



MONO COUNTY BEHAVIORAL HEALTH DEPARTMENT

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QI Work Plan FY 18/19-19/20 – End of Year Reconciliation and Evaluation

A. Access to Care

1. **Objective:** Increase capacity to offer services to outlying areas in Mono County by hiring a full-time provider.
 - a. **Goal:** By hiring a full-time provider, it is MCBH's goal to increase client contact in outlying areas by two percent in FY 2017-2018 as measured by caseload summaries and sign-in sheets.
 - b. **Planned Steps and Activities to reach goal:**
 - i. Advertise job employment description.
 - ii. Upon hire of provider, measure goal of increased client contact with caseload summaries and sign-in sheets.
 - iii. In FY 2017-2018, hire an on-site psychiatry provider to offer face-to-face services throughout Mono County, including in our jail (Mono County Jail Facility in Bridgeport CA).
 - c. **End of year evaluation** – Goal was met. Pre-COVID, Mono County Behavioral Health (MCBH) hired a full-time Psychiatric Specialist I that offers services throughout the County (including outlying areas), a part-time Walker Wellness Center Associate, and a part-time Case Manager based in Walker. Regularly scheduled clinician hours are held every Wednesday in Walker, closed group sessions every Tuesday and with the hiring of the Wellness Center Associate and the Case Manager a full range of group activities/services are available Monday-Saturday. Every Wednesday, staff provide services in our jail and will provide services on other days, if needed, and as requested. In our Benton area, rehab services have been added and staff provide these services weekly. Additionally, MCBH has increased all outreach and engagement services to underserved with evidence-based practices at all three school districts in the North County. MCBH continues to hold monthly Socials in Benton, Bridgeport and Walker to provide information about mental health services and promote community connection and wellness. In October 2019, MCBH reassessed telepsychiatry needs and began contract services with Native American Mental Health Services DBA North American Mental Health Services (NAMHS). With the NAMHS contract, MCBH has increased telepsychiatry hours from 5.6 hours to 10 hours per week; adding targeted telepsychiatry hours, ensuring adequate coverage for all service areas and age-related populations, as well as child psychiatry services. MCBH has ensured adequate coverage for all service areas by increasing assistance with transportation needs; offering gas cards, public transportation vouchers, and/or picking client up and bringing them to appointments. MCBH communicates the availability with transportation by posted flyers and



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communications, and also via verbal communication by staff with the client. Since the start of 2020, MCBH has hired additional staff, including another Case Manager and another Wellness Center Associate. In April 2020, the Mono County Board of Supervisors approved a proposed restructure/reorganization of MCBH and more positions have been filled, further increasing capacity of offered services in the county. Since the onset of the COVID pandemic, MCBH has adapted to the needs of our clients and community by immediately implementing telehealth services for all clients. Additionally, MCBH has added media presence, Facebook Live/Stay Connected, activity bags, virtual Wellness activities, a Latino Outreach Committee, a “Warm Line” telephone system and community COVID-19 meetings. As of October 2020, three additional employment positions have been posted online and to social media accounts; further increasing our capacity to be able to serve clients and the community.

2. Objective: Develop Housing Projects to address state requirements and needs for those with mental illness who have housing insecurity.
 - a. Goal: It is MCBH’s goal to have a comprehensive county housing plan for clients with mental illness by November 15, 2019.
 - b. Planned Steps and Activities to reach goal:
 - i. Collaborate on steps needed.
 - ii. Obtain architectural report.
 - iii. Meet with Public Works.
 - iv. Get educated about relevant rules and regulations.
 - v. Discuss next steps on building political will, further research, opportunities for collaboration.
 - vi. Outreach to other Counties to learn more about their supportive housing programs.
 - vii. Contact various County entities, such as: Mammoth Lakes Fire Department, Board of Supervisors, County Counsel, etc.
 - viii. Create presentation outline for Mono County Administrative Officer, Board of Supervisors, and general public.
 - ix. Build rapport and political will; answer questions and listen to concerns.
 - x. Review scope of work/contract with housing project manager.
 - xi. Discuss structural vision and challenges.
 - xii. Meet with Behavioral Health Advisory Board (BHAB) for input, vision, and possible “Not In My Backyard” (NIMBY) discussions/concerns.
 - c. End of year evaluation – Goal has been met as listed in the planned steps and activities above, however MCBH will continue this objective in 2021 with an updated goal and updated planned steps and activities to reach goal.



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1) South County/Mammoth: For the last three years, Mono County has worked steadily toward the development of an integrated affordable housing and permanent supportive housing project in the Town of Mammoth Lakes. The goal of the envisioned housing development would be to provide 8-12 units of permanent housing for local residents experiencing mental health conditions and provide on-site access to the types of supportive services that we already offer in our County buildings. This model has proven to be effective across the country and has the added benefit of providing all individuals in the housing development with easy access to behavioral health services.

Over the last two years, the County has worked with Integrity Housing, a non-profit affordable housing developer selected through an RFQ process, to identify a site for this housing project. After having significant difficulty identifying a viable site, the County was approached by Town staff in spring 2020 about the potential of partnering on Phase I of The Parcel, which is a planned affordable housing development in the heart of Mammoth Lakes. Mono County staff had previously contacted the Town to ensure Town staff was aware of the County's project. At that time, County staff inquired as to the possibility of working with the Town if the County project appeared to be a reasonable fit. Pending Town Council and Mono County Board of Supervisor direction to continue pursuing a partnership on Phase I of The Parcel, the County is prepared to terminate its pre-development loan agreement with Integrity Housing and pursue a partnership with the Town and, specifically, Pacific, in lieu of partnering with Integrity.

Public engagement has been central in the County's decision to pursue a permanent supportive housing project in the Town of Mammoth Lakes. Every year, County staff complete the Mental Health Services Act Community Program Planning Process, and every year, the public displays support for permanent supportive housing in the Town. Furthermore, housing is found as a notable need in the Community Health Improvement Plan completed by Mono County Public Health and Mammoth Hospital. This housing project is also supported by the Behavioral Health Advisory Board, which is made up of community members, law enforcement representatives, and other partner agencies. Finally, the Guiding Principles identified through the Plan The Parcel effort align beautifully with the goals of a permanent supportive housing project and the Plan The Parcel document sites supportive services as a potential use for The Parcel.

2) North County/Walker: Walker Small House Project: Due to changes in funding availability related to COVID-19, advice from our fiscal consultant, and questions regarding housing need, this project is currently on hold.

3) Additionally, in August 2019, MCBH began renting a home in Mammoth Lakes to serve as transitional housing. This housing can accommodate up to 4 people, there is a process for referral, a case manager has been assigned responsibility and support for



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housing residents (serving as “house manager”), residents sign an agreement, and agree to abide by the protocols, guidelines, rules, policies, expectations. The Housing Committee holds weekly meetings, has created a Microsoft Teams platform to stay current and connected and to support and assist housing residents in every way possible.

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 attempt to find providers who are licensed to provide MAT throughout FY 2017-2018.
 - 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 northern part of the county.
 - ii. Research through outreach and collaborative efforts.
 - iii. Research possibilities through Project ECHO.
 - c. **End of year evaluation** – Goal was met. MCBH has facilitated points of access for Medically Assisted Treatment through our telepsychiatry contract services with Native American Mental Health Services DBA North American Mental Health Services (NAMHS).

B. Quality of Care

1. **Objective:** Begin Regional Innovation Project with Inyo and Alpine Counties.
 - a. **Goal:** The Eastern Sierra Strengths Model Learning Collaborative is a two-year program for those working with people who are engaged with any one of the following programs: Behavioral Health, Public Health, Child Welfare, Probation, Law Enforcement, Wild Iris, Hospital/Medical Services, Schools. This innovation program will provide monthly training, with trainers coming to the region. It will teach providers to use the strengths assessment and personal recovery planning tools. The aim of these tools is to improve outcomes such as housing, employment, social involvement, and education through adherence to treatment services that promote hope, wellbeing, and purpose for our most vulnerable residents. At the conclusion of the Collaborative, it is MCBH’s goal to:
 - i. Achieve “high fidelity” to the Strengths Model as measured by the Strengths Model Fidelity Scale developed by University of Kansas researchers.
 - ii. Among clients who receive the Strengths Model intervention, increase rates of employment by 15%, increase rates of education by 10%, and increase rates of independent living by 15% by October 2019, as measured by quarterly outcome data collection and analysis completed by the California Institute for Behavioral Health Solutions.
 - b. **Planned Steps and Activities to reach goal:**
 - i. Schedule a Fidelity Baseline Review in the 4th Quarter of 2017



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- ii. Participate in Learning Sessions as follows:
 1. Learning Session 1 – January 24-25, 2018
 2. Learning Session 2 – March 28-29, 2018
 3. Learning Session 3 – July 11-12, 2018
 4. Learning Session 4 – September 26-27, 2018
 5. Learning Session 5 – February 6-7, 2019
 - c. End of year evaluation – Goal has been met with the “begin” portion of the objective and MCBH will continue this objective in 2021 with a revised “sustainability” phase of this goal. A Fidelity Baseline Review was completed in November 2017. Staff has participated in all 5 Learning Sessions as indicated above. Data collection and analysis Data collection and analysis as relates to the fidelity reviews mentioned above, was completed on schedule. The MHP has implemented the following evidence-based strengths model forms from the Eastern Sierra Strengths-Based Learning Collaborative (ESSBLC):
 - Strengths Assessment
 - Personal Recovery Plan
 - Motivational InterviewingMCBH has also created its’ own Care Coordination/Case Management assessment for initial assistance with understanding a client’s needs
 - Need for Care Coordination / Rehab Aid Services
2. Objective: Create an “Intensive Outpatient Service” delivery system as defined by the State of California Substance Use Program.
 - a. Goal: It is MCBH’s goal to train all staff in treatment modalities that enhance and expand the “abstinence only” methods by June 30, 2018.
 - b. Planned Steps and Activities to reach goal:
 - i. Staff training at MCBH.
 - c. End of year evaluation – Goal was partially met. MCBH has trained Substance Use Disorder staff in treatment modalities that enhance and expand the “abstinence only” methods, however MCBH will continue this objective in the 2021 plan with a revised objective, goal, and planned steps and activities. MCBH has created an “Intensive Outpatient Service” delivery system as defined by the State of California Substance Use Program. All staff have not been trained to date, however all Substance Use Disorder staff has been trained in treatment modalities that enhance and expand the “abstinence only” curriculum and community-based resources such as NA, AA, and faith-based supports.
3. Objective: Create and implement tools to facilitate communication and collaboration for the Wraparound program, Student Attendance Review Board (SARB), and other collaborative Family Team approaches to treatment.



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- a. Goal: It is MCBH's goal to launch a Wraparound SharePoint internal website by August 15, 2017.
 - b. Goal: It is MCBH's goal to conduct a needs assessment with other collaborative family teams (i.e., the Multi-Disciplinary Team) to learn more about their needs for communication and collaboration tools by June 15, 2018.
 - c. Planned Steps and Activities to reach goal:
 - i. Development of system for wants/needs of above programs.
 - ii. Creating and designing website in collaboration with the Information Technology Department.
 - d. End of year evaluation – Goal was met. MCBH has created and launched a Wraparound SharePoint internal website. MCBH conducted a needs assessment with other collaborative family teams (i.e., the Multi-Disciplinary Team) and learned more about their needs for communication and collaboration tools. Forms have been created and are being utilized. MCBH Wraparound team is doing collaborative cross-agency training to integrate the SOP Model with Wraparound Practice and CFT processes. The team has also implemented the CANS assessment into Wraparound process, ICC, and CFT to increase communication. Additionally, the Wraparound team has created a Microsoft Teams platform to stay timely, current, communicate efficiently, and to stay connected amongst the team. This objective will not be continued in the upcoming QI work plan.
4. Objective: Outreach to community members, consumers, family members, other agencies, non-profits, etc., for membership in the QIC meetings.
- a. Goal: Continually improving upon consumer outcomes, access to care and quality of care and increasing membership of the QIC by December 2018.
 - b. Planned Steps and Activities to reach goal:
 - i. Staff reaching out to consumers at the end of sessions.
 - ii. Flyers on the counter at the Front Office window that consumers may take with them.
 - iii. Postings on our website/Facebook pages.
 - iv. Flyer postings:
 1. In our lobby.
 2. Wellness Centers.
 - v. Outreach to collaborating agencies (posting in their lobbies, etc.)
 - vi. Email out to those currently on our Wellness Calendar email list.
 - vii. Provide information at Focus Groups.
 - viii. Outreach to non-profits (e.g. Wild Iris and other area non-profit agencies)
 - ix. "Feet on the ground" outreach (walking into agencies/businesses)
 - x. Address at the Board of Supervisors Meetings when doing a presentation and/or during the public open-session portion of the meeting.
 - c. End of year evaluation – Goal has not been met. MCBH will continue this objective in 2021 with an updated goal and planned steps and activities to reach goal. MCBH will



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continue and MCBH continues to work towards membership in the QIC meetings by discussing “Client and family representation” at the monthly QIC meeting.

C. Consumer Outcomes

1. **Objective:** Facilitate three (3) Wellness Forums in June Lake area to address area mental health and substance use treatment needs, as well as promote stigma reduction. These forums will ask community members to identify stressors that they are dealing with and how they cope.
 - a. **Goal:** It is MCBH’s goal to have twelve (12) community members at each session and to follow-up with the community by September 1, 2018, with proposals for programs and services that will meet the identified needs.
 - b. **Planned Steps and Activities to reach goal:**
 - i. Development of questions/tools, etc., for Wellness Forums.
 - ii. Presentations and discussions at Forums.
 - c. **End of year evaluation** – Goal was partially met. MCBH held 2 Wellness Forums instead of 3. These two events allowed MCBH to connect on a personal level with key community members and hear top concerns related to mental health and substance use, as well as ideas for further promotion the health and wellness of this resort community. Additionally, the information gathered was reported and used in the Community Program Planning Process of the Mental Health Services Act Annual Update and Three-Year Plan. MCBH has determined that this objective will not be continued on the next QI work plan.
2. **Objective:** Implement Wraparound program evaluation, including CANS assessment, Family Empowerment Scale, and Wrap Principle Fidelity Surveys for all new families entering Wrap.
 - a. **Goal:** Higher level of care for consumers.
 - b. **Planned Steps and Activities to reach goal:**
 - i. Evaluation and implementation of program.
 - c. **End of year evaluation** – Goal was partially met. MCBH has started implementation of these tools and is currently in the process of evaluation of the program. MCBH will continue this objective in 2021 with an updated goal and updated planned steps and activities to reach goal.
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 goal to actively collaborate with agencies such as Mammoth Hospital, Mono County District Attorney, Law Enforcement agencies, and other county departments to establish a full spectrum response for those struggling with opiate/narcotic



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addiction. This collaboration will result in a structured prevention, enforcement, and treatment plan to be implemented by June 30, 2018.

- b. Planned Steps and Activities to reach goal:
 - i. Evaluation and implementation.
 - ii. Collaboration with various agencies.
 - c. End of year evaluation – Goal was partially met. MCBH established a point person within the department to work on our opioid response, sent 3 staff to multi-day harm reduction trainings, worked in conjunction with Mono County Public Health Department to coordinate a comprehensive response to address opiate and other narcotic use in Mono County and in the last fiscal year, MCBH was accredited by the State to do syringe exchange and Narcan distribution. MCBH also enrolled with the warehouse association for obtaining supplies and continues with ongoing monthly trainings that are facilitated by Dr. Tom Boo, Mono County Public Health Officer. Additionally, MCBH began collaboration meetings with Inyo County in the Fall of 2019 and will continue ongoing partnerships with them. MCBH will continue this objective in 2021.
4. Objective: Continue to advance the use of our Electronic Health Record system through Echo Corporation, including increased data completeness, improved timeliness of notes, and more specific coding mechanisms for time/productivity studies.
- a. Goal: It is MCBH’s goal to continually strive for improved consumer outcomes.
 - b. Planned Steps and Activities to reach goal:
 - i. Continue with Echo Corporation training.
 - ii. Continue with MCBH staff training.
 - c. End of year evaluation – Goal was partially met. MCBH has surveyed staff regarding Echo coding, performed time studies, and has provided the below trainings. MCBH will continue to provide on-going, regular trainings.
 - i. 4/5/18 Chart Review
 - ii. 4/12/18 Chart Review
 - iii. 5/3/18 Codes (Echo)
 - iv. 7/5/18 Chart Review
 - v. 9/6/18 Chart Review
 - vi. 1/3/19 Chart Review
 - vii. 2/13/19 Clinical updates
 - viii. 3/7/19 QA Training – Code Review
 - ix. 6/6/19 Chart Review
 - x. 7/11/19 Chart Review
 - xi. 8/1/19 Chart Review
 - xii. 10/3/19 Chart Review
 - xiii. 2/6/20 Code Training/Chart Review



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xiv.	3/5/20	Code Training
xv.	4/16/20	Code Training
xvi.	6/11/20	Chart Review
xvii.	6/23/20	Crisis Training
xviii.	6/25/20	Crisis Training
xix.	7/28/20	Code Training
xx.	9/3/20	Crisis Training
xxi.	9/28/20	Chart Review
xxii.	10/20/20	Code Training

In 2020, however, MCBH has decided to select an upgraded EHR system and will continue this objective in 2021 with an updated goal and updated planned steps and activities to reach goal.

D. Evidence of QI activities

- **Clinical PIP**

1. Objective: Please refer to **Addendum A** for Objectives, Goals, and Planned Steps and Activities to reach goal.

- **Non-Clinical PIP**

1. Objective: Please refer to **Addendum B** for Objectives, Goals, and Planned Steps and Activities to reach goal.

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 35% of Medi-Cal charts.
 - b. Planned Steps and Activities to reach goal:
 - i. Train staff quarterly 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.



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- v. Any disallowances found will be submitted to fiscal department for correction.
- c. End of year evaluation – Goal was partially met. MCBH ensures 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. MCBH has provided the below trainings. MCBH will continue to provide regular, on-going chart reviews and trainings. MCBH will continue this objective in 2021.
- i. 4/5/18 Chart Review
 - ii. 4/12/18 Chart Review
 - iii. 5/3/18 Codes (Echo)
 - iv. 7/5/18 Chart Review
 - v. 9/6/18 Chart Review
 - vi. 1/3/19 Chart Review
 - vii. 2/13/19 Clinical updates
 - viii. 3/7/19 QA Training – Code Review
 - ix. 6/6/19 Chart Review
 - x. 7/11/19 Chart Review
 - xi. 8/1/19 Chart Review
 - xii. 10/3/19 Chart Review
 - xiii. 2/6/20 Code Training/Chart Review
 - xiv. 3/5/20 Code Training
 - xv. 4/16/20 Code Training
 - xvi. 6/11/20 Chart Review
 - xvii. 6/23/20 Crisis Training
 - xviii. 6/25/20 Crisis Training
 - xix. 7/28/20 Code Training
 - xx. 9/3/20 Crisis Training
 - xxi. 9/28/20 Chart Review
 - xxii. 10/20/20 Code Training
2. Objective: Protect consumers and MHP from fraudulent billing.
- a. Goal: Verify 10% of delivered service a month.
 - 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.



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- v. QA Coordinator recognizes the need for further training and will schedule upcoming trainings with Fiscal & Technical Specialist III and/or Fiscal & Administrative Services Officer.
- c. End of year evaluation – Goal has not been met. This objective is currently in process. MCBH will continue this objective in 2021.

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 intake log.
 - ii. QA Coordinator will review intake log on monthly basis.
 - iii. QA Coordinator will analyze instances of services lapsing more than 10 days and bring these instances to Committee meetings.
 - iv. Committee will identify any system improvements to make.
 - v. Committee will create PDSA and implement system changes to keep appointment time at 10 days or less.
 - c. End of year evaluation – Goal was partially met. Front office staff entered all new registrations and intake appointments to intake log. QA Coordinator reviewed intake log on monthly basis, analyzed instances of services lapsing more than 10 business days and brought those instances to the QIC meetings. The QIC identified any system improvements to be made and implemented system changes, such as trainings and updating our intake logs as appropriate, to keep appointment time at 10 business days or less. In FY 18/19, four new clients did not meet the objective of “length of time from initial request to first kept appointment”, (note: two of those four did meet “length of time from initial request to first offered appointment”). In FY 19/20, two new clients did not meet the “length of time from initial request to first kept appointment”, however all four did meet “length of time from initial request to first offered appointment.”) Since 6/30/20, 100% of clients have been offered, and have kept, appointments within 10 days of registration. MCBH will continue this objective in 2021.

G. Cultural Competence

- 1. Objective: Have all staff trained annual in cultural competence.
 - a. Goal: 100% of therapists, case managers, office staff, and administrative staff receive one four-hour training about cultural competency annually.
 - b. Planned Steps and Activities to reach goal:
 - i. Engage/hire/contract with trainers for cultural competency.
 - ii. Close office during trainings so all staff can attend.



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- iii. Advertise trainings to other departments/agencies.
- c. End of year evaluation – Goal was met. In September 2018 and September 2019, some staff members attended the two-day Strengthening the Roots, Central Valley Latino Conference, Visalia CA. In October 2018, the majority of staff participated in Hispanic Heritage - Circles of Multi-Cultural Self Cultural Competence Training. Also, in October 2018, some staff members participated in the three-day Gathering of Native Americans (GONA) Facilitator Training facilitated by the Native Wellness Institute, Theda New Breast & Marcus Red Thunder. In January 2019, the majority of staff participated in an all-day Gathering of Native Americans (GONA) Historical Trauma Training. On April 3, 2019, a half-day Diversity, Equity, Inclusion (DEI) training, facilitated by Jose Gonzalez, founder of Latino Outdoors, and Amanda Machado, was held for MCBH and partnering agencies at Mammoth Lakes Fire Department #1. On April 4, 2019, Jose Gonzalez and Amanda Machado facilitated a full-day DEI training and all MCBH staff participated. On September 8, 2020, all staff participated in a LGBTQ Cultural Competence training. On October 26, 2020, all staff participated in a 3-hour Racial Equity Cultural Competency training with Dr. Jei Africa, PsyD, MSCP, CATC-V. On November 19, 2020, several staff participated in a 1-hour Moving Towards Equity Cultural Competency training with Dr. Jei Africa. On December 17, 2020, all staff participated in a 1 1/2-hour Moving Towards Equity Cultural Competency training with Dr. Jei Africa. This objective is complete. MCBH will continue to have cultural competency trainings on an on-going and regular basis and is currently in the process of developing a training institute calendar. MCBH will continue this objective in 2021.