

# TUOLUMNE COUNTY PARTNERSHIP DEVELOPMENT



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# OVERVIEW

- Accessing Wellness and Resiliency in Education (AWARE)
- Tuolumne County Superintendent of Schools (TCSOS) serves as lead
- Informal Partnership – desired outcome will be formalized partnerships
- County makeup
  - Extremely large geographically
  - Less than 6,000 students in public schools countywide
  - 12 distinct LEAs – almost all are single school districts
  - Rural/frontier and remote
  - Mental Health deserts
  - Stigma associated with accessing services
  - Concerning CHKS data – certain indicators remain extremely higher than the state
  - Community Health Needs Assessment – Will be released but most concerning areas are
    - Mental Health, Housing Security and Fiscal Health Security





## HOW WE STRENGTHENED PARTNERSHIPS

- Used the small county to our advantage by reaching out to our partners on a regular basis. Built on already established relationships to bring all players to the table.
  - Board of Supervisors presentation: [https://www.uniondemocrat.com/news/article\\_5b248ba6-9b33-11ec-808c-737859f77370.html](https://www.uniondemocrat.com/news/article_5b248ba6-9b33-11ec-808c-737859f77370.html)
  - *“We don’t look at this as an opportunity to talk about all the troubles, but more of the focus is opportunities for improvement and how we can assist in that improvement model.”*
- We are active participants on other agency teams and coalitions.
  - Yes Partnership, CSOS/ILT meetings, SARB, First 5, SELPA, Tobacco Control Planning Commission/TUPE, Blue Zones Advisory Board, Columbia Community College Endowment Board, Behavioral Health Advisory Board, Board of Supervisors meetings, Red Feather Coalition, Community Health Needs Assessment Advisory Board, EPIC, Ed Law, IPC/IRC team meetings and staffing of students.



## BALANCING ASPECTS OF THE MHSSA PARTNERSHIPS

- Implementation team was helpful in getting it off the ground and building the program.
  - Members from Probation, Behavioral Health, LEA staff, school psychologist/mental health providers, tribal partners, private mental health providers
  - Broke up into work groups to focus more specifically on tasks.
- Common goal: Planning a youth summit together as a community has united the community partners under the same umbrella.
  - Youth voices are missing from the conversation during implementation of many initiatives
  - Disenfranchised youth are feeling unwelcome



## CHALLENGES AND LESSONS

- We have all the same players at all of the community agency meetings, so making meetings meaningful and non-repetitive has been a challenge.
- Determining the role of the Leadership Team vs. Implementation Team
- Engaging already stressed staff from mental health agencies.
- Getting the demographic data required for the grant while maintaining confidentiality.
- Engaging parents and youth in the process.
- Redefining the roles
  - Balancing between jellyfish and brick wall
  - Goal is to be a spine – flexible yet provides support



## SHARED VISION FOR IMPLEMENTATION

- When implementing the program, it was essential to determine and communicate what level of service we are providing. As part of the referral process, we had to clearly define procedures and steps that are needed to take place prior to referral.
  - Priority for emergency situations
- We have had to review with LEA staff the MTSS model and what what supports look like at each tier.
  - Girls Circle, Boys Council, Development of School based SEL
  - Outreach at high schools
- Making sure that the administration staff is communicating what our services entail with teachers and other staff.



## FUTURE WORK

- Continue to develop common tools & language
  - ROI
  - MOU
  - What is a mental health provider in a school?
  - Formalize AWARE
- Develop a better understanding of continuum of mental health
  - Services, health, and access points (Mental Health Navigator)
- Training school staff and finding qualified staff for the program (expansion and sustainability)

