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**QI Work Plan 2021 – End of Year Reconciliation and Evaluation**

**A. Access to Care**

1. **Objective:** Hire or retain three psychiatric specialists in 2021 in order 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 individual supervision, professional development opportunities, and team building exercises.
  - c. **End of year evaluation** – Goal was Not Met. MCBH did have three psychiatric specialists on staff during parts of 2021, but primarily has remained at two psychiatric specialists. To try to ensure timely access benchmarks, MCBH did maintain a contractual relationship with North American Mental Health Services. Currently, we are advertising our position on several job search engines and have promoted as a remote position for bilingual therapists in order to broaden our ability to hire outside of Mono County Behavioral Health. We will retain this goal for 2022.
  
2. **Objective:** Develop Permanent Supportive Housing Project in the Town of Mammoth Lakes to address state requirements and needs for 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, by February 15, 2021 in order 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. Present before Mono County Board of Supervisors November 17, 2020
    - iii. Pass No Place Like Home resolution
    - iv. Terminate pre-development loan agreement with Integrity Housing
    - v. Execute loan agreement with Pacific West Communities
    - vi. Complete No Place Like Home grant application materials requested by Pacific West Communities
    - vii. Submit No Place Like Home grant materials by February 15, 2021



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- viii. Track progress of Pacific West Communities on funding applications, entitlement process, community feedback, etc.
    - c. End of year evaluation – Goal was Partially Met. MCBH met all components of this goal but entered into a *pre*-development loan agreement in anticipation of entering into a full development agreement. The pre-development loan agreements, letters of commitment, and No Place Like Home Supportive Services Plan MOU state that MCBH will enter into a development agreement with Pacific West Communities once all funding to make the project feasible has been secured. After participating in two rounds of Low-Income Housing Tax Credit applications, MCBH worked with the developer as they applied for a new source of funding through the Housing Accelerator Program. In the interim, MCBH has continued to track progress on the project and recently attended a groundbreaking ceremony where the land for the project is being cleared and graded. It is anticipated that this source of funding will be awarded to the project in FY 21-22 and MCBH will be able to enter into a development agreement – this portion of the goal to be retained.
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 2021.
  - b. Planned Steps and Activities to reach goal:
    - i. MCBH will coordinate with the waived provider in Coleville to provide MAT to clients in Mono County.
    - ii. MCBH will work with waived provider who presently provides care through NAMHS (North American Mental Health Services).
  - c. End of year evaluation – Goal was met: MCBH provides access to all clients who need MAT via tele health. MCBH is also has a contract with Bright Heart for MAT Services.
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.
  - a. Goal: 100% of requests for services and calls to the 24/7 access line will be logged.
  - 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 and initial service requests are logged. Will also train to ensure all boxes are filled in and none are blank.
    - iii. QI Coordinator will monitor the log monthly to identify where additional training may be needed.



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- iv. MCBH will conduct test calls to the access line and check to see if every call is logged. Subsequent training needs will be assessed based on the results.
- v. QIC will discuss additional measures to ensure this goal is met.
- c. End of year evaluation – Goal was not met. After one year of piloting the logging of all calls made to the front office and 24/7 call line, MCBH discovered this practice made it more difficult to log calls that came to the actual 24/7 call line. MCBH also experienced difficulties answering and logging all 24/7 access line calls due to phone answering procedures developed in response to Covid-19. In conjunction with this pilot, MCBH had all calls to the access line forwarded to the main front office line, which made it impossible to prioritize access line calls. MCBH has since stopped having the 24/7 access line phone number forward and is limiting call logging solely to 24/7 access line calls and calls for service requests. Goal to be amended and retained for 2022.

## B. Quality of Care

- 1. Objective: Continue Sustainability Phase in Mono County following completion of Regional Innovation Project with Inyo and Alpine Counties.
  - a. Goal: The Eastern Sierra Strengths Model Learning Collaborative (ESSBLC) was 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. MCBH has now reached the Sustainability Phase and is implementing the Strengths Model within Mono County, using 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.
  - b. Planned Steps and Activities to reach goal:
    - i. Develop strategies for how to collect and evaluate data around the use of our outcome tool. Use the Strength Model's outcome tool and outcome measures.
    - ii. The MHP has implemented the following evidence-based strengths model forms from the ESSBLC and will train new staff beginning in 2021 on the use of:
      - o Strengths Assessment
      - o Personal Recovery Plan
      - o Motivational Interviewing
    - iii. MCBH has also created its own Care Coordination/Case Management assessment for initial assistance with understanding a client's needs
      - o Need for Care Coordination / Rehab Aid Services
  - c. End of year evaluation – Goal was not met. This is due to MCBH choosing to no longer utilize the “case management assessment” tool. This is in response to most of the personnel trained in how to utilize this tool leaving our department at the end of 2020/beginning of 2021. Due to the timely and fiscal burden it takes to be trained in the



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case management assessment tool, we have chosen to no longer pursue the utilization of this tool. We will not be adding this goal to next year's plan. Instead, we will be using the Prodromal Questionnaire, Brief Version (PQ-B) beginning 2022.

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 relevant treatment modalities including harm reduction. Implement IOT groups by January 7, 2021.
  - b. Planned Steps and Activities to reach goal:
    - i. Begin introduction groups to SUD utilizing evidenced-based Change Company and Matrix Model curricula.
    - ii. Ongoing Staff trainings at MCBH regarding SUD treatment and modalities appropriate to harm reduction.
  - c. End of year evaluation – Goal was met. MCBH SUD staff has attended trainings on MI and ASAM Relapse Prevention. We have harm reduction staff, program and services. MCBH SUD has weekly ongoing Trauma and Relapse Prevention groups. This goal will be continued in 2022.
  
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 2021 and beyond.
  - b. Planned Steps and Activities to reach goal (these steps are for 2021 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 supervisors 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 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.
  - c. End of year evaluation – Goal was met. All therapists have been trained in using the GAD7 and PHQ9 in identifying diagnosis. Additionally, the therapists have been trained in the importance of consulting with the psychiatrist (if applicable) to best determine diagnostic impressions. Therapists are engaged in weekly or biweekly individual supervision in which diagnosis is regularly discussed and training is provided. Comprehensive Treatment plans are created with transition and discharge in mind and only created with full consent and consultation from the client. Moving forward and



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beginning in 2022, we will continue to plan and document discharge plans in the initial intake assessment and will complete a discharge summary for planned discharges. Beginning in January of 2022, we will also be using the Prodromal Questionnaire, Brief Version (PQ-B) tool to assist in the diagnosis of psychotic disorders.

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 through 2021.
  - b. Planned Steps and Activities to reach goal:
    - i. Staff reaching out to consumers at the end of sessions and/or during the assessment process. Write a script to invite them to participate in the QIC.
    - ii. Postings on our website/Facebook pages.
    - iii. Email out to those currently on our Wellness Calendar email list.
    - iv. Provide information at Focus Groups.
    - v. Outreach to non-profits (e.g. Wild Iris and other area non-profit agencies)
    - vi. Address at the Board of Supervisors Meetings when doing a presentation and/or during the public open-session portion of the meeting.
    - vii. Discussion amongst Leadership Team for additional outreach ideas.
    - viii. Addressing the specific steps and activities that were taken each month at our QIC meeting and reporting out on those steps.
    - ix. Develop a process and identify funding sources for providing gift cards or stipends to our consumer/family members that are not county employees who participate in our QIC meetings,
    - x. QIC to discuss ways to make meetings more interesting to clients and family members and design process in a way that solicits input on a wide range of QIC topics.
  - c. End of year evaluation – Goal was met. In 2021, MCBH added one peer to its QIC, but more importantly, developed a system for bridging together the Behavioral Health Advisory Board (BHAB) and Cultural Outreach Committee (COC) meetings, both of which have more stakeholder and community involvement. Each BHAB and COC meeting has a “Quality Improvement Discussion Topic” that is discussed and key points are relayed back to the QIC. This goal will be continued for 2022.

### C. Consumer Outcomes

1. Objective Ensure that outcome measures utilized by MCBH are in fidelity with the strength-based model.
  - a. Goal: Collect client outcomes on a regular schedule using validated measurement tools.
  - b. Planned Steps and Activities to reach goal:
    - i. Calculate the assessment scores over time on average.



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- 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. Review the assessment and client planning process to ensure our practices are consistent with the strength-based model.
    - c. End of year evaluation – Goal was not met. As described above, MCBH has decided to no longer use the tools from the Strengths Model. In order to track and assess clinical outcomes, MCBH currently focuses on the GAD-7 and PHQ-9 and recently implemented the Prodromal Questionnaire, Brief Version (PQ-B) tool to assist in the diagnosis of psychotic disorders.
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: Higher level of care 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. Hire Staff Services Analyst I and assign this person responsibility of implementing Wraparound evaluation.
    - iii. Inform Wraparound staff of components of evaluation.
    - iv. Collect data according to timeframes on plan.
    - v. Report data back to Wraparound stakeholders.
  - c. End of year evaluation – Goal was partially met. MCBH has experienced a variety of workforce shortages in 2021. Although the department was able to hire a Staff Services Analyst, it lost its long-time Wrap Coordinator. As a result, the Wrap evaluation was only partially implemented, with an emphasis on the CANS assessment. Goal to be amended and retained for 2022 and will be aligned with the recently updated Wrap Plan.
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 addiction. This collaboration will result in a structured prevention, enforcement, and treatment plan to be implemented by June 30, 2021.



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- b. Planned Steps and Activities to reach goal:
    - i. Evaluation and implementation.
    - ii. Collaboration with various agencies.
    - iii. Participation in the Mono County Substance Use Taskforce.
    - iv. Sustain by working with Eastern Sierra Substance Use project meeting.
  - c. End of year evaluation – Goal was partially met. Due to Covid-19, MCBH put the more formal components of this plan on hold. That said, MCBH has created a strong working partnership with Mono County Public Health and the Eastern Sierra Substance Use Task Force specifically around Naloxone Distribution and Harm Reduction Efforts. At least one staff member from MCBH attends the Eastern Sierra Substance Use Task Force meeting. MCBH implemented an electronic data collection system to ensure that all distribution of Naloxone and Harm Reduction supplies is tracked and this data will be included in a new monthly data report to the leadership team. MCBH recently received CRRSAA funds that will be used to pay for food, promotional materials, and other supplies needed to host one large-scale Naloxone Distribution event per quarter for the next several years. This goal will be continued in 2022.
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: Release a Request for Proposals (RFP) by November 30, 2020. Implement the new EHR by September 1, 2021.
  - b. Planned Steps and Activities to reach goal:
    - i. Release an RFP for an upgraded EHR system.
    - ii. Complete the RFP process and select an EHR vendor.
    - iii. Meet with vendor to identify EHR specifications and plan implementation.
    - iv. Train staff on implementation and use of EHR.
    - v. Implement new EHR.
  - c. End of year evaluation – Goal was partially met. MCBH has selected a new EHR and will begin implementation by January 1, 2022. Goal to be retained.

**D. Evidence of QI activities**

• **Clinical PIP**

1. Objective: Develop new 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:



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- i. Explore internal capacity for implementing and hosting programming.
    - ii. Identify a staff member and general location to host CHL.
    - iii. Advertise within Mono County in schools and other areas for CHL.
    - iv. Host CHL programming.
    - v. Periodically administer a specific PIP-CHL survey to measure feelings of sadness and connectedness.
    - vi. Assess survey results over time and determine effectiveness of PIP intervention.
    - vii. Submit 2022 PIP with updates of data and outcomes.
  - c. End of year evaluation – Goal was met. Starting in February 2022 the Staff Services Analyst and Programs Manager met extensively to discuss the clinical PIP. Crisis data was analyzed and presented to the PIP Reviewer. A PIP Committee was formed and met to discuss the clinical PIP in-depth from March to May 2021. During the April 2021 External Quality Review, it was determined by reviewers that the PIP was active but needed a significant rewrite. In response to reviewer feedback, the youth crisis aspect of the PIP was abandoned and replaced with the current research goal of increasing youth resiliency via alternatives programming. Since then, the PIP has been determined Active. CHL has been running since February 2021 and is running currently. Surveys were administered in September and October 2021, with the decision to administer the PIP survey monthly. Results are looked at on a monthly basis as part of the internal Monthly Data Report. The PIP for 2022 is due in March and staff have been in contact with the PIP reviewer updating her as needed. Retain this goal with modifications for 2022. Modifications are: Objective: Continue with clinical PIP administration for increasing Youth Resiliency and submit updated findings for the 2022 PIP.

- **Non-Clinical PIP**

1. **Objective:** Develop and implement a new non-clinical PIP based on input from the QIC.
  - 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. Determine the rates of clients that unexpectedly drop-out of services (no-show no-contact) as a baseline.
    - ii. Develop intervention procedures: Refine the Welcome Packet to be more welcoming and less intimidating; Connect new intakes with a Case Manager within 3 business days; and develop a procedure for clients that miss appointments without contacting MCBH.
    - iii. Train staff on the new welcome packet, immediate connection and recovery call procedures.





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- iv. Review data on a monthly basis to analyze changes in the unexpected drop-out rate.
- v. Submit data and intervention findings in the 2022 PIP.
- c. End of year evaluation – Goal was met. Starting in February 2022 the Staff Services Analyst and Programs Manager met extensively to discuss the non-clinical PIP. The internal intake log was analyzed and identified problems with client retention related specifically to clients that are no-show to appointments without contacting MCBH. It was further identified that most of the “unexpected drop-outs” were occurring early in the service process – before filling out the welcome packet or receiving a clinical assessment. Three interventions were created to address this: Revamping the MCBH Welcome Packet to be easier to understand and less formal, connecting new clients with a provider within 3 business days (Immediate Connection), and implementing a “recovery call” procedure in which clients that miss their Intake or Assessment appointments without contacting us are called once per day for three days after the no-show. Two of the three interventions were implemented in May 2021 – the Immediate Connection and Recovery Attempt procedures. The new revamped Welcome Packet has not yet been released. Because the interventions were introduced after the External Quality Review in April 2021, the non-clinical PIP was deemed “Non-Active”. However, because interventions were assigned and introduced during 2021, the PIP is expected to be considered Active for the 2022 PIP submission. Data is to be collected and reviewed periodically through July 2022. The PIP for 2022 is due in March and staff have been in contact with the PIP reviewer updating her as needed. Retain this goal with modifications for 2022. Modifications are: Objective: Continue with non-clinical PIP administration for decreasing the Unexpected Drop Out rate and submit updated findings for the 2022 PIP.

### 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.
    - v. Any disallowances found will be submitted to fiscal department for correction.



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- c. End of year evaluation – Goal was partially met. Staff were trained quarterly and ongoing on how to write effective progress notes, and milestones. Despite many charts being reviewed, we did not meet the goal of having 35% of charts being reviewed. An emphasis was placed on reviewing our North American Mental Health contracted providers. We did not meet this goal in part due to our Quality Assurance personnel leaving the agency and that position remaining vacant. New mechanisms are in place to determine when a client needs an updated treatment plan as it relates to medication management services. Additionally, the chart review database was completely changed to make it easily tracked and completely electronic. We will maintain this goal for the 2022 year but will change item “a” to state that we will monitor 5% of Medi-Cal Charts.
  
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.
    - 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 was partially met. MCBH is currently verifying three services every month. This task is currently being led by the Staff Services Analyst. This Analyst analyzes instances of services recorded in an erroneous manner and reports these instances to the Clinical Supervisor. We will keep this goal on for the 2022 year but change it to verifying 3 services a month at random. This will allow us to monitor the integrity of services and will still prove useful due to the low volume of clients that MCBH overall experiences.
  
3. Objective: Ensure that MCBH bills Medi-Cal for as many services and administrative activities that are allowable. Develop system that will ensure 100% time tracking with maximum billing possible 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 2021 and beyond.
  - b. Planned Steps and Activities to reach goal:
    - i. Conduct baseline studies to determine percentages of Medi-Cal billable services for each provider and for MCBH as a whole.



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- ii. Establish goals for productivity based on percentages determined above.
- iii. Hire consultant to help assess where MCBH is missing billing opportunities and develop system to monitor.
- iv. Determine which activities and projects may be claimed at enhance rates and under MAA.
- v. Develop work plan to ensure our Medi-Cal billing practices are optimal for capturing qualified Federal Financial Participation.
- c. End of year evaluation – Goal was partially met. MCBH developed a Productivity Tracking Application. We developed a tracking system and came up with new targets and expectations. Director has assigned fiscal staff to follow through on recommendations developed through work with consultant (Mike Geiss).

### 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 met. Based on an analysis of the intake/service request log, MCBH was able to provide an initial appointment (and begin assessment) for clients within 10 days.
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 intake log will complete the drop-down field for “urgent appointment”



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- ii. QI Coordinator or other designated staff will monitor to 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 – Goal was met. Based on an analysis of urgent services within the intake/service request log, MCBH was able to provide access to services for clients within 48 hours.
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. Access line staff will indicate the time of the call to show when it is after hours.
    - iii. Access line staff will transfer the caller to crisis staff when services are needed immediately.
    - iv. Access line staff will be trained as to protocols for transferring calls to the crisis worker.
    - v. QI Coordinator or other designated staff will monitor the access log to ensure access to after-hours care is occurring.
    - vi. Update the MCBH process for triage from the front desk and 24/7 access line staff to crisis worker.
    - vii. Design and implement training for front desk and 24/7 access line staff to ensure access to after hours crisis service occurs as smoothly as possible. Ensure staff are well trained to identify requests for urgent appointments.
  - c. End of year evaluation – Goal was met. MCBH has been dedicated to answering calls associated with the FURS state line. No calls on this line have been made to date. In terms of the access line, phone gets answered 24/7 and logged in the call log. Test calls to make sure phone is answered and questions are addressed continue to be done and have been successful. If a client were to call in needing an emergency intervention, staff will direct consumers to their nearest emergency room when immediate services are needed. Consumers have occasionally called the access line, but the need has not arisen for them to speak to a Crisis Worker.

### 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.
  - b. Planned Steps and Activities to reach goal:



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- 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, and administrative staff receive one four-hour training about cultural competency annually.
- iii. Engage/hire/contract with trainers for cultural competency.
- iv. Close office during trainings so all staff can attend.
  - v. Where applicable, advertise trainings to other departments/agencies.
  - vi. Support and promote cultural outreach activities.
  - vii. Cultural Outreach Committee meetings.
- c. End of year evaluation – Goal was partially met. MCBH implemented a wide variety of goals and activities outlined in the Cultural Competence Plan, but not 100% of activities and goals. MCBH did ensure that all staff received more than four hours of cultural competence training, contracted with trainers, closed office during trainings, advertised to other departments, promoted cultural outreach activities, and hosted COC meetings.