Tuolumne County Behavioral Health Advisory Board
(Minutes of the meeting of August 4, 2021)
FINAL

2021 MHAB Membership	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Jaron Brandon - BOS	C	✓	✓	✓	✓	✓	✓	E				
Anaiah Kirk – BOS Alt	A	E	E	E	E	E	E	E				
Cynthia Halman	N	✓	✓	✓	✓	✓	✓	✓				
Mary Anne Schmidt	C	✓	✓	✓	✓	✓	✓	✓				
Valerie Shuemake	E	E	✓	E	✓	✓	✓	E				
Chris Daly	L	✓	E	✓	✓	E	✓	✓				
Emily Valentine	L			✓	✓	✓	E	✓				
Jenn Salazar	E	✓	✓	✓	✓	✓	✓	✓				
Jennifer Pastorini	D			✓	✓	✓	✓	✓				
Elizabeth Marum					✓	A	E	✓				
Maureen Woods					✓	✓	✓	✓				
Penny Ablin				✓	✓	E	✓	✓				
Rebekah Crotty					E	E	E	E				
Sherry Bradley			✓	✓	✓	E	✓	✓				
Susie DeMassey					✓	✓	✓	✓				

Present = ✓ Absent = A Excused = E **14 MHAB Members, 1 BOS Alternate**

Tuolumne County Staff in Attendance
Michael Wilson, Director – BH
Tami Mariscal, Deputy Director - BH
Rebecca Espino, Director - HHSA
Lindsey Lujan, Agency Manager – BH
Amanda Lawrance, Staff Services Analyst - BH
Pandora Armbruster, Administrative Assistant - BH
Others in Attendance
Several other community members were in attendance who declined to introduce themselves

I. CALL TO ORDER

Advisory Board Chair, Cynthia Halman, called the meeting to order at 4:04 pm. Eleven of the fourteen members were present and accounted for through roll call to complete a quorum for the Board. Present at that time were Cynthia Halman, Mary Anne Schmidt, Chris Daly, Emily Valentine, Jenn Salazar, Jennifer Pastorini, Elizabeth Marum, Maureen Woods, Penny Ablin, Sherry Bradley, and Susie DeMassey. Both Jaron Brandon and Valerie Shuemake were not in attendance. It was noted that Rebekah Crotty's resignation is pending acceptance through the Board of Supervisors so she will no longer attend these meetings.

II. INTRODUCTIONS

Introductions were made by Tuolumne County staff: Rebecca Espino – Health & Human Services Agency Director, Michael Wilson- Behavioral Health Director, Tami Mariscal - Behavioral Health Deputy Director, Lindsey Lujan - Quality Improvement Agency Manager, Amanda Lawrance - Quality Improvement Staff Analyst and Pandora Armbruster – Quality Improvement Administrative Assistant. Other attendees introduced: Heather Farris – Community Member & New Applicant for Advisory Board Membership,

III. AGENDA REVIEW

After reviewing and discussing published agenda items, the board decided that no changes were deemed necessary.

IV. CORRESPONDENCE

None to report.

V. APPROVAL OF MINUTES: July 7, 2021 Meeting Minutes

After discussion by board members, several typos were identified in the July 7, 2021, Meeting Minutes under review.

Mary Anne Schmidt, Advisory Board Vice Chairperson, clarified that after consulting county counsel, Cynthia's statement to board members regarding communications outside of Advisory Board meetings last month was incorrect. Individual board members are not restricted in communicating with community members to gain information or knowledge to be shared during meetings or through Ad-Hoc Committees. It was noted that this correction will not be reflected in the July Minutes, but will be captured in minutes for this month.

Cynthia stated that her reminder to board members in the previous meeting minutes may have been misunderstood. Her statement was in direct reference to Board members speaking to each other about Advisory Board business outside of scheduled meetings.

Cynthia also noted that the ASIST trainer noted in last month's meeting minutes was incorrect. Kim Garro will be the assigned trainer at the upcoming ASIST event, not Bob White as was previously stated.

After her review of last month's minutes, Elizabeth Marum wished to thank Behavioral Health staff for their participation in outreach efforts to provide fire extinguishers to the homeless located in Camp Hope.

A motion was made by Mary Anne Schmidt to approve the minutes with the noted corrections/typos. Sherry Bradley seconded the motion. The motion passed. (Ayes: 9 – Cynthia Halman, Mary Anne Schmidt, Chris Daly, Jenn Salazar, Jennifer Pastorini, Maureen Woods, Penny Ablin, Sherry Bradley, and Susie DeMassey. Nays: 0 Abstentions: 2 – Emily Valentine and M. Elizabeth Marum. Members Absent: 3 – Jaron Brandon, Valerie Shuemake, and Rebekah Crotty)

VI. SUPERVISOR'S REPORT: Board of Supervisors Representative – Jaron Brandon

The Supervisor's Report was postponed until next meeting as Supervisor Brandon was not available.

VII. DIRECTOR'S REPORT – Michael Wilson, LMFT - BH Director

Director Wilson reported that September is Suicide Awareness and Prevention Month. In recognition of that, Behavioral Health staff will be delivering a presentation before the Board of Supervisors at the first week of beginning of next month.

The next Community Forum for Behavioral Health is scheduled for Thursday, August 12th from 5:30 to 7:00 pm. The focus of this forum will be on Tribal Clinics and Children's Services.

Michael has requested input from the Advisory Board on potential topics for the next Community Mental Health Forum and suggests that this be listed as an item on a future agenda.

Michael informed board members of a couple of pending grants related to Substance Abuse Prevention & Treatment Block Grant (SABG) and Community Mental Health Services Block Grant (MHBG). These grants are received each year. This year there is a supplemental amount available due to the American Relief Act. This amount is approximately $640,000. Behavioral Health is currently working with Bob White, YES Partnership Director, to develop plans to spend a portion of this money on increasing the Friday Night Lights program, as well as discussing other ways to utilize these funds within the community. There is another $500,000 Crisis Care Mobile Unit Program Grant available which we may apply for. This grant is to fund mobile crisis care services to those 25 years old or younger. Lastly, there is an additional $500,000 Quality Improvement Program Grant meant to assist us to prepare for the implementation of California Advancing & Innovating Medi-Cal (CalAIMS). Because of the short turnaround deadlines of these available grants, Michael will share more information with the Advisory Board via email this evening.

Mary Anne Schmidt inquired whether the Advisory Board review these grants in an Ad-Hoc Committee and submit their feedback and ideas to Behavioral Health. Michael advised that these grants are open for a very limited time, so feedback needs to be received as soon as possible to be considered.

Elizabeth Marum asked for clarification whether the upcoming Community Mental Health Forum would be available via Zoom. Michael shared that this forum will only be available through the Zoom meeting platform. Pandora relayed that a second invite link to the forum would be emailed to the Advisory Board.

VIII. BOARD MEMBER COMMENTS/ANNOUNCEMENTS: Members of the Advisory Board may share announcements and/or comment on matters not on the agenda. Advisory Board Members' comments/announcements will be limited to five minutes.

- Mary Anne Schmidt requested follow-up information on Rebekah Crotty's resignation. Pandora informed Mary Anne that this item will be on the Board of Supervisors agenda August 17th. Heather Farris application will also be reviewed at that time.
- Mary Anne Schmidt requested permission to contact board members that may be interested in serving as mentors for new members. Clarification was provided as this is permissible as a part of her role in the Orientation & Mentoring Ad-Hoc Committee.
- Cynthia Halman shared information from her recent attendance at the 2020 Suicide in California Data Trends: Impact from Covid Pandemic webinar. She summarized

that overall findings show that suicide rates decreased in all groups, except for those aged 10-18 years old, which increased by 20%. Some of the possible reasons provided: isolation, online learning, and limited peer interaction. Some findings specific to race were Asian-Pacific Islander suicides could be related to hate crimes and violence towards Asians during the pandemic. Other racial subgroup suicide trends focused on 10-24 years old blacks, which may have been due to loss of a parent to Covid and police violence which affects this demographic disproportionately. Overall, the use of firearms increased during this time. Self-harm visits to the hospital fluctuated, but then also increased over the course of the year reviewed. Violence, especially against women also increased. These were all shared as preliminary findings.

VIII. PUBLIC COMMENT (5 MINUTES PER PERSON): Members of the public may be heard on any item not on the Board's Agenda. A person addressing the Board will be limited to five minutes. Comments by members of the public on any item on the agenda will only be allowed during consideration of the item by the Board.

Cynthia Halman invited members of the public to comment on any items not already on the agenda. No public attendees wished to comment.

IX. BUSINESS

New Business:

1. External Quality Review Organization (EQRO) Report – Lindsey Lujan, Quality Improvement Agency Manager

   Lindsey Lujan shared a brief PowerPoint presentation describing the External Quality Review Organization, who they are, what they do, and our obligation to participate annually in this review of our contractual obligations to Department of Healthcare Services (DHCS). A copy of this PowerPoint will be included within these minutes.

   Highlights of the PowerPoint included:

   - Preparations for this review.
   - Snapshot of what the day of the review looks like.
   - Various reports provided by Quality Improvement for the review: Timeliness Standards, Capacity-No Show Rates, Outcome Reports, Urgent Services, and Penetration Rate Reports specific to our Severely Mentally Ill (SMI) Medi-Cal population.
   - TCBH Operations – Quality Assurance Performance Improvement Plan, Cultural Competency Plan, Clinical Performance Improvement Projects, Non-Clinical Performance Improvement Projects, Meeting Minutes from 10 different meetings, Organizational Charts, and Staff Trainings
   - Significant Improvements – detailed improvements, associated reports, and writeups completed over the course of the previous year
   - Behavioral Health's responses to recommendations identified in the previous year's review.

   Following the presentation, a brief Q & A provided clarity to the information shared with the group.

2. Update on Behavioral Health staff shortages – Michael Wilson, Behavioral Health Director

Michael informed the group that Behavioral Health and the Health & Human Services Agency have been involved in reorganization strategies that bump up against labor organizations, current Memorandums of Understanding (MOUs) in place for staff, as well as increased wages to improve recruitment strategies.

There is a recently created Change Agent Meeting now in place to meet specific requests from staff. This meeting is allowing staff to directly address morale and provide feedback on retention strategies.

Behavioral Health is working on more attractive flyers to assist with recruitment. There have been two new clinicians and a pending Program Supervisor who have recently applied for employment and are undergoing the interview process. We still have work to do, but we are moving forward in addressing these concerns.

Rebecca Espino, Health and Human Services Agency Director shared that the Change Agent Committee has met 7 times and the work being done is very productive. The first meeting focused on ground rules created by those on the Committee. Five areas were identified that members wished to address. Those areas were: Communication, Consistency, Training, Support and Connections at Work. Change Agent members identified communications as the first topic to address. There have been several ideas that have already been implemented. Members addressed training and an Ad-hoc Committee was created to provide a training outline, identifying gaps within our existing curriculum. Consistency is the current topic members are discussing. Conversations have been very productive, with participants bringing forward some good creative solutions and the management team has responded in kind.

Michael informed that, even with short staffing challenges, plans are in place to assure that good choices are made in the hiring of new staff. Behavioral Health will only make an offer of employment if the applicant is qualified and a good fit within the organization.

3. Develop Plan for online Ethics training for Advisory Board members – Cynthia Halman

   Cynthia Halman informed board members that her original plans were to assist members in accessing and completing this necessary training in a group setting online, but this was before the uptick in Covid 19 Delta variant cases. Now it may not be appropriate, even with masking and social distancing constraints, to complete it in this way.

   Mary Anne suggested that members complete this training on their own and a work group be created to discuss it after done. She identified that the Law and Ethics training is located on the CALBHB website under their training tab.

   The group discussed completing the Ethics Training by October 6, 2021, so that the Advisory Board can get together via Zoom to discuss the training. Cynthia will pursue setting something up after the October 6 Meeting.

Ad-Hoc Committees Progress Reports:

4. Call-to-Action Ad-Hoc Committee: Update – Cynthia Halman
   Cynthia informed that the Ad-Hoc Committee would like to recommend that Jaron Brandon present the information gained from Rebecca Bower's AB 988 Fact Sheet and the Resolutions Sheet provided to the group to the Board of Supervisors to gain their support. The committee also felt that these Call-To-Action bills continue to be presented to the Advisory Board each month. It was

also discussed within the Ad-Hoc that speakers be invited to provide feedback from their perspective. Suggested speakers were Cathie Parker from Tuolumne County Superintendent of Schools, Juvenile Hall, Probation Department, Cultural Collaborative, District Attorney Office, ATCAA, Mark Dyken with Resiliency Village, as well as an invitation for them to attend our future meetings.

Susie DeMassey left the meeting.

5. Bylaws Review Ad-Hoc Committee: Review and possible approval to move forward to the Board of Supervisors for acceptance – Mary Anne Schmidt

   A motion was made by Penny Ablin to submit the draft Advisory Board Bylaws to County Counsel for review. Chris Daly seconded the motion. The motion passed. (Ayes: 10 – Cynthia Halman, Mary Anne Schmidt, Chris Daly, Emily Valentine, Jenn Salazar, Jennifer Pastorini, M. Elizabeth Marum, Maureen Woods, Penny Ablin, and Sherry Bradley. Nays: 0 Abstentions: 0 Members Absent: 4 – Jaron Brandon, Valerie Shuemake, Susie DeMassey, and Rebekah Crotty)

6. Social Media & Communication & Calendar Ad-Hoc Committee: Update – Mary Anne Schmidt

   Mary Anne reported that the Ad-Hoc Committee met with Lindsey and Tami and gained a lot of important information about Behavioral Health. They plan to meet with Lindsey again on August 11 @ 4 pm to go over what can be provided via a webpage on the Behavioral Health website. Suggested content could include a calendar, links to education (videos webinars, podcasts), and biographies of members. It was also suggested that they capture contact email information through the webpage to build email lists of those interested in behavioral health issues and events. The group would like to provide monthly reports of their ongoing social media activities to the Advisory Board. Biographies of members are almost complete. Pictures still need to be gathered.

   At the August 11 meeting, the Ad-Hoc plans to discuss how the Advisory Board may utilize Facebook, either through the Behavioral Health account or through their own Facebook presence.

7. Annual Report to the Board of Supervisors Ad-Hoc Workgroup Committee – Cynthia Halman

   Cynthia is still compiling information and awaiting feedback from Behavioral Health staff.

Items Tabled for Future Meetings:

The group discussed tabled items and Sherry Bradley requested that Items #9 and #10 be removed as they are no longer timely. Item #8 will remain in place for consideration at a future date.

8. Social Get-Together Discussion – Proposed Date, Place and Associated Costs - Cynthia Halman
9. Review of Government Code Section 54954.2, sub-sections as they pertain to Internet Website Posting of Agendas. – Sherry Bradley
10. Report from CBHPC Planning Council's Performance Outcome Data & Fiscal Information Planning – Sherry Bradley

XI. ADJOURNMENT

The meeting was adjourned by Cynthia Halman at 5:57 PM. The next Tuolumne County Behavioral Health Advisory Board meeting is scheduled for September 1, 2021, at 4:00 pm via videoconference through Zoom, teleconference and in person following any public health restrictions. Meeting information will be posted on the September 2021 Agenda.

Attached: MHAB EQRO Review PowerPoint FY 19.20

External Quality Review Organization

Tuolumne County Behavioral Health 2021 EQRO Review

What is EQRO?

- Per our Department of Health Care Services (DHCS) Contract, each County Mental Health Plan (MHP) has an annual review.
- This external review is contracted out by DHCS to Behavioral Health Concepts
- This annual review is referred to by County MHP's as EQRO, External Quality Review Organization

BHC | Behavioral Health Concepts, Inc.

What do they review?

What do they focus on?

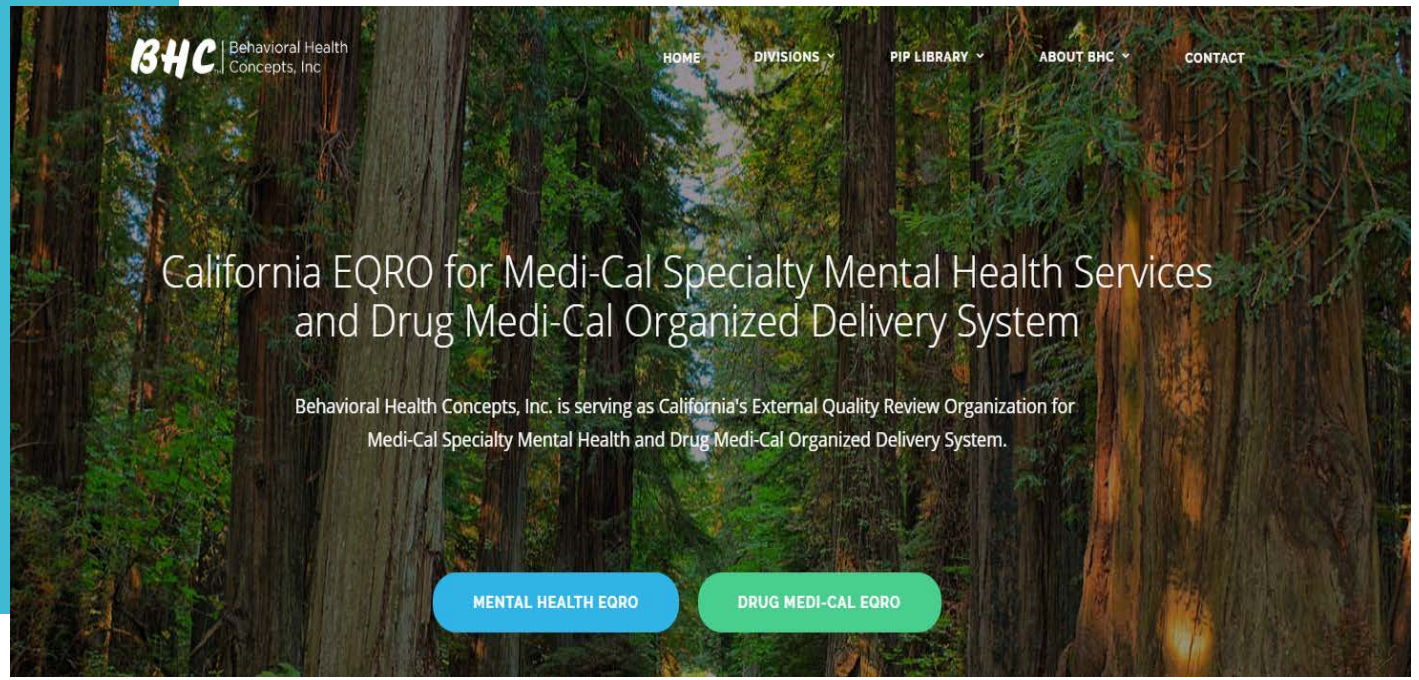
- Significant Improvements
- Data Based Decisions
- Responses to previous years recommendations
- Information Systems Capabilities (EHR)
- Efforts towards existing and new requirements
- Timeliness, Access and Quality

What is their goal?

- To review our current system in correlation with our DHCS Contractual obligations
- Offer suggestions for improvement or adjustments in current procedures
- Give recommendations for the next year

When do they come to Tuolumne?

- EQRO comes each year during the month of March
- EQRO requests that all documents be submitted electronically one month in advance
- EQRO comes on site to Tuolumne County Behavioral Health and stays one full day



How does TCBH Prepare for EQRO?

9-month preparation time

- Complete and submit a full list of End of the Year Reports :
  - Timeliness
  - Capacity
  - Penetration
  - Quality
  - Trainings
  - Structure and Operations
  - Significant Improvement
  - Responses to Previous Year Recommendations
  - Outcomes
  - Performance Improvement Projects
  - POQI
  - A total of over 500 documents to be submitted one month prior to the date of the review
- Organize Staff for Day of
- Ongoing weekly meetings prior to review date
- Continuous submission after End of Year Reports

What does the day of look like?

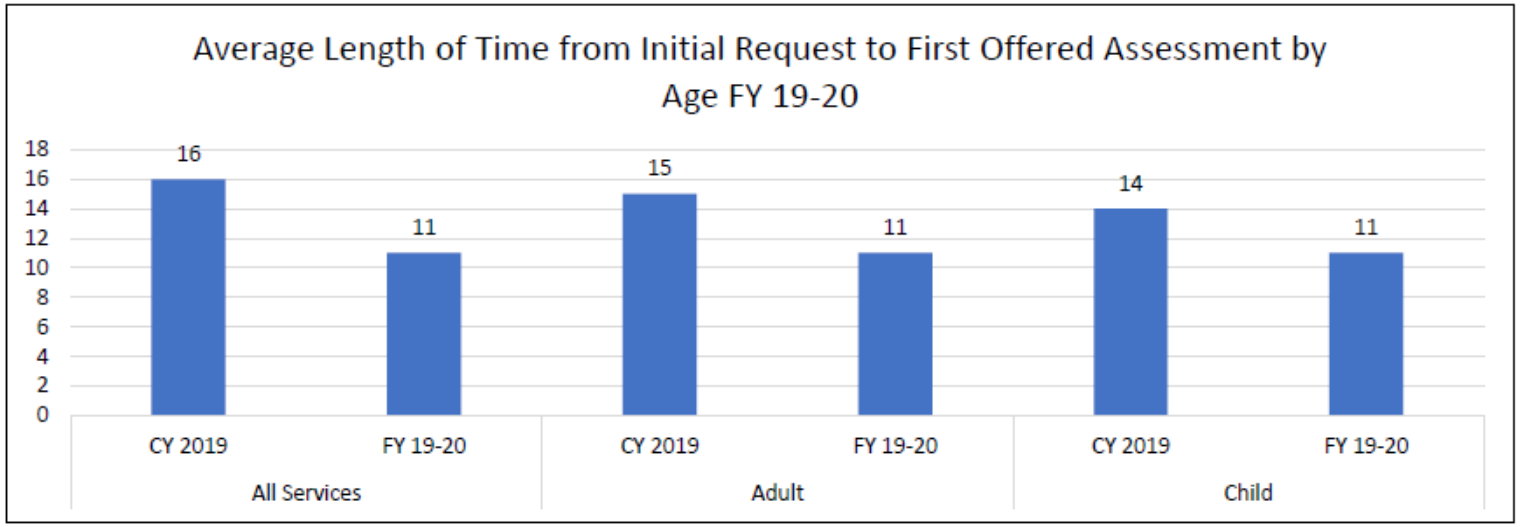
Time	Session Title
8:00 am – 9:10	Opening Session
9:15 am – 11:15	Quality Management, Timeliness, System Wide Outcomes, Cultural Competency and Disparities
9:15 am – 10:45	Consumer Family Member Focus Group
11:15 am – 12:30	Clinical Line Staff
11:00 am – Noon	Wellness Center Site Visit
LUNCH 12:30 – 1:15	
1:15 – 2:30	Collaboration/Integration/Referrals with Primary Care, MCO, and Medical Staff
1:15 – 2:30	Clinical Supervisors
1:30 – 2:45	Peer Inclusion/Peer Employees
2:30 – 3:45	Performance Improvement Projects
2:45 – 4:15	IS/Fiscal Session
3:45 – 4:30	Pathways to Wellbeing/Katie A
4:45 – 5:00	Final Session – Wrap Up

What do item and review sessions look like?

Timeliness Standards

41 pages of reports

Average Length of Time from Initial Request to First Offered Assessment by Age FY 19-20						
	All Services		Adult		Child	
	CY 2019	FY 19-20	CY 2019	FY 19-20	CY 2019	FY 19-20
Number of Clients	353	385	265	292	88	93
Average Length	16 Days	11 Days	15 Days	11 Days	14 Days	11 Days
Range	1 to 59	1 to 32	1 to 59	1 to 32	2 to 38	1 to 27
Compliance	33%	52%	33%	52%	33%	52%

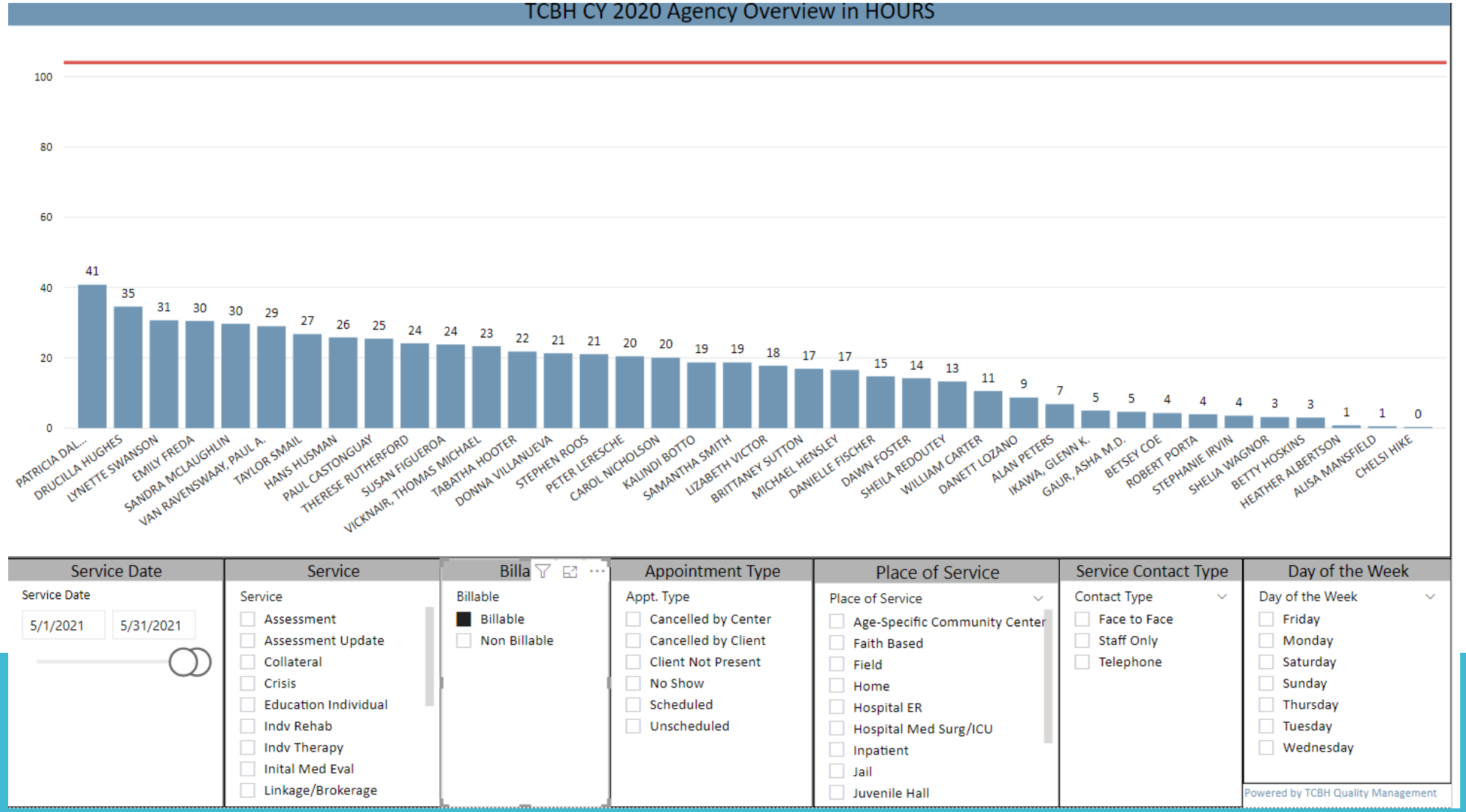


Capacity

No Show Report Caseloads

FY 2019-2020 No Show Rate for Psych Appointments						
	All Clients		Adult		Children	
	FY 2019-2020	CY 2019	FY 2019-2020	CY 2019	FY 2019-2020	CY 2019
No Show Percent	13%	16%	13%	16%	13%	17%

FY 2019-2020 No Show Rate for SMH Appointments						
	All Clients		Adult		Children	
	FY 2019-2020	CY 2019	FY 2019-2020	CY 2019	FY 2019-2020	CY 2019
No Show Percent	17%	20%	18%	21%	11%	15%



Outcome Reports

Urgent Services

Crisis Count by Month FY 2019-2020													
	July	August	September	October	November	December	January	February	March	April	May	June	Total
Duplicated Count	81	67	78	112	75	83	86	73	63	68	79	82	947
Unduplicated Count	70	46	51	64	87	72	79	68	58	60	69	73	

Total Unduplicated Clients with Crisis Services for FY 2019-2020
797

Crisis Count by Month FY 2018-2019												
	July	August	September	October	November	December	January	February	March	April	May	June
Duplicated Count	84	72	78	64	53	54	75	53	60	76	99	77
Unduplicated Count	72	61	69	57	50	50	70	46	51	64	87	72

Penetration

Total Penetration Counts (At least 1 Service)		% Of Total Penetration
Total	1860	
Female	879	47%
Male	776	42%
Other / Unknown	208	11%
Total	1860	
Under 18	306	16%
18 and over	1406	76%
Unknown	148	8%
Total	1860	
Native American	47	3%
Hispanic / Latino	142	8%
White	1247	67%
Other	288	15%
Unknown	136	7%
Total	1860	
0-5 Miles	1197	64%
6 to 10 Miles	165	9%
11 to 20 Miles	95	5%
20 plus Miles	226	12%
Unknown	177	10%

Total Engaged Counts (5+ Services)		% Of Total Engaged
Total	943	
Female	497	53%
Male	436	46%
Other / Unknown	10	1%
Total	943	
Under 18	165	17%
18 and over	778	83%
Unknown	0	0%
Total	943	
Native American	23	2%
Hispanic / Latino	81	9%
White	732	78%
Other	94	10%
Unknown	13	1%
Total	943	
0-5 Miles	678	72%
6 to 10 Miles	94	10%
11 to 20 Miles	43	5%
20 plus Miles	107	11%
Unknown	21	2%

TCBH Operations

- Quality Assurance Performance Improvement Plan
- Cultural Competency Plan
- Clinician Performance Improvement Project
- Non-Clinical Performance Improvement Project
- Meeting Minutes (10 different meetings)
- Org Chart
- Trainings

Significant Improvements

What happened this last year?

10-pages of updates

- Medication Monitoring Dashboard
- Quality Assurance Activity Monitoring
- Contract Monitoring
- Telework and Telehealth Implementation
- Committee Launch via ZOOM
- Online TCBH Training Implementation
- Case Administration Team Expansion
- Policy Review and Communication Update
- Quality Management Communication Update
- Enrichment Center Response to COVID
- Enhanced CWS Relationship
- Behavioral Health Reorganization
- Health and Human Services Intranet
- Laptop Assignment and launch to Staff

Responses to Recommendations

12 out of 14 Recommendations noted as completed in final report

1. Develop and implement evaluation methods for determining the impact of cultural competence activities on increasing engagement in mental health and SUD services, resulting in improved penetration rates.
2. The cultural competence work plan monitoring tool should be used and updated to reflect baseline measurements with clear, specific, and measurable goals and objectives to measure the impact of cultural competence activities on beneficiary access, timeliness, quality, and outcomes
3. Ensure the methodology for assigning and coding co-occurring diagnoses is accurate and consistent among all clinicians. Train all staff on methodology and policies and procedures. Track and review the co-occurring rate monthly.
4. The MHP should monitor all timeliness metrics, implementing strategies were needed to further reduce wait times
5. Implement further strategies to reduce the wait time for first psychiatry appointments.
6. Through continuous monitoring of diagnostic patterns, explain MHP variations from statewide averages and determine if further intervention is necessary
7. From the monthly medication and prescribing reports obtained from Kings View, the MHP should further aggregate the data to produce a detailed analysis of medication monitoring and prescribing practices and determine if these are impacting patient care.

12 out of 14 Recommendations noted as completed in final report

8. Investigate the disconnect between psychiatry staff and beneficiaries and identify issues that may potentially impact services, including but not limited to communication. Implement and track relevant solutions and their impact.
9. Investigate the low penetration and engagement rates for Native Americans and Latinos. Identify barriers and implement relevant solutions addressing the identified barriers.
10. Aggregate data from Child and Adolescent Needs and Strengths (CANS-50), Pediatric Symptom Checklist (PSC-35), and Level of Care Utilization System (LOCUS) reports and analyze data on a regular basis to make system changes and improvements
11. Identify and implement needed strategies to reduce the wait time for first psychiatry appointment for FC youth.
12. Continue to pursue development of local TFC resources, which involves working with local agencies and those within neighboring counties that may be inclined to expand into Tuolumne County.
13. Identify and implement strategies to address the lack of bi-directional communication between stakeholders and MHP management to improve employee relations.
14. To meet the requirements of DHCS Information Notice 18-020, add the provider's California license number to the provider directory.

EQRO Final Report

Access to Care

- **Strengths:**
  - The MHP's clinical PIP is focused on creating a combined mental health and SUD initial intake assessment; TCBH's goal is to adapt resources to improve capacity and clinical decisions.
- **Opportunities for Improvement:**
  - None noted

Timelines of Services

- **Strengths:**
- The MHP's data shows the time from request to initial appointment has improved from 16 business days in FY 2019-20 to 11 business days.
- The TCBHD CAT's daily function is to reduce initial access wait time by verifying medical necessity, determining appropriate program assignment, and deciding LOC for new beneficiaries.
- **Opportunities for Improvement:**
- The MHP's data showed that the average wait time for first offered psychiatry appointment has increased from an average of 19 business days in FY 2019-20 to 22 business TCBHD data shows the children's wait time for an initial psychiatry appointment is 30 business days.

Quality of Care

- **Strengths:**
- Feedback in the stakeholder focus group reflect positive relations and communication between clinicians, case managers, and psychiatrists resulting in improved coordination of care.
- TCBHD clinical staff attended an ASAM training in August 2020; the training provided an overview of assessment and creation of treatment plans for individuals with co-occurring disorders.
- A weekly meeting is held with the director, management from clinical and SUD programs, IS, Medical Billing, and QM with the focus on improving integration of SUD and mental health services.
-

- **Opportunities for Improvement:**
- The medication monitoring dashboard only captures data from a small sample of beneficiaries receiving a psychotropic medication; additionally, FC youth HEDIS measures are not included.

Beneficiary Outcomes

- **Strengths:**
- The peer run Enrichment Center closed at the onset of the COVID-19 public health emergency; the MHSA coordinator worked closely with the Public Health Office to ensure a safe re-opening of the center.
- August 2020 QM meeting minutes reflect TCBHD came into compliance with consistently utilizing beneficiary outcome tools throughout the system of care.
- **Opportunities for Improvement:**
- The CPS was not possible in FY 2020-21 due to the MHP's limited resources resulting from the COVID-19 public health emergency.
- The current QAPI workplan does not include process and outcome indicators for beneficiary outcome tool completion or QI activities to provide guidance with treatment and LOC placement.
- TCBHD states QM continues to monitor outcome tool completion; however, documents submitted for this review focus on compliance rather than analyzing aggregate beneficiary outcomes to inform QI.

Foster Care

- **Strengths:**
- TCBHD, HHSA, and CWS are collaborating to create a unified Children System of Care (CSOC); an Integrated Core Practice Model (ICPM) training was implemented in January 2021 for TCBHD and CWS staff.
- The MHP is collaborating with several HHSA departments to increase services for FC youth such as the Family Urgent Response System to receive immediate assistance and mental health stabilization.
- EQRO data for CY 2019 shows penetration rates for FC youth ages six and over exceeds the statewide average (62.32 percent versus 53.18 percent).
- TCBHD collaborates with CWS during regular IPC meetings to discuss capacity, needs, and resources for FC youth.
- **Opportunities for Improvement:**
- MHP penetration rates for FC youth ages zero to five has remained below the statewide average for the past three years.
- TCBHD reports lack of ongoing access to CWS data which results in inaccurate TCBHD FC youth penetration data.
- The medication monitoring tool does not capture HEDIS measures related to diagnoses and psychotropic medications for FC youth.
- TCBHD, CWS, and juvenile probation partners have not collaboratively conducted an assessment to determine the readiness to implement TFC.

Information Systems

- **Strengths:**
  - The MHP receives EHR, data analytic and fiscal support from KVBHS.
  - Fiscal, analytic and EHR support is provided by KVBHS.
  - Target Solutions is being utilized to develop engaging, on-demand animated/voiceover online trainings.
- **Opportunities for Improvement:**
  - None noted

Structure and Operations

- **Strengths:**
  - TCBHD adapted to the inherent challenges of the COVID-19 public health emergency and pivoted from in-person service delivery to telehealth without impacting service delivery capacity.
  - Feedback in the stakeholder focus group reflect staff participation in committees, system planning, and MHP initiative/policy development.
  - The Mental Health Advisory Board committee, QI Council, CCC, and MHSA stakeholder feedback meetings stopped in response to the COVID-19 public health emergency; the meetings were switched to a virtual platform in July and August 2020, allowing the meetings to continue.

- **Opportunities for Improvement:**
  - The MHP's analytic capacity is challenged with meeting the analytic needs of the organization.

What happens after the review?

EQRO sends the final report for review TCBH feedback and review

Post the Final Review the Tuolumne County Behavioral Health Website

The Final Report is posted on EQRO's website alongside previous years reports

Share and review the report with staff

Report sent to all staff June 25, 2021

Report discussed at TCBH All Staff June 2021

Share and review the report with stakeholders

Presented at Quality Improvement Council June 21, 2021

Begin working on next year

Final Steps