



Quality Improvement Work Plan 2024 - End of Year Reconciliation and Evaluation

A. Access to Care

1. Objective: Retain psychiatric specialists in 2024 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: Throughout 2024, all planned steps and activities under this objective were successfully implemented by Mono County Behavioral Health (MCBH). These strategies have contributed positively to workforce stability and the retention of psychiatric specialists. However, recruitment and retention of staff continues to be a challenge due to the limited candidate pool and geographic isolation inherent to rural settings. Maintaining this objective into 2025 reflects the ongoing need to support and stabilize the psychiatric workforce, which is vital for ensuring continuity of care to beneficiaries across Mono County, particularly in outlying and underserved areas.
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: In Calendar Year 2024, MCBH will help 8-13 households who have at least one person experiencing serious mental illness secure permanent supportive housing (PSH) at "The Sawyer" development.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Develop policies, procedures, and eligibility criteria for The Sawyer.
 - ii. Continue to track the progress of the project's construction, working closely with Buckingham Property Management to help clients complete all housing application paperwork.
 - iii. Spring and Summer 2024, order furnishings and belongings for units.
 - iv. Aid in helping clients successfully move into permanent housing.
 - c. End of Year Evaluation: The objective of developing the Permanent Supportive Housing Project and the stated goal of placing qualified

households have been met and will now be sunsetted. The qualified households, each including individuals with serious mental illness, successfully secured permanent supportive housing at *The Sawyer*. This accomplishment marks a significant step forward in addressing housing insecurity in Mono County and demonstrates MCBH's capacity to lead collaborative, client-centered initiatives that meet both clinical and housing stabilization needs.

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:** In 2024, MCBH achieved a vital milestone by completing a Memorandum of Understanding (MOU) with Recovery Services to establish a formal partnership for Medication Assisted Treatment. This agreement lays the critical groundwork for expanding access to MAT services in Mono County, ensuring residents have an identified point of entry for this essential treatment. While the remaining planned steps were not fully realized during this reporting period, the MOU represents meaningful progress and confirms MCBH's commitment to building a comprehensive MAT program. The objective remains active and will carry forward into 2025, with a renewed focus on achieving the remaining goals—including public education, inter-agency collaboration, and the integration of MAT resources into client materials.
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 2024, the Inquiry log will be checked by the Staff Analyst for completion of required information on a monthly basis.
- c. End of Year Evaluation: All planned steps were implemented in 2024, including monthly test calls, staff training, and routine monitoring of the Inquiry Log. However, a DHCS audit found that staff answering the 24/7 line occasionally failed to assess whether calls were urgent or emergent and did not consistently provide the required information for urgent care needs. While the necessary systems and oversight were in place, these findings revealed gaps in real-time performance. The objective will continue into 2025 with targeted staff retraining, updated call scripts and prompts, and expanded QI efforts—including increased volume of test calls—to ensure full 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 Nevada County and the California Early Psychosis Intervention program, EPI-CAL.
 - a. Goal: Continue participation in the EPI-CAL Initiative.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Maintain rate of referrals to the program for 2024 and continue building partnerships with UC Davis.
 - ii. MCBH will remind partners of EPI-CAL program in 2024, including North Star.
 - c. End of Year Evaluation: MCBH continues to support access to early psychosis care through its participation in the EPI-CAL initiative, maintaining partnership with UC Davis to provide evidence-based early intervention. In 2024, MCBH contracted with TeleCare to deliver core EPI-CAL services, including assessments, psychiatric care, case management, therapy, and peer support. While service delivery is in place, further outreach is needed to ensure that local partners—such as Mammoth Hospital and the Mono County Office of Education (MCOE)—are fully informed about the program and able to refer eligible Medi-Cal beneficiaries. This objective will continue in 2025 with an emphasis on strengthening referral pathways and partner awareness to support timely access to early psychosis services.
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 contract with an outside agency to conduct all IOT-related activities for MCBH.
 - b. Planned Steps and Activities to Reach Goal:
 - i. MCBH will execute a contract with an outside agency for IOT delivery in Spring 2024.
 - ii. MCBH will educate pertinent staff members and partner agencies about services available through the contract and familiarize stakeholders on the referral processes.
 - iii. MCBH will establish care-coordination and information sharing

- practices with the contractor.
- iv. 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: MCBH successfully contracted with Recovery Services in Spring 2024 to deliver Intensive Outpatient Treatment (IOT), meeting the core goal of this objective. Staff and partner agencies have begun receiving information about the service, but ongoing education is needed to ensure consistent understanding and referral practices. Care coordination has been established, with weekly client updates from the provider and Requests of Information consents obtained prior to referrals. While a formal client survey is not yet in place, staff are informally checking in with clients to gather feedback. The objective will continue in 2025, with a focus on expanding staff and partner agencies training and implementing a standardized post-treatment feedback process.

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 2024, MCBH successfully maintained the regular use of the PHQ-9 and GAD-7 as core outcome measurement tools and continued incorporating the Satisfaction Survey and Consumer Perception Survey (CPS) to monitor client-focused outcomes. While these validated tools provide valuable feedback on client experience and clinical progress, the overall volume of survey participation remains limited, reducing the representativeness of the data. To address this, MCBH is proactively exploring alternative strategies for gathering client input, including direct outreach, informal feedback, and targeted engagement efforts with underrepresented groups. These ongoing efforts aim to supplement formal tools and ensure that diverse client voices guide service development and continuous quality improvement. The objective will continue in 2025 with a focus on identifying 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. Wraparound Coordinator will research state requirements for

- evaluation of the program and work with other counties to identify possible evaluation tools.
 - ii. Analyst and Program Manager to research measurement tools available through the EHR.
 - iii. Wraparound Coordinator, Analyst, and Program Manager to create and implement an evaluation plan.
 - c. End of Year Evaluation: In 2024, the Wraparound Coordinator successfully identified multiple evaluation tools aligned with state requirements and recommendations from the Wraparound Evaluations and Research Team Pilot Project. This includes potentially three viable tools, at least one of which will require evaluation by an external reviewer—ensuring standards for objectivity. While full implementation is planned for 2025, progress has been made in preparation. The objective will continue into the next year, with emphasis on tool acquisition, integration into program workflows, and formalizing partnerships with outside evaluators to support quality assurance and outcome tracking.
- 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.
 - d. Goal: MCBH will continue to build its interoperability and data-sharing capacity.
 - e. Planned Steps and Activities to Reach Goal:
 - i. Implement Connex as the Health Information Exchange.
 - ii. Meet CMS Interoperability requirements for archiving of data from MCBH's legacy EHR by partnering with CalMHSA for the archiving solution.
 - f. End of Year Evaluation: In 2024, MCBH fully achieved its objective to enhance care coordination and information exchange across systems. Connex was implemented as the Health Information Exchange, and MCBH partnered with CalMHSA to meet CMS interoperability requirements by archiving legacy EHR data. These efforts have strengthened data-sharing infrastructure and support integrated, person-centered care. With all steps completed, the objective will now be sunsetted.

D. Evidence of QI activities

- Clinical PIP

1. **Objective:** As part of their treatment/recovery plan, beneficiaries will receive case management to prevent contraindicators of prescribed medications by monitoring for and maintaining appropriate levels of serum Vitamin D.
 - a. Goal: It is MCBH's goal to offer services through comprehensive case management and educational interventions led by the prescribing provider. This will facilitate coordination among beneficiaries, laboratory services, and primary care physicians, ensuring timely and dependable monitoring of beneficiaries receiving medication support services.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Revise the role of the Prescribing Provider to incorporate an educational component aimed at providing guidance to beneficiaries receiving medication support to correct Vitamin D deficiencies.

- ii. The Prescribing Provider will make referrals to a Primary Care Physician if the Vitamin D deficiency cannot effectively be addressed with over-the-counter supplements.
 - 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: While this project addressed an important clinical issue, MCBH has shifted its focus due to the transition to Health Services Advisory Group (HSAG) as the new External Quality Review Organization (EQRO) and their updated criteria for Performance Improvement Projects (PIPs). The current initiative, though well-structured, no longer aligns with HSAG's revised guidance for measurable impact and system-wide relevance. As a result, this objective will be concluded, and MCBH will begin developing a new PIP in 2025 that aligns with HSAG's evaluation framework and priorities, while continuing to integrate lessons learned from this project into clinical practice.
- 2. Objective: Begin data collection and subsequent idea formulation in preparation for submission of the 2025 Clinical PIP.
 - a. Goal: Produce a high-quality idea with supporting data for clinical PIP proposal 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 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: This objective remains a work in progress as MCBH continues to explore and develop potential ideas for the 2025 Clinical Performance Improvement Project (PIP). Initial research has been conducted to better understand the elements of a high-quality PIP, and preliminary data collection efforts are underway to support idea formulation. MCBH has recently established a new working relationship with HSAG, the incoming External Quality Review Organization (EQRO). As this collaboration is still in its early stages, the department is actively engaging with HSAG to better understand updated expectations and receive guidance in shaping a PIP concept that aligns with their evaluation framework. Idea development will continue into early 2025, informed by HSAG feedback and evolving data insights.
- Non-Clinical PIP
 - 1. Objective: Improve upon the 2021 HEDIS measure of *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 Emergency Department (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 weekly care coordination meetings between MH and MCBH.
 - iii. Maintain data-sharing of Mono County Beneficiaries discharged from the local ED with a mental health or substance use related ICD-10 F-code as either the primary or secondary diagnosis.
 - iv. End of Year Evaluation: MCBH made strong initial progress toward this objective by implementing all planned steps in collaboration with Mammoth Hospital (MH). Weekly care coordination meetings were initiated, and data-sharing protocols were established to monitor ED discharges related to mental health and substance use conditions. However, the departure of the hospital's Behavioral Health Technician—who was essential to retrieving and relaying ED discharge data—resulted in a substantial interruption of the process. This impacted the consistency of data exchange and follow-up tracking, delaying continued progress toward improving HEDIS follow-up measures. The objective will remain active in 2025 as a Clinical PIP with a renewed focus on identifying systemic gaps and strengthening communication pathways between MH and MCBH.

2. **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 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
- g. **End of Year Evaluation:** This objective remains a work in progress as MCBH continues to explore and develop potential ideas for the 2025 Non-Clinical Performance Improvement Project (PIP). Initial research has been conducted to better understand the elements of a high-quality PIP, and preliminary data collection efforts are underway to support idea formulation. MCBH has recently established a new working relationship with HSAG, the incoming External Quality Review Organization (EQRO). As this collaboration is still in its early stages, the department is actively engaging with HSAG to better understand updated expectations and receive guidance in shaping a PIP concept that aligns with their evaluation framework. Idea development will continue into early 2025, informed by HSAG feedback and evolving data insights.

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 2024.
 - ii. Revise the chart monitoring tool to reflect the changes in documentation requirements.
 - c. End of Year Evaluation: In 2024, MCBH successfully achieved both planned steps under this objective. The department consistently monitored 5% of Medi-Cal charts and updated the chart review tool to reflect evolving documentation standards. Given the ongoing importance of maintaining high-quality clinical documentation and the persistent changes in documentation requirements, this objective will be maintained into 2025. Continued monitoring ensures that charts remain compliant, clinically sound, and reflective of individualized care.
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: MCBH has made steady progress toward increasing Medi-Cal billing and optimizing billable service time. Regular supervision continues to support direct service providers in addressing barriers to productivity, and ongoing productivity reviews help ensure client access to care remains balanced with billing goals. However, the department has not yet finalized the ability to bill for administrative duties related to Quality Assurance and Utilization Review. This component remains in development and is necessary for capturing the full range of allowable administrative reimbursement under Medi-Cal. This objective will be maintained into 2025, with a focus on finalizing administrative billing processes and refining systems that support billable service time.
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: In 2024, MCBH successfully implemented all planned steps to support its Service Verification process. Each month, at least three randomly selected billed services were verified, with questions incorporated to assess Access to Care and Quality of Services. Feedback from these calls, including any identified billing discrepancies and consumer input, was consistently relayed to the Quality Improvement Committee (QIC) for review. Given the importance of safeguarding against fraudulent billing and using consumer feedback to support quality assurance, this objective will be maintained in 2025. The process continues to serve as a critical tool for both compliance and continuous improvement.

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.
 - c. End of Year Evaluation: MCBH continues to meet timely access standards, ensuring that new clients are seen within 10 days of registration. The Staff Services Analyst (SSA) actively monitors timeliness using the Timely Access Data Tool (TADT), in alignment with updated DHCS protocols, as the CSI is no longer used for this purpose. Front office staff consistently document reasons for delays in the Inquiry Log, enabling the SSA to track exceptions and identify systemic issues during monthly reviews. These exceptions are shared with the Quality Improvement Committee (QIC) to support ongoing access improvements. Due to the continued importance of timely service delivery and the effectiveness of current monitoring practices, this objective will be maintained in 2025.
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 2024.
 - 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: MCBH met timely access requirements for urgent conditions in 2024, as confirmed by the Network Adequacy Certification Tool (NACT). The front office and Staff Services Analyst (SSA) continue to monitor the Inquiry Log monthly, with attention to clients marked as "Placed on Waitlist" to ensure prompt clinician assignment. Any concerns related to compliance are elevated to the Quality Improvement Committee (QIC) for review and follow-up. Given the importance of ensuring rapid access to urgent behavioral health care and maintaining compliance with state standards, this objective will remain active in 2025.
- 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. Ensure proficiency in the identification of crisis calls and the subsequent transfer of a caller experiencing a crisis to the crisis staff.
 - b. End of Year Evaluation: In 2024, MCBH continued to provide after-hours access through its 24/7 toll-free Access Line and on-call crisis staff. The Access Line remained staffed in English and the county's threshold language, Spanish, and the QI Coordinator regularly monitored its functionality through monthly test calls and log reviews. While the system largely functioned as intended, a DHCS review identified a gap: Access Line staff did not consistently attempt to identify urgent conditions or provide information on how to access care for those needs. This highlighted the need for additional training and protocol reinforcement. Given the critical role of after-hours access in supporting timely and appropriate care, this objective will remain in place for 2025, with focused improvements in staff training to ensure urgent needs are properly identified and addressed.
- 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: MCBH successfully implemented all planned steps to support timely access to psychiatry services through its telehealth provider, North American Mental Health Services (NAMHS). Timely access has been monitored using SharePoint, and SmartCare tracking capabilities have been developed to support more efficient oversight. Quarterly Utilization Reviews were conducted by the QI Coordinator, Staff Services Analyst, and Public Health Officer to ensure appropriate medication management, and regular monthly meetings with Mammoth Hospital were held to support transitions of care for higher-acuity clients. While the objective has been effectively executed, it will be maintained in 2025 due to the ongoing importance of timely psychiatric access and the need for continued coordination and quality assurance in medication support services.

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. 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 continues to make strong progress toward providing culturally, ethnically, and linguistically appropriate services. The department has successfully retained bilingual English-Spanish staff and maintains a student loan assumption program to support the retention of staff in hard-to-fill roles. Additionally, all staff and contracted providers received annual training in cultural competency, helping to ensure culturally responsive care across service areas. While MCBH remained engaged in the Cultural Outreach Committee to support culturally inclusive policies and practices, the planned step to incorporate members of underserved groups into the QIC and Behavioral Health Advisory Board was not achieved. This step will not be maintained in 2025, though the broader objective and remaining activities will continue due to their critical role in promoting equitable access and culturally competent behavioral health services.