



Mono County Behavioral Health

Quality Improvement Work Plan

2021

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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 regulation 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 Mental Health Services Act (MHSA) Coordinator 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, Fiscal & Administrative Services Officer, Clinical Supervisor, Quality Assurance/Quality Improvement Coordinator, Mental Health Services Act Coordinator, Fiscal & Technical Specialist III. Additionally, MCBH always strives for QIC membership with community members, including consumers and family members as well as MHSAs and AOD 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. Crisis Log
4. Test call logs
5. Utilization Review documentation
6. Notice of Adverse Benefit Determination (NOABD) forms and logs (as available)
7. Second Opinion requests and outcomes
8. SharePoint or Echo Electronic Health Record Reports
9. Medication Monitoring forms and logs

10. Treatment Authorization Requests (TAR) and Inpatient logs
11. Clinical Review QI Checklists (and plans of correction)
12. Peer Chart Review Checklists (and plans of correction)
13. Client Grievance/Appeal Logs; State Fair Hearing Logs
14. Change of Provider forms and logs
15. Compliance logs
16. EQRO and Medi-Cal Audit results
17. Special Reports from DHCS or other required studies

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 2021 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 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, by February 15, 2021 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. Present before Mono County Board of Supervisors November 17, 2020
 - iii. Pass No Place Like Home resolution
 - iv. Terminate pre-development loan agreement with Integrity Housing
 - v. Execute loan agreement with Pacific West Communities
 - vi. Complete No Place Like Home grant application materials requested by Pacific West Communities
 - vii. Submit No Place Like Home grant materials by February 15, 2021
 - viii. Track progress of Pacific West Communities on funding applications, entitlement process, community feedback, etc.

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 2021.
 - b. Planned Steps and Activities to reach goal:
 - i. MCBH will coordinate with the waived provider in Coleville to provide MAT to clients in the Mono County.
 - ii. MCBH will work with waived provider who presently provides care through NAMHS (North American Mental Health Services).

4. Objective: Access Call Log/Contact Log/Call Log: Every call to MCBH front office and the 24/7 access line including intake calls, crisis calls, other calls to the 24/7 access line and walk-in initial requests for services will be logged.
 - a. Goal: 100% of requests for services and calls to the 24/7 access line will be logged.
 - 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 and initial service requests are logged. Will also train to ensure all boxes are filled in and none are blank.
 - iii. QI Coordinator will monitor the log monthly to identify where additional training may be needed.
 - iv. MCBH will conduct test calls to the access line and check to see if every call is logged. Subsequent training needs will be assessed based on the results.
 - v. QIC will discuss additional measures to ensure this goal is met.

B. Quality of Care

1. **Objective:** Continue Sustainability Phase in Mono County following completion of Regional Innovation Project with Inyo and Alpine Counties.
 - a. **Goal:** The Eastern Sierra Strengths Model Learning Collaborative (ESSBLC) was a two-year program for those working with people who are engaged with any one of the following programs: Behavioral Health, Public Health, Child Welfare, Probation, Law Enforcement, Wild Iris, Hospital/Medical Services, Schools. MCBH has now reached the Sustainability Phase and is implementing the Strengths Model within Mono County, using strengths assessment and personal recovery planning tools. The aim of these tools is to improve outcomes such as housing, employment, social involvement, and education through adherence to treatment services that promote hope, wellbeing, and purpose for our most vulnerable residents.
 - b. **Planned Steps and Activities to reach goal:**
 - i. Develop strategies for how to collect and evaluate data around the use of our outcome tool. Use the Strength Model's outcome tool and outcome measures.
 - ii. The MHP has implemented the following evidence-based strengths model forms from the ESSBLC and will train new staff beginning in 2021 on the use of:
 - Strengths Assessment
 - Personal Recovery Plan
 - Motivational Interviewing
 - iii. MCBH has also created its own Care Coordination/Case Management assessment for initial assistance with understanding a client's needs
 - Need for Care Coordination / Rehab Aid 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 train all staff in relevant treatment modalities including harm reduction. Implement IOT groups by January 7, 2021.
 - b. **Planned Steps and Activities to reach goal:**
 - i. Begin introduction groups to SUD utilizing evidenced-based Change Company and Matrix Model curricula.
 - ii. Ongoing Staff trainings at MCBH 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 supervisors 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 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.
4. Objective: Outreach to community members, consumers, family members, other agencies, non-profits, etc., for membership in the QIC meetings.
- a. Goal: Continually improving upon consumer outcomes, access to care and quality of care and increasing membership of the QIC through 2021.
 - b. Planned Steps and Activities to reach goal:
 - i. Staff reaching out to consumers at the end of sessions and/or during the assessment process. Write a script to invite them to participate in the QIC.
 - ii. Postings on our website/Facebook pages.
 - iii. Email out to those currently on our Wellness Calendar email list.
 - iv. Provide information at Focus Groups.
 - v. Outreach to non-profits (e.g. Wild Iris and other area non-profit agencies)
 - vi. Address at the Board of Supervisors Meetings when doing a presentation and/or during the public open-session portion of the meeting.
 - vii. Discussion amongst Leadership Team for additional outreach ideas.
 - viii. Addressing the specific steps and activities that were taken each month at our QIC meeting and reporting out on those steps.
 - ix. Develop a process and identify funding sources for providing gift cards or stipends to our consumer/family members that are not county employees who participate in our QIC meetings,
 - x. QIC to discuss ways to make meetings more interesting to clients and family members and design process in a way that solicits input on a wide range of QIC topics.

C. Consumer Outcomes

1. Objective: Ensure that outcome measures utilized by MCBH are in fidelity with the strength-based model.
- a. Goal: Collect client outcomes on a regular schedule using validated measurement tools.
 - 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. Review the assessment and client planning process to ensure our practices are consistent with the strength-based model.

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: Higher level of care 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. Hire Staff Services Analyst I and assign this person responsibility of implementing Wraparound evaluation
 - iii. Inform Wraparound staff of components of evaluation
 - iv. Collect data according to timeframes on plan
 - v. Report data back to Wraparound stakeholders.

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 goal to actively collaborate with agencies such as Mammoth Hospital, 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 structured prevention, enforcement, and treatment plan to be implemented by June 30, 2021.
 - b. Planned Steps and Activities to reach goal:
 - i. Evaluation and implementation.
 - ii. Collaboration with various agencies.
 - iii. Participation in the Mono County Substance Use Taskforce.
 - iv. Sustain by working with Eastern Sierra Substance Use project meeting.

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: Release a Request for Proposals (RFP) by November 30, 2020. Implement the new EHR by September 1, 2021.
 - b. Planned Steps and Activities to reach goal:
 - i. Release an RFP for an upgraded EHR system.
 - ii. Complete the RFP process and select an EHR vendor.
 - iii. Meet with vendor to identify EHR specifications and plan implementation.
 - iv. Train staff on implementation and use of EHR.
 - v. Implement new EHR.

D. Evidence of QI activities

- Clinical PIP

1. Objective: Develop new clinical PIP responding to the comparatively high rate of youth entering the MCBH crisis system pre- and post-COVID-19.

- a. Goal: Goal will be determined based on the final PIP study question.
- b. Planned Steps and Activities to reach goal: Planned steps and activities will be based on the final PIP interventions.

- Non-Clinical PIP

- 2. Objective: Develop and implement a new non-clinical PIP based on input from the QIC.
 - a. Goal: Goal will be determined based on the final PIP study question.
 - b. Planned Steps and Activities to reach goal: Planned steps and activities will be based on the final PIP interventions.

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 35% of Medi-Cal charts.
 - b. Planned Steps and Activities to reach goal:
 - i. Train staff quarterly 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.
 - v. Any disallowances found will be submitted to fiscal department for correction.
- 2. Objective: Protect consumers and MHP from fraudulent billing.
 - a. Goal: Verify 10% of delivered service a month.
 - 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.
 - v. QA Coordinator recognizes the need for further training and will schedule upcoming trainings with Fiscal & Technical Specialist III and/or Fiscal & Administrative Services Officer.
- 3. Objective: Ensure that MCBH bills Medi-Cal for as many services and administrative activities that are allowable. Develop system that will ensure 100% time tracking with maximum billing possible 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 2021 and beyond.
- b. Planned Steps and Activities to reach goal:
 - i. Conduct baseline studies to determine percentages of Medi-Cal billable services for each provider and for MCBH as a whole.
 - ii. Establish goals for productivity based on percentages determined above.
 - iii. Hire consultant to help assess where MCBH is missing billing opportunities and develop system to monitor.
 - iv. Determine which activities and projects may be claimed at enhance rates and under MAA.
 - v. Develop work plan to ensure our Medi-Cal billing practices are optimal for capturing qualified Federal Financial Participation.

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 intake log.
 - ii. QA Coordinator will review intake log on monthly basis.
 - iii. QA Coordinator will analyze instances of services lapsing more than 10 days and bring these instances to Committee meetings.
 - iv. Committee will identify any system improvements to make.
 - v. Committee will create PDSA and implement system changes to keep appointment time at 10 days or less.

- 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 intake log will complete the drop-down field for “urgent appointment”
 - ii. QI Coordinator or other designated staff will monitor to 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. Access line staff will indicate the time of the call to show when it is after hours.
- iii. Access line staff will transfer the caller to crisis staff when services are needed immediately.
- iv. Access line staff will be trained as to protocols for transferring calls to the crisis worker.
- v. QI Coordinator or other designated staff will monitor the access log to ensure access to after-hours care is occurring.
- vi. Update the MCBH process for triage from the front desk and 24/7 access line staff to crisis worker.
- vii. 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.

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.
 - 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, and administrative staff receive one four-hour training about cultural competency annually.
 - iii. Engage/hire/contract with trainers for cultural competency.
 - iv. Close office during trainings so all staff can attend.
 - v. Where applicable, advertise trainings to other departments/agencies.
 - vi. Support and promote cultural outreach activities.
 - vii. 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.