



Mono County Behavioral Health

Quality Improvement Work Plan

2023

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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 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, 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, 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.
- 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 (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/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: Hire or retain three psychiatric specialists in 2023 to ensure continuity of care in all outlying areas.
 - a. Goal: By hiring and retaining case carrying staff, it is MCBH's goal to increase client contact in outlying areas by ensuring that those clients are seen within the timely access benchmarks.
 - b. Planned Steps and Activities to Reach Goal:
 - i. MCBH to continue its recruiting process of advertising available psychiatric specialist positions on several job search engines.
 - c. Goal: MCBH will continue its partnership with The Pacific Companies, an affordable housing developer, in the buildout of "The Parcel" infrastructure. The Parcel is a 25-acre property owned by the Town of Mammoth Lakes that will be developed for affordable housing over the next 5 to 10 years.

- d. Planned Steps and Activities to Reach Goal:
 - i. Develop policies, procedures, and eligibility criteria for the Permanent Supportive Housing Project in the Town of Mammoth Lakes.
 - ii. Continue to track the progress of the project's construction.
 - iii. Anticipate potential beneficiaries who meet eligibility criteria for the Fall 2023 availabilities for permanent supportive housing.

- 2. 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 2023.
 - b. Planned Steps and Activities to Reach Goal:
 - i. MCBH will develop procedures to improve communications and referral process with the department's waived provider, Bright Heart Health.
 - ii. Improve upon the Healthcare Effectiveness Data and Information Set (HEDIS) measure of *Percentage of New Opioid Use Disorder (OUD) Pharmacotherapy Events with OUD Pharmacotherapy for 180 or More Days* by enhancing retention of clients in Medically Assisted Treatment through Bright Heart.

- 3. Objective: Access Call Log/Contact Log/Call Log: Every call to MCBH front office and the 24/7 access line including intake calls, crisis calls, other calls to the 24/7 access line, and initial requests for services by walk-in will be logged and the information required in the California Code of Regulations, Title 9, Section 1810.405(d) will be provided.
 - a. Goal: 100% of requests for services and calls to the 24/7 access line will be logged. Calls to the 24/7 access line will be answered by a live person who will provide the required information.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Continue QI monitoring of the 24/7 Access Line in 2023 with monthly test calls to ensure all requests for services are answered in a timely manner and logged.
 - ii. Establish that all callers requesting services are provide 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. Promote the advertised positions as remote positions to broaden the job market outside of Mono County.
 - v. Advertise the open jobs with a preference for bilingual therapists to increase MCBH's capacity to serve our Spanish speaking population.

4. 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: MCBH will continue its partnership with The Pacific Companies, an affordable housing developer, in the buildout of "The Parcel" infrastructure. The Parcel is a 25-acre property owned by the Town of Mammoth Lakes that will be developed for affordable housing over the next 5 to 10 years.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Develop policies, procedures, and eligibility criteria for the Permanent Supportive Housing Project in the Town of Mammoth Lakes.
 - ii. Continue to track the progress of the project's construction.
 - iii. Anticipate potential beneficiaries who meet eligibility criteria for the Fall 2023 availabilities for permanent supportive housing.

B. Quality of Care

1. Objective: Ensure access to evidence-based early psychosis care in Mono County through an innovative care model in partnership with Nevada County and EPI-CAL.
 - a. Goal: Participate in and implement components of the EPI-CAL Initiative.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Increase referrals to the EPI-CAL program in 2023.
 - ii. Familiarize and involve more community partners in the EPI-CAL program in 2023.
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.
 - iv. Execute a contract with Recovery Services for IOT via telehealth.
 - iv. 2023 availabilities for permanent supportive housing.

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. Refill the Data Analyst role.
 - ii. Implement SmartCare EHR.
 - iii. Ensure the regular collection of outcomes measures using the PHQ-9 and GAD-7 as data metrics.
 - iv. Calculate the assessment scores to determine areas of needed improvement.

2. Objective: Fully implement Wraparound program evaluation, including CANS assessment, Family Empowerment Scale, and Wrap Principle Fidelity Surveys for all new families entering Wrap.
 - a. Goal: It is MCBH's goal to continue to build on the prior year's accomplishments in High Fidelity Wraparound Program for consumers.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Maintain the objective of implementing the Wraparound Program evaluation procedure.
 - ii. Continue the program evaluation process by using CANS assessment, Family Empowerment Scale, and Wrap Principle Fidelity Surveys.
 - iii. Hire a parent/youth partner in 2023.

- 2) Objective: Select an updated 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: It is MCBH's goal to execute a "Go Live" date of July 2023 in implementing the new EHR, Streamline's SmartCare.
 - b. Planned Steps and Activities to Reach Goal:
 - i. "Go Live" with new EHR department-wide in July 2023.
 - ii. Perform file conversions from the legacy EHR to SmartCare.
 - iii. Devise a plan to store archived records from the legacy EHR.
 - iv. Train Superusers on the new EHR.
 - v. Train staff on the use of the EHR.

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 provide services by way of case management to ensure linkage between beneficiaries and laboratory services to ensure timely and reliable monitoring of clients receiving medication support.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Revise role of the Case Manager in include an active involvement in identifying each client's limitations for self-efficacy as it applies to health monitoring.
 - ii. MCBH staff to make appointments with the client for testing when needed.
 - iii. MCBH staff to follow-up with the client to confirm follow-through.
 - iv. MCBH staff to go with the client to an appointment when needed.
 - v. QI Coordinator to perform medication monitoring reviews to ensure objective is being met._
2. Objective: Begin data collection and subsequent idea formulation in preparation for submission of the 2024 Clinical PIP.
 - a. Goal: Produce a high-quality idea with supporting data for clinical PIP proposal in early 2024.
 - 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: 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 a bi-monthly care coordination meeting between MH and MCBH.
 - iii. Utilize Plan Data Feed as starting point for direct data exchange with the managed care plans, Anthem and California Health and Wellness.
4. Objective: Begin data collection and idea generation in preparation for submission of the 2024 Non-Clinical PIP.
- a. Goal: Produce a high-quality idea with supporting data for non-clinical PIP proposal in early 2024.
 - b. Planned Steps and Activities to Reach Goal:
 - vi. Research what constitutes a high-quality PIP.
 - vii. Begin the collection of data sets that will support a non-clinical PIP.
 - viii. 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 medical necessity and milestones.
 - a. Goal: Monitor 5% of Medi-Cal charts.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Maintain the goal of monitoring 5% of Medi-Cal charts for 2023.
 - ii. Revise the chart monitoring tool to reflect the changes in documentation requirements.
 - iii. Utilize the Chart Review Technical Assistance provided by Behavioral Health Concepts (BHC), Inc. to educate clinical staff on documentation standards.
2. Objective: Ensure that MCBH bills Medi-Cal for all services and administrative activities that are allowable. Develop a system that will ensure a minimum of 60% billable/direct service time for direct service providers.
 - a. Goal: Increase Medi-Cal billing and capture enhanced Medicaid reimbursement and Medi-Cal Administrative Activities (MAA) for qualifying projects and activities through 2023 and beyond.
 - b. Planned Steps and Activities to Reach Goal:
 - i. Adjust provider billing rates as advised by California Mental Health Services Authority (CalMHSA).
 - ii. Train all staff on SMHS services to ensure accurate service delivery, documentation, and billing of services as informed by California Advancing and Innovating Medi-Cal (CalAIM) Payment Reform.
 - iii. Develop the ability to bill for administrative duties related to Quality

- Assurance and Utilization Review.
 - iv. Continue to provide regular supervision to assist providers in overcoming obstacles to meeting direct service goals.
 - v. 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 2023.
 - ii. The monitoring and analysis of the registration log will resume with the implementation of the new EHR.
 - 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. Any exceptions to the timely access criteria will be recorded and

relayed 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 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.

4. **Objective:** Ensure timely access for clients referred to telehealth psychiatry provider North American Mental Health Services (NAMHS) for medication support services.
 - a. Goal: All clients will be offered a psychiatry appointment within 15 business days of the initial request for service (or referral).
 - b. Planned Steps and Activities to Reach Goal:
 - i. Implement new EHR with its enhanced data collection capacity.
 - ii. Monitor timely access to psychiatry for medication support services with SmartCare.
 - iii. Continue to conduct Utilization Reviews to ensure that clients who are seeing a psychiatrist require medication management services.
 - iv. Continue to meet with Mammoth Lakes Hospital at least once a month for transition of care reconciliation for clients who meet criteria for lower acuity level of care.

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. Recruit and retain culturally and linguistically competent staff, particularly staff who are bilingual English-Spanish speakers.
 - ii. Offer a student loan assumption program to help attract and retain staff members in hard-to-fill positions in the department.
 - iii. Continue involvement in the Cultural Outreach Committee to inform MCBH's policies, procedures, and practices 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.

IV. DELEGATED ACTIVITIES STATEMENT

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

