Mono County
Behavioral Health

Quality Improvement
Work Plan

2022

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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 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; and
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 policy and system-level changes are implemented, when appropriate.

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; and
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 Medi-Cal 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;
- 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, three Staff Services Analysts, Accountant, 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; and
- 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:

   - 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;
   - Review client and provider satisfaction surveys, and client change of provider requests to assure access, quality, and outcomes;
   - Review the responsiveness of the 24-hour, toll-free telephone line;
   - Review and evaluate results of QI activities, including progress on the development and implementation of the PIPs;
   - Review QI actions and follow-up on any action plans;
   - Review client- and system-level Performance Outcome Measures for adults and children to focus on any significant findings and trends;
   - 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;
   - Review any new Notice of Adverse Benefit Determination (NOABD), focusing on their appropriateness and any significant trends;
   - 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;
   - Review provider satisfaction surveys (annually) and any provider appeals;
   - Review any requests for State Fair Hearings, as well as review of any results of such hearings;
   - Monitor the distribution of EPSDT/TBS brochures;
   - 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;
   - Review potential or required changes in policy;

- 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; and

- 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:

   - An identification of action items;

   - Follow-up on action items to monitor if they have been resolved;

   - Assignments (by persons responsible);

   - Due date; and

   - 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 (initial contact log)
   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/InSync 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: Hire or retain three psychiatric specialists in 2022 in order to ensure continuity of care in all outlying areas.
    a. Goal: By hiring and retaining case carrying staff, it is MCBH's goal to increase client contact in outlying areas by ensuring that those clients are seen within the timely access benchmarks.
    b. Planned Steps and Activities to reach goal:
        i. Prepare job description, advertise, and conduct interviews according to County Human Resources process.
        ii. Engage in such retention activities as regular individual supervision, professional development opportunities, and team building exercises.

2. Objective: Develop Permanent Supportive Housing Project in the Town of Mammoth Lakes to address state requirements and needs for those with mental illness who are homeless or have housing insecurity.

a. Goal: It is MCBH's goal to execute a development agreement with The Pacific Companies, an affordable housing developer, in FY 2021-2022 in order to build 8 to 12 units of permanent supportive housing as part of Phase I of "The Parcel." (The Parcel is a 25-acre property owned by the Town of Mammoth Lakes that will be developed for affordable housing over the next 5 to 10 years.)
b. Planned Steps and Activities to reach goal:
    i. Present before Town Council November 4, 2020
    ii. Track progress of Pacific West Communities on funding applications, particularly the HCD Housing Accelerator Program
    iii. Present before Mono County Board of Supervisors winter/spring of 2022
    iv. Work with counsel to develop loan agreement

3. Objective: Through Drug-Medi-Cal, the state mandates that Mono County Behavioral Health will provide and/or facilitate points of access for residents needing Medically Assisted Treatment (Methadone, Suboxone, Vivitrol).
    a. Goal: It is MCBH's goal to continue to promote this best practice and continue to retain providers who are licensed to provide MAT throughout 2022.
    b. Planned Steps and Activities to reach goal:
        i. MCBH will coordinate with the waivered provider in Coleville to provide MAT to clients in the Mono County.
        ii. MCBH will continue to work with waivered provider who presently provides care through Bright Heart.

4. Objective: Access Call Log/Contact Log/Call Log: Every call to MCBH front office and the 24/7 access line including intake calls, crisis calls, other calls to the 24/7 access line and walk-in initial requests for services will be logged 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. Staff who answer the 24/7 access line will use the new Access/Contact/ Call log spreadsheet with drop down menus to ensure appropriate tracking and follow up.
        ii. MCBH will provide training and re-training to front office and 24/7 access line staff to ensure all calls are answered by a live person who provides the required information and initial service requests are logged. Will also train to ensure all boxes are filled in and none are blank.
        iii. 24/7 Access line and front office phone line will be separated to ensure the 24/7 Access line is given priority and answered by a live person.
        iv. QI Coordinator will monitor the log monthly to identify where additional training may be needed.
        v. MCBH will conduct test calls to the access line and check to see if every call is logged and the required information is provided. Test calls will also assess whether calls were answered by a live person rather than a

recording. Subsequent training needs will be assessed based on the results.

vi. QIC will discuss additional measures to ensure this goal is met.

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. Have at least 50% of case-carrying staff Participate in EPI-CAL trainings
        ii. Implement EPI-CAL data collection requirements
        iii. Begin using the PQ-B Assessment no later than by July 1,2022
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. Implement IOT groups no later than October 2022.
    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 evidenced-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.

3. Objective: Ensure that transition planning for eventual discharge begins upon intake and informs quality of care provided to clients.
    a. Goal: Develop a strategy to ensure that transition planning is an integral part of the client's care throughout the duration of services provided by MCBH through 2021 and beyond.
    b. Planned Steps and Activities to reach goal (these steps are for 2021 and additional steps will be added in subsequent years to ensure completion of this goal):
        i. Provide training to all staff who provide services to clients on how to begin transition planning at the time of intake.
        ii. MCBH management and clinical supervisor will determine strategies to ensure revamping the intake and assessment process to ensure discharge planning is embedded into all aspects of treatment planning.
        iii. Utilize assessment measurements including CANS, PHQ and GAD-7 to assist in determining clinically appropriate transition planning.
        iv. Develop training for clinical staff to ensure clients are given an accurate diagnosis, which will assist in more appropriate transition planning.
        v. Continue to plan and document discharge plans in the initial intake assessment and will complete a discharge summary for planned discharges.
        vi. Begin using the Prodromal Questionnaire, Brief Version (PQ-B) tool to assist in the diagnosis of psychotic disorders.
        vii. Develop and formalize Policy and Procedure regarding discharges.

4. Objective: Ensure that each Behavioral Health Advisory Board (BHAB) meeting and each Cultural Outreach Committee (COC) meeting includes a "Quality Improvement Discussion Topic" and that the results are relayed back to the QIC. (These two committees have more stakeholder and community involvement).
    a. Goal: Continually improving upon consumer outcomes, access to care and quality of care and increasing membership of the QIC through 2022.
    b. Planned Steps and Activities to reach goal:
        i. Program Manager or Staff Services Analyst to review each BHAB and COC agenda to ensure there is a QI Discussion Topic on the agenda
        ii. MCBH will ensure that a member of the QIC attends each of the COC or BHAB meetings.
        iii. The QIC agenda will have a standing item for a "report back" on the QI Discussion Topic.

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 andGAD7 as data metrics.
    b. Planned Steps and Activities to reach goal:
        i. Calculate the assessment scores over time on average.
        ii. Determine what we can do to improve the scores.
        iii. Analyze scores to determine whether or not MCBH is meeting the clinical needs of its clients.
        iv. Determine whether other factors should be considered in order to optimize client care.
        v. Continue using the PHQ-9 and GAD-7.
        vi. Begin to utilize PQ-B by July of 2022 in order to help the early detection and intervention of psychotic disorders.

2. Objective: Fully implement Wraparound program evaluation, including CANS assessment, Family Empowerment Scale, and Wrap Principle Fidelity Surveys for all new families entering Wrap.
    a. Goal: High Fidelity Wraparound Program for consumers.
    b. Planned Steps and Activities to reach goal:
        i. Meet with Wrap Coordinator to ensure that previously designed Wraparound evaluation continues to meet program's needs
        ii. Inform Wraparound staff of components of evaluation.
        iii. Collect data according to timeframes on plan.
        iv. Report data back to Wraparound stakeholders.
        v. Utilize data to make programmatic changes as needed.

3. Objective: Working in conjunction with the Special Project Coordinator of the Community Corrections Partnership (AB109 Realignment), MCBH will create a comprehensive response to address opiate and other narcotic use in Mono County as it relates to treatment, prevention, and enforcement.

a. Goal: It is MCBH's continued goal to actively collaborate with agencies such as Mammoth Hospital, Mono County Public Health, Eastern Sierra Substance Use Task Force, Mono County District Attorney, Law Enforcement agencies, and other county departments to establish a full spectrum response for those struggling with opiate/narcotic addiction. This collaboration will result in a increased structured prevention, enforcement, and treatment planning to be implemented throughout 2022.
b. Planned Steps and Activities to reach goal:
    i. Hold one Narcan Distribution Event for entire community once per quarter.
    ii. Provide partner agencies with trainings that increase preventative efforts (such as Narcan Distribution and Sharps Disposal/Containers).
    iii. Ongoing participation in the Mono County Substance Use Taskforce.
    iv. Sustain working relationship with Eastern Sierra Substance Use project and continue to attend meetings on a regular basis.

4. Objective: Select an upgraded Electronic Health Record (EHR) system in order to increase rates of data completeness, improve timeliness of notes, and add more specific coding mechanisms for time/productivity studies.
    a. Goal: Implement a "Go Live" date to transfer records over to the new EHR (InSync) by September 2022.
    b. Planned Steps and Activities to reach goal:
        i. Identify project owners and super users and all meeting needs.
        ii. Meet regularly with vendor and internally to identify EHR specifications and complete all implementation activities.
        iii. Train superusers to use EHR.
        iv. Train staff to use of EHR.
        v. Go live with new EHR.

D. Evidence of QI activities

- Clinical PIP

1. Objective: Continue and formally report results of the clinical PIP responding to the comparatively high rate of youth entering the MCBH crisis system pre- and post-COVID-19.
    a. Goal: Increase youth resiliency, as measured by feelings of connectedness and sadness, through continued hosting of the alternatives program Clubhouse Live (CHL).
    b. Planned Steps and Activities to reach goal:
        i. Periodically administer a specific PIP-CHL survey to measure feelings of sadness and connectedness.
        ii. Assess survey results over time and determine effectiveness of PIP intervention.
        iii. Submit 2022 Clinical PIP with updates of data and outcomes.

2. Objective: Begin data collection and idea generation in preparation for submission of the 2023 Clinical PIP.
    c. Goal: Produce a high-quality idea with supporting data for clinical PIP proposal in early 2023.
    d. 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: Continue and formally report results of the non-clinical PIP responding to the retention and recovery rate of new, no-show clients.
    a. Goal: Decrease the rates of clients unexpectedly dropping out of services by restructuring intake procedures, such as revising the Welcome Packet and offering an "Immediate Connection" to staff within 3 business days, and by implementing a "recovery call" system for clients that are no-shows for scheduled appointments.
    b. Planned Steps and Activities to reach goal:
        i. Regularly review the rate of unexpected no-shows and efforts to recover no-show clients.
        ii. Regularly review timeliness to determine if we succeeded in the "Immediate Connection" intervention.
        iii. Continue monitoring progress and launch of the new Welcome Packet.
        iv. Submit 2022 Non-Clinical PIP with updates of data and outcomes.

4. Objective: Begin data collection and idea generation in preparation for submission of the 2023 Non-Clinical PIP.
    e. Goal: Produce a high-quality idea with supporting data for non-clinical PIP proposal in early 2023.
    f. 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.

E. Monitoring activities

1. Objective: Ensure that all charts are up to date, have informing materials, contain active treatment plans, and contain services which build off the medical necessity and milestones.
    a. Goal: Monitor 5% of Medi-Cal charts.
    b. Planned Steps and Activities to reach goal:
        i. Train staff on how to write effective progress notes, milestones, and keep charts in working order.
        ii. Continue improving review system, run PDSA's to determine effectiveness.

iii. QA Coordinator and Clinical Supervisor will review charts with Chart review tool, provide feedback, and correct any chart problems.
iv. Reviewed charts will be documented in Chart Review log, with any uncorrectable errors. Clinical Supervisor will update the tracking process to ensure that the documentation process of chart reviews meets requirements.

2. Objective: Protect consumers and MHP from fraudulent billing through Service Verification.
    a. Goal: MCBH will verify that three randomly selected billed services a month were actually furnished.
    b. Planned Steps and Activities to reach goal:
        i. QA Coordinator and Committee will continue with current system for monitoring delivered services.
        ii. Monitoring will occur on monthly basis.
        iii. Analyze instances of services being recorded in an erroneous manner.
        iv. Committee will evaluate any discrepancies found in billing and client verification.

3. Objective: Ensure that MCBH bills Medi-Cal for as many services and administrative activities that are allowable. Develop system that will ensure a minimum of 55% billable/direct service time per each provider from January 1, 2022 and 60% billable/direct service time beginning July 1, 2022 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 2022 and beyond.
    b. Planned Steps and Activities to reach goal:
        i. Train all staff on SMHS services to ensure accurate service delivery and documentation
        ii. Work with consultant to develop ability to bill for administrative duties related to Quality Assurance and Utilization Review
        iii. Monitor and supervise staff to ensure adequate service delivery to consumers
        iv. Provide regular supervision (at least twice monthly) to assist providers in overcoming obstacles to meeting direct service goal.
        v. Review productivity on at least a monthly basis to ensure client access to providers

F. Accessibility of Services

1. Objective: Maintain timely access to services for all new clients.
    a. Goal: All clients seen within 10 days of registration.
    b. Planned Steps and Activities to reach goal:
        i. Front office staff enter all new registrations and intake appointments to Registration log.
        ii. QA Coordinator and/or Staff Services Analyst will review registration log on monthly basis and include timeliness results in the Monthly Data Report.

iii. QA Coordinator and Clinical Supervisor will analyze instances of services lapsing more than 10 days and bring these instances to Committee meetings.
iv. Committee will identify and implement any system improvements needed to meet this benchmark.

2. Objective: Meet requirements for timely access to services for urgent conditions.
    a. Goal:
        i. Urgent care services that do not require prior authorization will be provided within 48 hours of the request for an appointment.
        ii. Urgent care services that do require prior authorization will be within 96 hours of the request for an appointment. (This includes Intensive Home-Based Services Day Treatment Intensive, Day Rehabilitation, Therapeutic Behavioral Services and Therapeutic Foster Care.)
    b. Planned Steps and Activities to reach goal:
        i. Staff completing the registration log will complete the drop-down field for "urgent appointment"
        ii. Staff Services Analyst will include urgent appointment timeliness in the monthly data report and QA Coordinator will ensure services for urgent conditions are provided within required time frames.
        iii. Training will be provided to ensure staff are aware of these requirements.

3. Objective: Ensure access to after-hours care for MCBH clients.
    a. Goal: Accessibility to after-hours care will be ensured through the 24/7 access line and availability of crisis staff.
    b. Planned Steps and Activities to reach goal:
        i. Access line staff will be available through the statewide, toll-free telephone number 24 hours a day, seven days per week, with language capability in all languages spoken by beneficiaries of the county.
        ii. 24/7 Access line and front office phone line will be separated to ensure the 24/7 Access line is given priority and answered by a live person.
        iii. Access line staff will indicate the time of the call to show when it is after hours.
        iv. Access line staff will transfer the caller to crisis staff when services are needed immediately.
        v. Access line staff will be trained as to protocols for transferring calls to the crisis worker.
        vi. QI Coordinator or other designated staff will monitor the access log to ensure access to after-hours care is occurring.
        vii. Update the MCBH process for triage from the front desk and 24/7 access line staff to crisis worker.
        viii. Design and implement training for front desk and 24/7 access line staff to ensure access to after hours crisis service occurs as smoothly as possible. Ensure staff are well trained to identify requests for urgent appointments.

4. Objective: Ensure timely access for clients referred to telehealth psychiatry provider (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. Schedule meetings with the appropriate staff to identify strategies to improved timeliness of telehealth appointments.
    ii. Once a strategy is agreed upon, discuss with NAMHS to determine realistic implementation steps and time frames.
    iii. Meet with Mammoth Lakes Hospital on a regular basis to refer clients who are appropriate for a lower level of medication management/psychiatric services.
    iv. Conduct a regular Utilization Review to ensure that clients who are seeing the Psychiatrist are continuing to need medication management services.
    v. Follow up monitoring to ensure improvement in telehealth timeliness.

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. Complete all activities listed in the most current MCBH Cultural Competence Plan, including Criterion 5, Culturally Competent Training Activities.
        ii. 100% of therapists, case managers, office staff, management, administrative staff and contracted telehealth providers receive one training about cultural competency annually.
        iii. Training for staff and contract providers will include training in the use of interpreters in the mental health setting.
        iv. MCBH will ensure interpreters are trained to ensure language competence.
        v. Engage/hire/contract with trainers for cultural competency.
        vi. Monitor and track all cultural competence training, including training provided to contract providers.
        vii. Where applicable, advertise trainings to other departments/agencies.
        viii. Support and promote cultural outreach activities.
        ix. Hold regular Cultural Outreach Committee meetings.

IV. DELEGATED ACTIVITIES STATEMENT

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