



## QI Work Plan 2022 - End of Year Reconciliation and Evaluation

### A. Access to Care

1. Objective: Hire or retain three psychiatric specialists in 2022 to ensure continuity of care in all outlying areas.
  - a. Goal: By hiring and retaining case carrying staff, it is MCBH's goal to increase client contact in outlying areas by ensuring that those clients are seen within the timely access benchmarks.
  - b. Planned Steps and Activities to reach goal:
    - i. Prepare job description, advertise, and conduct interviews according to County Human Resources process.
    - ii. Engage in such retention activities as regular individual supervision, professional development opportunities, and team building exercises.
  - c. End of year evaluation: Goal was not met. To ensure timely access benchmarks set by the California Department of Health Care Services (DHCS), MCBH has maintained a contractual relationship with North American Mental Health Services (NAMHS). Currently, MCBH is advertising the available psychiatric specialist positions on several job search engines and are promoting the jobs as remote positions for bilingual therapists to broaden our ability to hire outside of Mono County. We will retain this goal for 2023.
  
2. Objective: Develop Permanent Supportive Housing Project in the Town of Mammoth Lakes to address state requirements and the needs of those with mental illness who are homeless or have housing insecurity.
  - a. Goal: It is MCBH's goal to execute a development agreement with The Pacific Companies, an affordable housing developer, in FY 2021-2022 to build 8 to 12 units of permanent supportive housing as part of Phase I of "The Parcel." (The Parcel is a 25-acre property owned by the Town of Mammoth Lakes that will be developed for affordable housing over the next 5 to 10 years.)
  - b. Planned Steps and Activities to reach goal:
    - i. Present before Town Council November 4, 2020
    - ii. Track progress of Pacific West Communities on funding applications, particularly the HCD Housing Accelerator Program
    - iii. Present before Mono County Board of Supervisors winter/spring of 2022
    - iv. Work with counsel to develop loan agreement
  - c. End of year evaluation: The stated steps and activities of this objective were achieved. The objective to develop Permanent Supportive Housing in Mammoth Lakes will be maintained with updated goals.
  
3. Objective: Through Drug-Medi-Cal, the state mandates that Mono County Behavioral Health will provide and/or facilitate points of access for residents

needing Medically Assisted Treatment (Methadone, Suboxone, Vivitrol).

- a. Goal: It is MCBH's goal to continue to promote this best practice and continue to retain providers who are licensed to provide MAT throughout 2022.
  - b. Planned Steps and Activities to reach goal:
    - i. MCBH will coordinate with the waived provider in Coleville to provide MAT to clients in the Mono County.
    - ii. MCBH will continue to work with waived provider who presently provides care through Bright Heart.
  - c. End of year evaluation: In service of beneficiaries in need of Medically Assisted Treatment in Coleville or anywhere else in Mono County, the MCBH SUD Services Coordinator provides a warm hand-off of the beneficiary to our contracted Medications for Opioid Use Disorder (MOUD) service provider, Bright Heart Health. The goal of retaining providers who are licensed to provide MAT was met. The goal will be maintained with revisions to further augment desired outcomes.
4. Objective: Access Call Log/Contact Log/Call Log: Every call to MCBH front office and the 24/7 Access Line, including intake calls, crisis calls, other calls to the 24/7 Access Line, and walk-in initial requests for services will be logged and the information required in the California Code of Regulations, Title 9, Section 1810.405(d) will be provided.
- a. Goal: 100% of requests for services and calls to the 24/7 Access Line will be logged. Calls to the 24/7 access line will be answered by a live person who will provide the required information.
  - b. Planned Steps and Activities to reach goal:
    - i. Staff who answer the 24/7 Access Line will use the new Access/Contact/ Call log spreadsheet with drop down menus to ensure appropriate tracking and follow up.
    - ii. MCBH will provide training and re-training to front office and 24/7 Access Line staff to ensure all calls are answered by a live person who provides the required information and initial service requests are logged. The staff will also be trained to ensure all boxes are completed and none are left blank.
    - iii. 24/7 Access line and front office phone line will be separated to ensure the 24/7 Access Line is given priority and answered by a live person.
    - iv. QI Coordinator will monitor the log monthly to identify where additional training may be needed.
    - v. MCBH will conduct test calls to the Access Line and check to see if every call is logged and the required information is provided. Test calls will also monitor whether calls were answered by a live person rather than a recording. Subsequent training needs will be assessed based on the results.
    - vi. QIC will discuss additional measures to ensure this goal is met.
  - c. End of year evaluation: MCBH has successfully implemented the procedural change of assigning a live front office staff member to be available to answer the 24/7 Access Line. The objective of logging each call to the MCBH front office, the 24/7 Access Line, and walk-in initial requests for services has been met and verified by the QI Coordinator with test calls and call log monitoring.

## B. Quality of Care

1. **Objective:** Ensure access to evidence-based early psychosis care in Mono County through an innovative care model in partnership with Nevada County and EPI-CAL.
  - a. **Goal:** Participate in and implement components of the EPI-CAL Initiative
  - b. **Planned Steps and Activities to reach goal:**
    - i. Have at least 50% of case-carrying staff Participate in EPI-CAL trainings
    - ii. Implement EPI-CAL data collection requirements
    - iii. Begin using the PQ-B Assessment no later than by July 1,2022
  - c. **End of year evaluation:** The planned steps and activities to reach this objective have been achieved. All case-carrying staff have participated in the EPI-CAL trainings. PQ-B Assessment has been integrated as part of the MCBH's effort to identify young people at ultrahigh risk for a psychotic disorder.
  
2. **Objective:** Create an Intensive Outpatient Treatment (IOT) delivery system as defined by the State of California Substance Use Program.
  - a. **Goal:** It is MCBH's goal to train all staff in relevant treatment modalities including harm reduction. Implement IOT groups no later than October 2022.
  - b. **Planned Steps and Activities to reach goal:**
    - i. Ensure all relevant staff have received proper trainings associated with IOT
    - ii. Begin introduction groups to SUD utilizing evidenced-based Change Company and Matrix Model curricula
    - iii. Provide ongoing staff trainings both internal at MCBH and seek external trainings regarding SUD treatment and modalities appropriate to harm reduction.
  - c. **End of year evaluation:** The objective of creating an IOT delivery system was not met. This objective will be maintained for 2023 with a focus on executing a contract with Recovery Services for IOT via Telehealth.
  
3. **Objective:** Ensure that transition planning for eventual discharge begins upon intake and informs quality of care provided to clients.
  - a. **Goal:** Develop a strategy to ensure that transition planning is an integral part of the client's care throughout the duration of services provided by MCBH through 2022 and beyond.
  - b. **Planned Steps and Activities to reach goal** (these steps are for 2022 and additional steps will be added in subsequent years to ensure completion of this goal):
    - i. Provide training to all staff who provide services to clients on how to begin transition planning at the time of intake.
    - ii. MCBH management and clinical supervisor will determine strategies to ensure revamping the intake and assessment process to ensure discharge planning is embedded into all aspects of treatment planning.
    - iii. Utilize assessment measurements including CANS, PHQ and GAD-7 to assist in determining clinically appropriate transition planning.
    - iv. Develop training for clinical staff to ensure clients are given an accurate diagnosis, which will assist in more appropriate transition planning.
    - v. Continue to plan and document discharge plans in the initial intake assessment and will complete a discharge summary for planned discharges.
    - vi. Begin using the Prodromal Questionnaire, Brief Version (PQ-B) tool to assist in the diagnosis of psychotic disorders.
    - vii. Develop and formalize Policy and Procedure regarding discharges.

- c. End of year evaluation: The objective of ensuring for eventual discharge of clients is met. The adoption and utilization of assessment tools including CANS, PHQ-9, GAD-7 and PQ-B have been achieved. A new assessment form and the training of relevant clinical staff to corroborate transition planning have been implemented. Ongoing monitoring of this objective will continue in the MCBH's chart reviews.
4. Objective: Ensure that each Behavioral Health Advisory Board (BHAB) meeting and each Cultural Outreach Committee (COC) meeting includes a "Quality Improvement Discussion Topic" and that the results are relayed back to the QIC. (These two committees have more stakeholder and community involvement).
- a. Goal: Continually improving upon consumer outcomes, access to care and quality of care and increasing membership of the QIC through 2022.
  - b. Planned Steps and Activities to reach goal:
    - i. Program Manager or Staff Services Analyst to review each BHAB and COC agenda to ensure there is a QI Discussion Topic on the agenda
    - ii. MCBH will ensure that a member of the QIC attends each of the COC or BHAB meetings.
    - iii. The QIC agenda will have a standing item for a "report back" on the QI Discussion Topic.
  - c. End of year evaluation: MCBH has ensured that each BHAB and COC meeting included a "Quality Improvement Discussion Topic." The QI topics included in said meetings were relayed back to the QIC to continue improving consumer outcomes, access to care, and quality of care. This process will be maintained as topic of discussion in the QIC agenda each month.

### C. Consumer Outcomes

1. Objective: Ensure that outcome measures utilized by MCBH are collected on a regular schedule using validated measurement tools.
  - a. Goal: Collect client outcomes on a regular schedule using the PHQ9 and GAD7 as data metrics.
  - b. Planned Steps and Activities to reach goal:
    - i. Calculate the assessment scores over time on average.
    - ii. Determine what we can do to improve the scores.
    - iii. Analyze scores to determine whether or not MCBH is meeting the clinical needs of its clients.
    - iv. Determine whether other factors should be considered in order to optimize client care.
    - v. Continue using the PHQ-9 and GAD-7.
    - vi. Begin to utilize PQ-B by July of 2022 in order to help the early detection and intervention of psychotic disorders.
  - c. End of year evaluation: This goal is partially met. All relevant MCBH staff have been trained on PHQ-9, GAD-7, and PQ-B, and are currently utilizing the tools for ongoing evaluations of mental health clients. Due to the departure of the MCBH Data Analyst, the collection of data metrics and analysis of scores to determine areas of improvement were suspended temporarily in 2022. With the anticipated "Go Live" of the new EHR and its enhanced data collection capacity, MCBH will resume this goal in 2023.
2. Objective: Fully implement Wraparound program evaluation, including CANS assessment, Family Empowerment Scale, and Wrap Principle Fidelity Surveys for all new families entering Wrap.

- a. Goal: High-Fidelity Wraparound Program for consumers.
  - b. Planned Steps and Activities to reach goal:
    - i. Meet with Wrap Coordinator to ensure that previously designed Wraparound evaluation continues to meet program's needs
    - ii. Inform Wraparound staff of components of evaluation.
    - iii. Collect data according to timeframes on plan.
    - iv. Report data back to Wraparound stakeholders.
    - v. Utilize data to make programmatic changes as needed.
  - c. End of year evaluation: The objective of implementing a High-Fidelity Wraparound Program for consumers by and administering a robust program evaluation has been met.
3. Objective: Working in conjunction with the Special Project Coordinator of the Community Corrections Partnership (AB109 Realignment), MCBH will create a comprehensive response to address opiate and other narcotic use in Mono County as it relates to treatment, prevention, and enforcement.
- a. Goal: It is MCBH's continued goal to actively collaborate with agencies such as Mammoth Hospital, Mono County Public Health, Eastern Sierra Substance Use Task Force, Mono County District Attorney, Law Enforcement agencies, and other county departments to establish a full spectrum response for those struggling with opiate/narcotic addiction. This collaboration will result in a increased structured prevention, enforcement, and treatment planning to be implemented throughout 2022.
  - b. Planned Steps and Activities to reach goal:
    - i. Hold one Narcan Distribution Event for entire community once per quarter.
    - ii. Provide partner agencies with trainings that increase preventative efforts (such as Narcan Distribution and Sharps Disposal/Containers).
    - iii. Ongoing participation in the Mono County Substance Use Taskforce.
    - iv. Sustain working relationship with Eastern Sierra Substance Use project and continue to attend meetings on a regular basis.
  - c. End of year evaluation: The goal of collaborating with partner agencies to establish a full spectrum response to address opiate and other narcotic use in Mono County has been met. MCBH has been active in holding Narcan Distribution events throughout 2022 with other agencies including and not limited to Mono County Public Health, Mammoth Lakes Police Department, Mono County Sherriff's Office, and the Eastern Sierra Unified School District. Trainings have been provided to Law Enforcement agencies and the larger Mammoth Mountain staff to increase awareness and prevention of substance use harm. Collaboration in the Eastern Sierra Substance Use Project, formerly known as the mono County Substance Use Taskforce, has been sustained to promote the understanding of substance use as a disease, and developing harm reduction strategies. Some of the large community events MCBH has hosted or participated in for Narcan distribution includes, Global Overdose Awareness Day Event, Latin Heritage Month Event, Fentanyl Awareness Event in Bishop (with Eastern Sierra Substance Use Project), Fentanyl Awareness Event in Mammoth Lakes in partnership with the Public Health Department and Mammoth Lakes Police Department, and Fentanyl Awareness Event in Lee Vining and Coleville in partnership with

the Mono County's Sheriff's Office and the Eastern Sierra Unified School District. Can discontinue from Work Plan if there is another means of monitor continuity. The ongoing monitoring of this objective will continue as a discussion item in the QIC agenda.

4. Objective: Select an upgraded Electronic Health Record (EHR) system in order to increase rates of data completeness, improve timeliness of notes, and add more specific coding mechanisms for time/productivity studies.
  - a. Goal: Implement a “Go Live” date to transfer records over to the new EHR (InSync) by September 2022.
  - b. Planned Steps and Activities to reach goal:
    - i. Identify project owners and super users and all meeting needs.
    - ii. Meet regularly with vendor and internally to identify EHR specifications and complete all implementation activities.
    - iii. Train superusers to use EHR.
    - iv. Train staff to use of EHR.
    - v. Go live with new EHR
  - c. End of year evaluation: This objective of upgrading MCBH's EHR system will be maintained for 2023. MCBH has transitioned during the previous year from InSync as an EHR vendor to CalMHSA. The new Go-Live date for the implementation of CalMHSA's SmartCare EHR is July 1, 2023. New project owners and super-users have been assigned and regular meetings with the new vendor are continually conducted to ensure a successful adoption of SmartCare. This objective will be maintained with revised goals for 2023.
  
5. Objective: Protect consumers and MHP from fraudulent billing through Service Verification.
  - a. Goal: MCBH will verify that three randomly selected billed services a month were accurately furnished.
  - b. Planned Steps and Activities to reach goal:
    - i. QA Coordinator and Committee will continue with current system for monitoring delivered services.
    - ii. Monitoring will occur on monthly basis.
    - iii. Analyze instances of services being recorded in an erroneous manner.
    - iv. Committee will evaluate any discrepancies found in billing and client verification.
  - c. End of year evaluation: The goal of verifying at least three randomly selected billed services a month to protect consumers from fraudulent billing has been met. The task of verification has been assumed by the Quality Assurance Coordinator and the reporting process of erroneous findings to the Clinical Supervisor has been preserved. The objective will be maintained as part of MCBH's monitoring activities.

#### **D. Evidence of QI Activities**

- Clinical PIP

1. Objective: Continue and formally report results of the clinical PIP responding to the comparatively high rate of youth entering the MCBH crisis system pre- and post-COVID-19.
  - a. Goal: Increase youth resiliency, as measured by feelings of connectedness and sadness, through continued hosting of the alternatives program Clubhouse Live (CHL).

- b. Planned Steps and Activities to reach goal:
    - i. Periodically administer a specific PIP-CHL survey to measure feelings of sadness and connectedness.
    - ii. Assess survey results over time and determine effectiveness of PIP intervention.
    - iii. Submit 2022 Clinical PIP with updates of data and outcomes.
  - c. End of year evaluation: MCBH continued hosting Clubhouse Live with positive anecdotal response from the attending youth population. With the various challenges of procuring quality quantitative data, it has proven to be difficult to determine whether the CHL program truly impacted resiliency in the local youth population.
2. Objective: Begin data collection and idea generation in preparation for submission of the 2023 Clinical PIP.
- d. Goal: Produce a high-quality idea with supporting data for clinical PIP proposal in early 2023.
  - e. Planned Steps and Activities to reach goal:
    - i. Research what constitutes a high-quality PIP.
    - ii. Begin the collection of data sets that will support a clinical PIP.
    - iii. Meet with the designated EQRO Representative to review and refine ideas prior to submission of PIP Proposal.
  - f. End of year evaluation: Data collected from MCBH's quarterly medication review conducted by the Mono County's Health Officer, Dr. Caryn Slack, has revealed inconsistencies in laboratory monitoring of clients while receiving medication support services. This discovery has led to the formulation of MCBH's 2023 Clinical PIP proposal. Meetings and written correspondences with Quality Reviewer, Kiran Sahota, are actively taking place to refine the Clinical PIP proposal.

- Non-Clinical PIP

- 1. Objective: Continue and formally report results of the non-clinical PIP responding to the retention and recovery rate of new, no-show clients.
  - a. Goal: Decrease the rates of clients unexpectedly dropping out of services by restructuring intake procedures, such as revising the Welcome Packet and offering an "Immediate Connection" to staff within 3 business days, and by implementing a "recovery call" system for clients that are no-shows for scheduled appointments.
  - b. Planned Steps and Activities to reach goal:
    - i. Regularly review the rate of unexpected no-shows and efforts to recover no-show clients.
    - ii. Regularly review timeliness to determine if we succeeded in the "Immediate Connection" intervention.
    - iii. Continue monitoring progress and launch of the new Welcome Packet.
    - iv. Submit 2022 Non-Clinical PIP with updates of data and outcomes.
  - c. End of year evaluation: The goal of decreasing rate of client drop-out from MCBH services by restructuring intake procedures, offering an "Immediate Connection" to staff within 3 business days, and implementing a "recovery call" procedure for clients who "no-show" has been met. Along with the connection and recovery attempt procedures, the revised Welcome Packet has been implemented to meet

this end. Reviews of "no-shows" continue to be conducted along with timeliness in connecting new MCBH beneficiaries with staff to aid in the retention of clients.

2. Objective: Begin data collection and idea generation in preparation for submission of the 2023 Non-Clinical PIP.
  - g. Goal: Produce a high-quality idea with supporting data for non-clinical PIP proposal in early 2023.
  - h. Planned Steps and Activities to reach goal:
    - i. Research what constitutes a high-quality PIP.
    - ii. Begin the collection of data sets that will support a non-clinical PIP.
    - iii. Meet with the designated EQRO Representative to review and refine ideas prior to submission of PIP Proposal.
  - i. End of year evaluation: A new non-clinical PIP to improve MCBH follow-up with beneficiaries after an emergency department visit for mental health has been devised and will be submitted to the External Quality Review Organization (EQRO). This new PIP proposal is based on data findings relayed to MCBH by the Department of Health Care Services on the Healthcare Effectiveness Data and Information Set (HEDIS), Follow-Up after Emergency Department Visit for Mental Illness. Meetings and written correspondences with Quality Reviewer, Kiran Sahota, are actively taking place to refine the Non-Clinical PIP proposal.

## E. Monitoring Activities

1. Objective: Ensure that all charts are up to date, have informing materials, contain active treatment plans, and contain services which build off the medical necessity and milestones.
  - a. Goal: Monitor 5% of Medi-Cal charts.
  - b. Planned Steps and Activities to reach goal:
    - i. Train staff on how to write effective progress notes, milestones, and keep charts in working order.
    - ii. Continue improving review system, run PDSA's to determine effectiveness.
    - iii. QA Coordinator and Clinical Supervisor will review charts with Chart review tool, provide feedback, and correct any chart problems.
    - iv. Reviewed charts will be documented in Chart Review log, with any uncorrectable errors. Clinical Supervisor will update the tracking process to ensure that the documentation process of chart reviews meets requirements.
  - c. End of year evaluation: The goal of monitoring 5% of Medi-Cal charts to ensure that all charts are up to date with informing materials, active treatment plans, and contains services which build off the medical necessity and milestones have been met. Due to the many changes in the California Advancing and Innovating Medi-Cal Documentation Reform initiative, the goal of monitoring 5% of charts will be maintained with revised goals.
2. Objective: Ensure that MCBH bills Medi-Cal for as many services and administrative activities that are allowable. Develop system that will ensure a minimum of 55% billable/direct service time per each provider from January 1, 2022, and 60% billable/direct service time beginning July 1, 2022, for direct service providers.

- a. Goal: Increase Medi-Cal billing and capture enhanced Medicaid reimbursement and Medi-Cal Administrative Activities (MAA) for qualifying projects and activities through 2022 and beyond.
- b. Planned Steps and Activities to reach goal:
  - i. Train all staff on SMHS services to ensure accurate service delivery and documentation
  - ii. Work with consultant to develop ability to bill for administrative duties related to Quality Assurance and Utilization Review
  - iii. Monitor and supervise staff to ensure adequate service delivery to consumers
  - iv. Provide regular supervision (at least twice monthly) to assist providers in overcoming obstacles to meeting direct service goal.
  - v. Review productivity on at least a monthly basis to ensure client access to providers.
- c. End of year evaluation: The objective of developing a system that ensures at least 60% of provider time is dedicated to billable/direct services was not met. The goal of increasing the capture of Medicaid reimbursement and Medi-Cal Administrative Activities (MAA) for qualifying projects and activities will be maintained through 2023 with revised next steps and activities.

## F. Accessibility of Services

1. Objective: Maintain timely access to services for all new clients.
  - a. Goal: All clients seen within 10 days of registration.
  - b. Planned Steps and Activities to reach goal:
    - i. Front office staff enter all new registrations and intake appointments to Registration log.
    - ii. QA Coordinator and/or Staff Services Analyst will review registration log on monthly basis and include timeliness results in the Monthly Data Report.
    - iii. QA Coordinator and Clinical Supervisor will analyze instances of services lapsing more than 10 days and bring these instances to Committee meetings.
    - iv. Committee will identify and implement any system improvements needed to meet this benchmark.
  - c. End of year evaluation: The Front Office Staff has maintained the task of entering each first contact by a client into the MCBH Registration Log. The number of days lapsed before the client's first appointment after the initial contact is tracked in this log by the Staff Services Analyst during the monthly Client Services Information reporting. Any exceptions to the goal of client's seen by a provider within 10 days of registration is kept in a separate exceptions log.
2. Objective: Meet requirements for timely access to services for urgent conditions.
  - a. Goal:
    - i. Urgent care services that do not require prior authorization will be provided within 48 hours of the request for an appointment.
    - ii. Urgent care services that do require prior authorization will be within 96 hours of the request for an appointment. (This includes Intensive Home-Based Services Day Treatment Intensive, Day Rehabilitation, Therapeutic Behavioral Services and Therapeutic Foster Care.)
  - b. Planned Steps and Activities to reach goal:
    - i. Staff completing the registration log will complete the drop-down field

- for “urgent appointment”
      - ii. Staff Services Analyst will include urgent appointment timeliness in the monthly data report and QA Coordinator will ensure services for urgent conditions are provided within required time frames.
      - iii. Training will be provided to ensure staff are aware of these requirements.
    - c. End of year evaluation: Due to the departure of the MCBH Data Analyst, the collection and monitoring of timely access to services for urgent conditions were suspended temporarily. The staff has continued to enter "urgent appointments" in the registration log. With the anticipated "Go Live" of the new EHR and its enhanced data collection capacity, MCBH will resume the goal of monitoring timely access to services for urgent conditions in 2023.
3. Objective: Ensure access to after-hours care for MCBH clients.
- a. Goal: Accessibility to after-hours care will be ensured through the 24/7 access line and availability of crisis staff.
  - b. Planned Steps and Activities to reach goal:
    - i. Access line staff will be available through the statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
    - ii. 24/7 Access line and front office phone line will be separated to ensure the 24/7 Access line is given priority and answered by a live person.
    - iii. Access line staff will indicate the time of the call to show when it is after hours.
    - iv. Access line staff will transfer the caller to crisis staff when services are needed immediately.
    - v. Access line staff will be trained as to protocols for transferring calls to the crisis worker.
    - vi. QI Coordinator or other designated staff will monitor the access log to ensure access to after-hours care is occurring.
    - vii. Update the MCBH process for triage from the front desk and 24/7 access line staff to crisis worker.
    - viii. Design and implement training for front desk and 24/7 access line staff to ensure access to afterhours crisis service occurs as smoothly as possible. Ensure staff are well trained to identify requests for urgent appointments.
  - c. End of year evaluation: The goal of ensuring access to after-hours care through the 24/7 Access Line and the availability of the crisis staff has been met. The objective to ensure access to after-hours care will be maintained in the Work Plan with revised next steps and activities to establish this goal as a top priority for MCBH.
4. Objective: Ensure timely access for clients referred to telehealth psychiatry provider (NAMHS) for medication support services.
- a. Goal: All clients will be offered a psychiatry appointment within 15 business days of the initial request for service (or referral).
  - b. Planned Steps and Activities to reach goal:
    - i. Schedule meetings with the appropriate staff to identify strategies to improved timeliness of telehealth appointments.
    - ii. Once a strategy is agreed upon, discuss with NAMHS to determine realistic implementation steps and time frames.
    - iii. Meet with Mammoth Lakes Hospital on a regular basis to refer clients who are appropriate for a lower level of medication

- management/psychiatric services.
- iv. Conduct a regular Utilization Review to ensure that clients who are seeing the Psychiatrist are continuing to need medication management services.
- v. Follow up monitoring to ensure improvement in telehealth timeliness.
- c. End of year evaluation: The objective of ensuring timely access for clients referred to psychiatry for medication support services has been met. Utilization reviews are conducted to ensure that clients needing medication management services are conducted, and regular meetings with Mammoth Lakes Hospital continue for the referral of clients to receive appropriate acuity level of care. The goal of offering a psychiatry appointment within 15 business days of the initial request for services or initial referral will be maintained for 2023 with the anticipated "Go Live" of the new EHR and its enhanced data collection capacity.

## G. Cultural Competence

1. Objective: Provide culturally, ethnically, and linguistically appropriate services to behavioral health clients and their families.
  - a. Goal: Implement activities as outlined on the Cultural Competence Plan, including training programs to improve the cultural competence skills of staff and contract providers.
  - b. Planned Steps and Activities to reach goal:
    - i. Complete all activities listed in the most current MCBH Cultural Competence Plan, including Criterion 5, Culturally Competent Training Activities.
    - ii. 100% of therapists, case managers, office staff, management, administrative staff and contracted telehealth providers receive one training about cultural competency annually.
    - iii. Training for staff and contract providers will include training in the use of interpreters in the mental health setting.
    - iv. MCBH will ensure interpreters are trained to ensure language competence.
    - v. Engage/hire/contract with trainers for cultural competency.
    - vi. Monitor and track all cultural competence training, including training provided to contract providers.
    - vii. Where applicable, advertise trainings to other departments/agencies.
    - viii. Support and promote cultural outreach activities.
    - ix. Hold regular Cultural Outreach Committee meetings.
  - c. End of year evaluation: The goal of implementing the stated activities to support culturally, ethnically, and linguistically appropriate services have been partially met. MCBH remains committed to embedding cultural competence and cultural humility into all training activities in the agency and to the community. Trainings are conducted annually to all MCBH and contracted staff on cultural competency and the proficient use of interpreter services. All client informing materials, including but not limited to the intake packet and medication consents are provided in English and Spanish (the Mono County threshold language). MCBH continues to offer bilingual and bicultural staff to assist with any caller to the department, including a Spanish interpreter to assist with client assessments, whenever possible.