC 5604.2 (a) (5)].
6. Review and make recommendations on applicants for the appointment of a local director of behavioral health services. The board shall be included in the selection process prior to the vote of the governing body. [WIC 5604.2 (a) (6)].
7. Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council (CMHPC) [WIC 5604.2 (a)(7)].
8. Assess the impact of the realignment of services from the state to the county on services delivered to clients and the local community [WIC 5604.2 (b)].
9. Conduct a public hearing on the county's Mental Health Services Act (MHSA) Three Year Program and Expenditure Plan and Annual Update at the close of the 30-day comment period required by the subdivision [WIC 5848(a)].

## Agenda Item VII.A continued

### Goal II: Maintain an active, involved Behavioral Health Advisory Board.

1. Achieve full BHAB membership that reflects the diversity of the client populations served in the county. (See WIC 5604).
2. Maintain a high attendance and participation at all Behavioral Health Advisory Board meetings, including all committees and/or workgroups.
3. Maintain representation on appropriate local, regional, and state boards, committees, councils, etc., and regular reporting to the Behavioral Health Board.
4. Complete 100% of scheduled site visits.
  - a. Please provide the number of visits and how many visits will be done per month.
  - b. This information will help plan for staffing resources.
5. Provide mentorship and training opportunities to Behavioral Health Board Members.
  - a. Who will provide this mentorship and training?
6. Conduct an annual retreat in April to set yearly goals.
  - a. Will this be part of a regular BHAB meeting?
  - b. This information will help plan for staffing resources.
7. Activate the Executive Committee as a standing committee.
  - a. Will this be part of a regular BHAB meeting?
  - b. This information will help plan for staffing resources.
8. Design a budget
  - a. by April 30<sup>th</sup> and obtain approval from the BH Director.
  - b. This information is needed to plan for our 2023-24 budget.
9. Design Behavioral Health Advisory Board website pages with county staff.
  - a. Will these pages be within the existing BH website?
10. Streamline board meetings.
11. Develop a self-evaluation tool for the Behavioral Health Advisory Board.
12. Update the Behavioral Health Advisory Board notebook to a concise and electronic version.
13. Explore becoming a Drug MediCal board combined with Behavioral Health Advisory Board.

## Agenda Item VII.C

### Proposal of New Time for Monthly Board Meeting

The same day of the month: the first Wednesday of the month

5-7 pm

Or

6-8 pm

#### Pros:

- Helps 4 board members that have day jobs
- Helps those with childcare
- Helps the public to have better access
- Helps to attract new board members, both youth and those with jobs
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#### Cons:

- Staff support must change hours for the day with Flex-time
- May not increase public attendance
- Concerns about late-night driving when we go back to in-person meetings
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**Agenda Item VIII.A**

**Evaluation of the Tuolumne County  
Behavioral Health Advisory Board**

**The survey will be completed every year in April, compiled by the Secretary of the Advisory Board, and discussed at the May Meeting.**

	Yes	Needs Improvement	Unsure
<b>CONDUCT OF BOARD MEMBERS</b>			
1. Keep comments short (do not monopolize discussion).			
2. Listen actively.			
3. Focus on issues.			
4. Follow meeting rules of order (Rosenberg’s Rule of Order).			
5. Follow the Brown Act.			
<b>DUTIES OF THE BOARD</b>	Yes	Needs Improvement	Unsure
1. Advise the Tuolumne County Behavioral Health Director.			
2. Complete the Annual Report.			
3. Complete Data Notebook.			
4. Review and evaluate the community's public mental health needs, services, facilities, and special problems.			
5. Review county agreements.			
6. Review and approve procedures used to ensure citizen and professional involvement at all stages of the planning process.			
<b>DOES YOUR BOARD MEMBERSHIP</b>	Yes	Needs Improvement	Unsure
1. Represent your community’s diversity and demographics?			
2. Include at least 20% of consumers (individuals with lived experience of mental illness)?			
3. Include at least 20% of the family members of consumers?			
4. Include at least 50% combination of family members and consumers?			
5. Include at least one Board of Supervisor member?			

Agenda Item VIII.A continued



	February	1
	March	1
	April	5
	May	3
	June	7
	July	5
	August	2
	September	6
	October	4
	November	1
	December	6
2024	January	3
	February	7
	March	6
	April	1
	May	3
	June	5
	July	3
	August	7
	September	4
	October	2
	November	6
	December	4



## Agenda Item VIII.C

### Hiding in Plain Sight: Youth Mental Illness

Ken Burns Presents — A film by Erik Ewers and Christopher Loren Ewers

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*We don't talk about feelings, we don't talk about struggles,  
we don't talk about what's going on in our head.*

— Makalynn, Age 24

*It's taken me a very, very long time to even speak openly about it.  
But if I don't talk about it now, then I'm wasting potential time  
where I could help somebody. If I can even reach two people  
from everything I say, then I did my part in this world.*

— Morgan, Age 26

Mental illness is one of the most significant health crises in the world—as pervasive as cancer, diabetes, and heart disease—but it often exists in secret and is endured in isolation. It's the place where sadness leaves off, and depression begins; where nervousness becomes anxiety; excitement becomes mania, and habit becomes addiction. It's the place where simply living becomes painful.

It affects all ages, in families both rich and poor, healthy and dysfunctional. Trauma can be the trigger—from personal crises such as divorce and neglect to environmental disasters, racial injustice, and pandemics. Over time, the symptoms can progress, and lead to increasingly extreme behaviors—like eating disorders, self-harm, and thoughts of suicide.

The issues surrounding mental illness are extraordinarily complex. The risk factors are daunting, the economics bewildering, and the politics contentious. But the most important step—and often the most difficult one—is to start talking about it. *Hiding in Plain Sight* will bring that conversation into homes, schools, the workplace, and community organizations across the country.

The two-part, four-hour film follows the journeys of more than 20 young Americans from all over the country and all walks of life, who have struggled with thoughts and feelings that have troubled—and, at times—overwhelmed them. They share what they have learned about themselves, their families, and the world in which they live. Through first-person accounts, the film presents an unstinting look at both the seemingly insurmountable obstacles faced by those who live with mental disorders and the hope that many have found after that storm. In the process, they will directly confront the issues of stigma, discrimination, awareness, and silence, and, in doing so, support the ongoing shift in the public perception of mental illness today.

Executive produced by Ken Burns, co-directed by Erik Ewers and Christopher Loren Ewers, produced by Julie Coffman, and written by David Blistein, *Hiding in Plain Sight*, the first film of *Our Mental Health Crisis*, premieres June 27-28, 2022. (4 hours)

To watch the trailer, see the following link: <https://kenburns.com/films/hiding-in-plain-sight-youth-mental-illness/>

## Agenda Item VIII.C continued

### Special Event Sponsored by BH Dept and the Behavioral Health Advisory Board

Event: The Screening of the Ken Burns Documentary: Hiding in Plain Sight (4 hours)

Place: Resilience Centers in Tuolumne City and Groveland

Dates: Tuolumne City Resilience Center

Fridays: January 27, February 3,10,17

Groveland Resilience Center

Thursdays: ??????

Time:

- Set-up 4:30
- 5:30 pm Pizza and drinks
- 6-7 pm Watch the film
- 7-7:30 pm panel
- 7:30 – 8 pm Cookies/ice cream bar or????
- 8 pm Clean-up

Panel:

- Consumer
- Private Provider clinician
- BH clinician
- Nurse Practitioner, or law enforcement, or probation, or juvenile hall, or foster care or social worker, or BH worker, or NAMI

Panel Discussion:

- Introduction of each panel member
- One general question
- Questions/comments from the audience

Costs:

- Pizza (Mike's Pizza)
- Fruit skewers (Devon Delectables or Covers)
- Water, sparkling water, juice (Cover's Lemonade or we supply it)
- Cookies, ice cream (Devon or Covers)
- Paper plates
- Napkins
- Cups
- Incentives: gifts, gifts

## Agenda Item VIII.C continued

Other supplies:

- Tablecloths
- Tables
- Chairs
- Projector
- DVD player or computer
- Microphone and stand
- Podium
- Pre- and post-survey cards (3- 4 questions on each card)
  - Add what do you think is the greatest need
- Pens
- Sign in sheet with pens
- Trash bins
-

## Agenda Item X.D

### Behavioral Health Advisory Board Chair Report

From the Chair

December 7, 2022

These last few months have been busy.

- I attended the California Association of Local Behavioral Health Boards and Commissions quarterly meeting in Sacramento. It was nice to talk with other board members about their successes and their challenges.
- I met with Tracie Riggs, County Administrator, on the following issues:
  - Establishing the executive committee. (Tracie will check with county counsel if we can have our own email and zoom account and if we could take our own minutes.)
  - Developing a budget for our board. (It may need to be a line item on the county general budget since money cannot come from the Behavioral Health Department. It was not clear what the next step would be.)
  - Requesting the citations of the law on the following
    - How to calculate quorum
    - Youth under 18 on boards
    - Keeping a public meeting going for the sake of discussion without any action.(Tracie said that a new committee and commissions handbook will be proposed at the Dec. 6 Board of Supervisors meeting where this handbook may address these issues.)  
(**Note:** the agenda packet for the BOS will come out on Thursday, December 1, 2022. It is important that we review the support material on the boards and commissions handbook. We should have some representatives at this BOS meeting.)
  - Tracking board members' terms. (Tracie wants to leave as is.)
  - Requesting that all support materials for the agenda are reviewed by the BHAB chair before the agenda is sent out to the public and the board. (Tracie will discuss this with the staff.)
- I met with BH Director, Tami Mariscal and discussed a public screening of the Ken Burns documentary, *Hiding in Plain Sight*. Subsequently, this topic is on the agenda.
- I am in the process of researching the pros and cons of our board becoming a drug Medi-Cal board. I have reached out to CALBHBC to help us with this. Theresa Comstock said over 50% of the counties in California have combined Drug Medi-Cal Boards and Mental Health Boards. As a board, we would review contracts with vendors that would provide substance use disorder (SUD) services. We would also be advising on SUD programs. The BH Dept. would be billing Medi-Cal for these services. So, it looks like our duties would stay similar to what we do already.

Here is a link to the counties that are participating.

<https://www.dhcs.ca.gov/provgovpart/Pages/county-implementation-plans.aspx>

- I discussed with Pandora and Tami about the county website page for BHAB. Pandora will work on this in January 2023.
- I am in the process of developing a stakeholder list for our BHAB. This includes any agency, non-profit, department, business, school contacts, families, or friends that are interested in or connected to mental health issues.
- In January I would like to discuss board members attending certain community meetings. The list is attached to my report. Please consider what meetings you would like to attend. Having

our board attend these meetings helps us to have a better pulse of the mental health needs in our county. Also, it is a way for us as a board to let others know that we exist and we are there to advocate for our community.

Thank you for your service.

Board Assignments for Committees, Boards, and Commissions

	<b>Committee/Board/Commission</b>	<b>Board Member Assignment Until June 30, 2023</b>	<b>Time of Meeting</b>	<b>Location</b>
1	Area 12 on Aging			
2	BH Cultural Collaborative			
3	BH Quality Improvement Council			
4	CALBHBC			Virtual/in-person
5	Center for Non-Violence (CNVC)			
6	Juvenile Justice Correction			
7	MHSA			Virtual
8	MSHAOC			Virtual
9	NAMI			
10	TC Homelessness Commission			
11	Valley Mountain Regional Center			
12	YES Partnership			
13				
14				
15				
16				
	BOS rotating board member for public comment		Tuesdays 9 am	BOS Chambers