



Quality Improvement Work Plan 2025 - End of Year Reconciliation and Evaluation

A. Access to Care

1. Objective: Retain psychiatric specialists in 2025 to ensure continuity of care in all outlying areas.
 - a. Goal: By retaining four Psychiatric Specialists, it is MCBH's goal to ensure regular, timely access for beneficiaries throughout the County.
 - b. Planned Steps and Activities to Reach Goal:
 - i. MCBH will continue offering loan assumption to all eligible Psychiatric Specialists.
 - ii. MCBH will continue creating a workplace culture built upon its Core Values of Honor the Work, Practice Vulnerability, and Take Good Care.
 - iii. MCBH will continue to offer a hybrid virtual/in-person workplace schedule to eligible staff members, including Psychiatric Specialists.
 - c. End of Year Evaluation: During 2025, MCBH carried out all activities identified under this objective as planned. These efforts have supported workforce stability and helped sustain psychiatric specialty capacity. Despite this progress, recruiting and retaining qualified staff remains difficult due to the small labor market and geographic remoteness typical of rural counties. Continuing this objective into 2026 acknowledges the ongoing need to strengthen and stabilize the psychiatric workforce, which is essential to maintaining consistent access to care for members throughout Mono County, including remote and underserved communities.
2. Objective: Ensure ongoing operation of 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: Establish a consistent and collaborative presence at the permanent housing site to support client stability and success.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Ensure that MCBH has a regular presence at the on-site offices.
 - ii. Meet at least monthly with Buckingham Property Management to monitor and coordinate support needs for clients.
 - iii. Provide ongoing case management and support to help clients be successful in their housing.
 - c. End of Year Evaluation: Throughout the year, MCBH maintained a consistent and collaborative presence at the Permanent Supportive Housing (PSH) project in the Town of Mammoth Lakes. MCBH staff were onsite approximately 30 hours per week and met at least monthly

with Buckingham Property Management to coordinate rent payments, address tenant concerns, and advocate for client needs. MCBH also provided ongoing case management and supportive services to residents who chose to engage, assisting with housing transitions, timely rent and utility payments, and activities of daily living. These efforts supported client stability and helped ensure the continued operation and effectiveness of the PSH project in meeting state requirements.

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 effectively involve a multi-faceted approach in promoting Medication Assisted Treatment (MAT).
 - b. **Planned Steps and Activities to Reach Goal:**
 - i. MCBH will develop educational campaigns to educate clients and the public about the effectiveness of MAT for treating substance use disorders, including Mammoth Mountain.
 - ii. MCBH will collaborate with partners at Mammoth Hospital to promote MAT for patients seen in the emergency department for opioid related diagnoses.
 - iii. MCBH will provide brochures to Mono County Public Health to disperse to and educate the public.
 - iv. MCBH will complete the Memorandum of Understanding and partner with Recovery Services for MAT.
 - v. Incorporate MAT information into SUD intake packet.
 - c. **End of Year Evaluation:** During 2025, MCBH met Drug-Medi-Cal requirements by expanding access to Medication Assisted Treatment (MAT), including methadone, buprenorphine, and naltrexone. MCBH increased the number of clients receiving MAT through its subcontracted provider and strengthened provider capacity by contracting with Tarzana Treatment Center to educate substance use disorder and mental health providers on MAT options. These efforts supported a coordinated approach to care, and MCBH will continue to expand outreach, education, and collaboration with community partners to further improve awareness and access to 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 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 2024 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 California Code of Regulations, 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. In 2025, the Inquiry log will be checked by the Staff Analyst for completion of required information on a monthly basis.
- c. End of Year Evaluation: MCBH maintained compliance with California Code of Regulations by ensuring that all calls to the front office and 24/7 access line, including intake, crisis, and walk-in requests, were logged and responded to by a live person. Monthly test calls were conducted in accordance with DHCS minimum requirements, including quarterly threshold language calls, and inquiry logs were routinely reviewed to confirm accurate documentation of caller name, urgency level, and required elements. Caller worksheets were used to monitor that all required information was provided during access line contacts. Targeted staff training was delivered as needed to address identified gaps and support ongoing compliance.

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 University of California Davis and the California Early Psychosis Intervention program, EPI-CAL.
 - a. Goal: Strengthen engagement with the EPI-CAL initiative by maintaining active participation and enhancing local collaboration.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Maintain rate of referrals to the program for 2025 and continue building partnerships with UC Davis.
 - ii. MCBH will remind partners of EPI-CAL program in 2025, including Mammoth Hospital and Mono County Office of Education (MCOE)
 - c. End of Year Evaluation: During 2025, MCBH ensured continued access to early psychosis services by transitioning participation in the EPI-CAL initiative to Telecare in July 2025. One client is currently receiving services through Telecare, with outreach and referrals supported through Mammoth Hospital, NorthStar, and community providers using educational materials. Telecare will provide education to Mammoth Hospital staff to strengthen local awareness and referral pathways as MCBH continues to build collaboration around early psychosis care.
2. Objective: Strengthen and expand the delivery of Intensive Outpatient Treatment (IOT) services in alignment with the State of California Substance Use Program.
 - a. Goal: Ensure effective utilization and integration of contracted IOT services by expanding staff and partner agency training, formalizing referral pathways, and developing a system for standardized client feedback.
 - b. Planned Steps and Activities to Reach Goal:
 - i. MCBH will educate pertinent staff members and partner agencies about services available through the contract and familiarize stakeholders on the referral processes.
 - ii. MCBH will establish care-coordination and information sharing practices with the contractor.
 - iii. MCBH will create a client survey to be completed after their IOT treatment to measure efficacy of the contracted provider.

- c. End of Year Evaluation: During 2025, MCBH strengthened the delivery and integration of contracted Intensive Outpatient Treatment (IOT) services in alignment with the State Substance Use Program. MCBH incorporated levels-of-care training into its annual SUD training to ensure consistent staff understanding of IOT services and referral criteria. A coordinated referral process was implemented to track and monitor clients referred to IOT, and partner agencies were informed of the referral pathway. These efforts supported effective utilization of contracted IOT services and improved coordination across providers.

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. Incorporate the Satisfaction Survey and the Consumer Satisfaction Survey (CPS) for the monitoring of client-focused outcomes.
 - ii. Ensure the regular collection of outcomes measures using the PHQ-9 and GAD-7 as data metrics.
 - iii. Calculate the assessment scores to determine areas of needed improvement.
 - c. End of Year Evaluation: In 2025, MCBH continued to ensure the regular collection of client outcome measures using validated tools. MCBH reviewed results from all client surveys, including the Satisfaction Survey and Consumer Satisfaction Survey (CPS), to monitor for systemic issues and support client-focused quality improvement. PHQ-9 and GAD-7 scores were collected on a routine quarterly schedule, and assessment results were reviewed to identify trends and areas for improvement in service delivery.
2. **Objective:** Ensure that MCBH's Wraparound evaluations accurately measure consumer outcomes and meets all state requirements.
 - a. Goal: Plan and implement a feasible Wraparound evaluation that allows MCBH to meet its objective of fulfilling state requirements and tracking consumer outcomes.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Purchase one of the identified tools that meets all state requirements and secure an external evaluator if required.
 - ii. Ensure that the selected tool meets at least the minimum standards recommended by the Wraparound Evaluations and Research Team Pilot Project.
 - iii. Wraparound Coordinator, Analyst, and Program Manager to create and implement an evaluation plan.
 - c. End of Year Evaluation: During the reporting period, MCBH advanced the development of a Wraparound evaluation framework that meets state requirements and measures consumer outcomes. MCBH identified outcome measures aligned with the Wraparound Evaluation and Research Team (WERT) CQI Pilot Project, including the Wraparound Fidelity Index-EZ (WFI-EZ), Team Observation Measurement (TOM 2.0), and Document Assessment and Review Tool (DART), and is reviewing additional no-cost tools for alignment. Options for external or peer review, including collaboration with Inyo County, are being explored as needed. An evaluation

plan is in development and is expected to be finalized and implemented prior to the July 8, 2026, deadline for submission of MCBH's Wraparound certification application to CDSS.

3. **Objective:** Integrate beneficiaries' care coordination and case management across behavioral health, physical health, and social service providers by enhancing coordination, integration, and information exchange among stakeholders.
 - a. Goal: MCBH will continue to build its interoperability and data-sharing capacity.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Connect with Inyo County and Mammoth Hospital to align on interoperability requirements and explore opportunities for improved data sharing and coordination across systems.
 - ii. Enable the exchange of ADT (Admission, Discharge, Transfer) alerts and facilitate timely follow-up tracking in alignment with FUM (Follow-up after Mental Illness Hospitalization) requirements.
 - c. End of Year Evaluation: In 2025, MCBH continued planning efforts to strengthen interoperability and data-sharing capacity to support coordinated care across behavioral health, physical health, and social service systems. While direct alignment with Inyo County and Mammoth Hospital has not yet occurred, MCBH is awaiting guidance from CalMHSA regarding the use of Manifest MedEx, the health information exchange platform used by Mammoth Hospital and Northern Inyo Hospital. MCBH is also awaiting additional information from CalMHSA regarding the availability of ADT alerts through CalMHSA Connex. MCBH will continue to pursue these coordination efforts as statewide interoperability solutions are clarified.

D. Evidence of QI activities

- **Clinical PIP**

1. **Objective:** In 2025, improve compliance with HEDIS FUM (Follow-up after Emergency Department Visit for Mental Illness) measures by ensuring timely and coordinated follow-up care for individuals discharged from Mammoth Hospital Emergency Department, thereby enhancing service continuity, reducing readmission risk, and supporting client recovery.
 - a. Goal: Increase the rate of timely follow-up appointments after emergency department discharges for mental health conditions in alignment with HEDIS FUM requirements by establishing coordination protocols with the local emergency department.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Establish workflows with the local ED to ensure behavioral health clients are connected to outpatient services before discharge, including scheduling follow-up appointments.
 - ii. Use ADT alerts to track ED discharges with mental health as primary diagnoses and trigger outreach efforts for timely follow-up care.
 - iii. Enhance same-day or next-day appointment availability, including telehealth, to facilitate timely engagement after ED visits for behavioral health concerns.
 - iv. Provide education to both clients and emergency department personnel on the importance of timely mental health follow-up and how to access services.

- c. End of Year Evaluation: During the reporting period, MCBH implemented post-discharge coordination workflows with Mammoth Hospital's Behavioral Health Department to improve compliance with HEDIS Follow-Up After Emergency Department Visit for Mental Illness (FUM) requirements. Qualified and consenting patients are now referred to MCBH through a SharePoint-based referral process that automatically notifies clinical and front office staff, triggering timely outreach and engagement efforts. These workflows have strengthened continuity of care following emergency department discharge; however, same-day or next-day appointment availability remains a challenge due to intake workflows requiring licensed clinicians to conduct intakes and initial screening assessments. MCBH will continue refining processes and capacity to improve timely follow-up and access to care.
2. Objective: Begin data collection and subsequent idea formulation in preparation for submission of the 2026 Clinical PIP.
- a. Goal: Produce a high-quality idea with supporting data for clinical PIP proposal in early 2026.
 - b. 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.
 - b. End of Year Evaluation: During the reporting period, Mono County Behavioral Health (MCBH) initiated planning activities in preparation for submission of the 2026 Clinical Performance Improvement Project (PIP). MCBH reviewed criteria for high-quality PIPs and began identifying data sets to support proposal development. With Health Services Advisory Group (HSAG) scheduled to reassess multiple performance measures, including Follow-Up After Emergency Department Visit for Mental Illness (FUM), MCBH anticipates that the next clinical PIP will focus on improving outcomes related to these established measures. MCBH will continue data analysis and coordination with the designated EQRO representative to refine and finalize a PIP proposal in early 2026.
3. Objective: Begin data collection and idea generation in preparation for submission of the 2026 Non-Clinical PIP.
- a. Goal: Produce a high-quality idea with supporting data for non-clinical PIP proposal in early 2026.
 - b. 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
 - iv. Review timeliness deficiencies and develop 2 different interventions.
 - c. End of Year Evaluation: During the reporting period, MCBH began preparation for submission of the 2026 Non-Clinical Performance Improvement Project (PIP). Because the number of allowable non-

clinical PIP topics has been reduced to two, further research to identify potential topics is no longer necessary. In parallel, and through a separate corrective action plan, MCBH has implemented systems to address identified timeliness deficiencies and improve overall performance.

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 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 2025.
 - ii. Revise the chart monitoring tool to reflect the changes in documentation requirements.
 - c. End of Year Evaluation: In 2025, MCBH met its objective of monitoring 5% of Medi-Cal charts to ensure records were current and reflected services supported by medical necessity. Findings were used to assess documentation quality and compliance. In addition, the chart monitoring tool was revised to align with updated documentation requirements, supporting consistent and accurate reviews. These activities contributed to maintaining acceptable documentation standards across reviewed charts.

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 2024 and beyond.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Develop the ability to bill for administrative duties related to Quality Assurance and Utilization Review.
 - ii. Continue to provide regular supervision to assist providers in overcoming obstacles to meeting direct service goals.
 - iii. Review productivity to ensure client access to providers.
 - c. End of Year Evaluation: In 2025, MCBH continued efforts to improve Medi-Cal billing for allowable services and support provider productivity. Regular supervision and productivity reviews were conducted to help providers overcome barriers to meeting direct service expectations and to support client access to care. Development of billing for administrative duties related to Quality Assurance and Utilization Review was not completed during this period and is planned for 2026. Overall, these activities supported continued progress toward improved Medi-Cal billing practices.

3. **Objective:** Protect consumers and MHP 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: During the reporting period, MCBH maintained a Service Verification process to confirm the accuracy of billed services and protect both consumers and the Mental Health Plan from fraudulent billing. At least three randomly selected billed services per month were verified, and no discrepancies between documented and delivered services were identified. Service Verification calls included questions related to access to care and quality of services, and consumer feedback was shared with the Quality Improvement Committee (QIC). A key benefit of this process was the collection of direct consumer feedback regarding services received, and the goal will be maintained in 2026 to continue supporting quality improvement and consumer engagement.

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. 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 systems improvement.
 - iv. End of Year Evaluation: During the reporting period, MCBH continued to monitor timely access to services for new clients with the goal of being seen within 10 days of registration. MCBH received a Corrective Action Plan (CAP) for the FY 2024–25 Network Adequacy and Timely Access (NACT) reporting period related to timeliness of follow-up for both youth and adults. In response, MCBH will pilot an updated intake process beginning in 2026, to address identified gaps and improve timely access to services. Timely access monitoring has transitioned from the Client Services Information (CSI) system to the Timely Access Data Tool (TADT), which is now used to track performance and identify exceptions.
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 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. The objective to meet requirements for timely access to services for urgent conditions will be maintained in 2025.
 - ii. The Staff Service Analyst will monitor the Inquiry log monthly to monitor for clients who have yet to be assigned a clinician by identifying the inquiry status "In Progress."
 - iii. 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.
 - iv. The Staff Service Analyst will relay any concerns with Timely Access criteria to the QIC for review.
 - c. End of Year Evaluation: During the reporting period, MCBH continued efforts to meet timely access requirements for urgent conditions. While monitoring and staff training continued, meeting the 48-hour and 96-hour timeframes remains an area requiring further improvement due to the transition to licensed-clinician-led intakes and limited staff availability. Identified challenges and timeliness concerns will continue to be monitored and relayed to the QIC for ongoing systems improvement.
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 Toll-free 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 the toll-free 24/7 Access Line 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 access log by the QI Coordinator.
 - iii. Revise training materials to include clear guidelines for identifying urgent and emergent behavioral health conditions and provide targeted training to all relevant staff to ensure effective communication of access options for appropriate levels of care.
 - c. End of Year Evaluation: In 2025, MCBH maintained access to after-hours care through the 24/7 toll-free Access Line and the availability of crisis staff. Access Line coverage was maintained to support members in all required languages, and the integrity of the Access Line was monitored through monthly test calls and routine review of access logs by the Quality Improvement Coordinator. Training materials were updated to reinforce identification of urgent and emergent behavioral health conditions and to support staff in providing accurate information about appropriate access to care.
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 withing 15 business days of the initial request for service (or referral).
 - b. Planned Steps and Activities to Reach Goal:
 - i. Monitor timely access to psychiatry for medication support services with via SharePoint.
 - ii. Develop monitoring capabilities in SmartCare.
 - iii. Continue to conduct quarterly Utilization Reviews by the QI Coordinator, Staff Services Analyst, and Public Health Officer to

- monitor for appropriateness of 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: During the reporting period, MCBH maintained efforts to ensure timely access to telehealth psychiatry services for clients referred to NAMHS. Timely access to psychiatry appointments continued to be monitored through the electronic health records (EHR), and recent updates to the SmartCare EHR improved MCBH's ability to track referrals, appointments, and follow-up activity. Quarterly Utilization Reviews were conducted by the Quality Improvement Coordinator, Staff Services Analyst, and Public Health Officer to monitor the appropriateness of medication management services. In addition, MCBH continued monthly coordination meetings with Mammoth Lakes Hospital to support transition-of-care reconciliation for clients meeting criteria for a lower level 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 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. Retain culturally and linguistically competent staff, particularly staff who are bilingual English-Spanish speakers.
 - ii. Offer a student loan assumption program to help retain staff members in hard-to-fill positions in the department.
 - iii. Continue involvement in the Cultural Outreach Committee to help ensure that MCBH's policies, procedures, and practices reflect the diversity of the community.
 - iv. 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: In 2025, MCBH continued to implement activities outlined in its Cultural Competence Plan to support the delivery of culturally, ethnically, and linguistically appropriate services. MCBH maintained efforts to retain competent staff, including bilingual English-Spanish staff, and continued use of the student loan assumption program to support retention in hard-to-fill positions. The Cultural Outreach Committee met regularly throughout 2025 and maintained strong participation, providing ongoing input to help ensure that policies, procedures, and practices reflect the diversity of the community. In addition, MCBH continued annual cultural competency training for staff and contracted providers, supporting continued compliance with cultural competence requirements.