TUOLUMNE COUNTY BEHAVIORAL HEALTH DEPARTMENT

Family Ties: Youth and Family Wellness Innovation Plan

FY 2022-2027

Section 1: Innovations Regulations Requirement Categories

General Requirement

Tuolumne County Behavioral Health's (TCBH) Innovation plan, Family Ties: Youth and Family Wellness, introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

Primary Purpose

TCBH's Innovation plan, Family Ties: Youth and Family Wellness, increases the quality of mental health services, including measured outcomes.

Section 2: Project Overview

Primary Problem

Over the last several years, Tuolumne County Behavioral Health (TCBH) has increased its relationships with various agencies and organizations that work with our youth population. In the last two years, Children Welfare Services (CWS) and TCBH worked together to build a Memorandum of Understanding (MOU) to better coordinate care in Tuolumne County. It is a multi-agency MOU with not only TCBH and CWS, but also with Tuolumne County Probation Department, Tuolumne County Public Health Department, Tuolumne County Superintendent of Schools (TCSOS), Juvenile Court, and others.

In addition, beginning in 2019, TCBH and TCSOS started working on a Mental Health Student Services Act (MHSSA) grant overseen by the Mental Health Services Oversight & Accountability Commission (MHSOAC). The program funded by this grant aims to prevent mental illnesses from becoming severe and disabling and improving timely access to services for underserved populations. The program aims to provide outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses. The MOU outlined the partnership for the purpose of providing mental health services and supports to school aged children in Tuolumne County through district services; training for school personnel; and the creation of TCBH and school-based partnerships around mental health services.

We have strengthened and increased our partnerships with CWS, Probation, Law Enforcement, Courts, the Juvenile Detention Facility, and more. Through these initial partnerships to increase efforts for children, TCBH began to focus more on families and youth. TCBH began to seek information on children's length of stay and their recidivism. In addition, through ongoing partnerships, TCBH is working to understand its own efforts around not only youth, but the families as well.

After increased partnerships were underway for youth, a request for Innovation concepts was placed to the public in March 2022. The community was able to submit their ideas for the Innovation project through the MHSA Innovation Submission form from March 1-22, 2022. The submissions were then brought to Quality Management Committee on March 24, 2022, for further review and open discussion. This committee is comprised of both clinical supervisors, administration, management, and line staff, including our Ethnic Services Coordinator (ESC). It is important to note that youth was the only overlapping demographic mentioned and prioritized by the community stakeholders throughout TCBH's MHSA Innovation Submission form process. All (eleven) 11 submissions were considered, and this selected Innovation plan was chosen by the committee to do more research on to understand if this was a priority area.

The submitted Innovation concept:

"Support for struggling young parents (parents who are themselves transition age youth). These young parents are an important demographic that need help; parenting skills, coping skills, emotional support, financial support to finish school themselves. I believe this idea would fit the following purposes: --increase access to underserved groups AND--increase access to services….. I also believe that, if structured appropriately, this program would support the following innovative approach: --introducing a new mental health practice or approach, including, but not limited to prevention and early intervention….. Transition Age Youth particularly struggle as they age out of foster care, or are forced to live on their own due to personal situation or circumstance with their own family, etc. Add to that the fact that many of these young adults are becoming parents too, facing multiple obstacles in their new role as parents. They have many barriers they must overcome to raise their own child in a loving and supportive home."

As a result of the work that was being done around youth, it was clear that the element of families was a gap that TCBH has in services. The question was raised are we doing enough for not only the youth but the families?

Data analysis began to better understand outcomes of the youth that we were serving. This was prompted after the committee had discussed this as an option for the innovations plan. A five-year data analysis was completed by the Quality Improvement (QI) team to help the agency understand the outcomes of youth. The analysis showed that the recidivism rate for youth was 20%. In addition, the average length of stay for youths first admission was just at a year. Their second admission average length of stay was just at seven months. With each returning admission the length of stay decreases. Over the five years, 20% of all youth experienced a crisis event and, of those, 20% had an average of four crises, which equals one crisis per quarter.

From the data, it was clear that the initial admission was the one where there was the most engagement in the youth's recovery because it had the longest length of stay. It also showed that they are less likely to stay in services if they leave. What are the barriers to getting youth to stay in services? Families are traditionally the ones that transport, schedule, and manage the youth appointments. The family needs to be invested in care and need to have access to care to manage their own stress, burnout, or trauma to support their youth's mental health.

It was evident that the long-term outcomes for youth needed to be increased. With all the current work being done to increase services and collaboration for youth, it is a priority to make sure we support the family to ensure better outcomes for youth. After the vetting process, TCBH needed to ensure that the agency is prioritizing the correct population, the idea was taken to the Tuolumne County Behavioral Health Advisory Board on April 6, 2022, to receive feedback on the idea. This board is comprised of community members, consumers, TCBH staff, a Tuolumne County Board of Supervisor representative, family of beneficiaries, and more. This was not for approval, but to receive stakeholder feedback on the priority area chosen.

Stakeholders and partners agreed that TCBH supporting youth and their families was identified as a priority area for Innovation funds, and additional research was completed. The finalized concept was then taken back to the Tuolumne County Behavioral Health Advisory Board on August 3, 2022, to receive final approval and support on moving the concept forward.

The primary problem is we need to reduce the recidivism rate for youth by increasing their length of stay within their first admission into the specialty mental health system by engaging youth and families concurrently. All families and individuals are unique and their mental health needs are complex. We need to offer services through a larger lens, and we want to know if we can meet the needs of the clients through additional alternative interventions.

Proposed Project

The TCBH Innovation Project, Family Ties: Youth and Family Wellness, will focus on creating non-mandated activities using nontraditional and alternative mental health approaches for youth and families. The goal is to promote these activities in the systems that are most affected by youth and family's trauma. TCBH's goal is to decrease barriers to care and offer families alternatives to actively work on their own mental health in a way that is unique and accommodating to their family.

We are proposing to do this by creating a Community Program Planning Process (CPPP) to help identify alternative mental health approaches that can be offered. These services may include, but are not limited to meditation, sound therapy, yoga, mindfulness classes, nutrition education, art therapy, music therapy, and aromatherapy. Once identification of the alternative approaches has been completed, a request for proposal (RFP) will be released for services.

TCBH will introduce families to these alternative and nontraditional approaches through engaged family nights. These family events will focus on movie nights, themed food nights, activity nights, etc. During these family nights, these alternative approaches will be introduced for families. These approaches will be woven into the activities for the event and will be introduced strategically. We will have clinical experts present at the events to support families and youth. For some of the events, there may be two separate activities, one for youth and one for adults, to introduce new therapies and approaches.

These events will be held at alternative times to allow families more opportunity to attend, which was supported in the CPPP data. TCBH will also hold these events at various locations to ensure

that different populations have opportunities attend. TCBH will also be holding these no-cost events at TCBH at times to reduce the barrier of stigma for families.

These events will be carefully planned with both contracted staff, partners, and TCBH staff. Each event will focus on a different approach and will be strategically planned to engage families while allowing them to also enjoy the family activities and atmosphere.

Once these events are planned, promotion for them will begin. We will work close with families that are currently receiving services. These will be non-mandated; however, clinicians who work with these families will be educated on the events to help promote them to families. TCBH will help coordinate attendance such as times, family needs, transportation, etc. when possible.

TCBH will also work closely with CWS, probation, and TCBH Substance Use staff to engage foster families and those in the perinatal programs. These families will be the priority targets population. Once we have begun the events, they could be expanded next to families seeking alternative services. Partnering with Center for Non Violent Community (CNVC) as well as local food banks such as Amador Tuolumne Community Action Agency (ATCAA) will create an opportunity for TCBH to help promote mental health awareness and options for other targeted populations. Over time, and if successful, TCBH can expand who we promote these events to.

Through these structured events that will offer alternative and complementary mental health services to families a hope is to increase access to mental health services to underserved groups. We found an underserved population as we began to dive into the data, and it was treating families as a whole unit. We often treat only the parents or only the youth. There are some occasions where family therapy is offered, but sometimes the parents don't meet qualifications for ongoing service or vice a versa the youth does not. This limits the number of services available to these families and then they go without all together and are underserved. These events will allow the underserved families to receive both individual services as well as full family services.

These events will take ongoing collaboration between TCBH, and many other communities support services. This Innovation plan, Family Ties: Youth and Family Wellness, will promote interagency and community collaboration related to Mental Health Services and support community outcomes. Through engaging with contractors, CBOs, other county departments and more, we will all actively be working toward improved mental health services for shared clients.

Overall, the goal will be to increase the quality of mental health services including measured outcomes for families. These measured outcomes will be monitored ongoingly to understand effectiveness of these alternative approaches. These outcomes will be measured through correlating event participation with youth length of stay, crisis events and Family Urgent Response System (FURS) request. In addition, we will monitor increased request for services from families that participate in the events that will hopefully seek more ongoing services. This can create ongoing educational opportunities and referrals mild to moderate providers to help maintain ongoing stability with each step down.

Our approach was determined through the stakeholder process and interagency discussion. Our focus of the project was backed by community support and a five-year overview of data. In addition, research was completed to ensure that family engagement was essential to better outcomes. By removing barriers to care and expanding options for families, they will have more tools to be successful at home when managing mental health issues.

Parts of our plan historically have been used by prevention programs and nonprofits. Historically, these organizations engage families in education through events. Traditionally, food has been offered as an incentive for families to come. As the food industry prices continue to climb, this will help with the cost of feeding a family and, essentially, puts less burden on the parents. The organizations have also used prevention, outreach, and education as a platform for these events. The difference between these events that have historically taken place and the current plan is actual services being rendered at these events through a strategic plan. In addition, the biggest difference is the type of services being introduced. This Innovation plan will offer alternative approaches outside the traditional mental health services such as therapy or rehabilitation.

The mental health field is limited in their ability to offer services outside of the range of specialty mental health services. Also, they are limited in the ability to do any service without the ability to bill for services. This concept removes both those barriers to offering expanded services. This practice to offer alternative approaches as a complimentary part of traditional mental health services is a new approach that will be able to do through innovations funding.

The events will be monitored closely to ensure data collection is available to manage outcomes. Through this we will be able to track the number of individuals served through these events. It is estimated that in the beginning years of the program fewer individuals will be served. We are estimating in the first years of the project 50 individuals can be served. As the project is developed and the events grow, TCBH plans to launch additional advertising to expanded partners, we expect to serve 100 unduplicated individuals. The hope is to exceed these estimates by the end of the project. However, current youth enrollment shows less than 100 youth within the current TCBH system. We want to ensure that our estimates for those being served are realistic.

The population to be served through this project will be focused on youth and families. The age for youth will be under 18. The family population age may range dramatically. There will be youth families those who are under 25 and families that are mid-life and potentially grandparents who are raising grandchildren. The focus will be on Tuolumne County residents and those who are currently receiving some type of service. This demographic may change as the project develops. In the beginning, the population to be served will focus on those currently receiving services within TCBH, but this demographic will expand. Our expansion will be to families that receive services through CWS, probation, and Substance Use to engage foster families and those in the perinatal programs. Then demographics can expand again to families seeking alternative services. There is not a target for race, ethnicity, etc.; however, we will be able to monitor and provide feedback to stakeholder on the demographics of those who are served through this program. We will also compare those demographics to census data, Tuolumne County Medi-Cal

beneficiaries, and TCBH penetration rates to ensure we are servicing comparable demographics to the makeup of the county.

Research on INN Component

Our first approach to research was focused on the services and concept. Has this focus on whole family care through nontraditional times, methods, etc. been proven to work before?

According to an article published in October 2010 by Erin M. Ingoldsby on the National Library of Medicine, "Engaging and retaining families in mental health prevention and intervention programs is critically important to insure maximum public health impact." "When families are asked about why they drop out of services, they frequently cite practical obstacles such as time demands and scheduling conflicts, high costs, and lack of transportation and child care (Garvey et al. 2006; Kazdin et al. 1997; Spoth and Redmond 2000; Stevens et al. 2006). They also raise issues related to the program approach (e.g. goals and activities are not in alignment with families' needs, low perceived benefit and relevance), providers (e.g. perceived as judgmental or not empathic), and program context (e.g. few programs in low-resource neighborhoods; Gross et al. 2001).

This research supports that having alternative family therapy options may better way to serve families. By offering nontraditional services at alternative times that are family focused, families aren't forced into the typical mainstream path for services. Family engagement through this plan would foster individualized nontraditional treatment that could align with family needs and cultures. It would allow for reduced scheduling conflict because it would be offered at different times and could be offered off site to reduce the stigma associated with mental health services.

In October 2021 a study was published by BMC Health Services Research that asked almost 300 family members and carers "what have you as a carer/family member received' and 'what they would have liked to have received'. The responses fell into seven categories the highest responses were centralized in two categories; provide or offer ongoing support to the family and provided psychoeducation to the families. Families responded to the first category saying, "Help with supporting me to deal with my own emotions and heart ache when my child has episodes." Families responded to the second category by saying, "Help with how the family responds to problems."

These responses show that families need whole family care rather than just care to the youth or parent. Utilizing nontraditional ways to engage families in education, prevention and therapy can help the family be more successful at home and help keep them engaged in services.

U.S Department of Health and Human Services, Child Welfare, published an article for *Family Engagement, Partnering with Families to Improve Outcomes.* In this it states that, "Rather than being a single tool, family engagement represents a mindset and approach that can reap extensive benefits, including the following: family preservation, improved interpersonal relationships, increased family buy-in, creating a sense of belonging and family connectedness, and youth empowerment."

Creating an environment where families can be collectively engaged in services can help increase overall outcomes for both youth and parents. By offering nontraditional methods families can identify what methods work best for them collectively. These nontraditional settings can offer the family to have increased buy-in on their tools and support they use to maintain stability and improved interpersonal relationships.

The next step of research focused on if other counties have offered this before, and if so, how is it different? It was found that in Amador County a program was offers a Maternal Child Health and Wellness. This program has the same intention of serving the families mental health needs but focuses only on the mother. It also focused on the conversation of perinatal depression and anxiety, all through traditional mental health approaches.

Santa Clara County has a program called REACH, Raising Early Awareness and Creating Hope. This program offers counseling for families and youth, education for the community and consultations. However, the different is it focuses on prevention and education on psychosis. Though there are resources for the family it is for only a select population and community events are targeted to everyone, not specifically the needs of families as a whole with children in the mental health system.

To further our research on other models that may be similar Tuolumne County reached out to county partners for insight. The Quality Improvement Manager reached out to the Northern California Quality Improvement Coordinators group (NorQIC) to see if any county in the group had or knew of a program utilizing nontraditional services for families. There were some counties that came back with programs for families, but most focused either focused on Substance Abuse or increasing access to traditional family therapy.

Tuolumne County was unable to find another program offered by County Behavioral Health that offered nontraditional services to families with youth experiencing mental health issues.

Learning Goals/Project AIMS

The following goals are to help Tuolumne County understand the best way to engage families in mental health services. The goals will help us learn what families need in terms of times for services, types of services, location of services, etc. These goals are prioritized because it offers insight into how we can continue to adapt to fit family's needs and ultimately improve youth outcomes. Our learning goals are related to the new idea of offering alternative options for families outside the range of traditional specialty mental health services.

1. Can we engage families who have mental health needs or have youth with mental health needs if we offer complementary and alternative therapies that are not part of mainstream?
2. Will these alternative approaches offer additional tool and resource for families to obtain improved youth outcomes around length of stay, recidivism, FURS request and crisis services?
3. What alternative therapies are the most utilized and sought out by families?

4. Can we engage more families in treatment either through coordination with Managed Care providers or through the Behavioral Health system for more long-term treatment?

Evaluation or Learning Plan

Learning Goal	Indicators/Measures	Determining if Goals are Met
1. Can we engage families who have mental health needs or have youth with mental health needs if we offer complementary and alternative therapies that are not part of mainstream?	• Counts will be tracked at each event and correlated with targeted populations. • Attendance will be tracked by clinician to understand if TCBH staff sharing these events. • A questionnaire and demographic will be mandated for each attendee depending on age	• If we can engage the same families in several events that shows the family finds value in the services being offered. • If we can engage more families over time that means that families and community members have shared the events due to positive experiences.
2. Will these alternative approaches offer additional tool and resource for families to obtain improved youth outcomes around length of stay, recidivism, FURS request, and crisis services?	• Track youth families who do attend events and who do not and compare their crisis counts, length of stay, FURS requests, and recidivism. Comparison between both youth groups will provide ongoing insight of effectiveness of events.	• If families that are engaged in these events have better outcomes it will show the effectiveness of the program.
3. What alternative therapies are the most utilized and sought out by families?	• Surveys will be mandated by attendees at the end of each event to rate interest in each alternative therapy. • Surveys at the beginning of each event will allow attendees to say if they are new or returning and, if	• If we can identify the most utilized therapy or the ones that families were most receptive to, we can begin planning to sustain that service.

	returning reflect on the usefulness of the previous therapy offered.	
5. Can we engage more families in treatment either through coordination with Managed Care providers or through the Behavioral Health system for more long-term treatment?	• Track attendance with access to care requests • Track attendance with managed care referrals	• If we can engage more families then we will be effective in treating the whole family rather than one individual within it to maintain more stability in the home and have fewer youth crisis and FURS requests.

Section 3: Additional Information for Regulatory Requirements

Contracting

Ensuring a positive relationship with contractors is always a priority for TCBH. Contractors that are funded through Innovation will be required to attend several TCBH meetings to ensure ongoing resources sharing and relationship opportunities arise. They will be attending the Community Cultural Collaborative (CCC) to be a direct participant in ensuring the plan is culturally competent and they are able to be included in the discussions around the program. They will also be mandated to participate the Quality Improvement Council (QIC). This council provides a structured forum for the exchange of QI-related information between TCBH staff, the QI team, community liaisons, clients, family members, community members, and other stakeholders. 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 QI initiatives. Evaluations of the innovations program and ongoing data outcomes will be shared in this venue. Contractors will have the opportunity to give feedback on the project each month during this meeting. They will also build relationships with staff, program leads, and other community members through these venues.

To help not only build relationships with TCBH staff, all contractors will also be mandated to attend the quarterly Prevention and Early Intervention (PEI) Contractors' Forum to continuously learn about community resources available. These meetings will allow contractors to work with both staff and community-based organizations (CBO) to build trust, lasting relationships and resource connections through increased communication, awareness, and engagement. All of these meetings are hosted by TCBH and will help to strengthen the county's relationship with contractors and to provide a space for community sharing.

Monitoring the quality of contracts is completed internally by the TCBH Quality Improvement (QI) program. This contract process was developed internally to ensure the monitoring of all contracts is being completed. Contracts were placed as an ongoing item on the monthly managers agenda. In addition, a monitoring tool was created for quarterly monitoring on all contracts. The tool is completed by lead staff for each contract. The tool notes performance and meetings with contracts to ensure performance adherence to the requirements within each contract. Contracts are monitored closely each quarter for performance and changes are made as needed based off audit results as renewal time comes due. All contracts that are funded through TCBH's Innovation plan, Family Ties: Youth and Family Wellness, will follow the same strict monitoring process. Since the QI program drafts and executes the contracts as well as conducts ongoing monitoring, there will be a relationship with the contractor and the county even before contract execution. Direct ongoing communication with the contractor helps to build ongoing trust between TCBH and the contractor. The QI program also attends all the meetings that were previously mentioned to help support the county and contractor.

Community Program Planning Process (CPPP)

Community and stakeholder inclusion has been a part of the Innovation's development from the beginning of this project. Prior to even discussing the concept internally at TCBH, there was a request put out into the community for Innovation concepts. The MHSA Innovation submission form was promoted on TCBH's social media platform of Facebook, and sent out to nearly 400 community partners, agencies, CBOs, law enforcement, Tuolumne County Behavioral Health Advisory Board members, and county staff through the TCBH email distribution list. In addition, TCBH encouraged in our communications for partners to share the email with others for increased reach. All community stakeholders were encouraged to submit their ideas for the Innovation concept through TCBH's MHSA Innovation submission form, which was open from March 1- 22, 2022, both online and in printed formats.

After submissions were gathered by the deadline and the survey was officially closed, the MHSA Agency Program Manager then presented the data to the Quality Management Committee. This committee is comprised of both Clinical Supervisors, Administration, management and line staff and our Ethnic Services Coordinator (ESC). Once the concept had been vetted, the concept was presented to the Tuolumne County Behavioral Health Advisory Board on April 6, 2022, not for approval, but for stakeholder feedback. Tuolumne County values community and stakeholder input and wanted to proceed with research and data pulls on this concept only if the stakeholders felt that it was an appropriate use of MHSA Innovation funds. The board supported the concept and then additional research was completed. The board was then re-engaged for on August 3, 2022, for a final approval.

Moving forward through the project, stakeholder engagement will be an integral part of the project development. There will be a CPPP to obtain stakeholder feedback on types of nontraditional services to seek out, hours of the day to hold these events, locations to consider, where to market and more. Prior to placing an RFP for any nontraditional method or before solidifying rental agreements for any location, stakeholders will have the opportunity to give feedback on what could be best for the community. TCBH will hold a minimum of two planning

meetings that will be open to the community. One will be after hours and the other during the day to accommodate all schedules. They will be advertised through various meetings, social media, the CCC, to CBOs and all our current Prevention and Early Intervention (PEI) contractors.

These same stakeholder processes will be implemented through various stages of implementation as plans develop and project feedback is needed.

MHSA General Standards

TCBH's Innovation plan, Family Ties: Youth and Family Wellness, will meet and be consistent with all potentially applicable MHSA General Standards listen below as set forth in Title 9 California Code of Regulations, Section 3320.

1. **Community Collaboration**: Community collaboration has been present at every step of the innovations development and will continue to be present through its implementation. The community was able to submit proposals for the plan. Moving forward there are five public meetings where developments, updates and input will be presented around the plan. The input from the community will continue to drive reflection on ways to improve the program as it develops.
2. **Cultural Competency**: Tuolumne has embedded the ESC in several meetings to ensure that the program remains culturally responsive. In addition, the CCC will continue to remain a main stakeholder in the development of the program. There will also be ongoing data collection from the events that will allow analysis on the demographics of those who attend the event, county census data, Medi-Cal beneficiaries, and TCBH penetration rates.
3. **Client-Driven**: The development of the program was based on client outcomes. The programs' goal is to have better client outcomes for youth. In addition, clients will be able to give feedback on the events and how they relate to the services provided through the survey's mandated at each event. This will allow clients to give feedback in addition to helping to steer the program in a direction that directly affect their mental health outcomes.
4. **Family-Driven**: The project is focused on families and how to support them and their youth. Through these ongoing events family will be the focus. By changing location to reduce stigma, by offering alternative hours to increase availability to participate and implementing alternative options for families they are the driving goal to supporting youth through this program.
5. **Wellness, Recovery, and Resilience-Focused**: By providing alternative therapies the focus is to give families the tools and support they need to build resiliency in their home. Giving families and youth more options outside of the traditional specialty mental health services families will be able to promote and practice wellness and recovery within their own homes.

6. **Integrated Services Experience for Clients and Families**: Clients and families are the focus and bringing in partners to events will be a key part on implementation. Clients and families will have access to community-based organizations, managed care plans, access to services, CWS, probation and more. Not only will clients be able to receive integrated services, but service providers will work together for better outcomes for targeted populations.

Cultural Competence and Stakeholder Involvement in Evaluation

TCBH is committed to cultural competency and developing strategies for reducing racial, ethnic, age, cultural, and linguistic mental health disparities. The CCC is a TCBH monthly meeting that monitors data to adjust to the annual Cultural Competency Plan (CCP). CCC is made up of variety of community members (i.e., from local tribes, contractors, community agencies, etc.), peers, and staff. This ensures ongoing stakeholder involvement in Cultural Competency planning. In addition, any contractors that are funded through Innovation or MHSA PEI will be mandated to attend this meeting. The CCP follows class standards and outlines each fiscal year goals and objectives for TCBH around cultural competency. Each year the plan not only responds to the previous year's goals and objects, but creates new ones to ensure ongoing development, increased engagement and training efforts continue at TCBH. This is how the county continues strategic planning around cultural competency. TCBH adheres to class standard criterion by updating the assessment of services, by monitoring penetration rates for not only mental health services, but county demographics. These numbers are reviewed regularly with leadership to ensure service delivery and target populations are never underserved. TCBH's Innovation plan's evaluations and learning objectives will be presented at this committee regularly to ensure culturally competent assessments are regularly completed.

This ensures cultural competency is considered in all efforts by both county and contractor. To ensure family members, clients and community are also included in these conversations, these populations are included in the CCC. Ensuring that voices are heard when discussing cultural competency is essential to meeting class standards and understanding community needs. In addition to the Innovation plan, Family Ties: Youth and Family Wellness, evaluations also will look at the California Healthy Kids Survey and use this as a tool to understand the cultural lens of substance use at all different schools, for all different ages of youth. This data and feedback from the committee will help to direct services of the Innovation as appropriate. This data is shared in our meeting venues to discuss ongoing needs and impacts on youth though a culturally appropriate lens.

TCBH has an ESC that has been a part of a cultural movement in California in seeking basic human rights, health equity, and system change. Meetings attended by our ESC are growing in and around the City of Sonora, including the Tuolumne Coalition for Social & Racial Justice. The program administrator and a City Council member have been attending TCBH CCC to understand how TCBH is bringing about social change. There is another meeting held at Tuolumne Me-Wuk Indian Health Center and the Tuolumne Me-Wuk Indian Tribal Council. The City of Sonora has a Diversity & Social Justice meeting that has been launched toward these

efforts as well. The ESC chairs and leads the CCC meeting to ensure knowledge of the full counties cultural efforts are present in all evaluations and conversations.

Innovations Project Sustainability and Continuity of Care

Through the development of the plan, data will be gathered to evaluate the effectiveness of each intervention. The way we will do this is by correlating event participation with youth length of stay, crisis events and FURS request. If clients/families attend certain therapy events and have better outcomes these will be identified areas/services that TCBH would want to retain.

Another way we will monitor the effectiveness of interventions/services is through community input. There are five main meetings that occur monthly where TCBH will be able to gain input and feedback around what events are impactful and which ones are not. This is not limited to time of day, location, services offered, advertising, etc. If there are positive outcomes related to all events and positive feedback around the project in its entirety, then TCBH will plan for sustainability for the project rather than particular elements. The way TCBH will determine what to sustain will happen at the end and depend on the data and feedback.

The way TCBH will create sustainability for this program will be through several different areas. One way will be working closely with those who offer alternative services and to bring them into the planning process. Through collaboration, partnerships, and personal investments, these private providers may be willing to hold sessions in the future free of charge. This could be a way for them to show the community their skill set, gain future clients and a way to continue to serve our targeted population.

Another way TCBH will be planning for sustainability is by allocating current staff time for our Innovation programming development without hiring new staff. TCBH will maintain the efforts and assimilate the tasks into current roles, which will be more efficient to implement quickly and increase sustainability. Though this is a challenging task to complete with such a large project, TCBH believes it gives us the best chance of being able to continue the efforts once the project is complete.

We will also be asking community partners to participate in all these events. These could be CBOs, law enforcement, probation, CWS, public health, private therapists, and more. TCBH will be asking them for input through our community stakeholder process and in TCBH's ongoing meetings they attend. We will also be partnering with many of them to put these events on and brining either their subject matter expertise, their material for education, or help us identify their targeted populations. Through these partnerships, and if our program is successful, community partners will also see positive outcomes with the populations they work with. If this happens, there is a higher chance TCBH would be able to pull funding collectively to keep the either the program or elements of the program going, which will be beneficial for the community.

Lastly, another opportunity for sustainability will be through using other MHSA funds. If the community believes in the program and supports ongoing activities, then community stakeholders could voice their opinion through the MHSA Three-Year Plan and/or MHSA

Annual Update CPPP. This would allow TCBH to allocate some of the funding toward the program as appropriate.

In addition to sustainability, continuity of care is also important. We need to ensure that those who are experiencing a mental illness receive continuity of care. If those attending these alternative service events are receiving services from TCBH, then those services will continue uninterrupted. If those who are mild to moderate benefit from the events and would like to continue, our strategy will be to help them receive those services. One way we plan on doing that is toward the end of the grant bring our two Managed Care Plans to the events so that community members can understand their insurance options and be linked to care appropriately.

Also, if possible that some of those who participate give their time moving forward in kind then the events can continue without interruption. TCBH staff will also attend these events, which will allow community members to become familiar with clinical staff and begin to build relationships and reduce stigma around accessing help within the county. If community members qualify for care or if a youth is receiving care already, this will help to build a more trusting and familiar relationship that may lead to more families seeking care or participating in youth care through family therapy.

Lastly, there is a plan to include other local providers to participate at these events. This would allow families to become familiar with primary care providers and mild to moderate providers. This could help families begin care and maintain continuity of care throughout the duration of the grant and longer.

Communication and Dissemination Plan

Communication around the current efforts, outcomes and results of the innovations plan will be regularly disseminated. There are five main meetings where these communication efforts will take place. Each meeting forum is open to the public, encompasses a different set of stakeholders and community partners, and will focus on the project through a unique lens.

The first meeting is the CCC. The CCC is a TCBH monthly meeting that monitors data to adjust to the annual Cultural Competency Plan (CCP). This collaborative is made up of variety of community members (i.e., from local tribes, contractors, community agencies, etc.), peers, and staff. This ensures ongoing stakeholder involvement in Cultural Competency planning. This committee will be able to give feedback through a culturally responsive lens as well as offer input of areas for improvement.

The second meeting is the QIC, which provides a structured forum for the exchange of QI-related information between TCBH staff, the QI team, community liaisons, clients, family members, community members, and other stakeholders. 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 initiatives, data, audit results, special projects and more. Through this council outcomes, data, ongoing plans and so on can be evaluated for feedback and shared.

The third meeting is the Tuolumne County Behavioral Health Advisory Board. Tuolumne County Behavioral Health Advisory Board provides advice to the governing body (Tuolumne County Board of Supervisors) and the Director of Behavioral Health. They are comprised of consumers, family members of consumers, a Board of Supervisor representative, stakeholders, and community members. They provide feedback on oversight and monitoring of the local mental health system as well as advocate for persons with mental illness. A primary responsibility of the Tuolumne County Behavioral Health Advisory Board is to review and evaluate the community's mental health needs, services, facilities, and special problems. This board will be communicated to around current efforts, outcomes, and results of the Innovation plan.

The fourth meeting is the YES Partnership. The YES Partnership is a community-wide coalition dedicated to supporting Tuolumne County youth and families by preventing suicide, substance, and child abuse. The Partnership was established in January 1986 in response to several teenage suicides in Tuolumne County, California. The YES Partnership works collaboratively with local agencies and organizations, parents, and teens to create a drug-free and suicide-safe community by increasing protective factors among youth. This coalition is comprised of local law enforcement, local CBOs, the local hospital, TCSOS, Public Health, TCBH and some of our PEI contractors including First Five and Catholic Charities, tribal organizations, local tribal mental and physical health care, community members, private mental health clinicians, and more.

The fifth meeting is the Tuolumne County Board of Supervisors. TCBH will be able to present current efforts, outcomes, and results of the Innovation plan to the Board of Supervisors at minimum annually and more if needed and/or required by MHSA regulations. This venue allows county officials and all community stakeholders to make comments and ask questions around the plan.

Finally results, efforts and outcomes will also be posted TCBH's social media Facebook page and website as appropriate. Five keywords that someone interested in the project might use to find more on our plan would be: alternative therapy, nontraditional mental health approaches and activities, TCBH family services, youth and family wellness, and mental health engagement.

Timeline

Timeline	Milestone
Year 1 Quarter 1-2	Development of program and event outlines. Begin promoting services offered through the CPPP.
Year 1 Quarter 3-4	Launch all stakeholder meetings for input on services and alternatives to be offered in community, locations, time of day etc. Begin drafting RFPs for services.
Year 2 Quarter 1-2	Launch RFP process and complete contracts for all services to be provided. Begin planning meetings with contractors for upcoming events. Develop surveys that will be at each event for participants to take.

Year 2 Quarter 3-4	Develop data analysis system for all outcomes. Obtain all baseline data. Begin education for the entire TCBH workforce to begin promoting upcoming events. Launch events with a focus on TCBH beneficiaries. Gain stakeholder feedback as necessary.
Year 3 Quarter 1-2	Increase event promotions to expand to interagency departments. Begin ongoing data analysis for each event, begin reporting out. Begin developing managed care integration with events. Gain stakeholder feedback as necessary.
Year 3 Quarter 3-4	Increase frequency of events. Meeting with all contractors and partners to evaluate areas of success and improvement. Gain stakeholder feedback as necessary.
Year 4 Quarter 1-2	Organize ongoing events with community partners and continue to share developments with stakeholder meetings.
Year 4 Quarter 3-4	Continued family engagement services and events. Data analysis and beginning development of sustainability planning for key elements
Year 5 Quarter 1-2	Continued family engagement services and events. Identified elements that are necessary to sustain and finalize ongoing plan for necessary elements.
Year 5 Quarter 3-4	Final data collection and key stakeholder interviews. Final report to be drafted to show outcomes of project

Section 4: INN Project Budget and Source of Expenditures

Budget Narrative

Personnel costs will cover a percentage of current staff's wages, fringe, and mandated costs. We will not be hiring new staff but utilize existing staff for the program. There will a percentage for a Program Specialist to organize the project, an Agency Program Manager for lead and oversight, and a Staff Analyst for contract drafting and data pulling.

Operating costs will focus on the cost to run the events for families. This may include, but is not limited to food, tablecloths, banners, promotional flyers, and other event materials.

Non-reoccurring costs will be for necessary one-time purchases that may need to be made for the events. These items may be Bluetooth speakers, projector and screen, amplifier/mic/P.A. system, laptop, etc. These are purchases that would be made once and then the equipment would be reused at each event.

Consultant costs will be our contracted alternative therapies contractors. To offer alternative therapies, TCBH will have to put out an RFP to gain these specialties. As these are outside the traditionally offered Specialty Mental Health services, contractors will need to be utilized for their expertise in alternative therapies.

Other expenditures will be to be able to rent space for the offsite events when they are not on the TCBH campus. This allows TCBH to have these events in alternative locations throughout the county to help reduce stigma around accessing services and address transportation barriers while boosting engagement and participation from various demographics.

Budget by Fiscal Year

		22/23	23/24	24/25	25/26	26/27
Personnel Costs						
	Salaries	57,250	71,925	75,521	79,297	83,262
	Direct	37,250	46,988	49,337	51,804	54,394
	Indirect	15,423	20,167	19,725	20,941	21,957
	Total	109,923	139,080	144,583	152,042	159,613
Operating Costs						
	Direct	1,000	5,400	10,800	18,000	18,000
	Indirect	430	2,322	4,644	7,740	7,740
	Total	1,430	7,722	15,444	25,740	25,740
Non-Recurring Costs						
	Total	5,000	10,000			
Consultant Costs						
	Direct	2,500	20,000	20,000	20,000	20,000
	Indirect	1,075	8,600	8,600	8,600	8,600
	Total	3,575	28,600	28,600	28,600	28,600
Other Expenditures						
	Total		1,200	2,400	4,000	4,000
Totals:						
	Personnel	57,250	71,925	75,521	79,297	83,262
	Direct	40,750	72,388	80,137	89,804	92,394

	Indirect	16,928	31,089	32,969	37,281	38,297
	Non-Recurring	5,000	10,000	-	-	-
	Other	-	1,200	2,400	4,000	4,000
	Total	119,928	186,602	191,027	210,382	217,953

Tuolumne County Behavioral Health Department

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

MHSA Innovation Plan of "Family Ties: Youth and Family Wellness" 2022-2027

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

I. **The public review and comment period is open from August 18, 2022, through September 18, 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. **To review the MHSA Innovation Plan of "Family Ties: Youth and Family Wellness 2022-2027** or other MHSA documents via internet, follow the link:

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

III. Printed copies of the MHSA Innovation Plan of "Family Ties: Youth and Family Wellness 2022-2027" 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 Enrichment Center, 101 Hospital Road, Sonora

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

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

Tuolumne County Behavioral Health Department Mental Health Services Act (MHSA)
Innovation Plan of "Family Ties: Youth and Family Wellness 2022-2027"
30-Day Public Comment Form
Dates of Posting: August 18, 2022 – September 18, 2022

PERSONAL INFORMATION

Name:_____

Agency/Organization:_____

Phone Number:_____ E-mail Address:_____

Mailing Address:_____

YOUR ROLE IN THE MENTAL HEALTH SYSTEM

_____ Client/Consumer	_____ Service Provider
_____ Family Member	_____ Law Enforcement/Criminal Justice
_____ Education	_____ Probation
_____ Social Services	_____ Other (specify)_____

COMMENTS:

All Comments Must Be Received by: September 18, 2022

All Electronic Comments and Inquiries Regarding the MHSA Innovation Plan of "Family Ties: Youth and Family Wellness 2022-2027" 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 September 18, 2022