

The logo for Tehama County Health Services Agency (TCHSA) is contained within a circular frame. It features a green tree on the left and a blue winding river on the right. The text 'TCHSA' is prominently displayed in large, bold, black letters at the top of the logo.

**TCHSA**

Tehama County  
Health Services  
Agency

## **Behavioral Health**

### **QI Workplan Goals FY 20-21**

# QI Program: Committee

---

*FY 20-21 Goal: Once staffing issues are resolved, engage direct-care staff in QIC.*

---

Staff shortages continue to impact the QI program and the ability to have full QIC membership. Direct-care staff have not had time allotted to participate in QIC due to the need to provide direct-care services to clients, as many of our direct-care positions have been vacant. QIC members are also often representing multiple service teams and programs and fulfill multiple roles. For example, the Licensed Clinical Nursing Supervisor was present as both a supervisor and as a medication support staff member. The Mental Health Board Member was also a consumer and so represented both roles. We are hoping to improve QIC membership once staffing issues are addressed.



# QI Program: Workplan and Evaluation

---

*FY20-21 Goal: Complete a new QI Workplan for the subsequent fiscal year  
by September 1, 2020.*

---

A QI Workplan evaluation, and QI Workplan evaluation was not completed in our goal timelines of June 30, 2019 and July 1, 2019 due to staff vacancies and not having a consistent Quality Assurance Manager to monitor and update this and develop an updated workplan. We continued to work off of the FY18-19 Workplan.



# Monitoring Service Delivery Capacity: Network Adequacy

---

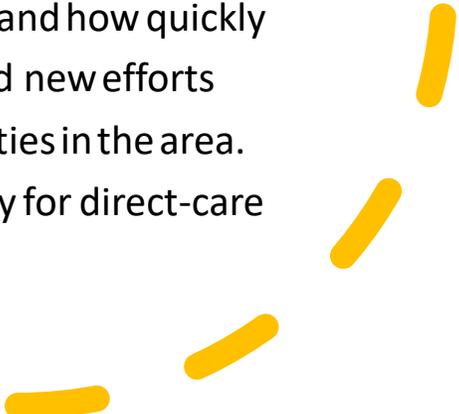
*FY 20-21 Goal: Increase the number of filled positions.*

---

## **Network Adequacy**

During this fiscal year, the California Department of Health Care Services (DHCS), continued the use of a Network Adequacy Certification Tool (NACT). This included mapping time and distance standards, listing all direct-care providers, and reporting on the number of services provided. The MHP has been on a plan of correction to increase staffing and has increased contracts with contracted providers and developed contracts with staffing agencies as a means to further work to improve network adequacy.

Staffing has been an issue for the MHP for some time, especially with certain positions. TCHSA has had a continuous recruitment for psychiatrists through fiscal year 19-20 and years prior. This severely impacts how frequently and how quickly clients can be seen by providers. Recruitment efforts continue, and new efforts were made this past fiscal year to recruit directly from the universities in the area. TCHSA hopes to increase the number of filled positions, especially for direct-care positions.



## Monitoring Service Delivery Capacity

### Overview

Staff shortages continue to impact service delivery. Over this past fiscal year (19-20), the MHP has seen 4 licensed clinical supervisors, a Quality Assurance Manager, a Business Operations Supervisor and multiple clinicians leave. During this time, there were multiple new hires who also left employment.

The MHP has ongoing recruitment occurring year-round for all levels of staff. The MHP continued a specialized recruitment for new graduates of master's programs in therapy and social work. The MHP obtained approval to offer employment pending a graduate getting their BBS registration number in order to increase the applicant pool and improve hiring timelines. At the time of this report, the MHP has 19 clinician positions, 13 of which are vacant, and 14 Case Resource Specialist positions 6 of which are vacant. We did begin using staffing companies to bring on additional clinicians and currently have 1 working for us but have brought on 2 others in the last year.

# Monitoring Service Delivery Capacity: Penetration Rates for the Latino/Hispanic Community

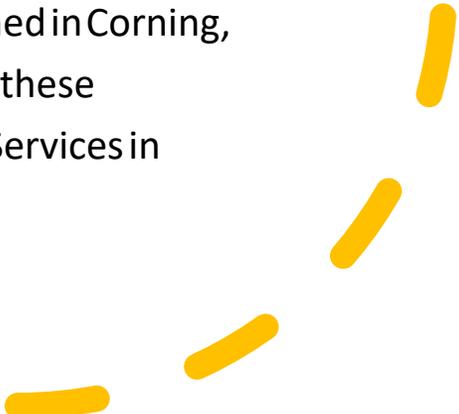
---

*FY20-21 Goals: Increase the number of filled positions in order to meet network certification standards for provider capacity.*

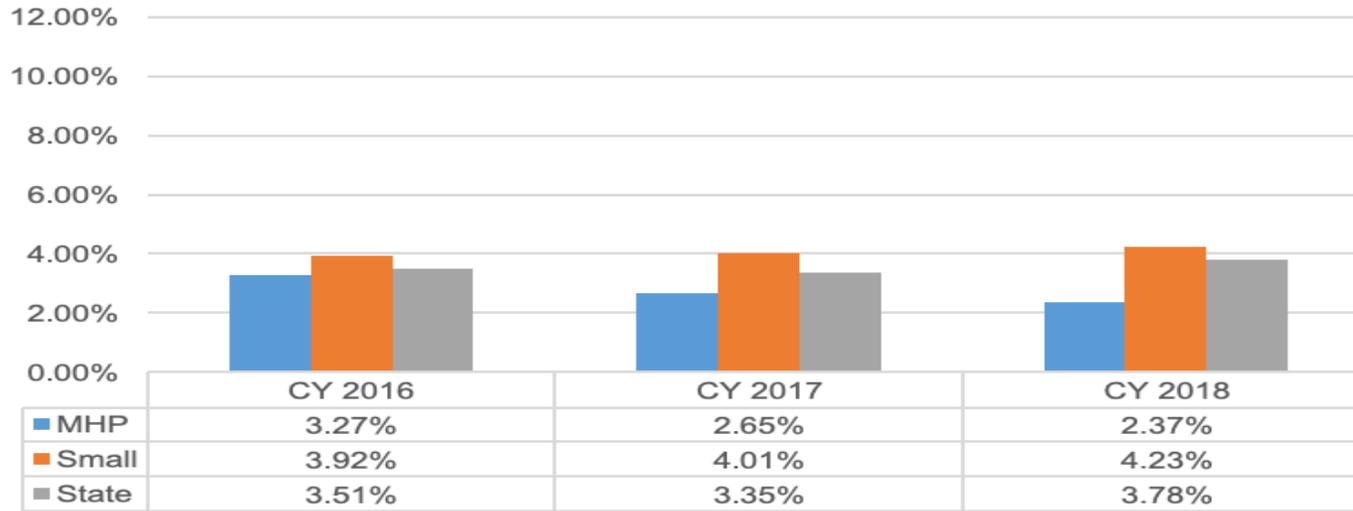
## **Penetration Rates for the Latino/Hispanic Population**

The MHP continues to have a lower penetration rate for the county's threshold population (Latino/Hispanic) compared to other small counties. Penetration rates for the Latino/Hispanic population is provided annually by the EQRO. The most recent data is from calendar year (CY) 2016-2018(see figure 2B below).

In order to improve penetration rates for the Latino/Hispanic population, TCHSA planned to continue and expand Latino outreach by providing services in Corning, which has a large Latino population. Two clinicians and a health educator are budgeted for these services. However, over fiscal year 19-20, one of these clinician positions remained vacant. TCHSA, therefore, did not provide as many hours of services as planned in Corning, although outreach efforts continued. Recruiting attempts for these positions, which are reserved for bilingual staff, are ongoing. Services in Corning continue at a lower level, due to staff vacancies.



**Figure 2A. Latino/Hispanic Penetration Rates  
Tehama MHP**



**Figure 2B. Latino/Hispanic ACB  
Tehama MHP**



\*Figure 2A. and 2B. from EQRO Report

# Monitoring Service Delivery Capacity: Geographic Expansion

---

*FY 20-21 Goal: Re-invigorate services in Corning by increasing hours of services provided after staffing issues are addressed. We hope this will improve penetration rates in following years.*

*FY20-21 Goal: Re-invigorate services in Corning by increasing hours of services provided after staffing issues are addressed. Continue to provide outreach to other areas in Tehama County.*

---

## **Geographic Expansion**

Over this fiscal year, we focused on retaining our Corning-based services with fewer staff members. We also provided Nurturing Parenting classes in Los Molinos, Corning, and Rancho Tehama. . During our MHS community planning process, we conducted stakeholder feedback sessions in Red Bluff, Corning, and Los Molinos. In May due to the Corona Virus we looked at ways to engage people in activities that were done online or through practicing social distancing. We provided many virtual activities for people throughout our county and mailed or dropped off activity packages to promote wellness activities. We also had a drive through program where people could pick up these packages at the Red Bluff Grocery Outlet.

---



Monitoring the  
accessibility of  
services: Timeliness  
and access to  
services

*FY 20-21 Goals: Increase Walk-in slots when staffing ratios allow.*

---

### Timeliness and access to services

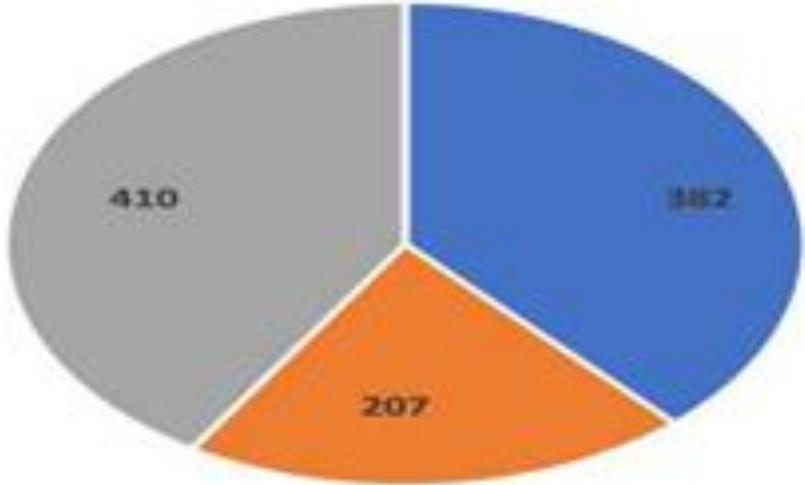
This past fiscal year, we continued to provide walk-in appointment slots once daily, either in the morning or in the afternoon. While we recorded data regarding usage on these appointments, due to staffing shortages we were unable to add additional walk-in slots.

We also measure length of time, in days, to available scheduled appointments weekly. This is done by front-desk staff finding the next available assessment slot (3-hour block of time) with any clinician.

We also utilized crisis slot appointments for psychiatrist evaluations for people with urgent conditions and those exiting from inpatient hospitals. There were crisis slot appointments utilized in FY 19-20



FY2019-2020



■ Total Slots Available   ■ # PRESENT am   ■ # PRESENT PM

*Monitoring the Accessibility of Services*

# Monitoring the accessibility of services: Tracking of Authorization Timeliness

*FY20-21 Goals: Track and report on timeliness regarding authorization procedures regularly. Improve timeliness of authorization to meet 10-day standard.*

## Tracking of Authorization Timeliness

All assessments and service plans, both initial and updates, are reviewed by a licensed clinical supervisor OR a Clinician III, which is a licensed clinician working in a QA capacity. We call this process Triage and Review and Authorization, or Triage for short. Triage occurs daily with the expectation that all documents are reviewed within 10 calendar days from the date the document was received. For our outside service providers, this timeline is 5 business days. We did not report on authorization timeliness in QIC during this fiscal year but were able to pull the timeliness retroactively. We averaged 16 days from the date the assessment was completed to the date services were authorized



# Monitoring beneficiary satisfaction: Change of Provider Requests

*FY 20-21 Goal: Continue to track and report change of provider requests quarterly*

## **Change of Provider Requests**

We continue to track Change of Provider requests and provide this data to DHCS annually via the Annual Beneficiary Grievance and Appeal Report (ABGAR). This report was reviewed in QIC in July, October, January, and June.





# Monitoring Beneficiary Satisfaction: No Shows

*FY 20-21 Goal: Continue to track and report no show rates quarterly.*

## **No Shows**

We continue to track the percentages of no-shows. This report was reviewed in QIC in July, October, January, and June. Our standard for no-shows continues to be 10%.





# Monitoring Beneficiary Satisfactions: Grievances and Appeals

*FY 20-21 Goals: Report on grievances and appeals in QIC regularly.*

## **Grievances and Appeals**

The Annual Beneficiary Grievance and Appeal Report (ABGAR) for FY 19-20 was reviewed in QIC in October.



# Monitoring Beneficiary Satisfaction: Consumer Satisfaction Surveys

---

*FY20-21 Goals: Complete biannual consumer satisfaction surveys and present results and comments. Begin trend analysis as more data comes in. Post results in public waiting areas. Attempt to track the number of consumers who decline to complete the survey, as well as the numbers of clients seen during the time the survey was being conducted, in order to compare to number of surveys received. Develop a process and tool for gathering consumer feedback in addition to the biannual consumer satisfaction surveys provided by DHCS.*

---

## **Consumer Satisfaction Surveys**

Biannual consumer satisfaction surveys were completed in November 2019, per direction from the California Department of Health Care Services (DHCS). Due to staffing shortages and our business operations supervisor retiring the July administration of surveys was missed.



Monitoring  
the service  
delivery  
system  
regarding  
clinical issues:  
Chart Reviews

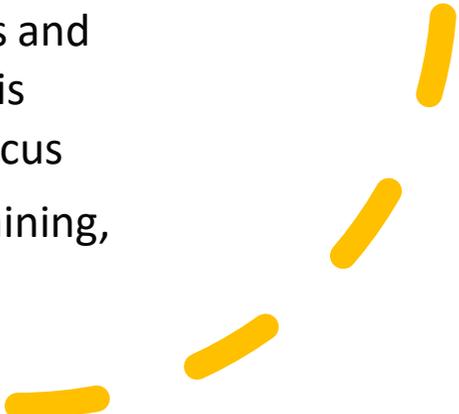
---

*FY20-21 Goals: Develop a UR process with QA clinicians. Revamp the Peer Review process, including tracking and data reporting, in order to provide appropriate feedback and training to clinicians. Initiate a CRS Peer Review.*

---

## Chart Reviews:

Monthly chart reviews continued for our contract providers. Pulling a sample of charts that had received a service during the previous month and results were reviewed with the contract provider. Additionally, training was provided for contract provider on documentation standards to further provide support. Internally, we continued to review all assessments and treatment plans. From information gathered in this process we provide weekly team meetings that focus on a variety of topics including documentation training, self care, and improving clinical skills.



Monitoring  
the service  
delivery  
system  
regarding  
clinical issues:  
Medication  
Compliance/M  
edication  
Monitoring

FY 20-21 Goal: Re-implement the medication monitoring process.

## **Medication Compliance/Medication Monitoring**

We have been working to hire a contractor to provide this service for our agency. We struggled to find a psychiatrist or pharmacist who was interested in providing this oversight for our agency despite multiple attempts and reaching out through staffing agencies and reaching out to known providers.

Therefore we did not have a provider during FY19-20 to provide this service. Since then we have been in conversation and are currently in process of developing a contract with a psychiatrist who has agreed to take on this responsibility for the MHP.



Monitoring the service delivery system regarding clinical issues: Access/Crisis line test calls

FY 20-21 Goals: Conduct at least 3 test calls per quarter and at least 1 test call in a language other than English at least once per quarter. Improve test call results for logging compliance.

### **Access/Crisis line test calls**

Over this past fiscal year, test calls have not been completed as regularly as planned. With changes in staffing one quarter was missed for the completion of test calls. However in the most recent quarter 5 test calls were completed with 100% compliance.



Continuity of Care  
with Physical  
Healthcare and  
Other Agencies:  
Inpatient  
Hospitalization  
Follow-Up and Re-  
Hospitalization  
Rates

*FY 20-21 Goal: Continue tracking post-hospitalization follow-up appointments and re-hospitalization rates to ensure improved validity.*

---

## **Inpatient Hospitalization Follow-Up and Re-Hospitalization Rates**

We tracked multiple data points related to hospitalization, including 7-day follow-up appointments, 30- day re-hospitalization rates, and general number of clients hospitalized. This was reported on in QIC in in July, October, January and June.



# Continuity of Care with Physical Healthcare and Other Agencies: Continue Partner Agency Coordination

FY 20-21 Goal: Continue to partner with community agencies.

## Continue Partner Agency Coordination

We currently partner with many agencies in the area, as well as with other centers within the Health Services Agency. Current partners include Department of Social Services (DSS), Law Enforcement (including Red Bluff Police Department (RBPD), Tehama County Sheriff's Department (TCSD), Probation, Tehama County Jail, Tehama County Juvenile Detention Facility (JDF), Saint Elizabeth's Hospital, and Restpadd Psychiatric Health Facility (PHF). We have numerous contracts and/or memorandums of understanding (MOUs), some of which are outlined below.

- Coordinate with DSS to provide services for Pathways to Wellbeing (aka Katie A) youth, including providing assessments at DSS and coordinating CFT meetings
- Provide services at the Day Reporting Center, Jail, and JDF
- Coordinate crisis services with law enforcement and Saint Elizabeth's Hospital
- Involved in the Tehama County 10-Year Plan to End Homelessness as a driving agency of this multi-agency project

# Continuity of Care with Physical Healthcare and Other Agencies: Integration with TCHSA Clinic

*FY 20-21 Goal: Have initial assessments completed at the Rural Health Clinic.*

## **Integration with TCHSA Clinic**

Medication Support Services for Specialty Mental Health Services (SMHS) moved to TCHSA's Rural Health Clinic (RHC), in November 2018. We have plans for further integration planning to have all initial assessments, which will be combined mental health/substance use assessments completed at the RHC for ease of consumer access and to decrease stigma by providing one point of entry for multiple services. Additionally we implemented a team huddle process each day so that providers can collaborate and identify patients that may benefit from the specialties of different parts of the agency.



# Providers Appeals and Satisfaction: Provider Appeals

*FY 20-21 Goal: Report at least annually in QIC on number of provider appeals.*

## **Provider Appeals**

No provider appeals were reported during fiscal year 19-20 but there were appeals for denied authorization, for TARs. Provider appeals will be tracked and reviewed more regularly during fiscal year 20-21.



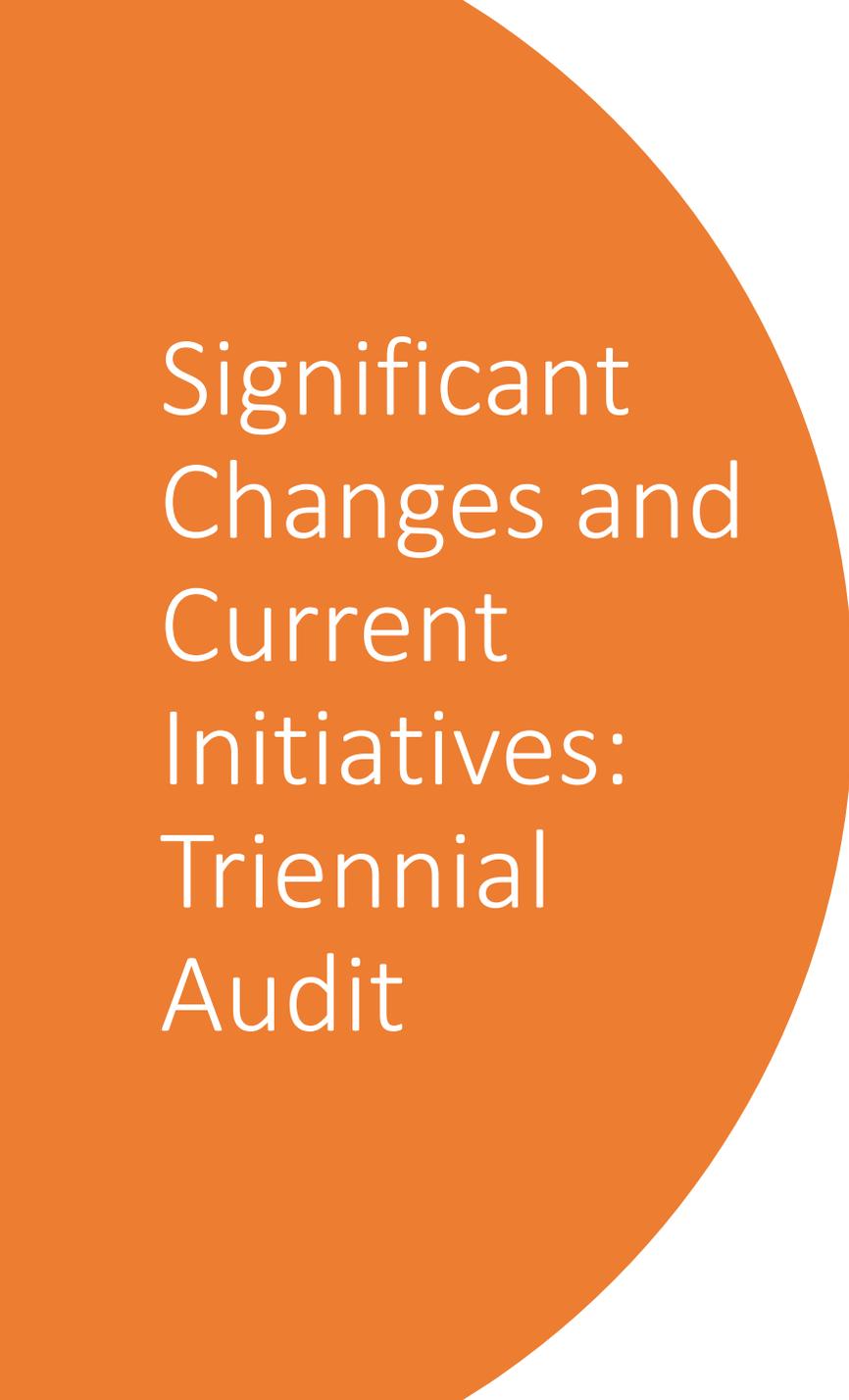
# Provider Appeals and Satisfaction: Treatment Authorization Requests (TARS)

*FY20-21 Goals: Report at least annually in QIC on timeliness of TARs. As requirements change from TARs to concurrent review, adapt the process to continue to monitor timeliness and results of concurrent reviews.*

## **Treatment Authorization Requests (TARs)**

36 TARs were received last fiscal year. 34 were processed within 14 days of receipt. One was completed 15 days from receipt and 1 was completed 28 days from receipt. In looking into what caused the delays, it was discovered that the 1 completed 28 days from receipt was not delivered timely to the staff member in charge of reviewing TARs this has since been corrected. The other was missed due to staff vacation, and arrangements have now been made to ensure coverage when staff is out. This data was not presented on in QIC.



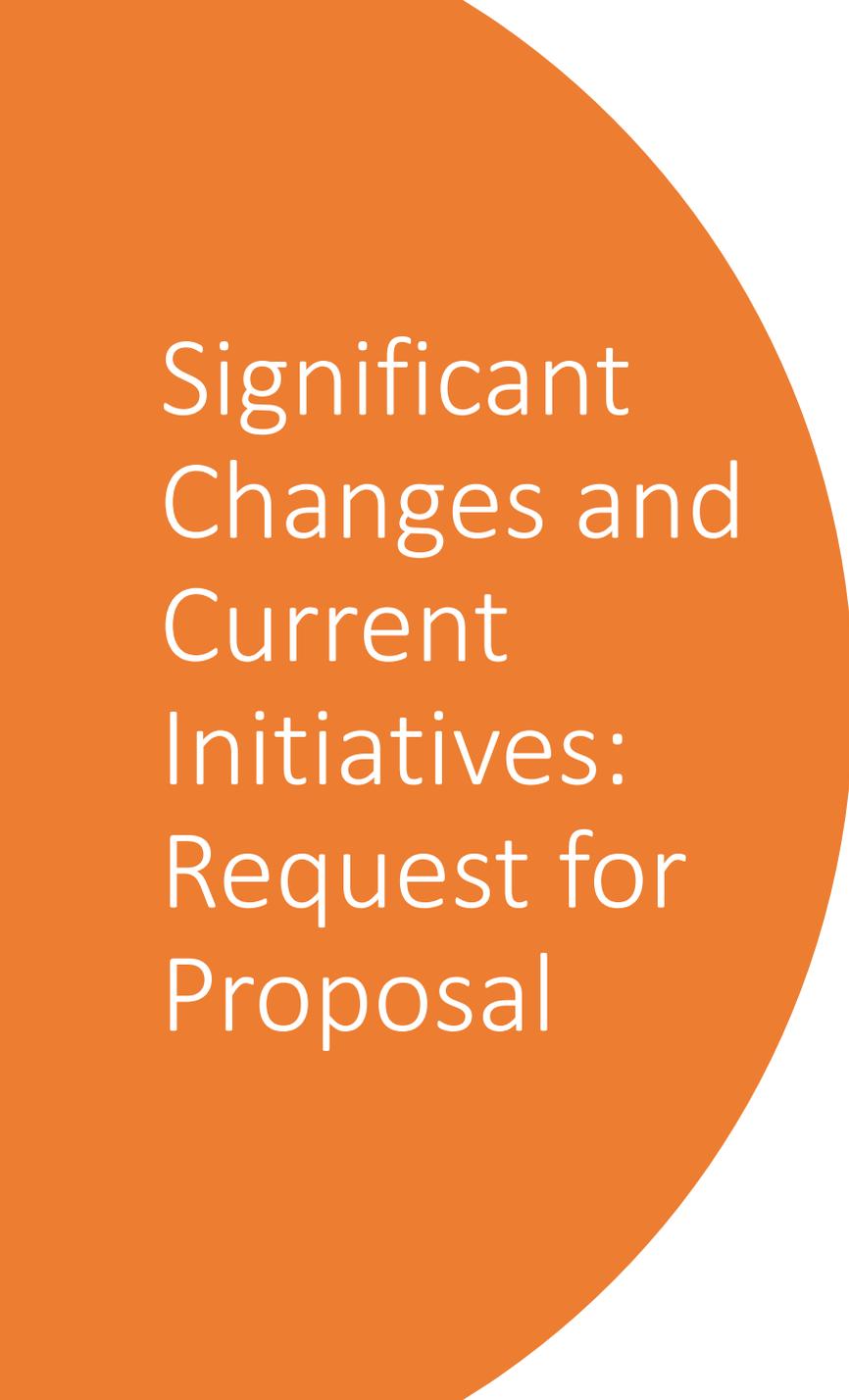


# Significant Changes and Current Initiatives: Triennial Audit

## Triennial Audit

We were able to successfully complete the plan of correction for our 2017 Triennial Audit. We are beginning to prepare our next triennial audit that has not yet been scheduled.





# Significant Changes and Current Initiatives: Request for Proposal

FY 20-21 Goal: Complete Request for Proposal for Continuum of Care Reform and MHSA Full Service Partnership Services for children's services

## Request for Proposal

We are currently preparing to put out an RFP to include Continuum of Care Reform requirements for children's services as well as MHSA Full Service Partnership services. This will be a way for us to further expand our network and ensure that children in Tehama County are able to access the services that have been determine medically necessary within 10 business days.



Significant  
Changes and  
Current  
Initiatives:  
Electronic  
Health Record  
(EHR),  
MyAvatar

*FY 20-21 Goal: Fully implement MyAvatar*

**Electronic Health Record (EHR), MyAvatar**

We continue to work to implement MyAvatar, the EHR that we have purchased. This includes continued contact with our vendor, Netsmart, and workgroup meetings with TCHSA staff. Our current “go live” date is scheduled for 12/7/20.



# Significant Changes and Current Initiatives: Outcome Measures

*FY20-21 Goals: Implement FIT 90 days after EHR implementation. Continue the use of the CANS-50, PSC-35, and PQ-16.*

## **Outcome Measures**

We have elected to use Feedback Informed Treatment (FIT) and plan to implement this 90 days after our EHR has been fully implemented. We also plan on including program or treatment-specific outcome measures in our EHR as much as possible. We have implemented the use of the Children and Adolescent Needs and Strengths tool (CANS-50), the Pediatric Symptom Checklist (PSC-35), and the Prodromal Questionnaire PQ-16.



# Significant Changes and Current Initiatives: Cognitive Processing Therapy

FY 20-21 Goals: Conduct a third CPT training for newly hired staff. Conduct a refresher and advanced training for staff already trained in CPT. Implement a method of gathering and reporting PHQ-9 and PCL-5 data, including outcomes.

## **Cognitive Processing Therapy**

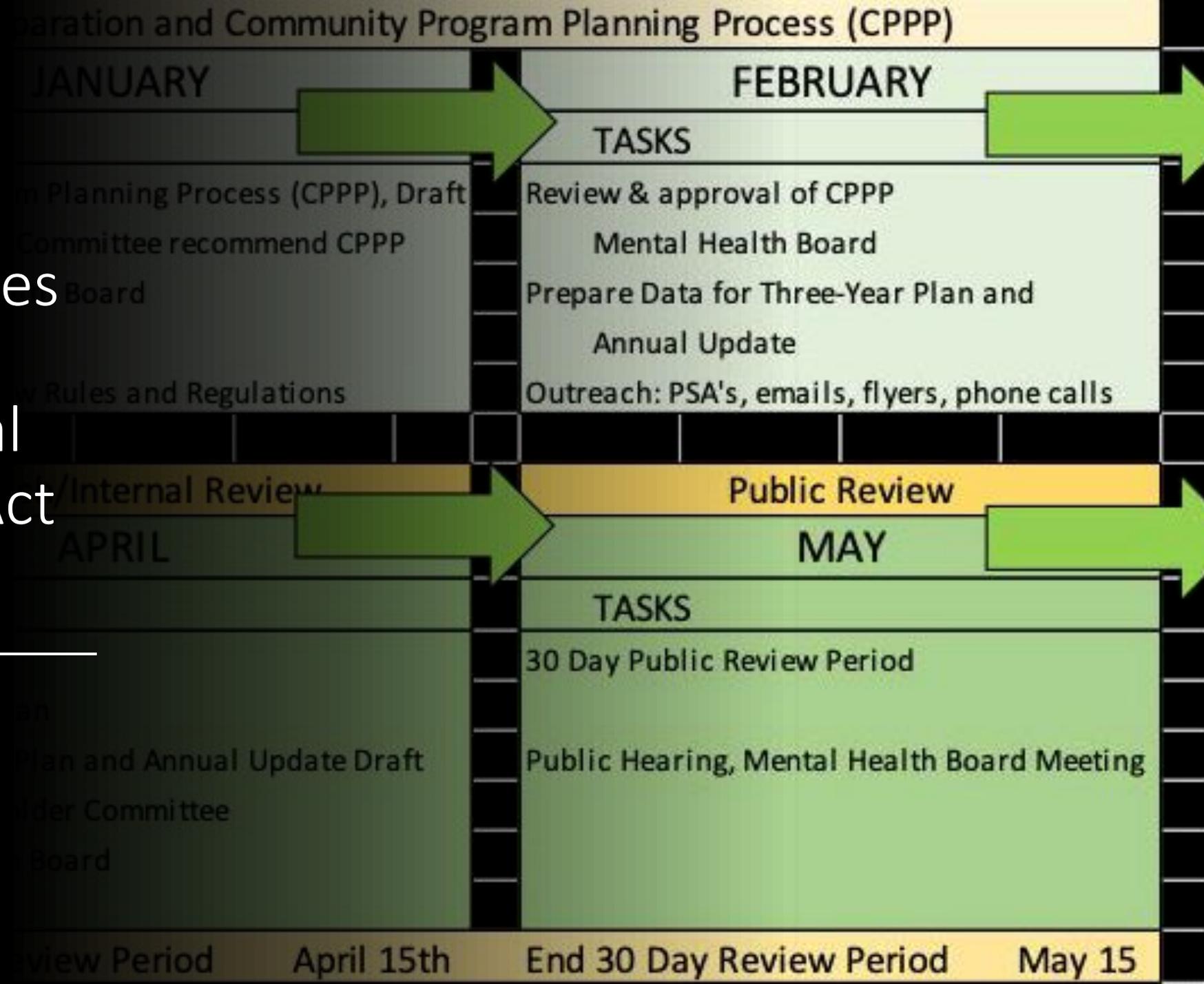
The American Psychological Association's website describes Cognitive Processing Therapy as "a specific type of cognitive behavioral therapy that has been effective in reducing symptoms of PTSD that have developed after experiencing a variety of traumatic events." "CPT is generally delivered over 12 sessions and helps patients learn how to challenge and modify unhelpful beliefs related to the trauma.

In so doing, the patient creates a new understanding and conceptualization of the traumatic event so that it reduces its ongoing negative effects on current life."<sup>1</sup>

In November 2017 all clinicians and licensed clinical supervisors attended a 3-day training on Cognitive Processing Therapy (CPT), a trauma-focused Cognitive Behavioral Therapy for adults. The training was conducted by Kate Chard, a co-creator of this treatment, and included interventions for both individual and group modalities. Since this training, we have had regular supervisory phone calls with Kate Chard to certify as many clinicians as possible. We conducted another training in February 2019 for all newly hired clinicians, as well as an advanced training for those already certified.

CPT includes the use of 2 outcome measures, the Patient Health Questionnaire (PHQ-9) and the PTSD Checklist for DSM-5 (PCL-5). While we are working to implement a method of collecting this data on a large scale, each clinician is tracking this data for each client receiving CPT. We've seen positive outcomes from CPT per clinician report and have received positive feedback from clinicians regarding the treatment itself.

# Significant Changes and Current Initiatives: Mental Health Services Act (MHSA)



# Significant Changes and Current Initiatives: MHSA Cont. – Community Program Planning Process

Preparation and Community Program Planning Process (CPPP)		Stakeholder Outreach	
JANUARY		FEBRUARY	
TASKS		TASKS	
Community Program Planning Process (CPPP), Draft MHSAs Stakeholder Committee recommend CPPP to Mental Health Board Identify Data Review MHSAs & New Rules and Regulations		Review & approval of CPPP Mental Health Board Prepare Data for Three-Year Plan and Annual Update Outreach: PSA's, emails, flyers, phone calls	
Outreach/Internal Review		Public Review	
APRIL		MAY	
TASKS		TASKS	
Synthesize Input Draft Three-Year Plan Review Three-Year Plan and Annual Update Draft MHSAs Stakeholder Committee Mental Health Board		30 Day Public Review Period Public Hearing, Mental Health Board Meeting	
Finalization		Finalization	
JUNE		JUNE	
TASKS		TASKS	
Adjust Draft Plan per Input from Public Hearing Board of Supervisors Approval Submit to CA Department of Health Services Submit to MHSOAC Post final Plan on County Website			
Begin 30 Day Review Period April 15th		End 30 Day Review Period May 15	

## Mental Health Services Act (MHSA)

TCHSA's MHSA Coordinator was brought on board the Behavioral Health Team in September 2019. By January 2020, the Community Program Planning Process (CPPP) was underway and on schedule to be completed with the Three-Year Program and Expenditure Plan, July 2020-June 2023; Annual Update, Fiscal Year (FY) 2020/2021; Prevention and Early Intervention (PEI), FY 2018/2019, and Annual Innovation (INN) Project Report, FY2018/2019 by June 2020 as evidenced by the approved timeline above:



# Significant Changes and Current Initiatives: MHSA Cont. – Community Program Planning Process

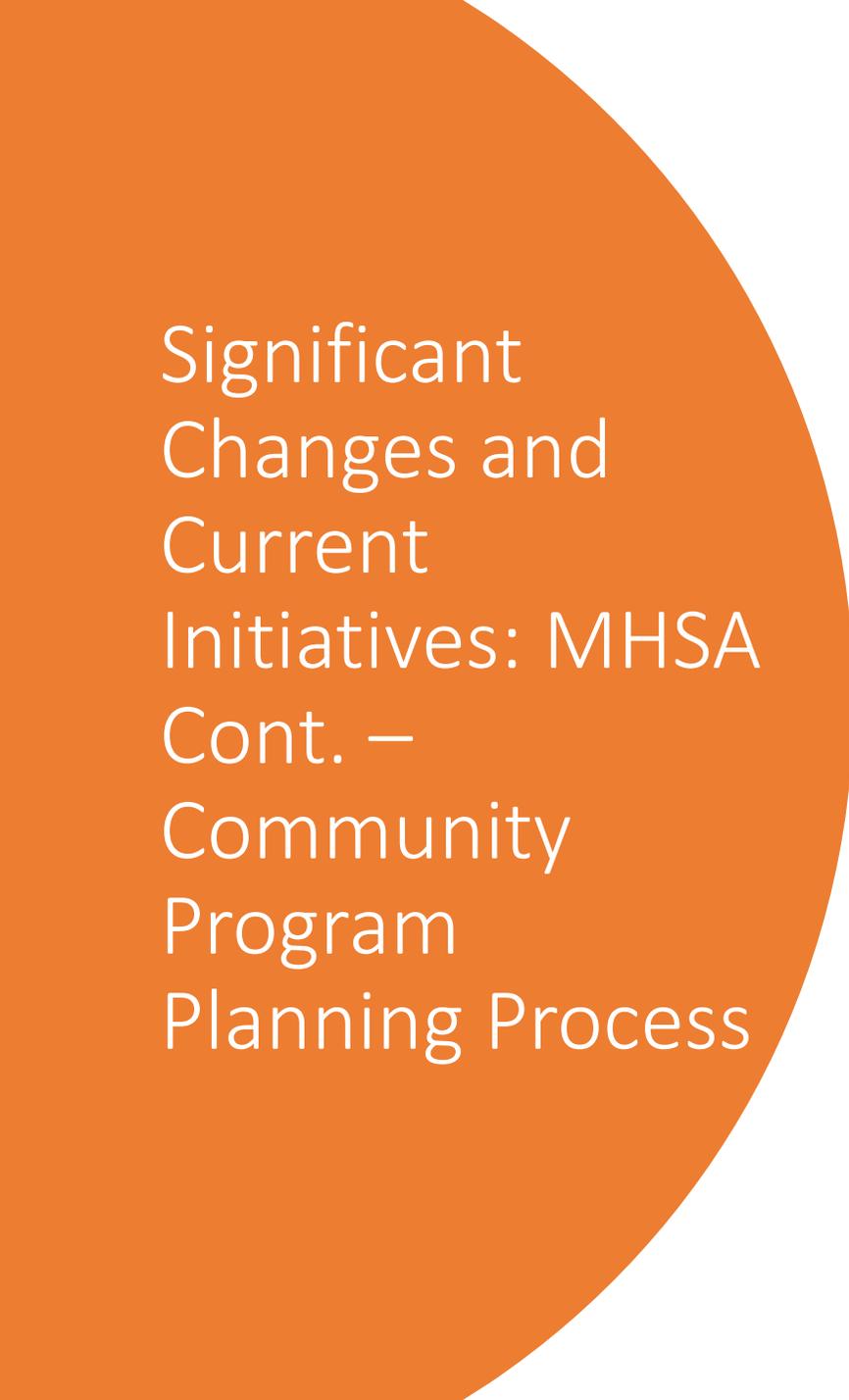
The Community Program Planning Process (CPPP) obtained input from stakeholders including; Tehama County Health Services Agency (TCHSA) providers, Tehama County MHSA Stakeholder Subcommittee, Tehama County Mental Health Board, Wellness Center Consumers, Peer Advocates, and Community Members. Comments received contained the need for continued and increased flexibility with respect to MHSA programs at the local (county) level, the statewide shortage of mental health professionals, and the continued need for Early Intervention programs, including the specific benefits realized by consumers through the County's PEI programs.



# Significant Changes and Current Initiatives: MHSA Cont. – Community Program Planning Process

Prior to the arrival of COVID-19, our CPPP Timeline for approval was outlined as follows:

Date	Activity	Time	Location
January 22nd, 2020	MHSA Stakeholder Committee Meeting and CPPP plan	11:00-11:45	Vista Way Recovery Center
January 22nd, 2020	Mental Health Board Meeting	12:00-1:30	Vista Way Recovery Center
February 5th, 2020	TCHSA BH Staff Meeting	10:00-12:00	Vista Way Recovery Center
February 20th, 2020	WE Team	8:30-10:00	Oak Room
February 26th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
February 26th, 2020	Mental Health Board Meeting and CPPP	12:00-1:30	Vista Way Recovery Center
March 2nd, 2020	Mental Health Board Meeting and CPPP	12:00-1:30	Vista Way Recovery Center
March 5th, 2020	Corning MHSA Stakeholder Meeting	5:30-6:30	Meuser Memorial Health Center
March 10th, 2020	Red Bluff MHSA Stakeholder Meeting	5:30-6:30	Red Bluff County Library
March 11th, 2020	TCHSA BH Staff Meeting	10:30-11:30	Vista Way Recovery Center
March 11th, 2020	Vista Way Consumer Stakeholder Meeting	11:30-12:15	Vista Way Recovery Center
March 11th, 2020	Red Bluff MHSA Stakeholder Meeting	4:30-5:30	YES Center
March 18th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
March 18th, 2020	Mental Health Board Meeting	12:00-1:30	Vista Way Recovery Center
April 15th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
April 15th, 2020	Mental Health Board Meeting	12:00-1:30	Vista Way Recovery Center
April 15th, 2020	Begin 30-Day Review		
May 15th, 2020	End 30-Day Review		
May 20th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
May 20th, 2020	Mental Health Board Meeting and MHSA Public Hearing	12:00-1:30	Vista Way Recovery Center
June 9th or 16th, 2020	Board of Supervisors	10:00-12:00	Board Chambers
June 17th, 2020	MHSA Stakeholder Committee Meeting	11:00-11:45	Vista Way Recovery Center
June 17th, 2020	Mental Health Board Meeting (Plan Final)	12:00-1:30	Vista Way Recovery Center

A large orange circle on the left side of the page, containing the title text.

# Significant Changes and Current Initiatives: MHSA Cont. – Community Program Planning Process

Multiple budgeting concerns and uncertainties, including proposed changes to the Mental Health Services Act (MHSA) structure and program functions by the California Governor and State Legislature, have led Tehama County Health Services Agency – Behavioral Health (TCHSA – BH) recommending to maintain our focus on employing programs and initiating current plans that have not yet been implemented, while not developing new programs. Our focus will be on the continuation and expansion of existing programs and services in accordance with the input obtained from the Community Program Planning Process (CPPP). Additionally, our current planning process has been directly impacted by the Covid-19 pandemic; posing a significant challenge with respect to the upcoming MHSA budget allocations due to the economic influence exerted across the United States by this medical emergency. Tehama County will continue to comply with all spending guidance distributed from the Governor and the California Department of Health Care Services (DHCS); striving to provide quality services to our clients in a respectful and compassionate manner throughout this crisis.

Fortunately, we were able to complete the public portions of the CPPP and began the process of approval through the MHSA Stakeholder Committee and the County Mental Health Board reviews as outlined below:

A decorative graphic consisting of several short, thick yellow dashes arranged in a curved, upward-sloping path in the bottom right corner of the page.

# Significant Changes and Current Initiatives: MHSA Cont. – Community Program Planning Process

May 20 <sup>th</sup> , 2020	Stakeholder Committee Meeting
	<ul style="list-style-type: none"> <li>• MHSA Update</li> </ul>
	Mental Health Board (MHB)
	<ul style="list-style-type: none"> <li>• MHSA Update</li> </ul>
June 17 <sup>th</sup> , 2020	Stakeholder Committee Meeting
	<ul style="list-style-type: none"> <li>• MHSA Update</li> </ul>
	Mental Health Board (MHB)
	<ul style="list-style-type: none"> <li>• MHSA Update</li> </ul>
July 2020	No Stakeholder Committee Meeting
	No Mental Health Board (MHB) Meeting
August 19 <sup>th</sup> , 2020	Stakeholder Committee Meeting
	<ul style="list-style-type: none"> <li>• MHSA Update</li> </ul>
August 19 <sup>th</sup> , 2020	Mental Health Board (MHB)
	<ul style="list-style-type: none"> <li>• MHSA Update</li> </ul>
TBD	Post the Mental Health Services Act (MHSA)
	<ul style="list-style-type: none"> <li>- Three-Year Program &amp; Expenditure Plan, July 2020-June 2023</li> <li>- Annual Update Fiscal Year 2020/2021</li> <li>- PEI Annual Evaluation Fiscal Year 2018/2019</li> <li>- Annual Innovation Project Report Fiscal Year 2018/2019</li> </ul>
	for 30-day Public Comment period
TBD	Mental Health Board (MHB) Public Hearing for the Mental Health Services Act (MHSA)
	<ul style="list-style-type: none"> <li>- Three-Year Program &amp; Expenditure Plan, July 2020-June 2023</li> <li>- Annual Update Fiscal Year 2020/2021</li> <li>- PEI Annual Evaluation Fiscal Year 2018/2019</li> <li>- Annual Innovation Project Report Fiscal Year 2018/2019</li> <li>• Public comment review and update to the Three-Year Plan</li> </ul>
	Recommendations to the Tehama County Board of Supervisors (BOS)
TBD	Tehama County Board of Supervisors (BOS) Meeting
	Present the Mental Health Services Act (MHSA)
	<ul style="list-style-type: none"> <li>- Three-Year Program &amp; Expenditure Plan, July 2020-June 2023</li> <li>- Annual Update Fiscal Year 2020/2021</li> <li>- PEI Annual Evaluation Fiscal Year 2018/2019</li> <li>- Annual Innovation Project Report Fiscal Year 2018/2019</li> </ul>
	to the Tehama County Board of Supervisors (BOS) for approval

# Significant Changes and Current Initiatives: MHSA Cont. – Community Program Planning Process

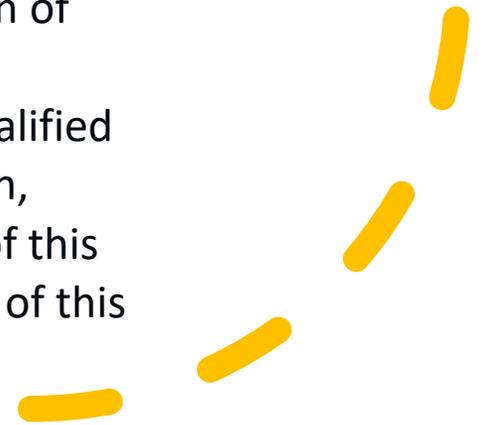
With the onset of COVID-19 and the transition to teleconference and web-based meetings, the Tehama County MHSA Stakeholder Committee and the Tehama County Mental Health Board have been unable to convene via an in-person format. This challenge has resulted in the lack of a quorum being present for the scheduled meetings, preventing the MHSA Three-Year Program & Expenditure Plan, July 2020-June 2023, Annual Update, Fiscal Year 2020/2021, PEI Annual Evaluation, Fiscal Year 2018/2019, and the Annual Innovation Project Report, Fiscal Year 2018/2019 from progressing through to completion with a quorum approval.

With the approval from the Tehama County Mental Health Board, and an application for extension submitted to DHCS, our Amended Timeline for the approval and submission is pictured here:

Document	Posted for 30 Day Public Review	Stakeholder Committee Meeting	MH Board Meeting	MH Board Public Hearing	Final Draft to BOS
Three-Year Program & Expenditure Plan, July 2020-June 2023, MHSA Annual Update, Fiscal Year 2020/2021 PEI Annual Evaluation, Fiscal Year 2018/2019 Annual Innovation Project Report, Fiscal Year 2018/2019	April of 2021	April of 2021	April of 2021	May of 2021	June of 2021
MHSA Annual Update, Fiscal Year 2021/2022	April of 2021	April of 2021	April of 2021	May of 2021	June of 2021

# Significant Changes and Current Initiatives: MHSA Cont. – Community Program Planning Process

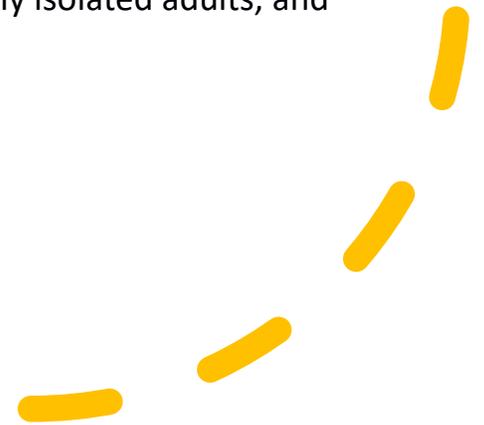
Additionally, TCHSA has been interested in TeenScreen as a tool to help identify youth at risk of suicide or who suffer from an untreated mental illness and, if identified as at risk, refers these youth to treatment. As a product, TeenScreen has shifted from Columbia University, where it was developed, to Stanford University's Department of Youth and Adolescent Psychiatry. As of 2018, Stanford was transitioning TeenScreen to a web-based platform. TCHSA-BH was designated as one of five participants in a nation-wide pilot of Stanford's new web-based version. While awaiting a reliable "go-live" date from Stanford, TCHSA experienced a significant shortage in available, trained staff to continue participating in this program. At this time, TCHSA has not received any further information or training concerning the continuation of this pilot program, resulting in the program being suspended. With the acquisition of additionally qualified providers and support from the parent organization, TCHSA would be interested in the re-instatement of this valuable tool to assist with the treatment and care of this vulnerable population.



# Significant Changes and Current Initiatives: MHSA Cont. – Help@Hand

TCHSA's technology Innovation program, Help@Hand, is a California statewide collaborative project to bring technology-based mental health solutions to the public. The goal of this program is to increase access to mental health services through the introduction of digital solutions into the traditional system of care. To this end, individual counties have been given the opportunity to perform pilot projects with an array of apps that have the potential to expand the capacity and capability of the county mental health systems in order to better serve the individuals within the respective counties.

With a population of approximately 65,000 spread over 2,950 square miles, and 70% of the community residing in unincorporated areas, many citizens are significantly geographically isolated within Tehama County. Additionally, with a county poverty level nearly twice that of the state and national average, combined with the stigma surrounding mental health services; TCHSA is determined to pioneer services to bridge the gap with those unserved and underserved within our community. Keeping this in mind, TCHSA is engaging in a pilot project to bring a digital self-help app to three demographics in an effort to better understand its feasibility and usefulness for those who are homeless or at risk of experiencing homelessness, geographically isolated adults, and current Behavioral Health consumers.



Significant  
Changes and  
Current  
Initiatives: MHSA  
Cont. –  
myStrength

FY 20-21 Goals: Begin implementation of the innovation plan.  
Review the Re-start the use of TeenScreen through Stanford University's pilot program.

**myStrength**

TCHSA is working with CalMHSA, University of California Irvine (UCI), Cambria Solutions, and our Peer network to bring myStrength (a digital self-help tool) to the above-mentioned demographics in a pilot program to ascertain its feasibility, accessibility, and effectiveness as a bridge between traditional systems of care and digital mental health solutions.



# Events: May Is Mental Health Month

FY 20-21 Goal: Provide continued outreach and stigma-reduction activities during the month of May.

## May is Mental Health Month

TCHSA has partnered with Tehama County Board of Supervisors to declare May Mental Health Month. This has been occurring for many years. During this month, we attempt to promote awareness, decrease stigma, and outreach to residents.



# 10-Year Plan to End Homelessness

FY 20-21 Goal: Continue in the stakeholder process and move forward with Olive Grove Permanent Housing Program.

## 10-Year Plan to End Homelessness

TCHSA is one of the lead agencies in the Tehama County Homeless Stakeholder Collaborative. There are 4 main goals of the 10-Year Plan:

- 1) One Stop Concept: a central location or locations that can offer a wide range of services that are needed by the homeless population in a welcoming environment;
- 2) Temporary Housing: short-term housing that can immediately be made available to homeless individuals, with support services that help them prepare to move into permanent housing;
- 3) Sustainable Housing: permanent and affordable housing that will help homeless individuals stabilize and build self-sufficiency; and 4) An Awareness Campaign: that raises public awareness of the need to address homelessness, and proven strategies to address it.

The community has had involvement and has not been able to identify an appropriate place for a one stop center that was agreed upon. However the group has successfully obtained donated property that will be used to build a homeless shelter and is a large enough property that it may be utilized to build some temporary housing on the site as well. During COVID PATH was able to set up an ongoing shelter at the Tehama County Fairgrounds and the Special Needs Housing Program (SNHP) and No Place Like Home, competitive and non-competitive funding has been used towards the Olive Grove Apartment Complex to build permanent housing in Corning.

# On Call Clinicians

FY 20-21 Goal: Increase the number of clinicians participating in the On-Call Clinician

## On-Call Clinicians

TCHSA has continued an on-call clinician program, based on a request from community partners that TCHSA have after-hour clinicians that can go to the hospital to do crisis assessments. The goal is to provide 24/7 coverage in order to improve and expedite the crisis assessment process, which currently occurs at the Community Crisis Response Unit (CCRU), a 23-hour Crisis Stabilization Unit (CSU). By doing crisis assessments at the local hospital, the program also alleviates the issue of getting medical clearance and having to transport clients between the CCRU and the hospital. It should also mean that clients who are determined to need inpatient services can be transferred directly from the hospital to a psychiatric health facility (PHF) rather than transferring to the CCRU and then to the PHF.

# Additional Guidance from DHCS

*FY20-21 Goal: Make necessary systemic changes to adopt new guidance from all INs produced by DHCS.*

## Additional Guidance from DHCS

DHCS continues to provide additional guidance via information notices (INs). During the last few months of fiscal year 19-20, there were numerous INs that require systemic changes in TCHSA processes and policies, as well as updates to forms and additional training for staff. Steps are being taken to address these changes.



# Performance Improvement Projects (PIPs)

*FY 20-21 Goals: Implement interventions further for the clinical PIP. Monitor data and implement new interventions for the non-clinical PIP.*

## **Performance Improvement Projects(PIPs)**

During fiscal year 19-20 we implemented a non-clinical PIP focusing on identifying the appropriate level of care for clients only receiving medication support services. We noticed that we had multiple grievances on clients abruptly ending services because they no longer met medical necessity. We then wanted to address this so that clients that no longer met criteria to receive specialty mental health services would be transitioned to their primary care providers with a warm hand-off. Through this process we further discovered that at times the prescriber did not agree with the assessment determinations of no longer meeting medical necessity, as a result we have developed a formal process to use a communication tool to get provider feedback to the clinicians that are completing the assessments. This next year we plan to implement have the prescriber complete the assessments for clients that are only receiving medication support services.

We also continued our clinical PIP focused on benzodiazepine reduction. We developed prescribing protocols and have provided education to our prescribers about some of the challenges that come with long term benzodiazepine use.