



# **Mono County Behavioral Health**

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## **Quality Improvement Work Plan 2025**

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## QUALITY IMPROVEMENT (QI) PROGRAM OVERVIEW

### **A. Quality Improvement Program Characteristics**

Mono County Behavioral Health (MCBH) has implemented a Quality Improvement (QI) Program in accordance with state regulations for evaluating the appropriateness and the quality of services, including over-utilization and under-utilization of services. The QI Program meets these requirements through the following process:

1. Collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified.
2. Identifying opportunities for improvement and deciding which opportunities to pursue.
3. Designing and implementing interventions to improve performance.
4. Measuring the effectiveness of the interventions.
5. Incorporating successful interventions in the system, as appropriate.

It is the goal of MCBH to build a structure that ensures the overall quality of services. This goal is accomplished by realistic and effective quality improvement activities and data-driven decision making; collaboration amongst staff, including consumer/family member staff; and utilization of technology for data analysis. Through data collection and analysis, significant trends are identified, and appropriate policy and system-level changes are implemented.

Executive management and program leadership is crucial to ensure that findings are used to establish and maintain the overall quality of the service delivery system and organizational operations. The QI program is accountable to the MCBH Director.

### **B. Annual Work Plan Components**

The Annual Work Plan for Quality Improvement activities of MCBH provides the blueprint for the quality management functions designed to improve both client access and quality of care. This Plan is evaluated annually and updated as necessary.

The MCBH annual QI Work Plan includes the following components:

1. An annual evaluation of the overall effectiveness of the QI Program.
2. Objectives and goals for the coming year.
3. Previously identified issues, including tracking issues over time.
4. Activities for sustaining improvement.

The MCBH Quality Assurance/Quality Improvement (QA/QI) Coordinator facilitates the implementation of the QI Work Plan and the QI activities. Sufficient time to engage in QI activities will be allocated to this position (e.g., facilitating the committee, monitoring activities, conducting chart reviews). The MCBH Program Manager contributes to the facilitation with the implementation and coordination of the Performance Improvement Projects (PIPs).

This Quality Improvement Plan ensures the opportunity for input and active involvement of clients, family members, licensed and paraprofessional staff, providers, and other interested

stakeholders in the Quality Improvement Program. The QI members participate in the planning, design, and implementation of the QI Program, including policy setting and program planning. The Plan activities also serve to fulfill the requirements set forth by the California Department of Health Care Services (DHCS) and Specialty Mental Health Services Mental Health Plan (MHP) requirements, as related to the MHP-DHCS contract Annual Quality Improvement Program description. The MCBH QI Work Plan addresses quality assurance/improvement factors as related to the delivery of timely, effective, and culturally competent specialty mental health services.

The QI Work Plan is posted on the MCBH website and is available upon request. It is provided to the External Quality Review Organization (EQRO) during its annual review of the MCBH system. The QI Work Plan is also available to auditors during the triennial Medical review.

### **C. Quality Management Committee**

- *Quality Improvement Committee (QIC)*

The Quality Improvement Committee (QIC) is responsible for the key functions of the MCBH Quality Improvement Program. This committee is involved in the following functions:

1. Implement the specific and detailed review and evaluation activities of the agency. On a quarterly/bi-monthly basis, the QIC collects, reviews, evaluates, and analyzes data, implements actions, and provides oversight to QI activities, including the development and implementation of the Performance Improvement Projects (PIPs).
2. Recommend policy decisions; reviews and evaluates the results of QI activities; and monitors the progress of the PIPs. The QIC institutes needed actions and ensures follow-up of QI processes.
3. Assure that QI activities are completed and utilizes a continuous feedback loop to evaluate ongoing quality improvement activities, including the PIPs. This feedback loop helps to monitor previously identified issues and provides an opportunity to track issues over time. The QIC continuously conducts planning and initiates new activities for sustaining improvement.
4. Specific responsibilities of the QIC include, but are not limited to, the following:
  - Consumer survey results,
  - Consumer and family voice,
  - Performance Outcome Measures,
  - Access and quality of care,
  - Utilization of outpatient services,
  - Utilization of inpatient and IMD services,
  - Grievances and appeals,
  - Primary and Behavioral Health Care integration,
  - HIPAA and compliance,

- Cultural and linguistic competency, including trends regarding cases of cultural concern presented in the Clinical Team meetings,
  - Notice of Actions and State Fair Hearings,
  - Brochure distribution,
  - Psychiatrist/Physician access,
  - Medication review,
  - Review out of county mental health authorizations,
  - PIP's and EQRO review,
  - Staff and supervisor annual credentialing process (including private provider network),
  - OIG Exclusions & Suspended Medi-Cal Providers,
  - Medi-Cal verification (integrity) activities,
  - 24/7 toll free line monitoring report,
  - Drug Medi-Cal requirements,
  - Change of provider request review, and
  - Peer chart review.
- *Quality Improvement Committee (QIC) Membership*  
The QIC is accountable to the MCBH Director. Designated members of the QIC include the MCBH Director, Clinical Supervisor, Quality Assurance Coordinator, Program Manager, Staff Services Analysts, Wellness Center Associate (peer representative) and SUD Supervisor. Additionally, MCBH always strives for QIC membership with community members, including consumers and family members as well as MHSA and SUD funded agencies.
  - *Quality Improvement Committee (QIC) Meeting Documentation*  
The MCBH QIC maintains a standing meeting agenda to ensure that all required QI components are addressed at each QIC meeting. Additional items, and incomplete action items, may be identified on the agenda for review at the next meeting. The QIC documents all activities through dated minutes to reflect all decisions and actions.

## I. QUALITY IMPROVEMENT PROGRAM COMPONENTS

### A. Evaluation of Overall Program Effectiveness

Evaluation of the overall effectiveness of the QI program is accomplished routinely, as well as annually, to demonstrate that:

- QI activities have contributed to improvement in clinical services.
- QI activities have contributed to improvement in access to services, including timeliness.
- QI activities have been completed or are in process.
- QI activities have incorporated relevant cultural competence and linguistic standards to match clients' cultural and linguistic needs with appropriate providers and services.

## **B. Specific QI Evaluation Activities (for both Behavioral Health and Substance Use Disorder Services)**

1. Quality Improvement Committee (QIC) - the monthly QIC meetings may include, but are not limited to, the following agenda items:
  - a) Review reports to help identify trends in client care, in timeliness of treatment plan submissions, and trends related to the utilization review and authorization functions.
  - b) Review client and provider satisfaction surveys, and client change of provider requests to assure access, quality, and outcomes.
  - c) Review the responsiveness of the 24-hour, toll-free telephone line.
  - d) Review and evaluate results of QI activities, including progress on the development and implementation of the PIPs.
  - e) Review QI actions and follow-up on any action plans.
  - f) Review client- and system-level Performance Outcome Measures for adults and children to focus on any significant findings and trends.
  - g) Review medication monitoring processes to assure appropriateness of care, appropriateness of reviewer comments, any plans of correction following initial review, and any significant trends of concern.
  - h) Review any new Notice of Adverse Benefit Determination (NOABD), focusing on their appropriateness and any significant trends.
  - i) Review any grievances or appeals submitted. The QIC reviews the appropriateness of the MCBH response and significant trends that may influence policy or program-level actions, including personnel actions.
  - j) Review provider satisfaction surveys (annually) and any provider appeals.
  - k) Review any requests for State Fair Hearings, as well as review of any results of such hearings.
  - l) Monitor the distribution of EPSDT/TBS brochures.
  - m) Review other clinical and system level issues of concern that may affect the quality-of-service delivery. The information reviewed also allows the QIC to evaluate trends that may be related to culturally sensitive issues and may require prescriptive action.
  - n) Review potential or required changes in policy.

- o) Review issues related to the Compliance Program, including compliance issues such as fraud or inappropriate billing; staff licensure; status and exclusions lists; and other program integrity items.
  - p) Monitor issues over time and make certain that recommended activities are implemented, completing the Quality Improvement feedback loop.
2. Monitoring Previously Identified Issues and Tracking over Time Minutes of all QIC meetings include information regarding:
- a) An identification of action items,
  - b) Follow-up on action items to monitor if they have been resolved,
  - c) Assignments (by persons responsible),
  - d) Due date, and
  - e) Completion date.

To ensure a complete feedback loop, completed and incomplete action items shall be identified on the agenda for review at the next meeting. MCBH has developed a meeting minute template to ensure that all relevant and required components are addressed in each set of minutes.

Meeting minutes are also utilized to track action items and completion dates.

**C. Inclusion of Cultural Competency Concerns in QI Activities**

On a regular basis, the QIC reviews collected information, data, and trends relevant to standards of cultural and linguistic competency.

**II. DATA COLLECTION – SOURCES AND ANALYSIS**

**A. Data Collection Sources and Types**

Data sources and types may include, but not are limited to, the following:

1. Utilization of services by type of service, age, gender, race, ethnicity, primary language, veterans, and LGBTQ+
2. Access Log (Inquiry page of SmartCare)
3. Registration Log (used for timeliness of regular appointments and telepsychiatry)
4. Crisis Log
5. Test call logs
6. Utilization Review documentation
7. Notice of Adverse Benefit Determination (NOABD) forms and logs (as available)
8. Second Opinion requests and outcomes
9. SharePoint or Echo/SmartCare Electronic Health Record Reports
10. Medication Monitoring forms and logs
11. Treatment Authorization Requests (TAR) and Inpatient logs

12. Clinical Review QI Checklists (and plans of correction)
13. Peer Chart Review Checklists (and plans of correction)
14. Client Grievance/Appeal Logs; State Fair Hearing Logs
15. Change of Provider forms and logs
16. Compliance logs
17. EQRO and Medi-Cal Audit results
18. Network Adequacy Certification Tool (NACT)
19. Special Reports from DHCS or other required studies
20. Performance Improvement Project data logs

**B. Data Analysis and Interventions**

1. The QA Coordinator performs preliminary analysis of data to review for accuracy and completion. If there are areas of concern, the QIC discusses the information. Clinical staff may be asked to implement plans of correction, as needed. Policy changes may also be implemented, if required. Subsequent review is performed by the QIC.
2. The changes to programs and/or interventions are discussed with individual staff, QIC members (including consumers and family members), Behavioral Health Advisory Board members, and management.
3. Program changes have the approval of the Behavioral Health Director or the Clinical Supervisor prior to implementation.
4. Effectiveness of program changes are evaluated by the QIC. Input from committee is documented in the minutes. These minutes document the activity, person responsible, and timeframe for completion. Each activity and the status for follow-up are discussed at the beginning of each meeting.

**III. QUALITY IMPROVEMENT ACTIVITIES, GOALS, AND DATA**

**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.
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.
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. Incorporate MAT information into SUD intake packet.
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.

## 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).
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. 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.
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.
- 3. **Objective:** Integrate members' 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 facilitating timely follow-up tracking in alignment with FUM (Follow-Up after Mental Illness Hospitalization) requirements.

#### **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 ED.
  - 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.
- 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.

- Non-Clinical PIP

3. Objective: Begin data collection and idea generation in preparation for submission of the 2025 Non-Clinical PIP.
  - a. Goal: Produce a high-quality idea with supporting data for non-clinical PIP proposal to the new EQRO, HSAG in early 2025.
  - 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.

## **E. Monitoring Activities**

1. Objective: Ensure that all charts are up to date, remain compliant, clinically sound, reflective of individualized care, 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.
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 2025 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.
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.

## **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.

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.

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 emergency behavioral health conditions and provide targeted training to all relevant staff to ensure effective communication of access options for appropriate levels of 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 within 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 monthly for transition of care reconciliation for clients who meet criteria for lower acuity level of care.

#### **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.

#### **IV. DELEGATED ACTIVITIES STATEMENT**

MCBH does not delegate any review activities. Should delegation take place in the future, this Plan will be amended accordingly.