



**Quality Improvement Work Plan 2023 - End of Year Reconciliation and Evaluation**

**A Access to Care**

- 1) Objective: Hire or retain three psychiatric specialists in 2023 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) MCBH to continue its recruiting process of advertising available psychiatric specialist positions on several job search engines.
  - c) End of year evaluation: MCBH has successfully filled all staffing needs in 2023. By doing so, MCBH has brought to a stop our reliance on contracted providers to deliver therapeutic services. The department will maintain the objective while revising the goal, focusing on the recruitment and retention of MCBH network providers.
- 2) Objective: Through Drug Medi-Cal, the state mandates that Mono County Behavioral Health 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 2023.
  - b) Planned steps and activities to reach goal:
    - (i) MCBH will develop procedures to improve communications and referral process with the department's waived provider, Bright Heart Health.
    - (ii) Improve upon the Healthcare Effectiveness Data and Information Set (HEDIS) measure to *Percentage of New Opioid Use Disorder (OUD Pharmacotherapy Events with OUD Pharmacotherapy for 180 or More Days* by enhancing retention of clients in MAT through Bright Heart.

- c) End of year evaluation: Goal has been partially met. A new Medication Assisted Treatment Services Policy and Procedure has been implemented to help ensure MAT eligible clients receive this best practice. Contract with the plan's waived provider, Bright Heart Health, is terminated due to our inability to improve interagency communications to help improve on the stated HEDIS measure. A new partnership with Recovery Services is currently being established for MAT services where MCBH's requirements for referrals and notifications are explicitly stated and agreed upon in the memorandum of understanding. MCBH has not had any clients meeting criteria to be referred to our MAT service providers for opioid use disorder treatment.
- 3) 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 initial requests for services by walk-in 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) Continue QI monitoring of the 24/7 Access Line in 2023 with monthly test calls to ensure all requests for services are answered in a timely manner and logged.
  - (ii) Establish that all callers requesting services are provided the information required in the CCR Title 9, Section 1810/405(d).
  - (iii) QI Coordinator will continue to provide training when needed to ensure information for accessing Specialty Mental Health Services are dispensed reliably.
  - (iv) Promote the advertised positions as remote positions to broaden the job market outside of Mono County.
  - (v) Advertise the open jobs with a preference for bilingual staff to increase MCBH's capacity to serve our Spanish speaking population.
- c) End of year evaluation: Each planned step has been completed and the goal of answering each call to MCBH and the provision of required information to callers has been achieved. The stated goal will be retained in 2024 to ensure continued QI monitoring of this vital

Access to Care objective. All positions have been filled with the preference for Spanish speaking bilingual staff.

- 4) Objective: Develop Permanent Supportive Housing Project in the Town of Mammoth Lakes to address State requirements and to help address the needs of those with mental health disorders who are homeless or have housing insecurity.
  - a) Goal: MCBH will continue its partnership with The Pacific Companies, an affordable housing developer, in the buildout of "The Parcel" infrastructure. 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) Develop policies, procedures, and eligibility criteria for the Permanent Supportive Housing Project in the Town of Mammoth Lakes.
    - (ii) Continue to track the progress of the project's construction.
    - (iii) Anticipate potential beneficiaries who meet eligibility criteria for the Fall 2023 availabilities for permanent supportive housing.
  - c) End of year evaluation: Policies and procedures for Housing Eligibility, Coordinated Entry System (in partnership with with Eastern Sierra Continuum of Care), and Homeless Information Management are either completed or in varying stages of completion. The No Place Like Home funding MOU with the development partner and property management firm has been updated. The project's construction is currently being monitored with current focus on furnishings for the property. The MCBH Program Manager is developing a cursory list of eligible tenants based off the Coordinated Entry System. Each step has been partially met and the goal will be retained in 2024 as the project continues to be developed.

## **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) Increase referrals to the EPI-CAL program in 2023.
    - (ii) Familiarize and involve more community partners in the EPI-CAL program in 2023.

- c) End of year evaluation: Referrals to the EPI-CAL program were increased in 2023. However, UC Davis has not accepted these referrals due to the program criteria. In an effort to involve more community partners, MCBH has educated Mammoth Hospital's Behavioral Health Department on the EPI-CAL program. MCBH will retain this objective with revised steps and activities to reach the goal for 2024.
- 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, and to implement IOT groups no later than October 2023.
  - 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 evidence-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.
    - (iv) Execute a contract with Recovery Services for IOT via telehealth.
    - (v) 2023 availabilities for permanent supportive housing.
  - c) End of year evaluation: MCBH has opted to subcontract the IOT programs and groups to Recovery Services. Thus, each IOT requirement, including training of all associated staff and utilization of evidence-based curricula, will be met by the contracted service provider.

## **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) Reassign the Data Analyst role.
    - (ii) Implement SmartCare EHR.
    - (iii) Ensure the regular collection of outcomes measures using the PHQ9 and GAD7 as data metrics.
    - (iv) Calculate the assessment scores to determine areas of needed improvement.

- c) End of year evaluation: Each step and activity has been achieved for the goal using PHQ9 and GAD7 scores to assess client outcomes, including the reassignment of the Data Analyst role and the implementation of the new EHR. The collected metrics have been used in an active performance improvement project to determine if there is a correlation between serum Vitamin D levels in clients and their GAD7 scores. MCBH will retain the activities of ensuring the regular collection of outcome measures, and the utilizing of stated metrics to determine areas of needed improvement.
- 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: It is MCBH's goal to continue to build on the prior year's accomplishments in High Fidelity Wraparound Program for consumers.
  - b) Planned steps and activities to reach goal:
    - (i) Maintain the objective of implementing the Wraparound Program evaluation procedure.
    - (ii) Continue the program evaluation process by using CANS assessment, Family Empowerment Scale, and Wrap Principle Fidelity Surveys.
    - (iii) Hire a parent/youth partner in 2023.
  - c) End of year evaluation: MCBH has opted to participate in the Continuous Quality Improvement (CQI) Wraparound Evaluation Pilot Project with the University of Washington. Because of this participation in the CQI Pilot, the previously stated assessments will not be utilized. MCBH anticipates a full evaluation procedure of our Wraparound program in 2024. The goal to build on the existing accomplishments in the Wraparound Program will be retained. MCBH has hired a parent/youth partner in 2023.
- 3) Objective: Select an updated Electronic Health Record 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: It is MCBH's goal to execute a "Go Live" date of July 2023 in implementing the new EHR, Streamline's SmartCare.
  - b) Planned steps and activities to reach goal:
    - (i) "Go Live" with new EHR department-wide in July 2023.
    - (ii) Perform file conversions from the legacy EHR to SmartCare.

- (iii) Devise a plan to store archived records from the legacy EHR.
- (iv) Train Superusers on the new EHR.
- (v) Train staff on the use of the EHR.
- c) End of year evaluation: SmartCare EHR was implemented in 2023 with the "Go Live" in July. All Superusers and staff were trained, and SmartCare has been successfully adopted department wide. MCBH continues to work with the vendor CalMHSA to develop a data archiving solution to address new Interoperability rules from CMS.

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

- 1) Clinical PIP Objective: As part of their treatment/recovery plan, beneficiaries will receive case management to prevent contraindicators of prescribed medications by monitoring and maintaining appropriate levels of serum Vitamin D.
  - a) Goal: It is MCBH's goal to provide services by way of case management to ensure linkage between beneficiaries and laboratory services to ensure timely and reliable monitoring of clients receiving medication support.
  - b) Planned steps and activities to reach goal:
    - (i) Revise role of the Case Manager to include an active involvement in identifying each client's limitations for self-efficacy as it applies to health monitoring.
    - (ii) MCBH staff to make appointments with the client for testing when needed.
    - (iii) MCBH staff to follow-up with the client to confirm follow-through.
    - (iv) MCBH staff to go with the client to an appointment when needed.
    - (v) QI Coordinator to perform medication monitoring reviews to ensure objective is being met.
  - c) End of year evaluation: MCBH has determined that the planned step of revising the role of the Case Manager and identifying limitations for self-efficacy experienced by each client was not successful. As a result, MCBH has collaborated with Behavioral Health Concepts (EQRO) to revise this clinical goal to focus on the education that clients receive during psychiatry appointments. The client education conducted during the psychiatry sessions will include the correlation between Vitamin D levels and psychiatric symptoms, and the importance of monitoring both. Each of the subsequent steps of making appointments with clients for testing, following up to confirm testing was completed, and providing further assistance in helping clients get to their appointments have been partially met. Medication

reviews have been conducted on a quarterly basis which has helped to identify the need to reevaluate this QI goal. Based on MCBH's data collection and collaboration with the EQRO, it has been determined that this performance improvement project will be retained for 2024 as a high-quality PIP.

- 2) Non-Clinical PIP Objective: Improve upon the 2021 HEDIS measure for *Follow-up after Emergency Department (ED) Visit for Mental Illness*, where only 36% of ED visits for mental health conditions resulted in a follow-up within 7 days, and 64% resulted in a follow-up service within 30 days.
  - a) Goal: Identify and address gaps in care coordination practices and related data exchange processes specifically related to an absence of ED referrals from Mammoth Hospital (MH) that lead to delays in receiving services post-discharge from the ED for individuals with mental health conditions.
  - b) Planned steps and activities to reach goal:
    - (i) Collaborate with MH in developing a centralized ED referral process that allows for real-time referral coordination from the MH ED.
    - (ii) Include a review of all recent MH ED visits for mental health conditions during a bi-monthly care coordination meeting between MH and MCBH.
    - (iii) Utilize Plan Data Feed as a starting point for direct data exchange with the managed care plans, Anthem and California Health and Wellness.
  - c) End of year evaluation: This project is only partially met contributed by staff changes at Mammoth Hospital. The Emergency Department Manager and the MH Behavioral Health Manager each left their posts during the development of a referral system. MCBH has had to postpone the objective of developing a centralized ED referral process. Instead, a weekly collaboration meeting between the MH Behavioral Health Assistant and the MCBH Quality Assurance Coordinator was instated for referrals from MH ED to MCBH. During the coordination meetings between the two agencies, the key barrier of delayed referrals was identified. The delays in procuring authorizations from patients to communicate identified health information between Mammoth Hospital and MCBH have been the primary culprit resulting in the delayed referrals. The managed care plans have acknowledged that there is a minimum 60-day delay for their ED discharge data to be processed to the point where the

MCPs can make referrals to MCBH. Thus, this non-clinical PIP will be retained in 2024 in the effort to address identified barriers and to achieve the stated objective.

## **E Monitoring Activities**

- 1) Objective: Ensure that all charts are up to date, have informing materials, contain active treatment plans, and contain services which guild off medical necessity and milestones.
  - a) Goal: Monitor 5% of Medi-Cal charts.
  - b) Planned steps and activities to reach goal:
    - (i) Maintain the goal of monitoring 5% of Medi-Cal charts for 2023.
    - (ii) Revise the chart monitoring tool to reflect the changes in documentation requirements.
    - (iii) Utilize the Chart Review Technical Assistance provided by BHC to educate clinical staff on documentation standards.
  - c) End of year evaluation: The goal of reviewing 5% of Medi-Cal charts for timeliness and accuracy was achieved. A new utilization audit tool that reflects the new documentation requirements was adopted. The activity of utilizing BHC for technical assistance was completed. The objective of ensuring documentation accuracy will be retained for 2024.
- 2) Objective: Ensure that MCBH bills Medi-Cal for all services and administrative activities that are allowable. Develop a system that will ensure a minimum of 60% billable/direct service time 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 2023 and beyond.
  - b) Planned steps and activities to reach goal:
    - (i) Adjust provider billing rates as advised by CalMHSA.
    - (ii) Train all staff on SMHS services to ensure accurate service delivery, documentation, and billing of services as informed by CalAIM Payment Reform.
    - (iii) Develop the ability to bill for administrative duties related to Quality Assurance and Utilization Review.
    - (iv) Review productivity to ensure client access to providers.
  - c) End of year evaluation: The planned activity of adjusting provider billing rates was completed in July of 2023. All relevant staff was trained on the service delivery, documentation, and billing of SMHS. Productivity reviews have been conducted by the



MCBH Program Manager and Clinical Services Manager. The objective to develop the ability to bill for administrative duties related to QA and UR has been partially achieved. Billing eligible activities have been researched, reporting capabilities have been ensured, and fiscal staff have been trained on claiming procedures. The objective of ensuring accurate and adequate billing by direct service providers will be retained in 2024 to ensure continued improvement in Medi-Cal billing.

- 3) Objective: Protect consumers and MCBH from fraudulent billing through a Service Verification process.
  - a) Goal: It is MCBH's goal to verify that at least three randomly selected billed services a month were fulfilled as documented.
  - b) Planned steps and activities to reach goal:
    - (i) Include in the monthly Service Verification calls questions regarding Access to Care and Quality of Services as part of consumer engagement.
    - (ii) Relay feedback from the consumer engagement questions back to the QIC.
    - (iii) Relay any billing discrepancies found in the Service Verification calls back to the QIC.
  - c) End of year evaluation: The planned steps and activities of including client feedback regarding Access to Care and Quality of Services have been included in the service verification calls, and responses have been relayed to the QIC. No billing discrepancies have been identified from the verification calls in 2023. The goal of completing three billed services on a monthly interval was not accomplished on 5 of 12 months in calendar year 2023 due to clients not answering phones or not returning left messages. This objective will be retained with new steps to ensure procurement of a minimum of 3 verified services a month.

## **F Accessibility of Services**

- 1) Objective: Maintain timely access to services for all new clients.
  - a) Goal: All clients will be seen within 10 days of registration.
  - b) Planned steps and activities to reach goal:
    - (i) Maintain the objective of ensuring timely access to services for all clients within 10 days of registration.
    - (ii) The Staff Services Analyst to continue to monitor timely access during the Client Services Information (CSI) reporting and to record any exceptions.

- (iii) Exceptions to the provision of services within 10 days of registration to be relayed to the QIC to identify areas for system improvements.
  - c) End of year evaluation: MCBH has adopted a process in which the Front Office logs the first contact of a client into the Inquiry Screen inside the new EHR and offers the first available appointment. Because the CSI reporting tool is no longer required by DHCS, the Timely Access Data Tool will be adopted for the purpose of monitoring timely access. The Staff Services Analyst has monitored the stated timeliness metric on regular scheduled intervals. No exceptions were identified during the period of July to October 2023. This goal will be maintained for 2024.
- 2) Objective: Meet the 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.
    - (ii) Urgent care services that do require prior authorization will be provided within 96 hours of the request. 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) The monitoring and analysis of the registration log will resume with the implementation of the new EHR.
    - (ii) Trainings will continue as needed to ensure staff is educated on the requirements for the provision of services that do and do not require prior authorization.
    - (iii) Any exceptions to the timely access criteria will be recorded and relayed to the QIC for review.
  - c) End of year evaluation: The objective of providing timely access for urgent conditions have been routinely monitored by the Staff Services Analyst, and MCBH has achieved our goal of meeting the timeliness criteria in 2023. The Inquiry log has been monitored monthly for "In Progress" status indicators that represent clients who have not been assigned a clinician. No violations of services rendered outside of 48 hours (services that do not require prior authorization) or 96 hours (services that do require prior authorization) have been detected 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 the availability of the crisis staff.
  - b) Planned steps and activities to reach goal:
    - (i) Continue to ensure the availability of Access Line staff to answer all toll-free 24/7 Access Line calls in all languages spoken by beneficiaries in Mono County.
    - (ii) Continue to monitor the integrity of the 24/7 Access Line with monthly test calls and review of the call log by the QI Coordinator.
    - (iii) Ensure proficiency in the identification of crisis calls and the subsequent transfer of a caller experiencing a crisis to the crisis staff.
  - c) End of year evaluation: In 2023, MCBH achieved a fully staffed Front Office assigned to answering the 24/7 Access Line. Test calls have been performed monthly by the QI Coordinator in both the primary and threshold languages spoken in Mono County. Through the test calls and reviews of the call log, the integrity of the Access Line has been maintained in 2023. The Front Office staff has demonstrated proficiency in identifying callers and situations that require immediate transfer to the crisis staff. This objective will be maintained in 2024 to ensure all calls are answered by MCBH staff to provide access to appropriate services during all hours.
- 4) Objective: Ensure timely access for clients referred to telehealth psychiatry provider North American Mental Health Services (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) Implement new EHR with its enhanced data collection capacity.
    - (ii) Monitor timely access to psychiatry for medication support services with SmartCare.
    - (iii) Continue to conduct Utilization Reviews to ensure that clients who are seeing a psychiatrist require medication management services.
    - (iv) Continue to meet with Mammoth Lakes Hospital at least once a month for transition of care reconciliation for clients who meet criteria for lower acuity level of care.
  - c) End of year evaluation: The new EHR, SmartCare, was implemented in July of 2023. The Timely Access log continues to be utilized inside of SharePoint while the telepsychiatry timeliness tracking tool continues to be developed in SmartCare. Utilization Reviews have

been and will continue to be conducted by the Clinical Services Manager to ensure that all clients who are actively seeing the telehealth psychiatrist are receiving medication management. The Mammoth Hospital Behavioral Health and MCBH teams have continued to meet monthly on the first Thursday of each month to coordinate transitions of care between levels of acuity.

## **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 in 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) Recruit and retain culturally and linguistically competent staff, in particular staff who are bilingual English-Spanish speakers.
    - (ii) Offer a student loan assumption program to help attract and retain staff members in hard-to-fill positions in the department.
    - (iii) Continue involvement in the Cultural Outreach Committee to inform MCBH's policies, procedures, and practices, and to ensure that they reflect the diversity of the community.
    - (iv) Incorporate members of underserved groups into the QIC and the Behavioral Health Advisory Board meetings.
    - (v) Maintain 100% of therapists, case managers, office staff, management, administrative staff, and contracted providers are trained on cultural competency annually.
  - c) End of year evaluation: MCBH has recruited and maintained that all staff continue to be trained in cultural competency annually. Currently, 40% of MCBH's staff are bilingual English-Spanish speakers. All MCBH staff with student loans are actively participating in the loan assumption program. Staff has reported in recent workforce surveys that this benefit helped in recruitment and retention. The Cultural Outreach Committee continued to meet in 2023 and impacted MCBH and the local community abroad. Members of underserved populations have participated on the Behavioral Health Advisory Board meetings where quality improvement topics are discussed and relayed to the QIC.