



# TUOLUMNE COUNTY BEHAVIORAL HEALTH DEPARTMENT

# MENTAL HEALTH SERVICES ACT (MHSA) ANNUAL UPDATE FY 2022/2023

# Including:

- ➤ Three-Year Prevention and Early Intervention Evaluation Report for FY 2018/2019, FY 2019/2020, FY 2020/2021
- > Prevention and Early Intervention Demographics Form
- > Annual Innovation Project Report FY 2020/21

#### **Draft Posted for Public Review & Comment Period:**

May 1 through June 1, 2022

# Public Hearing:

Wednesday, June 1, 2022

# Approved by the Board of Supervisors:

Tuesday, July 5, 2022

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#### MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Tuolumne County [ ] Three-Year Program and Expenditure Plan [x] Annual Update

Local Mental Health Director	MHSA Agency Program Manager
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Telephone Number: 209-533-6245	Telephone Number: 209-533-6245
E-mail: TMariscal@co.tuolumne.ca.us	E-mail: JGuhl@co.tuolumne.ca.us
Local Mental Health Mailing Address:	
2 South Green Street Sonora, CA 95370	

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Program Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on July 5, 2022.

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

All documents in the attached annual update are	true and correct.	'	
	PAN	ml	7/2/
Tami Mariscal	1 Cox 91		1/21/22
Director of Behavioral Health (PRINT)	Signature	Date	1 00

#### MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION1

County/City: <u>Tuolumne County</u>	[ ] Three-Year Program and Expenditure Plan
	[x] Annual Update
	Annual Revenue and Expenditure Report
Local Mental Health Director	County Auditor-Controller/City
	Financial Officer
Name: Tami Mariscal	Name: Deborah Bautista
Tumer Tumer Tumer Transcour	
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Y 126 117 11 26 11 11	
Local Mental Health Mailing Address:	
2 South Green Street	
Sonora, CA 95370	
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I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report, or Update to the Annual Plan, is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

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

Tami Mariscal

Director of Behavioral Health (PRINT

Signature

. Date I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated for the fiscal year ended June 30, 2021. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Deborah Bautista

County Auditor Controller/City Financial Officer (PRINT)

Signature

Date

<sup>1</sup>Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (2/14/2013)

# Introduction to the MHSA

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

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

#### WHAT IS THE PURPOSE OF AN ANNUAL UPDATE?

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



#### **COUNTY DEMOGRAPHICS**

Tuolumne County is located in the central Sierra Nevada, with major rivers to the north and south. The Sierra Nevada range forms the border on the east, with the county flowing into the great central valley in the west. The diverse terrain includes the Columbia and Railtown 1897 State Historic Parks, Bureau of Land Management lands, American Indian Rancherias and much of the Stanislaus National Forest and Yosemite National Park. According to the U.S. Census Bureau, the county has a total area of 2,274 square miles (5,891 km2), of which

2,235 square miles (5,790 km2) is land and 39 square miles (101 km2), or 1.71%, is water. The elevation ranges from 300 feet to more than 12,000 feet. Federal, state, and local governments own most of the land (77%) in Tuolumne.

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

	Tuolumne	Tuolumne	Tuolumne	California	California	California
	County	County	County	July 2016	July 2018	July 2019
	July 2016	July 2018	July 2019			
White	80.4%	79.8%	79.7%	37.7%	36.8%	36.5%
Hispanic	12.2%	12.7%	12.7%	38.9%	39.3%	39.4%
Two or more	3.5%	3.6%	3.6%	3.8%	3.9%	4.0%
Races		Α.				
Black	2.1%	2.0%	2.0%	6.5%	6.5%	6.5%
American Indian	2.2%	2.3%	2.3%	1.7%	1.6%	1.6%
Asian	1.3%	1.4%	1.5%	14.8%	15.3%	15.5%
Pacific Islander	0.2%	0.3%	0.3%	0.5%	0.5%	0.5%
Over 65 Years	24.7%	26.2%	27.0%	13.6%	14.3%	14.8%
Old						
Veterans	10%	11.04%	9.63%	4.5%	4.8%	4.1%
Live Below	14.5%	12.5%	12.5%	14.3%	12.8%	12.8%
Poverty Line		r				
Per Capita	\$27,054	\$31.570	\$33,685	\$30,318	\$31,750	\$35,021
Income						

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

## **County Challenges**

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

#### Community Program Planning Process (CPPP)

Tuolumne County Behavioral Health (TCBH) conducts ongoing Community Program Planning Process (CPPP) activities on a regular basis throughout the year. The CPPP allows TCBH to stay connected with stakeholders to keep them informed of MHSA activities and to participate, provide feedback and communicate concerns about current and/or planned MHSA programs, projects and services. Although TCBH experienced the departure of three MHSA Coordinators (December 2018, April 2019 and November 2021), a new MHSA Agency Program Manager was hired in December 2021.

Due to these internal obstacles, the completion of the MHSA Three Year Program and Expenditure Plan FY 2020-2023 was delayed. The MHSA Three Year Program and Expenditure Plan FY 2020-2023 was posted for Public Comment and available for public viewing at multiple locations throughout the county from November 1, 2021 through November 30, 2021. A Public Hearing was held on December 1, 2021, at the Tuolumne County Behavioral Health Advisory Board's monthly meeting, which was held virtually due to the pandemic, where invaluable feedback was gained from board members and the community.

The MHSA Three-Year Program and Expenditure Plan was presented to the Tuolumne County Board of Supervisors in person on December 7, 2021, and therefore approved for Fiscal Years 2020-2023. This plan also included the FY 2021-2022 Annual Update, FY 2019-2020 Annual PEI Report, and the FY 2019-2020 Annual Innovations Report. The approved plan was submitted to Department of Health Care Services (DHCS) by the end of December 2021 to get TCBH back into compliance with MHSA

regulations and mandates while bringing community stakeholders up to date with current MHSA programming and behavioral health services within Tuolumne County.

Furthermore, the COVID-19 pandemic created additional challenges as the community stakeholder meetings typically in the past years have been held in-person compared to 2022 meetings, which were held virtually. Four virtual community stakeholder meetings were held to encourage all who are interested in MHSA programs and behavioral health services in the county were reached and given the opportunity to share their feedback and voice opinions. The announcement of meetings was initially through Mail Chimp, one of TCBH's internal MHSA list serve, that accounts for nearly 400 community members and representatives of numerous agencies, organizations, nonprofits and local businesses throughout Tuolumne County and neighboring counties targeting underserved populations. Announcements regarding the virtual community stakeholder meetings were also posted on the TCBH's Facebook social media page. The MHSA Agency Program Manager also specifically extended the invitation to members of YES Partnership, Tuolumne County Behavioral Health (TCBH) Advisory Board, the TCBH's Community Cultural Collaborative, all Prevention and Early Intervention (PEI) Contractors, all county staff from various departments, and local law enforcement including the Sonora Police Department, California Highway Patrol, and the Tuolumne County Sheriff's Office, to participate in the stakeholder process.

The planning process for the MHSA Annual Update FY 22/23 included the gathering of stakeholder feedback via two community surveys and five virtual community stakeholder meetings in February and March 2022. In addition, a short Q&A period was presented on March 2, 2022, to the Tuolumne County Behavioral Health Advisory Board to gain the boards' feedback and to gain a wider range of community member feedback and suggestions. During the CPPP, attendees were asked a series of questions relating to how TCBH and the MHSA programming can meet their needs as we are looking forward into the next fiscal year. Information was gathered from participants to learn about their experiences with the current mental health system, record recommendations for improvement and acknowledge feedback and suggestions to address unmet needs.

Each virtual meeting began with the MHSA CPPP highlights for 2022 that included key dates for all stakeholder meetings, survey open and closure dates, an upcoming PEI Contractors' Forum, and the MHSA Community Stakeholders' Q&A meeting in May, an overview of Mental Health Services Act, as well as Each Mind Matters and the Know the Signs campaigns, detailed slides of each MHSA component, and the listed questions that would be addressed at every community stakeholder meeting. Slides via email were made available to all attendees. The MHSA Agency Program Manager took a list of attendees' names and emailed the slides to everyone after the conclusions of each community stakeholder meetings. A copy of the MHSA CPPP PowerPoint presentation is attached, reference Appendix B.

Overall, more than 30 participants attended the MHSA CPPP in 2022. There was a representation from GEO Reentry Services, Department of Social Services, Amador Tuolumne Community Action Agency (ATCAA), Infant Child Enrichment Services (ICES), Tuolumne Me-Wuk Indian Health Clinic (TMWIHC), Center for a Non Violent Community (CNVC), Tuolumne County Veterans Office, Tuolumne County Superintendent of Schools (TCSOS), Tuolumne County Behavioral Health Advisory

Board members, Tuolumne County Board of Supervisors, Tuolumne County Behavioral Health staff and clients, consumers, and community and family members.















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

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

#### Input from Virtual MHSA Community Stakeholders' Meetings

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

- Lack of providers and their availability
- High turnover of staff/focus on job retainment/TCBH vacancies
- Mental health stigma/stigma around accessing help
- Lack of accessibility/need more evening availability
- Lack of transportation
- Need for County Crisis Response Team/Mobile Crisis intervention
- Lack of affordable/transitional/supportive housing
- Virtual challenges and geographic isolation
- Lack of local residential treatment/services/facilities
- Siloed programs
- Increased need for more TCBH Outreach and Engagement, and information sharing between agencies and organizations to work collaboratively
- Communication issues/cultural differences/language barriers
- Need better working relationships with local law enforcement

- Insurance issues
- Timeliness
- Denial of mental health issues/challenges
- Health insurance coverage
- More community outreach to those with severe mental illnesses

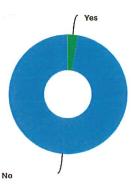
#### Most mentioned populations TCBH should continue focusing on:

- Youth/children
- TAY struggling to parent our children
- LGBTQ population including youth and adults
- The ones who are "falling through the cracks"
- Whole person care, families and youth, and all cultures
- Homeless
- Spanish-speaking population/Latino population
- Caregivers
- Veterans
- Native Americans

It is important to note that during these virtual meetings veterans was an important population that was mentioned to keep focusing on. However, the community survey data suggests below that more outreach needs to be done when distributing the MHSA Community Survey, as only 2.9% identified themselves as veterans during the CPPP.

#### Are you a veteran?

Answered: 69 Skipped: 2



#### Most mentioned as working well:

- Rapport with community partners
- TCHB's EC
- TCBH community stakeholder feedback and surveys

- Active outreach to the homeless via the SB82 Mobile Triage Unit
- Attending community outreach events (prior to COVID)
- Medi-Cal works well once you're in it

#### Most mentioned areas as not working well:

- COVID-19 Pandemic
- Not having full access to the EC
- Isolated older adults & how to engage them
- Coordinated entry/one-stop shop
- Mental health stigma surrounding seeking services
- Need more youth resources

#### What populations are we not serving that we should be?

- Be more inclusive/ The ones who are "falling through the cracks"
- Caregiver support/spousal support
- Dementia/Parkinson's 24-hour care
- Inpatient care
- Transgender Youth
- Fosters/Caring for grandchildren
- Challenging/high level of care

#### What type of programs are needed?

- Outreach to caregiver support/spousal support
- Training on how to manage mental illness
- Mobile Crisis programs
- Support groups
- Teen parenting programs
- Programs for parents of children with special needs
- Mindfulness/trauma informed training
- Affordable housing/transitional housing with onsite case manager
- Parenting classes
- Reopening of full access of the Enrichment Center

#### What other concerns do you have regarding mental health?

Need for affordable housing

Overall, community members voiced specific needs surrounding various age populations which included Older Adults (60+), Adults (25-59), Transitional Age Youth (16-24), and Children (0-15), currently targeted demographics in our PEI contracts.

### Input from MHSA Community Stakeholder Survey 2022

The second part of the CPPP, the MHSA community stakeholder survey, was created and distributed to stakeholders via an e-mail marketing campaign to encourage stakeholders to make their voices heard. Feedback was invited from stakeholders, partners, and community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs. The goal was to collect ideas, suggestions, and feedback to hear the mental health needs of the diverse populations within the community to create relevant programs. The survey opened on February 9, 2022 and was available online, and in printed format, through March 31, 2022. The printed copies were made available at TCBH reception area, the Enrichment Center (EC) and the David Lambert Community Drop-In Center (Lambert Center). During this MHSA CPPP, the EC was closed to the public for the exception of showers and laundry services so hard copies that would typically be collected to represent the homeless population were not available this year. Lambert Center, the EC's sister center, has been closed since February 2020 and had experienced the same challenge. More than 70 surveys were received with responses from various stakeholder groups, ages and representations. A copy of the community survey is attached, reference Appendix A.

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

- 1) Lack of providers/the need for additional personnel who are trained
- 2) The need for our own local facility (substance use rehabilitation center, inpatient, psychiatric units)
- 3) Access to and timeliness of care
- 4) The need for in-field work that focuses on mental health crises (example: Mobile Crisis Unit)
- 5) Community outreach

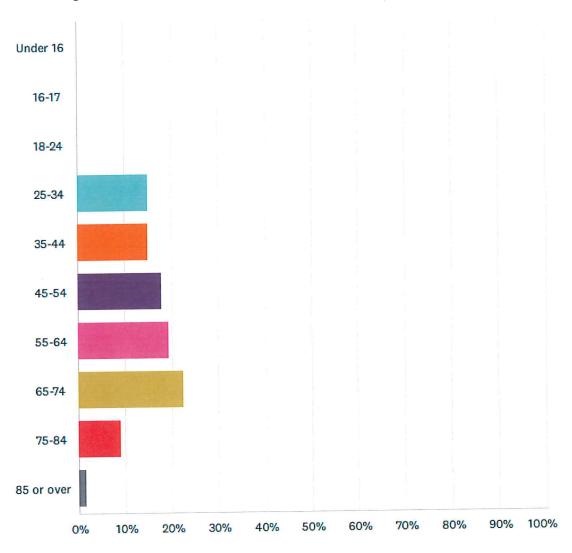
This chart shows the wide variety of participation throughout the community:

ANSWER CHOICES	RESPONSES	
Mental Health Client/Consumer	6.90%	4
Family Member of a Mental Health Client/Consumer	24.14%	14
County Behavioral Health Department Employee	25.86%	15
Substance Abuse Service Provider	1.72%	1
Private Mental Health Therapist	1.72%	1
Community Based Organization	34.48%	20
Children / Family Services	6.90%	4
Professor, Teacher, School Staff, Education Provider	10.34%	6
Law Enforcement, including prison and jail staff	3.45%	2
Probation	1.72%	1
Veterans Services	0.00%	0
Hospital / Physical Health Care Provider	5.17%	3
Senior Services	5.17%	3
Faith Based Support Provider	1.72%	1
Student	3.45%	2
Advocate	20.69%	12
Prefer not to answer	5.17%	3

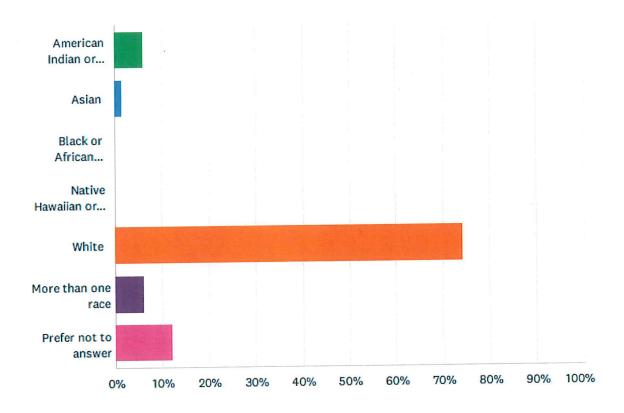
Total Respondents: 58

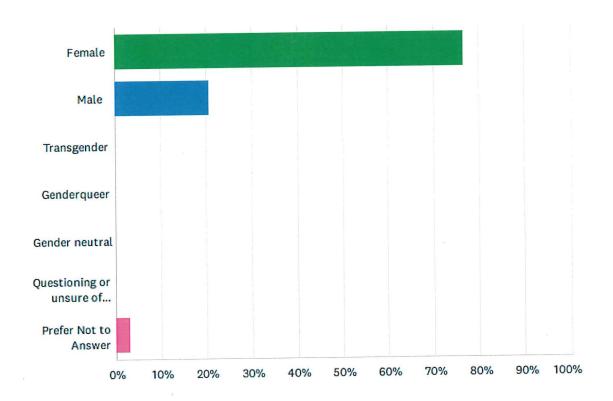
The highest participation comes from our community-based organizations by 34.48%, followed by TCBH staff by 25.86%, next family members of a mental health client and/or consumer at 24.14%, and those who are advocates at 20.69%.

The following three charts demonstrate the age, race and gender of survey respondents:



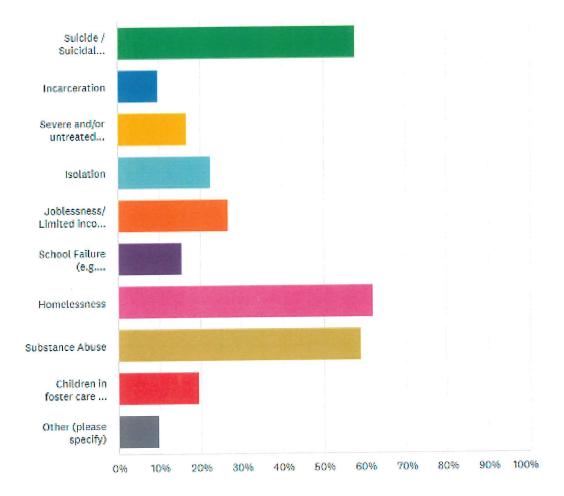
It is important to note that in our CPPP that we didn't reach our TAY demographic during our community stakeholders survey outreach. We have noted that this is an area of improvement for our next CPPP later in the year and will develop strategies for reaching that demographic. Our highest demographic reached is age 65-74, which accounts for 27% of our rural population according to the July 1, 2019 Tuolumne County and California QuickFacts from US Census Bureau.





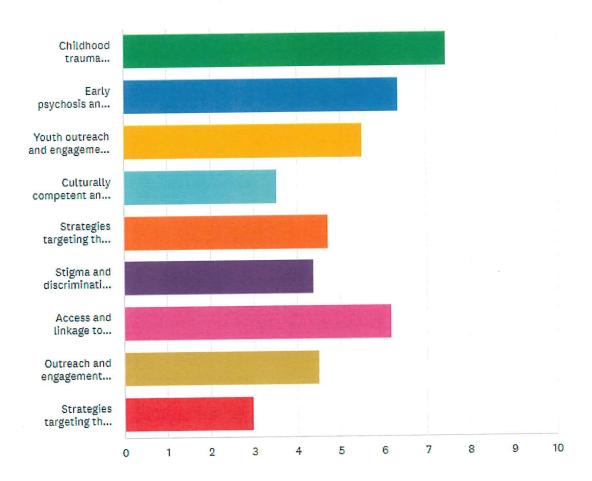
Top three potential issues facing someone living with an untreated mental health challenge:

- 1) Homelessness
- 2) Suicide/Suicidal Thoughts
- 3) Substance Use



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

- Childhood trauma prevention and early intervention to deal with the early origins of mental health needs -7.47%
- $\circ$  Early psychosis and mood disorder detection and early intervention; mood disorder and suicide prevention programming that occurs across the lifespan -6.35%
- Youth outreach and engagement strategies that target secondary school and transition age youth with a priority on partnership with college mental health programs 5.53%



This word cloud below shows what other types of Prevention and Early Intervention programs the community members would like to see in Tuolumne County:

# peer address Help families Center teens Youth use programs children services homelessness people available substance communication

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

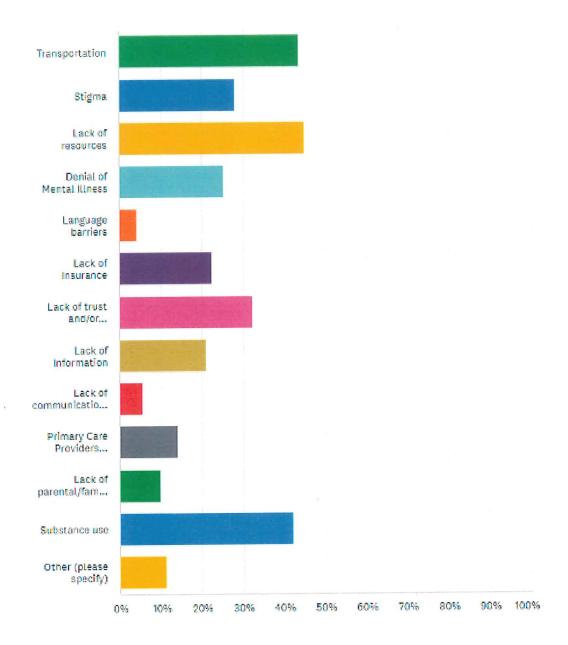
The top six biggest challenges to facing Tuolumne County regarding mental health and wellness are:

- 1) Lack of providers/high turnover/retainment of staff
- 2) Homelessness
- 3) Mental health stigma
- 4) Need for increased funding
- 5) Lack of affordable housing
- 6) Substance Use

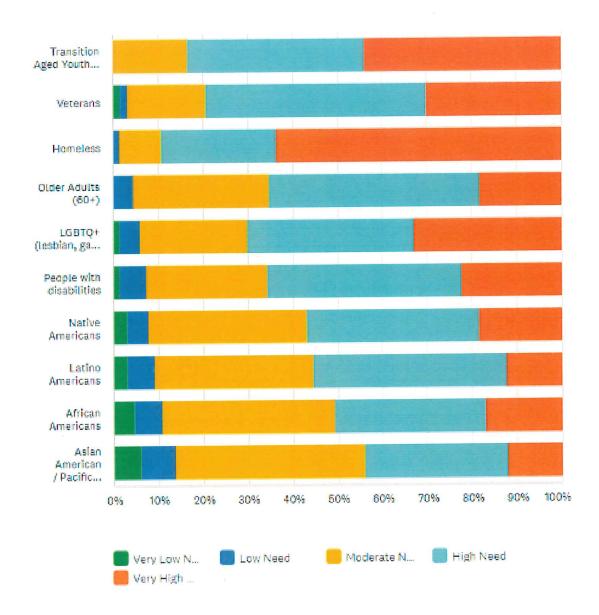
# clients runding programs increased Stigma one homelessness access services services children enough support providers hard Lack groups staff anxiety mental health help need resources population community

The top five challenges to Accessing Mental Health Services and the biggest barriers in our rural area are:

- 1) Lack of resources
- 2) Lack of transportation
- 3) Substance use
- 4) Lack of trust and/or confidence
- 5) Mental health stigma

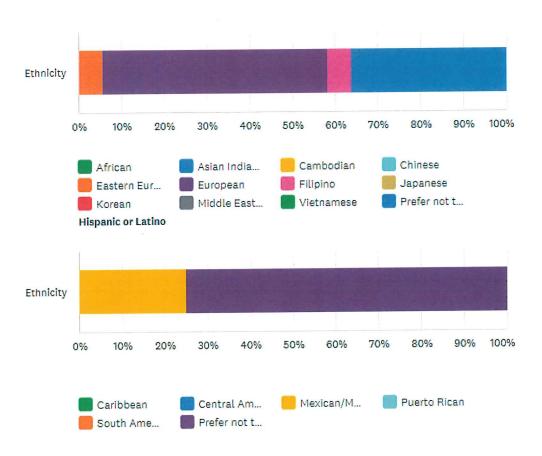


Below are unserved/ underserved racial, ethnic and cultural populations. Please indicate which groups you feel have the greatest need for mental health Prevention and Early Intervention programs and services in Tuolumne County.

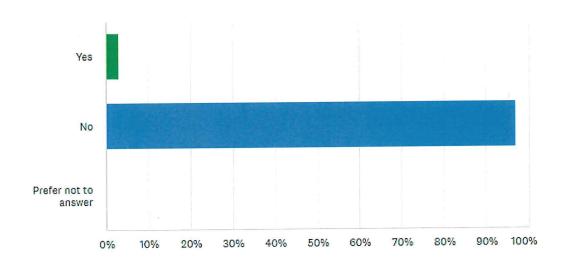


Community stakeholders voiced that the highest need was the homeless population with 64%, followed by second highest need the transition aged youth (TAY) ages 16 to 24 years old at 44%, and then the third highest need of the LGBTQ+ at 33%. Asian American/Pacific Islanders were rated by community stakeholders to have the lowest need coming in at 6%, followed by African Americans at 4.6% while Latino and Native Americans came in both at 3.08%.

Survey Monkey data indicates that 52.78% are European, 5.56% are Eastern European, 5.56% are Filipino, and 36.13% preferred not to answer.



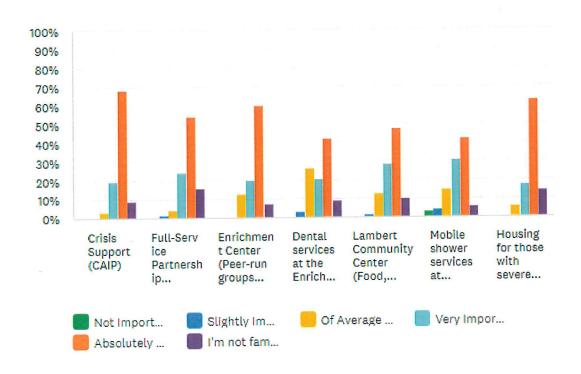
Our veteran population is also an area where we can improve our CPPP as we only had 2.9% respond.



This word cloud below depicts where community members believe gaps exist in the mental health system in Tuolumne County:

# available times enough behavioral health help people Care community need peer services crises mental health Psychiatric access clients staff substance abuse support providers Well

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



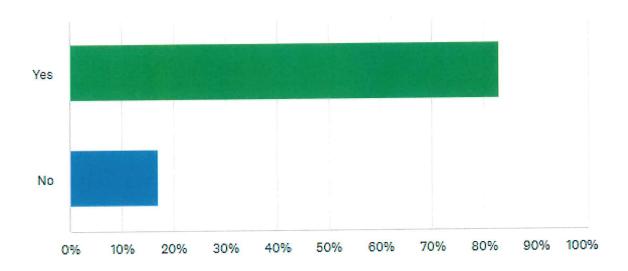
Community members ranked TCBH's Crisis Assessment Intervention Program (CAIP) the highest need compared to Housing for those with severe mental illness as second, and the EC coming in at third. The purple bars indicate that there is a strong need for community outreach within the county to raise

awareness about TCBH since there is a still a noteworthy percentage of community members who are unfamiliar with TCBH programming and services.

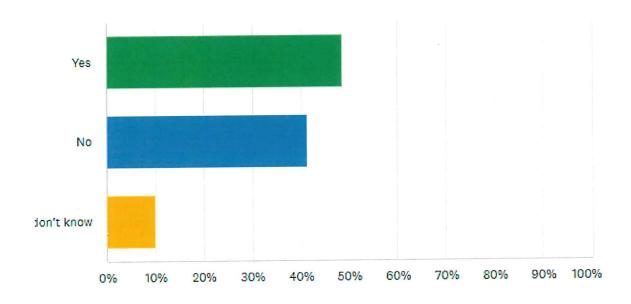
Community stakeholders were asked to rate the following statements:

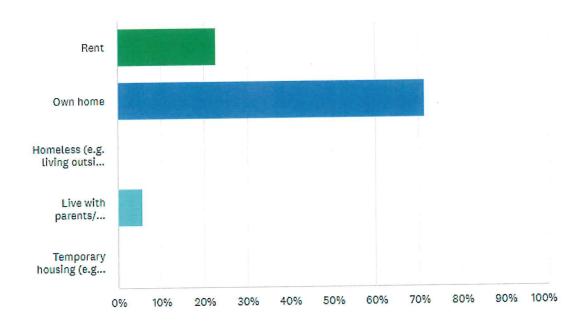
		*	STRONGLY	DISAGREE ▼	NEUTRAL *	AGREE *	STRONGLY _ AGREE	TOTAL ▼
*	i feel adequately educated about mental health signs and symptoms.		1.45% 	7.25% 5	21.74% 15	36.23% 25	33.33% 22	59
¥	i feel adequately educated about the availability of mental health services in Tuolumne County.	ı	2.90% 2	21.74% 15	20.29% 1 <del>4</del>	33.33% 23	21.74% 15	55
•	I feel that there is unfair stigma and discrimination toward those living with a mental illness.		1.43% 1	4.29% 3	11.43% 8	45 <i>.7</i> 1% 32	37.14% 26	70
•	f feel that mental health can impact physical health and vice versa.		0,00% 0	0,00% 0	1,43% 1	24,29% 17	74,29% 52	70
*	I feel that mental illness and substance use are related.	₽	0.00% 0	2.86% 2	15.71% N	34.29% 24	47.14% 33	76
*	Suicide should not be talked about because it can be 'contagious.'		76.47% 52	17.65% 12	4.41% 3	0.00% 0	1.47% 1	58
*	People suffering from a mental illness are dangerous.		35,29% 24	41.18% 28	22.06% 15	1.47% 1	0.00% 0	58
•	People with mental health challenges, such as depression and anxiety, are weak and should just 'get over it.'		85.71% 50	12.85% 9	1.43% 1	<b>0.00</b> % 0	0.00% C	70
-	Mental illness should be treated like physical illness (e.g. Annual check-ups depression screenings)	·r	1.43% 1	2.86% 2	14.29% 10	18. <b>57</b> % 13	62.86% 43	70

When asked about community members' familiarity with TCBH services, 76% said they were familiar and 24% said they were unfamiliar. According to the chart below, 83% knew were TCBH was located and 17% were unfamiliar with its location.



When asked if this was the first-time community members have participated in an MHSA Community Survey, 48.57% said yes it was the first time and 41.43% said no, and the remaining 10% said "I don't know."





	Rent	22.86%	16
	Own home	71.43%	50
,	Homeless (e.g. living outside, living in your car, couch surfing, etc)	0.00%	0
	Live with parents/ family/ friends	5.71%	4
	Temporary housing (e.g. motel/ hotel)	0.00%	0
	TAL		70

The second community stakeholders' submission form was used to gather input on how to use MHSA Innovation funds in the current FY 21/22. The submission form opened on March 1, 2022 and was available online, and in printed format, through March 22, 2022. More than 10 submission forms were submitted to TCBH. (See Innovation on page 50).

A virtual MHSA Community Stakeholder Q&A Meeting: Review of the DRAFT MHSA Annual Update FY 22/23 will be held from 4-5:30 p.m. on Monday, May 9<sup>th</sup> to encourage community members to ask questions and gain insight on MHSA programming and behavioral health services.

#### Summary

Throughout the CPPP, more than 100 stakeholders voiced their opinions through community surveys and virtual meetings. The feedback consistently identified the high importance of children, TAY and foster youth programs that are needed in Tuolumne County. Although the Enrichment Center has been mentioned as a valuable resource and support for TCBH clients and the community, stakeholders noted that the reopening the center to its full potential will make a positive impact in the community. Our stakeholders expressed their deep concerns surrounding accessing mental health services in a rural area such as Tuolumne County. Some issues, such as timeliness, were directly associated with TCBH services, noting an area where the county needs to make specific changes and improvements. Many of the challenges that were most mentioned during the stakeholder meetings were not specific to TCBH, but due to living in a rural area with limited resources similar to what other rural counties face. Those challenges include location, transportation, stigma, and lack of affordable housing, shelter, jobs, providers, and services. Despite living a rural location, stakeholders voice that TCBH is doing several things well such as its strong connection with community partners, outreach efforts prior to COVID-19 pandemic, the CPPP, access - although limited - to the EC since the onset of the pandemic, and active outreach to the homeless population via the SB82 Mobile Triage Unit, which ended in late 2021. Stakeholders were very forthright in offering their feedback to help improve TCBHD's services and supports. The issues identified within the survey will assist TCBH in evaluating resources and determining how to best provide MHSA and other services to clients.

#### 30-Day Review Process

A draft of the MHSA Annual Update FY 2022-2023 will be made available for public review and comment for a minimum of 30 days from May 1, 2022 through June 1, 2022. The Notice of 30-Day Public Comment Period is shown on *page 79*.

However, to obtain a hard copy or an electronic PDF copy, individuals were directed to contact TCBH as referenced in the *Notice of 30-Day Public Comment Period (Page 79)*.

A first draft of the MHSA Annual Update FY 22/23 was available for public review and comment for a minimum of 30 days from May 1, 2022 through June 1, 2022. To review the plan electronically, follow this link to the Tuolumne County Behavioral Health.

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

Tuolumne County Behavioral Health Department Attn: Jennifer Guhl, MHSA Agency Program Manager 2 South Green St., Sonora, CA 95370

#### Circulation Methods

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

- The Union Democrat
- MyMotherLode.com
- Electronic Mail Notification to TCBH newsletter subscribers
- Tuolumne County Behavioral Health Website
- Tuolumne County Behavioral Health Department Facebook page

The MHSA Annual Update FY 2022-2023 will also be announced and have been made available to stakeholders for review in the public waiting areas of the following locations during regular business hours:

#### Printed copies will be available:

- > Tuolumne County Behavioral Health, 105 Hospital Road, Sonora.
- > Tuolumne County Board of Supervisors Chambers, 2 South Green St, 4th Floor, Sonora
- > The David Lambert Community Drop-In Center, 347 W. Jackson Street, Sonora
- > Tuolumne County Enrichment Center, 101 Hospital Road, Sonora
- > Tuolumne County Public Health Department, 20075 Cedar Road North, Sonora
- > Tuolumne County Library Sonora Branch, 480 Greenley Road, Sonora
- > Tuolumne County Library Groveland Branch, 18990 Highway 120, Groveland
- > Tuolumne County Library Twain Harte Branch, 18701 Tiffeni Drive #1F, Twain Harte
- > Tuolumne County Library Tuolumne City Branch, 18636 Main Street, Tuolumne

#### Public Hearing

As per WIC Section 5848, the Tuolumne County Behavioral Health Advisory Board conducted a Public Hearing at the close of the minimum 30-day comment period for the purpose of receiving further public comment on the MHSA Annual Update FY 2022-2023. The Public Hearing will be held on June 1, 2022. Public notice will be made with the date, time, and location of the Public Hearing at least ten (10) days in advance. Input from the public comment period and public hearing have been added to this report.

# Review and Approval by the Board of Supervisors

As required by WIC Section 5847, the final MHSA Three Year Program and Expenditure Plan and budget for FY 2020-2023 was reviewed for approval by the Tuolumne County Board of Supervisors on Tuesday, December 7, 2021.

# PROGRESS REPORT BY COMPONENT:

# Community Services & Supports (CSS)

CSS programs include: General System Development (GSD); Outreach and Engagement (O&E) Services; and Full-Service Partnership (FSP), which provide direct services to adults, children and families who are

living with a serious mental illness and/or serious emotional disturbance and who meet the criteria for receiving specialty mental health services as set forth in WIC Section 5600.3.

# **GENERAL SYSTEM DEVELOPMENT (GSD)**

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

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

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

#### PEER SUPPORT SERVICES

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

#### THE ENRICHMENT CENTER

The Enrichment Center (EC) is a peer-run recovery and wellness center that encourages activities while

promoting emotional, social and physical wellness. A key goal of the Enrichment Center, which is open to community members 18 years of age and older, is to provide recovery and wellness supports to those who are living with a mental illness, recovering from drug and/or alcohol addiction, experiencing homelessness and those released from incarceration.



Traditionally, and prior to the COVID-19 pandemic that hit our region in March 2020, the Peer Specialist staff and volunteers offer numerous support groups, individual peer support, group activities and special events that will most benefit those working on their recovery. The EC is a safe and comfortable place for socialization, clothing, phone, computers, printers, community resource referrals, Healthy Eating (food distribution), dental hygiene access (Smile Keepers), gardening, and daily laundry and shower facilities.

The Healthy Eating program, offered through University of California Cooperative Extension's CalFresh Healthy Living Program, has been one of the EC's most popular and needed programs for our TCBH clients, community members, those experiencing homelessness and/or suffering from food insecurities. modified its usual food distribution, in addition to a prepared meal.





Wylie Skillman, Community
Nutrition Educator for the
CalFresh Healthy Living
Program of UCCE, distributes
food outside the EC to
community members in April
2020.



service to food distribution only in April 2020; however, that was the last time Healthy Eating was able to continue providing food assistance to our clientele. The food distribution was put on hold in April 2020 and until further notice.

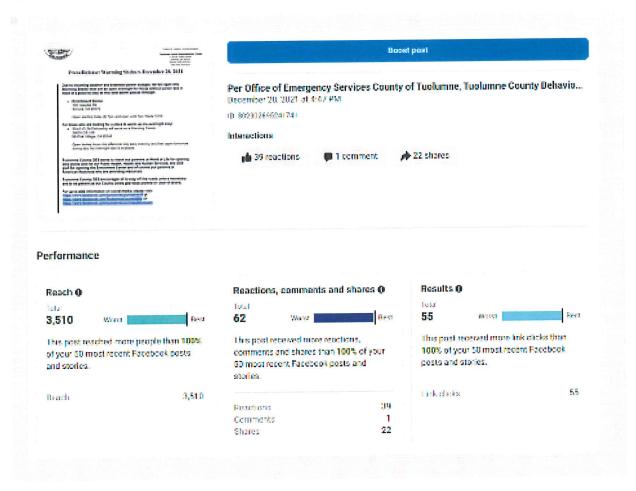
Due to the COVID-19 pandemic, in late March 2020 the EC shut down all its peer support services and offered only the use of laundry and shower facilities to community members between the hours of 8 a.m. to 3 p.m. In October 2020, the EC began to open its doors to offer more support services, but due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

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

The EC followed the County Public Health Officer's COVID-19 guidelines as the County moved into the less restrictive tiers. The EC re-opened for drop-ins in mid-April 2021 starting with a limited numbers of community members during the morning hours. As of July 1, 2021, the EC began expanding its adult program with an unlimited capacity to include support groups, social and recreational activities, and community resources again. TCBHD has had difficulty in recruiting Peer Specialist staff and EC days and hours have fluctuated in Fall 2021, and in Winter 2021, based on staff availability. As staffing permits,

Peer Specialists continue to offer weekly phone support to those clients who have not been back to the center since the pandemic began.

The EC also acted as an "unofficial cooling center" for Tuolumne County for two days in June 2021 when temperatures reached more than 105 degrees. In late December 2021, the EC was a designated Warming Shelter opened to the public as a winter storm hit Tuolumne County. Additional emergency supplies such as water and food were provided by the Red Cross and the Lambert Center for staff to distribute to community members during this time. According to our Facebook data, our designated Warming Shelter post reached 3,510 community members, had 39 reactions and 22 shares. This post reached more people than 100% of TCBH's 50 most recent Facebook posts and stories.



Throughout the pandemic, laundry and showers have been consistent services offered at the EC. Although COVID put a halt to our weekly Interfaith Community Social Services and Red Church runs, which increased access to food, clothing, household items, tents and sleeping bags for those experiencing homelessness and social interaction within the community in March 2020, we plan to bring back these services once COVID restrictions lift and staffing increases at the center. In FY 20/21, the EC provided

1,190 showers and 136 laundry services. In the first half of FY 21/22, the EC provided 621 showers and 57 laundry services. Computer services increased from 34 in FY 20/21 to 97 in FY 21/22.

Reference the Enrichment Center calendars dating from July 2020 to January 2022, Appendix G, for examples of support groups and activities prior to the pandemic and during the pandemic.

#### Input from MHSA Community Stakeholder Survey 2022

During the MHSA CPPP, 7.14% of community stakeholders who took the survey said that they were unfamiliar with the program. However, 60% said that the Enrichment Center is absolutely essential. Our PRIDE, Peer Recovery Independence Determination and Empowerment, group program consists of community members, current and former TCBH clients, homeless individuals, and those with lived experience of behavioral health issues. Their input into MHSA programming has always been extremely valuable. However, their input was not collected due to the EC's closure during the second half of FY 21/22.

# The David Lambert Community Drop-In Center

The EC's "sister center," the David Lambert Community Drop-In Center (Lambert Center) is open to community members, 18 years of age and older. The center is focused on providing supports to individuals who are homeless, unemployed, or otherwise unable to meet their basic needs. Guests have access to computers and printers, as well as food, clothing and basic necessities, and the center offers a safe place for community members to relax, watch television, and socialize. Volunteer staff provide referrals to Behavioral Health and other community resources. The center celebrated 20 years of service to the community in May 2019.



Jeanette Lambert

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

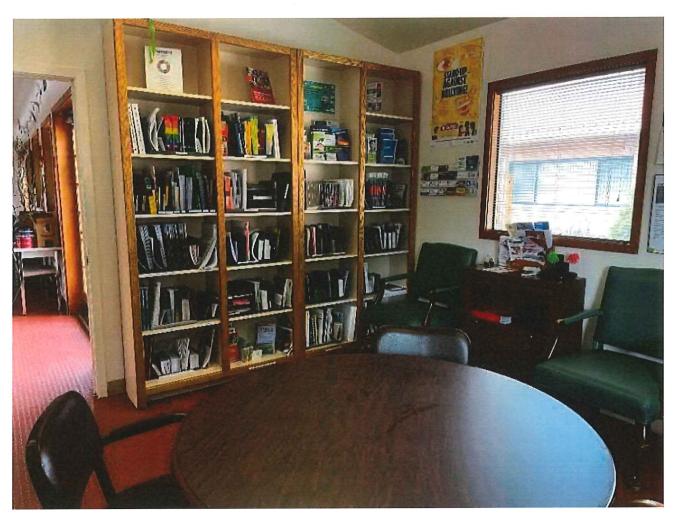
#### Input from MHSA Community Stakeholder Survey 2022

During the MHSA CPPP, 10% of community stakeholders who took this survey said that they were unfamiliar with the Lambert Center program. However, 47.14% said that the Lambert Center is absolutely essential.

#### **OUTREACH AND ENGAGEMENT (O&E)**

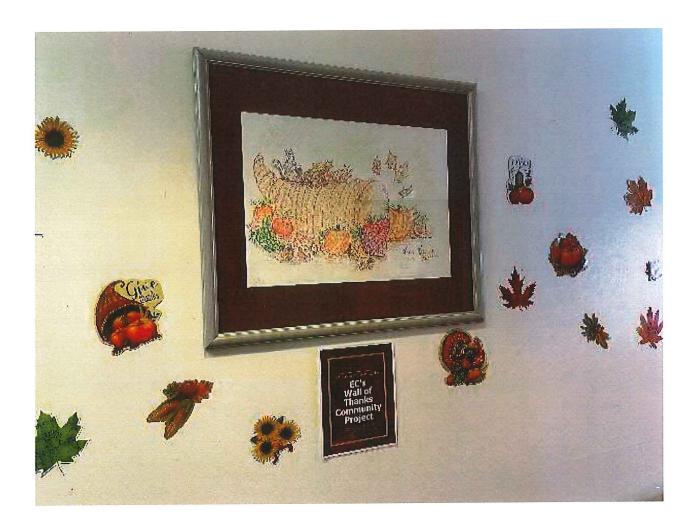
Funds for outreach and engagement are meant to reach out to populations that are currently unserved, underserved, or inappropriately served. In an effort to interact with these populations, outreach and engagement efforts include collaboration with community-based organizations, faith-based agencies,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

### **Completed Projects**



#### **EC Recovery Library**

Despite the pandemic and the reduced hours at the EC, the MHSA team has made progress in other areas. In December 2020, the EC Recovery Library was established and added as a resource for anyone within the community who needs mental health services or supports. This resource is also available to agencies, organizations, nonprofits, all county staff, etc. and has brochures on hand in both English and Spanish covering nearly 100 subject matters including local, state, federal and national resources. Community members are encouraged to donate mental health and behavioral health resources as an ongoing effort to create a stronger connection within the community. (EC Recovery Library picture above).



#### EC's WALL OF THANKS COMMUNITY PROJECT

To promote community member involvement, all who visited the EC during mid-October through December 2021 were encouraged to grab a colorful fall leaf, write what they were thankful for on the leaf and post it on the innovative Wall of Thanks to share thoughts of hope, resilience and positivity (EC Wall of Thanks Community Project above). A copy of the EC Wall of Thanks Community Project is attached, reference Appendix I.

#### COUNTY HOSTS TWO COVID VACCINE MOBILE CLINICS

TCBH partnered with Tuolumne County Public Health (TCPH) and offered two COVID-19 Vaccine Mobile Clinics at the EC on July 30, 2021, and Lambert Center on August 4, 2021 to anyone in the community who was 18 and older. A copy of the COVID Vaccine Mobile Clinics flyer is attached, reference Appendix I.

#### COMMUNITY FORUM FOR BEHAVIORAL HEALTH PRESENTED VIA ZOOM

TCBH invited the general public to join a panel of community providers to discuss Tribal Clinics and Children Services at TCBH's virtual Community Forum on August 12, 2021. A copy of the Community Forum flyer is attached, reference Appendix I.

#### **Ongoing Programs**

#### **BENEFITS & RESOURCES**

A Benefits & Resources Specialist is available on site in the Tuolumne County Enrichment Center to assist individuals in the application process for public benefits such as Medi-Cal, Supplemental Security Income (SSI)/Social Security Disability Income (SSDI), and CalFresh food supports. The SSI/SSDI Outreach, Access, and Recovery (SOAR) model used to increase access to benefits. Connections and linkage to affordable housing, behavioral health services, and other resources are also provided. In addition to working one-on-one with individuals, the Benefits Specialist is engaged with community agencies such as Amador Tuolumne Community Action Agency (ATCAA), Disability Resource Agency for Independent Living (DRAIL), and the Salvation Army. Referrals can be made to TCBH for Benefits & Resources assistance, regardless of the individual's client status at TCBH.

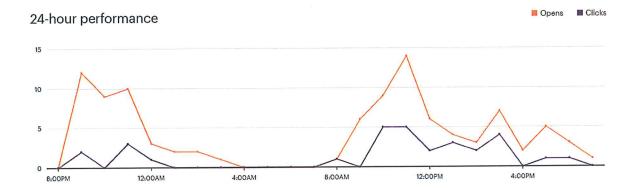
The Benefits and Resources Specialist continued to assist individuals during the COVID-19 pandemic shifting from in-person services to primarily virtual services. The Benefits and Resources Specialist made every effort to connect with community members by phone and mail despite the current challenges. As the County moved into the less restrictive tiers for COVID-19 guidance when the EC opened in early April 2021, the Benefits and Resources Specialist was able to meet in-person again. This service was available to community members through early January 2022 but came to halt when TCBH was experiencing an internal COVID outbreak. It was at this time, during the second half of FY 21/22, that the Benefits & Resources Peer Specialist left the agency. TCBH plans to recruit for this position.

# **Community Outreach & Engagement**

## TUOLUMNE COUNTY BEHAVIORAL HEALTH BIMONTHLY NEWSLETTER

Originally established in March 2012, and now celebrating its 10<sup>th</sup> year, the TCBH newsletters is distributed bimonthly to nearly 400 community members and individuals representing various county agencies, organizations, nonprofits, etc., who provide services and supports to our community, as well as individuals interested in MHSA programming and behavioral health services. Reference the TCBH Newsletters calendars dating from January 2020 to March 2022, Appendix H, for examples of TCBH's community outreach efforts prior to the pandemic and during the pandemic.

For our March 2022 newsletter, successful deliveries came in at 96.8% with the most popular time of day that the email was opened was around 11 a.m. according to our Mail Chimp data shown below:



#### **COMMUNITY EVENTS**

Throughout FY 19/20 through the current FY 21/22, COVID has presented numerous challenges to hosting and attending in-person meetings, gatherings, and community outreach events. Despite these obstacles, TCBH has persevered and maintained a positive presence within the community and provided mental health and behavioral health resources as health guidelines lessened throughout the fiscal year.

In Fall 2021, TCBH attended the Amador Tuolumne Community Action Agency (ATCAA) Drive-Up Trick or Treat and Resources Showcase, the annual Hope and Honor Walk suicide awareness event, and raised awareness surrounding mental health issues and helped reduce stigma during an impromptu BH inflatables event in downtown Sonora.

TCBH participated in the Annual Christmas Parade as BH Inflatables to help reduce stigma and raise mental health awareness and has continued to support and participate in the YES Partnership Annual drive-thru Luncheon in December 2021.

TCBH attended the virtual Stanislaus State Virtual Field and Career Fair in February 2022, which led the MHSA team to create and host our own two TCBH Virtual Job Fairs, both of which were held in April 2022.

As the health guidelines continue to loosen with the county, more events have slowly begun shifting back into in-person events in Spring 2022. TCBH attended the in-person Blue Zones Community Discovery Fair at the Mother Lode Fairgrounds in April and reached more than 350 community members at our booth. The BH Inflatables also came to support the event to engage the youth population. Due to the event's popularity and need for in-person social connectedness, this community special event attracted more than 1,000 community members. People of ages, including older adults and families, supported the event. The BH Inflatables, as well as members from the Tuolumne County Advisory Board, will be appear in the Annual Mother Lode Roundup Parade in May 2022 to support those with mental health challenges and to help reduce stigma.

Overall, TCBH is beginning to slowly shift back to in-person outreach events and community meetings. Copies of our outreach efforts are attached, reference Appendix I.



#### **ENRICHMENT CENTER COMMUNITY GARDEN**

As part of the TCBH's wellness and recovery center, the EC Community Garden provides this valuable community recreation activity that contributes to health and well-being, social interaction, food production, environmental education and connection to nature. Beginning in Spring 2022, a TCBH maintenance crew began the process of refreshing the area with newly installed flower beds, soil and benches. The EC Community Garden is a piece of land gardened collectively by members of the community in partnership with staff of Tuolumne County Behavioral Health and County of Tuolumne.

#### Social Media

TCBH regularly promotes the agency's internal events while also raising awareness about mental health and substance use issues, suicide prevention awareness, cultural competency, and stigma reduction. It also highlights national awareness months throughout the year and shares local community events relevant to these issues.

The rapid growth of social media by other local, state and federal government entities is evidence that social media is a valid and effective way to communicate, both between county agencies, and with the public and community. Ultimately, the use of social media presents a greater ability for the County to engage the public and communicate important and urgent information that further the goals and mission of the County as a whole.



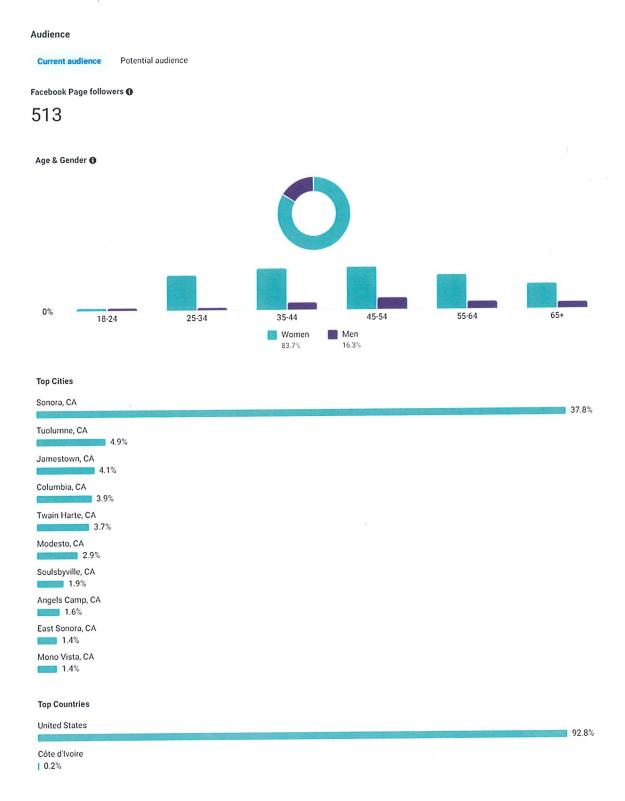
TUOLUMNE COUNTY PUBLIC HEALTH STAFF AND TUOLUMNE COUNTY BEHAVIORAL HEALTH STAFF JOIN FORCES TO RAISE AWARENESS FOR APRIL'S STRESS AWARENESS MONTH IN APRIL 2022.





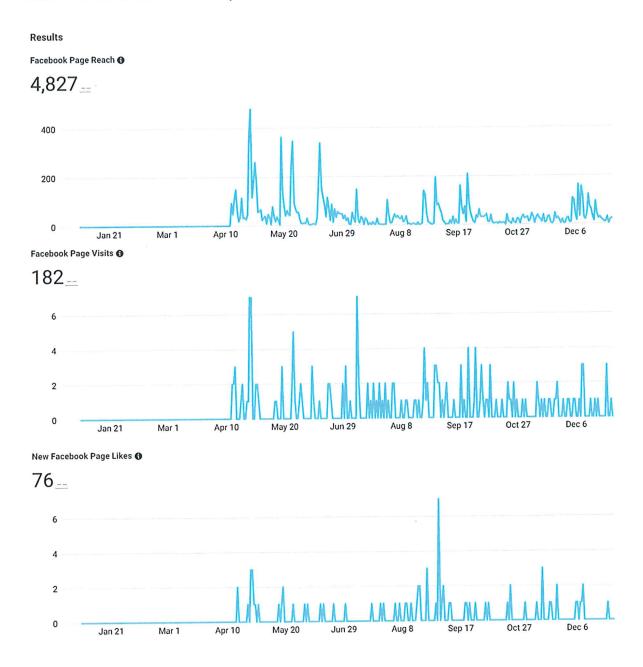
Tuolumne County Public Health (TCPH) and Tuolumne County Behavioral Health (TCBH) staffs' efforts were featured on both TCPH and TCBH's Facebook pages.

#### Social Media data pulled 4/12/22: (January 1, 2022 to April 14, 2022)

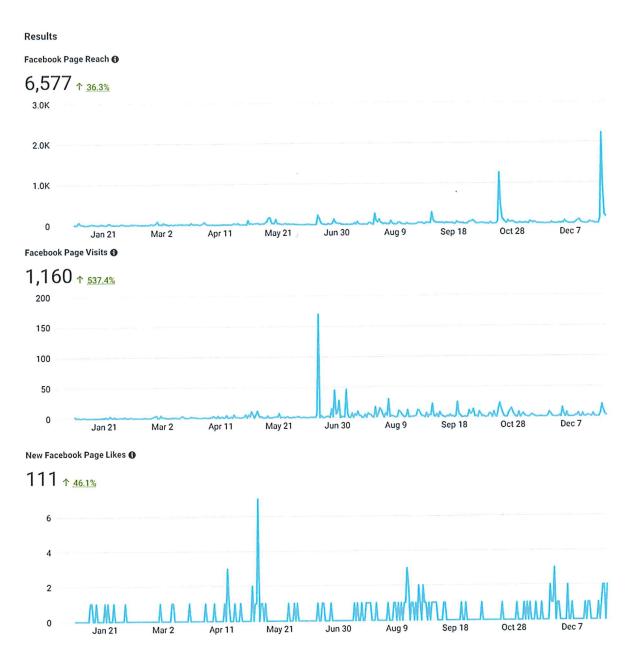


The Facebook data shows that 83.7% of our current audience is women while only 16.3% is men. Top cities indicate that are largest demographic is 37.8% based in Sonora compared to 5.1% in Tuolumne, 4.1% in Jamestown, 3.9% in Twain Harte, and 3.7% in Columbia. It is important to note that we are also reaching 3.1% of our audience members who live in Modesto (Stanislaus County), and 1.6% in Angels Camp (Calaveras County).

TCBH's Facebook data from January 1, 2020 to December 31, 2020:

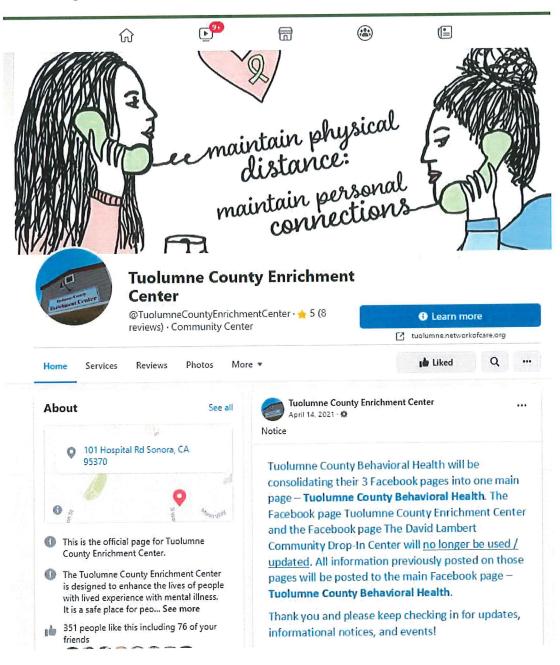


TCBH's Facebook data from January 1, 2021 to December 31, 2021:



Our social media interactions grew substantially from CY 2021 to CY 2022. Our page reach increased by 36.3% from 4827 to 6,577; page visits increased by 537.4% from 182 to 1,160; and page likes increased by 46.1% from 76 to 111. Even though COVID-19 has limited in-person social interactions, this data shows that people are still connecting through ever-changing technology platforms more than ever.

It is important to note that when the Facebook pages for TCBH were originally created around 2015, there were three: 1) Tuolumne County Behavioral Health; 2) Tuolumne County Enrichment Center; and 3) David Lambert Community Drop-In Center. To help streamline posting processes and have oversight for the agency's representation in the community, it was determined that the best action was to consolidate our efforts to one page rather than managing all three, which led to increased efficiently and better time management skills for the administrative staff managing the pages. On April 14, 2021, there was a formal announcement made on both Tuolumne County Enrichment Center and David Lambert Community Drop-In Center's pages to alert the community the merge was taking place and that the two additional pages were no longer active.



#### **ORAL HEALTH & EDUCATION**

Smile Keepers, through Tuolumne County Superintendent of Schools, provides information and treatments regarding oral health hygiene, such as education, dental screenings and cleanings. The program utilizes Superintendent of Schools relationships and trust built with

their patients over time, to provide much needed oral health supports. The program provides a warm handoff to Enrichment Center staff to support those who may be experiencing anxiety, PTSD, and other immediate mental health challenges.

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



Erika Hagstrom-Dossi (above at left) and Ocean Arrellano provide dental education and dental screenings and cleanings at the EC for the first time since COVID-19 hit our region on August 6, 2021.

In FY 19/20 Smile Keepers exceeded their quarterly goals and outcomes by increasing the number of clients seen individually at the EC. For the 19/20 grant period, Smile Keepers provided seventeen (17) educational sessions for 262 individuals for all services including dental education and dental screenings and cleanings through March 2020. Community members learned about topics including proper hydration, cause and effect of dry mouth, and how certain medications can contribute to oral health issues. In Q4 of FY 19/20, no patients were seen at the clinic due to COVID. However, the best connection the staff was able to provide during COVID was through phone call follow up with clients and providing to care when needed. The goal was met for warm hand off referrals. At least 65 follow ups

#### NEED YOUR TEETH CLEANED?

Smile Keepers will be at the Tuolumne County Enrichment Center from 9 a.m. to noon on the following dates:

Upcoming 2022 Dates:

May 20 & 27 June 3 & 10



\*\*If you are a new client, <u>please stop by to make an appointment for your dental</u> <u>cleaning</u>. Smile Keepers must do a complete health and oral history prior to giving

ny care. We appreciate your understanding.

For more information, call the Enrichment Center at (209) 533-7114 or visit the center at 101 Hospital Road in

This program is brought to you by Tuolumne County Behavioral Health through funding from MHSA (Prop 63)





You can learn about:

Providers Emergency



**Evaluations** 

21/22, have been a consistent service available to the community including our vulnerable populations.

were made throughout that fiscal year to clients. Dental supplies

providers/medical providers was

were mailed to clients upon request. Referrals to dental

provided when appropriate.

In-person clinic visits, which

were resumed in August of FY

Referrals for services were made to the Enrichment Center,

Behavioral Health, and other community resources. Smile Keepers also received walk-in referrals from the county offices and several community-based organizations.

#### Input from MHSA Community Stakeholder Survey 2022

During the MHSA CPPP, 8.7% of community stakeholders who took the survey said that they were unfamiliar with the program. However, 42.03% said that the Smile Keepers is absolutely essential.



## GIVE SOMEONE A CHANCE (GSAC) MOBILE SHOWER SERVICES

In 2019 Give Someone a Chance (GSAC) began offering weekly shower services to community members in their mobile shower unit at the David Lambert Center. A total of 163 showers were taken by members of the community who also had access to the resources at the Lambert Center. In Spring 2020, GSAC temporarily shut down their services due to the pandemic. GSAC planned to be

up and running by May 2022, but had to delay due to being short-staffed.

#### Input from MHSA Community Stakeholder Survey 2022

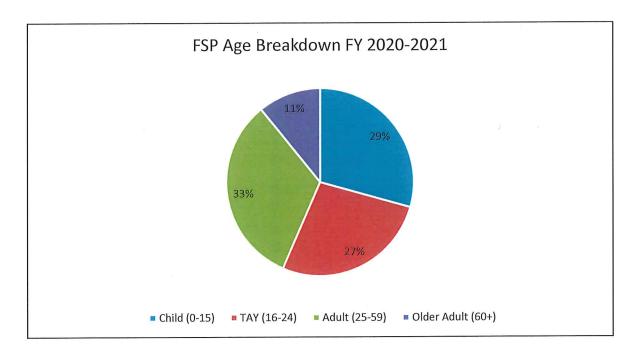
During the MHSA CPPP, 5.8% of community stakeholders who took this survey said that they were unfamiliar with this program. However, 42.03% said that GSAC's Mobile Shower Services is absolutely essential.

#### <u>Full-Service Partnership (FSP)</u>

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

The charts below show FSP clients in all age groups. Numbers show a transition from FSP clients being mainly adult (25-59) in FY 18-19 to serving a much larger child (0-15) and transitional age youth (TAY) (16-24) in FYs 19-20 and 20-21. In FY 20-21, 56% of FSP clients were children or TAY compared to 31% in FY 18-19. Although the number of adult and older adult (60+) clients have declined, in FY 20-21 these ages still accounted for 44% of FSP clients.

FSP Age Counts by Fiscal Year							
FY 18-19 FY 19-20 FY 20-21							
Child (0-15)	13	18	27				
TAY (16-24)	14	18	25				
Adult (25-59)	45	38	30				
Older Adult (60+)	13	12	10				



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

Several data points are collected to review outcomes for the FSP program. Currently, the average number of rendered services per client is tracked by age and service provider type. Service counts for FSP are tracked by rendered, cancelled, and no showed services. The chart below shows the services by category over the last three FYs. The percentage of cancelled and no showed appointments rises by FY, although

more services were performed over the FYs. The highest number of cancellations and no shows happened during FY 20-21 although this year also has the highest number of rendered services. Between FY 18-19 and FY 20-21 the number of rendered services increased by four percent.

FSP Service Counts by Fiscal Year								
FY 18-19 FY 19-20 FY 20-21								
Count of Rendered Services	5853	5132	6086					
Rendered Percentage	88%	85%	82%					
Cancelled Percentage	6%	9%	11%					
No Show Percentage	6%	6%	7%					

The charts below represent the average number of rendered services per client by provider type, age group, and FY. For case management and peer services, the average amount of rendered services increases with age. Yet, for clinical services children had the highest number of services, reaching its highest average in FY 20-21. As FSP client counts for children increased its biggest amount in FY 20-21, more than doubling the amount of child clients in FY 18-19. Case management services had the highest average amount of services per client as case managers render services in the field.

Average Number of FSP Case Management Services Rendered Per Client								
	FY 18-19 FY 19-20 FY 20-21							
Child (0-15)	23	31	42					
TAY (16-24)	21	35	44					
Adult (25-59)	52	44	51					
Older Adult (60+)	58	54	105					

Average Number of FSP	Peer Services	Rendered Per	Client					
FY 18-19 FY 19-20 FY 20-21								
Child (0-15)	0	2	2					
TAY (16-24)	2	3	7					
Adult (25-59)	5	22	9					

Average Number of FSP Clinical Services Rendered Per Client							
	FY 18-19	FY 19-20	FY 20-21				
Child (0-15)	11	9	17				
TAY (16-24)	12	8	7				
Adult (25-59)	9	9	6				
Older Adult (60+)	9	7	12				

Crisis and hospitalization counts can be effective in evaluating program outcomes and because of this are heavily reported and reviewed internally within TCBH. The chart below demonstrates FSP clients' utilization of crisis services. The number of unduplicated clients has remained relatively stable over the past three FYs, with the number of FSP crisis services decreasing rapidly in FY 19-20 and then returning to its prior pace for FY 20-21. In FY 19-20, forty-two unduplicated FSP clients used an average of five (5) crisis services each; this is compared to six (6) average services used by thirty-nine clients in FY 18-19 and forty-five clients in FY 20-21. The data indicates that FSP services have been effective at stabilizing over fifty (50) percent of clients and providing the wrap-around supports they need before a crisis develops despite the rise of the Covid-19 Pandemic.

FSP Crisis Counts by Fiscal Year								
FY 18-19 FY 19-20 FY 20-21								
Duplicated	246	192	277					
Unduplicated	39	42	45					
Total Admitted FSP for entire year	84	85	91					
Percent of FSP population used crisis	46%	49%	49%					

The charts below give a count of FSP and total agency client hospitalizations. These reports are reviewed and compared when studying agency hospitalizations. Hospitalizations agency wide were steady with a slight increase in FY 19-20, this trend was not seen for FSP specific clients who had steady hospitalizations across the three FYs. The hospitalization reports show that there was an 10% increase in FSP hospitalization counts from FY 18-19 to FY 19-20. During the same timeframe there was an 11% increase for total hospitalization agency wide. These numbers correlate to the increase in unduplicated clients receiving crisis services over the years viewed in the previous table.

FSP Hospitalization Count by Fiscal Year						
FY 18-19 FY 19-20 FY 20-2						
Duplicated Client Counts	35	34	30			
Unduplicated Client Counts	18	20	17			

Total Hospitalization Count by Fiscal Year							
FY 18-19 FY 19-20 FY 20-2							
Duplicated Client Counts	137	145	130				
Unduplicated Client Counts	102	115	100				

In FY18/19, a new protocol was launched in the FSP team known as Officer of the Day to offer additional support to FSP clients and enhance engagement with the FSP program. This protocol has been successful as FSP clients calling in to the dedicated FSP Warm Line between the hours of 8am to 5pm Monday through Friday, are able to speak to staff who are familiar with their case. The Office of the Day protocol has continued and shows to be an additional support to all FSP clients. This line has allowed FSP clients to directly connect with FSP Case Managers and staff they are familiar with their case, rather than being routed to our Crisis Access team.

In FY 20/21, TCBH estimates that it can serve a total of one hundred and sixty (160) FSP clients over the fiscal year with a current caseload at any given time of no more than eighty (80) per clinical. Capacity is established through ongoing quarterly network adequacy reports. The program goal for FY 20/21 was to increase capacity to serve the transitional age youth (TAY) population while reducing the number of those served in the adult age group. This goal was reached by hiring a dedicated case manager for the TAY population at the end of the FY 19/20 fiscal year.

#### Input from MHSA Community Stakeholder Survey 2022

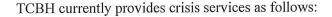
During the MHSA CPPP, 15.71% of community stakeholders who took the survey said that they were unfamiliar with the program. However, 54.29% said that the FSP is absolutely essential.

#### Crisis Services

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

Services provided include:

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



- ➤ Behavioral Health Walk-In Services available from 8 a.m. to 7 p.m. daily, with the exception of major holidays
- > Behavioral Health Clinician available to Adventist Health Sonora from 7 p.m. to 10 p.m. daily
- ➤ Phone Support available 24/7

The charts below give a count of total clients served through CAIP. Although the number of duplicated clients fell during FY 20-21, the number of unduplicated clients stayed steady. The Covid-19 Pandemic began at the end of FY 19-20 and may be the reason for the 13% decline in the duplicated client count and the 11% decline in the unduplicated client count moving into FY 20-21. This is also represented in the decline of rendered services. Although on rendered services, FY 18-19 and FY 20-21 show a close amount.

Total Clients Served by CAIP by Fiscal Year								
FY 18-19 FY 19-20 FY 20-21								
Duplicated Client Counts	4021	4265	3709					
Unduplicated Client Counts	786	916	819					
Total Rendered CAIP Services	3898	4230	3698					

#### Input from MHSA Community Stakeholder Survey 2022

During the MHSA CPPP, 9% of community stakeholders who took this survey said that they were unfamiliar with this program. However, 68.18% said that Crisis Access and Intervention Program is absolutely essential.

#### **Innovation**

The last TCBH Innovation Project titled "Wellness: One Mind, One Body" was completed on June 30, 2017. TCBH previously discussed an Innovation project with Tuolumne County Superintendent of Schools (TCSOS) related to school-based mental health that stakeholders listed as a priority. This topic was placed on hold TCSOS received a grant to complete this project.

TCBH gathered stakeholder feedback regarding potential INN project ideas for the future and discussing possible collaboration with other community agencies. A program-targeted submission form campaign to collect feedback regarding potential Innovation plans for TCBH was launched on March 1, 2022, which was also made available through online and printed format, through March 22, 2022. More than 10 Innovation submission forms and ideas were received with responses from various stakeholder groups, ages and representations. All submitted Innovation ideas were submitted to TCBH's Quality Management (QM) team, which consists of a line staff from each department, as well as management staff for discussion and review. The MHSA Agency Program Manager presented the potential Innovation plan to the QM team on March 24, 2022. The QM team was given current penetration rates of its services, as well as detailed data on served and eligible populations, if there was an area(s) that showed a gap in services, and foster youth and TAY (youth 16-24) data. The QM team thoroughly reviewed and offered data-informed decision and feedback on all submission forms, and ultimately came to a decision with a selected Innovation plan.

Afterward, the MHSA Agency Program Manager presented the potential Innovation plan to the virtual Tuolumne County Behavioral Health Advisory Board on April 6, 2022, for suggestions and feedback. The Behavioral Health Director and the MHSA Agency Program Manager will present the selected Innovation plan to the Tuolumne County Board of Supervisors for feedback in June 2022 for additional feedback prior to submitting the Innovation plan proposal to the Mental Health Services Oversight and Accountability Commission (MHSOAC). A copy of the community submission form is attached, reference Appendix C.

#### Input from MHSA Community Stakeholder Survey 2022

During the Community Program Planning Process (CPPP) in February and March 2022, the community was presented this question: "The MHSA funds Innovation projects such as Tuolumne County's 'Wellness: One Mind, One Body' which focused on the integration of behavioral health care and physical

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health care services to clients of TC Behavioral Health. The project was completed in 2017. Briefly describe any ideas you might have for a future Innovation project to meet a community need."

This word cloud below depicts what areas community members want Innovation funds to focus on:

## social trainings staff support mental health games community housing services need program

The top three areas community members want Innovation funds to focus on:

- 1) Affordable Housing
- 2) Mobile Mental Health Services/Crisis Care Unit
- 3) Community Outreach

#### **Workforce Education and Training (WET)**

Workforce staffing support is a required element of the WET component and is focused on tracking mental health workforce trends, identifying local needs and assisting staff with work-related and training goals. Trainings provided are wellness and recovery oriented, with a concentration on strength-based and best practice models for staff and community members. Trainings offered integrate the philosophy of a client/family-driven mental health system and foster cultural sensitivity and community collaboration. In FY 19/20 and 20/21, 5150 & Crisis Evaluation, Tuolumne County Me-Wuk Indian Culture, Applied Suicide Intervention Skills (ASIST), Implicit Bias and Cultural Awareness and Cognitive Behavioral Therapy. The COVID-19 pandemic presented challenges to in-person trainings beginning in March 2020 and on into 2022. Out of necessity, electronic training platforms replaced many in-person trainings. The 2021 two-day Cognitive Behavioral Therapy was conducted virtually. Law and Ethics for Healthcare Providers is provided annually in Spring, and in 2021 and 2022, the training was held virtually.

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

TCBH provides opportunities for master's level college students and post-graduate license-eligible individuals to gain hands-on, practical experience in mental health services.

TCBH provides clinical supervision to licensed and license-eligible mental health staff through WET funds. Providing clinical supervision is a key benefit to recruit new staff and to continue to follow the "grow your own" model of workforce sustainability. This program will continue to be funded by WET for FY 21/22.

TCBH also collaborates with a local junior college nursing program to provide a venue, the Enrichment Center, in which the nursing students can gain experience working with those experiencing mental health issues and/or homelessness. The students offer community members support in the area of physical health care. However, the EC has been unable to serve as a venue as it has in past years due to COVID. The last nursing program that was offered was in Fall 2019. TCBH plans to work with the student nursing program in the future as the local health guidelines loosen regarding COVID.

#### Loan Repayment Program

Another large component of WET is the 5-year-round of regional efforts focusing on loan repayment. The last five years prior were concentrated on staff training. The Central Region Partnership through the MHSA WET program has developed a Loan Repayment Program (LRP) opportunity. Tuolumne County, in collaboration with other counties in this region, has partnered with California Mental Health Services Authority (CalMHSA) to make this funding available to the county Public Mental Health System workforce. It will award up to \$10,000 to qualified providers within the Region's Behavioral Health Care provider networks that commit up to a 12-month service obligation in a recognized hard-to-fil or hard-to-obtain position. Through the program, the Regional Partnership seeks to support its qualified providers that service the most underserved populations within the county and work in the most hard-to-retain positions. Tuolumne County has contracted with CalMHSA to assist in the administration and implementation of its WET program. Fresno County is the lead county for the Central Region Partnership. A copy of the WET flyer is attached, reference Appendix I.

#### Input from MHSA Community Stakeholder Survey 2022

During the Community Program Planning Process (CPPP) in February and March 2022, the community was presented this question: "The MHSA funds Workforce Education and Training on behavioral health topics to county staff, county-contracted staff, and community organization staff who provide behavioral health services in the community. On what topics would you like to see training offered to these providers?"

This word cloud below depicts what areas community members want WET funding to focus on:

# Trauma-informed care work community Population Services social trainings Homeless programs provide Reducing Stigmadisorders

The top five areas community members want WET funding to focus on:

- 1) Trauma-informed care
- 2) Mental health education and stigma reduction
- 3) Cultural competency/social and racial equity/ race-sensitive and cultural bias trainings
- 4) Additional trainings on various topics including LGBTQ, DBT, Dual Diagnosis, Law & Ethics

#### Capital Facilities and Technological Needs (CFTN):

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

In FY 19/20, there were no expenditures for CFTN. In FY 20/21, there were no allocations for CFTN.

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

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

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

- > \$50,000 Cabrini House deck replacement
- > \$27,500 Computers
- > \$383,851 New Electronic Medical Record System (EMRS)

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

#### **Permanent Supportive Housing**

There are two houses managed by TCBH, with a total of eleven (11) beds. The houses typically remain at full capacity throughout the year. At entrance into the housing program, tenants most likely are receiving supportive services which may include therapy, medication services, case management, and transportation services as needed. They may be part of TCBH's Full-Service Partnership program that provides intensive case management and promotes independent living skills. As a community member, tenants may also receive support at the EC, a peer-run recovery center offering support groups, individual peer support, and peer-led activities.

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

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

Although planned in FY 18/19, the repairs to the decking at Cabrini House have not been completed and are currently on hold in FY 21/22.

#### Input from MHSA Community Stakeholder Survey 2022

During the MHSA CPPP, 14.29% of community stakeholders who took this survey said that they were unfamiliar with this program. However, 62.86% said that the housing for those with severe mental illness is absolutely essential.

#### **Prevention and Early Intervention (PEI)**

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

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

- 1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- 2. Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the life span.

- 3. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
- 4. Culturally competent and linguistically appropriate prevention and intervention programs.
- 5. Strategies targeting the mental health needs of older adults.

The State also requires that TCBH have at least one strategy or program for each of the following: 1) Outreach for Increasing Recognition of Early Signs of Mental Illness; and 2) Access and Linkage to Treatment. TCBH's suicide prevention and stigma reduction program through the Amador Tuolumne Community Action Agency (ATCAAI) addresses the first requirement and is described further in this section. All TCBH PEI programs address access and linkage to treatment; access and linkage data will be reported in TCBH's Three-Year Prevention and Early Intervention Evaluation Report FY 2018-2019, FY 2019-2020 and FY 2020-2021.

In FY 18/19, TCBH allocated 59.6% of its PEI funds to programs supporting individuals aged twenty-five and younger; the State requirement is that at least 51% of PEI funds be dedicated to this age bracket.

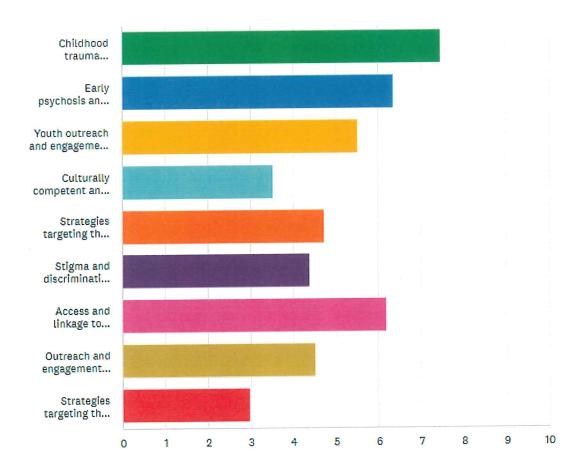
The following is an overview of PEI program outcomes for FY 2018/2019. These programs will continue through fiscal years 19/20 and 20/21. More detailed information can be found in the Three-Year Prevention and Early Intervention Evaluation Report for fiscal years, FY 2018-2019, FY 2019-2020 and FY 2020-2021 in Appendix D.

#### Input from MHSA Community Stakeholder Survey 2022

During the MHSA CPPP, community stakeholders were asked: "Below is a list of priorities that Prevention and Early Intervention programs are directed by MHSA regulations to address. Please rank these in order of importance from 1 (most important) to 9 (least important) for the residents of Tuolumne County."

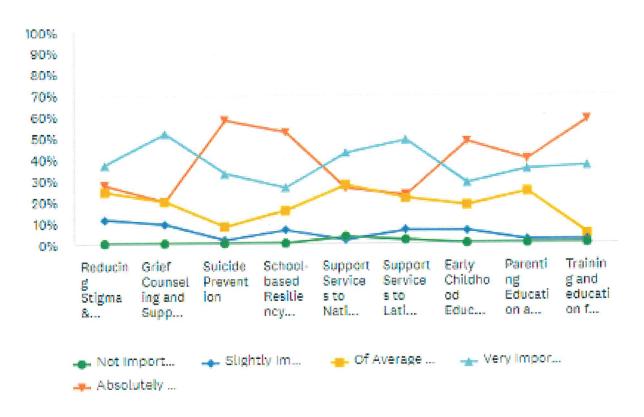
During the MHSA CPPP, it was identified that the top five Prevention and Early Intervention programs and services ranked, in order of community importance per our stakeholders, are:

- Childhood Trauma
- o Early psychosis and mood disorder and early intervention
- o Access and linkage to services including timely access to services for underserved populations
- Youth outreach and engagement
- o Strategies for targeting mental health needs of older adults



Stigma and discrimination reduction for those experiencing mental illness ranked number 6. Other notable PEI programs that community stakeholders mentioned were multicultural awareness and community education surrounding mental illness stigma.

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



#### PEI PROJECT NUMBER 1 – EARLY CHILDHOOD PROJECT #1

#### Nurturing Parenting Education

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

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

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

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

#### PEI Project Number 1 - Early Childhood Project #2

Supporting Early Education and Development (SEED)

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

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

#### PEI Project Number 1 - Early Childhood Project #3

Early Childhood Education Project – Family Support Aides

FY 18/19 was the second complete year of a new collaboration to strengthen and expand programs in the community by maximizing prevention funds between TCBH and Tuolumne County Child Welfare Services (CWS). The goal is to combine to provide resources, education, services and supports to a shared population.

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

#### PEI Project Number 2 - Suicide Prevention and Stigma Reduction Project

#### **Program Description**

The Amador Tuolumne Community Action Agency (ATCAA) provides the Suicide Prevention and Stigma Reduction services for TCBH. The goal of the program is to provide a variety of community-wide trainings, education, and information to open dialogue and raise awareness about risk factors, protective factors, and warning signs of suicide as well as how to recognize that a person may be dealing with a mental health problem or crisis. Through trainings, meetings and community involvement, ATCAA continues to work toward ensuring that Tuolumne County is a suicide safer community and that those with signs of mental health issues are connected to support and services. By training individuals in local behavioral health, primary care, school settings, staff of large local organizations, faith-based organizations, and the populace at large, each year the awareness around recognizing early signs of mental illness increases.

#### PEI Project Number 3 - Older Adults, Latino and Native American

#### Older Adults:

#### CAFÉ (Connections and Awareness for Elders)

TCBH has contracted with Catholic Charities to provide outreach and engagement services to Tuolumne County's older adult population. The purpose of the program is to engage individuals, aged 65 or older, that are isolated, lonely, unserved or underserved. Trained volunteers utilize engagement strategies such as in-home visits to provide socialization, counseling, resources, and referrals.

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

#### Latino Outreach:

#### Promotores de Salud (Promoters of Health)

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

The ATCAA Promotores de Salud 'People Helping People' volunteer group continues to collaborate with the Tuolumne County Sheriff's Department to build trust in the community. The volunteer group focuses

on working with the Latino community to decrease anxiety and fear around immigration challenges. The Promotores continue to support Latino families on preparedness plans and provide connections to legal assistance.

#### Native American Outreach

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

### PEI Project Number 4 – Fostering Healthy Activities in Non-Traditional Settings

#### Trauma Informed Care

The Jamestown Family Resource Center (JFRC) is working toward implementing a trauma-informed approach to working with students and their families in Jamestown School District by educating school staff on trauma-informed principles. School staff are trained to effectively reach out to, and work with, high risk students such as those experiencing homelessness, or living in the foster care system or other out-of-home placement. This project is intended to provide students with access to preventative health care services that may be otherwise unavailable.

#### MHSA PEI Contractors' Forum

#### Quarterly Connection Meetings

To create connections, build relationships and breakdown organizational silos, the MHSA Agency Program Manager launched an MHSA PEI Contractors' Forum. This forum, which was held from 9 to 10 a.m. Thursday, April 7th, 2022, was needed to give an opportunity for each of the PEI contractors to get to know each other, possibly for the first time, and to have an introduction to TCBH county staff who work behind the scenes on PEI contracts. The forum's goal is to foster a support system to help increase knowledge and raise awareness about other TCBH PEI contractors and their programs by strengthening communication between agencies. By empowering our partners and encouraging them to connect, this will enhance TCBH's presence within the community.

This ongoing forum, to be held quarterly, will become a strong foundation for our PEI contractors that can be used to share resources, events, programming information and more. This virtual environment, and soon to be in-person, will encourage attendees to share successes and challenges within their program, community and/or county with each other for feedback and suggestions from the team.

PEI contractors who participated in the first MHSA PEI Contractors' Forum are represented with these logos:

















#### **PEI Demographics:**

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

To ensure participant privacy, the demographic information collected and reported for Tuolumne County Three-Year Prevention and Early Intervention Evaluation Report for fiscal years, FY 2018-2019, FY 2019-2020 and FY 2020-2021 will be presented to include participants across all PEI programs. Demographic data that can potentially be perceived as identifiable information, and place a participant at risk of being recognized, is not included.

#### PEI Statewide Plans Program

CalMHSA, a joint powers authority, has implemented statewide prevention and early intervention programs since 2011. TCBH has received supports in the following areas:

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

#### MHSA THREE-YEAR EXPENDITURE PLAN BUDGET SUMMARY

	FY 2020-2021 Through FY 2022-2	Funding	Summary				
							4/25/2
County:	Tuolumne					Date:	4/25/2
				MHSA I	unding		
		Α	В	С	D	E	F
		Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estim	ated FY 2020/21 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	1,245,506	300,032	856,068	27,709	83,657	
2.	Estimated New FY 2020/21 Funding	3,474,179	868,545	228,564			
3.	Transfer in FY 2020/21 <sup>a/</sup>	(237,000)			70,000	167,000	
4.	Access Local Prudent Reserve in FY 2020/21						
5.	Estimated Available Funding for FY 2020/21	4,482,685	1,168,577	1,084,632	97,709	250,657	
B. Estim	ated FY2020/21 MHSA Expenditures	2,309,587	493,576	0	38,473	0	
C. Estim	ated FY2021/22 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	2,173,097	675,001	1,084,632	59,236	250,657	
2.	Estimated New FY2021/22 Funding	3,860,047	965,012	253,950			
3.	Transfer in FY2021/22 <sup>a/</sup>	(217,000)			50,000	167,000	
4.	Access Local Prudent Reserve in FY2021/22						
5.	Estimated Available Funding for FY2021/22	5,816,144	1,640,013	1,338,582	109,236	417,657	
D. Estin	nated FY2021/22 Expenditures	3,060,201	586,000	0	88,212	388,654	
E. Estim	ated FY2022/23 Funding						
1.	Estimated Unspent Funds from Prior Fiscal Years	2,755,943	1,054,013	1,338,582	21,024	29,003	
2.	Estimated New FY2022/2023 Funding	3,528,307	882,077	232,125	2003/2003/2003		
3.	Transfer in FY2022/23 <sup>a/</sup>	(217,000)			50,000	167,000	
4.	Access Local Prudent Reserve in FY2022/23						
5.	Estimated Available Funding for FY2022/23	6,067,250	1,936,090	1,570,707	71,024	196,003	
F. Estin	nated FY2022/2023 Expenditures	3,139,849	502,715	67,882		209,100	
G. Estir	nated FY2022/2023 Unspent Fund Balance	2,927,401	1,433,375	1,502,824	1,672	(13,097)	
H. Estin	nated Local Prudent Reserve Balance						
	1. Estimated Local Prudent Reserve Balance on Ju		554,758		-		
	2. Contributions to the Local Prudent Reserve in F		0				
	3. Distributions from the Local Prudent Reserve in		0		-		
	4. Estimated Local Prudent Reserve Balance on Ju	ine 30, 2021	554,758				
	5. Contributions to the Local Prudent Reserve in I	Y 2021/22	0		-		
	6. Distributions from the Local Prudent Reserve i		0				
	7. Estimated Local Prudent Reserve Balance on Ju		554,758				
	8. Contributions to the Local Prudent Reserve in		0		-		
	9. Distributions from the Local Prudent Reserve i		0		-		
	10. Estimated Local Prudent Reserve Balance on I	une 30, 2023	554,758				

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

	Community S	ervices and S	upports (CSS	) Componen	t Worksheet		
County:	Tuolumne					Date:	4/25/22
Amount				Fiscal Year	2020/2021		
		Α	В	С	D	E	F
		Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						News, and the second of the second	* C. Colonia and H. H. L. L. L. M. C.
1. FSP		1,100,387	972,887	127,500			
2.		0			w	management of the control of	
3.		0					
Non-FSP Progra	ms						
1. non-FS	SP	845,319	722,819	122,500	The state of the s	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2.							
3.		0	)				
CSS Administra	tion	486,427	423,927	62,500			
CSS MHSA Hous	sing Program Assigned Funds		)				
	am Estimated Expenditures	2,432,133	2,119,633	312,500	0	<u> </u>	
	s Percent of Total	51.9%		.,			L

	1	Fiscal Year :	2021/2022		
Α	В	С	D	E	F
Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
	, o , o o o , o o o o o o o o o o o o o		1.00 mm - 1.00 m	, white the state of the state	
1,579,453	1,229,453	350,000		a managed and a shader of the state of the s	and a substitute that a sub-property on any state of the substitute of
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0					
			annessan e proceso e por el colore de la		
1,368,708	1,218,708	150,000			
	. agente for the second second second second		ay a range of a family of the second section of the section of the second section of the second section of the section of the second section of the sectio		
C	)				<u> </u>
737,040	612,040	125,000			<u> </u>
c	)				
3,685,201	3,060,201	625,000	C	(	
51.6%					
	Estimated Total Mental Health Expenditures  1,579,453  0  1,368,708  0  737,040  3,685,201	A B Estimated Total Mental Health Expenditures  1,579,453 0 0 1,368,708 1,218,708 0 737,040 612,040	A B C  Estimated Total Mental Health Expenditures  1,579,453 1,229,453 350,000 0 1,368,708 1,218,708 150,000 0 737,040 612,040 125,000 0 3,685,201 3,060,201 625,000	A         B         C         D           Estimated Total Mental Health Expenditures         Estimated CSS Funding         Estimated Medi-Cal FFP Medi-Cal FFP         Estimated 1991 Realignment           1,579,453         1,229,453         350,000 </td <td>  Estimated   Total Mental   Health   Extimated CSS   Estimated   Medi-Cal FFP   Realignment   Health   Subaccount    </td>	Estimated   Total Mental   Health   Extimated CSS   Estimated   Medi-Cal FFP   Realignment   Health   Subaccount

	Fiscal Year 2022/2023						
	Α	В	C Estimated Medi-Cal FFP	D Estimated 1991 Realignment	E Estimated Behavioral Health Subaccount	F Estimated Other Funding	
	Estimated Total Mental E Health Expenditures	Estimated CSS Funding					
FSP Programs			and the second s				
1. FSP	1,608,376	1,258,376	350,000		- 50,000 ( 0000000 ( 0000 ( 0000 ( 0000		
2.	0				v		
3.	0						
Non-FSP Programs							
1. non-FSP	1,403,503	1,253,503	150,000	Name and the second of the sec			
2. 3.							
CSS Administration	752,970	627,970	125,000				
CSS MHSA Housing Program Assigned Funds	C						
Total CSS Program Estimated Expenditures	3,764,849	3,139,849	625,000	C	(		
FSP Programs as Percent of Total	51.2%						

	Prevention	and Early Inter	vention (FEI	Componen	L WOIKSHEEL						
County:	Tuolumne					Date:	4/25/22				
		Fiscal Year 2020/2021									
						E	F				
		Estimated Total Mental Health Expenditures	B Estimated PEI Funding	C Estimated Medi-Cal FFP	D Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding				
PEI Program	s - Prevention										
	evention	235,000	235,000			Cameron Construction and Construction of the C					
2.		0		Two control engineers to the commerce of	11 11 11 11 12 14 11 1 1 1 1 1 1 1 1 1 1	and the second of the					
3.		0				Appendix a construction of the construction of					
4.											
5.		0				Marie					
6.	THE STATE OF THE S	C									
7.		C				10 mm 199191 (*** * * * * * * * * * * * * * * * * *					
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9.	entrary and a second										
10.		C	)								
PEI Progran	ns - Early Intervention		e commence and a supplication of the supplicat								
11. Ea	rly Intervention	198,000			, the contract of the contract		The transfer of the state of th				
12.						Access 100 (100 (100 (100 (100 (100 (100 (10					
13.	Constitution of the management of the second		The second secon		and the second s						
14.	produce and the second company of the company of the second compan										
15.			)			A programme of the state of the					
16.							er a commence of the second contract of the s				
17.	A way that is the charge comment of the fact of the fa			and the second s		And the second s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
18.	and produced a first the section of		0								
19.			0		agosposos actoris in consequence of the St						
20.			109.350								
PEI Admin		108,250									
PEI Assigne	ed Funds rogram Estimated Expenditures	28,50 569,75					0				

			Fiscal Year	2021/2022		
	Α	В	С	D	Е	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	246,000	246,000				
2.	O					
3.	0	)	pagagaman, a sa ta ta sa			property and the second
4.	0					
5.	0	)	annotation and the second section of the second			
6.	C	)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
7.	C	)	the state of the s			
8.	C	)			and deline the state of the sta	and the second s
9.	C	)	A			
10.	C	)				
PEI Programs - Early Intervention						
11. Early Intervention	200,000	200,000			20 12 to 10 programs to 10 to 10 to 10 to 10 to	
12.		)				
13.	(	)				
14.	(	)	Appendix 1 control to the control of		Markey and the state of the second state of th	
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16.					appearance organic Victoria (Control Control C	
17.		0				
18.					The second secon	
19.		0			to the state of th	
20.	(	0				
PEI Administration	111,500	111,500	)			
PEI Assigned Funds	28,500	28,500				
Total PEI Program Estimated Expenditures	586,000	586,000			<u> </u>	o <u> </u>

			Fiscal Year	2022/2023		
	Α	В	С	D	E	F
	Estimated Total Mental Health Expenditures	ntal Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
PEI Programs - Prevention						
1. Prevention	270,436	270,436	pagangangan sampan an terminologist to the state			
2.	0			,		
3.	0		AND THE RESIDENCE OF THE PARTY OF THE			
4.	0					
5.	0	Special Control of the Control of th				
6.	0					
7.					agraphic programme and the second of	
8.	0				Sec. 2, 22 21 11 21 21 21 21 21 21 21 21 21 21	
9.	0					
10.	0					
PEI Programs - Early Intervention		manageraphine to the control of the		.,,		· Back of Britanist Company of the c
11. Early Intervention	108,936	108,936	L.,	A SECTION AND A SECTION ASSESSMENT ASSESSMENT		
12.	0	and the second second second second		App. 100000 11 1000 1 1000 1000 1000 1000		
13.	0					
14.	0		and the state of t		o manufor to proper conjume, continue or handson to the orbital at his life	and the state of t
15.			THE STREET AND ADDRESS OF THE STREET, THE STREET	programphonomics for a four fact faller for all the first fields and a		and the second s
16.		and the second s				o a arminim a see a como 900 5
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20.	0					
PEI Administration	94,843					
PEI Assigned Funds	28,500					
Total PEI Program Estimated Expenditures	502,715	502,715	C	0	(	0

ln	novations (IN	N) Compone	nt Workshe	et						
County: Tuolumne					Date:	4/25/22				
		1	Fiscal Year	2020/2021						
	A B C D E									
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding				
INN Programs		11/1000/firestform 11/10	,0,0,		,p,					
1.		0								
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3.					provident of the state of the s					
4.					April 10 Commission of the Com					
5.		2			Company of the control of the contro					
6.			The same is an area common to be to be compared to							
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12.		0		AND THE RESERVE OF THE PERSON NAMED IN COLUMN						
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INN Administration  Total INN Program Estimated Expenditures		0 0		) (		0				

			Fiscal Year	2021/2022		
	Α	В	С	D Estimated 1991 Realignment	E Estimated Behavioral Health Subaccount	F Estimated Other Funding
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP			
INN Programs						
1.	C		p.w. arga mingari 1011 (101) (1011 (101) (1011 (1011 (101) (1011) (1011) (1011) (1011)(1011 (1011 (1011 (1011 (1011) (1011 (1011 (1011 (1011) (1011 (1			
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3.	c	)				
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12.				tomorphism (1991) and the second seco	Personal Control of the Control of t	
13.					manufacture of the second of the second of the	
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16.		)			pagagoon to the members that the transfer over the time.	agramme agains on an an and and the Maria Book
17.		)				
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20.	(	)				
INN Administration	(	)				
Total INN Program Estimated Expenditures	(	0	C	0	(	)

			Fiscal Year	2022/2023		
	Α	В	С	D	E	F Estimated Other Funding
	Estimated	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	
INN Programs						
1. ???	54,306	54,306				
2.	o	)				
3.	o c	)				
4.	Q	)		A page gramma propriation and traded to 100 Miles		
5.	C					
6.	C	)				
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10.	C					
11.	C	)			present the control of the control o	
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17.	C	)				
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20.		<del> </del>				
INN Administration	13,576	13,576				
Total INN Program Estimated Expenditures	67,882	67,882	0	<u> </u>	(	)

	Workforce, E	ducation and 1	raining (WE	I) Compone	nt worksnee	I <b>C</b>						
County:	Tuolumne					Date:	4/25/2					
		Fiscal Year 2020/2021										
		А	В	С	D	Е	F					
		Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Fundin					
WET Programs							and the second s					
1.	and the second s	28,937	28,937	, specific and the state of the		e a caracita de la proposição por experiencia de la proposição y consenção de conse						
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18.	and the state of the experience of the state		and the second s		and the state of t							
19.												
20.	otion	7,234										
WET Administr	ram Estimated Expenditures	36,171	1	1	0	) (						

			Fiscal Year 2021/2022							
		Α	В	С	D	Е	F			
		Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding			
WET Programs							and the second of the second o			
1.		50,000	50,000			Approximate to the control of the co				
2. WET	Regional Partnership	25,712	25,712		and the state of t					
3.		0								
4.		0		***************************************						
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14.		0			18 Table 18 (1971) 1971 1971 1971 1971 1971 1971 1971	and the second control of the second control				
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16.		0								
17.		0								
18.		0		parameter a service of the service o						
19.		0								
20.		0								
WET Administ	ration	12,500	12,500							
Total WET Pro	gram Estimated Expenditures	88,212	88,212	0	0		0			

			Fiscal Year	2022/2023		
	Α	В	С	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Supervision	23,419	23,419		and the second s	·	
2. Outreach & Engagement	11,152	11,152				,,
3. Hiring Incentives	20,910	20,910				
4.	0					
5.	0					
6.	О		Andrew			
7.	0		a garage to the second section of the second section of the second section of the second section of the second			
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9.	О				gagagama and a construction of the constitution of the constitutio	
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11.	0					
12.	0				According to the state of the s	
13.	0				anages, soon and still the late of the lat	10 10 10 10 10 10 10 10 10 10 10 10 10 1
14.	0				Expenses on the September of the September 1981 1981 1981	
15.	0					
16.	0					
17.	0					
18.	0					
19.	0					
20.	0					
WET Administration	13,870	13,870				
Total WET Program Estimated Expenditures	69,352	69,352	C	0	(	o

FY 2	020-2021 Through FY 202 Capital Facilities	/Technologic	ee-Year Mer cal Needs (Cl	TN) Compor	ervices Act E nent Worksh	eet	rian
County:	Tuolumne					Date:	4/25/22
			,		2020/2021		
		Α	В	С	D	E Estimated	F
		Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs	- Capital Facilities Projects				,		and the second second second second second second second
1.		0					.,,
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4.		0	)				
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9.		0			representative control of the second control of the second	The state of the s	
10.		C	)				
CFTN Programs	- Technological Needs Projects						
11.		<u> </u>		- special control of the control of		The freedomination of the property of the second of the se	
12.		C	)				
13.		C	)		and the second s		
14.		C	)				
15.	and the second s	<u></u>	)			. ,	
16.		<u></u>	)		and the state of t		
17.			)		and the second second		Approximate description of the original total district the second
18.	ATTICLE BY THE CONTRACT OF THE	0	)				
19.	The second secon		)				
20.		(	)				
CFTN Administ	ration	0	0				
	gram Estimated Expenditures	C	0	0	0	C	) (

			Fiscal Year	2021/2022		
	Α	В	С	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1.	0					
2.	0					
3.	0					
4.	0					
5.	0		Mark 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
6.	0					]
7.	0	1				
8.	0					
9.	0					
10.	0					
CFTN Programs - Technological Needs Projects						
11. New EMR/EHR Software Program	283,423	283,423				
12. Computer Purchases	27,500	27,500				
13.	0				And were the control of the control	4 - 1100 - 110 - 1
14.	0					
15.	0					
16.	О					
17.	0					
18.	0				· · · · · · · · · · · · · · · · · · ·	
19.	0					
20.	0					
CFTN Administration	77,731	77,731				
Total CFTN Program Estimated Expenditures	388,654	388,654	0	0	C	C

	Fiscal Year 2022/2023						
	А	В	С	D	E	F	
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding	
CFTN Programs - Capital Facilities Projects			***************************************				
1. Deck Project	55,760	55,760					
2.	1 0						
3.	1 0						
4.	0						
5.	0						
6.	0		2. m2m3.0m m m2 m m 1 m 1 . m 3 m				
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10.	0		1201-1-10 marin 10 1100 10 0 0 10 10				
CFTN Programs - Technological Needs Projects							
11. Software Program EMR/E.H.R.	111,520	111,520		man exponential delices and all difficults		And the state of t	
12.	0	0					
13.	0				against a control of the first of the fifth		
14.	0				Todal Call Call Call Call Call Call Call C		
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CFTN Administration	41,820						
Total CFTN Program Estimated Expenditures	209,100		0	0	(	) 0	



#### **Tuolumne County Behavioral Health Department**

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



#### MHSA Annual Update FY 2022-2023

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

- I. The public review and comment period is open from May 1, 2022 through June 1, 2022. Interested persons may provide written comments during this public comment period. Written comments and/or questions should be addressed to TCBHD, Attn: Jennifer Guhl, MHSA Agency Program Manager, 2 South Green St, Sonora, CA 95370. Please use the public comment form.
- II. A Public Hearing will be held by the Tuolumne County Behavioral Health Advisory Board on June 1, 2022, for the purpose of receiving further public comment on the MHSA Annual Update for Fiscal Year 2022-2023. Public notice will be made with the date and time of the Public Hearing at least ten (10) days in advance.
- III. To review the MHSA Annual Update FY 2022-2023 or other MHSA documents via internet, follow the link:

#### https://www.tuolumnecounty.ca.gov/

IV. Printed copies of the MHSA Annual Update FY 2022-2023 will be available for review in public locations as has been the practice in the past.

#### Printed copies will be available:

- > Tuolumne County Behavioral Health, 105 Hospital Road, Sonora.
- > Tuolumne County Board of Supervisors Chambers, 2 South Green St, 4<sup>th</sup> Floor, Sonora
- > The David Lambert Community Drop-In Center, 347 W. Jackson Street, Sonora
- > Tuolumne County Enrichment Center, 101 Hospital Road, Sonora
- > Tuolumne County Public Health Department, 20075 Cedar Road North, Sonora
- > Tuolumne County Library Sonora Branch, 480 Greenley Road, Sonora
- > Tuolumne County Library Groveland Branch, 18990 Highway 120, Groveland
- > Tuolumne County Library Twain Harte Branch, 18701 Tiffeni Drive #1F, Twain Harte
- > Tuolumne County Library Tuolumne City Branch, 18636 Main Street, Tuolumne

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

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

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

Annual Update FY 2022-2023 30-Day Public Comment Form Dates of Posting: May 1, 2022 – June 1, 2022

All Electronic Comments and Inquiries Regarding the MHSA Annual Update FY 2022-2023 should be sent to:

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

Written Comments may be submitted by mail to:
Jennifer Guhl, MHSA Agency Program Manager, Tuolumne County Behavioral Health
2 South Green St., Sonora, CA 95370

All Comments Must Be Received by Wednesday, June 1, 2022

A Public Hearing on the Mental Health Services Act (MHSA) Annual Update FY 2022-2023 will be held on Wednesday, June 1, 2022. Public notice of the date, time, and location will be made at least ten (10) days in advance.

All Comments Must Be Received by: June 1, 2022

### Public Comments Received for Draft MHSA Annual Update FY 22-23 Posted May 1, 2022 - June 1, 2022 and Corresponding Responses:

A draft of the MHSA Annual Update FY 2022-2023 was available for public review and comment for 30 days from May 1, 2022 through June 1, 2022. A Q&A virtual stakeholder meeting was held on May 9, 2022 to review the document as well as answer any questions. The public comments received regarding the DRAFT MHSA Annual Update FY 2022-2023 are as follows:

#### Sherry Bradley, Advisory Board and Family Member Comments:

"I am just wondering during the 30-day comment period if you have received any comments."

#### County MHSA Program Response:

No, not anything. I do want to say that since COVID is allowing us to do more things in terms of meeting in person and such, the binders were distributed to the nine (9) traditional places that we've had in the past. To this date, I do not have any public comments. I don't have anything received.

Sherry: Regarding the locations where the binders are located, what do you do to inform the public that those binders are available?

#### County MHSA Program Response:

The binders that are distributed to the nine (9) different places throughout the county, it's in the annual update. It's in the Union Democrat as a public notice. It was published four times it was presented to the public. It's on our website. It was distributed to our newsletter distribution list; we have nearly 400 people on that particular list serve as well as other agencies, My Mother Lode, and social media, of course.

Sherry: I understand the time constraints and pressures that you are under, being in the position such a short time first of all, I'm going to say that you've done an awesome job producing an update in this period of time. The volume of material, everything there, is really incredible. And I know what goes into that putting it that together, so kudos to you, and kudos to Tami, and all of your staff. But one comment. The other comment that I want to make is that it is possible to do community meetings. And this Advisory Board, one of the things that we are supposed to be involved in, is the CPPP. And we're supposed to actually to do some, give you input on what to do. And so, this is probably a great opportunity to plan for how we do it the next time. And when the next time, that means we could do community meetings and those community meetings could be hosted by the Advisory Board and they could actually be out in the community. That was my experience. We went to different locations to draw people in and do presentations like you've done, Jenn. You don't have to have the plan together, but you can put up the Three Year (Program and Expenditure) Plan cause that's already been approved and just say and now we're going to do an update, and this is how it works and give us input. And so perhaps we, the Advisory Board, need to have some time with whether it's an Adhoc or whatever, but think about it now so we can plan ahead for your next cycle and just help you out in that way because I think. And I agree by the way, the decline in interest is not uncommon for counties. It just takes fresh new ideas for how to reach people because I was around when MHSA started. There was so much excitement, we couldn't handle all the stakeholder input. After a while, people said 'ah, this is a well running machine' and so indeed the interest has waned. So, it's time for us to do something to stir it up. I agree with Jaron. We've got to do something. And if the Board of Supes can help us to that would be awesome. Sorry, I took so long.

#### County MHSA Program Response:

Thank you. I appreciate all of that feedback. We do have some things planning for the beginning of July, but I will discuss that at a later time. But we do have some other outreach methods that we are researching and implementing.

#### Jaron Brandon, District 5 Supervisor for Tuolumne County Comments:

Thank you. Sherry (Bradley) kind of hit on what I was going to ask about that as well regarding how it was distributed. Do we know what the comment periods have been like in the past? Is this fairly regularly we get zero comments coming in on these types of documents?

#### County MHSA Program Response:

The onset of MHSA we got a lot of feedback. There was a lot of public interest from everywhere from the Three-Year Plans to the CSS component as well as Innovation. We have noticed a trickle, a trickling or titration of, I won't say interest, but commentary around that. I did note up until Kristi Conforti who was the last MHSA Coordinator that had a full three years under her belt as far as plans, Kristi noticed a reduction in the responses. So, it was not too far ago where we really started to see the lack of response.

Jaron: "OK. With a public process like that, if no comments come in, is it still considered a valid public process?"

#### County MHSA Program Response:

Yes.

Jaron: Maybe something for the future to kind of hear but if there maybe could be a brainstorm on how to get a few comments, whether we have to, you know, offer an incentive for people to sit down with it over lunch and look at it, or hold a meeting or it's a boosted social ad, or just rephrasing them, cause I'd really like to see at least a handful of comments come in on this. And whatever we have to do for that, it seems like we are doing that. And thank you, Jenn, for your answers, too, on kind of all the steps we're doing there. It seems like whatever is being done on those, isn't really getting the, it's meeting the requirements, but it's not for whatever reason engaging that audience. And so, figuring out something that maybe would be engaging. If there's something the Board

(of Supervisors) can do, or it's Archer and Hound, or this group, um, I think that would be a really good discussion.

#### County MHSA Program Response:

I think that's what the architects anticipated may happen. That's why we have the (Advisory) Board as our public forum, and the stakeholder group, as well as QIC (Quality Improvement Council) and I think historically, YES Partnership may have weighed in.

I'd like to add that typically more people will be attending the MHSA Community Stakeholder meetings that are a little less formal. The response that we got this particular year, I think has generated more participation. I feel like if it's less formal then they'll do it. If it's more formal and they have to do an email and send in a form, then that may be more that what people are wanting to do possibly.

### Mary Anne Schmidt, Advisory Board Vice Chair and Community Member Comments:

I was just wondering if you could schedule this sooner, so we just have one meeting and we're getting information a couple days before. Is there any way that you can schedule that sooner?

#### County MHSA Program Response:

Schedule the public hearing sooner?

Mary Anne: This presentation earlier.

#### County MHSA Program Response:

It's part of the end of the CPPP for the Public Hearing to always go at the very end of the public comment period. So, when I first became in this new position, I was hoping to do it last month. Unfortunately, with regulations, it requires me to do it at the end. I've just happened to work the annual update and plan it this way, so it was falling on enough time for me to get it to the Board of Supervisors for approval.

Mary Anne: This can't be pushed back? Your process of scheduling all of the forums and intake, cannot be pushed back more? Is there a beginning date that you're required?

#### County MHSA Program Response:

It's not so much the beginning date. It's also more of meeting the deadline for the State. So, that's also a target date as well. Between the Board of Supervisors going back down to the first and third (Tuesday), it's definitely hindering us to get the annual update approved by the Advisory Board to get to the Board of Supervisors to get to our other state regulations, so we meet those deadlines. And plus, I just inherited all of these wonderful and amazing tasks which is the Annual Update. So, I did it within the most timely manner that I could with getting the most appropriate response from the

community 	y and having the	meaningful	stakeholde	r process.	With all th	ose compone
••						





### Appendix A

Tuolumne County Behavioral Health

#### Mental Health Services Act Annual Update 2022-2023

#### **Community Stakeholders Survey**

Your voice matters! We'd like to hear what you think Tuolumne County Behavioral Health Department should spend Mental Health Service Act dollars on going forth as we are planning for fiscal years 2022 to 2023. We invite community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs to take this survey so we can hear the mental health needs of the diverse populations within the community and create relevant programs.

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

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

The survey will close on March 31, 2022. Thank you for your participation!

1. Lis	sted below are some of the potential issues facing someone living with an untreated mental hea
chall	enge. Please select three that you feel are the most important to address.
	Suicide / Suicidal thoughts
	Incarceration
	Severe and/or untreated medical conditions (e.g. Cancer, diabetes, heart disease)
	Isolation
	Joblessness/ Limited income or lack of income
	School Failure (e.g. Suspension, truancy, expulsion)
	Homelessness
	Substance Abuse
	Children in foster care or juvenile justice system
	Other (please specify)

	mne County. Please check three that you believe are the biggest barriers.  Transportation
	Stigma
	Lack of resources
	Denial of Mental Illness
	Language barriers
	Lack of Insurance
	Lack of trust and/or confidence
	Lack of Information
	Lack of communication by schools regarding at-risk students
	Primary Care Providers awareness of or embracing the importance of mental health
	Lack of parental/family support
	Substance use
	Other (please specify)
Γ	
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Ch	ildhood trauma prevention and early intervention to deal with the early origins of mental health needs
	 rly psychosis and mood disorder detection and early intervention; mood disorder and suicide prevention programming that occu
	oss the lifespan
ac	oss tre mespati
	uth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership wit
СО	lege mental health programs
_	
Cu	 Iturally competent and linguistically appropriate prevention and intervention
St	ategies targeting the mental health needs of older adults
St	gma and discrimination reduction for those experiencing mental illness
(	
Ac	cess and linkage to treatment including timely access to services for underserved populations
Oi	
St	ategies targeting the mental health needs and/or services of parolees or those who are recently released from incarceration

	Not Important At Al	Slightly Important	Of Average Importance	Very Important	Absolutely Essential
Reducing Stigma & Discrimination		O O O		A CONTRACTOR OF THE PROPERTY O	
Brief Counseling and Support Services for Older Adults (56+)	$\circ$	0	0	0	
Suicide Prevention					
School-based Resiliency Programs for Children K-12) and Teachers e.g. anti-bullying, violence prevention, self- esteem, communication, respect)	0		0	0	
Support Services to Native Americans		Ó	Ó	0.0	
Support Services to Latino Americans	0	$\circ$	$\circ$	$\circ$	
Early Childhood Education for Teachers: Promotion of social & emotional development of young children ages 0-5	0	Ö			
Parenting Education and Support		$\circ$	$\circ$	0	
Training and education for teachers and school staff regarding traumanformed care and how to build resiliency in children who have experience, or living with, trauma.					
ther (please specify)					
. What other types of	Prevention and	Early Intervention p	orograms would y	you like to see in T	uolumne Coun

	Very Low Need	Low Need	Moderate Need	High Need	Very High Need
Transition Aged Youth (aged 16-24 years)	446				
Veterans	$\circ$		$\circ$	$\bigcirc$	$\circ$
Homeless		waipo na	z was Onjunj		
Older Adults (60+)	$\circ$	$\circ$	$\circ$	0	
LGBTQ+ (lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer, questioning, intersex, asexual, ally)	0	0			
People with disabilities	$\circ$	$\bigcirc$	$\bigcirc$		
Native Americans					
Latino Americans	$\circ$	$\circ$	$\bigcirc$	$\circ$	$\circ$
African Americans			0.4	A 9 1 4	
Asian American / Pacific Islanders	$\circ$	$\circ$	$\circ$	0	0

	Not Important At Ali	Slightly Important	Of Average Importance	Very Important	Absolutely Essential	I'm not familiar with this program
Crisis Support (CAIP)						
Full-Service Partnership Program (FSP) - a "whatever it takes" service intensive program	0	0	0		0	0
Enrichment Center (Peer-run groups, peer support, SSI & Medi-Cal Assistance, computers, showers, laundry, recovery programs)		O	Ö	0	0	
Dental services at the Enrichment Center	$\circ$	$\circ$	0	0		
Lambert Community Center (Food, social & emotional support, referrals to resources, computers)	0	Ò		O	O	0
Mobile shower services at Lambert Community Center	0	0	$\circ$	0		
Housing for those with severe mental illness			9/9/9			
B. The MHSA funds tontracted staff, and On what topics would	community orga	nization staff	who provide b	ehavioral health	s to county s services in th	taff, county- ne community.
). The MHSA funds	ration of behavio	ral health car	e and physica	ty's 'Wellness: C I health care ser describe any idea	vices to client	ts of TC

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
l feel adequately educated about mental health signs and symptoms.					
l feel adequately educated about the availability of mental health services in Tuolumne County.	0			0	0
l feel that there is unfair stigma and discrimination towards those living with a mental illness.			0		
feel that mental health can impact physical health and vice versa.	0	0	0	0	0
I feel that mental illness and substance use are related.					
Suicide should not be talked about because it can be 'contagious.'	0	$\circ$	$\bigcirc$	0	$\circ$
People suffering from a mental illness are dangerous.					
People with mental health challenges, such as depression and anxiety, are weak and should just 'get over it.'	0	0	0	0	0
Mental illness should be treated like physical illness (e.g. Annual check-ups, depression screenings)				0.00	
11. Are you familia	r with the services	s offered at Tuolun	nne County Behav	vioral Health De	oartment (TCBHD
	•				

) Yes	
No	
ıt gaps do you b	believe exist in the mental health system in Tuolumne County?
_	Tuolympo County in rogards to mental health
at do you see as ss?	s the biggest challenge facing Tuolumne County in regards to mental health
. Is this the first tir	me you have participated in a MHSA Community Survey?
) No	
I don't know	
) Tubilt know	

16. Choose as many options below that best describe you:
Mental Health Client/Consumer
Family Member of a Mental Health Client/Consumer
County Behavioral Health Department Employee
Substance Abuse Service Provider
Private Mental Health Therapist .
Community Based Organization
Children / Family Services
Professor, Teacher, School Staff, Education Provider
Law Enforcement, including prison and jail staff
Probation
Veterans Services
Hospital / Physical Health Care Provider
Senior Services
Faith Based Support Provider
Student
Advocate
Prefer not to answer
Other (please specify)
17. What city, town, or locale do you currently live in?
18. Answers to the following demographic questions will help us identify who is taking the survey on an
aggregate level. Your individual responses will be kept confidential; however, we respect your right to declin
to answer any or all of the questions.
What is your age?

19. What is your race?		
American Indian or Ala	aska Native	
Asian		
Black or African Americ	can	
Native Hawaiian or oth	ner Pacific Islander	
White		
More than one race		
Prefer not to answer		
Other (please specify)		
. What is your Ethnicity?	)	
, vviiat is your Ethinotty?	Non-Hispanic or Non-Latino	Hispanic or Latino
Ethnicity		
ner (please specify)		
ner (pieuse speeir)		
21. What was your assi	igned gender at birth?	
21. What was your assi  Female  Male  Prefer not to answer	igned gender at birth?	
Female  Male  Prefer not to answer		
Female Male		
Female Male Prefer not to answer  22. What gender do yo		
Female  Male Prefer not to answer  22. What gender do yo Female		
Female  Male  Prefer not to answer  22. What gender do yo  Female  Male		
Female  Male  Prefer not to answer  22. What gender do yo  Female  Male  Transgender		
Female  Male  Prefer not to answer  22. What gender do yo  Female  Male  Transgender  Genderqueer	ou identify as?	
Female Male Prefer not to answer  22. What gender do yo Female Male Transgender Genderqueer Gender neutral	ou identify as? re of gender identity	
Female  Male  Prefer not to answer  22. What gender do yo  Female  Male  Transgender  Genderqueer  Gender neutral  Questioning or unsur	ou identify as? re of gender identity	

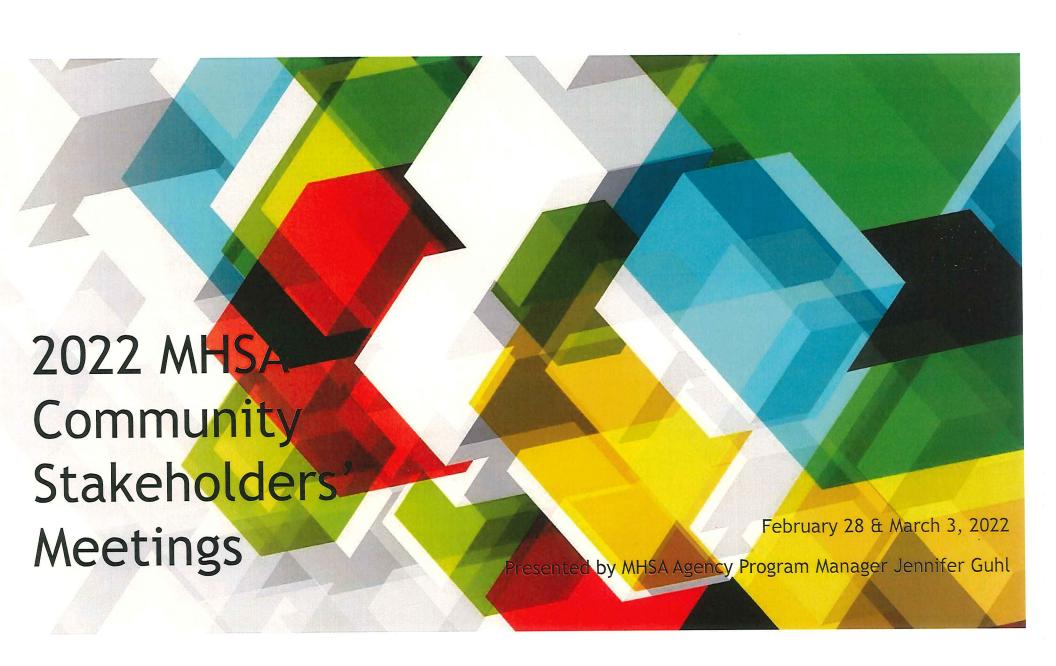
23. Are you a veteran?	
Yes	
○ No	
Prefer not to answer	
24. What best describes your current living arrangement?	
Rent	
Own home	
Homeless (e.g. living outside, living in your car, couch surfing, etc)	
Live with parents/ family/ friends	
Temporary housing (e.g. motel/ hotel)	
Other (please specify)	
25. What language do you mainly speak at home?	
• •	
○ English	
○ English	
English Spanish	





## Appendix B

Tuolumne County Behavioral Health





# MHSA Community Program Planning Process 2022

- □ MHSA Community Stakeholders' Meeting, 9-11 a.m. Monday, February 28, 2022
- Brief MHSA Community Stakeholders' Presentation, 4 p.m. Wednesday, March 2, 2022 Tuolumne County Behavioral Health Advisory Board, virtual
- □ MHSA Community Stakeholders' Meeting, 1-3 p.m. Thursday, March 3, 2022
- MHSA Community Stakeholders' Survey, open through March 31, 2022
  - https://www.surveymonkey.com/r/ZCGTHTY?fbclid=lwAR2ckEDuj1mnl--Zp4pRrAHn-P4Q\_uxMJ1wiE073UiyULr9HPnr6P3IxBrM
  - Hard copies of the survey are also available at TCBH reception, the Tuolumne County Enrichment Center and the David Lambert Community Drop-In Center
- □ MHSA Innovation only Survey, open March 1-22, 2022
  - https://www.surveymonkey.com/r/2HWV3HH
- PEI Contractors' Forum, 9-10 a.m. Thursday, April 7, 2022



WELLNESS . RECOVERY . RESILIENCE

### Mental Health Services Act (MHSA)

- Established through passage of a statewide ballot initiative, Proposition 63, in 2004
- Created a 1% tax on personal income in excess of \$1 million to expand mental health services in California
- Funds distributed to counties monthly

## RachMind MATTERS

California's Mental Health Movement

### RESOURCE CENTER

Each Mind Matters is California's Mental Health Movement. We are millions of individuals and thousands of organizations working to advance mental health. Browse our initiatives, collections and resources to find tools you can use to improve mental health and equality in your community, prevent suicide and promote student mental health.

https://www.emmresourcecenter.org/

Pain Isn't Always Obvious

# KINUW THE SIGNS

Suicide Is Preventable



Every day in California friends, family and co-workers struggle with emotional pain. And, for some, it's too difficult to talk about the pain, thoughts of suicide and the need for help. Though the warning signs can be subtle, they are there. By recognizing these signs, knowing how to start a conversation and where to turn for help, you have the power to make a difference - the power to save a life.

https://www.suicideispreventable.org/

### MHSA Components

#### Programs and services that MHSA is required to fund:

- 1. Prevention and Early Intervention (PEI)
- 2. Community Services and Supports (CSS)
- 3. Innovation (INN)
- 4. Workforce Education and Training (WET)
- 5. Capital Facilities and Technology Needs (CF/TN)
- 6. Prudent Reserve (PR)
- 7. Community Program Planning Process (CPPP)



# Community Services and Supports (CSS)

Community Services and Supports is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved.

CSS programs include General System Development (GSD) such as the Enrichment Center, the Lambert Center; Outreach & Engagement including special and promotional events, Benefits and Resources, Smile Keepers and Give Someone a Chance (GSAC), and Permanent Supportive Housing Program; and Full-Service Partnership (FSP).

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



## Full-Service Partnership Program (FSP)

- ► Full-Service Partnership (FSP) provides direct services to adults, children and families who are living with a serious mental illness and/or serious emotional disturbance and who meet the criteria for receiving specialty mental health services as set forth in Welfare and Institutions Code Section 5600.3.
- The Full-Service Partnership Program (FSP) is a "Whatever it takes" program that includes the availability of flexible funding to meet the goals of the individual service and support plans for each client. Some examples of flexible funding may include housing rental assistance, clothing, food, transportation, and educational materials.

# Crisis Assessment and Intervention Program (CAIP)

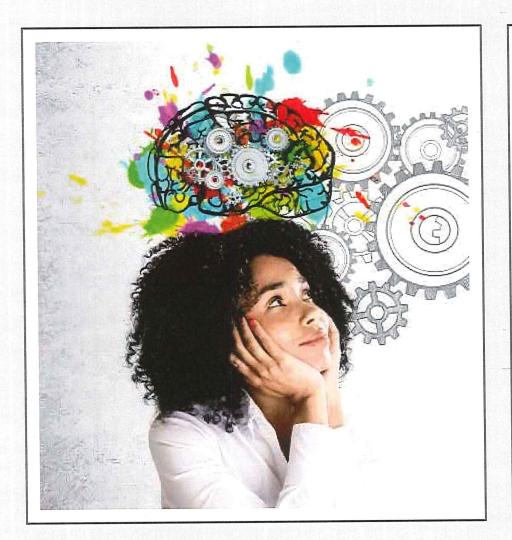
- TCBH provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP). CAIP staff consists of a specialized team of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services.
- Services provided include:
  - Telephone and face-to-face support or crisis intervention
  - On-site mental health evaluations in the Emergency Department at Adventist Health Sonora
  - Assistance connecting to community resources
  - Arrangements for hospitalization and post-hospitalization follow-ups as necessary



# Prevention and Early Intervention (PEI)

The State Department of Health Care Services, in coordination with counties, shall establish a program designed to prevent mental illnesses from becoming severe and disabling. The program shall emphasize improving timely access to services for underserved populations. MHSA funds the contracts that provide the services for Prevention and Early Intervention (PEI). The contracts services are the priorities identified by the stakeholders.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding approval for the Prevention and Early Intervention (PEI) component of the MHSA. The goal of PEI is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.



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What are types of challenges to accessing mental health services in the county and barriers clients face?



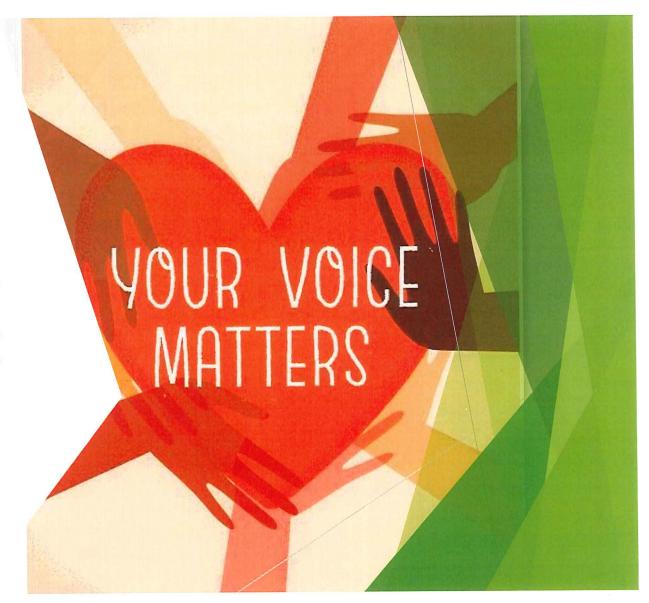
What populations should we continue focusing on?

What is working well?

What isn't?



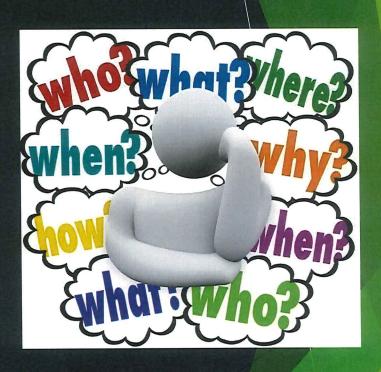
What populations are we not serving, but should?





What types of programs are needed?

What other concerns do you have?



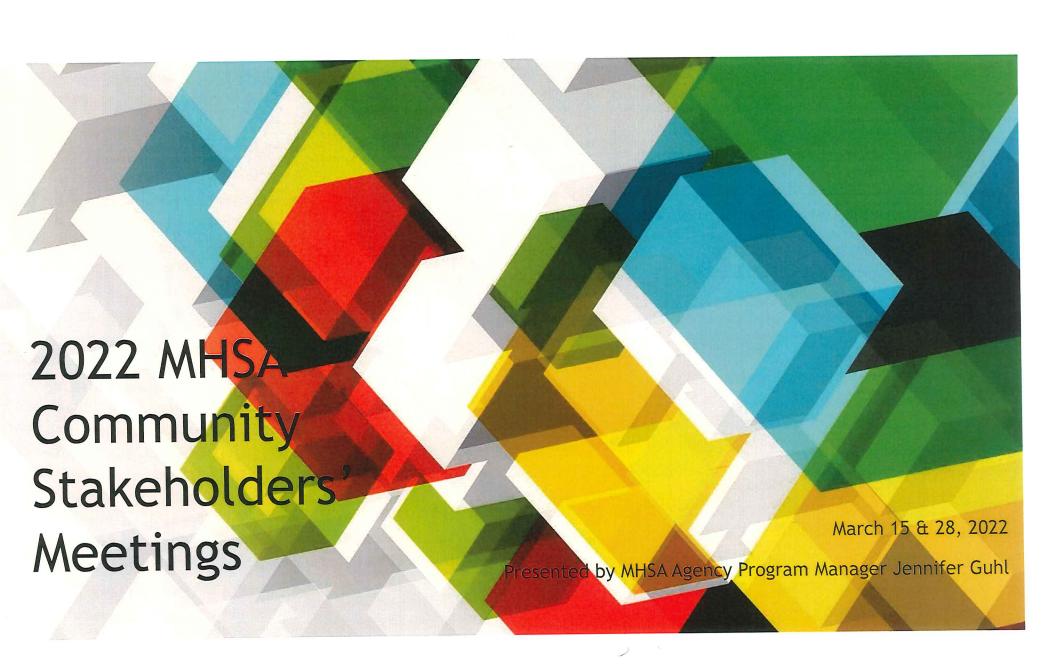




#### Contact

- ► Jennifer Guhl, MHSA Agency Program Manager
- **▶**(209) 533-6245
- ▶JGuhl@co.tuolumne.ca.us







## MHSA Community Program Planning Process 2022

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- MHSA Community Stakeholders' Meetings:
  - 9-11 a.m. Monday, February 28, 2022 COMPLETE
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- PEI Contractors' Forum, 9-10 a.m. Thursday, April 7, 2022
- □ MHSA Community Stakeholders' Q&A Meeting: Review of MHSA Annual Update 22/23 NEW!



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#### Programs and services that MHSA is required to fund:

- 1. Prevention and Early Intervention (PEI)
- 2. Community Services and Supports (CSS)
- 3. Innovation (INN)
- 4. Workforce Education and Training (WET)
- 5. Capital Facilities and Technology Needs (CF/TN)
- 6. Prudent Reserve (PR)
- 7. Community Program Planning Process (CPPP)



# Community Services and Supports (CSS)

Community Services and Supports is the largest component of the MHSA. The CSS component is focused on community collaboration, cultural competence, client and family driven services and systems, wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved.

CSS programs include General System Development (GSD) such as the Enrichment Center, the Lambert Center; Outreach & Engagement including special and promotional events, Benefits and Resources, Smile Keepers and Give Someone a Chance (GSAC), and Permanent Supportive Housing Program; and Full-Service Partnership (FSP).

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

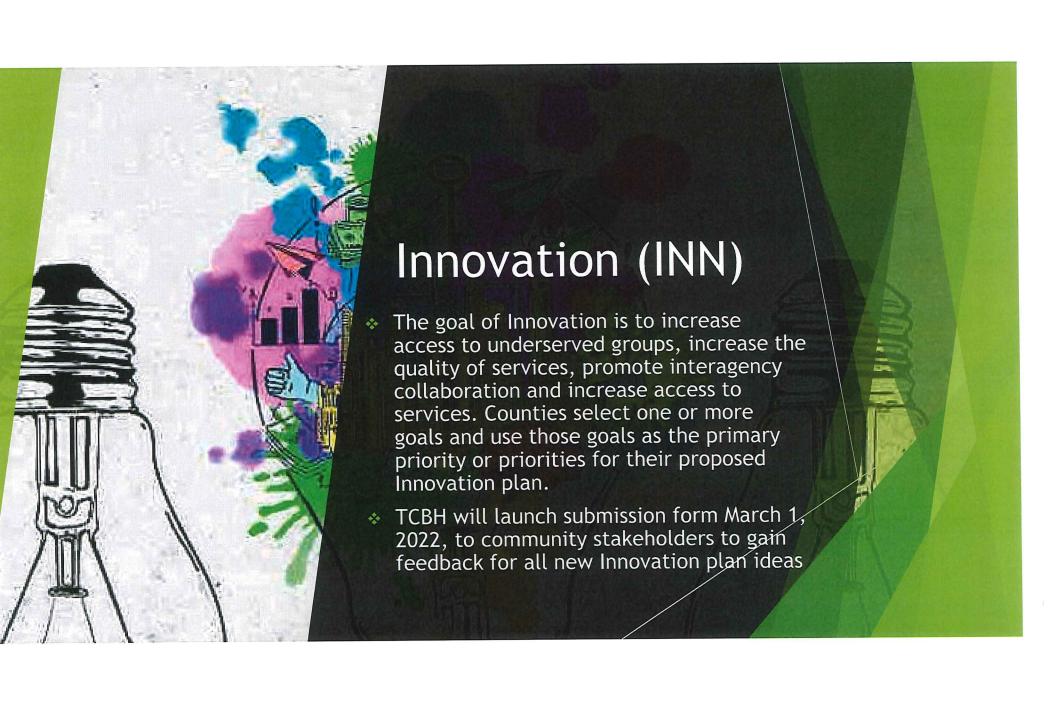


#### Full-Service Partnership Program (FSP)

- Full-Service Partnership (FSP) provides direct services to adults, children and families who are living with a serious mental illness and/or serious emotional disturbance and who meet the criteria for receiving specialty mental health services as set forth in Welfare and Institutions Code Section 5600.3.
- The Full-Service Partnership Program (FSP) is a "Whatever it takes" program that includes the availability of flexible funding to meet the goals of the individual service and support plans for each client. Some examples of flexible funding may include housing rental assistance, clothing, food, transportation, and educational materials.

## Crisis Assessment and Intervention Program (CAIP)

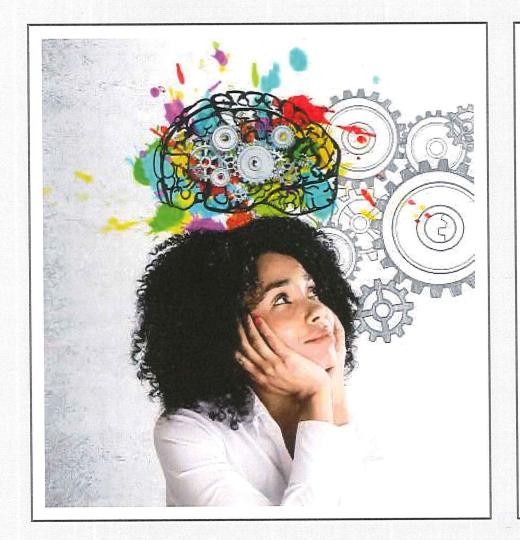
- TCBH provides Phone and Walk-in Services through the Crisis Access and Intervention Program (CAIP). CAIP staff consists of a specialized team of clinicians and behavioral health workers who are available to respond to crisis prevention or emergency support and referral services.
- Services provided include:
  - Telephone and face-to-face support or crisis intervention
  - On-site mental health evaluations in the Emergency Department at Adventist Health Sonora
  - Assistance connecting to community resources
  - Arrangements for hospitalization and post-hospitalization follow-ups as necessary



#### Prevention and Early Intervention (PEI)

The State Department of Health Care Services, in coordination with counties, shall establish a program designed to prevent mental illnesses from becoming severe and disabling. The program shall emphasize improving timely access to services for underserved populations. MHSA funds the contracts that provide the services for Prevention and Early Intervention (PEI). The contracts services are the priorities identified by the stakeholders.

The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding approval for the Prevention and Early Intervention (PEI) component of the MHSA. The goal of PEI is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.



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What are types of challenges to accessing mental health services in the county and barriers clients face?



What populations should we continue focusing on?

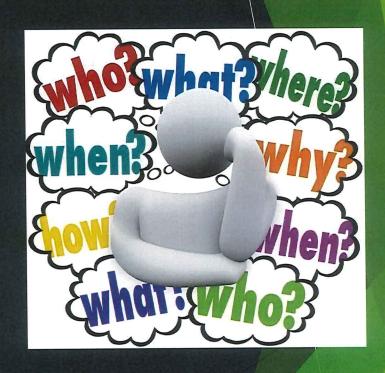
What is working well? What isn't?

What populations are we not serving, but should?





What other concerns do you have?







#### Contact

- ▶Jennifer Guhl, MHSA Agency Program Manager
- **►**(209) 533-6245
- ▶JGuhl@co.tuolumne.ca.us







### Appendix C

Tuolumne County Behavioral Health



WELLNESS - RECOVERY - RESILIENCE

#### Mental Health Services Act - Innovation Plan Ideas

Community Stakeholders' Innovation Submission Form

Your voice matters! Tuolumne County Behavioral Health (TCBH) is seeking the community's input on new Mental Health Service Act Innovation programs as we are planning for fiscal years 2022 to 2023. TCBH is unable to spend the Innovation funds on expanding existing programs. Innovation plans must be focused on mental health and it must be able to be delivered through TCBH. If you have an Innovation plan that fits the criteria listed below and would like to submit it to TCBH for consideration, please fill out this submission form.

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

What is Innovation (INN)? The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding for the Innovation (INN) component of the MHSA. The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency and community collaboration and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed Innovation plan.

For more information on the requirements of the Mental Health Services Act's Innovation component, please visit https://www.dhcs.ca.gov/services/MH/Pages/MHSA-Components.aspx.

This submission form takes about 10-15 minutes to complete. If you or someone you know needs help submitting feedback in another language or accessing this form in another format please call TCBH at (209) 533-6245 and ask for the MHSA Agency Program Manager.

We invite community members of Tuolumne County of all ages, races, ethnicities, sexual orientation, gender identity, and religious or spiritual beliefs to take this survey so we can hear the mental health needs of the diverse populations within the community and create relevant programs.

The submission form will close on March 22, 2022. Thank you for your participation!

1. The previous Tuolumne County innovation was, 'Wellness: One Mi integration of behavioral health care and physical health care service Behavioral Health. The project was completed in 2017.	ind, One Body' which focused on the s to clients of Tuolumne County
Describe specific plan ideas you might have for a future Innovation p	lan to meet a mental health need.
	, 1





### Appendix D

Tuolumne County Behavioral Health

MHSA PEI Participant Survey The purpose of collecting participant demographics is to document the diversity represented by the participants. This information will be kept confidential. <u>2. Age</u>: ☐ 60+ (older adult) ☐ 26-59 (adult) ☐ 16-25 (transition age youth) ☐ 0-15 (children/youth) L <u>N</u> 

	fer not to answer	•					
<b>3.</b> □ Am □ Bla □ Mo	How would you descr erican Indian/Alaska N ck or African American are than one race afer not to answer	ative/Native American □ Nati	ve Ha	☐ Latino/Hisp waiian/Pacific Isl	ander	☐ Asian☐ White	
Non-H  Non-H  Afr  Asi  Cai  Chi  Eas  Jap  Mo  Mi  Na  Ot	an Indian/South Asian mbodian inese stern European ropean pino panese	ican	☐ Ca ☐ Ce ☐ M ☐ M ☐ Pt ☐ Sc ☐ N ☐ O	Hispanic or Lateribbean  Hentral American  Hexican American  Herican American  Herican American  Herican  Herican	/Chicano		
☐ Fe		☐ Male		☐ Prefer not	to answer		
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8. Are you a Veteran? ☐ Yes ☐ No	☐ Prefer not to answer						
9. Primary Language:							
☐ English ☐ Spanish	☐ Other ☐ Prefer not to answer						
10. City of residence (including surrounding areas):							
<ul><li>☐ City of Sonora</li><li>☐ Twain Harte/Mi-Wuk/Sugar Pine</li><li>☐ Groveland</li><li>☐ Chinese Camp</li></ul>	<ul> <li>□ East Sonora</li> <li>□ Tuolumne City</li> <li>□ Jamestown</li> <li>□ Other:</li> <li>□ Prefer not to answer</li> </ul>						
11. Current Living Situation:							
<ul> <li>Homeowner</li> <li>Multi-Family</li> <li>Subsidized Housing</li> <li>Other:</li> <li>Prefer not to answer</li> <li>12. Do you have any of the following disabilities? (Please select all that apply):</li> <li>I do not have a disability</li> <li>Mental Illness</li> </ul>							
<ul> <li>□ Difficulty seeing</li> <li>□ Other seeing/hearing/speaking disabilit</li> <li>□ Learning disability</li> <li>□ Dementia</li> <li>□ Chronic health condition/chronic pain</li> <li>□ Prefer not to answer</li> </ul>	<ul> <li>□ Difficulty hearing or having speech understood</li> <li>:</li> <li>□ Developmental disability</li> <li>□ Physical/mobility disability</li> <li>□ Other physical disability:</li> </ul>						
FOR OFFICE USE ONLY							
Date: MHSA PEI Program: _	Training / Event Name:						
Participant ID:  *Not intended for promotional events.	dant disse						





# Appendix E

Tuolumne County Behavioral Health





# Three-Year Prevention and Early Intervention Evaluation Report FY 18/19, 19/20 & 20/21

Tuolumne County Behavioral Health

#### Prevention and Early Intervention Three-Year Evaluation Report

The following report comprises the first Prevention and Early Intervention (PEI) Three-Year Evaluation Report and per California Department of Health Care Services requirements this report includes data from three fiscal years, FY 2018-2019, FY 2019-2020 and FY 2020-2021. The report is divided into the five PEI project areas: 1) Early Childhood Projects; 2) School-based Violence Prevention; 3) Suicide Prevention and Stigma Reduction Project; 4) Special Populations; and 5) Fostering Healthy Activities in Non-Traditional Settings. The report ends with an aggregate reporting of demographic data across all PEI programs for each fiscal year.

It is important to note that during the 2019-2020 and 2020-2021 fiscal years the major event that impacted all PEI programs and service delivery was the COVID-19 pandemic beginning in March 2020, and our rural community has been heavily impacted. In-person PEI program delivery ground to a halt while programs assessed risk to staff and consumers, researched and evaluated other means of service delivery, and called on the creativity of their staff to create new programming that could be delivered via video, phone, or via social media platforms. In addition, Tuolumne County Behavioral Health's (TCBH) ongoing support also switched from in-person to virtual, which generated an increase in email correspondence between TCBH and agencies yet still striving to meet the challenges presented by COVID.

TCBH's PEI contractors are to be commended for their commitment to the community as demonstrated by their creativity and service delivery during the pandemic; not only during the 2019-2020 and 2020-2021 fiscal years, but beyond that the pandemic continues to disrupt the community in various aspects. Each program summary and report data speaks to the challenges and successes of this three-year period.

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

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

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

### **Chart of Prevention and Early Intervention Programs**

			Program Type				Strategy			Population Served in %						
Program Name	Previous Program Name on Annual Revenue and Expenditure Report and/or in Past MHSA Reports	Standalone	Combined	% Prevention	% Early Intervention	% Outreach	% Stigma & Discrimination Reduction	% Suicide Prevention	Improving Timely Access to Services	Access & Linkage	Outreach for Increasing Recognition of Early Signs of Mental Illness	Children/Youth (0-15)	TAY (16-25)	Adults	Older Adults	% Serving Ages 25 and Under
PEI Project #1: Nurturing Parenting Education	Early Childhood Project		х	75	25					х		100				100
PEI Project #2: Supporting Early Education and Development (SEED)	Early Childhood Project or Social Emotional Learning Foundations		х		100					х		100				100
PEI Project #3: Early Childhood Education Family Support Aides	Early Childhood Project Or AmeriCorps		х	100						х		100				100
PEI Project #4: School Based Resiliency Services	School Based Violence Prevention	х		100						х	21	100				100
PEI Project #5: Suicide Prevention & Stigma Reduction		х					50	50			х	15	25	35	25	40
PEI Project #6: Older Adult Wellness Program	Older Adults, Latino, & Native American O & E Or Connections and Awareness for Elders		Х	100	u .					х	V				100	0
PEI Project #7: Promotores de Salud	Older Adults, Latino, & Native American O & E		Х	30	70					х		5	15	50	30	20
PEI Project #8: Native American Outreach and Engagement	Older Adults, Latino, & Native American O & E		х	80	20					х		24	5	70	1	29
PEI Project #9: Trauma Informed Schools	Jamestown Family Resource Center Or Fostering Healthy Activities in Non- Traditional Settings	х			100					х		100				100

# PEI Project Number 1 Early Childhood Projects

Program Name: PEI Project #1 — Early Childhood Project #1

Nurturing Parenting Education — Raising Healthy Families

<b>Type of Program:</b> $\square$ Prevention 75% $\square$ Early Intervention 25% $\square$ Outreach $\square$ Acc	cess & Linkage
□Stigma & Discrimination Reduction □Suicide Prevention	
State Priority: ⊠Childhood Trauma PEI □Early Psychosis and Mood Disorder Detection	n & Intervention
☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults	MH Needs
□Culturally Competent & Linguistically Appropriate PEI	
<b>Priority Population:</b> ⊠Children/youth in stressed families ⊠Children/youth at risk	of school failure
⊠Children/youth at risk of juvenile justice involvement ⊠Trauma-exposed individ	uals
□Individuals experiencing onset of serious psychiatric illness   ⊠Underserved cultu	ral populations

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

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

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

Parents take a pre-test and are provided with their scores for them to see where they are showing strengths, as well as areas for improvement. Post-tests show participants improvements in AAPI scores in the various domains after completion of the parenting course.

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

**Objectives:** 1) Parents know how to manage child behavior in a nurturing and effective manner; 2) Parents have a better understanding of how to navigate their disadvantaged situation; 3) Parents understand the effects of substance abuse on the family; 4) Parents meet their children's needs for health and safety, both emotionally and physically; 5) Parents find belonging, resources, and can

contribute alongside other Tuolumne County parents; 6) Families in the community are aware of the program's services.

#### **Key Activities:**

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

#### **Outcome Measures:**

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

Data Collection: Biannually

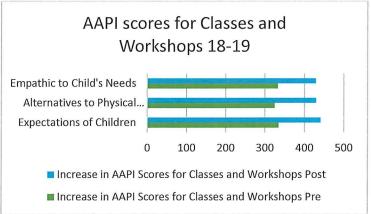
#### **FISCAL YEARS 2018-2021 PROGRAM REFLECTION**

#### **Successes:**

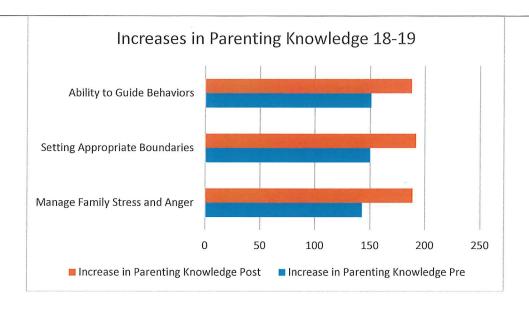
#### In FY 18/19

#### **Parent Education Workshops and Classes**

- 7 two-hour parent education workshops were held (12 offered) utilizing *Nurturing Parenting* and *Strengthening Families* curriculum
- 1 weekly year-round class
- 165 parents participated in the workshops and classes
- 100% of participants were able to increase their AAPI scores in three parenting areas based on pre/post scores



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



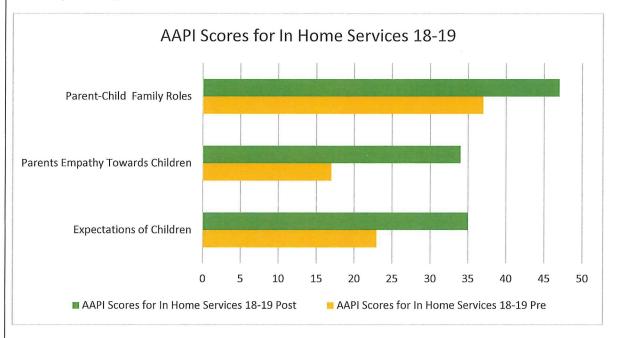
• 100% of participants expressed satisfaction with Parenting Class Content

Nurturing Parenting classes for parents in recovery

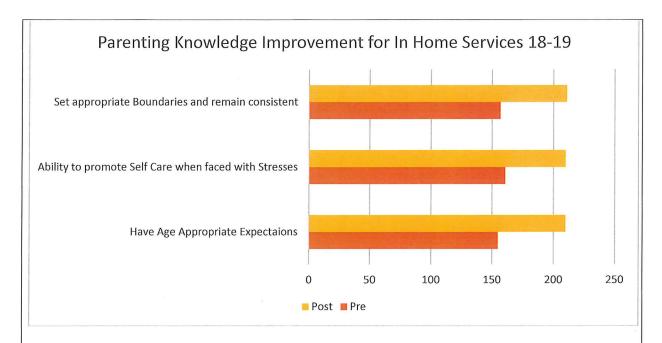
• 0 Nurturing Parenting classes offered (see Implementation Challenges below)

Home visiting program

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



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



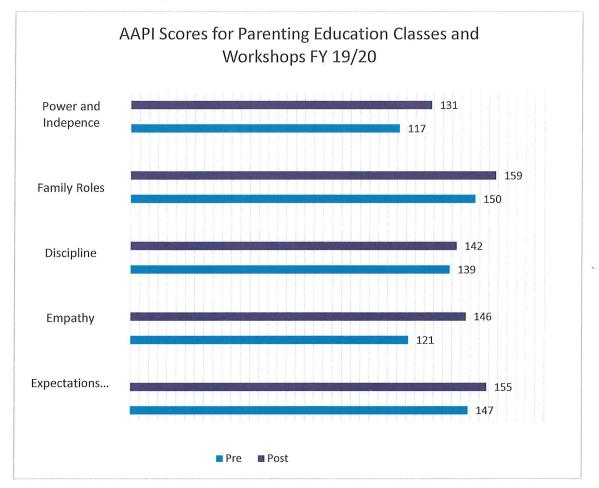
Networking/Information Sharing on Nurturing Parenting Program

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

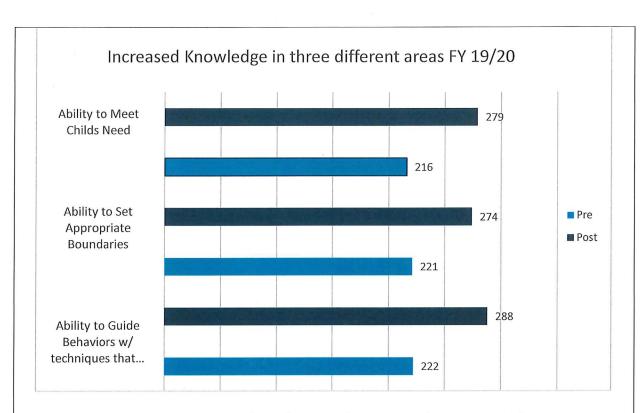
#### **Agency Collaboration**

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

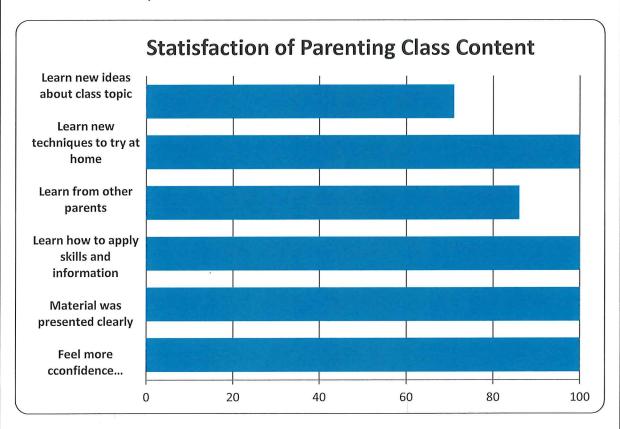




- 9 two-hour parent education workshops were held utilizing *Nurturing Parenting and Strengthening Families* curriculum
- 1 weekly year-round class
- 155 parents and caregivers participated in the workshops and/or year-round classes
- 100% of participants were able to increase their AAPI scores in all five parenting constructs as shown in the pre and post test scores below.
- 100% of participants were able to increase their knowledge in three areas based on pre/post quizzes.

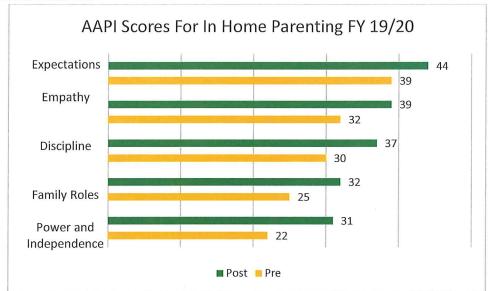


 100% of participants expressed satisfaction with Parenting Class Content in four areas (learning new techniques, applying skills and information, material presented clearly, feeling more confident)

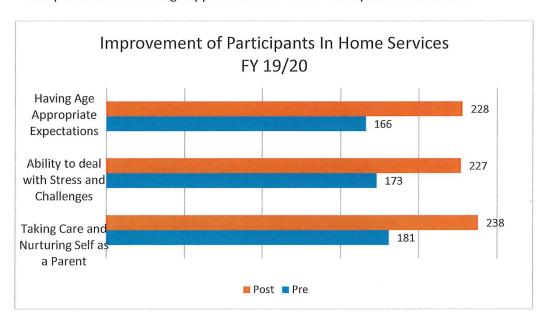


Calm the Crisis Therapeutic Home Visiting Program (first year)

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



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



Networking/Information Sharing on Nurturing Parenting Program

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

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

#### **Agency Collaboration**

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

#### In FY 20/21:

- ICES hired a full-time Family Success Coach, who was trained to Facilitate in Nurturing Parenting, and started taking clients and teaching classes. ICES switched its AAPI assessments, PRE/POST Class Quizzes and Evaluations to an online digital format, increasing participation and quicker response. The format has made it easier for its staff to see real-time statistics on its clients and is assisting its decisions in creating weekly class topics for the next calendar year as well as plans for its in-home visiting clients.
- 12 monthly parenting workshops were provided utilizing Nurturing Parenting and Strengthening Families
- 74 unduplicated parents and caregivers to have participated in the Parent Education classes and/or workshops
- 27 unique parents/caregivers were served

#### Outreach efforts:

- Attended Central Sierra Support Partnership Awareness Forum Presented information about ICES services and Raising Healthy Families Programs
- In Quarter 2 and 3: Due to COVID-19, in-person events for outreach were not possible. Sent flyers advertising our parenting classes and in-home family success coaching to Probation, ATCAA, Twain Harte Elementary School and Behavioral Health, asking they posted and giving out to clients when appropriate.
- Participated in Community Forum for Behavioral Health, to inform public what ICES has been doing to provide services for the community and help with mental health.
- 5/01/21: Participated in ATCAA Drive through handed out 75 Flyers for Weekly Classes and Home Visiting Coaching. Received 2 calls from parents from that event resulting in in-home family success coaching. Sent flyers to Probation Department, Social Services, Foster Bridge, and Daycare Providers for Next Year's Weekly Class Schedule and Topics.
- 75 Flyers given out at ATCCA Drive through Book Event
- 5/03/21: Sent Growth Mindset Class, and Family Success Coaching Flyers (via email campaigns) to Probation, Social Services, and to Tuolumne Family Child Care Providers (35) and Day Care Centers (23)
- 60 inquiries about Nurturing Parenting Classes. This was down from 75 last year (FY 19/20) Again, due to COVID, ICES annual Children's fair, one of our largest community outreaches (usually reaching 400 people a year), along with several other community outreach events

were canceled. Email Campaigns completed in the 4<sup>th</sup> quarter and saw an increase in self-referrals of about 10.

#### **Implementation Challenges and Lessons Learned**

#### In FY 18/19:

- Seven (7) parent education workshops were held rather than the twelve (12) workshops
  planned due low enrollment, and unforeseen staffing and/or building issues. To fulfill the
  needs of the community, the program also offered a weekly year-round class, as many of the
  program's attendees required more consistent substantial education based on court
  requirements. In offering the class in the evenings we have noticed a steady increase in
  attendance.
- For years previous, ICES had collaborated with Behavioral Health and Tuolumne County Child Welfare Services on teaching the Nurturing Parenting curriculum "Families in Substance Abuse Treatment and Recovery" to individuals that were enrolled in the Drug Dependency Court. In FY 18/19, ICES was not contacted by Behavioral Health to assist with the facilitating of the DDC class which prevented the program's ability to complete this portion of the grant requirement due to circumstances beyond the program's control.
- The program reported that there is always a significant request for In-Home parenting. Since the In-Home Support Program is designed to be long-term and individualized, providing an increase in In-Home services does have a higher cost per client. In-Home services include intake appointments, weekly in-home visits, travel expenses, one-on-one meetings, case notes for each visit, preparation for individualized learning, group meetings, assessments, collaboration with other agencies parents are involved with, resourcing, and other activities. Despite the higher cost to provide In-Home Support, the Raising Healthy Families program has met the community need by exceeding the annual goal of 20 In-Home parents, to having served 31 In-home parents in year 2018-2019.

#### In FY 19/20:

- The obvious challenge or concern met this year through the Raising Healthy Families program was the COVID virus and how it affected the community. Setting the county at a stay-at-home order created a host of issues that the ICES Raising Healthy Families (RHF) program was able to acclimate to over the last first few months of the pandemic. Due to the signs of stress that were seen in parents, it was recognized that the critical need was to focus transitioning consultation capacities to help parents cope with their anxiety, isolation and economic fears. A large number of parents faced worries and sadness that often led to their parenting in unhealthy patterns. The Raising Healthy Families programs was faced with the pressing task of keeping their eyes firmly on the client. Staff had to chart new methods and gather new tools to help parents engage in the delicate balance of taking care of themselves and their children. The number of virtual consultations increased by 500%. ICES RHF staff did reach across multiple professional horizons to learn and seek out resources and strategies toward new ideas of working with clients. Those entities included Center for A Non-Violent Community, Amador Tuolumne Community Action Agency (ATCAA), County Superintendent of Schools Office and professional private therapists.
- Nine (9) parenting workshops were provided throughout the year, but due to COVID-19 and the stay-at-home order ICES had a difficult time implementing workshops during the last

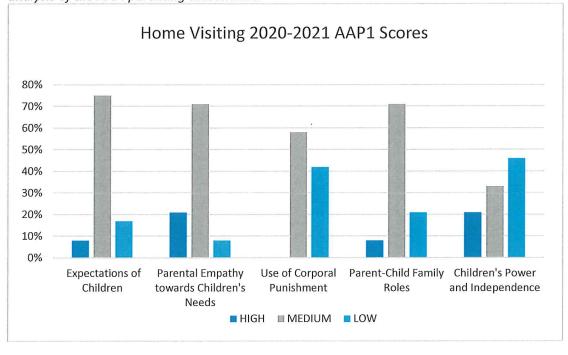
quarter of the fiscal year. This was due to no enrollment and difficulty with outreach to the community about the alternative teaching method (Zoom) the program was using.

• Approximately seventy-five (75) new inquiries resulted from outreach events. This was a decrease from FY 18/19 of about 60%. The COVID pandemic played a big part in this. ICES was unable to facilitate the annual Children's Fair this year, due to the stay-at-home order placed on the state in April 2020. This annual event reaches upwards of 400 families per year and is one of ICES's largest marketing outreach strategies.

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program.

- ICES replaced in-home visitation sessions, classes and workshops with phone and virtual meetings and had a loss of two (2) full time staff. In addition, ICES had a part time staff conducting all Raising Healthy Family activities; training and onboarding new staff. In Q4, ICES hired and trained new staff, and were on track to meet goals.
- Out of (23) Home Visiting Participants that took the AAPI A (PRE) we had seven (7) that also took the AAPI B (POST). Out of these seven (7) 100% of improved in 2 parenting areas or more and 57% improved in 3 areas or more. ICES was not able to reach our goal of 80% and we believe this is because (8) of the 23 participants were new clients in the 4<sup>th</sup> qtr. and were not due to take the AAPI-B (POST) assessment until the next fiscal year. There were also challenges with staff shortages and COVID restrictions getting assessments to the clients during the period of time when there was not client contact and all visits were by phone or ZOOM. However, during the fourth quarter, we hired staff, COVID restrictions were lifted and reinstated home visiting and the programs assessments, data collection and procedures were re-established.
- Retrospective evaluations were not available this year for Home visits. This was due to staff shortages and COVID restrictions, as in-home visiting was done completely by ZOOM in the 2020-2021 year. ICES can report areas of improvement in parenting knowledge through analysis of the AAPI parenting assessment:



#### Examples of Success/Impact

#### In FY 18/19:

A story of success as reported by the program:

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

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

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

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

#### In FY 19/20:

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

Karen began working with Raising Healthy Families when Child Welfare Services became involved in the family's life. Karen lived with her second oldest daughter, her son who is severely autistic, and youngest daughter. In addition, Karen was also raising her oldest daughters' three very young boys. Her husband and oldest daughter did not live in the home, so Karen had very few supports. The home was in poor condition, in part due to Karen's lack of support and help, but also in part due to Karen's unaddressed mental health.

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

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

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

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

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

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

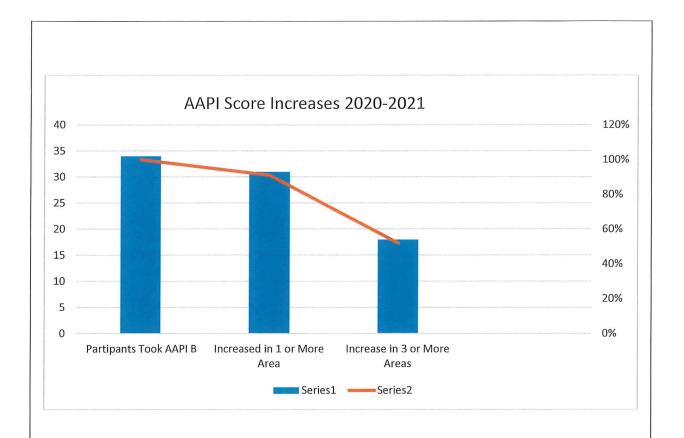
#### Another success:

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

#### In FY 20/21:

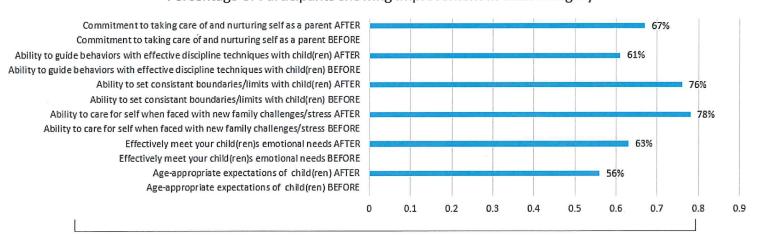
• There were challenges this year getting accurate results with AAPI assessments as we did not get a 100% return rate from class participants. Due to COVID, we had to rely on participants to receive assessments by mail, drop by the office or to receive by email and print out and then return by any of those methods as well. Out of 135 Class Participants 59 Class Participants took the AAPI-A (PRE) and 34 Class Participants took both the AAPI-A (PRE) and AAPI-B (POST) — We were able to get Assessment results from 25% of those who took both the A and B. Out of that 25%, or 34 Class Participants: 91% or 31 class participants showed an increase in score in one or more parenting areas. 52%, or 18 had an increase in 3 or more areas. While we did not reach our goal of 80% of class participants improving in 3 or more areas, we did get significant improvement in at least one or more area.

To address these challenges, in the 4<sup>th</sup> quarter, we changed the delivery method of the AAPI assessment to Google Forms in which the link is emailed to the participant and the assessment is filled out online. This has already increased our return rate and we are projecting our assessment data to be more accurate in the next quarter.

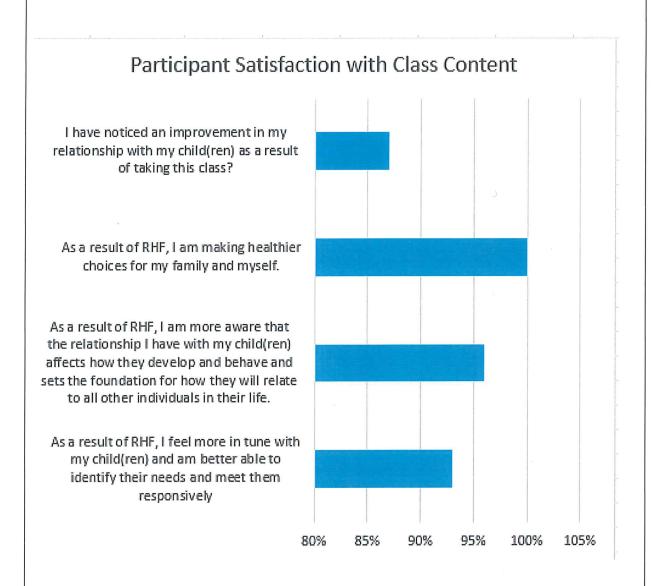


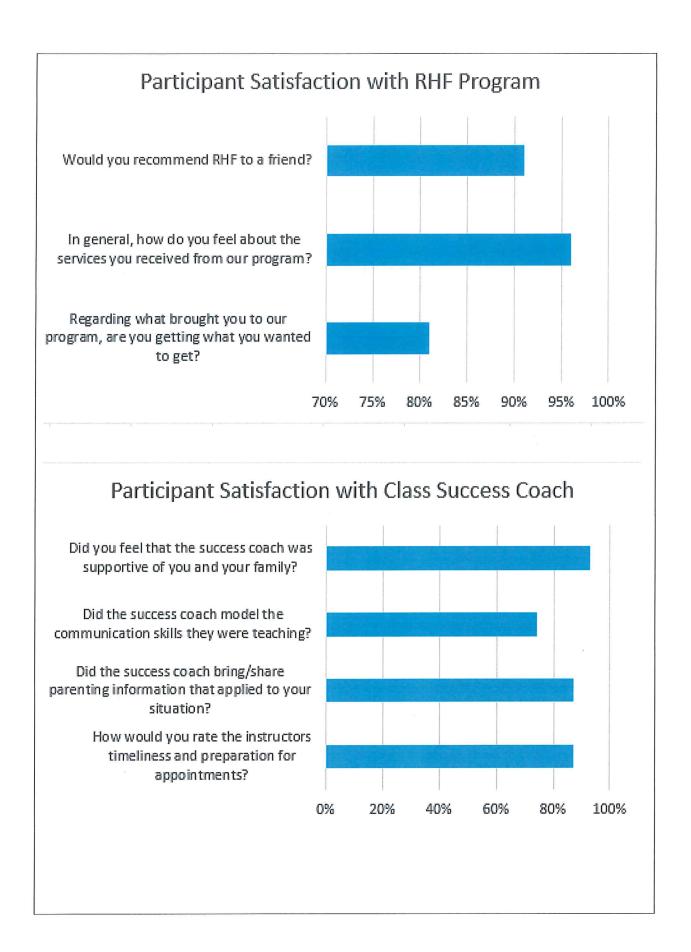
• As a whole, class participants showed an increase in knowledge at 100% between pre and post quizzes. The chart below shows their increase in knowledge individually by each category. There were challenges with returned evaluations via virtual classes. Prior to COVID, Class participants filled out class evaluations IN class at the last class of the series. Due to COVID-our evaluations had to be mailed or emailed to participants at the end of class series and the return rate was very low. In 4<sup>th</sup> Qtr. we switched our forms into an online Google form that we could email and the participants could fill out electronically, this increased our return rate successfully.

#### Percentage of Participants showing Improvement in each Category



• 80% of our participants indicated satisfaction of parenting class content in every area. The only area that was lower than 80% was Family Success Coach Communication. We believe this was due to the staff shortage this year. It is very difficult for clients to get used to new coaches and also switching from in-person to virtual communication brought new challenges in learning to teach in new ways and making the online platform engaging and interesting. By the end of the 4<sup>th</sup> quarter the participant comments regarding Zoom classes and coaches were positive.





## **Program Name:** PEI Project Number 1 – Early Childhood Project #2 Social Early Education and Development (SEED)

<b>Type of Program:</b> □ Prevention ⊠	☑Early Intervention 100%	□Outreach	
□Stigma & Discrimination Reduc	ction □Suicide Prevention		
State Priority: ⊠Childhood Trauma	PEI	d Mood Disord	der Detection & Intervention
☐Mood Disorder & Suicide Prevent	tion Programming □Yo	uth 15-24 🛚	Older Adults MH Needs
□Culturally Competent & Linguistic	cally Appropriate PEI		
Priority Population: ⊠Children/yo	uth in stressed families	⊠Children/	youth at risk of school failure
□Children/youth at risk of juvenile	justice involvement □T	rauma-expose	ed individuals
□Individuals experiencing onset of	serious psychiatric illness	□Underser	ved cultural populations

**Program Description:** In a contract with The Tuolumne County Superintendent of School's (TCSOS) First 5 Program, the Social Early Education and Development (SEED) program instructs and coaches teaching staff on strategies to support the healthy social and emotional development of pre-school children, ages 0 through 5, and creating a positive and supportive classroom environment. This Early Intervention program utilizes an Early Childhood Education (ECE) specialist to provide on-site training, consultation and materials to preschools in the community.

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

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

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

#### **Key Activities:**

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

#### **Outcome Measures:**

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

Data Collection: Annually

#### FISCAL YEARS 2018-2021 PROGRAM REFLECTION

#### **Successes:**

#### In FY 18/19:

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

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

#### Data:

- 8 teachers at 6 school sites received intensive training and coaching services throughout the school year
- 106 hours of direct coaching were provided to teachers
- 8 children received targeted consultation
  - o 7 (90%) remained stable in the classroom
  - o 1 (10%) moved to a private childcare setting for personal reasons
  - 7 referred to Special Education for further assessments; 2 of these referred to Special
     Education psychologists; only 1 required follow up

#### In FY 19/20:

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

#### Data:

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

#### Consultation

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

#### In FY 20/21:

Data:

 113 early childhood educators at various school sites and virtual events received SEED consultation utilizing Pyramid Model for Supporting Emotional Competence in Infants and Young Children

#### Implementation Challenges and Lessons Learned

#### In FY 18/19:

No implementation challenges and/or lessons learned were reported.

#### In FY 19/20:

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

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

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

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

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

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

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program.

- During the first three quarters of this fiscal year, there were COVID-19 closures.
- In Q4, "Still not allowed to do in-person visits for a portion of the time. Still had to schedule time blocks to use the main office and prepare materials."

#### **Examples of Success/Impact**

#### In FY 18/19:

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

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

#### In FY 19/20:

Reported by the program Director:

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

"The programs are having a lot of success with the visuals provided and notice the positive impact it is having with their students. There is an increase in the use of Positive Descriptive Acknowledgment (PDA) by staff. A family child care provider has expressed gratitude for having more materials to refer to, and the guidance it gives her in planning for goals with her clients."

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

#### In FY 20/21:

Reported by the program Director:

"A teacher at Summerville Head Start told me that one of her parents responded to the packet I had prepared. She read about having cozy spaces in the classroom, and then decided to create her own at home for her child."

"A personalized social story was created for a child in the classroom, as well as one for the child to take home."

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

"All who gave ASQ's to parents went over the scores with the coach."

<b>Program Type:</b> ⊠Prevention 100% ☐ Early Intervention ☐Outreach ☒Access & Linkage
$\square$ Stigma & Discrimination Reduction $\square$ Suicide Prevention $\square$ . Outreach for Increasing Recognition of
Early Signs of Mental Illness
State Priority: ⊠Childhood Trauma PEI □ Youth 15-24 □. Older Adult MH Needs
□ Early Psychosis & Mood Disorder Detection & Intervention; Mood Disorder & Suicide Prevention
Programming □. Culturally Competent & Linguistically Appropriate PEI
$\square$ Early identification programming of mental health symptoms and disorders
<b>Priority Population:</b> ⊠Children/youth in stressed families ⊠Children/youth at risk of school failure
☑ Children/youth at risk of juvenile justice involvement  ☑Trauma-exposed individuals
$\square$ Individuals experiencing onset of serious psychiatric illness $\square$ . Underserved cultural
populations

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

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

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

#### **Key Activities:**

- Recruit, hire and supervise AmeriCorps Family Support Aides (FSA) to provide services
- Use the Strengthening Families model and facilitate Nurturing Parenting Program lessons at the Child Welfare Service Visitation Center
- Administer the Adult Adolescent Parenting Inventory (AAPI) to identify areas of parenting that need support

- Facilitate activities/workshops where parents and children can interact and model positive and appropriate parent-child interactions
- Educate participants on child and adolescent development; including age appropriate socialemotional and cognitive development
- Teach appropriate child development activities individually or in groups as needed
- As needed, assist families in navigating resources for needed supports
- Participate in community events to help reduce the stigma and discrimination that those with Child Welfare Services contact might receive

#### **Outcome Measures:**

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

Data Collection: Annually

#### **FISCAL YEAR 2018-2021 PROGRAM REFLECTION**

#### Successes:

#### In FY 18/19:

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

#### In FY 19/20

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

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program. Data not available at time of report.

#### **Implementation Challenges and Lessons Learned**

#### In FY 18/19:

No implementation challenges and/or lessons learned were reported.

#### In FY 19/20:

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

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program. Data not available at time of report.

#### **Examples of Success/Impact**

#### In FY 18/19:

As reported by a Family Support Aide:

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

A story of success as reported by a Family Support Aide:

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

#### In FY 19/20:

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

#### Story #1

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

daughter was removed from her care and placed with the child's grandparent. The client was referred to AmeriCorps Family Support Aides by Child Welfare Services. She was extremely eager to get her child back and was willing to accept help.

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

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

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

#### Story #2

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

#### Story #3

"It has been a journey within my AmeriCorps duties. I have had the pleasure of watching many families grow and change. Some may not always make it though or with outcomes they wished for, but all will have learned something from this experience. Once client came in

broken and just getting clean (forced to as her daughter was removed). She has mental health issues that at that time were not being addressed as well as the substance use. When they took her daughter, she was using illegal substances and was not able to take care of her. When she started parenting she was erratic at times and shut down others. It only took a few times for her to finally start opening up and looking at what she needed to do to be the best parent possible. I was able to refer her to domestic violence counseling and help her locate what she needed to go to meetings for her recovery. She leaned on me for advice and parenting support. While attending these classes she gained self-confidence. I could literally see a visible difference in her demeanor. She obtained a job and stable housing as well! By the end of our meetings this client was able to stand up for what she knew was the healthy way to parent and own her mistakes. She has implemented what she's learned within her visits with her daughter I have seen myself, and is very close to getting her home."

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program. Data not available at time of report.

# PEI Project Number 2 School-Based Violence Prevention

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

Type of Program: ⊠Prevention 100% □Early Intervention □Outreach ⊠Access & Linkage	
$\square$ Stigma & Discrimination Reduction $\square$ Suicide Prevention $\square$ . Outreach for Increasing Recogn	ition of
Early Signs of Mental Illness	
State Priority: ⊠Childhood Trauma PEI □Early Psychosis and Mood Disorder Detection & Interv	ention
☐Mood Disorder & Suicide Prevention Programming ☑Youth 15-24 ☐Older Adults MH Need	ls
□Culturally Competent & Linguistically Appropriate PEI	
Priority Population: ⊠Children/youth in stressed families	failure
☑Children/youth at risk of juvenile justice involvement ☑Trauma-exposed individuals	
□Individuals experiencing onset of serious psychiatric illness □Underserved cultural popula	tions

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

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

**Objectives:** 1) Students have an increased sense of confidence, empathy and self-esteem; 2) Adults will have increased awareness of childhood traumas and the critical role they play in resiliency as adult

allies; 3) Community members will have an increased awareness of the psycho-social impact of trauma on children.

#### **Key Activities:**

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

#### **Outcome Measures:**

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

Data Collection: Annually

#### FISCAL YEARS 2018-2021 PROGRAM REFLECTION

#### Successes:

#### In FY 18/19:

28 Resiliency Workshops were implemented at 8 schools to a total of 690 unduplicated  $3^{rd} - 8^{th}$  graders and 30 school staff

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

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

- 100% of students participated in Activities designed to identify personal boundaries for themselves and for others. These were reflected in Respect Agreements that students created for their groups.
- 100% of students participated in a role-play activity to demonstrate how to resolve conflicts nonviolently. 100% of students identified three (3) coping skills to use when challenged, and two (2) safe-adults in Helping Hand Activity.
- 100% of students participated in Cross the Line Activity, showing empathy for classmates who had experienced challenges; also participated in Iceberg Poster activity designed to build empathy for classmates by identifying personal challenges that others do not see (below the waterline).
- Each class created a Respect Agreement poster, which CNVC Staff added class photo, printed and delivered to each classroom with a follow up classroom debrief.

#### 11 Resiliency Awareness Workshops for Adults were implemented for 79 individuals

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

#### 1 Girls circle Group (10 sessions) was facilitated for eight (8) 7<sup>th</sup> grade girls

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

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

Marketing campaign to increase resiliency and protective factors

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

 Utilized Facebook and CNVC Website as a marketing tool, including protective factors for resiliency for Advent of Kindness Dec. 2018, spreading kindness during the holiday season (1,598 reached, 221 engagements)

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

CNVC created a marketing Team within the agency to boost our social media presence in Facebook and YouTube. There was a 50% increase in social media posting for the agency. For example, the program's intentional Teen Dating Violence Prevention Awareness Social Media Campaign, as well as Empowering Women Campaign offered weekly gift card drawings for Facebook post comments identifying healthy relationship qualities.

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

#### In FY 19/20:

#### **Empathy and Kindness Workshops**

25 resiliency workshops were implemented at 5 schools to a total of 640 unduplicated 3<sup>rd</sup>-8<sup>th</sup> graders

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

#### Resilience for Youth (R4Y) Pilot Program

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

#### Resilience for Youth (R4Y) Awareness Workshops for Adults

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

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#### **Coaching Sessions for Classified Staff**

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

#### Girls Circle and (Boys) Council

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

#### **Young Adult Mentoring Program**

- 8 young adult mentors attended four 3-hour educational sessions and 5 planning sessions
- 8 young adult mentors co-facilitated 6 Coping skills/Feeling & Needs workshops and 2 Warming Up the Winter with Kindness events; 360 youth participated in the workshops/events
- 8 young adult mentors co-facilitated the Kindness Chain activity at CNVC's International Women's Day Luncheon with 200+ adult attendees; 2 senior students doing their senior projects also helped facilitate the activity
- As the pandemic began, 1 young adult mentor participated in creating content for social media campaigns and youth programs such as the "What I Stand For" campaign and the "It's My Body" music video created for the Keeping Kids Safe program as well as doing other volunteer work. CNVC recruited 4 additional students to create social media outreach and contribute to curriculum for the program's on-line platform
- 100% of the young adult mentors signed commitment agreements
- 100% of mentors identified their top 5 strengths and recorded on a group strengths' chart, and referred to several times during their training and participation in activities
- 100% of mentors were able to identify 4 ways to build protective factors and incorporated these factors into workshop activities for the middle-school aged students

• 100% of mentors demonstrated coaching students in the decision-making process during the Coping Skills/Feels and Needs workshop activities

#### **Promotion of Resilience Into the Community Prevention Partners**

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

#### Marketing campaign to increase resiliency and protective factors

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

#### **Strengthen School Policies & Procedures**

- CNVC staff compiled and reviewed all policies for three elementary schools and developed outreach plan to the schools
- CNVC signed an MOU with two of the three elementary schools including plans to strengthen school policies and procedures
- CNVC presented the foundation of the programs to the two School Boards and met with school Superintendents to build relationships
- Due to the COVID-19 pandemic and school closures the plans ceased, but CNVC staff continued to stay in touch with teachers, counselors and administration of the two elementary schools and offered support and virtual workshops and groups to promote a school climate of respect and positive behavior

#### In FY 20/21:

#### **Empathy and Kindness Workshops**

21 total workshops were implemented from 6 schools with 27 students attending (11 in TK-5<sup>th</sup> grade, 16 high school-age)

- 100% of participants were able to identify positive traits/or strengths in themselves and their peers.
- 100% of participant students communicated personal boundaries through scope of group activities.
- 100% of students demonstrated the ability to resolve conflicts using nonviolent communication tools.
- 100 % of students were able to express empathy and demonstrate improved self-esteem.

#### Resilience for Youth (R4Y) Pilot Program

- Due to COVID-19 restrictions, CNVC staff did not pilot the program on a school campus. Additional complications arose with adapting the curriculum to a virtual setting. CNVC staff determined this curriculum did not adequately address and measure desired outcomes such as the ability to identify safe personal boundaries, demonstrate how to resolve conflict nonviolently, and increased empathy.
   CNVC staff was able to accomplish a robust outreach and information campaign on the tenets of the program to promote youth resiliency. Throughout the year, CNVC social media posts and digital content had more than 100,000 online impressions and reached hundreds of local youth through targeted advertising.
- CNVC staff developed youth-friendly content that addressed many of the same goals as the R4Y curriculum. The Keeping Kids Safe Story Time series is available on CNVC's YouTube channel.
- Personal boundaries were addressed in Keeping Kids Safe Story Time videos and in social media content, which reached hundreds of youth in the community.
- The ability to resolve conflict nonviolently were addressed in other workshops, Keeping Kids Safe Story Time, and in social media content which reached hundreds of youth in the community.
- Two staff were certified and trained in Resilience 4 Youth training.

#### Resilience for Youth (R4Y) Awareness Workshops for Adults

- Researched and attended trainings on how-to shift to a virtual platform designed for adults. Workshops included ways to promote resilience such as, strengths-based leadership, teen dating violence prevention awareness, de-stigmatizing mental health issues. One session was with a Board Member of the Sonora City Council seeking to understand how to approach equity.
  - During this time researching issues facing men in our community, it was determined that male parents especially needed a place to share what is going on with them and how to be a better parent during the Pandemic. Our male facilitators initiated the Mother Lode Men's Circle, on-line support group for men, in response.
  - These workshops were complimented by our social media campaigns focused on resilience and building protective factors.
- Our male facilitators launched the *Mother Lode Men's Circle*, on-line support group for men, holding 5 meetings in the second quarter, to create a safe space for men to connect, building protective factors and encouraging healthy masculinity.
- CNVC developed a new 6-week group called *Modern Families: A Guide to Talking with Teens About Sex in the Digital Age*
- Our male facilitators continued the *Mother Lode Men's Circle*, on-line support group for men to create a safe space for men to connect, building protective factors and

- encouraging healthy masculinity. Mother Lode Men's Circle explores what it means to be a man in today's world. Meeting on the  $1^{st}$  and  $3^{rd}$  Wednesdays each month via Zoom, it is a Virtual space to for men to share and receive guidance, and to be connected when dealing with complex issues.
- Staff facilitated 6 *Modern Families: a Guide to Talking with Teens About Sex in the Digital Age* workshops. There is significant interest from partner domestic violence agencies to bring *Modern Families* to a larger platform and expanded across the state. Staff facilitated 6 Mother Lode Men's Circle groups; and began training a new co-facilitator for The Council, a support group for middle school-age boys.
- A total of 135 unduplicated adults attended 35 group meetings or workshops.

#### **Coaching Sessions for Classified Staff**

- Quarter 1: Due to COVID-19 social distancing requirements, news and media reported exponential increase in social media usage. CNVC chose to utilize social media platforms (Facebook, Instagram, YouTube) to promote resilience information and resources instead of developing a page on CNVC's website.
- Quarter 2 & 3: Due to the COVID-19 restrictions, CNVC has had difficulty working directly with classified staff at our target school. CNVC shifted focus to include a broader audience of adults who support youth. CNVC began development of a new 6-week group called *Modern Families: A Guide to Talking with Teens About Sex in the Digital Age*. The purpose of the group is to provide adults in our community with skills to effectively and empathetically communicate with youth about healthy relationships, sexual health and safety, and Internet safety, as well as build protective factors and resilience for the adults themselves. Discussion and coaching topics will include media literacy, digital citizenship, public health and sexual safety information, and will explore the complex intersecting topics of technology, sexuality, and relationships. Mental health stigma is addressed along with gender identifies. One of the goals is to coach adults on how to be an ASKABLE adult, to be approachable to youth. Modern Families is slated to advertise and recruit in the 3<sup>rd</sup> Quarter.
- Quarter 4: Due to COVID-19 social distancing requirements, CNVC continued to utilize social media platforms (Facebook, Instagram, YouTube) to promote resilience information and provide resources instead of developing a page on CNVC's website. Instead of selfassessments, CNVC hosted contests and giveaways featuring the same kinds of selfassessment questions. Participants created posts or shared responses addressing resilience.
- CNVC staff utilized online social media outreach, paid targeted outreach to adults, and
  informational email and mailer campaigns to target school staff, parents, and community
  members. Social media content addressed core program components to promote youth
  resiliency. CNVC social media analytics throughout the year show our posts had more than
  100,000 impressions. Also, CNVC staff mailed over 100 information packets on youth
  programming and resources to staff, educators, board members, and community
  stakeholders.
- Schools did not complete the California Healthy Kids Survey (CHKS) the past two years due to COVID-19.

#### Girls Circle and (Boys) Council

- Five (5) CNVC educators attended one 3-day Facilitator training and were certified in One Circle Foundation Facilitation.
- Researched the most secure ways to hold on-line groups. Wrote several mini grants to support the purchase of HIPAA compliant zoom.
- Educators attended several training sessions on how to design evaluation tools for the various virtual platforms. Redesigned our pre/post surveys and shifted to google versions for student ease.
- The male facilitators participated on monthly international *A Call to Men* calls. They learned about starting grassroot efforts addressing issues facing men and boys. One of the results is an updated flyer for the Council and the initiation of a new group for men. As we transitioned to the virtual platform for these groups, we updated our flyers and launched a concentrated outreach campaign targeting therapists, schools, youth serving organizations, and churches. This was be complimented by a radio ad campaign in Oct.
- Launched a 6-week online Girls Circle support group focusing on friendship, courage, and coping with the pandemic for five (5) 6<sup>th</sup> grade Columbia Elementary School girls. Columbia had three boys interested in joining the council, but after losing a facilitator and hoping for more interest, the Council facilitator put the group on pause until the 3<sup>rd</sup> quarter. Continuing our concentrated outreach campaign, CNVC staff contacted all local churches with info on our available groups. **1 Group held.**
- Launched a 10-week online Girls Circle support group focusing on friendship, courage, and coping with the pandemic for five (5) 6<sup>th</sup> grade Columbia Elementary School girls. After losing a facilitator and only receiving one permission slip for interested students, the Council facilitator was still unable to start a group at Columbia El. CNVC staff also
- Collaborated with Summerville Elementary School's 6<sup>th</sup> grade teachers to set up a 7-week Girls Circle for all girls in the 6<sup>th</sup> grade class, starting in Q4 (April 5).
- Continuing our concentrated outreach campaign, CNVC staff contacted all local churches with info on our available groups. **1 Group with 10 sessions held.**
- Facilitated one 7-week Girls Circle group on-campus at Summerville Elementary School for 12 6<sup>th</sup>-grade girls. Topics addressed: Connecting with peers, exploring new perspectives, self-expression, self-acceptance, cultivating respect for self and others, and embracing whole-person wellness.
- Recruited a volunteer co-facilitator for The Council, but he had to stop volunteering due
  to his work schedule. Due to the lack of a co-facilitator and lack of returned permission
  slips, we were unable to offer the Council during FY 20/21.

#### 1 Group with 7 sessions held

- Facilitated 23 Girls Circle sessions with 22 middle school-aged girls at Columbia and Summerville elementary schools.
- 100% of students take strengths assessments and also engage in discussions of personal strengths during course of program.
- 100% of students engaged in activities and discussion to identify relationship green and red flags signifying desirable and undesirable relationships traits as well as how to work toward and request the types of relationships they want to be in.
- 100% of students were able to self-identify mindfulness and self-care techniques of their preference including listening to music, creating art, reaching out to friends or family, exercise, and time in nature, etc.

#### **Young Adult Mentoring Program**

- A total of seven (7) youth mentors signed commitment agreements.
- 100% of youth mentor strengths were assessed via Clifton Strengths Finder 2.0 and charted. Their strengths included developer, futuristic, harmony, relator, restorative, achiever, positivity, discipline, focus, command, activator, adaptability, maximizer, and strategic.
- 100% of students engaged in trainings, discussion, and activities that addressed ways to promote social connection, understanding of concrete support in times of need, knowledge of human development, and social and emotional competence.
- 100% of mentors were able to identify mindfulness and self-care techniques including listening to music, creating art, reaching out to friends or family, exercise, and time in nature, etc.
- 100% of youth mentors will be able to coach students in decision-making process using skills grounded in Nonviolent Communication techniques in which students assess their own feelings, needs, determine requests, and practice making them.

#### **Promotion of Resilience Into the Community Prevention Partners**

- Quarter 1: CNVC staff attended and actively promoted the importance of building resilience at 19 community prevention partner meetings, reaching a total of 2,602 people.
- Quarter 2 & 3: CNVC staff attended and actively promoted the importance of building resilience at 16 community prevention partner meetings each quarter, reaching a total of 2,602 people each quarter.
- Quarter 4: CNVC staff attended and actively promoted the importance of building resilience at 44 community prevention partner meetings.
- 100% of 7 community partners including the First 5 Coalition, YES Partnership, EPIC planning coalition, ATCAA, Infant-Child Enrichment Services, Tuolumne Resiliency Coalition, and Adventist Health Blue Zones project have or will integrate resilience into their programming.
- Due to COVID-19 restrictions, CNVC staff shifted from in-person trainings to creation of videos
  hosted in a virtual format, which community partners could watch at their convenience. 100%
  of community partners were sent information packets to access programming and content.
  Adventist Health Sonora has adopted Adverse Childhood Experiences screening in all pediatric
  settings.
- Due to COVID-19 restrictions, were shifted to videos hosted in a virtual format, which community partners could watch at their convenience. 100% of community partners were sent informational packets that addressed protective factors.

#### Marketing campaign to increase resiliency and protective factors

- Quarter 1: CNVC made 136 posts on Facebook and Instagram. The accumulative "reach" (people who looked at the posts) was 4,415 accounts on Instagram and 48,972 accounts on Facebook.
  - \*Educators attended trainings on racial equity, toxic masculinity, supporting LGBTQ+ community, destigmatizing mental health issues which supported the content of our media. CNVC's has increased its attention to diversity, racial equity, LGBTQ+ community, varying abilities and mental health stigma reduction.
- Quarter 2: CNVC made 197 posts on Facebook and Instagram. The accumulative "reach" (people who looked at the posts) was 36,450 accounts on Facebook and Instagram. CNVC is still determining which indicators in analytics will yield the most important data.

- Quarter 3: CNVC made 129 posts on Facebook and Instagram. The accumulative "reach" (people who looked at the posts) was 23,803 accounts on Facebook and Instagram. CNVC is still determining which indicators in analytics will yield the most important data.
- Quarter 4: CNVC made 184 posts on Facebook and Instagram. The accumulative "reach" (people who looked at the posts) was 41,441 accounts on Facebook and Instagram.
- Quarter 1,2 & 3: Due to COVID-19, CNVC has had very few in person/on-line community events. We continue to promote resilience, kindness, and empathy via social media platforms.
- Quarter 4: Due to COVID-19, CNVC has had limited opportunities for in-person outreach events. However, staff participated in 4 in-person and virtual events and reached approx. 150 adults and 50 youth.
- CNVC has doubled the number of platforms we are on. We created an Instagram account that
  has more than 450 followers, which has increased our audience reach significantly.
  Additionally, CNVC staff have created 15 YouTube videos in the past program year that have
  accumulated more than 800 views.
- CNVC virtual content such as YouTube videos have received more than 800 views and social media posts on these topics reached more than 40,000 people.

#### **Strengthen School Policies & Procedures**

- Quarter 1: CNVC Staff have attended three (3) virtual Board meetings for Columbia Elementary school and one (1) virtual Board meeting for Curtis Creek Elementary school.
- Quarter 2: CNVC Staff have attended one (1) virtual Board meeting for Columbia Elementary school.
- Quarter 3: CNVC staff began collaboration with Summerville Elementary School's 6<sup>th</sup> grade teachers to set up a 7-week Girls Circle for all girls in the 6<sup>th</sup> grade class, starting April 5<sup>th</sup>.
- Quarter 4: Due to COVID-19, CNVC staff prioritized trainings and staff skills development to work with schools and conduct policy work. Staff attended 1 Columbia Elementary LCAP meeting, attended 3 trainings on addressing Adverse Child Experiences in school settings; attended 2 trainings on Creating Safer Schools, and 1 training each on Social Emotional Learning in schools and working with parents. Additionally, CNVC staff addressed policy advocacy on a community-wide scale by working with Youth Mentors to draft a resolution submitted to the Board of Supervisors requesting they declare April as Sexual Assault Awareness Month in Tuolumne County. This aligns with our goals to promote youth voice and conduct youth-led programming.
- Due to COVID-19, CNVC staff was not on the agenda for these meetings, however CNVC continued to offer visible support to schools during these challenging times. We continue to offer a variety of services to children and parents to address trauma caused or exacerbated by COVID-19.

### **Implementation Challenges and Lessons Learned**

#### In FY 18/19:

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

#### In FY 19/20:

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

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

The combination of all of these trainings and discussions has equipped the staff to better understand diversity and how to address this with children and adults.

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program.

- Quarter 1, 2 & 3: All objectives' progress has been impacted by COVID especially with the in-person restrictions and schools' limiting non-school personnel to campuses.
- Quarter 1: We are focused on planning for the next several months and adapting to the new virtual environments. We are seeking alternative funding sources to aid in our transition to digital including video equipment, video editing, and HIPAA compliant ZOOM. Relationship building with school staff and admin has continued through the "soft opening" of schools. Targeted marketing has been implemented on CNVC's Facebook and Instagram.
- Quarter 2: CNVC received additional funding and purchased a HIPAA compliant version of Zoom, allowing increased confidentiality and an extended time limit on meetings. This version of Zoom will allow for deeper connection and understanding, more growth opportunities, and a greater sense of safety as we host our support groups and workshops moving forward. Youth Mentors have been a huge part of this quarter's efforts. Organizing and meeting with them to gain valuable insight on our programs and the world they live in as teens has shifted the way we do our work. CNVC continues all efforts in collaborating with local organizations and coalitions to promote resilience, healthy relationships, and work toward ending violence in our community. Through these collaborations, CNVC has worked toward building relationships with TCSOS to encourage more integration of these values into school policy county-wide.
- Quarter 4: In addition to complications and restrictions due to COVID-19, CNVC's programming and progress toward objectives were significantly impacted by the loss of the community educator dedicated toward this grant for the past 5 years. This staff member was off work most of May-June before transitioning from CNCV employment in June. This staff member was the lead on program activities and objectives, however other staff were able to still complete incredible work with Youth Mentors, Girls Circle facilitation, youth outreach, development of adult allies and ASKABLE adults, as well as significant social media outreach.

#### **Examples of Success/Impact**

#### In FY 18/19:

CNVC exceeded many of program's goals:

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

#### In FY 19/20:

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

#### In FY 20/21:

• Quarter 2: CNVC received additional funding and purchased a HIPAA compliant version of Zoom, allowing increased confidentiality and an extended time limit on meetings. This version of Zoom will allow for deeper connection and understanding, more growth opportunities, and a greater sense of safety as we host our support groups and workshops moving forward. Youth Mentors have been a huge part of this quarter's efforts. Organizing and meeting with them to gain valuable insight on our programs and the world they live in as teens has shifted the way we do our work. CNVC continues all efforts in collaborating with local organizations and coalitions to promote resilience, healthy relationships, and work toward ending violence in our community. Through these collaborations, CNVC has worked toward building relationships with TCSOS to encourage more integration of these values into school policy county-wide.

# PEI Project Number 3 Suicide Prevention and Stigma Reduction Project

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

<b>Type of Program:</b> □ Preve	ention □Early Interve	ntion □Outreach	
⊠Stigma & Discriminat	ion Reduction 50% ⊠S	uicide Prevention 50%	oxtimes. Outreach for Increasing
Recognition of Early Signs	of Mental Illness		
State Priority: ⊠Childhoo	d Trauma PEI □Early Ps	sychosis and Mood Disa	order Detection & Intervention
⊠Mood Disorder & Suic	ide Prevention Program	ming ⊠Youth 15-24	□Older Adults MH Needs
□Culturally Competent	& Linguistically Appropr	iate PEI	
Priority Population: ⊠Ch	ldren/youth in stressed	families □Childre	n/youth at risk of school failure
⊠Children/youth at risl	of juvenile justice invol	lvement ⊠Trauma-e	exposed individuals
⊠Individuals experienc	ng onset of serious psyc	chiatric illness 🛮 🗷 Und	derserved cultural populations

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

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

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

#### **Key Activities:**

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

#### **Outcome Measures:**

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

Data Collection: Biannually

#### FISCAL YEARS 2018-2021 PROGRAM REFLECTION

#### Successes:

### In FY 18/19:

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

#### In FY 19/20:

- Two (2) 2-day ASIST II (Applied Suicide Intervention Skills Training) Workshops offered; 24 individuals completed the training; 100% of participants indicated that they would do a suicide intervention if someone told them they were having thoughts of suicide, feel prepared to help a person at-risk of suicide, and feel confident they can help a person at risk of suicide
- Three 3-hour safeTALK trainings offered; a total of 64 people were trained; 100% of participants felt well prepared or mostly prepared to talk directly and openly to a person about their thoughts of suicide.

- Zero (0) 8-hour Mental Health First Aid (MHFA) trainings were held during the fiscal year
- One (1) 8-hour Youth Mental Health First Aid (YMHFA) training was offered; 35 individuals were trained; 100% of the training participants agreed or strongly agreed that they can recognize the signs that a young person may be dealing with a mental health challenge or crisis, that they will reach out to a young person who may be dealing with a mental health challenge, that they will assist a young person who may be dealing with a mental health problem or crisis seek professional help, and that they will assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports
- Zero (0) Boys Council or Girls Circle Groups were held during the fiscal year
- Three (3) 1-hour Introduction to Suicide Prevention/esuicideTALK Trainings were offered; 86 individuals completed the trainings; 100% of the attendees understand the importance of suicide alertness and the four steps (Tell, Ask, Listen, Keep Safe) to help someone who has thoughts of suicide by referring them to a keep safe connection for assistance
- The Suicide Prevention Committee met regularly during the first two quarters of the fiscal year; the committee did not meet the last two quarters; the Committee gave regular reports at the YES Partnership meetings
- Provided leadership and administrative support in the planning and coordination of the first Hope and Honor Walk for suicide prevention and awareness on September 21, 2019; evaluated outcome of first Walk and determined that there would be a Second Annual Hope and Honor Walk on September 12, 2020
- Suicide prevention materials were distributed at all workshops and trainings and at the Hope and Honor Walk; information on the new Hopeline and "The Greater Good's Guide to Well-Being During Coronavirus" was distributed to YES Partnership members and several community partners posted the information on their social media platforms; the program director spoke about suicide prevention services at "The New Normal Staying Connected" virtual roundtable in June

#### In FY 20/21:

The program reported:

- Quarter 1: One safeTALK training during the first quarter on September 24 at Black Oak Casino Resort.
- 23 participants completed the safeTALK training at Black Oak Casino Resort on September 24
- 23 employees at Black Oak Casino Resort completed the 3-hour safeTALK training
- 100% of the training participants indicated they feel well prepared or mostly prepared to talk directly and openly to a person about their thoughts of suicide.
- Quarter 3: Planning and promotion began for a Youth Mental Health First Aid training scheduled for April 29-30. The new training format will be conducted virtually via Zoom.
- Quarter 4: There were two Youth Mental Health First Aid trainings during the fourth quarter. The first was held on April 29-20 and the second was held on May 18. Both trainings were conducted virtually via Zoom.
- 10 participants completed the Youth Mental Health First Aid training on April 29-30 and 7 participants completed the Youth Mental Health First Aid training on May 18.
- 100% of the training participants agreed or strongly agreed they can recognize the signs that a young person may be dealing with a mental health challenge or crisis.
- 100% of the training participants agreed or strongly agreed they will reach out to a young person who may be dealing with a mental health challenge.
- 100% of the training participants agreed or strongly agreed they will assist a young person who may be dealing with a mental health problem or crisis seek professional help.

- 100% of the training participants agreed or strongly agreed they will assist a young person who may be dealing with a mental health problem or crisis to connect with appropriate community, peer, and personal supports.
- The new LivingWorks Start online suicide prevention training was launched on September 17
- Quarter 2-4: The new LivingWorks Start online suicide prevention training was offered to the community during the second quarter.
- 86 community members enrolled in the LivingWorks Start online suicide prevention training
- 100% of the participants who completed the online training are aware of the importance of suicide prevention in our community.

#### Implementation Challenges and Lessons Learned:

#### In FY 18/19:

Plans were made to co-facilitate a Boys Council Group with the Center for a Non-Violent Community (CNVC), but due to staffing changes at CNVC the group was postponed. ATCAA had difficulties finding facilitators willing to commit to a 10-week program. ATCAA instead participated in two Project Respect programs with CNVC at local elementary schools.

#### In FY 19/20:

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

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program. The program reported:

- There were no ASIST workshops or Mental Health Frist Aid trainings were offered during the any quarter due to COVID-19 restrictions
- No safeTALKS were held during Quarter 2-4
- No Boys Council or Girls Circle during this FY
- Covid-19 and social distancing regulations have prevented us from offering in-person trainings for safeTALK, ASIST, MHFA, and YMHFA. However, we were able to offer two Youth Mental Health First Aid training in a new virtual format in Quarter 4.

#### **Examples of Success/Impact**

#### In FY 18/19:

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

#### In FY 19/20:

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

#### In FY 20/21:

The program reported:

- Committee members were involved in planning and promoting the 3<sup>rd</sup> Hope and Honor Walk on September 11, 2021.
  - Quarter 1: Suicide prevention materials were distributed during the Hope and Honor Walk on September 12 and the safeTALK training on September 24.
  - Quarter 2: Suicide prevention materials were distributed during the RX Take Back Day on October 24.
  - Quarter 3: The new YES Partnership website (www.yespartnership.net) was launched and contains suicide prevention materials.
  - Quarter 4: Suicide prevention materials were distributed during the RX Take Back Day on April 24. Participated in the Behavioral Health Town Hall Meeting on May 6 to discuss suicide prevention.

One of the participants had the following to say after the training, "I want to thank you for sharing this opportunity. I went through a few struggles myself as an adolescent, but I had a lot of love surrounding me, preventing me from going to deep into depression. As an adult, I've had to be there for a couple of friends that were contemplating suicide, and it wasn't easy; especially because I had no training whatsoever, nor did I have any real resources to offer them. Although this training was short, I feel it offered a bit of insight on how to better tune in and engage with someone going through rough times. The TASC acronym is easy to remember, and just really makes sense."

"Thank you for registering me for the LivingWorks Suicide Prevention Training. I completed the online introduction and thought it was excellent. In an interesting twist, I literally had to pause the training to take a call from a young friend who tried to kill himself just a week ago and he's still feeling pretty low. He came very close to a successful attempt and almost died in the hospital. I was able to use some of what I learned - letting my friend know any thoughts of suicide are serious to make our conversation even more impactful. He is safe for now and we made a plan to stay in touch more often. I'm also sharing prevention resources with him. You should be hearing from other Resiliency Village team members asking to be registered as I have highly recommended it to them."

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

#### In FY 19/20:

This program also acts as TCBH's strategy within a program for outreach for increasing recognition of early signs of mental illness. The number of potential responders is two hundred and nine (209), the

number of individuals that received training during the fiscal year. The setting(s) in which potential responders are engaged and types of potential responders engaged in each setting include: Setting(s) in which potential responders are engaged and types of potential responders engaged in each setting: o Adventist Health Primary Health Care (23) Nurses and Medical Staff > Hospital Administrators California Highway Patrol (1) > CHP Officer Columbia College (11) School Administrators Educators Community Members (37) County Behavioral Health (8) Administrative Analyst > Behavioral Health Workers > Behavioral Health Clinician at Juvenile Detention Facility > MHSA Coordinator > Peer Specialists from drop-in wellness & recovery center Social Workers County Staff Other (1) County Child Welfare (1) > Community Health Worker County Victim Witness program (2) Administrative Assistant Mother Lode Job Training (2) K-12 School Personnel (121) School Administrators

> School Adn

**Program Name:** PEI Project Number 4 – Older Adults

Sierra Senor Providers (1)

o Tuolumne Band of Me Wuk Indians (1)

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program.

# PEI Project Number 4 Special Populations

Type of Program: ⊠Prevention 100% □Early Intervention	⊠Outreach	⊠Access & Linkage
□Stigma & Discrimination Reduction □Suicide Prevention	$\square$ . Outreach	for Increasing Recognition
of Early Signs of Mental Illness		

State Priority: □Childhood Trauma PEI □Early Psychosis a	nd Mood Disorder Detection & Intervention
☐Mood Disorder & Suicide Prevention Programming ☐Y	outh 15-24 ⊠Older Adults MH Needs
□Culturally Competent & Linguistically Appropriate PEI	
<b>Priority Population:</b> □Children/youth in stressed families	□Children/youth at risk of school failure
☐Children/youth at risk of juvenile justice involvement	☐Trauma-exposed individuals
□Individuals experiencing onset of serious psychiatric illi	ness   Underserved cultural populations

#### **Program Description:**

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

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

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

#### **Key Activities:**

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

#### **Outcome Measures:**

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

**Data Collection:** Biannually

#### **FISCAL YEARS 2018-2021 PROGRAM REFLECTION**

#### Successes:

#### In FY 18/19:

- 50 individuals received counseling, socialization, and depression intervention services
  - 96% of participants showed improvement in how they felt after each visit
  - 95% of participants showed improvement in feelings of depression
- 5 new volunteers were recruited and trained for a total of 17 CAFÉ program volunteers

- 8 different agencies referred seniors in need including: TCBHD; Sierra Senior Providers; Avalon Care Center; and Adventist Health Sonora
- 2 outreach presentations to local agencies
- 3 CAFÉ program presentations to elder communities
- Participated in 5 local events to reach lonely and isolated elders including the Elder Awareness Conference which provided education and resources to nearly 200 community members with resources and tips on how to identify elder abuse.

#### In FY 19/20:

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

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program.

• 14 of 30 clients have received services in the first quarter. Number of sessions provided to clients have been increased due to the ongoing impact of COVID. No clients have completed their sessions at this time. Pretests have been completed for all clients.

#### Implementation Challenges and Lessons Learned:

#### In FY 18/19:

No implementation challenges and/or lessons learned were reported.

#### In FY 19/20:

The program reports:

Quarter 1: The most difficult challenges facing the program continue to be resistance to
accessing mental health services among older adults and difficulty getting information about
services to the most isolated individuals. Adventist Health Home Health social workers have
been invaluable in getting information about services to some individuals but many of the

high-risk individuals have minimal contact outside of their homes and do not participate in community events. Program clinician plans to increase outreach to medical offices and community clinics to try to facilitate awareness of services. When clients are referred for services, they can be reluctant to participate due to stigma and/or the belief that feelings of depression are normal parts of aging. Community presentations will focus on addressing these challenges.

- Quarter 2: In the second quarter the open support group was canceled three times due to weather, holidays, and Public Safety Power Shutoff events.
- Quarter 3: The major new development during the third quarter has been the COVID-19 crisis and the restrictions to social gatherings and personal contact. The program support group has been unable to meet in person since mid-March. Additional plans for community education presentations are on hold at this time. All clients have been offered alternative options for continuing their individual counseling sessions but not all clients are comfortable with the technology required. Some clients have chosen to wait until the restrictions are lifted to continue services. Outreach events have been cancelled throughout the county, making it harder to do new outreach and community about the program changes.
- Quarter 4: The major challenge for the fourth quarter has continued to be the COVID-19 crisis and restrictions. Program presentations and support group had to be cancelled until further notice due to these restrictions. Referrals declined significantly after the restrictions were announced but had begun to increase in the final weeks of June. Outreach events have also been cancelled and the program has been forced to rely on community referrals, postings and notices in the local paper to communicate that services are still available. Older adults are frequently less comfortable with telehealth counseling options and some have chosen to wait to pursue counseling until they feel safe resuming face to face sessions.

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program.

- Staff changes
- Lack of participants attending presentations that have shifted from in-person to virtual
- Quarter 1: The major challenge for this quarter has been the COVID-19 crisis and restrictions. Program presentations and support group had to be cancelled until further notice due to these restrictions. Outreach events have also been cancelled and the program has been forced to rely on community referrals, postings and notices in the local paper to communicate that services are still available. Older adults are frequently less comfortable with telehealth counseling options and some have chosen to wait to pursue counseling until they feel safe resuming face to face sessions. Program clinician has also had to quarantine for three weeks total due to COVID. During this quarter, phone support has been provided by program clinician to support group members in the meantime.
- Quarter 2: COVID safety measures continue to be a major barrier to program goals. Older
  adults express discomfort with telehealth services and many report they do not have the
  technological resources to utilize these services. Multiple clients have been quarantined due
  to COVID and one client passed away after contracting COVID. Program staff have chosen to
  protect themselves and the clients by limiting unnecessary contacts. Plans to continue
  support groups have been delayed again due to increasing risk of exposure.
- Quarter 3: Restrictions due to COVID-19 continue to be the major challenge to meet the program expectations. Additionally, older adults face a hard time managing telehealth services due to lack of comfort and appropriate devices.
- Quarter 4: As COVID restrictions are reinstated, the effects of the pandemic continue to be a major challenge.

# **Examples of Success/Impact**

#### In FY 18/19:

From a CAFÉ volunteer:

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

The relationship with each of my partners is quite different; there is a common need in each case, to share quality time. My second partner and I enjoy sharing lunch in her dining room and then continuing to enjoy our afternoon chatting in her lovely living room. She shares stories about her world travels and the exciting life she has lived. We will continue to provide many hours of joy and laughter.

#### In FY 19/20:

The program reports:

- Quarter 1: The Mother Lode Wellness Program has created a mental health service option that serves people who fall between the cracks. Individuals who don't qualify for Behavioral Health services but cannot afford to pay a private therapist can utilize our program to address their mental health needs. Our support group has provided a safe place for clients to share challenges and connect with peers. The members initiated a group exercise period prior to the group meeting led by one group member and regularly offer support with each other's challenges. We hope to continue building on these accomplishments in the months to come through our community presentations and ongoing outreach in the community.
- Quarter 2: The Mother Lode Wellness Program continues to serve older adults who could not access traditional behavioral health service options. Several clients have requested in home sessions due to limited mobility prohibiting them from accessing other mental health services. The program has also begun receiving referrals from the Groveland area where some services are less accessible. The program services have made progress in establishing mutually supportive relationships and reducing stigma of mental health issues through our community presentation and support group meetings. When speaking with Skyline residents after the Winter Wellness Presentation, clinician heard comments that indicated that the presentation succeeded in expanding the attendees' perception of the purpose of mental health services. Attendees made comments expressing interest in pursuing wellness services to assist them in coping with major life transitions and relationship challenges.
- Quarter 3: The program has adapted to the new state of our world by shifting to providing telehealth sessions in the third quarter. Many clients have taken advantage of this option to continue their services. The program clinician has also been checking in with current and past clients to support them in reacting to the COVID-19 safety measures. Referrals are being made when appropriate and clinician is helping people to brainstorm solutions for the new challenges in their lives. Support group members have been encouraged to stay in touch with each other by phone and other means so they can continue to support each other during this crisis.
- Quarter 4: Telehealth sessions are being provided. Program clinicians have also provided face-to-face sessions with clients while following mask and social distancing protocols. Program clinician has continued to provide phone support to individuals who are struggling with the restrictions but do not wish to pursue regular counseling sessions at this time. Support group

members report they are staying in contact with each other and providing support and encouragement.

#### In FY 20/21:

The program reports (names changed to protect confidentiality):

- Quarter 1: Telehealth sessions are being provided. Program clinicians have also provided face to face sessions with clients while following mask and social distancing protocols. Program clinician has continued to provide phone support to individuals who are struggling with the restrictions but do not wish to pursue regular counseling sessions at this time. Support group members report they are staying in contact with each other and providing support and encouragement. Clinician plans to resume support groups in an outdoor location or in smaller numbers to accommodate COVID safety measures next quarter and is working with other agencies and organizations to provide safe educational opportunities for the community.
- Quarter 2: The Wellness Program continues to offer telehealth services and in person services to clients following COVID guidelines. Phone support continues to be provided to support group members and other community members. Preparations for videoconference presentations are underway and tentatively scheduled for January 2021.
- Quarter 3: The new program clinician was able to connect and introduce herself to community agencies. Previous clients had made contact to resume services. Services are being provided over telehealth.
- Quarter 4: Program brochures and flyers were created and distributed in different community agencies. Outreach included meeting with the Promotoras from ATCAA and with Father Smith from a local church.

Program I	Vame:	PEI Pro	iect Num	ber 4 –	Latinos
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<b>Type of Program:</b> ⊠Prevention 30% ⊠Early Intervention 70% ⊠Outreach □Access & Linkage
$\square$ Stigma & Discrimination Reduction $\square$ Suicide Prevention $\square$ . Outreach for Increasing Recognition
of Early Signs of Mental Illness
State Priority: ⊠Childhood Trauma PEI □Early Psychosis and Mood Disorder Detection & Intervention
☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs
☑Culturally Competent & Linguistically Appropriate PEI
<b>Priority Population:</b> ⊠Children/youth in stressed families ⊠Children/youth at risk of school failure
□Children/youth at risk of juvenile justice involvement ⊠Trauma-exposed individuals
□Individuals experiencing onset of serious psychiatric illness □Underserved cultural populations

#### **Program Description:**

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

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

health and to outreach to Latino/Hispano community members about behavioral health. The program consists of two Promotores de Salud (Promoters of Health) who provide mental health education, outreach and support. The Promotores are from the Latino community themselves and have succeeded in building relationships and trust with their peers. They focus on breaking down barriers to accessing services, such as transportation, culture, language, stigma, and mistrust of behavioral health services.

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

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

#### **Key Activities:**

- Deliver presentations in various venues in the community to increase awareness of mental health issues and services relevant to the Latino-American population in the county
- Provide assistance to the Latino-American population in the county such as translation, support in accessing community services, and services related to immigration status
- Collaborate with community partners to assist their clients in accessing services or to provide culturally competent service provision

#### **Outcome Measures:**

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

Data Collection: Quarterly

#### FISCAL YEARS 2018-2021 PROGRAM REFLECTION

#### **Successes:**

#### In FY 18/19:

- 24 information presentations on mental health and Promotores de Salud reaching 285 community members
- 133 Latina Support Group contacts
- 19 rides to access services
- 11 translation assistance services

- 62 in-home or telephone support services to 26 unduplicated Latino community members
- 195 direct services (in-home or group support)
- 12 requests for assistance from other agencies, schools, or counselors
- 27 instances where Promotores participated in other agency events
- 17 referrals to Behavioral Health or other related services, 13 were to Latina support group

#### In FY 19/20:

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

#### In FY 20/21:

- Partnered and collaborated with 9 community agencies this year, for a total number of 29 meetings and collaborations.
- Provided individual assistance to 17 community members, for a total of 34 visits or resource supports. Of these 17 people, 9 were unduplicated.
- 44 unduplicated services to the Latinx community
- 5 public presentations

#### Implementation Challenges and Lessons Learned

#### In FY 18/19:

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

# In FY 19/20:

Reported by ATCAA/Promotores de Salud Program:

• Beginning in March 2020, due to the COVID-19 pandemic, the Promotores were unable to facilitate any presentations or outreach activities in the community. They did reach out by phone to Mexican restaurants in the area to help give information about programs to assist financially for the closing of their businesses. The Promotoras continued to reach out to the community via phone, but it was challenging to have the same level of outreach. They focused on making sure families were connected to health resources to keep their families safe and on connecting to food resources in the county. The program implemented conference calling to continue training for the Promotores staff. One success was that the program

established a Los Promotores de Salud Facebook page in the fourth quarter that is helping to get more information in Spanish out to the community.

- We did not have a formal survey of clients this year because most of our presentations were through outreach tables in the community, which made it difficult to have clients fill out surveys. There was difficulty in finding a way to do the survey anonymously without the Promotora doing the survey being the one asking the questions, but we were able to gather some surveys which are included in the report attachments. We will include this on a more regular basis in the 20/21 fiscal year.
- There was also a challenge with the Latina support group in the third quarter and the role the Promotoras play in the group. We had two meeting set up at the beginning of the year with the group organizer to discuss the role of the Promotores in the group and how they can contribute, but both meetings were canceled due to the group organizer being ill. We had to shelter in place shortly after. Because of this, the group participation numbers were not part of the third quarter report. The dynamics of this situation were complicated and were resolved in the fourth quarter.

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program. Reported by ATCAA/Promotores de Salud Program:

- Our most difficult challenge continues to be doing outreach during the COVID pandemic. As the county is opening up more, the Promotoras are more comfortable doing outreach in public, and we should be able to set up more information tables within the community within the next few months.
- Our greatest challenge continues to be finding ways to provide support despite COVID-19. We only had one Promotora for October and November and this made it difficult to keep our outreach data up. When we were about to begin doing presentations once again, the county moved into the purple tier, which set us back in our ability to do presentations.
- It remains a challenge to find bilingual therapists in the county since the Spanish speaking therapist at MACT left. We did connect with Veronica who can provide services to Spanish speaking clients over 55, but that is limited to services for seniors only. Many of our families do not have Medical and so do not qualify for counseling services at Behavioral Health. We also still struggle with overcoming the stigma of receiving counseling for the Latinx community. We continue to provide support for the Latina support group, but the facilitator was not available to do group for several months.

#### **Examples of Success/Impact**

### In FY 18/19:

Reported by ATCAA/Promotores de Salud Program:

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

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

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

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

#### In FY 19/20:

Reported by ATCAA/Promotores de Salud Program:

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

#### In FY 20/21:

Reported by ATCAA/Promotores de Salud Program (names changed to protect confidentiality):

We made great progress on our Facebook page, making information about community needs accessible to the Spanish speaking community. We were able to do an information table at the Hope and Honor Suicide walk for the first time since March. We were also able to help some community members access COVID-19 testing by making appointments and giving rides (following safety protocol). I feel that we were able to increase the amount of transportation support for the community.

This quarter we made a positive connection with the new Dream Resource Center at Columbia College and were asked to serve as a referral liaison for their students who need help accessing mental health information and treatment. Our new Promotora brings a new connection to the community and is expanding the number of unduplicated individuals we are serving. She is working on developing a support group for parents with children with disabilities and she was able to help a community member access a treatment center out of the area. We have been assisting the Spanish speaking community in making appointments for COVID vaccines and helping clients access the clinics to receive them. We were able to put up our first information table in many months and had a table at the Jamestown second Saturday market on 2/20 and 3/13. The Promotoras were able to do outreach to a greater number of people in March. We were also able to make connections with staff at Sonora High School to begin assisting her students and give a presentation. This has been one of our goals and we are excited to be able to access this age group in the community.

In the fourth quarter, the Promotoras made some new connections with collaborating agencies. One was with a bilingual therapist with Catholic Charities. This a great resource for Spanish speaking community members who are 55 and older to receive no cost therapy in their native language. Together, with the director of the counseling program at Catholic Charities, we met with Father Smith at a local church. We discussed outreach through church programs and ways to collaborate to get the Latinx community connected to mental health services. This has been a goal for the Promotora program for many years, and there have been challenges over the years to making this connection. We will begin our collaboration in the next grant cycle as we join them in putting up a table in church sponsored events. In this quarter, we also made connections with Sonora High School to help them set up and facilitate their English Learner Advisory Committee. This will help the Promotoras make connections with the parents and help them address equal access to services, including counseling and mental health issues. Addressing racism at the high school level has been a long-time goal and the hope is that through the ELAC, the parents and staff can begin to have some open and honest conversation about what students of color and English Language Learner, most of whom are Spanish speakers, might be experiencing at this challenging age.

#### **Program Name:** PEI Project Number 4 – Native Americans

<b>「ype of Program:</b> ⊠Prevention 80% ⊠Early I	ntervention 20% $$	Outreach	⊠Access & Linkage
□Stigma & Discrimination Reduction □Suici	de Prevention $\;\square$ . Ou	utreach for	Increasing Recognition
of Early Signs of Mental Illness			
State Priority: □Childhood Trauma PEI □Early	Psychosis and Mood	Disorder De	etection & Intervention
☐Mood Disorder & Suicide Prevention Progra	mming □Youth 15-2	24 □Older	Adults MH Needs
☑Culturally Competent & Linguistically Appro	priate PEI		

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

#### **Program Description:**

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

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

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

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

#### **Key Activities:**

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

#### **Outcome Measures:**

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

Data Collection: Annually

#### FISCAL YEARS 2018-2021 PROGRAM REFLECTION

#### Successes:

#### In FY 18/19:

Sweat Lodge Ceremonies:

12 community sweat lodge ceremonies were held; 230 individuals participated

Support to Native Americans in County Jail System:

• 132 inmates received support

Coordinate Local and Visiting Presenters, Musicians, and Healers

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

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

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

Weekly Substance Use Group for Native Youth Ages 11-18

• No weekly groups offered (see Implementation Challenges below)

The program made progress towards its goals of providing monthly sweat lodge ceremonies and the attendance has increased significantly. Another success has been providing support and substance abuse services to Natives in the county jail. The program was able to structure regular substance abuse education in the county jail as well as provide the inmates assistance to obtain their GED and be enrolled to start Columbia collage when they were released. The inmates were also able to obtain mental health appointments within 48 hours of being released for medication to prevent debilitating mental health symptoms.

#### In FY 19/20:

Sweat Lodge Ceremonies:

8 community sweat lodge ceremonies were held; 113 individuals participated

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

• 77 inmates received support

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

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

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

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

Storytelling Zoom Event: 10 participants

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

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

#### In FY 20/21:

The program reported:

- 104 2-hour traditional drumming and/or cultural crafts activities were offered
- 313 participants attended the 2-hour cultural activities were offered each quarter
- 94 90-minute White Bison 12-step study meeting weekly were offered
- Increased the number attending the White Bison 12- step study meetings by 10% as compared to FY 19/20. This goal has been met. A 10% increase in attendance from last FY (161 attendees) would have required 177 participants to attend White Bison meetings in FY 20/21. Well over that number attended (480 attendees) in FY 20/21.
- During this fiscal year we have been flexible with days of the week and times of day we offer White Bison groups. This has led to an increase in participation and attendance. Many participants, both Tribal members and non-natives, express an appreciation of the native way of working the 12-Steps and the benefits of native crafts/ drumming
- Quarter 1: Blessing Physical Therapy and new Behavioral Health locations 8 participants
- Quarter 3: Vape Dangers in Native Community 7 participants
- Quarter 4: Cultural greeting at Tuolumne Construction Pre-Apprentice Training Graduation,
   4/22/2021 38 participants; Summerville Elementary Youth SUD Presentation, 4/9/2021 40
   participants; Plant Talk at the Res Rec Center, 6/30/2021 14 participants (11 youth, 3 adults)
- 38 weeks, weekly youth prevention person to assist the Tuolumne MeWuk's tribe's cultural department and actively take part in prevention activities
- In Quarter One, despite the challenges presented by COVID-19 our weekly drumming/ cultural craft groups and our White Bison groups exceeded Q1 19/20 numbers in total groups provided and total participants.
- In the fourth Quarter, our budget did not accurately reflect the work we have been providing. Due to COVID we were not able to bring in guest speakers/ performers or feed program participants. Our own staff ended up providing the services. Our budget did not reflect this and we needed to move funds around to cover the staffing costs of the services being provided inhouse.

#### Implementation Challenges and Lessons Learned

#### In FY 18/19:

The program reported:

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

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

#### In FY 19/20:

The program reported:

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

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program. The program reported:

• A 10% increase in attendance from last FY (390 attendees) would have required 429 participants to attend traditional groups in FY 20/21. Less than the goal number attended (313 attendees) in FY 20/21. This is likely due to COVID restrictions and programming being provided in new ways, i.e. virtually.

- Quarter 2: No events provided and Quarter 3: Winter Wisdom Zoom event 0 participants;
- Quarter 2: We have begun providing more White Bison groups per week to keep group size to
  a minimum, given COVID-19. Individuals who participate in groups express gratitude they have
  a place to go and receive support during this time. We have also been able provide prevention
  education/ art groups with children on the reservation. The goal is for these groups to be
  weekly, however this goal is not always met due to COVID restrictions.

#### **Examples of Success/Impact**

#### In FY 18/19:

The program reported:

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

#### In FY 19/20:

The program reported:

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

#### In FY 20/21:

The program reported:

- Client comments following sweats: "I'm really glad to be welcomed to sweat," "I've missed community this past year," "Sweat was really good tonight."
- Participant comments include: "I really like working on finding my spiritual path and what works for me," "I've been signing the morning song every day when I get up. It sets me on a good path for the day.
- Participant comments include: "Really grateful to have some cultural awareness added to our graduation ceremony, thank you for your blessings!" (re. cultural greeting at graduation); "It's so amazing to learn about the useful plants in our own backyard."
- More than 100 K-12th grade children/ youth were served during FY 20/21

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

<b>Program Name:</b> PEI Project Number 5 – Fostering Healthy Activities in Non-Traditional
Settings
Type of Program: □Prevention □Early Intervention 100% □Outreach □Access & Linkage
$\square$ Stigma & Discrimination Reduction $\square$ Suicide Prevention $\square$ . Outreach for Increasing Recognition
of Early Signs of Mental Illness
State Priority: ⊠Childhood Trauma PEI □Early Psychosis and Mood Disorder Detection & Intervention
☐Mood Disorder & Suicide Prevention Programming ☐Youth 15-24 ☐Older Adults MH Needs
□Culturally Competent & Linguistically Appropriate PEI
Priority Population: ⊠Children/youth in stressed families ⊠Children/youth at risk of school failure
☑Children/youth at risk of juvenile justice involvement ☑Trauma-exposed individuals
□Individuals experiencing onset of serious psychiatric illness □Underserved cultural populations

**Program Description:** The Jamestown Family Resource Center (JFRC) of Jamestown School District is working towards implementing a trauma-informed approach to working with students and their families in the school district by educating school staff on trauma-informed principles. School staff complete a series of trainings on how trauma impacts youth and youth behaviors, how to discern whether a youth has or may be experiencing current trauma in their lives, and how to appropriately respond with supportive interventions for the student and their families rather than punitive interventions. School staff are trained to effectively reach out to, and work with, high risk students such as those experiencing homelessness, or living in the foster care system or other out-of-home placement.

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

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

#### **Key Activities:**

Educate and train school staff on trauma and trauma-informed practices

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

#### **Outcome Measures:**

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

Data Collection: Biannually

#### FISCAL YEARS 2018-2021 PROGRAM REFLECTION

#### **Successes:**

#### In FY 18/19:

Educate and Train Staff on Trauma Informed Behavior

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

#### Follow-Up Coaching and Training on Trauma Response

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

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

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

#### Referrals:

- 162 individuals referred to mental health services
- 8 individuals referred to substance use services
- 24 individuals referred to primary care
- 51 individuals referred to Social Services
- 62 individuals referred to housing services

#### In FY 19/20:

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

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

#### Trauma-Informed Training for Untrained and New Staff

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

# Expansion of Trauma-Informed Schools Program in Tuolumne County

- Engaged 3 additional school districts in Tuolumne County to create trauma-informed training plans
- 1 two-hour basic trauma-informed training was provided as follows:
  - o 27 school staff at Curtis Creek Elementary; 430 students benefitted
  - o 20 school staff at Twain Harte Elementary; 267 students benefitted
  - o 13 school staff as Cassina High; 73 students benefitted
- Additional strategies and implementation training was provided for the three schools before the COVID-19 pandemic closed the schools (4 hours at one school, 3 hours at another, and 2 hours at another)
- 100% of the participants in the trainings stated that the training was effective (123 evaluations returned) despite the fact that the trainings could not be completed due to the pandemic
- The coaching and assessment/monitoring components of this program could not be implemented due to the pandemic

#### In FY 20/21:

The program reported:

Trauma-Informed Training for Untrained and New Staff

- 1 2-hour virtual trauma-informed training were provided to 2 untrained staff
- 1 virtual trauma-informed training was held
- This school year was presented with unbelievable challenges with reference to accessing teachers and students for the purpose of both training, and evaluating student records. The vast majority of the school year was either distance learning or hybrid learning, rendering access to students for any significant period of time impossible.

#### Expansion of Trauma-Informed Schools Program in Tuolumne County

- Engaged 3 additional school districts in Tuolumne County to create trauma-informed training plans
- 1 two-hour basic trauma-informed training was provided as follows:

 Multiple previously identified schools had more than 50% of their attend this training including: Sonora Elementary School, Soulsbyville Elementary School, Gold Rush Charter School, Summerville Elementary School, Big Oak Flat Union School District and the Social/Emotional Co-op

#### Implementation Challenges and Lessons Learned

#### In FY 18/19:

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

#### In FY 19/20:

As reported by the Program Director:

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

#### In FY 20/21:

The COVID-19 pandemic during the fiscal year created many challenges for the program. As reported by the Program Director:

- Quarter 1: Due to COVID-19, the majority of staff and students were not on campus for the reporting period so there is an insufficient sample size.
- Quarter 2: Due to COVID-19, the school shut down during this reporting period and placed on a distance learning model. As a result, I was unable to communicate with teachers and staff members regarding the process of staff who were previously trained.
- Quarter 3: Due to COVID-19, I was unable to meet in person with Jamestown Elementary School staff onsite to discuss programs. It is anticipated that I will be on campus meeting with staff to discuss the trauma informed techniques during Quarter 4.
- Quarter 4: Due to COVID-19, I was unable to meet in person with Jamestown Elementary staff onsite to discuss progress.

- 6-hour strategies and implementation trainings were not held due to participants citing they had "zoom fatigue"
  - The term "Zoom fatigue" was relayed by one school administrator who stated he "would love to participate in a virtual training," but his staff were "burned out" and could not accommodate any more virtual meetings (Quarter 2)

#### **Examples of Success/Impact**

#### In FY 18/19:

From Mark Dyken, Program Director:

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

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

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

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

#### In FY 19/20:

#### Quotes from training evaluations:

"We would love more of this training at Twain Harte." – Teacher at Twain Harte "This is not only useful at work but also at home." – Teacher at Cassina

"Very informative and relevant to our jobs on a daily basis." – Yard Duty at Jamestown "Great presentation! We need more of these to help understand and remind us of why we are here for our students." – Classroom Aide at Jamestown

"Please come back and provide more information and strategies. Thank you!" – Teacher at Curtis Creek

#### In FY 20/21:

The program reported:

As reported by the Program Director:

- Feedback from the participants of the two-hour trauma informed training has been overwhelmingly positive. Staff across all school sites almost universally had very positive feedback and indicated the training was effective.
- 75% of staff trained said that would recommend this training to other staff
- 75% of staff who participated in trauma-informed training reported that they have effectively used the strategies and techniques that were taught in the training

#### **Populations Served**

The State requires that at least 51% of PEI funds be allocated toward programs supporting those aged 25 years and below. From FY 18/19 through FY 20/21, TCBH had five (5) PEI Programs, more than half of all its PEI programs, that were 100% dedicated to serving ages 25 and under. Programs are: 1) Nurturing Parenting Education; 2) Supporting Early Education and Development (SEED); 3) Early Childhood Education Family Support Aides; 4) School-Based Resiliency Services; and 5) Trauma-Informed Schools. TCBH has one (1) PEI Program, the Older Adult Wellness Program, that is 100% dedicated to older adults. TCBH has three (3) PEI Programs, Suicide Prevention and Stigma Reduction, Promotores de Salud, and Native American Outreach and Engagement, that reached the four (4) served populations of children (0-15), TAY, (16-25), Adults and Older Adults.

Prevention and Early Intervention Programs FY 18/19

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

TCBH's Annual MHSA Revenue and Expenditure Report documents that a combination of MHSA PEI Programs during FY 20/21 exceeded the required minimum percentage to serve ages 25 and below. TCBH's PEI Programs serve 52.46% of those who are ages 25 and below.

	Α
	Percent Expended for Clients Age 25 and Under, All PEI
MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	
•	52.46%

# Access and Linkage

For FY 19/20 and FY 20/21, TCBHD collected general referral information from PEI contractors as follows:

Referrals To	#s in FY 19/20	#s in FY 20/21
Mental Health Services	54	26
Substance Use Services	28	27
Primary Care	14	*
Social Services	106	*
Grief Support	*	*
Caregiver Support	*	*
ATCAA	*	*
Interfaith	14	*
Jamestown Family Resource Center	12	*
Center For a Non Violent Community	*	*
Resiliency Village	*	*
DRAIL	*	*
Autism Speaks	*	*
Spiritual Support	*	*

\*If less than 11, the number is not reported

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

PEI Contract Age	ency/Program Name: _	
FY:	Quarter:	Check if no referrals this quarter:

Log to be used to track referrals\* from PEI contractor to both TCBH and Non-TCBH behavioral health services.

Submit log quarterly to TCBHD MHSA Programs Coordinator, 2 South Green St, Sonora, CA 95370 or via secure encrypted email to dfone@co.tuolumne.ca.us

		Contracto	r Referral* Log		
First & Last Name of Referred (For referrals to non-TCBH services, write "N/A")	Date of Birth (For TCBH referrals only)	Date of Referral	Referred to which TCBH program? (sg. Crisis, MH, FSP, SUD)	Referred to which Non-TCBH Behavioral Heal Agency/Program	
		2			

<sup>\*&#</sup>x27;Referral' is defined to mean the process by which the individual is given a recommendation in writing to one or more specific TCBH service providers for a higher level of care and treatment. Distributing a list of community resources to an individual does not constitute a referral.

# **Program Demographics**

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

FY		
10/10	FY	FY 20/21
18/19	19/20	20/21
2107	7.409	461
		83
157	1,754	65
5044	3,854	1,059
86	378	51
		ELECT.
431	1,309	505
	,	
5	34	7
	48	6
169	741	112
		3
-	02	
1085	3 355	897
		43
		7
	*	
	Cath Salv	
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	* * * *	
	431	2197       7,408         157       1,754         5044       3,854         86       378         431       1,309         5       34         13       48         169       741         2       32         1085       3,355         46       124         8       63

the number is not reported			
	FY	FY	FY
	18/19	19/20	20/21
Gender Assigned at Birth			
Female	935	5,889	1,088
Male	828	3,061	550
	-		
Prefer not to answer			
Current Gender Identity			New Y
Female		* *	
Male	-	*	
Transgender			
Genderqueer	-		-
Questioning/Unsure			
Other Gender Identity		*	
Prefer not to answer			
Sexual Orientation			تعنقا
Gay or Lesbian		*	
Heterosexual/Straight		53	
Bisexual		*	
Questioning/Unsure			
Queer			
Other (LQBTQ+)	3	14	35
Prefer not to answer			
Veteran Status			
Yes	31	11	2
No		53	
Prefer not to answer			
Disability			
I do not have a disability		42	
Mental illness		*	
Difficulty seeing	7	*	
Difficulty hearing or	9		
having speech			
understood			
Other seeing, hearing,			1
speaking disability			
Learning disability			
Developmental disability			
Dementia			
Physical or mobility		*	
disability			

Filipino		
Japanese		
Korean		
Middle Eastern/North		
African		
Vietnamese		
Native/Pacific Islander	*	
Other	12	
Prefer not to answer	*	
Primary Language		
English		
Spanish		
Other		
Prefer not to answer		

Chronic health condition		*	
or chronic pain			
Other physical disability		*	×
<b>Current Living Situation</b>		*	
Homeowner			
Rent Home/Apartment		27	
Homeless	135	21	8
Sharing Housing		252	
Multi-Family		*	
With Friends/Family			
Foster Care		*	
Supportive Housing			
Subsidized Housing			
Other			
Prefer not to answer		*	
Other Special Population			9





# Appendix F

Tuolumne County Behavioral Health





# Annul Innovation Project Report FY 2020/21

Tuolumne County Behavioral Health

There was no Innovation project in FY 2020-21 hence there is nothing to report on. Input for a new Innovation project will be solicited at future community stakeholder meetings.





# Appendix G

Tuolumne County Behavioral Health



**MONDAY** 

**TUESDAY** 

**WEDNESDAY** 

**THURSDAY** 

**FRIDAY** 

We encourage you a shower or law vance by calling Walk-in requests based on the	(209) 533-7114. s accommodated	Showers 8-2:30	Laundry 8, 10, 12 & 2 only	Happy—  4this  of July
Showers 8-2:30	Laundry 8, 10, 12 & 2 only	Showers 8-2:30	Laundry 8, 10, 12 & 2 only	Showers 8-2:30
Showers 8-2:30	Laundry 8, 10, 12 & 2 only	Showers 8-2:30	16 Laundry 8, 10, 12 & 2 only	Showers 8-2:30
Showers 8-2:30	Laundry 8, 10, 12 & 2 only	Showers 8-2:30	Laundry 8, 10, 12 & 2 only	Showers 8-2:30
Showers 8-2:30	Laundry 8, 10, 12 & 2 only	Showers 8-2:30	Laundry 8, 10, 12 & 2 only	Showers 8-2:30

#### TU UMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

EC HOURS: Unless noted

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

Community Center for Wellness and Recovery funded by Prop 63

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





V 6.24.20



# **AUGUST 2u20**



**MONDAY TUESDAY** WEDNESDAY **THURSDAY** FRIDAY 3 5 Showers Laundry **Showers** Laundry Showers 8-2:30 8, 10, 12 & 2 8-2:30 8, 10, 12 & 2 8-2:30 only only 10 11 13 14 Showers Laundry Showers Laundry Showers 8-2:30 8, 10, 12 & 2 8-2:30 8, 10, 12 & 2 8-2:30 only only 18 17 19 20 21 Laundry Showers Showers Laundry Showers 8-2:30 8, 10, 12 & 2 8-2:30 8, 10, 12 & 2 8-2:30 only only 24 25 26 28 Showers Laundry Showers Laundry Showers 8-2:30 8, 10, 12 & 2 8, 10, 12 & 2 8-2:30 8-2:30 only only 31 We encourage you to call to book Showers a shower or laundry spot in ad-8-2:30 vance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.

#### TU UMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

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V 7.6.20

# SEPTEMBER 2020

**MONDAY** TUESDAY WEDNESDAY THURSDAY **FRIDAY** 1 EC CLOSED 3 Laundry Showers Showers 8, 10, 12 only 8-2:30 8-2:30 Staff Development Day 8 10 11 Laundry **Showers** Showers Laundry We will be CLOSED 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 15 16 17 18 Showers Laundry Showers Laundry Showers 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 8-2:30 21 22 23 25 Showers Laundry Laundry Showers Showers 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 8-2:30 28 30 We encourage you to call to book Showers Laundry **Showers** a shower or laundry spot in ad-8, 10, 12 only 8-2:30 8-2:30 vance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.

#### TU UMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

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V 8.27.20



**MONDAY** TUESDAY WEDNESDAY **THURSDAY FRIDAY** We encourage you to call to book Laundry Showers a shower or laundry spot in ad-8, 10, 12 only 8-2:30 vance by calling (209) 533-7114. Walk-in requests accommodated based on the availability. 8 Showers Showers Laundry Laundry Showers 8-2:30 8, 10, 12 only 8-2:30 8, 10, 12 only 8-2:30 12 13 14 15 16 Showers Laundry Showers Laundry Showers 8-2:30 8, 10, 12 only 8-2:30 8, 10, 12 only 8-2:30 19 21 23 Showers Laundry Showers Laundru Showers 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 8-2:30 26 27 28 29 30 Showers Laundry Showers Laundry Showers 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 8-2:30

# TU LUMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

EC HOURS: Unless noted

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V 10.2.20





**MONDAY TUESDAY** WEDNESDAY **THURSDAY FRIDAY** 3 5 Showers Laundry Showers Laundry Showers

8-2:30 8, 10, 12 only 8-2:30 8, 10, 12 only 8-2:30 EC CLOSED 10 12 13 11 Showers Showers Laundry Laundry 8-2:30 8, 10, 12 only 8, 10, 12 only 8-2:30 16 18 17 19 Showers Laundry Showers Laundry Showers 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 8-2:30 EC CLOSED EC CLOSED 23 24 25 26 27 Showers Laundry Showers Happu 8, 10, 12 only 8-2:30 8-2:30 Thanksgiving 30

Showers 8-2:30



We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.



#### UMNE COUNTY **ENRICHMENT** CENTER 101 HOSPITAL ROAD

SONORA, CA 95370



Phone: 533-7114

EC HOURS: Unless noted

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

Community Center for Wellness and Recovery funded by Prop 63

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





V 10.29.20



**MONDAY** 

**TUESDAY** 

**WEDNESDAY** 

**THURSDAY** 

**FRIDAY** 

MONDAI	IUESDAI	WEDNESDAI	IIIUKSDAI	FRIDAI
We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
Showers 8-2:30	8 Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30	EC CLOSED 24	EC CLOSED 25
Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	EC CLOSED 1

# TU LUMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

EC HOURS: Unless noted

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

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V 11.19.20

# JANUARY 2021

**MONDAY TUESDAY** WEDNESDAY **THURSDAY FRIDAY** EC CLOSED We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability. Showers Laundry Laundry Showers Showers 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 8-2:30 11 12 13 14 15 Showers Laundry Showers Laundry Showers 8, 10, 12 only 8-2:30 8, 10, 12 only 8-2:30 8-2:30 EC CLOSED 18 19 20 **Showers** Laundry Showers Laundry 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 28 26 29 27 Showers Showers Laundry Showers Laundry 8, 10, 12 only 8, 10, 12 only 8-2:30 8-2:30 8-2:30

#### TU UMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

EC HOURS: Unless noted

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

Community Center for Wellness and Recovery funded by Prop 63

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V 12.3.20



# FEBRUARY 2021



**MONDAY** 

**TUESDAY** 

**WEDNESDAY** 

**THURSDAY** 

**FRIDAY** 

MONDAY	TUESDAY	WEDNESDAY	Inuksdai	FRIDAY
Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
Showers 12-2:30  *Morning showers are NOT available this day.	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
EC CLOSED 15	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
	BE	a shower or lau vance by calling	ou to call to book ndry spot in ad- g (209) 533-7114. s accommodated	

based on the availability.

TU JUMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

EC HOURS: Unless noted

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

Community Center for Wellness and Recovery funded by Prop 63

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V 1.28.21



# **MARCH 2621**



**MONDAY** 

**TUESDAY** 

**WEDNESDAY** 

**THURSDAY** 

FRIDAY

MONDAI	ICESDAI	WEDNESDAI	IIIONSDAI	INDAI
Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
Showers	Laundry	Showers	Laundry 8, 10, 12 only	Showers
12-2:30	8, 10, 12 only	8-2:30		8-2:30
Showers	Laundry	Showers	Laundry	Showers
8-2:30	8, 10, 12 only	8-2:30	8, 10, 12 only	8-2:30
Showers	Laundry	Showers	Laundry	Showers
8-2:30	8, 10, 12 only	8-2:30	8, 10, 12 only	8-2:30
Showers 8-2:30	EC CLOSED 30  Staff Training	Showers 8-2:30	a shower or lau vance by calling Walk-in requests	ou to call to book ndry spot in ad- (209) 533-7114. s accommodated availability.

TUC UMNE
COUNTY
ENRICHMENT
CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

EC HOURS: Unless noted

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

Community Center for Wellness and Recovery funded by Prop 63

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





V 2.16.21







**MONDAY** 

**TUESDAY** 

WEDNESDAY

**THURSDAY** 

**FRIDAY** 

Spring	We encourage you to call to book a shower or laundry spot in ad- vance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.		Laundry 8, 10, 12 only	Showers 8-2:30
Showers 12-2:30	Laundry 8, 10, 12 only	Showers 8-2:30	Laundry 8, 10, 12 only	Showers 8-2:30
Showers 8-2:30 Reopening EC with limited capacity 8 am-12 pm	EC 8 am—12 pm  Laundry 8, 10, 12 only	EC 8 am—12 pm  Showers 8-2:30	EC 8 am—12 pm  Laundry 8, 10, 12 only	EC 8 am—12 pm  Showers 8-2:30
EC 8 am-12 pm  Showers 8-2:30	EC 8 am—12 pm  Laundry 8, 10, 12 only	EC 9 am—12 pm 1-hr late start Showers 8-2:30	EC 8 am—12 pm  Laundry 8, 10, 12 only	EC 8 am—12 pm  Showers 8-2:30
EC 8 am—12 pm  Showers 8-2:30	EC 8 am—12 pm  Laundry 8, 10, 12 only	EC 8 am—12 pm  Showers 8-2:30	EC 8 am—12 pm  Laundry 8, 10, 12 only	EC 8 am—12 pm  Showers 8-2:30

# TU UMNE COUNTY ENRICHMENT CENTER 101 HOSPITAL ROAD

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

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

Community Center for Wellness and Recovery funded by Prop 63

Reducing Stigma by Becoming a Visible and Valued Part of the





V 4.12.21



# MAY 2021~ Each Mind Matters A



**MONDAY** 

**TUESDAY** 

WEDNESDAY

19

26

**THURSDAY** 

FRIDAY

8-2:30 Showers 8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 10-11 Gardening

8, 10 & 12 Laundry 8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 8-12 Recreation

8-2:30 Showers 8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 8-12 Recreation

8, 10 & 12 Laundry 8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 8-12 Recreation

8-2:30 Showers 8-12 Computers 9 Bingo

Enrichment Center

COUNTY **ENRICHMENT** CENTER

101 HOSPITAL ROAD SONORA, CA 95370

Phone: 533-7114

EC Main Room & Patio Hours: Monday through Friday 8 a.m. to 12 p.m.

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

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

Social Distancing & Masks are Required. EC has a limited capacity of 10 people in main room at one time.



8-2:30 Showers

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 10-11 Gardening

8, 10 & 12 Laundry

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 8-12 Recreation

8-2:30 Showers

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 8-12 Recreation

8, 10 & 12 Laundry 8-12 Computers 8-10 Recovery Films

8-12 Recovery Library 8-12 Recreation

8-2:30 Showers 14 8-12 Computers

9 Bingo

21

28

8-2:30 Showers

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 10-11 Zoom — Ouality Improvement Council 10-11 Gardening

8, 10 & 12 Laundry

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library

8-12 Recreation

9-2:30 Showers

9-12 Computers 9-12 Recovery Films 9-12 Recovery Library 9-12 Recreation

LATE START-OPENAT 9

8, 10 & 12 Laundry

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library

8-12 Recreation

8-2:30 Showers 8-12 Computers

9 Bingo

8-2:30 Showers

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 10-11 Gardening

8, 10 & 12 Laundry

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 8-12 Recreation

8-2:30 Showers

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 8-12 Recreation

8, 10 & 12 Laundry 27

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 8-12 Recreation

8-2:30 Showers 8-12 Computers 9 Bingo

EC CLOSED





We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.



V 4.23.21



# JUNE 2021





11

18

25

FRIDAY

#### TU COUNTY **ENRICHMENT CENTER**

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

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

The EC is a Com-. munity Center for Wellness and Recovery funded by Prop 63

Social Distancing & Masks are Required. EC has a limited capacity of 10 people in main room at one time.

NATIONAL 1-800-273-TALK (8255)

V 5.25.21

#### TUESDAY

#### WEDNESDAY

#### THURSDAY

#### 8, 10 & 12 Laundry 8-2:30 Showers 8, 10 & 12 Laundry 8-2:30 Showers 1 8-12 Computers 8-12 Computers 8-12 Computers 8-12 Computers 8-10 Recovery Films 8-10 Recovery Films 8-10 Recovery Films 9 Bingo 8-12 Recovery Library 8-12 Recovery Library 8-12 Recovery Library 8-12 Recreation 8-12 Recreation 8-12 Recreation

#### 8-11:30 Showers

**MONDAY** 

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library

10-11 Gardening

8-2:30 Showers

8-10 Recovery Films

8-12 Recovery Library 10-11 Gardening

8-12 Computers

#### 8, 10 & 12 Laundry 8-12 Computers

8-10 Recovery Films 8-12 Recovery Library

8-12 Recreation

8, 10 & 12 Laundry

8-10 Recovery Films

8-12 Recovery Library

8-12 Computers

8-12 Recreation

#### 8-2:30 Showers

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library

8-12 Recreation

9-2:30 Showers

9-12 Recovery Films

9-12 Recovery Library

9-12 Computers

9-12 Recreation

and Patio are

#### 8, 10 & 12 Laundry

closed today.

#### The EC Main Room

#### 8, 10 & 12 Laundry

8-12 Computers 8-10 Recovery Films

8-12 Recovery Library

8-12 Recreation

8-2:30 Showers

8-12 Computers

9 Bingo

#### 8-2:30 Showers 8-12 Computers

9 Bingo



#### 8-2:30 Showers

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 10-11 Zoom — Quality Improvement Council

#### 8, 10 & 12 Laundry

8-12 Recreation

#### 8-12 Computers 8-10 Recovery Films

8-12 Recovery Library

8-12 Computers

8-12 Recovery Library

#### 8-2:30 Showers

LATE START-OPEN AT 9

8-10 Recovery Films

8-12 Recreation

#### 23

9

8, 10 & 12 Laundry 8-12 Computers

8-10 Recovery Films

8-12 Recovery Library 8-12 Recreation

#### 8-2:30 Showers

8-12 Computers 9 Bingo

#### 8-2:30 Showers

10-11 Gardening

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library 10-11 Gardening

#### 8, 10 & 12 Laundry

8-12 Computers 8-10 Recovery Films 8-12 Recovery Library

#### 8-12 Recreation

28

#### 8-2:30 Showers

8-12 Computers 8-10 Recovery Films

#### 30

8-12 Recovery Library 8-12 Recreation

We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.



# JULY 2021 h



**MONDAY** 

**TUESDAY** 

WEDNESDAY

**THURSDAY** 

FRIDAY

We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.



8, 10 & 12 Laundry 1 8-1 Computers

8-1 Recovery Films 8-1 Recovery Library

8-1 Recreation

10-11:30 Stress Relief Group, Art Room NEW! 8-2:30 Showers

8-1 Computers 8-1 Recovery Library

9 Check-In 9:15 Bingo

11-12 Community Garden

EC CLOSED



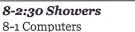
8, 10 & 12 Laundry

8-1 Computers

8-1 Recovery Films

8-1 Recovery Library

8-1 Recreation



8-1 Recovery Library

8-1 Recreation

9 Check-In

9:15-10 Pride: Heat Info 10-11 Community Garden 8, 10 & 12 Laundry

8-1 Computers

8-1 Recovery Films

8-1 Recovery Library

8-1 Recreation 10-11:30 Community Cultural

Collaborative, Virtual Meeting 10-11:30 Mindfulness Group, Art Room NEW!

8-2:30 Showers

8-1 Computers 8-1 Recovery Library

9 Check-In 9:15 Bingo



2

9

8-2:30 Showers

8-1 Computers

8-1 Recovery Films

8-1 Recovery Library

9 Art Group NEW! 9 Let's Move! NEW!

10-11 Community Garden

8, 10 & 12 Laundry

8-1 Computers

8-1 Recovery Films

8-1 Recovery Library

8-1 Recreation

9 Mindfulness Group, Art Room NEW!

8-1 Recovery Library

8-2:30 Showers

8-1 Recreation

8-1 Computers

o Check-In

9:15-10 Pride: Friendship 10-11 Community Garden 8, 10 & 12 Laundry 15 8-1 Computers

8-1 Recovery Films

8-1 Recovery Library

8-1 Recreation

14

21

28

10-11:30 Stress Relief Group, Art Room NEW! 8-2:30 Showers 8-1 Computers

8-1 Recovery Library

9 Check-In 9:15 Movie Day!!



30

16

8-2:30 Showers

8-1 Computers

8-1 Recovery Films 8-1 Recovery Library

9 Art Group NEW!

9 Mindfulness Group **NEW!** 

10-11 Community Garden

10-11 QIC, Virtual Meeting

8, 10 & 12 Laundry

8-1 Computers

8-1 Recovery Films

8-1 Recovery Library 8-1 Recreation

9-2:30 Showers

9-1 Computers

9-1 Recovery Library

9-1 Recreation

9 Check-In

9:15-10 Pride: Calendar 10-11 Community Garden

11 Smile Keepers: Education

8, 10 & 12 Laundry 22

8-1 Computers 8-1 Recovery Films

8-1 Recovery Library

8-1 Recreation

10-11:30 Stress Relief Group, Art Room NEW! 8-2:30 Showers 8-1 Computers

8-1 Recovery Library

9 Check-In

9:15 Bingo 11-12 Community Garden

8-2:30 Showers

8-1 Computers

8-1 Recovery Films

8-1 Recovery Library

9 Art Group NEW!

o Let's Move! NEW! 10-11 Community Garden 8, 10 & 12 Laundry

8-1 Computers

8-1 Recovery Films

8-1 Recovery Library

8-1 Recreation

9 Mindfulness Group NEW!

8-2:30 Showers

8-1 Computers 8-1 Recovery Library

8-1 Recreation 9 Check-In

9:15-10 Pride: Kindness 10-11 Community Garden

11 Smile Keepers: Education

8, 10 & 12 Laundry

8-1 Computers

8-1 Recovery Films

8-1 Recovery Library 8-1 Recreation

10-11:30 Stress Relief Group, Art Room NEW!

8-2:30 Showers

8-1 Computers

8-1 Recovery Library 9 Check-In

9:15 Bingo

11-12 Community Garden

TUC COUNTY **ENRICHMENT** CENTER 101 HOSPITAL ROAD



Phone: 533-7114

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

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

The EC is a peerrun Community Center for Wellness and Recovery funded by Prop 63

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



V 7.12.21

# 

**MONDAY** 

**TUESDAY** 

10-1 Recovery Films

WEDNESDAY

**THURSDAY** 

**FRIDAY** 

8-2:30 Showers 2 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Films 8-1 Recovery Library 9-9:45 Mindfulness NEW! 10-11 Community Garden	8, 10 & 12 Laundry 3 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Library 9-9:30 Let's Move! NEW! 10 Double Trouble, Art Room NEW! 10-1 Recovery Films	8-2:30 Showers 4 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Library 9 Check-In 9:15-10 Pride: Racing Thoughts 10-11 Community Garden	8, 10 & 12 Laundry 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Films 8-1 Recovery Library 10-11:30 Stress Relief Group, Art Room NEW!	8-2:30 Showers 6 8-1 Computers 8-1 Recovery Library 9 Check-In 9:15 Bingo 9-12 Smile Keepers 11-12 Community Garden
8-2:30 Showers 9 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Films 8-1 Recovery Library 9-9:45 Mindfulness NEW! 10-11 Community Garden	8, 10 & 12 Laundry 10 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Library 9-9:30 Let's Move! NEW! 10 Double Trouble, Art Room NEW! 10-1 Recovery Films	8-2:30 Showers  8-1 Computers  8-1 Recovery Library  8-1 Recreation & Games  9 Check-In  9:15-10 Pride: Conflict  Resolution  10-11 Community Garden	8, 10 & 12 Laundry 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Films 8-1 Recovery Library 10-11:30 Stress Relief Group, Art Room NEW!	8-2:30 Showers 13 8-1 Computers 8-1 Recovery Library 9 Check-In 9:15 Bingo 11-12 Community Garden
8-2:30 Showers 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Films 8-1 Recovery Library 9-9:45 Mindfulness NEW! 10-11 QIC, Zoom Meeting 10-11 Community Garden	8, 10 & 12 Laundry 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Library 9-9:30 Let's Move! NEW! 10 Double Trouble, Art Room NEW! 10-1 Recovery Films	9-2:30 Showers 9-1 Computers 9-1 Recovery Library 9-1 Games & Recreation 9 Check-In 9:15-10 Pride: Calendar 10-11 Community Garden LATE START—OPEN AT 9	8, 10 & 12 Laundry 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Films 8-1 Recovery Library 10-11:30 Stress Relief Group, Art Room NEW!	8-2:30 Showers 20 8-1 Computers 8-1 Recovery Library 9 Check-In 9:15 Bingo 11-12 Community Garden
8-2:30 Showers 23 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Films 8-1 Recovery Library 9-9:45 Mindfulness NEW! 10-11 Community Garden	8, 10 & 12 Laundry 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Library 9-9:30 Let's Move! NEW! 10 Double Trouble, Art Room NEW! 10-1 Recovery Films	8-2:30 Showers 8-1 Computers 8-1 Recovery Library 8-1 Games & Recreation 9 Check-In 9:15-10 Pride: Positive Thinking 10-11 Community Garden	8, 10 & 12 Laundry 26 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Films 8-1 Recovery Library 9-10:15 Community Cultural Collaborative, Art Room 10-11:30 Stress Relief Group	8-2:30 Showers 27 8-1 Computers 8-1 Recovery Library 9 Check-In 9:15 Bingo 9-12 Smile Keepers 11-12 Community Garden
8-2:30 Showers 8-1 Computers 8-1 Recovery Library 9:15 Movie Day!!	8, 10 & 12 Laundry 31 8-1 Computers 8-1 Games & Recreation 8-1 Recovery Library 9-9:30 Let's Move! NEW! 10 Double Trouble, Art Room	a shower or law vance by calling	ou to call to book andry spot in ad- g (209) 533-7114. ts accommodated	CHOOSE Kindness

based on the availability.

#### TU UMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

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

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

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



V 7.28.21



# SEPTEMBER 2021



**MONDAY** 

**TUESDAY** 

WEDNESDAY

**THURSDAY** 

**FRIDAY** 

We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.

6

13

20

8-2:30 Showers 8-12 Computers 8-12 Games & Recreation

8-12 Recovery Library 9 Check-In

9:15-10 Pride 10-11 Community Garden

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

9

16

30

8-2:30 Showers 8-12 Computers 8-12 Recovery Library

9 Check-In 9:15 Bingo

11-12 Community Garden

Enrichment Center

COUNTY **ENRICHMENT** CENTER

101 HOSPITAL ROAD SONORA, CA 95370

Phone: 533-7114

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

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

The EC is a peerrun Community Center for Wellness and Recovery funded by Prop 63

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



V 8.30.21

Laundry 8, 10, 12 only

> EC Main Room and Patio are closed to the public.

8-2:30 Showers

8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library

8

15

22

29

9 Check-In

9:15-10 Pride 10-11 Community Garden

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

8-2:30 Showers 8-12 Computers 8-12 Recovery Library

9 Check-In 9:15 Bingo

8-2:30 Showers

8-12 Computers

9-12 Smile Keepers

24

10

8-2:30 Showers

EC CLOSED

8-12 Computers 8-12 Games & Recreation

8-12 Recovery Films

8-12 Recovery Library

9 Mindfulness Group

8-2:30 Showers

8-12 Recovery Films

8-12 Recovery Library

8-12 Computers

10-11 Community Garden

8-12 Games & Recreation

10-11 Community Garden

14

21

28

7

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

Laundry

8, 10, 12 only

EC Main Room and Patio

are closed to the public.

9-2:30 Showers 9-12 Computers

9-12 Recovery Library 9-12 Games & Recreation

9 Check-In

9:15-10 Pride

10-11 Community Garden LATE START-OPEN AT 9

8-12 Games & Recreation

10-11 Community Garden

8-12 Recovery Library

8-2:30 Showers

8-12 Computers

9:15-10 Pride

9 Check-In

Laundry 8, 10, 12 only

are closed to the public.

Laundry

8, 10, 12 only

EC Main Room and Patio

are closed to the public.

8-12 Recovery Library 9 Check-In 9:15 Bingo

EC Main Room and Patio

8-2:30 Showers

11-12 Community Garden

8-12 Computers 8-12 Recovery Library

9:15 Bingo

9-12 Smile Keepers

9 Check-In

8-2:30 Showers

8-12 Computers 8-12 Recovery Library



Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

8-2:30 Showers

8-12 Computers 8-12 Games & Recreation

8-12 Recovery Library 9 Check-In

9:15-10 Pride 10-11 Community Garden

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.





**MONDAY** 

**TUESDAY** 

WEDNESDAY

**THURSDAY** 

**FRIDAY** 



We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.

8-2:30 Showers 1 8-12 Computers 8-10 Recovery Library 9 Check-In 9:15 Bingo 10-11 Adult Education 11-12 Community Garden

Enrichment Center

Phone: 533-7114

EC Shower &

Laundry Hours:

8 a.m. to 2:30 p.m.

The EC Main Room and Patio Hours are open from

8 a.m. to 12 p.m.

Monday, Wednesday

and Friday only.

The EC is a peer-

run Community

Center for Well-

ness and Recovery

funded by Prop 63

COVID-19 Screen-

COUNTY

CENTER

101 HOSPITAL ROAD SONORA, CA 95370

TUC

8-2:30 Showers

8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films

8-12 Recovery Library

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

8-2:30 Showers

6

13

20

27

8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library

9 Check-In 9:15-10 Pride

10-11 Community Garden

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

8-2:30 Showers 8

8-12 Computers 8-10 Recovery Library 9 Check-In

9:15 Bingo

10-11 Adult Education 11-12 Community Garden

15

22

29

8-2:30 Showers

8-12 Computers 8-12 Games & Recreation

11

18

25

8-12 Recovery Films

8-12 Recovery Library

9 Mindfulness Group 10-11 Community Garden

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

Laundry

8, 10, 12 only

EC Main Room and Patio

are closed to the public.

8-2:30 Showers

8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library

9 Check-In

9:15-10 Pride

10-11 Community Garden

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

8-2:30 Showers

8-12 Computers 8-10 Recovery Library 9 Check-In

9-12 Smile Keepers 9:15 Bingo

10-11 Adult Education 11-12 Community Garden

8-2:30 Showers

8-12 Computers

8-12 Games & Recreation

8-12 Recovery Films

8-12 Recovery Library

9 Mindfulness Group

10-11 Community Garden

9-2:30 Showers

9-12 Computers

9-12 Recovery Library

9-12 Games & Recreation 9 Check-In

9:15-10 Pride

10-11 Community Garden LATE START-OPEN AT 9

Laundry 8, 10, 12 only

21

28

EC Main Room and Patio are closed to the public.

8-2:30 Showers

8-12 Computers 8-10 Recovery Library 9 Check-In

9:15 Bingo

10-11 Adult Education 11-12 Community Garden ing & Masks are Required. Social distancing is strongly encouraged.

8-2:30 Showers

8-12 Computers

8-12 Games & Recreation

8-12 Recovery Films

8-12 Recovery Library

9 Mindfulness Group

10-11 Community Garden

26

12

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

8-2:30 Showers

8-12 Computers 8-12 Games & Recreation

8-12 Recovery Library 9 Check-In

9:15-10 Pride

10-11 Community Garden

Laundry 8, 10, 12 only

EC Main Room and Patio are closed to the public.

8-2:30 Showers

8-12 Computers 8-10 Recovery Library 9-12 Smile Keepers

Happy Halloween!!

9:15 Movie Day!!

10-11 Adult Education



V 9.20.21



# NOVEMBER 2J21 🗯



**MONDAY** 

TUESDAY

WEDNESDAY

**THURSDAY** 

FRIDAY

5

26

EC CLOSED

Closed

8

15

22

29



Laundry 8 & 10 only

EC Main Room and Patio are closed to the public.

Laundry

8 & 10 only

EC Main Room and Patio

are closed to the public.

Laundry

8 & 10 only

EC Main Room and Patio

are closed to the public.

8-11:30 Showers

8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library

9 Check-In 9:15-10 Pride

Laundry 8 & 10 only

EC Main Room and Patio are closed to the public.

8-11:30 Showers

8-12 Computers 8-10 Recovery Library 9 Check-In

9 Smile Keepers

9:15 Bingo

10-11 Adult Education

8-11:30 Showers

8-12 Computers

8-12 Games & Recreation

8-12 Recovery Films 8-12 Recovery Library

9 Mindfulness Group

10 Human Bingo

8-11:30 Showers

8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library

9 Check-In 9:15-10 Pride EC CLOSED

10

17

24



8-11:30 Showers 11 12

8-12 Computers 8-10 Recovery Library 9 Check-In

9:15 Bingo

10-11 Adult Education

8-11:30 Showers

8-12 Computers

8-12 Games & Recreation

8-12 Recovery Films

8-12 Recovery Library

9 QIC

10 Pictionary

9-11:30 Showers

9-12 Computers 9-12 Games & Recreation

9-12 Recovery Library

9 Check-In

9:15-10 Pride LATE START-OPEN AT 9 Laundry

8 & 10 onlu

EC Main Room and Patio are closed to the public.

8-11:30 Showers 19

8-12 Computers 8-10 Recovery Library 9 Check-In

9:15 Bingo

18

25

10-11 Adult Education

8-11:30 Showers

8-12 Computers

8-12 Games & Recreation

8-12 Recovery Films

8-12 Recovery Library

9 Mindfulness Group 10 Human Bingo

30

16

Laundry 8 & 10 only

EC Main Room and Patio are closed to the public.

8-11:30 Showers

8-12 Computers 8-12 Recovery Library 8-12 Games & Recreation

8 Check-In 9:15-10 Pride EC CLOSED



EC CLOSED



8-11:30 Showers

8-12 Computers

Sweet November Film @ 9



8-12 Games & Recreation 8-12 Recovery Library

Laundry 8 & 10 only

EC Main Room and Patio

are closed to the public.

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COUNTY **ENRICHMENT** CENTER 101 HOSPITAL ROAD



Phone: 533-7114

EC Shower & Laundry Hours: 8 a.m. to 12 p.m.

The EC Main Room and Patio Hours are open from 8 a.m. to 12 p.m. Monday, Wednesday and Friday only.

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V 11.1.21



# DECEMBER 2J21



**MONDAY** 

**TUESDAY** 

WEDNESDAY

**THURSDAY** 

FRIDAY

3

17

24

We encourage you to call to book a shower or laundry spot in advance by calling (209) 533-7114. Walk-in requests accommodated based on the availability.

8-11:30 Showers

8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library

Happy Hanukkah

8

15

22

29

9 Check-In

9:15-10 Pride



EC Main Room and Patio are closed to the public.

8-11:30 Showers

8-12 Computers 8-10 Recovery Library 9 Check-In

9 Smile Keepers 9:15 Bingo

10-11 Adult Education

8-11:30 Showers

8-12 Computers

A Christmas Story Film

@ 9 a.m.

8-12 Games & Recreation 8-12 Recovery Library

Laundry

8 & 10 only EC Main Room and Patio are closed to the public.

Laundry

8 & 10 only

EC Main Room and Patio

are closed to the public.

8-11:30 Showers

8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library

9 Check-In

9:15-10 Pride

Laundry

8 & 10 only EC Main Room and Patio are closed to the public.

8-11:30 Showers 10

8-12 Computers 8-10 Recovery Library

9 Check-In 9:15 Bingo

10-11 Adult Education

8-11:30 Showers

8-12 Computers

8-12 Games & Recreation

8-12 Recovery Films

8-12 Recovery Library

9 MINDFULNESS

10 Pictionary

9-11:30 Showers 14

> 9-12 Computers 9-12 Games & Recreation

9-12 Recovery Library

9 Check-In

9:15-10 Pride LATE START-OPEN AT 9

Laundry 8 & 10 only

EC Main Room and Patio are closed to the public.

8-11:30 Showers

8-12 Computers 8-10 Recovery Library 9 Check-In

9 Smile Keepers 9:15 Bingo

10-11 Adult Education

8-11:30 Showers

8-12 Computers

8-12 Games & Recreation

8-12 Recovery Films

8-12 Recovery Library 9 QIC

10 Human Bingo

21

**HAPPY** WINTER SOLSTICE

Laundry 8 & 10 only

EC Main Room and Patio

8-11:30 Showers

8-12 Computers

8-12 Recovery Library 8-12 Games & Recreation

8 Check-In

9:15-10 Pride

Laundry

23

16

8 & 10 only EC Main Room and Patio

are closed to the public.

EC CLOSED



COUNTY **ENRICHMENT** CENTER

101 HOSPITAL ROAD SONORA, CA 95370

Enrichment Center

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ing & Masks are

Required. Social

distancing is

strongly encour-

aged.

1-800-273-TALK (8255)

V 11.22.21

EC CLOSED 27

20

13

Laundry 8 & 10 only

EC Main Room and Patio

8-11:30 Showers

It's a Life Film





8-12 Computers

8-12 Games & Recreation 8-12 Recovery Library

Wonderful @ 9 a.m.

8 & 10 only EC Main Room and Patio

Laundry

EC CLOSED 30 31



# JANUARY 2022 🛸



**MONDAY** 

**TUESDAY** 

**WEDNESDAY** 

**THURSDAY** 

**FRIDAY** 

8-11:30 Showers 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	4 Laundry 8 & 10 only EC Main Room and Patio are closed to the public.	8-11:30 Showers 5 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In 9:15-10 Pride	6 Laundry 8 & 10 only EC Main Room and Patio are closed to the public.	8-11:30 Showers 8-12 Computers 9-11 Adult Education, Recovery Library 9 Check-In 9:15 Bingo 9-12 Smile Keepers 11-12 Recovery Library	7
8-11:30 Showers 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	Laundry 8 & 10 only EC Main Room and Patio are closed to the public.	8-11:30 Showers 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Library 9 Check-In 9:15-10 Pride	Laundry 8 & 10 only EC Main Room and Patio are closed to the public.	8-11:30 Showers 8-12 Computers 9-11 Adult Education, Recovery Library 9 Check-In 9:15 Bingo 11-12 Recovery Library	14
EC CLOSED 17  MARTIN LUTHER KING JR. DAY	Laundry 8 & 10 only EC Main Room and Patio are closed to the public.	9-11:30 Showers 9-12 Computers 9-12 Games & Recreation 9-12 Recovery Library 9 Check-In 9:15-10 Pride LATE START—OPEN AT 9	Laundry 8 & 10 only EC Main Room and Patio are closed to the public.	8-11:30 Showers 8-12 Computers 9-11 Adult Education, Recovery Library 9 Check-In 9:15 Bingo 9-12 Smile Keepers 11-12 Recovery Library	21
8-11:30 Showers 24 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library	Laundry 8 & 10 only EC Main Room and Patio are closed to the public.	8-11:30 Showers 26 8-12 Computers 8-12 Recovery Library 8-12 Games & Recreation 8 Check-In 9:15-10 Pride	Laundry 8 & 10 only EC Main Room and Patio are closed to the public.	8-11:30 Showers 8-12 Computers 9-11 Adult Education, Recovery Library 9 Check-In 9:15 Bingo 11-12 Recovery Library	28
8-11:30 Showers 31 8-12 Computers 8-12 Games & Recreation 8-12 Recovery Films 8-12 Recovery Library		We encourage you a shower or law vance by calling Walk-in requests	ndry spot in ad- (209) 533-7114.		

based on the availability.

#### TU( UMNE COUNTY ENRICHMENT CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

EC Shower & Laundry Hours: 8 a.m. to 12 p.m.

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V 1.10.22



# JANUARY 2022



MONDAY

Showers

TUESDAY

WEDNESDAY

**THURSDAY** 

FRIDAY

MONDAY	TUESDAY	WEDNESDAY	Inuksbai	FRIDAI
8-11:30	Laundry	8-11:30	Laundry	8-11:30 Showers 9-12 Smile Keepers
Showers	8 & 10 only	Showers	8 & 10 only	
8-11:30	Laundry	8-11:30	Laundry	8-11:30
Showers	8 & 10 only	Showers	8 & 10 only	Showers
EC CLOSED 17  MARTIN LUTHER KING JR. DAY	Laundry 8 & 10 only	9-11:30 Showers  LATE START—OPEN AT 9	Laundry 8 & 10 only	8-11:30 Showers 9-12 Smile Keepers
8-11:30	Laundry	8-11:30	Laundry	8-11:30
Showers	8 & 10 only	Showers	8 & 10 only	Showers
8-11:30 Showers		We encourage you to call to book a shower or laundry spot in ad- vance by calling (209) 533-7114.		

Walk-in requests accommodated

based on the availability.

TU( UMNE COUNTY **ENRICHMENT** CENTER

101 HOSPITAL ROAD SONORA, CA 95370



Phone: 533-7114

EC Shower & Laundry Hours: 8 a.m. to 12 p.m.

The EC Main Room and Patio are closed until further notice.

The EC is a peerrun Community Center for Wellness and Recovery funded by Prop 63

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



V 1.10.22 B





# Appendix H

Tuolumne County Behavioral Health



#### Inside this issue

#### SEE BELOW

Safety Corner: **Boost Your Energy** & Learn How to Stress Less

#### PAGE 2

- BH Spotlight: Gil Carlson
- Calendar of **Events**

#### PAGE 4

Recipe: Swedish Meatballs Diversity Calendar

#### PAGE 5

We've Gone GreenI



#### Quote of the month

"Our lives begin to end the day we become silent about things that matter." ~ Martin Luther King Jr.

### **Tuolumne County** Behavioral Health Department January Newsletter

January 1, 2020

### Laughter Really Is the Best Medicine

By HelpGuide

Do you have tons of items on your to-do list? Well, add one more. It's time to pencil in a little pleasure.

Chances are, you simply deserve some joy and satisfaction. But if you prefer,

you can think about the serious side of fun. Experts say good feelings can boost your ability to bounce back from stress, solve problems, think flexibly and even fight dis-

See Laughter ... page 3



### Living Mentally Healthy



#### **How Staying Positive Helps**

It's likely our species survived because of our knack for detecting danger. But our worry-filled thoughts can present dangers of their own: Thinking negatively can drag down our moods, our actions and Mental Health America

Experts say it's worthwhile—and pos-

sible—to learn how to think more posi-

Consider what researchers found about the benefits of staying positive:

People who were pessimistic had a nearly 20 percent higher risk of dying over a 30-year period than those who were optimistic

See Positivity ... page 2

#### Boost Your Energy and Stress Less in the New Year

By Pandora Armbruster TCBH Administrative Assistant & Safety Coordinator

This year fill your resolution list with some easy, good for you goals. By trying some of these simple lifestyle tweaks throughout the month, you will not only gain

a healthier mind and body, you will feel amazing and encouraged to make 2020 your best year yet!

- Add more fruit to your grocery cart!
- Eat your veggies!
- Become a plant owner!
- Do one thing at a time!
- ⇒ Make your home more fragrant!
- Take the stairs!
- Sanitize your cell phone weekly!
- Start doing yoga with a part-

See Energy ... page 4



#### **Tuolumne County** Behavioral Health

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563

Have a newsletter idea? Email me! JHouse@co.tuolumne.ca.us

Visit us on the web: tuolumne.networkofcare.org www.tuolumnecounty.ca.gov

#### **TUOLUMNE COUNTY**

**CRISIS LINE:** 

209-533-7000

#### January

#### Staff Meetings:

Wednesday, January 8: Behavioral Health Advisory Board, 4 p.m., Board of Supervisors' Chambers, 2 S. Green St., fourth floor, Sonora.

Wednesday, January 15: All Staff

#### Community Events/Meetings:

Thursday, January 2: NAMI Tuolumne County, 6 to 8 p.m., Red Church, Sonora.

Thursday, January 9: Community Cultural Collaborative, 10 to 11:30 a.m., Enrichment Center.

#### BH & EC Closures:

Monday, January 20: Martin Luther King, Jr. Day.



#### EC Late Start:

Wednesday, January 15 Open @ 9:30 a.m. (every third Wednesday of the month).

#### Positivity: Ditch the Negative Thoughts

Continued from Page I ...

- People who kept track of their gratitude once a week were more upbeat and had fewer physical complaints than others
- People who obsessively repeated negative thoughts and behaviors able were change their unhealthy patterns and their brain activity actually changed too.

#### **WAYS TO STAY POSITIVE**

#### **Practice Gratitude**

Noticing and appreciating the positives in our lives offers a great mood boost.

Increase your gratefulness by:

- Writing a gratitude letter thanking someone who has been particularly kind to you and then deliver it in person.
- Keeping a gratitude journal. Write down anything large or small that makes you smile, including terrific achievements, memorable moments and great • relationships.
- Reminding yourself to savor. Yes, stop and smell the ros-

pects of your life.

Sharing your news. Studies of people's reactions to positive developments suggest that those who tell a friend about a happy event enjoy Foster Optimism it even more.

#### Avoid Negative Thinking

If you want to feel positive, it pays to decrease the downers in your life. With practice, you can resist worrisome thoughts and perhaps even transform your internal critic into more of a cheering squad.

Avoid dwelling on downers. Focusing on negatives isn't just unpleasant, it also can make you less effective in tackling tasks you face. Change unhealthy self-

es-and look at them and touch talk. You may have been runthem. Do whatever you can to ning negative messages in your really soak in the lovelier as- head for a long time. Research shows that you can learn to shift your thoughts and that, over time, you can literally change your brain.

Gratitude

can change

everything.

Trying to be optimistic doesn't mean ignoring the uglier sides of life. It just means focusing on the positive as much as possible-and it gets easier with practice.

If you want to pump up your optimism, you might:

Write about a positive future. The idea is to envision your goals and dreams come true. Tips include writing about your great future life. Writing helps you absorb ideas better than just thinking.



Gil Carlson has worked as a Transportation Officer for Tuolumne County Behavioral Health for a year and a half.

When asked about what he enjoys on the job, he replied, " I enjoy helping clients who are in need of rides to and from their appointments at Behavioral Health and the Enrichment Center. I meet many interesting people."

Gil grew up mainly in California and Idaho. He has lived in Sonora for four years, but prior to that, he lived in Sonoma County.

His favorite vacation spot is Cabo San Lucas for the relaxation and sports fishing.

His hobbies include golfing, fishing, cooking (especially barbecuing), watching sports - mainly football - and working on his house and yard.

Although Gil doesn't currently have pets, he is looking forward to one day adopting a dog.





#### **GIL CARLSON** Job Title: Transportation Officer Time with Tuolumne County: 18 months

### Laughter: Take a Walk, Mental Vacation

Continued from Page I ...

#### Studies show that:

- Laughing decreases pain, may help your heart and lungs, promotes muscle relaxation and can reduce anxiety.
- Positive emotions can decrease stress hormones and build emotional strength.
- Leisure activities offer a distraction from problems, a sense of competence and many other benefits. For example, twins who participated in leisure activities were less likely to develop Alzheimer's disease or dementia than their fellow twins in one study.

#### WAYS TO CREATE JOY AND SATISFACTION

#### Strengthen Your Funny Bone

You can keep it together by cracking up: It's hard to be irritated, worried or glum when you're rolling in laughter. And gentle humor often helps defuse a tense situation.

#### Check out some tips:

- Pick up some joke books or humorous ssays at a bookstore or library. Keep a few landy for a quick pick-me-up.
- Put together a collection of sayings or photos that make you smile, and stick them someplace visible. Change them occasionally, or you'll likely stop noticing them.
- Keep a humor tape in the car and steer clear of traffic frustration.
- Watch or listen to comedy via video, podcast or website. Or get a laugh the oldfashioned way-through the comics section.
- Try to laugh at some of the hassles in your life if you can. Finding what's a bit absurd or amusing in a challenging situation just might offer relief.

#### Find Some Fun

Whether it's playing golf or goofing around, having fun isn't just, well, fun. It also To get more flow: promotes our overall well-being and success.

Leisure activities can boost our effectiveness, broaden our perspective, increase creativity and restock our energy supply. Leisure can combat stress by offering:

- social support
- chances to build confidence
  - distractions from difficulties
- an emotional lift



Let's have some fun:

- Free up some time. Can you afford to scratch something off your calendar? Is there anyone you can ask to help lighten your load? Set aside a time for fun, and keep it like it was a doctor's appointment.
- Do something you loved to do as a kid. Run through the sprinklers, hang from the monkey bars, make a mess with finger paints.
- Do something you've always wanted to do. Bake a soufflé, build a tree house, learn to knit. If you're not sure how, take a class or look for a local group dedicated to the activi-
- Pursue a creative interest. Writing, singing or making music all have therapeutic effects. Or just turn on a song you love: Brain images show that music can trigger feel-good hormones.
- Do it with someone you love. Get an extra boost from your leisure by sharing it. Good times build relationships, and good relationships are key to our happiness.

#### What's Your "Flow"?

Some activities provide an extra psychological boost. They are activities that totally absorb us, challenge without overstressing us and make us feel fulfilled. They are what create the feeling of "flow."

Everybody's got their own sources of flow. For you, it may mean whooshing down the Alps; for someone else it may be basting a turkey, bowling or mowing the grass. Whatever your flow, it will make you feel effective, confident and in control.

- Identify the high points of your day. Try to note when you've got that "in the zone" feeling. Or reflect back at the end of the day to see what made you feel good. Then try to do those activities more.
- Don't look for flow in passive pursuits. Watching TV, for example, doesn't offer the challenge that tends to spark flow. And once you improve at a task, considering raising the level of difficulty in some way.

Inject flow into some regular activities. If you inject more meaning or ingenuity into routine tasks, you can make them more rewarding. In one study of hospital cleaning staff, some were unhappy with the job, but others upped their pleasure by creating new challenges, like working more efficiently or helping patients.

#### Go Ahead, Indulge

Though there probably isn't much research on the emotional value of a good soak in the tub, we all need some kind of relaxing refuge.

Consider these options:

- Therapeutic massage. A massage can relieve muscle tension, stimulate the body's natural painkillers and boost your immune system. It can also help you feel less anxious and more relaxed.
- Meditation or a meditative form of exercise. Try tai chi or qi gong, which use soothing, flowing motions.
- A nature break. A blue sky, lush bushes, a scenic lake. Walking in-or even just looking at-nature calms our nerves and relieves mental fatigue. In one study, workers with views of nature were happier at their jobs than workers with similar jobs but no nature view.
- A mental vacation. If you can't hop on a plane to someplace soothing, just close your eyes and envision a scene you love. Try to fully imagine the experience of being there.

#### Get More Out Of What You've Got

Sometimes, we don't need to add new activities to get more pleasure. We just need to soak up the joy in the ones we've already got. If we don't stop to notice the positives in your life, it's like they barely exist. Unfortunately, our daily demands sometimes block our ability to savor. To increase it, try these tips:

- Practice mindfulness, or the experience of being fully aware. You can start by really relishing a meal. Feel the textures, taste the flavors, enjoy the aromas. Don't rush, don't answer the phone (and don't talk with your mouth full!). Remind yourself to be conscious of other experiences throughout the day, like how your shower feels on your skin or how the sun feels on your face.
- Share the joy. If you want to more fully experience your positive experiences, tell a friend about them. That way you'll get to relive the moment—and enjoy your friend's reaction. Let it out. When you're feeling good, throw your whole self into it. Go ahead, jump up and down, clap your hands.



#### **Diversity Calendar**



January 1, 2020 New Year's Day.

January 4 is Eid Milad Un Nabi, an Islamic holiday commemorating the birthday of the prophet Muhammad. During this celebration, homes and mosques are decorated, large parades take place, and those observing the holiday participate in charity events.

**January 5** is Mahayana New Year celebrated on the first full-moon day in January by members of the Mahayana Buddhist branch.

**January 6** is Epiphany, a holiday recognizing the visit of the three wise men to the baby Jesus 12 days after his birth. The holiday is observed by both Eastern and Western churches.

January 14 is Makar Sankranti, a major harvest festival celebrated in various parts of India.

**January 19** is World Religion Day. This day is observed by those of the Baha'i faith to promote interfaith harmony and understanding. World Religion Day starts sundown of January 18.

January 18-25 is the Week of Prayer for Christian Unity. During the week, Christians pray for unity between all churches of the Christian faith.

**January 20** is Martin Luther King Day, commemorating the birth of Martin Luther King, Jr., the recipient of the 1964 Nobel Peace Prize and an activist for non-violent social change until his assassination in 1968. It is always the third Monday in January.

January 26 is Republic Day of India. This day recognizes the date the Constitution of India came into law in 1950, replacing the Government of India Act of 1935. This day also coincides with India's 1930 declaration of independence.

January 31 is the birthday of Guru Har Rai, the seventh Sikh guru.

# The time is always right to do what is right. Martin Luther King Jr.

## ~ GOOD EATS ~ Swedish Meatballs

#### **Ingredients**

- 1 pound of ground beef
- 1/4 cup panko bread crumbs
- 1/4 cup milk
- 1/2 cup chopped onion
- 1 clove garlic, minced
- 1 tbsp fresh oregano chopped or 1 tsp. dry oregano
- 1 egg
- 1 tbsp olive oil
- 5 tbsp butter
- 3 tbsp flour
- 2 cups beef broth (warmed up)
- 1 cup heavy cream
- 1/2 Worcestershire sauce
- 1 tsp Dijon mustard
- 1/2 tsp kosher salt
- 1/2 tsp pepper

#### **Instructions**

In a small bowl, combine panko bread crumbs and milk. Let sit for 10 minutes until bread crumbs have soaked up milk.

In large skillet, heat 1 tbsp. olive oil with 1 tbsp. butter on medium heat.

Add onions and sauté until translucent, about 5 minutes, add garlic and oregano and sauté for another 1-2 minutes.

In large bowl, combine ground beef sautéed onion, garlic and oregano. Mix in salt, pepper and egg; combine until egg is mixed in.

Add breads crumbs to meat mixture and combine well.

Use a tablespoon or scoop to make equal sized meatballs. Recipe makes approximately 20.

Reheat skillet used to sauté onions and garlic, adding a bit more olive oil and butter if needed.

On medium heat, brown meat balls on all sides, carefully turning so they



Don't overcrowd the skillet with meatballs; work in batches. Transfer meatballs to baking sheet and keep warm in oven while making sauce.

Add 4 thsp of butter to skillet, when melted whisk in flour; cook until golden brown.

Slowly stir in heated beef broth, cook at temperature that keeps sauce at slow bubble.

Add in cream, Worcestershire sauce and Dijon mustard. Simmer until sauce thickens at bit.

Add meatballs into sauce. Cover and simmer on low heat for about 10 minutes. Season to taste. Serve with egg, broad noodles, or mashed potatoes.

Source: https://

www.artandthekitchen.com/ swedish-meatballs/

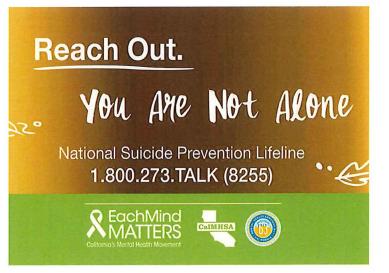
### Energy: Play Upbeat Music

Continued from Page I ...

- ⇒ Take a long hot bath!
- ⇒ Declutter your home!
- ⇒ Wear clothes that feel good!
- ⇒ Play upbeat music!
- ⇒ Take back your lunch break!
- $\Rightarrow$  Go to bed on time!
- ⇒ Give yourself more compliments!
- ⇒ Put down your phone and learn a new skill!

- ⇒ Be kind to everyone, especially yourself!
- ⇒ Stay hydrated!
- ⇒ And volunteer, volunteer, volunteer!!!

These surprising and fresh ideas will help you take care of someone very important, the person most often forgotten in the madness of your crazy busy life — YOU! So this new year, dedicate time to yourself and feel empowered!



# We've Gone Green

### The Enrichment Center Cares

To be more environmentally friendly, as of November 1<sup>st</sup>, 2019, we were no longer offering plastic or Styrofoam cups. We also have discontinued the EC's purchase of plastic water bottles.

We have officially switched to biodegradable disposable hot cups for coffee. These cups are compostable, eco-friendly, petro

RECYCLA

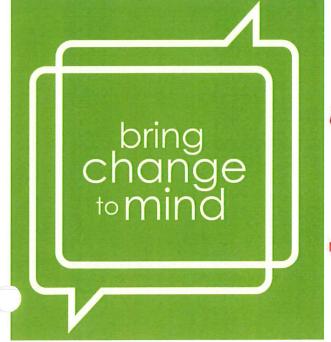
friendly, petroleum free, durable, non-toxic, refrigerator safe, and can withstand boiling water to protect our EC patrons.

While visiting the Enrichment Center, please make every effort to protect our environment by recyling in the recycling containers. To help reduce waste, you can reuse these cups by marking your name on your cup with the pens provided.

Thank you for joining us in protecting the environment.



Koya Andrews, a longtime Peer Specialist at the Enrichment Center, is proud that we are "going green."







#### **MEET THE CAO**

# TRACIE RIGGS COUNTY ADMINISTRATIVE OFFICER (CAO)

#### **PUBLIC MEET & GREET**

Tracie Riggs will be available to hear from

**Tuolumne County Citizens.** 

Plan to participate in one of the events noted below.

Don't miss out!

#### **DATE & LOCATION**

<u>November 1, 2019</u>: Noon—2 p.m.

Zoe Coffee House: 24680 Hwy 108, Mi-Wuk Village

<u>January 3, 2020</u>: Noon—2 p.m.

Heart Rock: 1 South Washington St., Sonora

March 6, 2020 Noon—2p.m.

The National: 18183 Main St, Jamestown

April 3, 2020: Noon—2p.m.

Tuolumne Park 18603 Pine St., Tuolumne

& Recreation:

<u>May 1, 2020</u>: Noon—2 p.m.

Groveland 18720 Hwy. 120, Groveland

**Community Hall** 

#### WWW.TUOLUMNECOUNTY.CA.GOV

#### **COUNTY VISION**

Tuolumne County is a place where all citizens enjoy Opportunities to thrive in a safe, healthy & productive community

#### CAO VISION

We support the Board of Supervisors in achieving their goals through service & collaboration with County Departments & the Community

#### CONTACT

County Administration
2 South Green Street
Sonora, CA 95370
209.533.5550
ccunha@co.tuolumne.ca.us





#### Inside this issue

#### SEE BELOW

Safety Corner

#### PAGE 2

- Annual Fireworks Show Postponed
- PTSD & Fireworks

#### PAGE 4

 Diversity Calendar



• Recipe: Fourth of July Fruit Salsa

# Quote of the month

"America was not built on fear.
America was built on courage, on imagination, and an unbeatable determination to do the job at hand."

HARRY S. TRUMAN

Woman's Day

# Tuolumne County Behavioral Health Department July Newsletter

July 1, 2020

### Housing the Homeless



Courtesy Photo

# Homelessness and Mental Health

By Glenda Taylor EC Peer Specialist II

alifornia's homeless population rose so quickly in 2019 that it caused a spike in nationwide tallies of the problem. It is widely known that California doesn't have adequate housing for its population at large. As for affordable housing for the majority of California's homeless the problem is at a "crisis level," according to the Department of Housing and Urban Development (HUD).

According to The Voice newsletter, there are differing

See Homeless ... page 5

# QIC Moves to Zoom

By Lindsey Lujan QI Coordinator

Quality Improvement Council (QIC) is ready to get started again, but what does that mean?

QIC's goal is to improve the processes of providing care and better meeting client needs. Members of the committee help to identify opportunities for improvement and give feedback on current Quality Improvement initiatives. Items that are regularly reviewed for feedback by the

See QI ... page 6

#### Cell Phone Distractions Put Workplace Safety Out of Focus



By Jenn (House) Guhl MHSA Program Specialist

Let's face it. We use our cell phone for literally *everything* these days. From checking our online Amazon orders, to Pinterest, to the new Candy Crush level. As im-

portant as cell phones are, which do pose as a communication tool during an emergency, we all need to increase our awareness to remain and be safe in the workplace. Sometimes that Snapchat pic can wait, especially if you're walking

See Safety ... page 3



#### **Tuolumne County** Behavioral Health

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Have a newsletter idea? Email me!

Visit us on the web: tuolumne.networkofcare.org www.tuolumnecounty.ca.gov

JHouse@co.tuolumne.ca.us

**TUOLUMNE COUNTY** 

**CRISIS LINE:** 

209-533-7000

NATIONAL

1-800-273-TALK (8255)

suicidepreventionlifeline.org

**RED NACIONAL** 

de PREVENCIÓN -888-628-9454



Photo courtesy of Don Pedro Recreation Agency

#### Don Pedro Annual Fireworks Show Postponed

According to the Don Pedro Recreation Agency's usual manner, we are lookwebsite, the 2020 Don Pedro Fireworks Show has been postponed until further notice.

"While we are saddened to not be able to celebrate

Independence Day in our ing forward to holding the fireworks show when we can safely welcome all our friends to the lake for this exciting event!"

prohibited by the Tuolumne County Public Health Officer.

For the full article, please visit https:// www.donpedrolake.com/ announcements/2020-Large gatherings are still fireworks-show-postponed

#### PTSD, Fireworks: How to Raise Awareness



Courtesy Photos



By Marine Corps Community Services

When you think about Independence Day, you often think about delicious food, family, and fireworks that light up the night sky. However, for some, fireworks can be a source of stress, especially for those Veterans who suffer from PTSD. The loud noises can sometimes be a trigger. Although not every individual who lives with PTSD may be affected, many Veterans are stepping

See PTSD ... page 3



#### Safety: Follow All Cell Phone Policies

Continued from Page 2 ...

into an important staff meeting.

Distractions can affect your awareness of workplace safety,  $\Rightarrow$  and decrease recognition of hazards (like construction work), concentration levels,  $\Rightarrow$  and your productivity.

- ⇒ Follow all workplace cell phone policies, procedures, and guidelines per your agency and/or department.
- ⇒ Don't call or text while driving a work van or car, or operating heavy machinery. If you need to pick up

or make a call, pull over to the first available safe, well -lit area to do so. Keep your doors locked.

- ⇒ Use your breaks to communicate with your family and friends.
- ⇒ Silence your cell phones or put them on vibrate.
- ⇒ Leave cell phone in the vehicle when fueling to reduce risk of fires and explosions.

Most of all, just be safe and use common sense when you're at work and out in the field.

# Veterans Can Prepare For Upcoming Special Events

Continued from Page 2 ...

up to raise awareness of those who might be.

In 2015, Kevin Rhoades, a Marine Veteran who suffers from PTSD, planted a sign outside his home: "Combat Veteran Lives Here. Please Be Courteous with Fireworks." Rhoades said in an interview, "It's not that I don't want people to have fun. On the Fourth of July I'm going to pop my own fireworks. But when you get woken up at two, three o'clock in the morning, it brings back those memories."

Many Marines with PTSD can mentally prepare for planned events, like ones that occur annually in their hometowns. As most of you know, fireworks are illegal n Tuolumne County, and the 2020 Don Pedro Fireworks Show postponement is only temporary relief for

some veterans.

According to NAMI, "Everyday events can be triggers. If you work or have knowledge of events

where fireworks may be set off



to celebrate an event, notify local veterans groups, the loud noise could trigger symptoms of PTSD in veterans. Having advanced knowledge of a fireworks display could help some veterans better prepare and cope with any symptoms that may arise."

But for those like Rhoades, the unexpected rat-a-tat of firecrackers could bring them back to the battlefield and set them on edge. Rhoades added that the idea behind the signs is not to stop fireworks, but to have a conversation about the issue, and to give him and others ample time to prepare.



Shawn Gourley, the cofounder of the nonprofit Military with PTSD, notes that some people may be concerned about bringing up the issue because it may infringe on others' fun, or because of the stigma that might surround PTSD. However, she encourages them to move forward if they're comfortable: most people simply aren't aware that their celebration could be affecting others, and conversations help start that awareness.

Although PTSD is not unique to the military, it is important to note that in a *JAMA Psychiatry* study it was found that the rate of PTSD is up to 15 times higher among veterans than among civilians, NAMI said.

Even though COVID-19 has certainly dampened the Fourth of July mood a bit with local events being cancelled and postponed, it's a good reminder for all of us to be respectful of our veterans experiencing PTSD.

# More pets get lost on July 4th than any other day of the year.





#### ~ From Our Kitchen To Yours ~ FOURTH OF JULY FRUIT SALSA

Learn more at www.petfinder.com/SummerPetSafety

#### Ingredients

1 cup strawberries, diced

1 cup blueberries

1 cup jicama peeled and diced

1/2 cup red onion diced

1/4 cup cilantro chopped

Juice of one lime Salt

#### Instructions

Combine all ingredients together and salt to taste!

The flavors will marry over time so feel free to let it hang out in the bowl for 20 minutes before serving.

Source: https:// www.yourcupofcake.co m/4th-of-july-fruitsalsa/





#### Diversity Calendar





#### July is:

July: Minority Mental Health Awareness Month

July 4 is Independence Day. Commemoration of the United States adoption of the Declaration of Independence on July 4,

July 4 is Asala-Dharma Day, celebrates the anniversary of the start of the Buddha's teaching.

July 8 - July 9: Martyrdom of the BAB Baha'i Observance of the anniversary of the execution of Siyyid Ali-Muhammad, the Bab, prophet-herald of the Bahai Faith by firing squad in Tabriz, Persia.

July 11 - World Population Day. Founded in 1987 when the world's population reached 5 billion people, to raise awareness of global population issues.

July 18 - Nelson Mandela International Day, launched in recognition of Nelson Mandela's birthday on July 18, 2009 via unanimous decision of the UN General Assembly. It was inspired by a call Nelson Mandela made a year earlier, for the next generation to take on the burden of leadership in addressing the world's social injustices when he said that, "it is in your hands now." It is a global movement to honor his life's work and act to change the world for the better.

July 24 is Pioneer Day, observed by the Mormons to commemorate the arrival in 1847 of the first Latter Day Saints pioneer in Salt Lake Valley.

July 26 - Disability Independence Day. Anniversary of the 1990 signing of Americans with Disabilities Act (ADA).

July 26 - Parents Day. To recognize & honor the contributions parents make to families and communities.

July 27 - National Korean War Veterans Armistice Day. Commemorates more than 37,000 U.S. service personnel who lost their lives during the Korean

July 30 - World Day against Trafficking Persons. Declared in 2013 to raise awareness of the issue of human trafficking.

# Homeless: Half Have a SMI

Continued from Page 1...

reasons as to how a person becomes homeless, and often it's a combination of things that lead to a person being without a home.

Some factors include:

- Losing a job, hence unemployment
- Falling behind on rent
- One tragic event (like losing a partner or even a roommate)
- A major health issue (mental or physical)

Approximately 50% of the homeless population have a severe mental illness (SMI). This includes veterans with post-traumatic stress disorder (PTSD). Mental health problems can consist of such things as inability to administer self-care and other daily living skills. This particular segment of the mentally ill tend to remain homeless for longer periods of time than other types of mental health issues.

Substance abuse creates another reason for homelessness. One in five people who endure homelessness has a chronic substance abuse problem, often in conjunction with mental health challenges. Various addictions become a very large factor in their being homeless. They just get on their feet, garner housing and start doing well, then they have a relapse that drives them back to a homeless camp.

Those with an SMI have some different problems. Often, they are released



Courtesy Photo

from a long psychiatric stay and many have lost their housing as a result.

et us look at how all these problems ✓ affect Tuolumne County as a whole, and the clientele of Tuolumne County Behavioral Health (TCBH) specifically. There is a higher percentage of homelessness here in Tuolumne County than in Los Angeles County, although one hears a lot more about the greater Los Angeles problem than other areas where the problems are worse, such as right here. Behavioral Health Worker Betsey Coe works as part of the SB (Senate Bill) 82 Mobile Triage Response unit. Her job consists of a homeless outreach for the disenfranchised homeless population. Betsey describes her job as going out into the community with another agency called Amador Tuolumne Community Action Agency (ATCAA) or sometimes with the Sheriff's department. She goes to the

most populated homeless camps which are off Stockton road on both sides. She talks to people, searching out people who are currently in crisis. Betsey lets them know that services are available for them here at TCBH. She sees to it that they get such things as food, clothing, and shelter. For those with substance abuse problems, she hooks them up with the programs at Behavioral Health or to Alcoholics Anonymous. She also encounters homeless people at other locations or just people from the street. Clients in the area are beginning to know about Betsey and SB82, and come to the Enrichment Center (EC) looking for her. She likes to say that she will "meet you where you're at," meaning she doesn't force any issues with her clients. Some prefer to remain homeless for the time being, using the services provided at the EC as they need them. Betsey says that sometimes all she can do is "plant the seed." For those who are ready to, she sets them up with appointments for therapy or psychiatric sessions and sees that they get there in a timely manner. For those who require multiple services, she will hook them up with TCBH's Full Service Partnership (FSP) or Planned Services programs.

he EC does a great job in working with the homeless, which is a large part of its clientele. We provide transportation into the EC, for those who are TCBH clients, where we have activities and groups they can attend. Monday, Wednesdays, and Fridays they come in for the Peer Recovery Independence Determination Empowerment (PRIDE) group, a structured program with social activities like bingo and karaoke. There are various groups on other days, such as bipolar and major depression meetings. You can also check the EC Monthly Calendar or visit the EC's Facebook page for additional information, groups and meetings.

Even during the COVID-19 pandemic, the EC still provides services for our homeless. Currently, there are showers provided on Monday, Wednesday, and Friday, and laundry services on Tuesday and Thursday. We hope to be back up and running again as soon as possible, and to welcome everyone back.

Glenda Taylor works as a Peer Specialist II at the Enrichment Center.



### QI: Anyone Can Attend, Offer Feedback

Continued from Page 1...

committee are audit findings, the Quality Improvement Work Plan, Performance Improvement Projects, and ongoing Behavioral Health system reports.

Who can be part of *QIC*?: Anyone can be a member of QIC. It is encouraged that partners, staff, consumers, and community stakeholders be members. QIC members should be interested in what current initiatives are taking place within Behavioral Health to improve quality of care for clients, be pen to giving feedback or anyone interested in learning more about the current system.

What is changing and why?: QIC previously met every third Monday at 10:30 at the Enrichment Center. The meeting had been canceled the first two months of 2020 due to upcoming audits that Behavioral Health was preparing for. The intent was to start the meetings up again monthly in March, but unfortunately COVID-19 prevented this. It has been six months since the committee met .nd Quality Improvement needs community and consumer feed-











Quality Improvement Coordinator Lindsey Lujan (left, at far left) and QI Analyst Amanda Lawrance attended the Enrichment Center's Fall Party & Potluck in September 2019. Lindsey and Amanda do their best to participate in many of the EC's events, parties and activities to build relationships with the Behavioral Health clients and customers.

back on projects. Your feedback helps to drive quality decisions throughout the system and it's a part of the process that we are missing.

To gain input through QIC we have decided to attempt the meeting through ZOOM. Quality Improvement will be sending out via email a registration sign-up for those interested in attending. Once the registration sign-up closes a video link and phone number call in option will be sent out to those registered. An agenda and links to where you can find the documents that will be reviewed during the meeting will be sent out. The meeting will be 30-45 minutes long depend-

ing on stakeholder feedback and questions.

This is our first attempt in moving this meeting to an online platform and we are very excited about the possibility to potentially engage more individuals in the QIC process. As we continue to navigate the restrictions of the pandemic, we are finding

opportunities to try new things. We need our stakeholders' feedback, it's an essential part of improvement for Behavioral Health. Hopefully we will hear from you in July.

QI Coordinator Lindsey Lujan can be reached by calling TC Behavioral Health at (209) 533-6245.



### Inside this issue

### SEE BELOW

 Safety Corner: Time to Spring Forward!



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- BH Spotlight: Trish Dalman
- Calendar of Events

### PAGE 3

Quality Improvement: What Is EQRO?

### 'AGE 4

- Recipe: Corned Beef and Cabbage
- Diversity
   Calendar



MHSA
 Community
 Program Planning

# Quote of the month

"Every day begins with an act of courage and hope: getting out of bed."

~ Mason Cooley

# Tuolumne County Behavioral Health Department March Newsletter



March 1, 2020

# Improving Brain Health



# Spring Clean Your Mental Health

By Kelty Mental Health Resource Centre

Summer, fall and winter have their fans, but spring is clearly the best season. It's the season of fresh starts and new beginnings, symbolized by growth and new life. It's a time when we're encouraged to clean our homes and organize our lives. It's also a great time to give a little attention to re-

newing your mental health as well.

Attending to your needs and engaging in effective self-care is fundamental to having a clear and refreshed mind. This may seem obvious, but many of us forget its importance. We all experience difficulty in taming the busy-ness of life and forget to take care of ourselves in the process.

See Spring ... page 4

### Important Safety Reminders as Daylight Saving Time Nears

By Pandora Armbruster TCBH Admin. Assistant & Safety Coordinator

Daylight Saving
Time begins for most of the
United States at 2 a.m.

on the second Sunday of March. This year Daylight Saving Time starts on March 8, 2020. In the U.S., each time zone switches at a different time. We "lose" an hour when the clocks are set forward (except in Hawaii and most of Arizona), and for many, that means a tired couple of days as our bodies adjust. The consequences of fatigue can be serious, so plan accordingly.

See Safety ... page 2



### Tuolumne County Behavioral Health

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Have a newsletter idea? Email mel JHouse@co.tuolumne.ca.us

Visit us on the web: tuolumne.networkofcare.org www.tuolumnecounty.ca.gov

### TUOLUMNE COUNTY

**CRISIS LINE:** 

209-533-7000

### March

### Staff Meetings:

Wednesday, March 4: Behavioral Health Advisory Board, 4 p.m., Adventist Health Sonora, Conference Room #4-near the cafeteria, 1000 Greenley Rd., Sonora.

### Community Events/Meetings:

Monday, March 2: Sierra HOPE & HEP C Testing, 10 a.m. presentation, Enrichment Center. Testing to follow in private setting.

Thursday, March 5: NAMI Tuolumne County, 6 to 8 p.m., Red Church, So-

Sunday, March 8: Daylight Saving Time. Set clocks ahead I hour!

Thursday, March 12: Community Cultural Collaborative, 10 to 11:30 a.m., Enrichment Center.

Monday, March 16: Quality Improvement Council, 10 to 10:30 a.m. Enrichment Center.

Wednesday, March 18: EQRO, Tuolumne County Behavioral Health BH Conference Room and the Enrichment Center Art Room.

Monday, March 23: CNVC Guest Speaker, 10 a.m. Enrichment Center.

# Safety: Check Smoke Detectors

Continued from Page 1 ...

Go to bed about 10-15 minutes earlier every night for about a week before the start of Daylight Saving Time.

Adjust your clock to the new time earlier in the evening of the clock change so that you go to bed an hour earlier rather than going to bed at the usual time and missing out on sleep.

If you cannot go to bed earlier, sleep for longer the next morning or have an afternoon nap on the first Sunday of Daylight Saving Time.

Twice a year, when Daylight Saving
Time *begins* or *ends*, make •

it a habit to not only change your clocks, but do a few other semi-annual tasks that will improve safety in your home.

Do these things every 6 months when you reset your clocks:

- batteries in your smoke and carbon monoxide (CO) alarms. Replace any smoke alarms older than ten years. Replace any CO alarms older than five years.
- Prepare a disaster supply kit for your house (water, food, flashlights, batteries, blankets). Once you've created your home disaster kit, use the semiannual time change to check its contents (including testing/replacing flashlight batteries).

  Check to see if your

fire extinguishers need recharging. Check the small gauge at the top of the extinguisher. If the needle in that gauge is green, chances are the extinguisher is okay. If it is in the red, you need to have the extinguisher recharged.

I realize that Daylight Saving Time is a struggle for most, as we can be tired and cranky as a result of a change in sleep patterns, but using this regular time change event to remind you to perform semiannual safety checks can help to keep you and your loved ones safe.





Trish Dalman has worked at Tuolumne County Behavioral Health for two and a half years. She spent nearly one year working in Crisis Assessment Intervention Program (CAIP) and then transferred to Planned Services. She graduated with her bachelor's in 2008 and then her master's degree in 2012.

Trish, who grew up in Amador County, worked for Amador

County for about five years prior to coming to TCBH. Trish became a therapist because "I've fought my own battles and wanted to be able to provide to others what I wasn't able to receive. We are in this together, learning from one another, helping one another. It's a team effort focused on helping my clients

e m

realize they're not alone and providing what they need to get better."

During her off time, Trish enjoys arts and crafts, playing volleyball, and exploring the outdoors with her Chiweenie (above). Her favorite band is Van Halen and her favorite food is Mexican or anything with avocadoes!

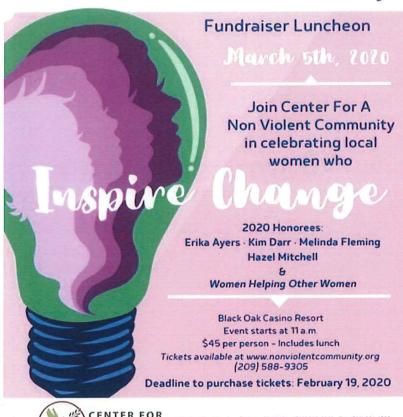
Her favorite saying is "When you feel like quitting, think about why you started."



TRISH DALMAN
Job Title: Clinician II
Time with Tuolumne County:
2 1/2 years

**Favorite color: Pink** 

## International Women's Day



CENTER FOR A NON VIOLENT COMMUNITY

542 West Stockton St. - Sonora, CA 96370 - (209) 588-9305 - Fax (209) 588-9272
- RENEWING LIVES RESTORING FUTURES -

# SUCIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

# What is EQRO?

By Quality Improvement

Tuolumne County Behavioral Health (TCBH) has been hard at work preparing for this year's upcoming audit, External Quality Review Organi-

zation. Staff call it EQRO. A lot people wonder what EQRO is, when they come, and what they focus on when they are here. EQRO is contracted by the Department of Health Care Services to visit each county on a yearly



basis to audit all mental health plans. EQRO travels to Tuolumne County each year during the month of March; this year they will be here on March 18<sup>th</sup>. The audit team stays on site at TCBH for the entire day to review our system, primarily focusing on access, timeliness, and quality.

The goal for their visit is to review all of TCBH's significant improvements, efforts we have made toward new state requirements, and to understand how our system works. After their visit, EQRO gives TCBH suggestions for areas in the systems that could be improved or adjusted. They also give us a list of recommendations, areas that TCBH will focus on improving over the next year. Each year they come we review the previous year's recommendations and discuss how we made improvements in those areas over the last year.

The audit involves all the TCBH staff. On the day of the audit, EQRO interviews supervisors, clinicians, behavioral health workers, peer specialists, and clients. EQRO's goal is to get a full picture of what is happening and get everyone's input on what is working and what could be improved. After the audit is over, EQRO completes a report that details what they found during their visit. This report is then posted online at the EQRO website and also on Tuolumne County Behavioral Health's website.

The links below are where you can find the reports from last year's audit. <a href="https://www.tuolumnecounty.ca.gov/QuickLinks.aspx?">https://www.tuolumnecounty.ca.gov/QuickLinks.aspx?</a> CID=81, and

https://www.calegro.com/mh-egro#!mh-reports\_and\_summaries



### **Diversity Calendar**



March Is: Women's History Month. Started in 1987, Women's History Month recognizes all women for their valuable contributions to history and society.

March is also National Developmental Disabilities Awareness Month, which was established to increase awareness and understanding of issues affecting people with intellectual and developmental disabilities.

March is National Multiple Sclerosis Education and Awareness Month. It was established to raise public awareness of the autoimmune disease that affects the brain and spinal cord and assist those with multiple sclerosis in making informed decisions about their health care.

March is National Brain Injury Awareness Month. It alerts us to the causes and aims to eliminate the stigma surrounding brain injuries. It has been observed since 1993.

March is National Nutrition Month. National Nutrition Month is an educational campaign focusing on the significance of physical fitness as well as eating nourishing meals.

March 1/2 through 19/20: Nineteen-Day Fast, for members of the Baha'i Faith, this time is to reinvigorate the soul & bring one close to God

March 8: Daylight Saving Time. Turn your clocks forward!

March 8: International Women's Day first observed in 1911 in
Germany, it has now become a major global celebration honoring
women's economic, political and social achievements.

March 13-April 15 Deaf History Month. This observance celebrates the founding of Gallaudet University and the American School for the Deaf.

March 17: St. Patrick's Day, a holiday started in Ireland to recognize St. Patrick, the patron saint of Ireland.

March 9-10: Holi, a Hindu and Sikh spring religious festival observed in India, Nepal, and Sri Lanka. People celebrate Holi by throwing colored powder and water at each other.

March 21-22: Ostara/Eostre, a celebration of the spring equinox commemorated by Pagans and Wiccans.



# ~ GOOD EATS ~ Corned Beef and Cabbage

### Ingredients

One 7-pound corned beef brisket

- 4 bay leaves
- 1 tbsp. dried thyme
- 1 tbsp. juniper berries
- 1 tbsp. whole black peppercorns
- 1 tbsp. yellow mustard seeds
- 2 tsp. whole cloves
- 1 medium yellow onion, halved
- 1 medium head of garlic, peeled
- 1 small savoy cabbage (1<sup>3</sup>/<sub>4</sub> lb.), cut into 6 wedges
- 12 small red potatoes (11 oz.) 6 small Japanese turnips, peeled and trimmed (14 oz.)
- 6 small golden beets, peeled and trimmed (10 oz.)
- 6 medium carrots (12 oz.), peeled and cut into 4-inch lengths
- 6 medium parsnips (11 oz.), peeled and cut into 4-inch lengths
- 1 cup Castelvetrano olives
- Mustard or freshly grated horseradish, for serving

### Instructions

In a large stock pot, add the brisket and enough cold water to cover by 4 inches. Add the bay leaves, thyme, juniper, peppercorns, mustard seed, cloves, onion, and garlic. Set over high heat and bring to a low boil, then lower the heat to maintain a strong simmer. Skim off and dis-

card any scum that rises to the surface. Cook until the meat is fork-tender but not falling apart, about 3 hours.

Add the cabbage, potatoes, turnips,

beets, carrots, and parsnips, then return to a simmer and cook until the vegetables are barely tender when poked with a fork, 40 –50 minutes. Add the olives and continue cooking 10 minutes more.



Use a slotted spoon or a spider skimmer to transfer the vegetables to a large rimmed baking sheet or platter, taking care not to break them into pieces. Discard the onion and garlic. Place a colander over a large bowl and drain the meat, saving the cooking liquid for drizzling or for reheating leftovers. Transfer the meat to a cutting board and thinly slice against the grain. Arrange the vegetables around the meat and drizzle with cooking liquid, if desired. Serve hot or cold, with mustard or horseradish on the side.

Yield: Serves 6 to 8 Time: 4 hours, 20 minutes

Source: https://www.saveur.com/corned

-beef-and-cabbage-recipe/

# Spring: Engage In Fun Activities, Renew Spirit

See Spring ... page 3

There are many activities that you can do to clear and refresh your mind. Here are examples of activities that are very enriching and can lead to a more positive and mentally healthy life:

create a to-do list of short-term and long-term goals that you want to complete. This may vary from reconnecting with an old friend you have not seen in a while, to taking more time to enjoy a nice cup of coffee. Think of dreams you've always wanted to achieve – it does not matter how big or small.

Having a set of goals can give you a sense of purpose in life and guide you toward your desired path.

- physical health. Engaging in physical activity has been scientifically proven to play an important role in sustaining mental health and well-being. Renewal of the mind, body and spirit is a journey. Try walking 3 to 4 times per week.
- spirit. Practicing yoga and/or meditation can do wonders for the cleansing of the mind. Research studies on the

power of meditation have reported a significant reduction in negative energy and number of thoughts consuming your day.

- Work on improving your stress management skills. Try your best not to dwell on issues that are out of your control. Learning to accept the situation for all that it entails is an important skill in reducing stress. Pay attention to what triggers your stress responses to learn and prepare for the next instance. Knowing which situations make you uncomfortable can minimize distress and en-
- courage better coping behaviors.
- Actively contribute to your community. This may include volunteering for a cause or issue that you truly care about. Helping out a neighbor, or tending a community garden can help you feel good about yourself and your place in the world.

And last but not least, live in the here and now. Take a moment to notice the sun on your face, and notice the air you are breathing. Learn how to bring your attention into the moment.

Source: <u>https://</u> keltymentalhealth.ca/

# MHSA Community Program Planning

Donna Fone
(right at far
left, and below
left) speaks
with community members
and partners at
Stakeholder
Meetings on
February 20 at
the Tuolumne
County Enrichment Center







MHSA Team Members Michelle Carlson, (above, at left), Fone (center), and Jenn House (right) planned and coordinated the Stakeholder Meetings.

By MHSA Team

Donna Fone, MHSA Coordinator, is holding multiple Stakeholder Meetings for the Mental Health Services Act's (MHSA) Community Planning Process during the month of February and March. The meetings will bring Lommunity members together to discuss how Tuolumne County Behav-

ioral Health should spend MHSA dollars for fiscal years 2020-2023. The next Stakeholder Meeting is set for 9:30 a.m. Wednesday,

13 (25-59)

DONNA FONE

March 4 at the Enrichment Center, at

101 Hospital Road, in Sonora. To submit your feedback in writing, please visit the survey online at <a href="https://www.surveymonkey.com/r/2020MHSAstakeholdersurvey">https://www.surveymonkey.com/r/2020MHSAstakeholdersurvey</a>.

Hard copies of the survey are also available at Tuolumne County Behavioral Health and the Enrichment Center. The survey closes on March 15th.



### Inside this issue

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- BH Spotlight: Jenn House

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Memorial Day

### PAGE 4

- Recipe: Tomato, Cucumber and Avocado Salad
- Diversity
   Calendar

### PAGE 6 & 7

 Stay Connected During Physical Distancing

### PAGE 8

PEI Contractors

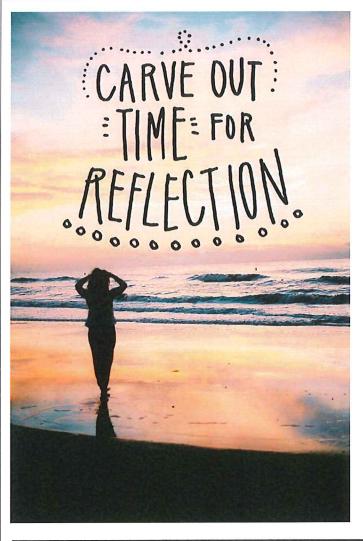
# Quote of the month

"Reflection is one of the most underused yet powerful tools for success."

~ Richard Carlson

# Tuolumne County Behavioral Health Department May Newsletter

May 1, 2020



# BH Staff Reflect on Uncertain Times

By Jenn House MHSA Program Specialist

It's officially May — Mental Health Month. Typically in years past, this is a time we're immersed in Taco
Bar planning for our annual Mental Health Event. The Enrichment Center is adorned with

## Enrichment Center Open During COVID-19

By Jenn House MHSA Program Specialist

"Yes, we're still here."

This is a common answer these days at the Tuolumne County Enrichment Center, at 101 Hospital Road. We are open regular hours from 8 a.m. to 3 p.m. Monday

See EC ... page 10



Glenda Taylor, one of our EC Peer Specialists, smiles at the front desk at the Enrichment Center, which currently offers showers and laundry services.



### **Tuolumne County** Behavioral Health

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Have a newsletter idea? Email me! JHouse@co.tuolumne.ca.us

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### **TUOLUMNE COUNTY**

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suicidepreventionlifeline.org

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de **PREVENCI** -888-628-9454

## Safety Corner: General Office Safety Tips

Did you know that 1.2 million working people suffer annually from a work-related illness? Don't be just another statistic; protect yourself with these office safety tips.

### At your desk:

- Use good posture. Sit up straight, feet on the floor; if you're using a keyboard, keep your wrists straight.
- Keep files, drawers, and cabinets clean, organized, and closed to prevent spilled material. and tripping.
- Store heavy supplies on lower drawers or at ground level, and secure items in cabinets that close securely.
- Don't eat or drink at your computer, as crumbs or spills might cause serious malfunctions to the equipment.
- Secure sharp objects

(cutting knives, scissors, paper cutter blades) when not in use; never leave these misplaced and unattended.

### Moving around:

- Walk, don't run.
- Look where you're going; you'll have time to read later.
- Watch for spills on the floor or other obstacles, and take the initiative to clean them or ensure that they're cleaned.
- Ensure that exits are clear and easily accessible.
- Opt for the elevator
- Use the handrail on the stairs.

### Live healthfully at work:

- Stay hydrated.
- ents and minerals.

- Limit machine fumes with ventilation or dis-
- Take frequent breaks to walk around and stretch.

### Minimize headache and fatigue:

- Providing enough ventilation
- Blocking exterior pollution (traffic pollution, etc.) and interior fumes (exhaust from printing machines, etc.)
- Adjusting lighting (not too bright and not too dim)
- Reducing glare
- Muffling noise (volume for telephone ringers and beeping equipment)

Source: https:// Don't skip lunch; make www.atlantictraining.com/ sure you get your nutri- safety-tips/office-safetytips.php



Jenn House is the MHSA Program Specialist based at the Enrichment Center, which is operated by Tuolumne County Behavioral Health. She joined the county in late October 2017.

Born in Stanford, Jenn grew up in the Bay Area before her family moved to Twain Harte in 1988. She earned her master's degree in management and public administration from the University of Phoenix Online in 2011. Jenn lives in Soulsbyville with her fiancé, Brandon, three adorable yet stubborn dachshunds, Buster, Baxter and Oscar, and one cat, KiKi, who drives her crazy. She plans to marry this summer during a private ceremony surrounded by family. She enjoys hiking, kayaking, swimming and being in nature for part of her self-care regime, as well as spending time with family and friends. Jenn loves laughing; you'll catch her smiling a lot.

"During COVID-19, I have realized how much of a people person I am because that element was taken away. Our hours and services have been greatly reduced, and it's been hard working out of an empty wellness center. It's so quiet!!! I love helping people and I miss all of our regulars so much. I thrive on being extraordinarily busy and being challenged by daily issues at the EC. Oddly, I'm looking forward to it in the future; until then, we just have to wait."



**IENN HOUSE** Job Title: Program Specialist **Time with Tuolumne County:** 2 1/2 years Favorite color: Pink

# Memorial Day Honors Our Brave Soldiers

Зу History.Com

emorial Day is an American holiday, observed on the last Monday of May, honoring the men and women who died while serving in the U.S. military. Memorial Day 2020 occurs on Monday, May 25.

Originally known as Decoration Day, it originated in the years following the Civil War and became an official federal holiday in 1971. Many Americans observe Memorial Day by visiting cemeteries or memorials, holding family gatherings and participating in parades. Unofficially, it marks the beginning of the summer season.

### Early Observances of **Memorial Day**

The Civil War, which ended in the spring of 1865, claimed more lives than any conflict in U.S. history and required the establishment of the country's first national cemeteries.

By the late 1860s, Americans in various towns and cities had begun holding springtime tributes to these countless fallen soldiers, decorating their graves with flowers and reciting prayers. Did you know? Each year on Memorial Day a national moment of remembrance takes place at 3:00 p.m. local time.

It is unclear where exactly this tradition originated; nunerous different communi-

Today, we honor those who have given the greatest sacrifice for our freedom. THANK YOU

ties may have independently initiated the memorial gatherings. And some records show that one of the earliest Memorial Day commemorations was organized by a group of freed slaves in Charleston, South Carolina less than a month after the Confederacy surrendered in 1865. Nevertheless, Decoration Day in 1966 the federal government declared Waterloo, New York, the official birthplace of Memorial Day.

Waterloo - which first celebrated the day on May 5, 1866 — was chosen because it hosted an annual, community-wide event, during which businesses closed and residents decorated the graves of soldiers with flowers and flags.

On May 5, 1868, General John A. Logan, leader of an organization for Northern Civil War veterans, called

for a nationwide day of remembrance later that month. "The 30th of May, 1868, is designated for the purpose of strewing with flowers, or otherwise decorating the graves of comrades who died in defense of their country during the late rebellion, and whose bodies now lie in almost every city, village and hamlet churchyard in the land," he proclaimed.

The date of Decoration Day, as he called it, was chosen because it wasn't the anniversary of any particular battle.

On the first Decoration Day, General James Garfield made a speech at Arlington National Cemetery, and 5,000 participants decorated the graves of the 20,000 Union and Confederate soldiers buried there. Many Northern states held similar commemorative events and reprised the tradition in subsequent years; by 1890 each one had made Decoration Day an official state holiday. Southern states, on the other hand, continued to honor their dead on separate days until after World War I.

Confederate Memorial Day is still celebrated in several states and will be on Sunday, April 26, 2020 in Florida; on Monday, April 27, 2020 in Alabama, Georgia and Mississippi and on May 11, 2020, in parts of South Carolina. The practice of commemorating the Confederacy became even

See Military ... page 4





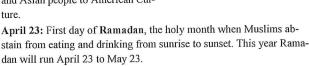
### **Diversity Calendar**



### May is:

ALS Awareness Month
Blood Pressure Education Month
Celiac Disease Awareness Month
Correct Your Posture Month
Dental Care Month
Mental Health Month
Military Appreciation Month
Older Americans Month
Jewish American & Asian Ameri-

Jewish American & Asian American Heritage Months -recognizes the diverse contributions of the Jewish and Asian people to American Culture.



May 1: International Worker's Day also known as May Day, celebrates social and economic achievements of workers worldwide.

May 5: Cinco de Mayo celebrates the victory of Mexico over French occupational forces in the Battle of Puebla in 1862.

May 10: Mother's Day - children of all ages show appreciation for their mother's.

May 16: Armed Forces Day recognizes military members & their families.

May 17: International Day Against Homophobia is a global celebration of sexual and gender diversity.

May 25: Memorial Day originally initiated to honor the dead of the Civil War, Memorial Day now pays homage to the dead of all U.S.

# FROM OUR KITCHEN TO YOURS Tomato, Cucumber and Avocado Salad

### Ingredients

1 1/2 cups of chopped tomatoes — (cherry tomatoes are recommended)

1 cucumber — peeled, seeded then diced

- 1 avocado diced
- 4 ounces of feta cheese cubed
- 2 Tablespoons of minced red onion
- 1 (clean) handful of parsley minced, about 2 Tablespoons
  - 2 Tablespoons of olive oil
  - 1 Tablespoon of red wine vinegar
- 8 twists of black pepper from a pepper mill

### Instructions

Chop tomatoes into a medium dice. If using cherry tomatoes, cut in half. Add to a bowl.

Peel and seed one cucumber and dice. Add to bowl.

Remove pit, dice avocado and using a spoon, scoop out the avocado from the peel. Add to bowl.

Add minced red onion and minced parsley to bowl.

Whisk together olive oil, red wine vinegar and black pepper; pour over salad.

Toss gently so the feta and avocado don't break up. Serve immediately. If refrigerating, keep the avocado aside and add before serving.

Prep Time: 12 minutes Total Time: 12 minutes

HISTORY

Source: https://www.gardenandtable.net/tomato-cucumber-avocado-salad-free-recipe-below/?

 $utm\_source = Pinterest \& utm\_medium = Social \# Photo Swipe 1528752668284$ 

# Military: Honors All Our Personnel

Continued from Page 3 ...

more controversial after the massacre at Emanuel AME Church in Charleston in 2015.

### **History of Memorial Day**

Memorial Day, as Decoration Day gradually came to be known, originally honored only those lost while fighting in the Civil War. But during World War I the United States found itself embroiled in another major conflict, and the holiday evolved to commemorate American military personnel who died in all wars, including World War II, The Vietnam War, The Korean War and the wars in Iraq and Afghanistan.

For decades, Memorial Day continued to be observed on May 30, the date Logan had selected for the first

Decoration Day. But in 1968 Congress passed the Uniform Monday Holiday Act, which established Me-

morial Day as the last Monday in May in order to create a three-day weekend for federal employees; the change went into effect in 1971. The same law

also declared Memorial Day a federal holiday.

### **Memorial Day Traditions**

Cities and towns across the United States host Memorial Day parades each year, often incorporating military personnel and members of veterans' organizations. Some of the largest parades take place in Chicago, New York and Washington, D.C.

Americans also observe Memorial

Day by visiting cemeteries and memorials. Some people wear a red poppy in remembrance of those fallen in war—a tradition that began with a World War I poem. On a less somber note, many people take weekend trips or throw parties and barbecues on the holiday, perhaps because Memorial Day weekend—the long weekend comprising the Saturday and Sunday before Memorial Day and Memorial Day itself—unofficially marks the beginning of summer.

Tuolumne County Behavioral Health and the Enrichment Center will be closed Monday, May 25th in observance of Memorial Day. Offices will reopen Tuesday for regular business hours.

Source: <a href="https://www.history.com/">https://www.history.com/</a> topics/holidays/memorial-day-history

# Reflection: Focusing On What's Most Important

Continued from Page I ...

bright lime green decorations from head to toe spreading awareness and reducing stigma of mental illness.

Unfortunately, due to COVID-19, that event will not be held this year. Instead, Tuolumne County Behavioral Health and Enrichment Center staff are working their hardest to persevere during these uncertain times. Staff were asked questions focusing on their self-care and their coping methods. Their answers are below:

## What steps are you taking to ensure your mental health is a top priority?

- I do a self-check-in and when I find myself down or being negative, I "force" a refocus onto myself, I list three things that are good in/ about my life, and in turn I say aloud "Thank you, happy, more please".
- Getting enough sleep
- Taking breaks and actually taking a lunch break (sometimes)
- Going for walks
- Noticing how I'm feeling in my body (how activated is my nervous system? And it was highly activated a few weeks ago)
- Forgiving myself for all the things I'm not getting done because I am busy with COVID-19 issues or I'm resting more
- I am a very social person and so I have made sure I FaceTime or have a phone call with different people throughout my day.
- I take long walks every evening with my dog to get time out of the house.
   I have also made sure I keep my normal sleeping schedule and routine, getting dressed every morning and not staying

in pjs has helped me a lot.

- I have also avoided following the news, I have signed up for COVID-19 text alerts from the county I live in and that is the only news I follow.
- What I am doing for my mental health is reaching out more to friends. Talking on the phone and text messaging people. Reaching out to relatives I normally do not talk to. I also have limited my television watching.
- Letting the air in, opening up the house.
- Reminding myself that my family needs me—needs me to be healthy and safe. Remembering to use what steps are needed to avoid getting or transmitting the virus.
- The steps I'm taking to ensure my mental health is a top priority, is maximizing the time off I have to enjoy life and family while working on my personal health. From bicycling adventures to making crafts such as volcanoes, I am more mindful to focus on what is important in life.
- Cleaning
- Coloring
- · Listening to music
- · Being alone
- Being quiet
- Focusing on the moment

# What have you learned about yourself and your job during this pandemic?

- I learned that my demeanor becomes calmer as others become heightened. I learned that we have amazing coworkers who believe in the TCBH mission, which can be routed, but never derailed.
- That I'm not immune from feeling high anxiety; it's all around us right now
- That part of my job as a supervisor is to

  See Reflection ... page 9

# MAY IS 2 MENTAL 0 HEALTH 2 MONTH 0

## TAKING A SCREEN IS AN EASY WAY TO CHECK IN ON YOUR MENTAL HEALTH.



# HELP US REACH OUR GOAL OF A #MILLIONINMAY.



### VISIT MHASCREENING.ORG

# Stay Connected During Times of Physical Distancing

By #BeThe1To

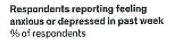
In light of the coronavirus (COVID-19) pandemic, many places have instituted distancing recommendations in order to control its spread. These recommendations encourage people to stay at home and avoid unnecessary excursions and crowds. In this environment, it is even more important to check in on your loved ones and support each other within these parameters. Physical distance does not have to mean social isolation - and social connection is more important than ever.

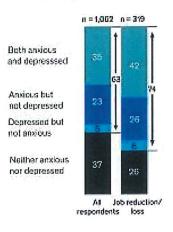
Infectious disease outbreaks such as COVID-19, as well as other public health events, can cause emotional distress and anxiety. These feelings of distress and anxiety can occur even if you are not at high risk of getting sick.

Many of the signs that someone may be considering suicide will be harder to read during times of physical distancing. Changes in routine especially will not be as apparent, but there are other things you can look for:

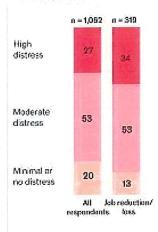
- ⇒ Changes in tone, language, and time of day when texting, talking, or posting online
- ⇒ Do they answer your calls or texts?
- ⇒ Changes in the frequency (more or less) and content of what they might be sharing online or if they share media links with you

In addition to the above, if there is a change in energy Reported signs of distress related to COVID-19 in the United States



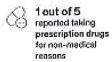


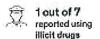
### Respondents' reported level of distress related to COVID-19 % of respondents



### Respondents' levels of reported substance use







\* As defined by National historie on Alcohol Neuse and Montrologic, >15 grades for men and >14 grades for constant.

OFEELT Overthio past work have you for taxebus?

GREELY. Over the post work have pour for depositor of

GREELY. Please indicate your level of indicate indicate the Consential/COVID-19 pandemic (10)-point social from least districted to the Consential/COVID-19 pandemic (10)-point social from least districted to meet that made.

"High" indi-10, "Meetings" in 4-17, and "cov" in 1-3).

GENES. Smoothe Communication of the gam impedience teles, but the number of hours particle variest interested decreased, or stand the same?

Souton McKinney CDVD-19 Consumer Survey, 3/29/2020

McKinsey & Company



levels or appetite; increased use of drugs or alcohol; mood swings; trouble sleeping or relaxing; frequent headaches, stomachaches, or body pains; heightened worrying or anxiety; and inability to feel pleasure, it could be a reason to check in.

### How to Use the #BeThe1To Steps During Physical Distancing

The #BeThe1To steps can be adjusted for

staying connected during physical distancing. Below we have included some additions that allow you to tailor each step if you cannot be there physically with the person.

### Ask

During times of physical distancing, you can use the same approach when asking someone if they are thinking about suicide. In addition to being generally alert for potential risk in all loved ones, it is useful to pay special attention to people that you know already struggle or have struggled in the past with emotional distress. Make sure to reach out more frequently to talk and check in and don't wait for them to come to you to ask for help or connection. Helping people stay connected

can help to prevent people from thinking about or acting on thoughts of suicide.

### **Keep Them Safe**

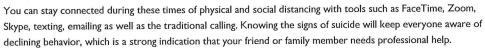
Use the same questions as you normally would to determine if the person has considered how they would kill themselves, and if they have access to means.

The same principles of putting time and space between the person and lethal means still apply here. You can use these questions/prompts to encourage the person to distance themselves from the means.

If the person has access to their means, have an honest conversation with them about what they could do to make it harder for them to

See Steps ... page 7









# Steps: Check In With Friends, Family

Continued from Page 6 ...

ccess those means in a crisis, when they might be more inclined to act impulsively.

If the person has the means in hand while you are talking to them, ask if they could put it away from them while you talk. Call the Lifeline together. with them video phore through variously platforms.

The imperson has the with them video phore through variously platforms.

After you talk, ask the person to think about the overall safety of their environment. Is there anything else in their home, like firearms, that should be protected against to put more time and space between them and the potential means, even if those means weren't the person's first intended plan?

### Be There

This step is very important in a world where ve cannot be there physically – staying connected in other ways is needed.

While being physically present may not be an option right now, there are still many other ways to be there for someone, including speaking with them on the phone/

with them on the phone, video phone, by text, through various online platforms.

The important things to keep in mind when main-

taining social connection through distance are the regularity and quality of the connection.

Establish the frequency in which the person would like you to check in with them, and then stick to that schedule.

When talking on the phone or video calling with them, ensure that you are

present. Remove yourself from distractions so that you can focus on your conversation with the person.

### Help Them Connect

Helping people connect with other services that can support them is still possible while staying physically distant. Developing a safety plan is still

an important step and can be done through the *My3* app.

The Lifeline (800-273-8255) is another great option during times of distance – trained counselors are available to call or chat 24 hours a day, seven days a week, and 365 days a year.

Another option to allow people to feel connected

by distance is the *Vibrant* Safe Space website. The Safe Space is home to resources and tools to provide you with some extra support in an emotionally safe environment.

A third option is to connect to a tele-mental health provider that can provide them with regular and consistent support from a mental health professional.

### Follow Up

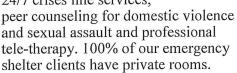
Following up provides the person with a further feeling of connectedness. Similar to the principles of 'be there' during physical distancing, setting aside a time and date that you will follow up can provide something to look forward to and sends the message that you care. Be sure to clear your calendar of all distractions for the time. Never underestimate the value of showing up.

# PEI Contractors Speak Out on Changing Routine

We took some time to reach out to some of our Prevention Early Intervention (PEI) contractors to see how they are handling these uncertain times during the pandemic while still offering services.

### **CNVC**

Laura Sunday: "CNVC has been telecommuting 100 percent. All staff have access to laptops. We are providing 24/7 crises line services,



Our agency has engaged in weekly nonviolent communication training with a professional instructor. This work is integrated into our PEI projects and work in schools and the community. We have initiated a book club with our team, Coaching Skills or Non Profit Leaders. This delves into the listening, engaging through curiosity etc., which is also reflected in the projects we develop and lead under PEI.

CNVC launched an Instagram account integrating our Youth Mentors. The students create content relating to the issues teens are faced with in light of COVID-19. Additionally, CNVC's Facebook page/Instagram marketing has been focused on trauma reduction, coping skills, and kindness."

### First 5

Sarah Garcia, Director First 5, Tuolumne County Superintendent of Schools: "Our SEED program is still in full swing right now. We have been able to covert all coaching with educators to virtual

work. It is definitely a crazy time, but somehow we are still moving forward."

Beth Barnett, SEED Coordinator, of Tuolumne County Superintendent of

Schools: "Since the closure, I have been trying to do as much as I can from home, like everyone else. I have attended many Zoom meetings and may begin hosting my own in the near school staff in future. Many staff had planned on getting professional development hours through in person trainings, but have now had to change course in order to still meet the stipend requirements. I hear some are finding it a challenge to work on this while needing to care for their children and homeschool them."

### ATCAA, Suicide Prevention & Stigma Reduction

Bob White: "I cancelled the Applied Suicide Intervention Skills Training (ASIST) that was scheduled for April

30-May 1. Last week, I purchased 100 licenses for the LivingWorks Start program which is an online evidence based suicide prevention program. I will be offering this program to the community

soon. LivingWorks is the organization We are trying to be creative in our that developed safeTALK and ASIST. LivingWorks Start is their new program and it is excellent. I'm very excited to be able to offer this to our community at this time."

### Catholic Charities

telehealth sessions I have been continuing to check in with current and past clients by phone to provide support and referrals as needed. I have also encouraged Catholic Charities our support group of the Diocese of Stockton Help for Today...Hope for Tomorrow members to stay in contact by phone to

C'Anne Johnson: "In addition to our

support each other and stay connected during this time."

### Jamestown Family Resource Center

Mark Dyken: "I was able to move forward with (trauma) training at Jamestown, Twain Harte, Cassina and Curtis Creek Schools up until the closure. I've asked the County Superintendent's office about helping me set

up online webinar training to make available to all place of the inperson model. I may be looking to

add a whole extra piece on how the

shelter-in-place orders are affecting students and families, especially those who are already at risk of abuse, neglect, domestic violence and other traumatic home events."

### Promotoras de Salud

Terri Alford: "The Promotoras have been contacting people by phone and text, and checking in with more vul-

nerable families. I just spoke with Elizabeth Ramos from Cal Fresh and she has translated all of the public health notices into Spanish, which I have sent to the Promotoras to send out to the community.

approach to outreach while remaining safe. I am sure we will figure out more ways to adapt using remote communication like Skype and Zoom as we start to get our feet under us during these strange times."

The passage of Senate Bill 1004 allows oversight by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in how Mental Health Services Act (MHSA) funds are spent. The legislation mandates all counties in California to allocate their Prevention Early Intervention (PEI) funds to designated "areas of proven need" in these five categories, which includes these local organizations.

# Reflection: Staff Share Genuine Thoughts

ontinued from Page 5 ...

maintain enough calm and clearheadedness to calm my staff's anxiety.

- That our mental and physical well-being come before meeting those 'important' deadlines. If I want to get my work done, I need to take care of myself first and foremost.
- That part of my job is caring about the mental and physical well-being of my staff and that messaging to staff that they (and their physical and MH) matter to me it's always mattered, and even more so now.
- That our Prevention Early Intervention (PEI) and Community Services Supports (CSS) contractors are awesome, as all are

being so creative in delivering services to community members.

- I have learned how calm, productive, and relaxed I am without all the world's distractions.

  How optimistic and motivational I am about everything.
- How much reading soothes me and lets me escape. I have always loved reading, but now I feel like it has a different meaning.
- How much I genuinely love my job, even at home with the ability to have a ton of distractions, I enjoy work.
- I found out about myself that I am stronger than I realize and goal orientated, realized that I don't know a lot and that I need to educate myself more. I appreciate my job so much. I don't know what I would do without having somewhere to be three days a week. I am truly grateful that we are here to help people in need. This is why I decided to work here, to make a difference even if it is just one person's life. In this pandemic, I reevaluated school and just how much debt • I wanted to get into and was comfortable with. Changed schools and degrees to what I could afford and still in the realm of what I want to do. Made me realize

tomorrow isn't promised and to be happy in today. Over all I think this pandemic has made me become more proactive in my life.

- The work that I do makes a difference for and to the ones that I work with. I have always known that, but my knowledge and skill base has expanded in the years that I've worked and I can hear it in the voices of who I've worked with that what I have to say they can feel comes from a place of understanding.
- What I have learned about myself and my job during this pandemic is that I am blessed to work with such great people at BH. They have worked with me to organize a work schedule conducive for me and my family, now that we are home-

- that want it and those not able to access on-site services. TCBH would have a farther reach.
- That we continue to support one another in this community as these challenging times have brought out.
- That we can attend or hold meetings remotely at times.
- Less meetings overall!!!
- Being able to work from home when possible. I feel like I am happier and more productive without the distractions of other people.
- I really hope people will be mindful (including myself) of other peoples' space and to be kinder to each other.
- I've appreciated being able to work with clients by phone and hope to have the

audio-visual (AV) method of connecting available soon. It can be hard for the clients to come from all over the County to the Sonora office. I appreciate having them face to face in the office, but sometimes use of phone or AV connections makes more sense for the client—no babysitter, no problems working out transportation from and to their home, much less time taken out of

their lives when driving doesn't significantly add to the 1-plus hour session.

- As we return to normal, what I'd like to take with me from my experiences in this pandemic is to not take our freedoms for granted. We live in an awesome country where we can go buy anything at the store and enjoy running water and electricity. When those things are no longer accessible, it rocks our world as Americans. With that, I am learning to trust in my God more to take care of me and my family.
- For work, improving cleaning practices and rearranging services to be more efficient.
- For personal, only buying essential items makes me question my perceived essential vs. the real essential items I buy. I need to be more conscientious!!!!!



schooling our child for the rest of the school year. I am blessed that I even have a job and can still earn a wage during these challenging times. I don't want to take anything for granted.

 My priorities have shifted. I have better clarity on things with less time to worry about the trivial stuff. It has taken carpe diem to an entirely different level for me.

What part of returning to normal would you like to change for the new normal?

- Telehealth options.
- That staff can work remotely when appropriate given the position's job tasks
- That TCBH and contractors can provide services via Telehealth and other electronic means in order to support those





The Enrichment Center (left) is currently restricting services to the community as the coronavirus (COVID-19) puts a temporary stop to many things throughout the county, state and worldwide. Meanwhile, Mental Health Month prevails with the Each Mind Matters' posters and lime green decorations (top and below). Even though the center isn't as busy this year, the staff is doing their best to stop the stigma of mental health regardless. An Each Mind Matters activity (below) made out of Post-Its will be filled in inspirational thoughts and kind words over time.

# EC: We're Open Five Days a Week

Continued from Page I ...

through Friday, but it's anything but business as usual.

Showers are offered Mondays, Wednesdays and Fridays, while laundry facilities are offered Tuesdays and Thursdays. Appointments are taken in advance, up to 7 days prior, by calling the EC at (209) 533-7114.

Most days are booked well in advance; however, there are some cancellations that are quickly filled by walk-ins, the homeless, and to those who don't have access to a cell phone.

Meanwhile, Mental Health Month launches on May 1st, and while the halls are decked with lime green, the

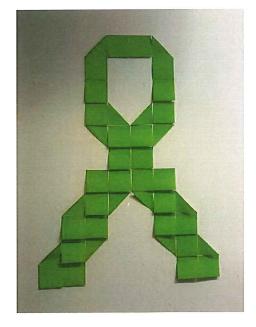
atmosphere is not anything like we're used to.

Many staff miss our regular community members, our groups, our activities and our social events. Two EC Peer Specialists spoke out about how COVID-19 has changed our center.

"I miss the classes, interactions and my afternoon classes," said Koya Andrews

Glenda Taylor looks forward to "being able to interact with the clients more than now. Most of the clientele we don't see because we're only taking appointments. I miss PRIDE. I feel like I'm teaching them something."

We'll be back up and running as soon as we can. Please stick with us.





### Inside this issue

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- Welcome Wagon
- National Months in November

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• Mother Lode
Regional
Juvenile
Detention
Facility staff,
youth attend
Suicide
Prevention Walk



### PAGE 4

- Recipe: Slow Cooker Pumpkin Butter
- Diversity
   Calendar
- Word Search

### PAGE 5

 Safety Corner: Autumn Toxic Pet Hazards



# Tuolumne County Behavioral Health Department November Newsletter

November 1, 2020

# Drug Take-Back Day



Dixie Sky, (above at left) Victim Advocate from the Tuolumne County District Attorney's Office, Jennifer Dillon, the Community Service Officer and Deputy Grant Kutch both from the Tuolumne County Sheriff's Office, and Bob White, YES Partnership Director participate in the Tuolumne County Take-Back Day on October 24th at The Junction Shopping Center in Sonora. A community member (below) drops off prescription medications at the event.



Photos by Jenn Guhl

# Partners Celebrated its 10th Anniversary Event

By Jenn (House) Guhl, MHSA Program Specialist & YES Member

he Tuolumne County Sheriff's Department, The Tuolumne County Opioid Safety Coalition, YES Partnership and the DEA came together to celebrate the 10th Anniversary of the annual Tuolumne County



Take-Back on Saturday, Oct. 24th at The Junction Shopping Center in Sonora. The event provides a safe and confidential way for members of our community to rid their homes of unused or expired

See Day ... page 2



### Tuolumne County Behavioral Health

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Have a newsletter idea? Email mel

Visit us on the web: tuolumne.networkofcare.org

www.tuolumnecounty.ca.gov

JGuhl@co.tuolumne.ca.us

# **TCBH Welcomes New Hires**

he Tuolumne County Behavioral Health Department would like to welcome all of its new employees from September through October 2020 to its team. It's a pleasure to be working with each and all of you! Welcome!

- Miko Allen is returning to BH as a Relief BH Clinician providing Crisis coverage. She used to be a clinician embedded within the Behavioral Health campus providing services through the Child Welfare Services, Road to Resiliency grant.
- ⇒ Kalindi Botto, Relief BH Clinician will also be providing Crisis coverage.
- ⇒ Ivet Ceja is a Clinical Intern working within Crisis and Planned Services.
- ⇒ Leticia Correa is a Clinical Intern working



within Crisis and Planned Services.

- ⇒ Kaitlyn Emigh is a Clinical Intern working within Crisis and Planned Services.
- ⇒ Hans Husman is a BH Clinician assigned to Planned Services.
- ⇒ Diane Knight is our new Fiscal Technician.
- ⇒ Aneta Rygiel is a Relief BH Clinician who will also be providing Crisis coverage.

### TUOLUMNE COUNTY

**CRISIS LINE:** 

209-533-7000

NATIONAL

# SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

**RED NACIONAL** 

PREVENCIÓN del SUICIDIO

prevenciondelsuicidio.ora

-888-628-9454

### National Months Honored in November

# ovember celebrates the following national months:

- National Native American Heritage Month, which celebrates the history and contributions of Native Americans.
- ♦ National Diabetes Month
- Diabetic Eye Disease Month
- ♦ Military Family Month
- Epilepsy Awareness Month
- National Gratitude Month

- National Fun with Fondue Month
- National Home Care & Hospice Month
- National Family Caregivers Month
- ♦ National COPD Month
- National Alzheimer's Disease Month

- Lung Cancer Awareness Month
- National Impotency Month
- Gluten-Free Diet Awareness Month
- Movember
- MADD's Tie One On For Safety Holiday Campaign (Nov. 16– Dec. 31)
- National Inspirational Role Models Month
- ♦ Adopt a Senior Pet Month
- Aviation History Month

# Day: Weekend Event is Successful

Continued from Page 1 ...

medication.

Due to the COVID-19 pandemic, the April Take-Back Day was cancelled. According to the Tuolumne County Sheriff's Department, the total weight of medication collected was 230 pounds as well as five boxes collected at this weekend's event.

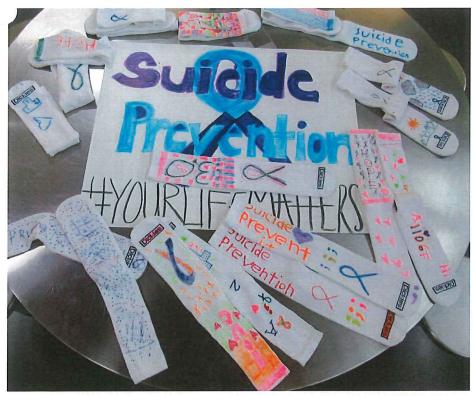
According to YES Partnership records, the total number of boxes collected from 2010 to 2019 was 200 with a total number of 6,372 pounds collected. For more information about YES Partnership, please visit its Facebook

page for the most up-to-date information.



# Suicide Prevention Walk



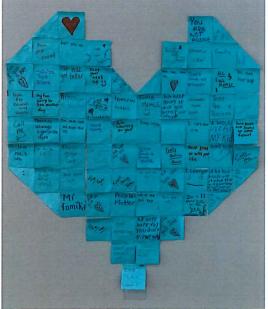












# Community Unites to Honor Memories of Loved Ones

Staff and youth at the Mother Lode Regional Juvenile Detention Facility participated in the 2nd Annual Hope & Honor Walk for Suicide Prevention Awareness held Saturday,

Sept. 12. Serena Orman-Ochs, of Sonora, has organized the walk the past two years. The event, both onsite at Resiliency Village and virtually, was held to raise

awareness for suicide prevention and to honor the memories of those lost to suicide. The walk was brought to the comunity by YES Partnership and Peaceful Valrey Farmers Market.

"Our staff immediately embraced this event and their commitment and excitement added to the overall success of the event," said An-

nie Hockett, Division Manager.

According to the Tuolumne County Proba-

tion Department's Facebook page, "Leading up to the event, the youth made posters to display during the walk and decorated socks that they wore while completing an outdoor walking course at the detention facility. More than 400 laps were completed."

"I believe the youth were very engaged in this event because this topic has impacted their lives and their family," said Steven Piech, Supervising Juvenile Correctional Of-

"Unfortunately, we (Tuolumne County)

have a high percentage of adolescents who present to the facility at high risk of sui-

cide. We complete comprehensive mental health screenings immediately upon their arrival and wrap a significant amount of supportive services around them to support them and ensure their safety. We find that youth are able to quickly stabilize while at the juvenile hall given the high level of services provided in this setting," Hockett explained.

'One of the most rewarding parts of this event was watching the youth

support one another. We established a goal of 30 laps for each youth. Some youth completed those laps very quickly and then encouraged others to keep going," Hockett added.



Monique Gzell, Registered Nurse

### Holiday Time

T	N	С	P	0	I	N	S	E	T	T	I	A	S
P	I	E	T	S	E	L	D	N	A	С	P	G	P
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L	P	C	D	E	N	В	E	L	L	S	P	S	G
S	I	N	G	I	N	G	W	R	E	A	T	Н	F

LIGHTS SKIING **SNOWFLAKES** PIE **CASSEROLE** SINGING **BLANKETS PRESENTS BELLS** SLEDDING **POINSETTIA** COAT WREATH **CANDLES ELVES** SOUP **TURKEY** TREE CHEER

Play this puzzle online at : https://thewordsearch.com/puzzle/1562057/





### Equipment Needed

Slow cooker, 6 quart or larger

### Ingredients

44 oz. Canned 100% pumpkin (not the can labeled pie mix)

- 2 1/2 cups Brown sugar
- 2 cups Apple juice or cider
- 1 1/2 teaspoons ground cinnamon
- 1/4 teaspoon ground cloves
- 1 teaspoon ground nutmeg
- 1/8 teaspoon ground ginger
- Dash of salt

### **Instructions**

Add all of the ingredients to the slow cooker and stir. Cover and cook on low for five hours, stirring once at the 4 hour mark.

Stir and serve warm over ice cream or refrigerate or freeze for later and serve on toast.

Prep Time: 10 minutes Cook Time: 5 hours Serving size: 12



### https://www.themagicalslowcooker.com/slowcooker-pumpkin-butter/

### Source:



### Diversity Calendar





November 1-2: Dia de los Muertos. A time of remembrance for dead ancestors and a celebration of the continuity

November 1 is All Saints Day. All Saints Day celebrates the lives of all Christians who have died in a state of

November 11 is Veterans Day, an annual U.S. federal holiday honoring mili-

tary veterans. The date is also celebrated as Armistice Day or Remembrance Day in



other parts of the world and commemorates the ending of the first World War in 1918.

November 14 marks the beginning of Diwali (the festival of lights), celebrated by Sikhs, Hindus, and Jains. The holiday is observed with decorating homes with lights and candles, setting off fireworks, and distributing sweets and

November 20 is Transgender Day of Remembrance, established in 1998 to memorialize those who have been killed as a result of transphobia and raise awareness of the continued violence endured by the transgender community.

November 22 is Feast of Christ the King, the last holy Sunday in the western liturgical calendar. This day is observed by the Roman Catholic Church, as well as many Anglicans, Lutherans, and other mainline Protestants.

November 26 is Thanksgiving. Thanksgiving is a national holiday celebrated



on various dates in places including the United States, Canada, Brazil, Grenada, Saint Lucia. It began as a day of giving thanks and sacrifice for

the blessing of the harvest and of the preceding year.

# Safety Corner



Cell phone, with a portable charger & extra batteries

- Battery-powered radio, with extra batteries
- National Oceanic & Atmospheric Administration (NOAA) weather radio

### **KEEP YOUR FAMILY SAFE**

Make a Family Communication Plan . Your family may not be together during an extreme winter event, so it is important to know how you will contact one another, how you will get back together, and what you will do during an emergency.



**VISIT READY.GOV** 



- Turning on the stove for heat is not safe: have at least one of the following heat sources in case the power goes out:
  - Extra blankets, sleeping bags, and warm winter coats
  - Fireplace with plenty of dry firewood or a gas log fireplace
  - Portable space heaters or kerosene heaters



- Never use an electric generator indoors, inside the garage, or near the air intake of your home because of the risk of carbon monoxide poisoining
- O Do not use the generator or other appliances if they are wet.
- O Do not store gasoline indoors where the fumes could ignite.
- Use individual heavy-duty, outdoor-rated cords to plug-in in other appliances.

### SPACE HEATER TIPS:

ONLY USE ELECTRIC SPACE HEATERS WITH AUTO SHUT-OFF SWITCHES & NON-GLOWING ELEMENTS

- Never place a space heater on top of furniture or near water.
- O Never leave children unattended near a space heater.



If your pipes do freeze

thaw them with a torch.

Rather thaw the pipes

slowly with an

electric hair dryer.

- Let your taps drip continously
- Keep the indoor temperature warm & open cabinet doors to warm the air around

pipes

Fill the bathtub or have bottled water on hand during a deep freeze

### KEEP HEAT SOURCES AT LEAST 3 FF FT DO

AWAY FROM FURNITURE & DRAPES



SAFETY EQUIPMENT ✓ Chemical fire extinguisher

Working smoke alarm Carbon monoxide detector

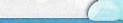
### TO GRANDMOTHER'S HOUSE WE GO

Minimize travel, but if travel is necessary, keep the following in your vehicle:



- Cell phone, portable charger, & extra batteries. Battery-powered radio
- with extra batteries Flashlight with extra
- batteries Canned compressed air with sealant for
- emergency tire repair Waterproof matches and a can to melt snow for water
- Windshield scraper Extra hats, coats, & mittens

- Water Tire chains
- Road salt & sand ☑ Booster cables
- Emergency chains
- ☑ Shovel First aid kit ☑ Tool kit
- Road maps Compass
- Paper towels Blankets
- Snack food Rope/chains



Source: Centers for Disease Control



**COURTESY PHOTOS** 

# **Autumn Toxic** Pet Hazards

By Pandora Armbruster, Administrative Assistant and Safety Coordinator

Many of the things we associate with Autumn are harmful to our pets. The following items are highly toxic to cats and dogs:

- Acorns
- Rotten apples
- Some types of mushrooms are also poisonous if eaten
- Slug pellets highly toxic to pets please avoid using them
- Anti-freeze. the taste can be attractive especially to cats and can cause severe kidney failure.



Please check

your garden and keep an eye out when walking your dog. If you believe your pet has consumed any of the above it is always best to take them straight to your vet. Symptoms



to watch out for are fainting, vomiting, diarrhea, panting, and unsteady walking. If your pet shows any of these signs please bring him/her straight to vour vet.



### Inside this issue

### SEE BELOW

Safety Corner

### PAGE 2

- Welcome Wagon
   NEWIIII
- Hope & Honor Walk Flyer

### PAGE 4

Directing Change

### PAGE 5

- Recipe:
   Watermelon
   Salad with
   Cucumber Feta
- DiversityCalendar



• Word Search

### PAGE 6

 Area 12 Agency on Aging



• In the Spotlight: Emily Freda

# Tuolumne County Behavioral Health Department September Newsletter

September 1, 2020

# Hope & Honor Walk Kicks Off Soon!



Kim Garro (above, at left), Martha Golay (above, middle) and Catherine Driver (above, at right) represent one of the Hope and Honor Walk booths held on Sept. 21, 2019, at the Courthouse Park in Sonora. A good-sized crowd (right) participated and supported the walk last year.



By Jenn Guhl MHSA Program Specialist & YES Partnership Member

ational Suicide Prevention Awareness Month is here although for most of us who work in the healthcare and mental health field, it's every month. And with the coronavirus pandemic (COVID -19), the importance of mental health, reaching out and connecting with one another weighs heavily on our minds.

The 2nd Annual Hope & Honor Walk for Suicide Prevention Awareness will be held at 9 a.m. on Saturday, Sept. 12 at Resiliency Village, 14888 Peaceful Valley in Sonora. You can also participate virtually at 9 a.m. if you choose. The walk is brought to you by YES Partnership and Peaceful Valley Farmers Market.

Serena Orman-Ochs, of Sonora, has organized the walk the past two years.

See Walk ... page 3

## Tips to Help Create a Safer Work Environment

Here are some steps you can take to reduce the risk of injury among your coworkers:

- \* Stay clutter-free
- \* Use a step ladder rather than standing on a chair
- \* Shut drawers

- Stack safely/proper storage
- Keep your feet on the floor
- \* Correct mouse placement
- \* Dim the lights, use task lamps
- \* Correctly position monitors
- \* Minimize screen glare
- Wear the right glasses

- Take your breaks
- \* Inspect space heaters
- Do not block escape routes
- Maintain cords in good repair
- Never block fire sprinklers
- \* Increase font size on computers



### **Tuolumne County** Behavioral Health

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Have a newsletter idea? Email me!

JGuhl@co.tuolumne.ca.us

Visit us on the web: tuolumne.networkofcare.org www.tuolumnecounty.ca.gov

**TUOLUMNE COUNTY** 

**CRISIS LINE:** 

209-533-7000

NATIONAL

1-800-273-TALK (8255)

suicidepreventionlifeline.org

**RED NACIONAL** 

de PREVENCION -888-628-9454

# TCBH Welcomes New Hires

he Tuolumne County Behavioral Health Department would like to welcome all of its new employees since May 2020 to its team. It's a pleasure to be working with each and all of you! Welcome!

- Lynette Swanson Full Service Partnership, Behavioral Health Clinician; Date of Hire: 5.11.20
- Robert Porta Planned Services, Program Supervisor; Date of Hire: 5.18.20
- Dani Fischer Planned Services, Behavioral Health, Clinician; Date of Hire: 6.6.20

And kudos to the current staff stepping into their new full-time roles at TCBH. Congratulations!



- Tabatha Hooter Planned Services, Behavioral Health Worker; Date of Hire: 8.17.20
- Drucilla Hughes Planned Services, Behavioral Health Worker; Date of Hire: 8.17.20
- Patricia Polk MHSA, Behavioral Health Worker/Benefits & Resources; Date of Hire: 8.17.20

### Second Annual

Brought to you by:





For Suicide Awareness and Prevention

Saturday @ 9:00 a.m. (or Virtually) September, 12th 2020 At Resiliency Village 14888 Peaceful Valley Sonora, California



Register here: https://ultrasignup.com/register.aspx?did=78595

Come Walk or Run, Honor their Memories, Support the Survivors, and Never give up Hope!



# Walk: Kicks Off Virtually, In Person

Continued from Page I ...

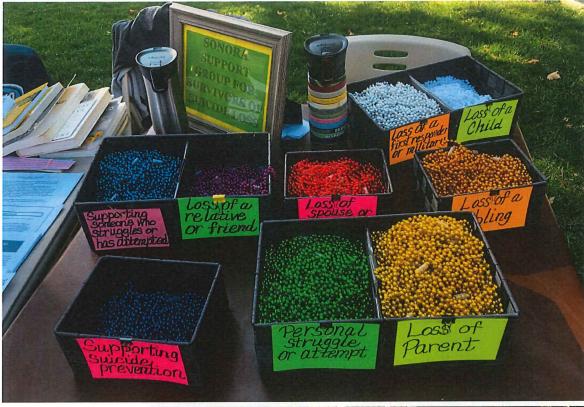
"I am passionate about Suicide Prevention Awareness because I lost my mom in September 2014 to suicide. I then realized how invisible mental health was. She was the last person anyone would think could take her own life," Serena said.

"After her passing, I wanted answers and learned everything I could about mental health and suicide. I had attended Suicide Prevention Trainings and summits, but did not feel like these were bringing awareness to our community as a whole, so I decided to have a walk. I was so incredibly thrilled at the number of participants who attended, the community support services and donations. I felt it was a good first effort of breaking the stigma and eally bringing Suicide Prevention Awareness to the forefront of our community.

"COVID has really put a damper on the walk this year. It's been difficult to have planning meetings due to social distancing and zoom privacy issues. The protests downtown have also put a damper on this year's walk. In a time of crisis like COVID and racial injustice, many more individuals are prone to suicidal ideation. Even though we are to be social distancing, we really need

to come together in support for each other. This walk can be done virtual-

ly, meaning individuals can walk on their own or with others where they want and still share this ause and raise money for prevention efforts. The inperson event will be September 12, 2020 at 9:00



am at the Peaceful Valley Farmers Market supported by Resiliency Village. All participants, virtually or in person, are encouraged to share their story of loss, survival or support, pictures of the loved ones they may be walking/ running for and/or notes of encouragement. This is a family friendly event and all ages are welcome. Although participants can walk when and where they want, registration closes on September 12, which is the end of National Suicide Prevention Week. September 10,

**World Suicide** Prevention Day September 10

2020 is World Suicide Prevention Day, and September is National Sui-

cide Prevention Month, but suicide happens daily and affects everyone in the community. It is important to bring awareness and support to all affected," Serena explained.







At the first Suicide Awareness and Prevention Walk in 2019, numerous colored beads (top) were available to participants who wanted to share their story by selecting what types of beads impacted their lives. Serena Orman-Ochs (above, middle) has been the organizer of the walks since it began. Michelle Carlson, MHSA Program Specialist for Tuolumne County Behavioral Health (above, right), represented the county with a table at the 2019 walk.

For more information on Walk for Suicide Prevenhow to register for the 2nd tion Awareness, you can Annual Hope & Honor

register here by visiting:

https://ultrasignup.com/ register.aspx?did=78595.

### The Directing Change Program and Film Contest

engages young adults throughout California to learn about the warning signs for suicide, the importance of mental health, and how to help a friend through the creation of short films. Throughout the filmmaking process,

### Directing Change Box Office Returns

86% of youth learned proper response to a friend's suicide warning signs via program

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.

.

-

58% of youth encouraged someone going through a tough time to seek help

6

86%
agreed even people who
seem successful can be
hurting on the inside and
thinking about suicide

10,504 youth participants since 2012

3,960 Number of films submitted by youth since 2012

446,727 Number of times films have been viewed online since 2012 participants are engaged via all methods of the "learning spectrum" to see, experience, discuss, and apply concepts learned about suicide prevention and mental health. These films are used in schools and communities to raise awareness and start conversations about these topics.

Findings from a <u>cross-sectional case-control study by NORC at the University of Chicago</u> demonstrated knowledge, attitude and behavior changes:



Directing Change participants more frequently agreed that suicide is preventable, identified more warning signs and were more willing to encourage others to seek help, beyond their own social circles.

Directing Change participants are more willing to engage in conversation aimed at suicide prevention and have fewer attitudes that contribute to stigma about mental illness.





Teachers report impact on students and school climate such as gaining skills for dealing with mental health issues later in life, noticing social isolation, increased sense of safety and sensitivity to the feelings of others, and knowledge of how to connect peers with resources.

Directing Change provides an effective, tangible, and supportive way to generate open discussion about mental illness, prevent suicide, increase help-seeking, and to reduce stigma and discrimination.



Ghirardelli, A., & Bye, L. (2016, January 30). California Mental Health Services Authority Directing Change Film Contest and Program Evaluation. Retrieved from http://www.directingchange.org/wp-content/uploads/CalMHSA%20DC%20Eval%20Report.pdf

These initiatives are funded by counties through the Mental Health Services Act (Prop 63) and administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities. The program is implemented by Your Social Marketer, Inc.







For program information and to view films visit: www.directingchangeCA.org

### Things You Would Find in an Office

N	О	т	E	В	О	О	К	С	D	P	s	D	ı	PEN
Р	P	1	Р	Т	N	Α	L	P	L	E	P	Α	N	PAPER COFFEE
E	Α	ı	F	0	s	K	С	Н	Α	ı	R	н	F	STAPLER
Ε	D	Р	С	T	R	Т	s	В	Т	T	P	E	Υ	POSTIT
F	0	S	E	Т	Α	w	Α	E	R	E	1	D	E	SCISSORS
F	L	С	o	R	U	P	w	P	D	Α	N	О	N	ERASER WITEOUT
o	F	1	Α	S	N	R	E	U	L	Α	P	E	T	NOTEBOOK
С	T	S	G	Α	R	w	E	E	c	E	P	Т	S	TAPE DESK
S	R	S	F	H	E	L	R	S	Α	В	R	c	ı	CHAIR
o	R	0	L	U	T	Α	w	1	N	D	o	w	N	PLANT
Α	L	R	S	E	S	Т	U	0	E	T	ı	w	T	CANDY
R	С	S	R	E	0	s	o	Υ	R	o	0	D	K	WINDOW
Т	0	N	R	N	С	Р	0	S	Т	ı	T	T	S	DOOR FAN
Р	T	N	R	U	T	R	N	Α	N	F	K	Т	F	PICTURES



# ~ From Our Kitchen To Yours ~

### WATERMELON SALAD WITH CUCUMBER FETA

🚣 Download / Print Puzzle 🌣 Puzzle Settings

### **Ingredients**

1 mini watermelon (approximately 4 cups), rind removed and cubed

2 Persian cucumbers (approximately 1 cup), sliced

- 3 ounces feta cheese, cut into cubes
- 1 Tablespoon chopped mint
- 1 Tablespoon chopped basil
- 1 lime, juiced

Kosher salt and fresh ground pepper to taste

Olive oil to taste

### Instructions

In a large bowl, add the watermelon, cucumber, feta, basil and mint. Squeeze the lime over the salad, drizzle with olive oil and season with kosher salt and fresh ground pepper. Stir to combine. Taste for seasoning and serve.

Yield: 4 Serving size: 1

Source: <u>https://reciperunner.com/watermelon-salad-cucumber-feta/</u>



Click the link to find out how to pick out the best watermelon!

# Diversity Calendar





September is National Suicide Prevention and Awareness Month. All month, mental health advocates, prevention organizations, survivors, allies, and community members unite to promote suicide prevention awareness.

September—Paul G. Quinnett Lived Experience Writing Contest Opens September 2 Buddhist Ghost Festival; Ancestral worship by those practicing Taoism

September 6-12 is National Suicide Prevention Week, the Monday through Sunday surrounding World Suicide Prevention Day. It's a time to share resources and stories, as well as promote suicide prevention awareness.

**September** 7 Labor Day in the United States honors the contribution that laborers have made to the country

September 10 is World Suicide Prevention Day. It's a time to remember those affected by suicide, to raise awareness, and to focus efforts on directing treatment to those who need it most.

\*#\*#\*#\*#\*#\*#\*#\*#\*
WE WILL NEVER FORGET
PATRIOT DAY



September 11 Patriot Day and remembrance

September 11 The Ethiopian New Year

September 13 Grandparents' Day

September 15 through October 15 Hispanic Heritage Month

**September 17** Constitution Day/ Citizenship Day

**September 17** National Physician Suicide Awareness Day

**September 18-20** Rosh Hashanah is the Jewish New Year

September 21 World Peace Day

**September 28** Yom Kippur is the holiest day of the Jewish calendar

### **LGBTQ Suicide Prevention Resources National Suicide** Trans Lifeline revention Lifeline Support for transgender people, 0-273-TALK (8255) by transgender people eterans: Press 1 1-877-565-8860 Text TALK to 741741 SAGE LGBT Elder Hotline Text with a trained counselor from Peer-support and local resources the Crisis Text Line for free, 24/7 for older adult 1-888-234-SAGE **The Trevor Project** TrevorLifeline: Available 24/7 at The LGBT National Hotline 1-866-488-7386 Peer-support an TrevorText: Text TREVOR to 1-202-304-1200 TrevorChat: Via thetrevorproject.org American Foundation for Suicide afsp.org/lgbtq Prevention

# Life's a Garden! Dig it!



Emily Freda is our Full Service Partnership Children's Case Manager and has been with TCBH for nine months. She has lived in Sonora since 2006. She attended Columbia College and later San Jose State University.

When asked what she enjoys most about her job, Emily said her coworkers making her laugh every day and "when my clients are able to recognize their successes in the work we've been doing together."

Her favorite vacation spot is anywhere international, specifically China.

Emily has one cat and one dog who was trained to be a guide dog but failed out of the program, or as Guide Dogs for the Blind says, was "career changed." Some of her favorite hobbies includes hiking and backpacking with her yellow lab.



**EMILY FREDA** 



"I passed the spicy ramen challenge at the ramen shop downtown Sonora."

# Tips for Staying Active This Summer During COVID~19

By Alexis McDonald Fall Prevention Coordinator, Area 12 Agency on Aging

One of the several ways to avoid falls is to be consistently active. Studies have shown the more active you are the better your balance, dexterity, and muscle strength, factors that may help you avoid falls. Being active in the heat of summer can be challenging for everyone, and now, with the added stress of the Coronavirus, it may seem nearly impossible. Consider these easy and creative suggestions for staying active during the summer months while maintaining Coronavirus safety measures.

- Implement an athome exercise routine. Several gyms and senior centers are currently offering online exercise classes in Tai Chi, Yoga, Pilates and others, that can be done from the comfort of your home. YouTube is also a great resource for free online workouts. Always talk to your doctor before starting a new exercise routine.
- Make a move list. Find creative ways to move your body throughout the day such as putting on some of your favorite music to dance to around the living room, do a standing chore such as vacuuming or dusting during TV commercials, or march in place while watching television or listening to an audio book.

- Seated exercises can be done while watching television, reading a book or listening to music.
- Get outside. Gentle gardening, watering, walking and playing various lawn games like Cornhole or Ladder Toss can be fun activities that allow for social distancing and time outdoors. Consider doing these activities first thing in the morning or later in the evening to avoid being outside in the heat of the day.
- Sewing, knitting, painting, playing with clay, working on a puzzle, and woodworking are just a few examples of activities that can improve your dexterity and help you stay active.
- Mix it up. Try combining different activities each day to keep you active and engaged during your time at home.

Have a conversation with your primary care physician before beginning any new activity to make sure it is safe for you to do so. Remember to drink plenty of water to stay hydrated while enjoying the warmer days! September 21st through the 25th is Fall Prevention Awareness week, but being aware of the benefits of staying active all year long can greatly reduce your risk of falling. Contact Area 12 Agency on Aging at 209-532-6272 for more information on fall prevention education and resources.



# Tuolumne County Behavioral Health Department January Newsletter



January 2021

First Issue Launched March 2012

### TUOLUMNE COUNTY

### **CRISIS LINE:**

209-533-7000

### TCBHD

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Open 8 a.m. to 5 p.m. Monday through Friday Closed on Holidays

### **Enrichment Center**

101 Hospital Road Sonora, CA 95370 Tel: 209-533-7114 Open 8 a.m. to 3 p.m. Monday through Friday Closed on Holidays

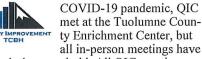


Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at: tuolumne.networkofcare.org/mh/ www.tuolumnecounty.ca.gov

### Quality Improvement Will Meet in January, February

In past years, Quality Improvement Council (QIC) has been pushed back to March due to the Martin Luther King Jr. holiday and Presidents' Day. QIC typically meets at 10 a.m. on the third Monday of each month. Prior to the



been on hold. All QIC meetings since then have been held virtually.

However, for the months of January and February, the QIC team

has coordinated other dates to continue encouraging community participation and involvement.

For the next two months, QIC will meet on the second Monday of each month: January 11th and February 8th. Please save the dates for the QIC and join if you can.

## Self-Care for Chapped Hands



# Lotion, Gloves to the Rescue

By Jenn (House) Guhl MHSA Program Specialist

White cotton fitted gloves. Yes, that's right; I wear them at night. However, moisturizing gloves are only part of the remedy when dealing with dry, chapped, cracked and bleeding hands day in and day out. Most of us have been experiencing this since the COVID-19 pandemic hit.

We all have our favorite hand lotions or go-to's throughout the

See Hands ... page 6



Photo by Jenn Guhl

# Calm Connection

By Koya Andrews EC Peer Specialist II

"Research shows us that loneliness is on the rise and that a lack of human connection can be more harmful to your health than obesity, smoking and high blood pressure," The Importance Of Human Connection, (October 17, 2019). Connection is vital to our health and wellbeing. Our connection to others

has so many benefits. Social connection can decrease our depression and

lower our anxiety. Our interactions can help regulate our emotions and even lead to higher self-esteem. Unfortunately, COVID-19 has caused us to decrease our connection even more since the above stated article was written. We have been discouraged from physically connecting with people outside our immediate household. We have been

See Support ... page 3

### YOU ARE ENOUGH.



(AND ALSO PRETTY AMAZING.)



January celebrates National Mentoring Month.

# National Months Honored in January

## January celebrates the following national months:

- National Bath Safety Month
- National Black Diamond Month
- ♦ National Blood Donor Month
- ♦ National Braille Literacy Month
- National Hobby Month
- National Hot Tea Month
- National Mentoring Month
- ♦ National Menudo Month
- ♦ National Oatmeal Month
- National Slavery and Human Trafficking

Trafficking
Prevention
Month



- National Slow Cooking Month
- National Soup Month
- National Sunday Supper Month

Source: https:// nationaldaycalendar.com/januarymonthly-observances/



FEELING LONELY, SAD, STRESSED, OR OVERWHELMED?

Someone is waiting to listen, please call:

# HOPELINE

**533-7991**Monday-Friday 9:00am-5:00pm

Faith-based Warmline Staffed by the Faith Community



# Stay Safe With Resources, Hotlines

Well it's officially 2021 and we couldn't feel more relief about a new, clean slate full of opportunities, adventures and most of all peace of mind.

To welcome the new year with open arms, it's also a great idea to keep yourself organized, but not in the way of file folders or tabs, but resources at your fingertips. These resources will help you keep yourself, or someone you know, safe for now.

### **Keep Safe Connections**

- National Suicide Prevention Lifeline at 1-800-273-TALK (8255).
- Tuolumne County Behavioral Health's Crisis Department at (209) 533-7000.
- Tuolumne County Behavioral Health at (209) 533-6245.

- Suicide Safe is a free mobile app that helps primary and behavioral health care providers integrate suicide prevention strategies, and offers tips on assisting patients who are suicidal.
- Friendship Line: 1-800-971-0016.
- MY3 Mobile App: This app lets you stay connected when you are having thoughts of suicide. With MY3, you define your network and your plan to stay safe.
- Crisis Text Line: Text "EMM" to 741741 to text confidentially with a trained crisis counselor for free, 24/7.
- Veterans Crisis Line: Dial 1-800-273-TALK (8255), and press 1, or text to 838255.

# Support: EC Peer to Launch 'Calm Connection'

Continued from Page I ...

given instructions to not hug nor even shake hands since COVID is so highly contagious. We are unable to even share our smiles since we are wearing face masks as protection. Our eating establishments have not been available to us as a communal resource. Our community events have been cancelled. Even though, I totally support the guidelines that we have been given to slow the spread of COVID, I feel sad that this has led to further disconnection. This is our stark reality. It is important that we learn alternative ways of connecting or our suffering will increase. Since loneliness has become even a bigger problem, we need to make more efforts to connect.

These are very stressful times for all of us. For obvious reasons, the COVID restrictions do not allow us to offer all the services we have provided at The Enrichment Center in

the past. I am reaching out to all of those who may be interested in connecting



nore frequently. I will be offering a service on our Facebook (FB) page that will remind you of things you probably know and hopefully will inspire you to keep moving forward on your path. The format will be videos on our FB page. This time will provide coping skills and tips that will assist in navigating through challenges. I plan on keeping these tips short and simple. These videos may include ways in which relaxation can be obtained quickly. Some of the instructions will include ways of managing stress. There will be quotes, stories or thoughts that may awake your inspiration and motivate you to share this inspiration to others. I am also inviting you to contact us and present topics that would help you. I am calling this "Calm Connection."

For all of us, our efforts of increasing our

connection can be small. We can aspire to make at least one phone call a day to ask a friend or family member, "How are you?" This one action may save a



life. As a reminder, we offer Peer Support via Zoom on Thursdays from 1:30 to 2:10 p.m. You can also call (209) 533-7114 during our hours of operation, which are from 8 a.m. to 3 .m. if you need support. We will be happy to talk with you. In addition, we would be delighted to add you to our weekly welfare call list.



Brightman Flat photo by Jenn Guhl

### Join our EC Peer Support Zoom Meeting!

Please download Zoom in advance on your phone, computer or tablet

https://zoom.us/j/99365802398?

pwd=SIVEOE5EVzFXVE9rQINVMmZmdW9Ldz09

Meeting ID: 993 6580 2398

Passcode: EPhCF4

For the full detailed flyer, see Page 7 in the BH Newsletter.

"Every day I wake up and say, 'I'm going to save a life.' All day long I look for situations where I can save a life. And I do it. Every day I save at least one life. Today I probably saved five lives. And I feel good about it. Try it. Wake up tomorrow and say, 'I'm going to save at least one life today.' Even helping an old woman across the street counts. Even responding to an email and helping someone make an important decision saves a life. Even reaching out to a distant friend and asking, How are you doing' can save their life. You can save a life today. Don't let the sun set without doing that. You are Superman."

~ James Altucher

Feeling stressed or anxious about the COVID-19 pandemic?

Use these tips to reduce your stress and anxiety:



Limit or avoid news coverage if it causes you more stress and anxiety.



Focus on positive things in your life that you can control.



Keep stress under control by exercising, eating healthy, reading, or by trying relaxation techniques such as yoga.



Talk about your experiences and feelings to loved ones and friends, if you find it helpful.



Connect with others who may be experiencing stress about the pandemic.



Take time to renew your spirit through meditation, prayer, or helping others in need.

If you are feeling overwhelmed with emotions such as sadness, depression, anxiety, or feel like you want to harm yourself or someone else, call 911 or the National Suicide Prevention Lifeline at

1-800-273-TALK (1-800-273-8255).



### **ADDITIONAL RESOURCES:**

The Substance Abuse and Mental Health Services Administration (SAMHSA) Disaster Distress Helpline (DDH) provides counseling and support before, during, and after disasters. Contact the DDH at 1–800–985–5990 or text TalkWithUs to 66746.

SAMHSA's National Helpline: 1-800-662-HELP (1-800-662-4357)



SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

1–877–SAMHSA-7 (1–877–726–4727) · 1–800–487–4889 (TTY) · <a href="https://www.samhsa.gov">https://www.samhsa.gov</a>
PEP20–01–015

# Reach Out.

# You Are Not Alone

National Suicide Prevention Lifeline 1.800.273.TALK (8255)









# ~ FROM OUR KITCHEN TO YOURS ~ Apple Cinnamon Baked Oatmeal Cups

### Ingredients

3 cups old fashioned rolled oats

1 teaspoon baking powder

1 1/2 teaspoons ground cinnamon

1/4 teaspoon salt

1 cup milk (almond or regular dairy work well)

2 large eggs

1/2 cup pure maple syr-

1 teaspoon vanilla extract

1 medium granny smith apple, peeled, cored and chopped (about 1 cup)

### Instructions

Preheat oven to 350° F. Spray a 12-count muffin pan very well

with non-stick cooking spray and set aside.

Add the oats, baking powder, cinnamon, and salt to a large mixing bowl and mix until well combined.

In a separate mixing bowl, whisk together the milk, eggs, maple syrup, and vanilla extract until fully combined. Add the dry ingredients into the wet ingredients and mix until well combined. Add the chopped apple and gently mix it in. Evenly distribute the mixture between all 12 cavities in the prepared muffin pan. Bake at 350°F for



25-27 minutes, or until the tops of the oatmeal cups are lightly golden brown and firm.

Remove from the oven and allow to cool in the pan for about 5-10 minutes, then remove the oatmeal cups and transfer to a wire rack to finish cooling.

### Storage instructions

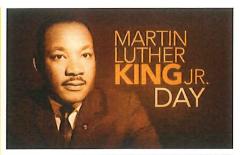
Oatmeal cups may be stored in an airtight container in the refrigerator for up to one week. These may also be frozen for up to 3 months, thaw overnight in the refrigerator, then reheat in the microwave.

### **Baking Tips**

You can take out the apple and use another fruit you love in these oatmeal cups too! If you don't have maple syrup on hand, you can substitute an equal amount of honey. Make sure to spray the muffin pan liberally with non-stick spray, otherwise your baked apple oatmeal cups will stick to the pan.

### Source:

https://www.livewellbakeoften.com/applecinnamon-baked-oatmeal-cups/





### Diversity Calendar



January 1, 2021 New Year's Day.

January 6 is Epiphany, a holiday recognizing the visit of the three wise men to the baby Jesus 12 days after his birth. The holiday is observed by both Eastern and Western churches.

January 14 is Makar Sankranti, a major harvest festival celebrated in various parts of India.

January 17 is World Religion Day. This day is observed by those of the Baha'i faith to promote interfaith harmony and understanding. World Religion Day starts sundown of January 18.

January 18-25 is the Week of Prayer for Christian Unity. During the week, Christians pray for unity between all churches of the Christian faith.

January 18 is Martin Luther King Day, commemorating the birth of Martin Luther King, Jr., the recipient of the 1964 Nobel Peace Prize and an activist for nonviolent social change until his assassination in 1968. It is always the third Monday in January.

January 26 is Republic Day of India. This day recognizes the date the Constitution of India came into law in 1950, replacing the Government of India Act of 1935. This day also coincides with India's 1930 declaration of independence.

January 28 is Mahayana New Year celebrated on the first full-moon day in January by members of the Mahayana Buddhist branch.

January 31 is the birthday of Guru Har Rai, the seventh Sikh guru.



# Hands: BH Staff Weigh In About Skin Care Tips

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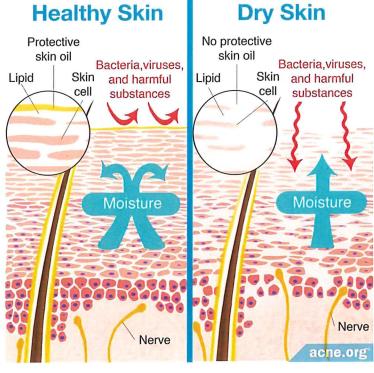
day. We use lotion on our face and body to keep it nourished as our skin renews and regenerates. Being a diabetic, just in general, makes it incredibly difficult to maintain good, hydrated skin. One of my favorite products is Gold Bond Ultimate Diabetics' Dry Skin Relief, which I've used for years. Last year, I upgraded to Gold Bond's Radiance Renewal, which exfoliates and nourishes dry skin. The exfoliation was a painful lesson because it just intensified the burning, so be careful if you have sensitive skin.

Our skin is incredibly vulnerable. Other underlying health conditions, allergies, ageing, genetic predispositions and UV damage sometimes wreak havoc on our daily skin care maintenance. They ruck the moisture right out of it making you feel — and look like — a dried out, shriveled raisin. And, on top of that, there is COVID that has created this incessant need, desire or requirement to use hand sanitizer and wash our hands with soap and water tenfold.

In addition to environmental conditions and weather, frequent handwashing, exposure to chemicals, and certain medical conditions can dry out the skin on your hands, too.

According to Healthline, here antibio are some ways to heal and prevent dry hands: 5. As

- 1. Moisturize: Apply a quality moisturizing lotion or cream several times per day. Lotions and creams help restore moisture and seal it back into the skin.
- 2. Wear gloves: If your hands are frequently immersed in water, —uch as while washing dishes, consider wearing a pair of gloves. Gloves help prevent the water



from stripping your skin of its natural oils.

- 3. Decrease stress: It might sound crazy, but there may be a small association between stress and eczema. So if you notice your hands going haywire from dry skin caused by eczema, take some time for self-care to reduce stress.
- 4. Consider medication: If you have severe eczema, medications may be necessary to allow your skin a chance to heal. Your doctor might prescribe steroids that you can apply to your skin or even an antibiotic that you would take by mouth.
- 5. Ask your doctor about UV light therapy: In some cases of severe psoriasis, ultraviolet (UV) therapy can also help the skin heal itself. However, you should talk to your doctor before trying any kind of UV therapy.
- 6. Treat them overnight: One of the best remedies for dry hands is to slather them at night with lotion or a petroleum-based

moisturizer, such as Vaseline.
After, cover your hands with a pair of soft gloves or socks. Trapping the moisturizer will help it absorb more fully into your skin, and you'll wake up with babysmooth hands.

- 7. Ask about prescription cream: For skin that's very dry and scaly, your doctor may recommend special lotion that contains lactic acid or urea. These ingredients help get rid of the dry and scaly skin.
- 8. Apply hydrocortisone cream: In some cases, dry skin can worsen into a condition called dermatitis, where the skin becomes inflamed and red. In these cases, a lotion containing hydrocortisone may be the most helpful. Hydrocortisone can help soothe the irritated skin.
- 9. Use a wet dressing: Skin that has cracked from dryness will need to be treated before it can fully heal. Your doctor may recommend a wet dressing as your

skin heals.

10. Apply a heavy-duty moisturizer: For deep moisturizing, pick up a moisturizer that was originally intended for animals. Yes, really! Products such as Bag Balm, which was designed to help heal the tough cracks of a cow's udders, can penetrate skin to really help keep it moisturized.

### How to prevent dry hands

You should avoid excessive heat, such as from hand dryers. Heat, similar to cold conditions, can further dry out your skin.

Consider carrying a small bottle of lotion around with you so you can reapply moisturizer throughout the day. Look for moisturizers containing ingredients such as:

- ⇒ Glycerin
- ⇒ jojoba oil
- ⇒ cocoa butter
- ⇒ aloe

Fellow Behavioral Health staff have offered their ideas to help soothe your chapped, red skin.
Their go-to's are O'Keefe's
Working Hands, CeraVe, Eucerin,
Neutrogena, and Vaseline. All have proven to be effective in one way or another, but this really comes down to personal preference. Be careful not to go overboard and wash your hands to the point where they bleed or crack because that increases your chance of infection.

Whatever you do for your skin care regime, be sure to make it consistent and be proactive about it. Take care of yourself. The key to good, hydrated skin is ongoing self-care.

Source: https:// www.healthline.com/health/dryhands



# ENRICHMENT CENTER SUPPORT OFFERINGS

Struggling during COVID-19? We're here.

# THURSDAYS | 1:30-2PM (NOT AVAILABLE ON HOLIDAYS) WEEKLY ONLINE PEER SUPPORT VIA ZOOM

This Enrichment Center Group will focus on community members' struggles with socialization, isolation and mental health issues that have become more difficult and/or increasingly worse due to the COVID-19 Pandemic.

Join the Zoom Meeting!

Please download Zoom in advance on your phone, computer or tablet

https://zoom.us/i/99365802398?pwd=S1VEOE5EVzFXVE9rQlNVMmZmdW9Ldz09

Meeting ID: 993 6580 2398

Passcode: EPhCF4

### OFFERED WEEKLY

### WANT TO CONNECT? WE OFFER PEER PHONE SUPPORT!

If you would like an EC Peer Specialist to reach out to you via the phone, please call the EC at (209) 533-7114 to sign up. It's that simple!







V. 12.29.2020



### The Friendship Line

24-hour toll-free hotline/warmline for older adults and adults living with a disability

The Friendship Line at Institute on Aging is the nation's only accredited 24-hour toll-free hotline for older adults and adults living with a disability. The Friendship Line is both a crisis intervention hotline and a warmline (non-urgent calls); our services provide older adults and adults living with a disability reassurance, crisis intervention, information and referrals.

In addition to receiving incoming calls our volunteers make routine outbound phone calls that provide emotional support, and well-being check-ins.

For many depressed and lonely seniors, we offer a lifeline of hope. In every call, the goal is to help the individual feel safe and valued.

The Friendship Line is accredited by the American Association of Suicidology.

### 24-Hour Hotline/Warmline Available 24 hours a day, 7 days a week:

- Crisis intervention
- Emotional support
- Well-Being check-ins
- · Information and referrals

Call the Friendship Line anytime, day or night, 7-days a week at 1-800-971-0016 and introduce yourself to one of our staff members or volunteers - It's that easy.

### Who can call the Friendship Line?

- Any person aged 60 years or older
- Adults living with a disability 18 years & older
- Caregivers of older and disabled adults

### Call-In Service

We are available to people 60+ who may be lonely, isolated, grieving, depressed, anxious and/or thinking about death or suicide. We also welcome calls from caregivers and/or adults living with a disability of all ages.

### \*Call-Out Service

We make outbound emotional support calls to older adults who request it. These calls can be arranged by contacting Institute on Aging at 415-750-4111.

\*Must live in a county providing funding to the Friendship Line

The Friendship Line - 24-Hour Hotline/Warmline 1-800-971-0016

### **Stress Reduction Techniques:**



Tai Chi or Yoga



**Exercise** 



Meditation



**Deep Breathing** 



Write About What You Are Thankful For



Take a Nap



Play With a Pet



**Aromatherapy** 



**Listen to Music** 



Take a Walk

NATIONAL

# SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

### **RED NACIONAL**

de

# PREVENCIÓN del SUICIDIO

1-888-628-9454

prevenciondelsuicidio.org

### Tips for Managing Stress During the COVID-19 Pandemic:



- Take time away from media reports to focus on things in your life that are going well and that you can control.
- Talk to family and friends. You can still stay connected while social distancing.
- Pay attention to your body. Recognize the early warning signs of stress, and take time to renew your spirit through meditation, prayer, or helping others in need.

### ADDITIONAL RESOURCES

Disaster Distress Helpline

1-800-985-5990

National Suicide Prevention Lifeline:

1-800-273-TALK (1-800-273-8255)

SAMHSA Substance Abuse and Mental Health

Toll-free: 1-877-SAMHSA-7 (1-877-726-4727) | info@samhsa.hhs.gov | https://store.samhsa.gov PEP20-01-013



# **Tuolumne County** Behavioral Health Department March Newsletter



March 2021

~ Celebrating 9 Years ~

First Issue Launched March 2012

### **TUOLUMNE** COUNTY

**CRISIS LINE:** 

209-533-7000

### TCBHD

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Open 8 a.m. to 5 p.m. Monday through Friday Closed on Holidays

### **Enrichment Center**

101 Hospital Road Sonora, CA 95370 Tel: 209-533-7114 Open 8 a.m. to 3 p.m. Monday through Friday Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strengthbased behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at: tuolumne.networkofcare.org/mh/ www.tuolumnecounty.ca.gov

## YES Partnership Launches Crucial Program

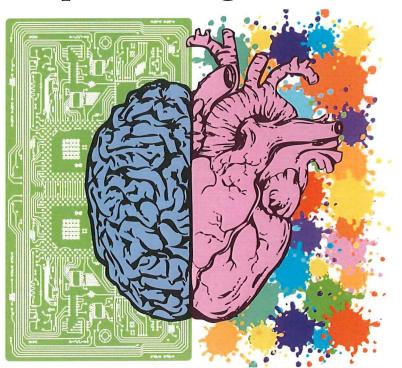
The YES Partnership is pleased others safe from suicide. to announce the launch of Living-Works Start, an online interactive suicide prevention training program that will give an individual skills and knowledge to keep family, friends, co-workers, and

LivingWorks Start is designed to equip people with the knowledge and skills to recognize when someone is experiencing

See YES ... page 3



# Operation Organization



# Decluttering Your Mind

By Alli Ramirez Mental Health Match

If you are anything like me, you have probably gotten sucked into the recent trend of home organization that seems to have taken over the universe lately. From popular Netflix series, to books promising to help you whip your space into shape, to storage products that look nice but

cost way too much, this information is everywhere... and maybe you feel overwhelmed, confused, and unsure of where to start or even if you should bother tackling your overflowing hall closet or garage project while the world around you is literally and figuratively on fire.

I get it! Who can think about or-

See Declutter ... page 3

# Focus On Finances

March is National Credit Education Month which means there is no better time to educate yourself and others on the importance of understanding the ins and outs of your credit score. Did you know that one in five Americans find errors on their credit reports and that more than 90% of home and auto insurers use credit ratings to decide who to cover and what premiums to charge? It's for these reasons you should actively monitor your credit score as well as educate yourself on how to properly manage it. Let's get started.

### Now to Observe National Credit **Education Month**

### Check your credit score

It is important to know your credit score for a variety of reasons. One of the benefits of a high credit score rating is being able to borrow

See Credit ... page 2

### National Months Honored in March

## arch celebrates the following national months:

- ♦ Asset Management Month
- ♦ Irish-American Heritage Month
- Multiple Sclerosis Awareness Month
- ♦ National Athletic Training Month
- National Caffeine Awareness Month
- National Brain Injury Awareness Month
- ♦ National Craft Month
- ♦ National Credit Education Month
- National Nutrition Month
- National Cerebral Palsy Awareness Month

Source: https:// nationaldaycalendar.com/marchmonthly-observations/

NATIONAL

# SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

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-888-628-9454



# Credit: Pay Bills On Time

Continued from Page I ...

money at a lower interest rate. When you need to purchase a new car, for example, they will check your credit rating to determine the interest rate of your car loan. Even when you believe your credit score to be in order, it can change very quickly so be sure to check it out this month!

### ⇒ Focus on meeting payment deadlines

One of the best ways to maintain or build a good credit rating is to make all your payments on time. If you have a bad habit of forgetting to pay bills timely, set up payment reminders through your personal calendar system. Even better, you can enroll in autowithdraw with many of your accounts ensuring you never miss a payment.

### ⇒ Teach your children about debt

Yes, debt is a four-letter word but do your children a favor and teach them good overall money habits early. Did you know more young adults aged 20 – 24 declare bankruptcy than graduate from college? Credit cards are the biggest contributor to this. Teach them about saving money, wise spending, and how to build good credit sooner rather than later.

### 5 Tips to Improve Your Credit Score

⇒ Pay bills on time
Past performance is a predictor
of future performance so pay
all bills off timely – rent, utili-

ties, loans, and credit cards.

⇒ Keep debt to a minimum Understand your credit utilization ratio which is the amount of debt you carry (total amount of credit balances) compared to your combined credit limits; lenders like to see a credit utilization ratio of less than 30%.

⇒ Keep up the good work
The longer you can maintain a

good credit rating, the better. Accounts that have been in good standing for a long time add to your credit score.

### Open new credit accounts only as needed

Applying for credit results in a "hard inquiry" on your credit report which has a negative on your overall credit rating that can last for up to two years.

### ⇒ Check your credit reports

If you find inaccurate information on any credit report, you can dispute the information to have it corrected.

Source: https:// nationaltoday.com/nationalcredit-education-month/



#### YES: TCSOS Offers Program to Personnel, Students

Continued from Page 1 ...

thoughts of suicide. Trainees are equipped to ask a person directly, engage them in a brief conversation to show they are taking the issue seriously, and then connect them to someone who can help, such as a counselor, mental health professional or a crisis line. As more and more people are trained we will develop a "safety net-

work" in Tuolumne County, making it more likely that someone's distress will be identified and they can be kept safe. I

hope you will consider enrolling in LivingWorks Start and recommend this training to others who are interested in preventing sui-



cide. The YES Partnership is able to offer the LivingWorks Start program thanks to a grant from the Tu-

olumne County Behavioral Health Department through Mental Health Services Act (MHSA) funding.

The Tuolumne County Superintendent of Schools Office is also offering LivingWorks Start to all school personnel and high school students in the County. Together we are working to make Tuolumne County a suicide-safe community.

To enroll in LivingWorks Start, contact Robert White at rwhite@atcaa.org.





#### Declutter: It Can Be Therapeutic

Continued from Page I ...

ganizing when there is a global pandemic, a national financial emergency, an ever-worsening mental health crisis, an unprecedented racial justice movement, and the most important election of our time, all occurring at once? And, at the same time, what if shifting some of your focus to what you CAN control helps you to reduce your stress about all of these issues, and provides you with an opportunity to create a sense of peace and calm in your home as well

Psychological science tells us that people who experience adverse or traumatic experiences fare better and are more resilient when they can create a sense of control and autonomy over their lives. If we cannot control our external circumstances, but we can control our internal circumstances (our homes, our spaces) we will have better outcomes with regards to controlling our thoughts and emotions as well.

The thing about organization is, it is not just about where things go, or the system you use to organize your space, it's about the WHY. Understanding why you want to organize your home is just as important as understanding how to do it. Here are some of my whys:

- ⇒ Organizing saves time- you can spend less time figuring out where to put things when you already have a system in place.
- Organizing saves money- you can spend less money buying items that you do not need

because you can see whether you already have it.

- Organizing saves your sanity- you can do less emotional labor if your family can access their things easily, participate in putting away their things, and help maintain your organizational methods.
- Organizing allows you to clear your space emotionally- you can experience closure by purging items that you no longer need, or that are weighing you down.
- Organizing allows you to experience feeling more grounded in your space- you can feel more at ease and less stressed in a home that is clutter free.
- Organizing allows you to feel more in control of your environment- you create your organizational system, so that your space can achieve its' maximum potential

You have everything you need within you to gain control of your home, your office, your garage, your storage unit. You can declutter your space to declutter your mind! If nothing else, organizing your home could be the perfect winter quarantine activity to keep you distracted from the dumpster fire that is 2020. Happy organizing, y'all!

Source: https://mentalhealthmatch.com/ articles/stress/the-psychology-of-organizingdeclutter-your-space-declutter-your-mind

## **EC** Creates

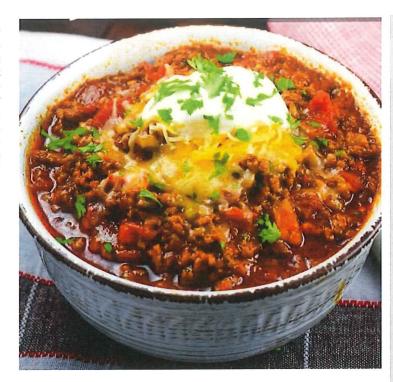
The Enrichment Center is seeking any mental health or substance use materials/ resources for its new Recovery Library.

Resource items being accepted are:

- **Pamphlets**
- **Brochures**
- Handouts
- Rack cards
- Resource guides
- Fact sheets
- **Posters**
- **Flyers**
- Workbooks
- **DVDs**
- **CDs**
- Tapes
- **Books**
- Kits
- Promotional items

If you have any materials/ resources that you feel may be of value to those with mental health challenges, experiencing homelessness or suffering from alcohol and/or drug addiction, please contact Jennifer Guhl at (209) 533-7083 or JGuhl@co.tuolumne.ca.us.

Here is an easy keto low carb beef chili made in the Instant Pot pressure cooker or a slow cooker. This no bean chili is rich and full of delicious flavor the whole family will love.





#### ~ From Our Kitchen To Yours ~ Keto Low Carb Beef Chili

#### Ingredients

- 1 to 2 Tbsp olive oil
- 1/2 cup onion, diced
- 6 cloves garlic, minced
- 2 1/2 pounds ground beef, very lean
- 1 cup beef broth
- 4 Tosp Chili powder
- 2 tsp sea salt
- 1 tsp black pepper
- 1 tsp cumin
- 1 14.5-ounce can fire roasted tomatoes, liced
- 1 14.5-ounce can tomatoes, diced
- 1 6-ounce can tomato paste
- 1 4-ounce can diced green chilis

#### Instant Pot Instructions

Set Instant Pot to sauté. Once hot add olive oil, the chopped onion and cook for 4 to 5 minutes, until translucent. Add the garlic and cook for one minute.

Add the ground beef. Cook for 7 to 10 minutes breaking apart with a spatula, until browned. (Drain on paper towels if too much grease is produced). Pour in beef broth deglaze by scraping up any bits on the bottom of the insert.

Add remaining ingredients to the Instant Pot and stir. Press Cancel to stop

the sauté function. Place lid on and close to lock. Then set to Manual High Pressure for 30 minutes to start pressure cooking.

#### Slow Cooker Instructions

In a skillet over medium-high heat, add olive oil and cook the chopped onion for 4 to 5 minutes, until translucent. Add the garlic and cook for one minute.

Add the ground beef. Cook 7 to 10 minutes, breaking apart with spatula until browned.

Transfer the ground beef mixture into a slow cooker. Add remaining ingredients and stir until combined.

Cook 6 to 8 hours on low to 3 to 4 hours on high. Serve.

Notes for the Crock Pot: if you want a thinner chili you can add a little more beef broth or water.

Prep Time: 10 minutes Cook Time: 30 minutes Total Time: 40 minutes Yield: 10 cups

Source: https://diethood.com/crock-potwhite-chicken-chili/



#### Diversity Calendar



March Is: Women's History Month. Started in 1987, Women's History Month recognizes all women for their valuable contributions to history and society.

March is also National Developmental Disabilities Awareness Month, which was established to increase awareness and understanding of issues affecting people with intellectual and developmental disabilities.

March is National Multiple Sclerosis
Education and Awareness Month. It was
established to raise public awareness of the
autoimmune disease that affects the brain
and spinal cord and assist those with multiple sclerosis in making informed decisions
about their health care.

March is National Brain Injury Awareness Month. It alerts us to the causes and aims to eliminate the stigma surrounding brain injuries. It has been observed since 1993.

March is National Nutrition Month. National Nutrition Month is an educational campaign focusing on the significance of physical fitness as well as eating nourishing meals.

February 28-March 19: Nineteen-Day Fast, for members of the Baha'i Faith, this time is to reinvigorate the soul & bring one close to God.

March 8: International Women's Day first observed in 1911 in Germany, it has now become a major global celebration honoring women's economic, political and social achievements.

March 13-April 15 Deaf History Month. This observance celebrates the founding of Gallaudet University and the American School for the Deaf.

March 14: Daylight Saving Time. Turn your clocks forward!

March 17: St. Patrick's Day, a holiday started in Ireland to recognize St. Patrick, the patron saint of Ireland.

March 21-22: Ostara/Eostre, a celebra-

tion of the spring equinox commemorated by



Pagans and Wiccans.

March 28-29: Holi, a Hindu and Sikh spring religious festival observed in India, Nepal, and Sri Lanka. People celebrate Holi by throwing colored powder and water at each other.



\*Hope & Justice Category

# MASK UP. STEP UP. CRUSH COVID

CRUSHINGTHECURVE

Directing Change is an evaluated program that engages youth to learn about mental health, suicide prevention and other critical health and social justice topics through film and art.

www.DirectingChangeCA.org

#### Submissions accepted and awarded monthly

- Open to youth ages 12-25
- Participants are eligible to submit one entry per month
- Submissions due on the last day of every month September 2020 through March 2021
- First place (\$300 Amazon Gift Card)
- Second Place (\$150 Amazon Gift Card)
- Third Place (\$100 Amazon Gift Card)
- Honorable Mentions (\$25 Amazon Gift Card)

View the full contest rules at www.DirectingChangeCA.org



## Tuolumne County Behavioral Health Department May Newsletter



May 2021

~ Celebrating 9 Years ~

First Issue Launched March 2012

#### TUOLUMNE COUNTY

#### **CRISIS LINE:**

209-533-7000

#### TCBHD

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Open 8 a.m. to 5 p.m. Monday through Friday Closed on Holidays

#### **Enrichment Center**

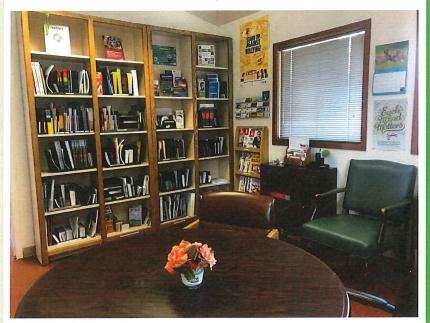
101 Hospital Road Sonora, CA 95370 Tel: 209-533-7114 Open 8 a.m. to 3 p.m. Monday through Friday Closed on Holidays



Tuolumne County Behavioral
Health Department's mission
is to provide respectful, culturally sensitive and strengthbased behavioral health services which provide wellness,
self-sufficiency and recovery
from mental illness and/or
addiction.

Visit us online at: tuolumne.networkofcare.org/mh/ www.tuolumnecounty.ca.gov

#### Community Supports



#### **EC Recovery Library Grows**

In December 2020, the Tuolumne County Enrichment Center, part of Tuolumne County Behavioral Health, created its very own support system that is now open to the community.

"I created the EC Recovery Library after the idea was explored during a peer support webinar. I want the EC to become a more relevant and known part of the community, as well as a supportive environment for anyone seeking resources and services," said Jennifer Guhl, MHSA Program Specialist based at the EC. "Now that the EC is open, anyone can access it."

The EC is seeking any mental health or substance use materials/ resources to be added to its collection.

Resource items being accepted are: pamphlets, brochures, handouts, rack cards, resource guides, fact sheets, posters, flyers, workbooks, DVDs, CDs, tapes, books, kits, and promotional items.

If you have any materials/resources that you feel may be of value to those with mental health challenges, experiencing homelessness or suffering



from alcohol and/or drug addiction, please contact Jennifer Guhl at (209) 533-7083 or email her at JGuhl@co.tuolumne.ca.us.

The EC is open 8 a.m. to noon Monday through Friday for group supports, and 8 a.m. to 3 p.m. for showers and laundry on select days.



#### May's Theme is 'Hope for Change'

Each Mind Matters (EMM), the California's Mental Health Movement, has announced that this year's Mental Health Matters Month theme is #HopeForChange.

This couldn't be a more perfect time for either "hope" or "change," let alone the powerful combination of the two, as I believe we are all incredibly overdue for both.

EMM's website stated that its activities and messages to celebrate mental health awareness "ground us in the moment and allow us to reflect on the growth we have experienced, and empower us to face change in the future with hope as our guiding principle. The past year has undoubtedly brought unanticipated changes for us as individuals, families, and communities - leaving us to face these challenges and transform. Change is not always planned. Growth can be power-

See EMM ... page 3

#### Memorial Day: Remembering & Honoring All Who Served



Let's face it: Many think of Memorial Day as a welldeserved three-day weekend filled with sunshine, friends, family and barbecues. Yet the real reason of this special day isn't for any of those, not even close. Memorial Day, originally known as Decoration Day, is to commemorate all of the service men and women who have given his/ her/their ultimate sacrifice to our country. To honor our fallen heroes, wear or display a red poppy in their honor, visit a national cemetery or memorial, wear red, white and blue, or display an American flag at half-staff.

Tuolumne County Behavioral Health and the Enrichment Center will be closed on Monday, May 31st for Memorial Day.

> "In Flanders fields, the poppies blow Between the crosses, row by row."

## NATIONAL LIFELIN

1-800-273-TALK (8255)

suicidepreventionlifeline.org

RED NACIONAL

**PREVENCIÓN** -888-628-9454

#### May Celebrates Older Americans Month

Courtesy of Older Americans Month website

Every May, the Administration for Community Living leads our nation's observance of Older Americans Month. The theme for 2021 is "Communities of Strength.'

Older adults have built resilience and strength over their lives through successes, failures, joys, and difficulties. Their stories and contributions help to support and inspire others. This OAM, we will celebrate the strength of older adults and the Aging Network, with special emphasis on the power of connection and engagement in

building strong communities.

There are many things we all can do to nurture ourselves, reinforce our strength, and continue to thrive. Connecting with others is one of the most important—it plays a vital role in our health and well-being, and in that of our communities. From finding joy in small things and sharing our stories, to looking at the big picture and giving to others, join us in promoting the ways we are connected and strong.

When Older Americans Month was established in 1963, only 17 million living Ameri-



cans had reached their 65th birthday. About a third of older Americans lived in poverty and there were few programs to meet their needs. Interest in older Americans and their concerns was growing. A meeting in April 1963 between President John F. Kennedy and members of the National Council of Senior Citizens led to designating May

as "Senior Citizens Month," the prelude to "Older Americans Month."

Historically, Older Americans Month has been a time to acknowledge the contributions of past and current older persons to our country, in particular those who defended our country. Every President since Kennedy has issued a formal proclamation during or before the month of May asking that the entire nation pay tribute in some way to older persons in their communities. Older Americans Month is celebrated across the country through ceremonies, events, fairs, and other such activities.

Sources:

https://acl.gov/oam/2021/older-americansmonth-2021

https://acl.gov/oam/history



The Enrichment Center has new Peer Specialists (from left to right) Treasure Ratcliff, Ally Morfoot, and Tiffany Hurst who are available for peer support. The EC's hours of operation are 8 a.m. to noon Monday through Friday for the main room and patio while the showers and laundry facilities are open from 8 a.m. to 3 p.m. Monday through Friday. For more information, call the EC at (209) 533-7114.

## EMM: We Must 'Hope For Change'

Continued from Page I ...

ful and empowering. It can also be uncomfortable."

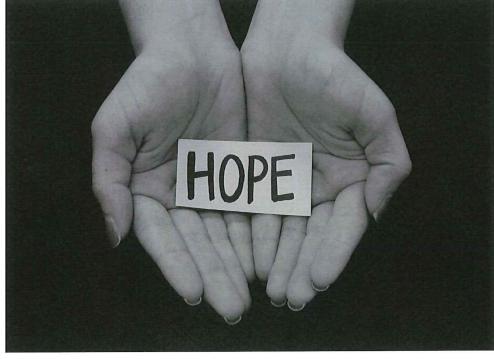
ope can mean just about anything to someone who is struggling with a mental illness or suffering from addiction. Hope can be a beautiful flower in a field of weeds. Hope can be having enough lotivation to get out of bed, and maybe even showered or better yet dressed on a day when all one wants to do is hide from the world. Hope can be an encouraging powerful tool, providing just enough light to keep going from one day to the next. Hope can simply be a smile or a soft 'hello, how are you?' from a stranger in a world where someone feels invisible. Hope can be a shift in your mindset. But, most of all, hope can be a second chance.

So what does hope mean to you? Here's what Behavioral Health staff members had to say:

"Hope is the bridge made of rope and wooden slats. The bridge is wabbly, sways in the wind and appears frail. After much reluctance, one begins to walk across the bridge of HOPE and finds that it is structurally sound, sturdy and strong enough to sway in the wind and not break. Mental Health can mean walking the tightrope through many moods and changes, however once the bridge of HOPE appears one can simply trust the universe and begin to walk across." ~ Michelle Carlson

"Hope means having the ability to persevere through the toughest of situations because you have faith that better things are on the horizon. I believe it drives us to dig deep inside ourselves and shape even our worst downfalls into our greatest triumphs. ~ Ally

"Hope is what moves us forward to recovery and healing and change and sometimes gets us through the day." ~ Dawn Foster



"Hope means a positive expectation that change is possible...that things will get better. Hope is everything." ~ Liz Victor

"Hope means that things always can and will improve no matter how much one may be believing in the good instead. struggling or what they are dealing with. Hope can be represented by support, good days, or any positive experiences." ~ Amanda Lawrance

"I visualize the image of blowing out a candle. When you blow out a candle you are wishing/trusting/breathing energy into something with the Faith that it'll happen or come true. Trust + Faith=Hope." ~ Alisa Mansfield

"Hope is the promise of sunrise after sitting in the dark with nothing but your demons

whispering doubts in your ear. But knowing that there is the promise of tomorrow, and all of yesterdays failures are set anew.

Hope is seeing the evil in the world, but

Hope is taking that first step after being broken, walking into the unknown, believing that there has to be something better because you can't give up.

Hope is believing in yourself, even when the universe seems to be telling you to quit." ~ Tiffany Hurst

"Every day is another opportunity for you to love yourself, love the world..." ~ Debora Dietz-Neves

See EMM ... page 5



## ~ FROM OUR KITCHEN TO YOURS ~ Cilantro Lime Chicken

#### <u>Ingredients</u>

8 boneless skinless chicken thighs (about 2 pounds)

#### Marinade

1 Cup Cilantro leaves, packed (measure unchopped leaves, about 1/2 bunch)

1 tsp lime zest

1/4 cup lime juice, about 3 limes

3 cloves garlic, chopped

1 tsp cumin

1 tsp salt

1 tsp black pepper

3 Tosp olive oil

#### Garnish

Cilantro leaves Lime wedges

#### Instructions

Add all the marinade ingredients to a blender, and pulse until smooth.

Place the chicken pieces in a bowl or Zip-

lock bag and add in the marinade and ensure that the chicken is evenly coated. Let it marinate in the fridge for 30 minutes or up to 4 hours.

#### Stove Top Method

Heat a cast iron grill pan on a medium high heat and brush with olive oil.

Grill each piece of chicken for about 5 minutes per side (I do not recommend this method for cooking bone in thighs, use the oven or the grill).\*

#### Oven Baked Method

Preheat the oven to 375 degrees F

Bake the marinated boneless skinless Chicken thighs for 25-30 minutes. Bone in thighs usually take about 45 minutes to Cook.\*

#### Grilling Method

Sear the Chicken pieces for about 2-3 minutes per side over the hottest part of the grill first.

You may need to move the chicken to the less hot part of the grill to finish cooking it, especially if you are using bone in thighs; they will take longer to cook than boneless skinless or pounded thin chicken breast and may burn before they are fully cooked if left over the hottest part of the grill.

Boneless skinless thighs may take about 4-5 minutes per side to cook, bone in thighs can take up to 15 minutes per side.\*

Prep Time: 10 minutes Cook Time: 10 minutes Cuisine: American Nutrition: Serving size is one boneless skinless chicken thigh, net carbs are less than 1g per serving.

Storage: Cooked cilantro lime Chicken will keep in the fridge in an airtight container for 3-4 days.

\*No matter the cooking method, always check that they are fully cooked to an internal temperature of 165 degrees F, check using a digital meat thermometer.

Source: https://www.noshtastic.com/the-best-paleo-cilantro-lime-chicken/





#### Diversity Calendar



#### ay celebrates and honors:

- ALS Awareness Month
- Asian American and Pacific Islander Heritage Month: recognizing the contributions and influence of Asian Americans and Pacific Islander Americans to the history, culture, and achievements of the United States.
- ♦ Blood Pressure Education Month
- ♦ Celiac Disease Awareness Month
- Correct Your Posture Month
- Global Employee Health and Fitness Month
- Jewish American Heritage Month: Paying tribute to the generations of Jewish Americans who have helped form the fabric of American history, culture and society.
- National Dental Care Awareness Month
- National Stroke Awareness Month
- National Military Appreciation Month
- National Mental Health Awareness Month
- National Brain Cancer and Brain Tumor Awareness Month
- National Foster Care Month
- ♦ Older Americans Month

April 12: First day of Ramadan, the holy month when Muslims abstain from eating and drinking from sunrise to sunset. This year Ramadan will run April 12 to May 12.

May 1: International Workers Day also known as May Day, celebrates social and economic achievements of workers worldwide.

May 5: Cinco de Mayo celebrates the victory of Mexico over French occupational forces in the Battle of Puebla in 1862

May 9: Mother's Day - children of all ages show appreciation for their mothers.

May 15: Armed Forces Day recognizes military members & their families.

May 17: International Day Against Homophobia is a global celebration of sexual and gender diversity.

May 31: Memorial Day originally initiated to honor the dead of the Civil War, Memorial Day now pays homage to the dead of all U.S. Wars.





# "If you change the way you look at things, the things you look at change." - Dr. Wayne Dyer

#### EMM: No Matter What, Have Hope

Continued from Page 3 ...

"Hope means the recognition of the possibilities/potential for change." ~ *Tami Mariscal* 

"Hope means to me that even when I'm burnt to the ground and simply ashes, I will rise again like the Phoenix stronger and a mighty warrior." ~ Trish Dalman

"Hope means that I can continue to live an active, productive life that I have worked to establish through the mental health resources that are available to me. Most important is nat I can be an example to others that a person with mental health issues can lead a completely normal life, and to contribute to the

community in which s(he) lives." ~ Glenda Taylor

As you can see, we all experience hard days yet we all somehow make it through from moment-to-moment. After each day is over whether its running around food shopping, picking up your children from school, hitting the gym, taking care of your elderly parents, volunteering in the community, making dinner, balancing your checkbook (if anyone still does that), practicing yoga and mindfulness, running 864 loads of laundry, and maybe, if we're lucky, actually sit down for dinner with our family, we still have hope. For those of us who do all of these things while keeping our mental health afloat, we still have hope.

Having hope is courageous and brave, and the more hope you have, the stronger you will feel, quite possibly enough to make a major change or big decision to make yourself your first priority. Not second, not third, but first.

If you are struggling and you need to talk to someone, please reach out to us; we are here.

For Peer Support, you can call the Enrichment Center at (209) 533-7114.

If you need immediate assistance, you can call Tuolumne County Behavioral Health CRISIS Line at (209) 533-7000 or the National Suicide Prevention Hotline at 1-800-273-8255. For more information about TCBH, you can visit https://tuolumne.networkofcare.org/mh/



ZOOM MEETING ID: 973 8818 1474 PASSCODE: 706734 JOIN VIA PHONE: 1-669-900-9128

JOIN A PANEL OF LOCAL TUOLUMNE COMMUNITY PROVIDERS TO DISCUSS:

- WHAT EACH DIFFERENT PROVIDER DOES
- WHO THEY SERVE
-BEHAVIORAL HEALTH AS IT RELATES TO COVID IN TUOLUMNE COUNTY







## Tuolumne County Behavioral Health Department July Newsletter



July 2021

~ Celebrating 9 Years ~

First Issue Launched March 2012

## COUNTY

CRISIS LINE:

209-533-7000

#### TCBHD

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Open 8 a.m. to 5 p.m. Monday through Friday Closed on Holidays

#### **Enrichment Center**

101 Hospital Road
Sonora, CA 95370
Tel: 209-533-7114
Open 8 a.m. to 3 p.m.
Monday through Friday
Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at: tuolumne.networkofcare.org/mh/ www.tuolumnecounty.ca.gov

#### Mental Health and the Benefits of Artful Expression

By Jenn Guhl MHSA Program Specialist

Art has saved me in many ways. It eases my anxiety and depression, and reduces my stress (good for my diabetes, too). For me, my artsy go-to's range from crafts, adult coloring books, Pinterest projects, but one of my favorites is

rock painting.

Way back when at the Tuolumne County Enrichment Center, the peers did a rock painting project during our PRIDE (Peer Recovery Independence Determination Empowerment) group. Stones were painted white first as community members wrote what





## The State of Mental Health in America

ental Health America is committed to promoting mental health as a critical part of overall wellness. We advocate for prevention services for all, early identification and intervention for those at risk, integrated services, care and treatment for those who need them, and recovery as the goal.

We believe that gathering and providing up-to-date data and information about disparities faced by individuals with mental health problems is a tool for change.

#### Key Findings

- Youth mental health is worsening. 9.7% of youth in the U.S. have severe major depression, compared to 9.2% in last year's dataset. This rate was highest among youth who identify as more than one race, at 12.4%.
- Even before COVID-19, the prevalence of mental illness among adults was increasing. In

2017-2018, 19% of adults experienced a mental illness, an increase of 1.5 million people over last year's dataset.

- Suicidal ideation among adults is increasing. The percentage of adults in the U.S. who are experiencing serious thoughts of suicide increased 0.15% from 2016-2017 to 2017-2018 an additional 460,000 people from last year's dataset.
- There is still unmet need for mental health treatment among youth and adults. 60% of youth with major depression did not receive any mental health treatment in 2017-2018. Even in states with the greatest access, over 38% are not receiving the mental health services they need. Among youth with severe depression, only 27.3% received consistent treatment. 23.6% of adults with a mental illness reported an unmet need for treatment in 2017-2018. This number has not declined since 2011.
- The percentage of adults

with a mental illness who are uninsured increased for the first time since the passage of the Affordable Care Act

(ACA). Nationally, 10.8% are uninsured, totaling 5.1 million adults. This figure differs dramatically across states – in New Jersey (ranked #1) 2.5% of adults with AMI are uninsured, compared to 23% in Wyoming (ranked #51).

This year's report includes a spotlight on the impact of COVID-19 on mental health, using the more than 1.5 million people who have taken a screen on MHA Screening from January to September 2020. From these screens we have found:

• The number of people looking for help with anxiety and depression has skyrocketed. From January to September 2020, 315,220 people took the anxiety screen, a 93 percent increase over the 2019 total number of anxiety screens. 534,784 people took

See Results ... page 3

#### **BENEFITS OF CREATING ART**



Feeling good - when you produce art you increase the neurotransmitter, dopamine.



Art heals - it helps us to produce healthy levels of cytokines. helping to boost our immune system.



Art strengthens memory by perfectly integrating visual, semantic, and motor aspects of the memory trace.



Creating and appreciating art, both, lead to a reduction in the cortisol or the stress hormone



Gives you an outlet for selfreflection which is integral in building emotional control/resilience



Creating art increases selfrespect and self-worth.



Art can help build social communities.



## Art: EC Will Become a Thriving Center Again, Be Patient

Friendly

Hope Refuge Fun

Helpful Peaceful Lovely

Freedom

Continued from Page 1 ...

the EC meant to them. Words and phrases were: Glad, Friendship, Family, Love, Play computers, Good space, I feel whole and powerful, Loved by everybody, Community and Sober.

In February 2020, an EC Peer Specialist had started an "Artistic Impressions" group held once weekly. Unfortunately, it only lasted about a month until it stopped due to the pandemic. Now that the EC is back up and running again, we are hoping to slowly bring back those popular support groups and recreational activities such as this.

Art is incredibly therapeutic. Not so much just to create or produce something during a short session, but to release what has been bottled up for so long. As humans, it seems that we are very good—too good in most cases-at keeping our feelings bot-

tled up either to maintain our own sanity or to get through the day with a smile on our face. We may pretend everything is just peachy due to the stigma of having a mental health illness. Some may feel uncomfortable or fearful opening up to friends and

loved ones about their thoughts and feelings. This is why art can be so powerful; you never know the story behind it.

You can use various types of arts including visual, literary, performing, textiles and fashion for your selfexpression.

One type of self-expression group that the EC had was Inspirational

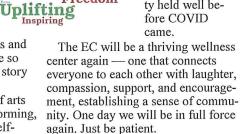
Open Mic, which featured motivational mental health quotes, skits, poetry, one's personal mental health journey, and short stories. If you hadn't had a chance to stop by during this activity, next time we (hope to) have it, please do!

We have been known to have select bands, Dancing Dogs, hula dancers, as well as other singing and dancing groups to add more liveliness to our friendly atmosphere. And let's not forget the incredibly talented peers and EC staff that we have writing and performing their own music either in private or for the public.

Art creates a social connection and unique bond between people. Music brings people together in new ways. We have had local guitarists teach others how to play. A lot of our peers play music here even since we've opened in early April. They are encouraged to play in a safe space and let their creativity flow. That's one of

the things I love most about the EC—the feeling of community.

This is why I chose to highlight this beautiful painted rock (left). The EC is built on all the words that were given at the beginning of the article plus a million more (left) that were taken from a peer activity held well before COVID



For more information about the EC and upcoming offerings, please call us at (209) 533-7114.



#### Results: Some Youth Going Without Treatment

ontinued from Page I ...

the depression screen, a 62 percent increase over the 2019 total number of depression screens.

- The number of people screening with moderate to severe symptoms of depression and anxiety has continued to increase throughout 2020 and remains higher than rates prior to COVID-19. In September 2020, the rate of moderate to severe anxiety peaked, with over 8 in 10 people who took an anxiety screen scoring with moderate to severe symptoms. Over 8 in 10 people who took a depression screen have scored with symptoms of moderate to severe depression consistently since the beginning of the pandemic in March 2020.
- More people are reporting frequent thoughts of suicide and self-harm than have ever been recorded in the MHA Screening program since its launch in 2014. Since the COVID-19 pandemic began to spread rapidly in March 2020, over 178,000 people have reported frequent suicidal ideation. 37 percent of people reported having thoughts of suicide more than half or nearly every day in September 2020.
- Young people are struggling most with 'teir mental health. The proportion of youth ages 11-17 who accessed screening was 9 percent higher than the average in 2019. Not only are the number of youth searching for help with their mental health increasing, but throughout the COVID-19 pandemic youth ages 11-17 have been more likely than any other age group to score for moderate to severe symptoms of anxiety and depression.
- Rates of suicidal ideation are highest among youth, especially LGBTQ+ youth. In September 2020, more than half of 11-17-year-olds reported having thoughts of suicide or self-harm more than half or nearly every day of the previous two weeks. From January to September 2020, 77,470 youth reported experiencing frequent suicidal ideation, including 27,980 LGBTQ+ youth.
- People screening at risk for mental health conditions are struggling most with loneliness or isolation. From April to Sep-

tember 2020, among people who screened with moderate to severe symptoms of anxiety or depression, 70 percent reported that one of the top

three things contributing to their mental health concerns was loneliness or isolation.

People who identify as Asian or Pacific slander are searching for mental health resources more in 2020 than ever before. The proportion of screeners identifying as Asian or Pacific Islander increased 7 percent, from 9 percent of screeners in 2019 to



16 percent in 2020.

While rates of anxiety, depression, and suicidal ideation are increasing for people of all races and ethnicities, there are notable differences in those changes over

time. Black or African
American screeners have
had the highest average
percent change over time
for anxiety and depression, while Native Ameri-

can or American Indian screeners have had the highest average percent change over time for suicidal ideation.

#### Our Goal:

• To provide a snapshot of mental health status among youth and adults for policy

and program planning, analysis, and evaluation;

- To track changes in prevalence of mental health issues and access to mental health care;
- To understand how changes in national data reflect the impact of legislation and policies; and.

To increase dialogue and improve outcomes for individuals and families with mental health needs

For the full article and access to additional reports and documents, please visit https://www.mhanational.org/issues/state-mental-health-america for more information.



#### - FROM OUR KITCHEN TO YOURS ~ No Bake Summer Berry Cheesecake

#### Ingredients

#### For red velvet crust:

2 1/2 Cups graham Cracker Crumbs

6 Tablespoons unsalted butter, melted

Red gel food coloring

- 1 teaspoon strawberry extract
- 1 Cup fresh strawberry, sliced

#### For cheesecake layer:

16 oz cream cheese softened

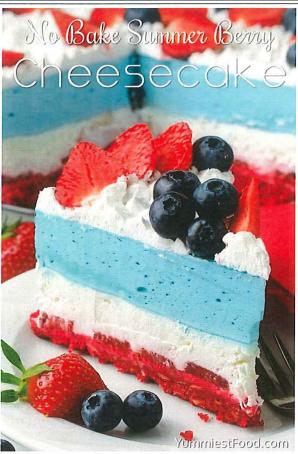
- 2 cups heavy cream
- 2 cups powdered sugar, divided
- 1 teaspoon Vanilla extract
- 3.3 oz box berry blue Jello
- 1 cup boiling water
- 1/2 cup fresh blueberries

#### For topping:

2 cups whipped cream Fresh strawberries, optional Fresh blueberries, optional

#### Instructions

- 1. In a medium bowl, combine graham cracker crumbs, melted butter, strawberry extract and red 8. food coloring, mix until evenly moistened.
- Press crumb mixture onto bottom of the prepared 9-inch springform pan by lightly greasing the edges of the pan with cooking spray, set in the freezer to firm while making cheesecake layer.
- 3. To make cheesecake layer:
- 4. In a large bowl, place berry blue Jello gelatin, add 1 cup boiling water and stir for a few minutes until gelatin dissolves completely, set aside to cool for a few minutes.
- In a medium bowl, mix cream cheese and 1 cup powdered sugar until smooth and creamy.
- 6. In a separate bowl, mix heavy cream until soft peaks form, add 1 cup powdered sugar, Vanilla extract and continue mixing until stiff peaks form.
- Add 1/2 of whipped cream mixture to cooled blue gelatin and whisk to blend, set aside.



8. Fold remainder of whipped cream mixture into Cream Cheese mixture.

#### To Assemble:

- Arrange a thin layer of strawberries over the red velvet crust.
- Spread the cream cheese mixture over the layer of strawberries then spread fresh blueberries over cream cheese layer.
- Gently spread blue whipped cream mixture over fresh blueberries layer.
- 4. Set in the fridge to firm.
- 5. Refrigerate for at least 3-4 hours.
- 6. When the topping is set and cooled run a thin knife around the sides and remove the springform pan sides.
- 7. Top with whipped cream.
- 8. Before serving arrange fresh berries on top.
- 9. Store in the fridge.

https://yummiestfood.com/no-bakesummer-berry-cheesecake-recipe/ NATIONAL

## SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

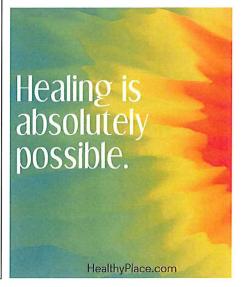
suicidepreventionlifeline.org

**RED NACIONAL** 

PREVENCIÓN
del
SUICIDIO
1-888-628-9454

prevenciondelsuicidio.org





#### Pet Safety on Fourth of July



#### Pet Safety on July 4th

Fireworks aren't fun for pets.

Keep your pet safe through July 4th celebrations with these simple tips:

- Don't take your pet along to fireworks displays, they'll be more safe and happy in the security of their home.
- Prepare a safe "den" for your pet. If they choose to hide under the bed or somewhere else in the house, allow them to.
- 3 Feed your pet before displays begin and keep a special chew or treat on hand as a distraction from flashes and noise
- Be sure your dog is tagged or micro chipped in case he or she gets loose or runs away.
- Turn on the TV or play music to help drown out outside noises.
- Employ products that help to alleviate anxiety – ask your vet about options if your pet's anxiety is severe.

Try not to reward anxiety with extra attention. It may be hard not to cuddle or fawn over your pet when he or she is scared, but do your best to ignore anxious behavior or practice distraction techniques to turn their focus away from commotion.





Meet the red dachshund, Oscar Guhl! He likes soaking up the sunshine, following mom around the house and snuggling.



"My plans for the Fourth aren't finalized yet, but I'm either cowering under the bed or digging a hole through the tub ... And you?"





#### Diversity Calendar



Tuly celebrates and honors:

- Minority Mental Health Awareness Month
- ♦ National Cell Phone Courtesy

  Month

July 4 is Independence Day. Commemoration of the United States adoption of the Declaration of Independence on July 4, 1776

July 10: Martyrdom of the BAB Baha'i Observance of the anniversary of the execution of Siyyid Ali-Muhammad, the Bab, prophet-herald of the Bahai Faith by firing squad in Tabriz, Persia.

July 11 - World Population Day. Founded in 1987 when the world's population reached 5 billion people, to raise awareness of global population issues.

July 18 - Nelson Mandela International Day, launched in recognition of Nelson Mandela's birthday on July 18, 2009 via unanimous decision of the UN General Assembly. It was inspired by a call Nelson Mandela made a year earlier, for the next generation to take on the burden of leadership in addressing the world's social injustices when he said that, "it is in your hands now." It is a global movement to honor his life's work and act to change the world for the better.

July 24 is Asala—Dharma Day, celebrates the anniversary of the start of the Buddha's teaching.

July 24 is Pioneer Day, observed by the Mormons to commemorate the arrival in 1847 of the first Latter Day Saints pioneer in Salt Lake Valley.

July 25 - Parents Day. To recognize & honor the contributions parents make to families and communities.

July 26 - Disability Independence Day. Anniversary of the 1990 signing of Americans with Disabilities Act (ADA).

July 26 - National Korean War Veterans Armistice Day. Commemorates more than

37,000 U.S. service personnel who lost their lives



during the Korean War.

July 30 - World Day against Trafficking Persons. Declared in 2013 to raise awareness of the issue of human trafficking.



#### **Tuolumne County** Behavioral Health Department September Newsletter



September 2021

~ Celebrating 9 Years ~

First Issue Launched March 2012

#### **TUOLUMNE** COUNTY

**CRISIS LINE:** 

209-533-7000

#### TCBHD

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Open 8 a.m. to 5 p.m. Monday through Friday Closed on Holidays

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Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strengthbased behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at: tuolumne.networkofcare.org/mh/ www.tuolumnecounty.ca.gov

#### Struggling In Silence



By Jenn Guhl MHSA Program Specialist

epression is a deep, dark bottomless holeor vortex really-of immense sadness, hopelessness and numbness full of despair and swirling pain that will go to the

ends of the Earth to destroy every fiber of your being. Anyone can suffer from it and anyone can look like they may not even have it. Depression comes in many colors. I can't stress how absolutely crucial it is that you take the time to notice when your best

See Struggle ... page 8

#### Adolescent Connectedness



onnectedness is an important protective factor for youth that can reduce the

likelihood of a variety of health risk behaviors. Connectedness

supported, and belonging, and can

be centered on feeling connected to school, family (i.e. parents and

caregivers), or other important people and organizations in their lives. Youth who feel connected at school and

refers to a sense of being cared for, home are less likely to experience negative health outcomes related

to sexual risk, substance use, violence, and mental health.

In addition, school connectedness (i.e. the belief by students that adults and peers in the school care about them as individuals) has been shown to have positive ef-

See Connectedness... page 5

#### NAMI HelpLine

M - F, 10 a.m.-8 p.m., ET 800-950-NAMI (6264) or info@nami.org





#### ~ FROM OUR KITCHEN TO YOURS ~ End of Summer Orzo Salad

#### Ingredients

2 cups uncooked orzo pasta 1/3 cup homemade basil pesto or store-bought, see note below 1 1/2 cup diced zucchini 2/3 cup fresh corn kernels, frozen is fine, too 10 ounces cherry tomatoes, halved 8 ounces mozzarella balls Juice of one lemon Salt and pepper to taste

#### Ingredients

- Cook orzo pasta according to the instructions on the package.
   Then drain well after it's finished cooking.
- In the meantime, sauté
   zucchini in a skillet over medium-high
   heat with 1 teaspoon of olive oil.
   Cook until tender, about 5-7 minutes.
- In a large bowl, add pesto, zucchini, corn, tomatoes, mozzarella, lemon juice, salt and pepper. Toss all together until everything is evenly distributed.
- 4. You may now cover and let chill in the fridge for 4 hours or eat immediately.



It is great hot or cold!

Prep Time: 15 minutes Cook Time: 10 minutes Total Time: 25 minutes Servings: 4

https://www.tablefortwoblog.com/end-ofsummer-orzo-salad/ NATIONAL

## SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

RED NACIONAL

PREVENCIÓN
del
SUICIDIO
1-888-628-9454

prevenciondelsuicidio.org



#### MHSA Team Raises

## Awareness for Suicide Prevention

In September 2020, MHSA Program Specialists

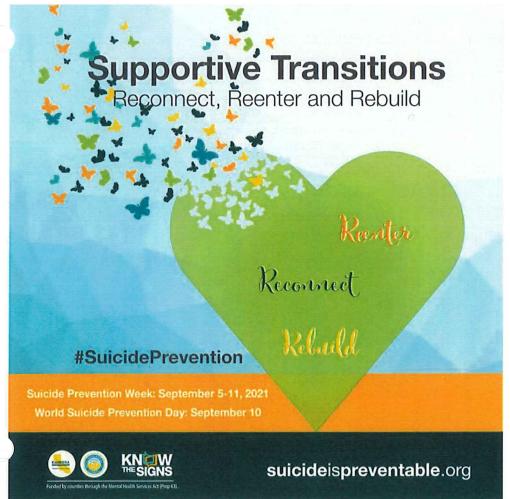
Michelle Carlson (left) and Jennifer Guhl (right) worked together to create suicide prevention goodie bags full of resources and Each Mind Matters and Know the Signs



campaign swag for their clients and community members.









#### Diversity Calendar



S eptember celebrates and honors:

 National Suicide Prevention and Awareness Month. All month, mental health advocates, prevention organizations, survivors, allies, and community members unite to promote suicide prevention awareness.

**September**—Paul G. Quinnett Lived Experience Writing Contest Opens

**August 8-September 6** Buddhist Ghost Festival; Ancestral worship by those practicing Taoism

September 5-11 is National Suicide Prevention Week, the Monday through Sunday surrounding World Suicide Prevention Day. It's a time to share resources and stories, as well as promote suicide prevention awareness.

**September 6** Labor Day in the United States honors the contribution that laborers have made to the country.

**September 6-8** Rosh Hashanah is the Jewish New Year

**September 10 is** World Suicide Prevention Day. It's a time to remember those affected by suicide, to raise awareness,

\*#\*#\*#\*#\*#\*#\*#\*# WE WILL NEVER FORGET PATRIOT DAY 9.11



and to focus efforts on directing treatment to those who need it most.

September 11 Patriot Day and remembrance

September 11 The Ethiopian New Year

HISPANIC HERITAGE

MONTH

September 12 Grandparents' Day

September 15 through

October 15
Hispanic

Hispanic Heritage Month

September 15-16 Yom

Kippur is

the holiest day of the Jewish calendar

September 17 Constitution Day/

Citizenship Day

**September 17** National Physician Suicide Awareness Day

September 21 World Peace Day

# Third Annual Hope & Honor Walk

FOR SUICIDE AWARENESS & PREVENTION

September, 11th 2021 Saturday @ 9:00 a.m.

Courthouse Park Sonora, California

Come Walk or Run, Honor their Memories, Support the Survivors, and Never give up Hope!

## Brought to you by:









#### School and Family Connections in Adolescence Linked to Positive Health Outcomes in Adulthood

YOUTH EXPERIENCE RISKS

SCHOOL & FAMILY CONNECTIONS
HELP PROTECT YOUTH

SCHOOLS, FAMILIES, & PROVIDERS CAN HELP

17% of students considered attempting suicide

19% have been bullied at school

14% misuse prescription pain medicine



Adults who experienced strong connections as youth were

48%-66% LESS LIKELY TO:

Have mental health issues

**Experience violence** 

Engage in risky sexual behavior

Use substances



SCHOOLS can implement positive youth development programs



PARENTS can have frequent & open conversations



PROVIDERS can discuss relationships & school experiences

SOURCE: Steiner RJ, et al. Adolescent Connectedness and Adult Outcomes. Pediatrics. 2019;144(1):e20183766 https://doi.org/10.1542/peds.2018-3766

www.cdc.gov/healthyyouth

CDC findings published in *Pediatrics* suggest that youth who feel connected at home and at school were less likely to experience health risk behaviors related to mental health, violence, sexual health, and substance use in adulthood.

#### Connectedness: Need Positive Youth Activities

Continued from Page 1 ...

fects on academic achievement, including having higher grades and test scores, having better school attendance, and staying in school longer.

Recent CDC findings published in *Pediatrics* suggest that youth connectedness also has lasting effects. Youth who feel connected at school and at home were found to be as much as 66% less likely to experience health risk behaviors related to sexual health, substance use, violence, and mental health in adulthood.

#### Youth Experience Health Risks

Among U.S. high school students who participated in the 2019 Youth Risk Behavior Survey:

- ⇒ 37% persistently felt sad or hopeless
- ⇒ 19% have seriously considered attempting suicide
- ⇒ 16% made a suicide plan

- ⇒ 9% have attempted suicide
- ⇒ 46% did not use a condom during last sex
- $\Rightarrow$  7% were forced to have sex
- ⇒ 8% have had four or more lifetime sex partners
- ⇒ 19% have been bullied at school

#### Recommendations for Schools, Families, and Healthcare Providers

#### Schools Can:

- ⇒ Provide professional development on classroom management. Reinforcing positive behavior through praise and establishing rules, routines, and expectations are classroom management techniques that promote higher levels of school connectedness.
- ⇒ Support student led-clubs at school. These clubs create a safe space for students to socialize, support each other,

- and connect with supportive school staff.
- ⇒ Facilitate positive youth development activities. Implementing mentoring programs, providing opportunities to volunteer in the community; or connecting students to community-based programs can provide youth with a network of supportive adults.
- Provide parents and families with resources that support positive parenting practices such as open, honest communication and parental supervision.

#### Families and Caregivers Can:

- ⇒ Communicate openly and honestly, including about their values.
- ⇒ Supervise their adolescent to facilitate healthy decision-making.
- Spend time with their adolescent enjoying shared activities.

- ⇒ Become engaged in school and help with homework.
- ⇒ Volunteer at their adolescent's school.
- ⇒ Communicate regularly with teachers and administrators.

#### Healthcare Providers Can:

- Ask adolescents about family relationships and school experiences as a part of routine health screenings.
- ⇒ Encourage positive parenting practices.
- Engage parents in discussions about how to connect with their adolescents, communicate effectively, and monitor activities and health behaviors.
- ⇒ Educate parents and youth about adolescent development and health risks.

Source: https://www.cdc.gov/ healthyyouth/protective/youthconnectedness-importantprotective-factor-for-health-wellbeing.htm



#### Applied Suicide Intervention Skills Training

ASIST is a two day interactive workshop in suicide first aid. Participants learn to recognize when someone may be at risk of suicide and respond in ways that help increase their immediate safety and link them to further help. ASIST aims to enhance one's ability whether a caregiver, case-manager, clinician, or family member, to help a person at-risk avoid suicide. This workshop helps people apply suicide first aid in many settings.

#### Registration:

Contact **Bob White** at rwhite@atcaa.org or call (209) 533-1297 x226 or (209) 770-8393

#### September 9 & 10, 2021

Location:

Word of Life Fellowship 24630 Hwy 108, Mi Wuk, CA

8:30am - 4:30pm
Attendance on both days is required.

Free to Tuolumne County Residents

#### Goals & Objectives

ASIST participants will have the ability to:

- Reflect on how implicit attitudes and beliefs about suicide affect an intervention role
- Discuss suicide with a person at risk in a direct manner
- Review immediate suicide risk and develop appropriate "safe plans"
- Demonstrate skills required to intervene with a person at-risk of suicide
- Identify resources available to a person at risk of suicide

#### Cynthia Halman, LCSW

#### **ASIST Instructors**

Kim Garro

Cynthia Halman has a Master's Degree in Social Work and is a Licensed Clinical Social Worker. She has a Pupil Personnel Services Credential and works as a retired school counselor and a Hospice Social Worker. Cynthia provides care, respect, courseling and bereavement services to multi-cultural, diverse individuals and families dealing with difficult life situations. Cynthia has been a LivingWorks Education trainer for ASIST since 2010, a LivingWorks Education trainer for safeTALK since 2013, and was trained in LivingWorks Suicide to Hope in 2016. Cynthia is CoFounder of Lantern of Light, a faith-based suicide prevention ministry.

Kim Garro specializes in 12-step recovery programs such as Celebrate Recovery, Alcoholics Anonymous, Al-Anon, and Alateen. Kim coaches and mentors people who are struggling to overcome life's hurts, difficulties and addictions. She is a co-founder of Lantern of Light, a faith-based suicide prevention organization with a vision of faith communities, as part of the solution to suicide. Kim is a member of the YES Partnership and is active in supporting Tuolumne County youth and families. Kim is a LivingWorks Education trainer for safeTALK & ASIST. Kim and Cynthia are available to present to community programs about the faith-based approach to prevention.

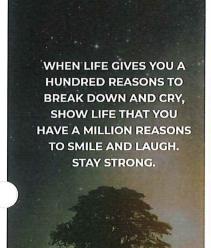


Meets the qualifications for 14 hours of continuing education credit for LMFT's, LCSW's, LPCC's, and LEP's as required by the California Board of Behavioral Sciences— CE provider TCBH 105 Hospital Rd. Sonora, CA 95370. For special needs, language or hearing impaired, cancellation or grevance policy, contact Michelle Carlson (209) 533-6259 micarlson@co.tuolumne.ca.us

The Tuolumne County Behavioral Health Department is an approved provider by the CAMFT Provider #128-030; CCAPP Provider #2N-15-232-0617; BRN Provider #CEP15313















#### **LGBTQ**

#### **Suicide Prevention Resources**

- National Suicide Prevention Lifeline 1-800-273-TALK (8255) Veterans: Press 1
- Text TALK to 741741

  Text with a trained counselor from the Crisis Text Line for free, 24/7
- Trevor Project
  TrevorLifeline: Available 24/7 at 1-866-488-7386

TrevorText: Text TREVOR to 1-202-304-1200

TrevorChat: Via thetrevorproject.org

Trans Lifeline

Support for transgender people, by transgender people 1-877-565-8860

SAGE LGBT Elder Hotline

Peer-support and local resources for older adults 1-888-234-SAGE

The LGBT National Hotline

Peer support and local resources for all ages 1-888-843-4564

afsp.org/lgbtq



American Foundation for Suicide Prevention



### Struggle: Find the Words, Reach Out

Continued from Page I ...

friend, parent, coworker, or anyone close to you is struggling. Bottom line is that you just don't know what's going on in peoples' lives no matter what kind of personality he/she projects. You just don't. And you shouldn't assume everyone is fine. In fact, you should probably guess that *everyone is struggling*. Because many of us are *all the time*.

Having depression isn't something you can fix with a magic wand. Some may have deteriorating personal hygiene. You can't say "take a walk" or "take a shower" to someone who is struggling internally to the point where moving is literally the biggest challenge for them. Everything is heavy. Your muscles feel like bricks and you can't move. Your mind won't let you move because you are too consumed. People may laugh hysterically, giggle and carry on normal conversation. This is me. I identify with the lady on the far left in this photo below. But how would you know that I've been struggling with depression for more than 25 years just by looking at me? Thing is that you don't unless you specifically ask me. But why would you? I shower daily, dress decent with color coordinated jewelry, and show up. There would be no reason for you to ask.

Showing up is a huge challenge for those who suffer from depression. Whether it is for lunch or dinner with a friend, coffee with a coworker, work, a regular medical appointment, or heaven forbid—a social or public event that we've (for some reason) committed to on one of our better days. Showing up is half the battle because it requires so much energy that is so exhausting both mentally and physically that doing anything afterwards is out-of-the-question. We've overexerted ourselves just in the simplest of everyday tasks.

You don't need to be a medical health professional or have earned a PH.D. to know that someone isn't doing well. According to Centers for Disease Control and Prevention (CDC), suicide is the 10th leading cause of death in the United States. It is the second leading cause of death for people ages 10-34, the fourth leading cause among people 34-54, and the fifth leading cause among people ages 45-54, (CDC). Suicide rates vary by race/ethnicity, age, and other factors such as where people live, what industries they work in such as mining and construction and those who are part of the LGBTQ+ community compared to their peers who identify as straight, (CDC).

Be confident in asking someone if they are DK and if they need help or resources when they are struggling. Ignoring someone's decline only puts them more at risk if you're afraid to ask. They need someone who is

#### **Strategies to Prevent Suicide**



#### Strengthen economic supports

- · Strengthen household financial security
- · Housing stabilization policies



#### Strengthen access to and delivery of suicide care

- · Coverage of mental health conditions in health insurance policies
- · Reduce provider shortages in underserved areas
- · Safer suicide care through system change



#### Create protective environments

- · Reduce access to lethal means among persons at risk for suicide
- · Organizational policies and culture
- · Community-based policies to reduce excessive alcohol use



#### **Promote connectedness**

- · Peer norm programs
- · Community engagement activities



#### Teach coping and problem-solving skills

- · Social-emotional learning programs
- · Parenting skill and family relationship programs



#### Identify and support people at risk

- · Gatekeeper training
- Crisis intervention
- · Treatment for people at risk of suicide
- · Treatment to prevent re-attempts



#### Lessen harms and prevent future risk

- Postvention
- · Safe reporting and messaging about suicide

DEPRESSION LOOKS DIFFERENT FOR EVERYONE.



strong who will advocate for them when they can't do it themselves. If you are unfamiliar with the warning signs of suicide and would like more information, please visit the Know the Signs campaign website at https://www.suicideispreventable.org/. Always remember to find the words and reach out. Your words of genuine kindness may just save a life and make a huge difference in someone's world when they are struggling

If you or someone you know is in crisis, please contact the

## National Suicide Prevention Lifeline

- Call 1-800-273-TALK (8255)
- Use the online Lifeline Crisis Chat
- www.suicidepreventionlifeline.org

with depression and having suicidal ideations. Source: https://www.cdc.gov/suicide/facts/index.html

#### **PMENTAL HEALTH CARE** ਰੂ that Fits Your ECULTURAL BACKGROUND



#### What is Cultural Background?

#### What is Cultural Competence?

Culture is a particular group's beliefs, customs, values and way of thinking, behaving and communicating. Cultural background affects how someone:

- Views mental health conditions
- Describes symptoms
- Communicates with health care providers such as doctors and mental health professionals
- Receives and responds to treatment

Cultural competence is the behaviors, attitudes and skills that allow a health care provider to work effectively with different cultural groups. Finding culturally competent providers is important because they understand the essential role that culture plays in life and health. A culturally competent provider includes cultural beliefs, values, practices and attitudes in your care to meet your unique needs.

#### Tips for Finding a Culturally Competent Provider

Research **Providers** 

- Contact providers or agencies from your same cultural background or look for providers and agencies that have worked with people who have a similar cultural background.
- Ask trusted friends and family for recommendations.
- Look online or ask for referrals from cultural organizations in vour community.
- If you have health insurance, ask the health plan for providers that fit your cultural background.



Ask **Providers** These Questions

- Are you familiar with my community's beliefs, values and attitudes toward mental health? If not, are you willing to learn about my cultural background and respect my perspective?
- Do you have experience treating people from my cultural background?
- Have you had cultural competence training?
- Are you or members of your staff bilingual?
- How would you include aspects of my cultural identity, such as age, faith, gender identity or sexual orientation, in my care?



Other Things You Can Do

- Tell the provider about traditions, values and beliefs that are important to you.
- Tell the provider what role you want your family to play in your treatment.
- Learn about your condition, particularly how it affects people from your culture or community.
- Look around the provider's office for signs of inclusion. Who works there? Does the waiting room have magazines, signs and pamphlets for you and your community?







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notalone.nami.org | ok2talk.org

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www.nami.org/minoritymentalhealth

800-950-6264



## ENRICHMENT CENTER SUPPORT OFFERINGS

Struggling during COVID-19? We're here.

#### **OFFERED WEEKLY**

WANT TO CONNECT? WE OFFER PEER PHONE SUPPORT!

If you would like an EC Peer Specialist to reach out to you via the phone, please call the EC at (209) 533-7114 to sign up. It's that simple!







V. 3.9.21



## Tuolumne County Behavioral Health Department November Newsletter



November 2021

~ Celebrating 9 Years ~

First Issue Launched March 2012

#### TUOLUMNE COUNTY

CRISIS LINE: 209-533-7000

#### TCBHD

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Open 8 a.m. to 5 p.m. Monday through Friday Closed on Holidays

#### **Enrichment Center**

101 Hospital Road Sonora, CA 95370 Tel: 209-533-7114 Open 8 a.m. to 12 p.m. Monday through Friday Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at: tuolumne.networkofcare.org/mh/ www.tuolumnecounty.ca.gov

#### Organization Tips for Beginners



https://www.businessinsider.com/5-organization-tips-for-people-who-hate-organizing-2018-5

By Jenn (House) Guhl MHSA Program Specialist

Organizing is one of my greatest loves and top strengths. I love donating things I no longer use or need and passing it on to the next person. One of my favorite things about where I work is that I can bring all of my donations to the Enrichment Center where others have the opportunity of winning them as bingo prizes on Fri-

See Tips ... page 3

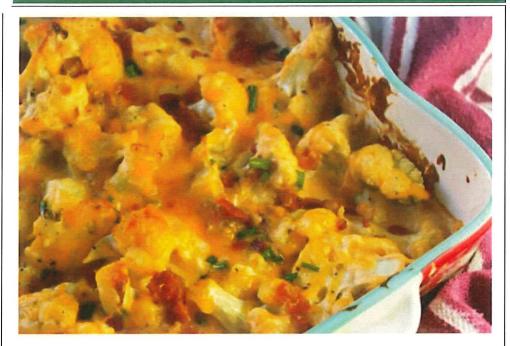


s we approach another holiday season with COVID-19 still very much present in our daily lives, the message here isn't to only live life with a grateful heart, which is quite powerful on its own, but to live with an intentional one. If you say that you are grateful for family, friends, pets (also family), coworkers, your home, job or car or whatever it may be, fully engage in truly appreciating these blessings by being intentional. What I mean is, show them you care while you focus directly on them. Take your parents out to lunch or bring them dinner. Surprise a friend with a coffee or flowers to brighten their day. Make someone laugh when you know they are struggling. Take your dog out for an extra walk and strengthen your bond. Give more cuddles to your cat. And do this without multi-tasking or being distracted, but truly appreciate being in the moment with them. Be in the now, cherish the time you have with your loved ones and take in everything that is good in this world. Because there still is.

"Our lives are the sum of the choices we have made." ~ Wayne Dyer



## ~ FROM OUR KITCHEN TO YOURS ~ Loaded Cauliflower Bake



#### <u>Ingredients</u>

- 2 small heads cauliflower, cut into florets
- 2 Tablespoons salted butter
- 1 Tablespoon minced garlic
- 3 Tablespoons all purpose flour
- 2 cups milk
- 2 ounces cream cheese softened
- 1 1/2 cup shredded sharp cheddar, divided Salt and pepper to taste
- 6 slices applewood smoked bacon, cooked and crumbled
- 1/4 cup chopped green onions

#### Instructions

- Preheat oven to 350 degrees and lightly grease a 13 X 9 inch baking dish
- Boil Cauliflower florets in salted boiling water for about 3 minutes
- Drain all water from the cauliflower and dump into prepared dish
- Melt butter in a large skillet over medium heat and cook garlic until fragrant (1 minute)
- 5. Add flour and stir for 2 minutes
- Add milk 1/2 cup at a time and bring to simmer
- Add cream cheese and whisk to combine
- 8. Remove from heat and add 1 cup of the sharp cheddar; stir until melted
- Season with salt and pepper
- 10. Pour cheese sauce over cauliflower

- and stir to evenly coat
- 11. Set aside 1 Tablespoon each of cooked bacon and green onions, then stir the rest into the Cauliflower
- 12. Top with remaining cheese, bacon and green onions
- 13. Bake for about 30 minutes, or until cheese is melted completely

Source: https:// kitchenfunwithmyssons.com/loadedcauliflower-bake/





#### Diversity Calendar



ovember celebrates and honors:

November 1-2: Dia de los Muertos. A

time of remembrance for dead ancestors and a celebration of the continuity of life.



November 1 is All Saints Day. All Saints Day

celebrates the lives of all Christians who have died in a state of grace.

November 4 marks the beginning of Diwali (the festival of lights), celebrated by Sikhs, Hindus, and Jains. The holiday is observed with decorating homes with lights and candles, setting off fireworks, and distributing sweets and gifts.

November 11 is Veterans Day, an annual U.S. federal holiday honoring military veterans. The date is also celebrated as Armistice Day or Remembrance Day in other parts of the world and commemorates the ending of the first World War in 1918.

November 20 is Transgender Day of

Remembrance, established in 1998 to memorialize those who have been killed as a result of



transphobia and raise awareness of the continued violence endured by the transgender community.

November 21 is Feast of Christ the King, the last holy Sunday in the western liturgical calendar. This day is observed by the Roman Catholic Church, as well as many Anglicans, Lutherans, and other mainline Protestants.

November 25 is Thanksgiving. Thanksgiving is a national holiday celebrated on various dates in places including the United States, Canada, Brazil, Grenada, Saint Lucia. It began as a day of giving thanks and sacrifice for the blessing of the harvest and of the preceding year.

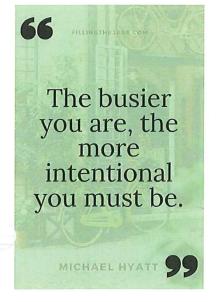


#### National Months Honored in November

ovember celebrates the following national months:

- ♦ Adopt a Senior Pet Smart
- ♦ Aviation History Month
- ♦ Diabetic Eye Disease Month
- ♦ Epilepsy Awareness Month
- ♦ Gluten-Free Diet Awareness Month
- Lung Cancer Awareness Month
- MADD's Tie One On for Safety Holiday Campaign (November 16-December 31)
- ♦ Military Family Month
- National Adoption Month
- National Alzheimer's Disease Month
- National Career Development Month
- National COPD Month
- National Diabetes Month
- National Gratitude Month
- ♦ National Home Care & Hospice Month
- National Inspirational Role Models Month
- National Native American Heritage Month
- National Family Literacy Month
- National Pet Cancer Awareness Month
- National PPSI AIDS Awareness Month
- ♦ Pancreatic Cancer Awareness Month
- ♦ PTA Healthy Lifestyles Month
- ♦ Stomach Cancer Awareness Month

For all the celebrations, visit https:// nationaldaycalendar.com/november-monthlyobservations/



#### Tips: Conquer One Box at a Time

Continued from Page I ...

days. It's a win-win.

If you know me well, you know that I even started a home-based professional organizing business back in the day. Yes, it's true. Shocking I know! I invested in black and white chic business cards embellished with

"House Organizer" to emphasize not only my passion and maiden name, but the amusement of the combination.

Organization comes as easily to me as making

ORGANIZING IS MY FAVORITE.

coffee. I simply thrive on it. I mean, it's almost ridiculous. So ridiculous that if I were to die in the file folder section at Staples, I would die a very happy woman.

Organizing isn't about just moving stuff around and shoving it in a corner or dealing with the same pile tomorrow just in a different place. It's about strengthening your decision-making and problemsolving skills, and letting go of the past and items that no longer serve you. It's empowering. That is, if you choose to look at the process in a positive light.

Here are some fun tips to help you get started on your own organizing adventure.

Organization prep: Get three boxes or bins to stay focused. One box is for donations, one is for things to toss out, and the other can be for items to sell (if you choose). You can always make a fourth box and put items in there that you know family and friends would enjoy.

#### Write it down

What are your organizational goals? Are you concentrating on one room, several rooms or the whole house? It's best to set reasonable and achievable timelines when you write your goals. Otherwise, you risk be-

ing let down if you can't meet them and it'll deplete all of your motivation and desire to continue. Make it easy on yourself and do one drawer, one box or one room at a time. Go at your own steady pace.

#### Tackle your closets

I LOVE ORGANIZING

One of the best ways to help

others during the holidays is to first begin with what you have stored in your closets. This goes for shoes, belts, hats, scarves, gloves, sweaters, jackets and coats as well as the basic T-shirts and jeans. If

you haven't worn certain clothes in a long time especially if some are too small or big, consider donating them to an organization that is in need. Check with them first by calling to see if they are accepting donations at this time. Also, toys and household items that are cleaned prior to donating may be accepted.

#### Give yourself kudos

Some may find the organizational process difficult, emotional, draining or even overwhelming. Remember to take breaks and give yourself a pat on the back when you've decided to part with an item that holds memories, good or bad. Just because you've kept it for years doesn't mean you need to keep it. You are not obligated. And it doesn't mean you need to toss it if you're not ready to or if it brings you angst. Embracing the organizing process means also embracing the emotions that come with it.

#### Keep what you love

If you keep holding on to the old creepy angel with weird eyes that you were gifted years ago by a family member you no longer connect with, it's probably best to toss it. If you look at every trinket and gadget that you have, and you notice ill feelings surfacing, toss it regardless of who gave it to you. But, keep the bright red

cozy scarf from your grandma if it comforts you and brings you joy.

#### Have fun with it

Put on some fun music, watch a Hallmark movie or listen to your favorite podcast. Have your go-to coffee or tea on hand and be inspired to get things done.

#### Ask for help

When you begin this process, sometimes it's easier to go through it with a family member or close friend. Not only will it make it much more tolerable but perhaps they will have insight to certain items that you may not.

#### Needle(s) in the haystack

Once in a blue moon, you'll find a trinket that may bring you a small fortune. If you stumble upon any collectibles, go online and research if any collectors are willing to buy and for how much! eBay is always a great start as well as Facebook Marketplace, Nextdoor, OfferUp and Poshmark depending on the items' condition and/or quality.

#### Messy, collecting or hoarding?

There's a huge range from being messy to collecting or to hoarding stuff. Messy and collecting are not hoarding. Hoarding is a very real and debilitating disorder that may be related to mental illness. According to the American Psychiatric Association, "the overall prevalence of hoarding disorder is approximately 2.6%, with higher rates for people over 60 years old and people with other psychiatric diagnoses, especially anxiety and depression." Please reach out to a mental health professional or support groups to help learn about your behavior and for resources on hoarding.

Being organized can ease anxiety and reduce stress, strengthen your selfdiscipline, and add precious time back into your life.



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#### **NEED YOUR TEETH CLEANED?**

Smile Keepers will be at the Tuolumne County Enrichment Center from 9 a.m. to noon on the following dates:

#### Upcoming 2021 Dates:

November 5 & 12th December 3 & 17th

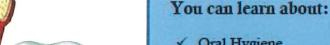
More dates will be announced soon!

\*\*If you are a new client, <u>please stop by to</u>

<u>make an appointment for your dental cleaning.</u>

Smile Keepers must do a complete health and

oral history prior to giving any care. We appreciate your understanding.



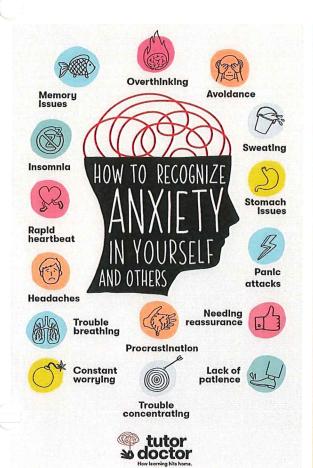
- ✓ Oral Hygiene Instructions
- Referrals to Dental Providers
- ✓ Emergency
  Evaluations

For more information, call the Enrichment Center at (209) 533-7114 or visit the center at 101 Hospital Road in Sonora.

This program is brought to you by T.C. Behavioral Health through funding from MHSA (Prop 63)







If you want to be happy, then be

It might take a year, it might take a day, but what's meant to be will always find its way.



## Tuolumne County Behavioral Health Department January Newsletter



January 2022

~ Celebrating more than 9 Years ~

First Issue Launched March 2012

#### TUOLUMNE COUNTY

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209-533-7000

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Visit us online at: tuolumne.networkofcare.org/mh/ www.tuolumnecounty.ca.gov

## #BHStrong



As team building, employee engagement and staff retention became more into focus, most Tuolumne County Behavioral Health staff participated in Don Clifton's Strengths Finder Assessment in early November. You can see our strengths above in the word clouds.

#### Strengths Finder Unites Teams

By Pandora Armbruster Administrative Assistant

uring recent meetings focused on employee engagement and staff retention, Behavioral Health staff identified the need to build connections to improve and better understand work relationships. As a group, they recommended the department participate in the Clifton Strengths Assessments to start this process. Management agreed and a facilitator was located to assist staff through this team building exercise.

The Clifton Strength's Movement

Don Clifton was a B-24 navigator and bombardier during World War II who received a Distinguished Flying Cross for his heroism. He felt he had seen enough of war and decided to spend the rest of his life doing good for humankind, which led to his interest in studying human development.

Through his research, he discovered that most psychology books focused on what is wrong with people, not what might be right. This led to his creation of the Clifton Strengths assessment, which has now been completed by more than 26,000,000 people. This assessment, used by millions, helps people identify and maximize their natural talents and infinite potential by understanding not only who they are, but who they can become.

See Strengths ... page 5



#### FROM OUR KITCHEN TO YOURS ~ Cranberry Orange Coffee Cake

#### Ingredients:

#### For the Cake

2 Cups all-purpose flour

1 teaspoon baking powder

1 teaspoon salt

1/2 teaspoon baking soda

1/2 teaspoon cinnamon

1 Tablespoon fresh orange Zest

1/2 cup butter, room temperature

3/4 cup sugar

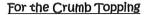
2 eggs, room temperature

1 1/4 cups milk

1/4 cup fresh orange juice

1 teaspoon Vanilla extract

1-1 1/2 cups fresh cranberries



3/4 cup all-purpose flour 1/3 cup sugar 1/4 cup butter, melted 2 teaspoons fresh orange juice

#### For the Glaze, optional

1/2 cup confectioner's sugar 1-2 Tablespoons fresh orange juice 1-2 Tablespoons half and half or milk Fresh orange zest, optional

#### Instructions:

- Preheat oven to 350 degrees Fahrenheit. Spray a 9X9 inch baking dish with non-stick cooking spray.
- In a medium bowl, whisk together flour, baking powder, salt and baking soda until combined. Whisk in fresh orange zest until orange zest is incorporated throughout flour mixture. Set aside.
- In the bowl of stand mixer, or with an electric hand mixer, cream together butter and sugar. Beat in eggs until



creamy. Carefully beat in milk, fresh orange juice and vanilla extract until combined.

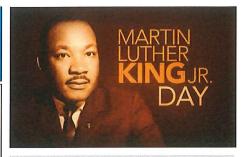
- 4. Add dry ingredients to wet ingredients, and stir until just combined. Fold in cranberries. Pour batter into prepared dish.
- 5. Stir together all-purpose flour, sugar, melted butter, and fresh orange juice for the topping in a small bowl. Combine until mixture resembles crumbs. Sprinkle over the top of the batter.
- Bake for 40-50 minutes, or until toothpick inserted in the center comes out with just a few crumbs.
- 7. Remove from oven to a cooling rack.
- While coffee cake is cooling, prepare glaze (optional). Stir together confectioner's sugar, 1 Tablespoon fresh orange juice, and 1 Tablespoon half and half until smooth. Add additional fresh orange juice and half and half as needed to reach desired consisten-
- 9. Drizzle over warm cake. Top with fresh orange zest. Allow glaze to harden and serve.
- 10. Store covered.

Yield: 16 Serving Size: 1

Notes: If it looks like the top is browning too quickly, cover loosely with aluminum foil for the remainder of the bake time.

Source: https://www.a-kitchenaddiction.com/cranberry-orange-coffee-Cake/







#### Diversity Calendar



#### anuary celebrates and honors:

January 1, 2022 New Year's Day.

- National Hobby Month
- National Hot Tea Month
- National Mentoring Month
- National Oatmeal Month
- National Slavery and Human Trafficking Prevention Month
- National Slow Cooking Month
- National Soup Month
- National Blood Donor Month
- National Braille Literacy Month

January 6 is Epiphany, a holiday recognizing the visit of the three wise men to the baby Jesus 12 days after his birth. The holiday is observed by both Eastern and Western

January 14 is Makar Sankranti, a major harvest festival celebrated in various parts of

January 16 is World Religion Day. This day is observed by those of the Baha'i faith to promote interfaith harmony and understanding. World Religion Day starts sundown of January 16.

January 17 is Martin Luther King Day, commemorating the birth of Martin Luther King, Jr., the recipient of the 1964 Nobel Peace Prize and an activist for non-violent social change until his assassination in 1968. It is always the third Monday in January.

January 18 is Mahayana New Year celebrated on the first full-moon day in January by members of the Mahayana Buddhist branch.

January 18-25 is the Week of Prayer for Christian Unity. During the week, Christians pray for unity between all churches of the Christian faith.

January 26 is Republic Day of India. This day recognizes the date the Constitution of India came into law in 1950, replacing the Government of India Act of 1935. This day also coincides with India's 1930 declaration of independence.

January 31 is the birthday of Guru Har Rai, the seventh Sikh guru.



#### How to Teach Your Child Body Positivity

By Ana Reisdorf, registered dietician and vriter for Walgreens

Today's society has an image-driven culture that focuses on unrealistic standards of beauty for people of all genders, ages, and ethnicities. These standards not only have a negative impact on adults but are impacting children with alarm-

ing consequences.
Eating disorders
among children
have increased sig-



nificantly in the past 20 years. While the greatest prevalence is among adolescents ages 13 to 18, children as young as 5 years old are dieting. More than ever, it's important to teach children how to value healthy eating and stay active while also loving their bodies.

Here are some ways that you can teach your children to have a positive body image and develop healthy habits for life:

#### Be a Role Model to Your Child

Children tend to mimic the behaviors and actions of the adults around them. If children hear adults speak negatively about their own bodies, this may influence how they see themselves.

To combat this, work at being the role model our children need to see. State positive things about yourself and acknowledge that your imperfections are fine. Talk with your children about body diversity and why many media images are unrealistic. If you notice that your children are struggling with body image, be that understanding person they can speak to.

#### Change Attitudes Toward Physical Activity

Instead of focusing on exercise as a way to lose weight or maintain a certain body shape, have your children consider the other ways that being active can be a positive contribution to their lives. For example, physical activity helps your body reach its full potential, improves mood, acts as a social activity or artistic expression, and can be a lot of fun!

Try exposing your children to different ways of being active and engage their curiosities. They may be interested in sports like soccer or basketball, or find a passion for yoga, roller skating, or even Quidditch! If your children are concerned that they can't pursue an activity because of their size, show them how professional athletes come in different sizes and shapes.

#### Develop A Healthy Relationship With Food

Moving away from the binary of "good" or "bad" foods is an important tool in improving your children's relationship with food. These labels create anxiety around food and may lead to consequences including food restriction and feeling like a bad person because they've eaten a "bad" food.

Promote healthy eating by emphasizing how the nutrients in foods help people become strong and healthy. Instead of focusing on calories, explain how the vitamins in an orange help their gums, or how nuts are good for their brain. And if your child wants to have a cookie or chips, there's no need to shame their food choices. Allow children to make some choices about the foods they eat and cultivate an environment where nutritious foods are available and appealing.

#### Celebrate Your Child's Physical And Non-Physical Attributes

Teaching your children to think positively about themselves can help develop a positive self-image that doesn't focus entirely on appearance. Practice stating what positive attributes they have and what they are capable of doing or becoming.

What are some things that your children like about their bodies? Do they like their smile, or how their body helps them climb up a tree? Don't forget your children's non-physical attributes — are they kind, funny, smart or talented at something? A regular practice of saying affirmations can reduce negative self-talk and build your children's confidence. Teaching your children body positivity and healthy habits around food and physical activity can have a lasting impact on their selfesteem, self-perception and how they interact with an image-driven culture.



By National Alliance on Mental Illness

Frontline professionals face many challenges in their day-to-day work life. From the pressure of making sure people get the help and care they need to working long shifts — health care and public safety are stressful fields of work.

When you encounter chronic stress, trauma and the negative effects of shiftwork as a part of your daily work life, an added source of stress like COVID-19 can feel overwhelming. With concerns about passing the virus to family and friends, protective equipment shortages, exposure to annainal pressures and long hours—you need support now more than ever.

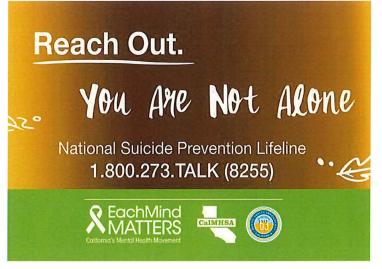
For many frontline professionals, the pandemic has taken a toll on their mental wellness. And if you are struggling, you are not alone

We want you to know that NAMI is here to help.

NAMI is pleased to join the #FirstRespondersFirst initiative to support frontline health care and public safety professionals facing the adverse mental health effects of the COVID-19 pandemic. This community-centered initiative is called NAMI Frontline Wellness.

As you navigate this site, you will find information and resources specific to your profession. This will include:

- Confidential and professional support
- Peer support



- Techniques to build resilience
- Support for family members Information on how to identify signs of a potential mental health emergency.

Your bravery and selflessness

protect the health and safety of everyone. We want you to know that your mental health and wellness matter, and we are here to lean on for support.

Thanks to our partners for making this program possible.



#### The Friendship Line

#### 24-hour toll-free hotline/warmline for older adults and adults living with a disability

The Friendship Line at Institute on Aging is the nation's only accredited 24-hour toll-free hotline for older adults and adults living with a disability. The Friendship Line is both a crisis intervention hotline and a warmline (non-urgent calls); our services provide older adults and adults living with a disability reassurance, crisis intervention, information and referrals.

In addition to receiving incoming calls our volunteers make routine outbound phone calls that provide emotional support, and well-being check-ins.

For many depressed and lonely seniors, we offer a lifeline of hope. In every call, the goal is to help the individual feel safe and valued.

The Friendship Line is accredited by the American Association of Suicidology.

#### 24-Hour Hotline/Warmline Available 24 hours a day, 7 days a week:

- Crisis intervention
- Emotional support
   Well-Being check-ins
- · Information and referrals

Call the Friendship Line anytime, day or night, 7-days a week at 1-800-971-0016 and introduce yourself to one of our staff members or volunteers - It's that easy.

#### Who can call the Friendship Line?

- Any person aged 60 years or older
- Adults living with a disability 18 years & older
- Caregivers of older and disabled adults

#### Call-In Service

We are available to people 60+ who may be lonely, isolated, grieving, depressed, anxious and/or thinking about death or suicide. We also welcome calls from caregivers and/or adults living with a disability of all ages.

#### \*Call-Out Service

We make outbound emotional support calls to older adults who request it. These calls can be arranged by contacting Institute on Aging at 415-750-4111.

\*Must live in a county providing funding to the Friendship Line

The Friendship Line - 24-Hour Hotline/Warmline 1-800-971-0016

#### **Stress Reduction Techniques:**



Tai Chi or Yoga



**Exercise** 



Meditation



**Deep Breathing** 



Write About What You Are Thankful For



Take a Nap



Play With a Pet



**Aromatherapy** 



**Listen to Music** 



Take a Walk

#### NATIONAL

## SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

#### **RED NACIONAL**

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1-888-628-9454

prevenciondelsuicidio.org

Tips for Managing Stress During the COVID-19 Pandemic:



- Take time away from media reports to focus on things in your life that are going well and that you can control.
- Talk to family and friends. You can still stay connected while social distancing.
- Pay attention to your body. Recognize the early warning signs of stress, and take time to renew your spirit through meditation, prayer, or helping others in need.

ADDITIONAL RESOURCES

Disaster Distress Helpline

1-800-985-5990

National Suicide Prevention Lifeline:

1-800-273-TALK (1-800-273-8255)

SAMHSA

Toll-free: 1-877-SAMHSA-7 (1-877-726-4727) | info@samhsa.hhs.gov | https://store.samhsa.gov PEP20-01-013

#### Strengths: Activity Created Connectedness

ontinued from Page 1 ...

#### Clifton Strengths Assessments

Clifton strengths assessments help participants to uncover their individual talents and how to utilize those talents to maximize their potential. This is done by completing a 177-question survey which measures your natural patterns of thinking, feeling, and behaving and categorizes them into the 34 Clifton Strength Themes with four domains (at right).

Finishing the assessment is just the start of the process. Once completed, you receive customized reports and guides that help you realize your true potential. The "Strengths and Themes" provide insight into who you are and what makes you uniquely powerful. By making the most of identified talents, understanding and managing potential weaknesses, and improving self-awareness, these assessments can empower you and your team to create a strength-based culture throughout your organization.

Executive Director of YES Partnership, Bob White, agreed to facilitate Behavioral Health Strength Finder's exercise and most Tuolumne County Behavioral Health staff participated. This event was delivered in 2-hour meetings split between 7 groups of 5-9 participants from November 1<sup>st</sup> through 5<sup>th</sup>, 2021. The results of each

roups' assessments were discussed and ways to utilize those identified strengths were identified. Managers met on the final day to learn ways to utilize their staffs' strengths within their assigned programs and roles.

Some of the interesting results included:

- No staff were identified who had the Competition Strength.
- Most staff were identified within the Achiever, Relator, Responsibility, Empathy and Adaptability categories, in that order. The categories with the least staff represented were: Competition = 0, Self-Assurance=1, Activator=1, Command=2, and Significance=2.
- Overall, Behavioral Health staff overwhelmingly fell into the Relationship Building domain, followed by Executing, Strategic Thinking, and finally, Influencing domains.
- No two staff were identified that had the same strengths in the same order of importance.

Overall, staff feedback was very positive and most felt that this exercise was useful in strengthening bonds within units and across systems. A graphic was created allowing staff to showcase their individual strengths to their Behavioral Health peers. This interactive display was useful in allowing staff to identify with others within neir programs and across the department.

For more information, visit <a href="https:/">https:/</a>

www.gallup.com/cliftonstrengths/.

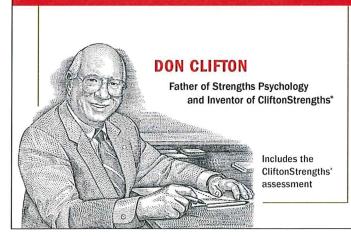
Strategic Thinking	Relationship Building	Influencing	Executing
Analytical	Adaptability	Activator	Achiever
Context	Connectedness	Command	Arranger
Futuristic	Developer	Communication	Belief
Ideation	Empathy	Competition	Consistency
Input	Harmony	Maximizer	Deliberative
Intellection	Includer	Self-Assurance	Discipline
Learner	Individualization	Significance	Focus
Strategic	Positivity	Woo	Responsibility
	Relator		Restorative

#### STRENGTHSFINDER 2.0

FROM GALLUP

and Tom Rath

## Discover Your CliftonStrengths



During this hourlong assessment, you'll see 177 paired statements and choose which ones best describe you. Your customized CliftonStrengths reports and guides will give you an "aha" moment as you experience new ways to understand what makes you so unique. Now it's time to aim your CliftonStrengths at anything that comes your way. Use its resources and tools to better aim your strengths at success.

## BH Spreading Holiday Cheer





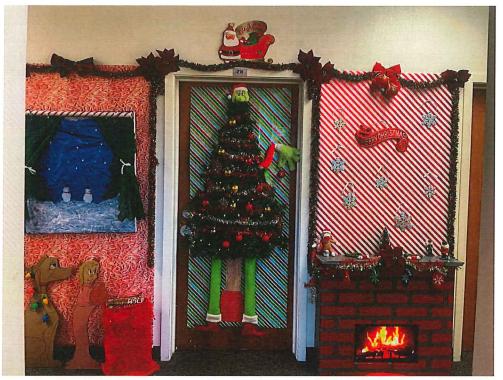








## BH's Rockin' Holiday Doors

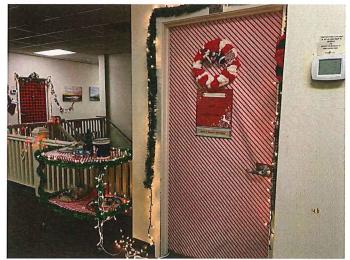
















# Tuolumne County Behavioral Health Department March Newsletter



March 2022

~ Celebrating 10 Years ~

First Issue Launched March 2012

# TUOLUMNE COUNTY

CRISIS LINE:

209-533-7000

#### TCBHD

105 Hospital Road Sonora, CA 95370 Tel: 209-533-6245 Fax: 209-588-9563 Open 8 a.m. to 5 p.m. Monday through Friday Closed on Holidays

#### **Enrichment Center**

101 Hospital Road Sonora, CA 95370 Tel: 209-533-7114 Open 8 a.m. to 12 p.m. Monday through Friday Closed on Holidays



Tuolumne County Behavioral Health Department's mission is to provide respectful, culturally sensitive and strength-based behavioral health services which provide wellness, self-sufficiency and recovery from mental illness and/or addiction.

Visit us online at: tuolumne.networkofcare.org/mh/ www.tuolumnecounty.ca.gov

# Input Sought Around MHSA Program, Funding



On Thursday, Feb. 10, 2022, a survey geared toward community stakeholders, partners and the general public was sent out to numerous agencies, organizations and partnerships within Tuolumne County to gain valuable feedback regarding Tuolumne County Behavioral Health's Mental Health Services Act (MHSA) programming and funding as we head into fiscal years 2022-2023.

If you would like to submit your feedback, you can fill the survey out here: <a href="https://">https://</a>

www.surveymonkey.com/r/ZCGTHTY?

fbclid=IwAR3fU3doQaPEFI4XHasx Qj6iJuDoSv1w5caM5QWAk4nfjArlo VLjngCaZeM

Hard copies of the survey are also available at the TCBH reception, EC and the Lambert Center.

# TCBH: Our Future is Bright

By Pandora Armbruster Administrative Assistant

hose who work in the mental health industry are good folks. They provide support and inspiration to those in greatest need when times are hardest. Each of us plays a part in that in some way, providing support to each other so that we may each do our best, making things a little easier just to lighten our coworkers' burdens.

It is difficult to admit, but we have experienced some tough times over that last few years. COVID has impacted us. Fires, floods, power outages, and personal losses have all taken their toll. Employee morale has suffered. Staff shortages have affected us adversely and placed demands on many that felt insurmountable. Even though at times we felt discouraged, many continued to plug away at their tasks, taking on additional roles



The Tuolumne County Behavioral Health Leadership Team (pictured from left to right) is Lindsey Lujan, Betty Hoskins, Misti Ambler, Brock Kolby, Donna Villanueva, Tami Mariscal and Jenn Guhl. Judy Jacobs is not pictured.

even while feeling overwhelmed. As we were quietly hurting, we have endured, standing firm in our resolve to continue the good work that is so necessary. Staffing challenges brought to light our plight and our Health & Human Services Director and acting Behavioral Health Director, Rebecca Espino, invited those interested in change to safely explore and identify what was happening. She organized "Change Agent Meetings" allowing us to develop ideas of how we

See Leadership ... page 3



# ~ FROM OUR KITCHEN TO YOURS ~ Honey Butter Roasted Carrots

#### Ingredients:

- 1 1/2 pounds carrots
- 4 Tablespoons butter
- 3 Tablespoons honey
- 1 Tablespoon fresh thyme plus more for garnish 1/4 teaspoon kosher salt plus more to taste

#### Black pepper to taste

#### Instructions:

- Preheat oven to 425 degrees Fahrenheit. Line two baking sheets with parchment paper, set aside.
- Trim tops and bottoms
   of carrots. You can leave
   a little bit of the green
   stem on for looks, but
   this is optional. Peel car rots if desired, and cut
   in half length wise. Ar range on the baking
   sheets, using both sheets
   if needed to avoid over crowding.
- In a small saucepan, melt the butter with the honey and thyme. When butter is melted, whisk to combine.
- 4. Pour half of the honey butter sauce over the carrots, reserving the rest of the sauce for later. Season the carrots with salt and pepper. Arrange the carrots so that they are flat side down if possible; this will help them with browning.
- 5. Place the baking sheets in the oven on two separate racks. Bake for 15-20 minutes, until tender and browning. Remove from the oven, drizzle with remaining honey butter sauce, then roast for an additional 5 minutes.
- Remove from oven, season with more salt and pepper if desired. Garnish with more thyme. Serve immediately.

#### Notes:

Cooking time will vary depending on the size of carrots. Thinner carrots will cook faster, thicker carrots will take more



time. Check after about 15 minutes to make sure your carrots don't burn.

Leftovers can be stored in an airtight container in the fridge for up to two days. Leftovers can be reheated in the oven or microwave. If you use the oven, reheat them at 325 degrees Fahrenheit for about 5 minutes. Be careful not to overcook the carrots if you use the microwave to reheat them otherwise they become mushy.

Serving: 6 servings Prep Time: 10 minutes Cook Time: 20 minutes Total Time: 30 minutes

Source: https://www.foxandbriar.com/honey-roasted-carrots/?
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t\*utm\_campaign=tailwind\_tribes\*utm\_co
ntent=tribes\*utm\_term=647498916\_2501718
o 140378



# Diversity Calendar



# arch celebrates and honors:

- Women's History Month. Started in 1987, Women's History Month recognizes all women for their valuable contributions to history and society.
- National Developmental Disabilities
   Awareness Month, which was established to increase awareness and understanding of issues affecting people with intellectual and developmental disabilities.
- National Multiple Sclerosis Education and Awareness Month. It was established to raise public awareness of the autoimmune disease that affects the brain and spinal cord and assist those with multiple sclerosis in making informed decisions about their health care.
- National Brain Injury Awareness
   Month. It alerts us to the causes and
   aims to eliminate the stigma surround ing brain injuries. It has been observed
   since 1993.
- National Nutrition Month. National Nutrition Month is an educational campaign focusing on the significance of physical fitness as well as eating nourishing meals.

March 2-20: Nineteen-Day Fast, for members of the Baha'i Faith, this time is to reinvigorate the soul & bring one close to God.

March 8: International Women's Day first observed in 1911 in Germany, it has now become a major global celebration honoring women's economic, political and social achievements.

March 13-April 15 Deaf History Month. This observance celebrates the founding of Gallaudet University and the American School for the Deaf.

March 13: Daylight Saving Time. Turn your clocks forward!

March 17: St. Patrick's Day, a holiday started in Ireland to recognize St. Patrick, the patron saint of Ireland.

March 20: Ostara/Eostre, a celebration of the spring equinox commemorated by Pagans and Wiccans.

March 18: Holi, a Hindu and Sikh spring religious festival observed in India, Nepal, and Sri Lanka. People celebrate Holi by throwing colored powder and water at each other.

You are not your illness. You have an individual story to tell. You have a name, a history, a personality.
Staying yourself is part of the battle

# SUICIDE PREVENTION LIFELINE

1-800-273-TALK (8255)

suicidepreventionlifeline.org

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# Leadership: We Stand Firm Despite Challenges

Continued from Page 4...

could alter the climate within our department, encouraging hard conversations to get to the core of our troubles. We had forgotten how it was to feel safe and supported, heard and seen again. It was truly inspiring to see how this caring leader was willing to listen and elicit honest feedback from each of us.

We brought our best ideas to the table and collaborated on ways to feel connected with each other again. Changes were identified and our department leaders started working hard to implement them. It felt as though the winds of change were blowing our way again and I wanted to share my belief about the future here at Behavioral Health.

To do that properly, I feel I need to describe a little bit of my Behavioral Health beginnings. I interviewed with Behavioral Health in June of 2016. I remember walking into the interview after waiting in the lobby with a group of boisterous women. They were loud and funny, and I enjoyed their company. I did not know that they were awaiting group treatment but was

able to deduce it by the time of my appointment. As I rose to enter the interview room, they wished me luck and I thanked the ladies for their well wishes. This was my first indication that this interview would be different, that this job could be enlightening. I was entering into a realm I did not have experience with.

I met Tami Mariscal and Misti Ambler that day. Both were warm and welcoming and laughed with me about my positive interactions with the group of ladies in the waiting room. Tami was personable and left me feeling understood and valued. Misti bonded with me over my need for neatness and order. The interview went well, no surprises there. We high-fived as I left, and I wondered if this was meant to be. Apparently, my answer wasn't long in coming. Mental health was not something that I had a lot of knowledge about. I have mad administrative skills, even a medical background, but nothing that prepared me for the eyeopening experiences I would gain following this path in my career. Every single staff member here at Behavioral Health has personally affected the way I feel about and perceive mental health issues. From my first interaction, this place and these people felt

like home to me. This was a happy, exciting place to be a part of. This story really isn't about me though, I just wanted everyone to understand my beginning, first impressions and observations over the course of the last 6 years.

ami Mariscal has mentored and lead me from my first day through the door. She opened my eyes to all nuances of mental health, both administratively and clinically. Her knowledge spans the whole topic, every single business aspect. I do not believe I have ever asked her a Behavioral Health question that she could not answer. Her ability to remain focused on the new administrative processes and clinical services necessary to meet the evolving

needs of mental health mandates has enabled our department to stay in compliance with state and federal regulations for as long as I or many others can remember.

Over the course of my time here, I learned that Tami started her career as a Supply Clerk for Behavioral Health Kingsview in 1989. As her

career in mental health evolved with Kingsview, she did a stint in their Crisis Intervention Team, moved on to Reception managing crisis calls, and became the Medical Biller when needed. She was instrumental in implementing their first electronic medical billing system, even assisting Kingsview Corporate offices in transitioning to computerized health records and billing processes. When Tuolumne County contracted with Kingsview for mental health services, she eventually transferred here, becoming an Office Manager as a part of the local workforce. She has continued her rise here as Administrative Support Staff Supervisor, on to Compliance Officer, then Deputy Director, absorbing processes and the clinical expertise needed to deliver and bill for excellent client care. Her "whole house" knowledge base and natural leadership skills are a part of what has led her to the Directorship of our department today.

Her supervisory skills are exemplary. She inspires trust and confidence, raising up those who work hard, assuring they receive the recognition, promotions and accolades they have earned. I know many of us would follow Tami through a fire. She has earned

See Leadership ... page 4

# Appreciation Strategy Humility Commitment Responsibility L. Leader Ship Honest Communication Values Purpose Determination Passion Principles

# Leadership: A Diverse, Passionate Team

Continued from Page 3 ...

our loyalty, proving over and over that she sincerely has a servant eart. My love for her is fierce and mighty and I am so proud to say she is our Director.

have worked with Misti Ambler through the collaboration of existing processes and in the development of new administrative systems as Behavioral Health's business needs have morphed over the last six years. Misti's steadfast, common sense approach, as well as her unflappable attitude, naturally eases tense and emergent situations. Her ability to cut to the heart of a problem while providing needed support is crucial in leading staff. Misti's Behavioral Health journey is very like Tami's as she also started her career with Kingsview in October 2001. Her career began very humbly in a Reception/Clerical role, moved to Admissions, Accounts Receivables, and then in July of 2008, when TCBH became countyowned and operated, settling in as a Supervisor supporting Medical Records and Billing. Her amazing am is a direct reflection of the nonesty and trust she imbues every single day. Staff can go to her for anything and feel heard.

Misti's ability to step into new roles and duties, persistently taking on expanded responsibilities, continues with her rise to Deputy Director.

hen I first met Brock Kolby, he was the Full-Service Partnership Supervisor. He worked with his Behavioral Health Worker team to address the needs of those most severely impacted by mental health issues, supporting his team in utilizing a "Whatever it Takes" approach to positively impact TCBH clients. He was instrumental in developing the Full-Service Partnership program, creating manuals, developing, and defining consistent processes. Brock stepped into the Planned Services Supervisor role when needed, as well as supporting the clinical needs of the entire department during the staff shortages experienced over the last few years. He has continued to step up and provide administrative support and leadership for the clinical side of our house, assisting in the development and modifications of our systems of care, to meeting the ever-changing requirements of Department of Healthcare Services and our Mental Health Plan. Brock's ability to plan for future

changes and his insight in planning for future needs is crucial during this department's implementation of CalAIMs. His clinical expertise and ability to implement program changes makes him an ideal Deputy Director.

met Lindsey Lujan on her first day at Behavioral Health, one month after my own beginning here. At that time, I was a part of the new employee orientation process, so was getting her onboarded with keys, badge, etc. Lindsey was starting at TCBH as a Staff Analyst for Quality Improvement. She was quiet, but focused and I was new and maybe not so sure of myself at the time. I had no idea then that she would become one of my best co-worker friends and really one of my "people." I get a little teary thinking back on that. Anyway, she was, and is, one of the quickest learners I have ever encountered. She is a sponge. Her ability to take on a tangled mess and sort through it until it makes sense is something I admire and something that this department absolutely needs. Her ability to design and implement processes and her insight into planning for future needs is truly unique. She has moved up, taking on new roles whenever needed, learning, and

evolving to meet the department's demands. Lindsey naturally stepped into the Quality Improvement Coordinator position when it opened, assuring the work continued without missing a beat. She has moved through the ranks into her newest role, adding me to her team, flawlessly redesigning what that team looks like and figuring out how to best utilize our skills to meet the department's needs. Her grace and patience are truly astounding. As an Agency Manager, Lindsey continues to provide excellent support and insight into the future of Tuolumne County Behavioral Health.

ennifer Guhl and I met in October of 2017 during her onboarding process. She was hired as the newest Program Specialist for Mental Health Services Act. She was still Jennifer House at that time, and her bubbly effervescent attitude immediately made me gravitate towards her. Her positivity is catching. It is impossible not to laugh and smile when Jenn is around. I just knew that the Enrichment Center would be in great hands moving forward. Jenn and I have collaborated on several joy-

See Leadership ... page 5

# Leadership: Team Builds Resilience

\_ontinued from Page 4...

ful projects. (Mr. Potato Food Truck, Inflatables, anything related to holidays, etc.) She is the first person I turn to when I have an "idea." Hahaha! And she doesn't run away when things are hard. I know this because I have personally benefitted from Jenn's loving and caring personality. She has lifted me up on numerous occasions when my armor was dented and no longer shiny. She knows just what to say to get me on my feet again, pointing me forward. Jenn's work experience of employee development has benefitted numerous peer staff, preparing them for advanced roles within our department. She truly has a gift in mentoring others which is really allowing our department to "grow our own" in the mental health field. Jenn has been able to be a constant for other staff in MHSA, staying the course through several Supervisory changes. She can organize like no one I know, and that says a lot. Her detailed planning leaves nothing to chance. I have faith in her leadership and love her for the heart she puts into everything she touches. Her recent rise to Agency Manager is a perfect fit for the future of the MHSA Program and Tuolumne County Behavioral Health.

udy Jacobs, Senior Accountant, came to Behavioral Health in March of 2020, filling a position that had remained unfilled for quite some time. She stepped up, learning, and supporting the complex accounting needs of our department. She has slowly built an amazing team and continues to provide guidance and direction when necessary. She consistently meets the department's obligations, facing financial scrutiny and oversight through multiple auditing peri-

ods. We are thankful to her for her input and wisdom carrying us through these demanding times.

onna Villanueva,
Full-Service Partnership Program Supervisor, has a long and dedicated history with Behavioral Health. Her mental health employment journey also began with Kingsview. She

has held the roles of Senior Recovery Counselor and clinician, moving up through the ranks until becoming a fully Licensed Marriage and Family Therapist. She has taken on her management role in her typical "no nonsense" way, leading her team through this entire struggle. She continues to step up, supporting the Substance Use Disorder Team, in addition to her Full-Service Partnership Program.

etty Hoskins, Crisis Access Intervention Program Supervisor, is newly hired, but not so new, to Behavioral Health. She has returned to employment with the department during this most difficult time to revitalize the Crisis Program and now additionally provides Supervisory support to Planned Services as well. Betty's history here is long and storied. I am still learning new amazing things about her every day. She brings new insight to many different facets of our services, all while juggling the many varied services she must oversee.

Both Supervisors are multitasking their way through a large clinical staff shortage. These two powerhouses have taken on more than

one program at a time, all while navigating through the implementation of modified clinical services and program changes amidst COVID, new regulations, and short staffing challenges. These two are truly superheroes to staff and

clients alike. I cannot begin to guess how they do everything they do, but know staff feel supported and inspired by their continued efforts and work ethics. I am truly in awe.

s our organizational changes continue, I felt that I needed to share my insight and opinion on them, what I have witnessed through my time here and how I feel about the new direction we are headed. This new leadership team feels like the perfect fit to get us through to the other side of our recent departmental challenges. I really could not be more optimistic for the future of our department. I know this is the beginning of great things.

As I harken back to my first day here, I can again feel the lightness in the air, and am excited to be a part of this new plan. I am looking forward to coming to work each day and can't wait to see what other new changes will emerge under this leadership. Please join me in celebrating Behavioral Health's new management team!







# Suicide Bereavement Clinician Training

Two Half Days, March 3 & 4, 2022, 9:00am-12:30pm

Attendance Required Both Days—Live Remote Conference via Zoom

The suicide of a loved one can have a profound and sometimes devastating impact on those left behind, called suicide loss survivors. Bereavement after suicide may entail high levels of disorientation, guilt, regret, anger, shame, and trauma. Developed jointly by the American Association of Suicidology, the American Foundation for Suicide Prevention (AFSP), and John R. Jordan, Ph.D., one of the world's leading experts in this area, the Suicide Bereavement Clinician Training Program (SBCTP) is intended for clinical professionals seeking to bolster their knowledge and understanding of - and empathetic regard for - people bereaved by suicide.

Attendance required both days for CE credits of 6.5 hours, made possible through AFSP for: physicians/psychiatric nurses, psychologists, certified counselors, social workers, and licensed marriage and family therapists. NASW Approval Number: #886723632; NBCC Approval # SP-3712.

While designed for clinical professionals, the training is also open to clergy, pastoral counselors, school personnel. The workshop will include didactic and video presentations, group discussion, and case examples. See https://afsp.org/suicide-bereavement-cliniciantraining for more information.

Register by calling Cynthia Halman, 209-559-0840 or Kim Garro, 209-247-7406

Two Half Days of training - March 3 & 4, 2022, 9:00am-12:30pm, Both Days

Sponsored by Lantern of Light (thanks to a grant from Sonora Area Foundation) and the American Foundation for Suicide Prevention







# **Infant Child Enrichment Services**

**Raising Healthy Families Program** 

Online Weekly
Parenting Classes



Meet weekly with other parents in your community to learn about topics in child development, discipline, developing your child's self esteem, and managing stress and anger.

We will also address trauma, special needs and challenging behaviors.



call the ICES Office at 209-533-0377 OR Visit our Website www.icesagency.org and sign up on our Events Page





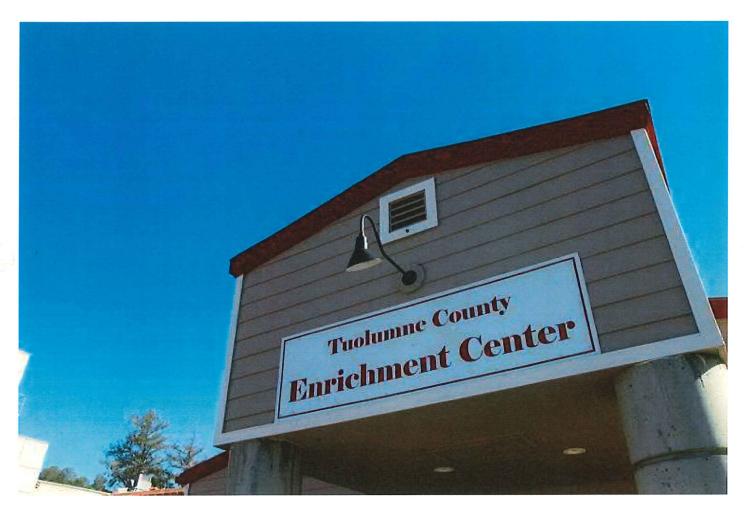
# Appendix I

Tuolumne County Behavioral Health

https://www.uniondemocrat.com/news/article\_9573ec76-cfa4-11eb-a463-f7aebddc7797.html

# Tuolumne County announces locations of 'unofficial' cooling centers

Alex MacLean Jun 17, 2021



Courtesy photo / Tuolumne County

Two "unofficial" cooling centers will be open today and Friday in Sonora, despite current and anticipated temperatures over the next few days apparently not meeting the trigger points in Tuolumne County's extreme weather plan for opening cooling centers.

The David Lambert Community Drop-in Center at 347 W. Jackson St. in Sonora will be open from 11 a.m. to 7 p.m. while the county Behavioral Health Enrichment Center at 102 Hospital Road in Sonora will be open from 8 a.m. to 7 p.m. on both days, Rebecca Espino, director of the county Health and Human Services Agency announced Thursday morning.

The county's main library branch at 480 Greenley Road in Sonora will also be open for extended hours from 10 a.m. to 6 p.m. today and Friday.

Volunteers from the Twain Harte Community Emergency Response Team are also manning a cooling station at the Twain Harte Community Hall, 18775 Manzanita Drive, from noon to 4 p.m. today and noon to 5 p.m. Friday.

An excessive heat warning from the National Weather Service is in effect for both Tuolumne and Calaveras counties through 9 p.m. Saturday.

Daytime highs in Sonora and other similar elevation towns in the Central Sierra Nevada foothills are forecast to hit up to 106 degrees Thursday, 108 degrees Friday, and 106 degrees Saturday, with lows in the upper 60s to low 70s.

The county's extreme weather contingency plan approved by the Board of Supervisors in 2019 requires temperatures of 105 degrees or higher during the day, combined with night temperatures of 75 degrees or higher for three consecutive days and nights or more to trigger the opening of official cooling centers.

Other considerations in the plan for opening cooling centers include National Weather Service warnings for more than three days, abnormal animal mortality rates or human medical emergencies and mortality due to heat, electrical-grid emergencies and power outages.

Similarly, the plan's required temperatures for opening warming centers during cold weather is daytime low temperatures of 32 degrees or less and night temperatures of 15 degrees or less for three consecutive days or more, in addition to power and other health considerations.

Calaveras County announced earlier this week that it would be opening six cooling centers that would be open from 11 a.m. to 8 p.m. Thursday through Saturday for the duration of the heat wave.

The locations of the Calaveras County cooling centers are:

- Independence Hall 1445 Blagen Road, Arnold, CA 95223
- Copperopolis Armory 695 Main Street, Copperopolis, CA 95228
- Murphys Fire District Training Center 58 Jones Street, Murphys, CA 95247
- San Andreas Library 1299 Gold Hunter Road, San Andreas, CA 95249
- Jenny Lind Elementary School (Gym) 5100 Driver Road, Valley Springs, CA 95252
- West Point Community Hall 22283 Highway 26, West Point, CA 95255

For assistance with transportation in Calaveras County, call Calaveras Connect at (209) 754-4450.

Contact Alex MacLean at amaclean@uniondemocrat.net or (209) 768-5175.



JOIN ZOOM WITH THIS QR CODE

# GOMMUNITY FORUM

for Behavioral Health

PRESENTED TO YOU VIA ZOOM

AUGUST 12 @ 5:30 PM

Join a panel of local community providers to discuss:

**Tribal Clinics and Children Services** 

Zoom Meeting ID: 824 3793 4839 Passcode: 014432

Join Via Phone: 1-669-900-9128

Warde with Poster/MyWail.com

# COMMUNITY FORUM FOR BEHAVIORAL HEALTH

Presented to You Via Zoom

Zoom Meeting ID: 824 3793 4839

Passcode: 014432

Join Via Phone: 1-669-900-9128

Join a panel of local community providers to discuss:

Tribal Clinics and Children Services

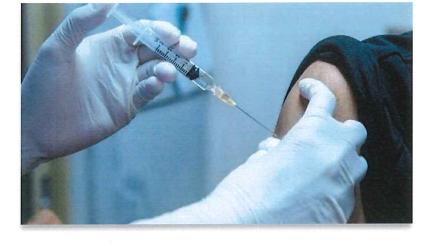
**AUGUST 12TH @ 5:30 PM** 



Join Zoom with this QR Code

# COUNTY OFFERS TWO COVID VACCINE MOBILE CLINICS

Tuolumne County Public
Health has partnered
with Tuolumne County
Behavioral Health to offer
two COVID-19 Vaccine
Mobile Clinics in Sonora.



(Johnson & Johnson)

# **CLINICS DATES ARE:**

- ➤ 8 a.m. to 1 p.m. Friday, July 30<sup>th</sup>, Tuolumne County Enrichment Center, 101 Hospital Road, Sonora.
- ➤ 11 a.m. to 2 p.m. Wednesday, August 4<sup>th</sup>, David Lambert Community Drop-In Center, 347 W. Jackson St., Sonora.

# **OPEN TO ANYONE 18 YEARS AND OLDER! WALK-INS WELCOMED.**

For more information, call the COVID-19 Call Center at (209) 533-7440.









# EC DEVELOPS "NEW" SUPPORT GROUPS

Struggling during COVID-19? We're here.

THURSDAYS | 1:30-2:15 PM

WEEKLY ONLINE PEER SUPPORT VIA ZOOM

This EC Group will focus on community members' struggles with socialization, isolation and mental health issues that have become more difficult and/or increasingly worse due to the COVID-19 Pandemic.

Join the Zoom Meeting!

Please download Zoom in advance on your phone, computer or tablet

https://zoom.us/j/91951602709?pwd=TjlxUlBMYURvKzc5OTJSbEZNZTFDUT09

Meeting ID: 919 5160 2709

Passcode: vp96Bb

### OFFERED WEEKLY

WANT TO CONNECT? WE OFFER PEER PHONE SUPPORT!

If you would like an EC Peer Specialist to reach out to you via the phone, please call the EC at (209) 533-7114 to sign up. It's that simple!









# ENRICHMENT CENTER SUPPORT OFFERINGS

Struggling during COVID-19? We're here.

## **OFFERED WEEKLY**

WANT TO CONNECT? WE OFFER PEER PHONE SUPPORT!

If you would like an EC Peer Specialist to reach out to you via the phone, please call the EC at (209) 533-7114 to sign up. It's that simple!



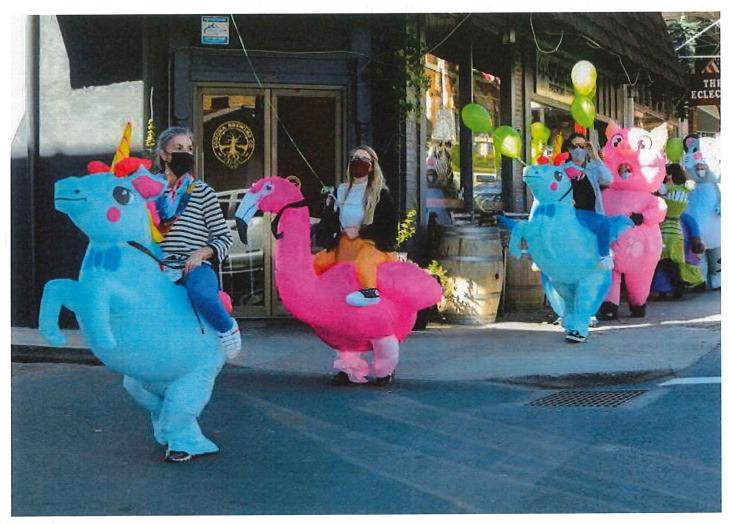




https://www.uniondemocrat.com/news/article\_3fed951a-38ed-11ec-9d3a-f70fd12fac5b.html

# Tuolumne County Behavioral Health employees 'stampede' in downtown Sonora to bring levity, raise awareness

Shelly Thorene Oct 29, 2021



Tuolumne County Behavioral Health Deputy Director Tami Mariscal (far left, blue unicorn), 50, of Sonora, leads a mena of co-workers in a stampede of joy in an effort to bring levity and increase awareness for mental health in the commu on South Washington Street Wednesday afternoon.

Shelly Thorene / Union Democrat

A dozen staff members from the Tuolumne County Behavioral Health Department donned inflatable costumes and gathered Wednesday at Courthouse Square in downtown Sonora ready to stampede down the street, with the goal of bringing joy to staff members and the

Services are provided to Medi-Cal beneficiaries meeting state criteria guidelines as well as to low-income individuals.

The department is open 8 a.m. to 5 p.m. Monday through Friday. For more Information, go to tuolumne.networkofcare.org/mh, or call (209) 533-6245 during business hours. An after hours crisis line is available 24/7 at (209) 533-7000, or toll free at (800) 630-1130.

101 Hospital Road

Join us in celebrating the

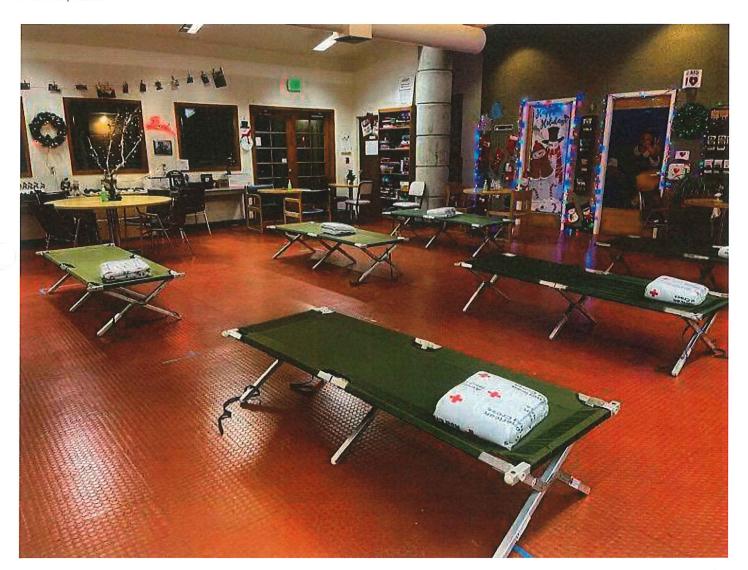
# EC's Wall of Thanks Community Project

To promote community member involvement, all who visit the Enrichment Center are encouraged to grab a colorful fall leaf, write what you are thankful for on it and post it on our new Wall of Thanks to share thoughts of hope, happiness and positivity.

https://www.uniondemocrat.com/news/article\_67442e92-69d2-11ec-b7ca-f7183413a7b9.html

# Tuolumne County behavioral health employees, volunteers provide respite during storm

Rebecca Howes Dec 30, 2021



The Tuolumne County Enrichment Center in Sonora turned into a warming shelter, complete with socially distanced cots and blankets from the American Red Cross.

Courtesy photo / Tuolumne County

Inclement weather and extended power outages turned the Tuolumne County Behavioral Health Department's Enrichment Center in downtown Sonora into a warming shelter from 7 p.m. Tuesday through 7 p.m. Wednesday, providing the housed and unhoused a toasty place to

sleep, eat a hot meal, shower and escape the cold weather.

The mood was festive, and the temperature warm and toasty, Wednesday morning as half a dozen people enjoyed a hot breakfast, snoozed on a cot, watched a movie or sat conversing happily while enjoying snacks provided by the agency.

For 71-year-old Robert Alvarez, taking a hot shower on Wednesday morning at the Enrichment Center was the highlight of his day. Homeless for 26 years, 13 of those in Tuolumne County, Alvarez was thrilled after "defunking" himself.

"A nice hot shower always makes you feel better," he said. "I feel like a different person."

After cleaning up he sat down at a table in the center-turned-warming-shelter and dined on breakfast from Jack In The Box, delivered and donated by the American Red Cross.

The Red Cross delivered sandwiches at lunchtime and later dinner from Pinocchio's on Mono Way. Ramen noodles, coffee, bottled water, soda and other snacks were made available for everyone throughout the day.

"I had a nice breakfast of sausage, eggs, bacon and a biscuit," Alvarez said. "It was so nice of the American Red Cross to do this. The cots are great. You've got to get your rest."

Originally from Sonora, Mexico, Alvarez came to the Mother Lode with his family in 1953. His family came to Tuolumne County for work replenishing the mines in the area and were traveling mariachi musicians. A lover of music, he plays the guitar, piano and ukulele.

Upbeat and positive, despite his homelessness, Alvarez is learning two new songs to add to his guitar repertoire — "Auld Lang Syne" and "Beer Girl Polka." He strummed the guitar nimbly and sang along to bits of both tunes, his voice strong and melodic, as he did so.

A combination of medical bills and surgeries landed Alvarez on the street, he said. Despite the fact that he doesn't have a home, he said he's not unhappy — quite the opposite.

"Robert is a regular here," MHSA Agency Program Manager Jennifer Guhl said. "He's wonderful. We have a lot of good people."

For Guhl, who has worked for the organization for the past four years, getting to know the clients she serves makes the job special and meaningful.

Running a warming center was a first for Guhl, as she helped transform the Enrichment Center into a shelter by socially distancing eight cots, each complete with a shrink-wrapped blanket, adhering to COVID-19 safety protocols.

The makeshift shelter housed three people Tuesday night, according to Guhl, who said that clothing, shoes, gloves, hand warmers and socks were available for anyone who needed them. Though five short of the limit, Guhl was happy with what the center was able to accomplish.

"Those three people were warm, dry and safe," she said. "That's what's important. Helping people in our community"

Rebecca Espino, the county Health and Human Services Agency director, was on hand Tuesday night to set up cots and get the center ready for the transformation. Being of service means leading by example, she said.

"It's important for leaders of all levels to be involved in providing direct services for our community," Espino said. "That means being here to help. I am grateful to all of our overnight volunteers, and the Sheriff's department for providing two community service officers."

Espino said staff members encouraged people they came in contact with, who were out roaming around in the rain, to come to the center to get dry, have something to eat and to take the chill off.

Once homeless and in need himself, Robert Graham, 45, is a behavioral health client who gives thanks to agency employee Linda Nelson, who helped him apply for Social Security benefits and Betsey Coe, who assisted him with housing.

"I was homeless for a long time," he said. "I lived with different family members and I slept on people's couches. I was born at Tuolumne General Hospital. I was raised here."

Graham, who was at the Enrichment Center on Wednesday to attend group therapy to help him cope with depression and other mental health issues, but instead walked into the makeshift shelter and found his friend Alvarez.

"Robert and I have been friends for 5 years. We are both interested in music," Graham said.

Both men were happy to run into each other and have a warm place to sit and visit while the rain came down and temperatures were in the 30s and 40s.

"Behavioral health is the best thing ever," Graham said. "They really do a lot for people. I wouldn't have a bed, or a room, or a place to live, if it wasn't for them."

Contact Rebecca Howes at rhowes@uniondemocrat.net or (805) 450-8961

Blue Zones Project® presents:



April 9, 2022 · 2-5pm Mother Lode Fairgrounds

Free Event for All Ages
Kids' Arts & Crafts and Activities
Healthy Food Sampling

Giveaways (a \$250 grocery gift card and more!)

Live Music • E Bike Rides

Yoga Classes • Disc Golf Demos

Family Bike Rodeo (bring your bike)

Blue Zones Project® Story

Local Outdoor Recreation Info

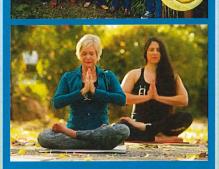
Gardening Demos

Mini Farmers Market\* • Plant Sale\*

\*purchases optional

Discover how you can get involved in transforming Tuolumne County into a community where healthy hoices are easier for everyone. Live Longer, Better®







# Program

1:50pm Me-Wuk Blessing for Event by Chicken Ranch Band of Me-Wuk Indians

2:00pm to 4pm Event Open Vendors, Activities, Arts & Crafts, Bike Rodeo, Disc Golf all on-going

3:40pm Announcements - stage Raffle Prizes

3:55pm Welcome & Introductions - stage
Tyler Summersett

4:00pm Nick Buettner, co-founder of Blue Zones Project will give the Blue Zones Project story speech - stage

4:45pm Door Prize Drawing - stage

5:00pm Event winds down.
Please stop by the Blue Zones Project booth to learn about more ways to get involved in upcoming activities and how we can improve health and well-being in our community, together.

Please enjoy your day and have your entry ticket punched at locations in the Fair. Then come to the Blue Zones Project prize table and place your ticket in front of your chosen gift.

Leave your door prize ticket at entry.

We will do the raffle drawing at 3:45pm and the Door Prize of a \$250 Grocery Gift Card at 4:45pm.

You must be present to win.

Thanks for coming!

# What is Blue Zones Project?

Blue Zones Project® Tuolumne
County, is a health and well-being
initiative that strives to make the
healthy choice the easy choice.
Working with policies, places and
people in our community, we strive
to make small changes in our
environment that will help everyone
create a happier, healthier life.

Thank you to our sponsor, Adventist Health and all of our partners and vendors here today. We live in an amazing community!
We look forward to future partnerships with you!



# Welcome!



Saturday, April 9 · 2-5pm Mother Lode Fairgrounds



**Tuolumne County** 

tuo.bluezonesproject.com 31 N Washington Street, Sonora, CA 95370 BZPTuolumne County@sharecare.com 209.694.3217

POWERED BY: Adventist Health



# MYMOTHERLODE.COM YOUR GATEWAY TO CALIFORNIA'S GOLD COUNTRY









Home > News > Local >

# Blue Zones Makes Triumphant Tuolumne County Launch

Sponsored by:

Wedding Sets \* Watches \* Appraisals
Custom Jewelry & Jewelry Repair
209-533-9302

By B.J. Hansen

Published Apr 11, 2022 07:04 am



Blue Zones Community Discovery Fair

**View Photos** 

Sonora, CA — The Mother Lode Fairgrounds was very busy on Saturday for the official launch of the local Blue Zones project.

It is designed to promote a healthy and connected lifestyle, leading to longer and more purpose-filled lives. It looks at lessons learned from communities across the world where people are living the longest. Blue Zones Project-Tuolumne County Executive Director Tyler Summersett was very pleased with the turnout for the Community Discovery Fair and the cross-section on hand from the community.

Adding, "It was really great to see Tuolumne County

residents connect with one another."

Non-profits, businesses and government agencies had booths throughout the fairgrounds. There was free food, demonstrations, giveaways, disc golf, a bike rodeo, music and activities. The afternoon also featured a presentation by nationally recognized speaker, and one of the Blue Zones leaders, Nick Buettner.

The event was free to attend, and there was not an official attendance count, but it appeared that over a thousand people may have been on hand throughout the three-hour event.

Asked about what comes next, Summersett says, "From here, there will be a cross-section of activities, including policy work, which will include working with grocery stores, restaurants, and work sites. And then, very exciting, will be working with individuals to do purpose workshops, and encouraging things like joining a walking moai, and having (healthy) cooking demonstrations. This is just the beginning."

Blue Zones was brought to Tuolumne County through a partnership with Adventist Health. More information about the project <u>can be found here.</u>

Written by BJ Hansen.

Sign up for our **Breaking News Alerts** and the myMotherLode.com Daily Newsletters by **clicking here.** Report breaking news, traffic or weather to our News Hotline (209) 532-6397. Send Mother Lode News Story photos to <a href="mailto:news@clarkebroadcasting.com">news@clarkebroadcasting.com</a>.

Check out everything listed in our <u>Events Calendar here</u>. If you have a local community event use our <u>event submission form here</u>. Promote your business events in our classifieds, <u>details are here</u>.

# Other Recent Local News

- Caltrans Contract Manager Pleads Guilty To Bid Rigging
- Two Rescued In Mariposa County Following Crash
- GOP: The Biden Administration Is Supercharging Their Border Crisis
- Road Work Announced For Marshes Flat Road
- Winners Announced For 2022 ACSA "Employees Making a Difference"
- Proposed Bill Calls For Reducing California Workweek
- Slight Drop Witnessed In Gas Prices

# **Other News**

# **Sponsored Content**

# Tuolumne County Behavioral Health Virtual Job Fairs





To learn more about current open employment opportunities, please visit:

https://www.tuolumnecounty.ca.gov/391/ Apply-for-a-Job

# Thursday, April 14 from 4-5:30 p.m.

Join Zoom Meeting https://tuolumne-ca-gov.zoom.us/j/89737402635?pwd=SFhvY1JHbzRNNTJmM2NVZExjZjMvUT09

> Meeting ID: 897 3740 2635 Passcode: 276274

# Friday, April 15 from 1-2 p.m.

Join Zoom Meeting https://tuolumne-ca-gov.zoom.us/j/81911907066?pwd=REFzeUlueitmMVlWT1h0aFdFdDhIQT09

Meeting ID: 819 1190 7066 Passcode: 970332





For more information, please call TCBH and ask to speak with Program Specialist Michelle Carlson at (209) 533-6245.

WELLNESS - RECOVERY - RESILIENCE

# TUOLUMNE COUNTY BEHAVIORAL HEALTH ADVISORY BOARD REGULAR MEETING AGENDA

Time:

Wednesday, March 2, 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/83815112264

Meeting ID: 838 1511 2264

<u>Telephone (one tap mobile)</u> +13462487799,,83815112264# US (Houston)

Or Dial by your location +1 346 248 7799 US (Houston)

Email: Email your comments to Attn: Pandora Armbruster at behavioralhealth@tuolumnecounty.ca.gov

<u>U.S. Mail</u>: 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.

<u>Important Public Notice:</u> 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**

## **CHAIRPERSON**

Cynthia Halman

#### VICE

**CHAIRPERSON** 

Mary Anne Schmidt

# BOARD OF SUPERVISOR'S REPRESENTATIVE

Jaron Brandon

# BOARD OF SUPERVISOR'S ALTERNATE

REPRESENTATIVE

Daniel Anaiah Kirk

# **SECRETARY**

Valerie Shuemake

#### **OTHER MEMBERS**

Constance Bone Emily Valentine Heather Farris Jenn Salazar Jennifer Pastorini M. Elizabeth Marum Marjorie Langdon Maureen Woods Penny Ablin Sherry Bradley Susie DeMassey

## I. CALL TO ORDER - 10 minutes

- Announcement to attendees that the meeting is being recorded for the purpose of assuring accurate meeting minutes.
- Announce the February 2, 2022 Findings for AB 361 (attached).
- Discussion and Action to determine whether the April 6, 2022 Behavioral Health Advisory Board Meeting will be either in-person or virtual. If virtual, make Findings for the April 2022 Meeting.

## II. INTRODUCTIONS – 2 minutes

- Advisory Board Members
- County staff, guests and any public attendees that wish to be identified
- III. MHSA Update: Stakeholder Feedback 20 minutes: Jenn Guhl, MHSA Agency Manager
- IV. AGENDA REVIEW PERIOD 2 minutes
- V. CORRESPONDENCE 2 minutes
- VI. <u>APPROVAL OF MINUTES 5 minutes:</u> February 2, 2022 Meeting Minutes
- VII. <u>SUPERVISOR'S REPORT 5 minutes:</u> Tuolumne County Board of Supervisors Representative Jaron Brandon
- VIII. <u>DIRECTOR'S REPORT 5 minutes:</u> Tami Mariscal, Behavioral Health Director

# IX. BOARD MEMBER REPORTS (3 minutes per Board member):

Members of the Advisory Board may share announcements and/or comment on matters **not** on the agenda. Advisory Board Members' comments/announcements will be limited to three minutes.

#### X. PUBLIC COMMENT (5 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 five 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.

#### XI. BUSINESS:

#### Continued Items:

- 1. "Social Media" Ad-Hoc Committee (15 minutes) Mary Anne Schmidt
  - Update & Possible Action on Facebook Build Out: Review and Discussion of feedback from Tami Mariscal, BH Director
- 2. "Annual Report to the Board of Supervisors" Ad-Hoc Committee (20 minutes): Discussion, Review and Possible Action to Approve for Presentation on April 5, 2022 Cynthia Halman
- 3. Crisis Care Continuum & AB 988 (15 minutes): Discussion, Review and Possible Action Cynthia Halman
- 4. "Speakers for Advisory Board" Ad-Hoc Committee (5 minutes) Cynthia Halman
  - Suggested Speakers Sonora PD, Cathie Parker TCSOS, Juvenile Hall, Probation Dept., Community Cultural Collaborative, District Attorney's Office, ATCAA, and Mark Dyken – Resiliency Village, Jason Revord – One Pile at a Time
  - Invitations for them to attend future meetings.

#### Items for Future Meetings:

- 5. "Bylaws Review" Ad-hoc Committee (5 minutes) Cynthia Halman
  - Review, Discussion, and possible Action regarding the "Executive Committee" language used in the current and draft bylaws.
  - Review & Approve County Counsel Edits, if completed, and Possible Action to move forward to the Board of Supervisors for acceptance.
- 6. Social Get-Together Discussion Cynthia Halman
  - Proposed Date, Place and Associated Costs Cynthia Halman

### XII ADJOURNMENT

Next Advisory Board Meeting is currently scheduled for April 6, 2022 @ 4 pm

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.

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#### Behavioral Health Advisory Board

# **County of Tuolumne**

FINDINGS OF THE BEHAVIORAL HEALTH ADVISORY BOARD AUTHORIZING REMOTE TELECONFERENCE MEETINGS OF THE BEHAVIORAL HEALTH ADVISORY BOARD FOR THE PERIOD FEBRUARY 2, 2022 THROUGH MARCH 4, 2022 PURSUANT TO THE RALPH M. BROWN ACT.

WHEREAS, all meetings of BEHAVIORAL HEALTH ADVISORY BOARD and its legislative bodies are open and public, as required by the Ralph M. Brown Act (Cal. Gov. Code §§ 54950 – 54963), so that any member of the public may attend, participate, and view the legislative bodies conduct their business; and

WHEREAS, the Brown Act, Government Code section 54953(e), makes provisions for remote teleconferencing participation in meetings by members of a legislative body, without compliance with the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions and requirements; and

WHEREAS, a required condition of Government Code section 54953(e) is that a state of emergency is declared by the Governor pursuant to Government Code section 8625, proclaiming the existence of conditions of disaster or of extreme peril to the safety of persons and property within the state caused by conditions as described in Government Code section 8558(b); and

WHEREAS, a further required condition of Government Code section 54953(e) is that state or local officials have imposed or recommended measures to promote social distancing, or, the legislative body holds a meeting to determine or has determined by a majority vote that meeting in person would present imminent risks to the health and safety of attendees; and

WHEREAS, on March 4, 2020, Governor Newsom issued a Proclamation of a State of Emergency declaring a state of emergency exists in California due to the threat of COVID-19, pursuant to the California Emergency Services Act (Government Code section 8625); and,

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WHEREAS, on June 11, 2021, Governor Newsom issued Executive Order N-07-21, which formally rescinded the Stay-at-Home Order (Executive Order N-33-20), as well as the framework for a gradual, risk-based reopening of the economy (Executive Order N-60-20, issued on May 4, 2020) but did not rescind the proclaimed state of emergency; and,

WHEREAS, on June 11, 2021, Governor Newsom also issued Executive Order N-08-21, which set expiration dates for certain paragraphs of the State of Emergency Proclamation dated March 4, 2020 and other Executive Orders but did not rescind the proclaimed state of emergency; and,

WHEREAS, as of the date of this Findings, neither the Governor nor the state Legislature have exercised their respective powers pursuant to Government Code section 8629 to lift the state of emergency either by proclamation or by concurrent Findings the state Legislature; and,

WHEREAS, the California Department of Industrial Relations has issued regulations related to COVID-19 Prevention for employees and places of employment. Title 8 of the California Code of Regulations, Section 3205(5)(D) specifically recommends physical (social) distancing as one of the measures to decrease the spread of COVID-19 based on the fact that particles containing the virus can travel more than six feet, especially indoors; and,

WHEREAS, the Behavioral Health Advisory Board finds that state or local officials have imposed or recommended measures to promote social distancing, based on the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(5)(D); and,

WHEREAS, as a consequence, the Behavioral Health Advisory Board does hereby find that it shall conduct its meetings by teleconferencing without compliance with Government Code section 54953 (b)(3), pursuant to Section 54953(e), and that such legislative bodies shall comply with the requirements to provide the public with access to the meetings as prescribed by Government Code section 54953(e)(2).

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NO: 0

ABSENT: 2 - Constance Bone and Susie DeMassey

ABSTAIN: 1 - Marjorie Langdon

NOW, THEREFORE, BE IT RESOLVED, FOUND AND ORDERED by the Behavioral Health Advisory Board, County of Tuolumne, State of California, in regular session assembled on February 2, 2022 does hereby resolve as follows:

Section 1. Recitals. All of the above recitals are true and correct and are incorporated into this Findings by this reference.

Section 2. State or Local Officials Have Imposed or Recommended Measures to Promote Social Distancing. The Behavioral Health Advisory Board hereby proclaims that state officials have imposed or recommended measures to promote social (physical) distancing based on the California Department of Industrial Relations' issuance of regulations related to COVID-19 Prevention through Title 8 of the California Code of Regulations, Section 3205(5)(D).

Remote Teleconference Meetings. The Behavioral Health Advisory Board is hereby Section 3. authorized and directed to take all actions necessary to carry out the intent and purpose of these Findings including, conducting open and public meetings in accordance with Government Code section 54953(e) and other applicable provisions of the Brown Act.

Effective Date. These Findings shall take effect immediately upon its adoption and Section 4. shall be effective until the earlier of (i) March 4, 2022, or (ii) such time the Behavioral Health Advisory Board adopts a subsequent Findings in accordance with Government Code section 54953(e)(3) to extend the time during which its legislative bodies may continue to teleconference without compliance with Section 54953(b)(3).

ADOPTED this 2<sup>nd</sup> day of February, 2022 by the Tuolumne County Behavioral Health Advisory Board, by the following vote:

YES: 12 - Jaron Brandon, Cynthia Halman, Mary Anne Schmidt, Valerie Shuemake, Elizabeth Marum, Emily Valentine, Heather Farris, Jenn Salazar, Jennifer Pastorini, Maureen Woods, Penny Ablin, and Sherry Bradley.



# Loan Repayment Program

You may be eligible for a Workforce Education and Training (WET) payment toward your student loans in the amount of up to \$10,000

There are 1 of 2 ways to qualify...

Join our team!

Tuolumne County Behavioral Health is offering newly hired Clinicians and Clinical Staff to receive a one time payment of up to \$10,000 to your student loan holder. As part of your job offer, you will receive this payment after you have successfully completed 2,080 hours / 261 days or work for Tuolumne County Behavioral Health for 1 - full calendar year.

Thank you for your years of service!

Tuolumne County Behavioral Health staff that have been working for the department for 6 months in a hard to retain position are eligible for a one time up to \$10,000 payment to your student loan holder. You will need to contact TCBH WET Coordinator, Michelle Carlson, at phone or email below, to learn more about the application and selection process. Then serve 1 - full calendar year of service.

Learn More:

Specific criteria required to qualify for the loan repayment program and applications can be accessed by emailing <a href="mailto:Mcarlson@co.tuolumne.ca.us">Mcarlson@co.tuolumne.ca.us</a>
Workforce Education and Training Coordinator, Michelle Carlson (209) 533-6245

