



MONO COUNTY BEHAVIORAL HEALTH DEPARTMENT

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QI Work Plan FY 17/18 – End of Year Reconciliation and Evaluation

1. Monitoring activities

a. **OBJECTIVE:** Have a functioning process for grievances and appeals which all staff understand how to use and can direct consumers to.

i. **Goal:** Have 100% of beneficiary grievances/appeals/expedited appeals/fair hearings/ etc., processed according to appropriate timeframes.

ii. **Planned Steps and Activities to reach goal:**

1. Quality Assurance (QA) Coordinator has created a grievance checklist to assist with the progression of steps to take should a beneficiary have a grievance/appeal/expedited appeal/fair hearing, etc., and this checklist will be utilized for the stages throughout the grievances/appeals/expedited appeals/fair hearings process.
2. QA Coordinator was trained on the new ABGAR form per DHCS requirement and will do training for office staff regarding the grievance process and the procedure for utilizing the new ABGAR form.
3. Front office and QA Coordinator will log all grievances into the new ABGAR form.
4. QA Coordinator will review log and grievance material access on a monthly basis and will report to Committee meeting and staff meeting.
5. QA Coordinator will analyze data from grievance and hearing log on a monthly basis.

iii. **End of year evaluation – Goal was met.** This was made possible by our Quality Assurance (QA) Coordinator creating a grievance checklist with a progression of logical steps, in sequence, of the grievance process. Checklist form includes categories of information selected directly from the DHCS Annual Medi-Cal Beneficiary Grievance and Appeal Report (ABGAR) category descriptions. Checklist incorporates brief explanations of the problem resolution processes and has areas of yellow highlight to draw attention to specific dates and to guide the user of the form exactly where to find the corresponding follow-up documentation needed for resolving the grievance and/or appeal. These documents are also on our shared computer drive. Additionally, printed out grievance information is posted on the wall of our lobbies as well as located in our lobby binders. Public informing materials consisting of print-outs, brochures and/or pamphlets are also located in our lobbies for consumers/clients. QA Coordinator



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received training on the new ABGAR form and subsequently provided training for staff regarding the grievance process and the procedure for utilizing the new ABGAR form. A 3-ring binder titled "Grievances &/or Appeals" was made and placed in the Front Office. In addition to a copy of the training that was presented, the binder contains hard-copy documentation items pertaining to grievances. QA Coordinator reviews the log and grievance materials on a monthly basis and reports results to Quality Improvement Committee (QIC) meetings. No grievances have been filed for this year, however should a grievance occur QA Coordinator will analyze data from grievance and hearing log and will follow all Mono County Behavioral Health processes for resolution.

- b. **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.
- i. **Goal:** Monitor 35% of Medi-Cal charts.
 - ii. **Planned Steps and Activities to reach goal:**
 1. Train staff quarterly on how to write effective progress notes, milestones, and keep charts in working order.
 2. Continue improving review system, run PDSA's to determine effectiveness.
 3. QA Coordinator and Clinical Supervisor will review charts with Chart review tool, provide feedback, and correct any chart problems.
 4. Reviewed charts will be documented in Chart Review log, with any uncorrectable errors.
 5. Any disallowances found will be submitted to fiscal department for correction.
 - iii. **End of year evaluation** – Goal was mostly met. Clinical Supervisor conducted six (two more than the goal listed) staff chart review trainings. As you can see by the below training list, treatment plans, writing effective progress notes, milestones, etc., were also a large part of the training curriculum. QA Coordinator had revised chart review tool, however understands that modifications and adjustments still need to occur in order to make the chart review tool more user-friendly and simpler. QA Coordinator will obtain training on disallowance process from fiscal department. QA Coordinator and Clinical Supervisor continue to review processes for improvement and with Clinical Supervisor's assistance have been ramping up these systems, trainings and reviews in 2018 on a regular basis. Clinical Supervisor also meets one-on-one with select clinicians, as necessary, in order to continue improving in these areas. This objective will be extended to the next work plan.
- c. **OBJECTIVE:** Protect consumers and MHP from fraudulent billing.
- i. **Goal:** Verify 10% of delivered service a month.



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ii. Planned Steps and Activities to reach goal:

1. QA Coordinator and Committee will continue with current system for monitoring delivered services.
2. Monitoring will occur on monthly basis.
3. Analyze instances of services being recorded in an erroneous manner.
4. Committee will evaluate any discrepancies found in billing and client verification.

- iii. **End of year evaluation** – Goal was partially met. A monitor log was created by QA Coordinator however QA Coordinator recognizes the need for further training and will schedule upcoming trainings with Fiscal & Technical Specialist III and/or Fiscal & Administrative Services Officer. This goal will be extended to the next work plan.

2. Evidence of QI activities

- a. **Clinical PIP - OBJECTIVE:** Please refer to **Addendum A** for Objectives, Goals, and Planned Steps and Activities to reach goal.
- b. **Non Clinical - OBJECTIVE:** Please refer to **Addendum B** for Objectives, Goals, and Planned Steps and Activities to reach goal.
- c. **Trainings**
 - i. **OBJECTIVE:** Maintain current level of training for all staff for evidence based Planned Steps and Activities to reach goal and best practice. Additionally, plan for new training and education opportunities.
 1. **Goal:** 70% of all staff receives monthly training regarding evidence based treatments, use of assessment tools, DSM-5, current treatment modalities for Co-occurring disorders, ethics, legal implications for MHS, HIPPA, or treatment planning.
 2. **Planned Steps and Activities to reach goal:**
 - a. Tracking of monthly staff training attendance.
 - b. Present staff with opportunity to travel out of county for trainings.
 - c. Create calendar of trainings for the year.
 - d. Poll staff regarding training needs.
 - e. Query other county departments about inviting MHP staff to trainings that will benefit the MHP and enhance collaborative services.
 3. **End of year evaluation** – Goal was met. Monthly staff trainings in which 70% of staff participated did occur. QA Coordinator tracks all staff training attendance, staff have traveled out of the county for trainings, staff is asked in weekly staff meetings about either upcoming trainings, or trainings recently



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attended, and there has been regular, continued progress with county departments collaborating together on trainings. During the calendar year of 2017, Mono County Behavioral Health hosted a consistent training cycle of varying topics. Below is only a partial list of the 2017 trainings. Additionally, Mono County Behavioral Health (MCBH) staff participated in 20 Counter-transference Group Supervision meetings and 40 Case Consultation/Group Supervision meetings.

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| 1/12/2017 | Program Evaluation |
| 2/28/2017 | UC Davis Extension: Wraparound and Safety Organized Practice, Expanding Our Frontiers |
| 3/1/2017 | UC Davis Extension: Child and Family Teaming Overview |
| 3/9/2017 | Strengths-based training |
| 3/23/2017 | Drug Court |
| 3/23/2017 | Chart Review |
| 3/27/2017 | New Crisis Call Log - New Crisis Call Form (meeting to discuss needs) |
| 3/30/2017 | Chart Review |
| 4/6/2017 | HepC, HIV, STD Talk regarding Testing/Education; collaboration with MCBH to educate public |
| 4/6/2017 | Access and Functional Needs (AFN) Registry/Registration (to assist clients/consumers with physical assistance in the event of an emergency or disaster) |
| 4/6/2017 | Chart Review |
| 4/13/2017 | Submitting a Credit Card Usage Report and Processes of Queuing, Submitting billing, etc., in ShareCare, Echo, and Innoprise |
| 4/20/2017 | Rehabilitative Mental Health Services for Adults. The Shift in Practice: "Doing For" versus "Doing With" |
| 4/27/2017 | WRAP Fidelity Survey Evaluation / Next Steps / Follow-up |
| 5/4/2017 | Two: 1.) Privacy and Behavioral Health: Much More Than HIPAA – Behavioral Health Crash Course Webinar Series (42 CFR Part 2) and 2.) The Anatomy of a Healthcare Data Breach |



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| 5/4/2017 | Chart Review |
| 5/11/2017 | DHCS - Documentation Requirements (Medi-Cal billing) |
| 5/18/2017 | HIPAA / PHI / Encryption 1. HIPAA Basics for Providers, Privacy, Security, Breach - Rev 08 2016 2. HIPAA What is the difference between the HIPAA Privacy Rule and the HIPAA Security Rule 3. HIPAA What is Protected Health Information (PHI) 4. HIPAA Flow Chart Guide for communicating Protected Health Information (PHI) 5. HIPAA PHI Cartoon - How to send an encrypted email |
| 5/24/2017 | UC Davis Extension, Center for Human Services - Introduction to Mental Health: Child Welfare Case Management Informed by The DSM 5 |
| 5/25/2017 | Dysfunctional Family Roles, The Chemical or Behavioral Addict, Unhealthy Roles, Adverse Childhood Experience (ACE), Nadine Burke Harris TEDMed Talk, Bayview, "How exposure to adversity affects us" |
| 6/1/2017 | Consent Basics |
| 6/5/2017 | UC Davis Extension - Advanced Issues in Chronic Child Neglect |
| 6/14/2017 | Counseling LGBT Clients in Challenging Times |
| 6/15/2017 | Love and Logic Parenting Recap |
| 6/22/2017 | Start with Why – How Great Leaders Inspire Action, Simon Sinek |
| 6/23/2017 | Public Health Actions for Immigrant Rights Webinar. (A Short Guide to Protecting Undocumented Residents and Their Families for the Benefit of Public Health and All Society.) |
| 6/27/2017 | UC Davis Extension, Center for Human Services - Interviewing Children and Special Populations |
| 6/29/2017 | SOAP Refresher Training |
| 7/13/2017 | Thought Field Therapy |
| 7/20/2017 | How to Access the Behavioral Health Internal Staff Website & How to Use the Echo Issue Submission Form |
| 7/27/2017 | Women, Infant, Childen (WIC) Presentation |



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| 8/1/2017 | UC Davis Extension, Center for Human Services - Child Maltreatment Identification, Part II: Child Sexual Abuse |
| 8/3/2017 | Treatment Plan Training (QI 403) |
| 8/10/2017 | Teamwork |
| 8/17/2017 | Working with traumatized youth burn out |
| 8/24/2017 | Annual Compliance, Fraud, Waste, and Abuse |
| 8/24/2017 & 8/25/2017 | Central Valley Latino Conference, Visalia Convention Center |
| 8/31/2017 | Strength-based practice |
| 9/7/2017 | Presentation of Services and Resources that are available to clients; possible future collaborations |
| 9/20/2017 | Legal Updates: 5150 Issues, HIPAA Update, Medical Malpractice Insurance Program, New Legislation Review, Questions and Discussion |
| 9/21/2017 | Self-Care and Self-Acceptance |
| 9/28/2017 | QA - Notes!!! |
| 10/5/2017 | Eastern Sierra Strengths-Based Learning Collaborative |
| 10/12/2017 | Connecting with Our Inner Child |
| 10/24/2017 | Eastern Sierra Strengths-Based Learning Collaborative. Meeting with Staff, Rick Goscha, Bryan Knowles, Matthew Blankers) |
| 10/26/2017 | Emergency Preparedness: Ourselves and Our Clients, Emergency Disaster Kit(s), Family Disaster Plan(s), Resources |
| 10/26/2017 | Case Manager's Meeting. Topic: New Case Manager Assessment Form |
| 11/2/2017 | QA/QI - Peer Chart Review |
| 11/2/2017 | New Crisis Call Log - New Crisis Call Form (SharePoint Training) |
| 11/2/2017 | Case Manager's Meeting. Topic: New Case Manager Assessment Form |
| 11/9/2017 | Child Custody, Divorce, Legal Matters, etc., as the role of the therapist |



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| 11/16/2017 | DCR-FSP Webinar (Behavioral Health Information System, BHIS, Data Collection and Reporting, DCR, Rewrite Webinar. DHCS: Mary Dodson) |
| 12/5/2017 | Case Manager's Meeting |
| 12/7/2017 | Chart Review |
| 12/7/2017 | Overview of Funding Streams and Tracking: MHSA, Realignment, Mental Health Fund, SUD/AOD, SUD Prevention |
| 12/7/2017 | WRAP Supervision (with Mono County Social Services and Mono County Probation) |
| 12/21/2017 | Resilience: The Biology of Stress and The Science of Hope |

d. **Data Collection:**

i. **OBJECTIVE:** Monitor client satisfaction of services to monitor for any perceived changes in level of services delivered to consumers.

1. **Goal:** Survey 50% of consumers regarding satisfaction with services.

2. **Planned Steps and Activities to reach goal:**

- a. Front office will administer surveys for three month period.
- b. Forty clients will be surveyed each month (120 total administered, with projection of receiving 100 surveys back).
- c. QA Coordinator will process data received and report data to Committee and staff.
- d. Possible PDSAs will be considered by committee if satisfaction problems arise.

3. **End of year evaluation** – Goal was mostly met. MCBH administered two POQI surveys, each for a time period of one week. The Spring 2017 survey had a total of 37 responses and the Fall 2017 survey had a total of 41 responses. MCBH also conducted a MHSA Community Survey that was developed and administered by the MHSA Coordinator and the Behavioral Health Advisory Board. Designed to target community members across our county, including clients and their families, allied agency staff, and other key partners, the survey was offered in English and Spanish. The survey was administered via iPad to all clients and family members who agreed to take it in the MCBH waiting room



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with the goal of reaching out to clients with SMI, SED, and their families. It was also advertised through community flyers (English/Spanish) posted in Benton, Walker, Mammoth Lakes, Crowley Lake, and Bridgeport, as well as at all MCBH community events, such as the Foro Latino. This flyer was also posted in the MCBH waiting room, with the goal of reaching out to clients with SMI, SED, and their families. Finally, the survey was emailed to all staff and partners listed below:

- Behavioral Health Advisory Board (BHAB)
- Wild Iris Crisis and Counseling Center
- Mono County Public Health
- MCBH Staff
- Mono County Sheriff
- Walker Senior Center
- Mono County Social Services
- Mammoth Mountain Human Resources
- Mammoth Lakes Police Department
- First Five Staff
- Mammoth Hospital Staff
- School District Staff

Summary of Community Survey Results:

There were 137 survey responses submitted over the course of the two-month administration period in Spring 2017. The sample included responses from most outlying areas in the county, including participants aged 16-60+. Additionally, 18 percent of participants identified as Hispanic/Latino. Approximately 91% of participants opted to take the survey in English and 9% took it in Spanish. Although the sample is not statistically representative of Mono County, MCBH is proud of its efforts to reach out to outlying communities and the Hispanic/Latino community. The county nearly doubled its survey response goal of 70 responses. In the coming fiscal years, MCBH plans to expand Sierra Wellness Center and Walker Wellness Center services based on the responses from the community survey and focus groups. The Sierra Wellness Center as a whole serves approximately 50 clients/month with an average age of 42. In the Community Survey, participants were invited to share innovative program ideas (see MHS Community Survey Results).



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3. Accessibility of services

- a. **OBJECTIVE:** Ensure client access to County 24/7 line.
- i. **Goal:** Have functioning 24/7 toll free line which connects 100% of the time
 - ii. **Planned Steps and Activities to reach goal:**
 1. Continued training for staff on implementation of access line guidelines for 24/7 line.
 2. QA Coordinator will make test calls monthly to 24/7 County line as well as testing staff during the 8am-5pm shift to ensure functioning.
 3. Any errors found will be reviewed with the access line operators.
 4. QA Coordinator will continue training staff in effective 24/7 guidelines.
 5. QA Coordinator will make quarterly test calls that engage operators in a language other than English.
 - iii. **End of year evaluation – Goal was met.** QA Coordinator has trained on 24/7 access line guidelines and has created 3-ring binder with written instructions. QA Coordinator has made - or made arrangements with test callers - for monthly test calls to 24/7 County line as well as testing staff during the 8am-5pm shift to ensure proper functioning. If a person other than the QA Coordinator has made the test call, QA Coordinator always obtains detailed information about the process the caller went through with MCBH office. If errors are made, QA Coordinator reviews with the access line operator that handled call. QA Coordinator has revamped the 24/7 written instructions for test callers to make the instructions more user-friendly. QA Coordinator arranges for test calls to be made in both English and Spanish.
- b. **OBJECTIVE:** Maintain timely access to services for all new clients.
- i. **Goal:** All clients seen within 10 days of registration.
 - ii. **Planned Steps and Activities to reach goal:**
 1. Front office staff enter all new registrations and intake appointments to intake log.
 2. QA Coordinator will review intake log on monthly basis.
 3. QA Coordinator will analyze instances of services lapsing more than 10 days, and bring these instances to Committee meetings.
 4. Committee will identify any system improvements to make.
 5. Committee will create PDSA and implement system changes to keep appointment time at 10 days or less.
 - iii. **End of year evaluation – Goal was partially met.** Front office staff enter all new registrations and intake appointments to intake log and QA Coordinator reviews and monitors intake log for timely access. 91.7% of Adult Services and 86.3% of Children's



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Services, with an average percentage of 90.2% met the 10-day time frame. This objective will continue to the next work plan.

- c. **OBJECTIVE:** Urgent or crisis conditions be responded to on an immediate basis to ensure urgent clients receive appropriate intervention, and other agencies receive the support necessary.
- i. **Goal:** 90% of Crisis calls which necessitate an in person response will result in response time of 60 minutes or less.
 - ii. **Planned Steps and Activities to reach goal:**
 1. QA Coordinator will retrain staff on using the crisis log.
 2. QA Coordinator will implement log checks after each crisis is reported out.
 3. Analyze crisis log on monthly basis.
 4. Analyze instances of response time lapsing more than 30 minutes.
 5. Committee will identify any system improvements to make.
 6. Committee will create PSA and implement system changes to keep response time at 60 minutes or less.
 7. When there are difficult crisis cases, on a weekly basis, the Director reviews the crisis circumstances and networks with any agencies needed to provide back-up and support to crisis staff.
 - iii. **End of year evaluation – Goal was met.** A new crisis log was implemented by MHSA Coordinator in 2017. QA Coordinator implements log checks after each crisis is reported out and analyzes log on a monthly basis. The system is working well and provides needed data analysis. MCBH will continue monitoring and if any improvements are identified, MCBH will implement further improvements. Regarding difficult crisis cases, on a weekly basis in group supervision meetings, staff have the opportunity to discuss crisis situations that have occurred with MCBH clients. When there are difficult crisis cases the Director reviews the crisis circumstances and networks with any agencies needed to provide back-up and support to crisis staff.
- d. **OBJECTIVE:** Serve remote populations of county with transportation barriers and deliver county standard services.
- i. **Goal:** Maintain one full day of therapy services a week in outlying area of Benton.
 - ii. **Planned Steps and Activities to reach goal:**
 1. Analyze caseloads of therapist who serve this area.
 2. Allocate staff time so that full day in outlying area is possible.
 - iii. **End of year evaluation – Goal was met.** Two of MCBH staff members travel to Benton for weekly services and as needed by our clients.
- e. **OBJECTIVE:** Serve remote populations of county with transportation barriers and deliver county standard services.
- i. **Goal:** Maintain two full days of therapeutic services in outlying areas of Bridgeport/Walker/Coleville.



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ii. **Planned Steps and Activities to reach goal:**

1. Use designated therapist for the Bridgeport/Walker/Coleville areas 80% of time.
2. Clinical Supervisor will allocate caseloads according to region to maximize and staff travel time.
3. QA Coordinator will track services and bring any barriers to Committee meetings for possible PDSA system change development.

- iii. **End of year evaluation** – Goal was met. MCBH staff members travel to Bridgeport/Walker/Coleville for services and as needed by our clients. Additionally, in 2018 MCBH hired a Wellness Center Associate for the Walker Wellness Center.

4. Cultural competence

a. **OBJECTIVE:** Have working CCP for FY2016-2017.

- i. **Goal:** Continue improving our Cultural Competency Plan (CCP) which can be utilized throughout the fiscal year to direct services, trainings, and system activities.

ii. **Planned Steps and Activities to reach goal:**

1. Committee will expand upon goals and planned activities, giving feedback as needed.
2. Use Cultural Outreach Committee to facilitate process of change from “cultural competence” to “cultural humility.”
3. CCP will be presented at staff meeting for feedback from all staff members.
4. CCP will be approved by director.

- iii. **End of year evaluation** – Goal was met. MCBH has a working CCP to guide planning and continual implementation of cultural humility. MCBH Cultural Outreach Committee listed a goal in the plan of providing one to two “Latino/Hispanic Forums” (titled “Foro Latino”) in the Community, however presented four forums: 3/15/17, 4/13/17, 8/5/17 and 11/1/17. Note: A fifth forum was scheduled on 1/4/17, however due to extreme snow on that day there were no participants at that particular forum. The Foro Latino is held entirely in Spanish and has had a strong community attendance turn-out. Intent and purpose of the forums is a safe, comfortable place for the community to discuss matters such as positive discipline, domestic violence, stress/daily stressors, parenting, quality time vs. quantity time, community support (a place where people can share), acculturation, local resources, breaking the stereotype of our department (Mono County Behavioral Health), etc. Outside agencies such as Mono County Social Services/Child Protective Services, Wild Iris Family Counseling and Crisis Center, Mono County Community Development, Mono County Sheriff, etc. have participated and presented information at these forums. Additionally, through internal workforce



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development, MCBH added a Spanish speaking 52-week court ordered Batterers Intervention service. MCBH also added Spanish speaking therapy services for students and their families at North Star (school-based mental health services). MCBH will continue to constantly improve our Cultural Competency Plan and intends to revamp the plan in 2018.

- b. **OBJECTIVE:** A population assessment and an organizational and service provider assessment focusing on issues of cultural competence and linguistic capability.
- i. **Goal:** Penetration rate - 3.8 Hispanic penetration.
 - ii. **Planned Steps and Activities to reach goal:**
 1. Director will go to Hispanic Advisory Commission meetings on monthly basis to increase knowledge of Hispanic community.
 2. Prioritize caseload of Spanish speaking therapist and caseworker with Medi-Cal clients, and then private pay or cash pay clients after.
 3. Case Managers will refer, and help connect Hispanic clients without Medi-Cal who are potential new beneficiaries.
 4. Promote services that are more “cultural specific” as requested by consumers and/or through direction of the Cultural Outreach Committee.
 5. Continue to provide outreach in local and outlying areas in Spanish.
 6. Director and other staff attend the quarterly “Hispanic Advisory Town Hall Meetings” for visibility and to reduce stigma.
 - iii. **End of year evaluation – Goal was mostly met.** There is no longer an Hispanic Advisory Commission, so planned step #1 is no longer applicable. MCBH has prioritized the caseload of our Spanish speaking therapist and caseworkers with Medi-Cal clients, and then private pay or cash pay clients after. MCBH case managers, all of whom are bilingual/bicultural, refer and help connect Hispanic clients without Medi-cal by connecting them with eligibility workers when there are problems with their coverage or consumers are unfamiliar with their benefit options. in collaboration with the Reduction of Ethnic Disparity (R.E.D.) Grant, we added two days to our Clubhouse (CHL) after-school program for youth. This program now meets five days per week during the school year and has an extensive summer program for youth throughout the County. In 2017, MCBH promoted services that are more culturally specific as requested by consumers, through community members and/or through direction of the Cultural Outreach Committee by holding a series of Foro Latino events (see above). These events continue to gain popularity within the community and the number of attendees increases with each event. MCBH will continue to facilitate the Foro Latino events in the 2018 year. Additionally, in March of 2017, MCBH started a new group called “Circulo de Mujeres” (the Women’s Circle). Circulo de Mujeres is an open group for Spanish-speaking Hispanic women to build friendships, support one another and have fun! The group focuses on mindfulness and healing, creating a connection with Hispanic heritage, celebrating and discovering the individual, and



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learning tools and tips for everyday life. In conjunction with Circulo de Mujeres, “Espacio Creativo” was added as the child care option for the women that attend Circulo de Mujeres. MCBH also started a Men’s group, “Circulo de Hombres” (Circle of Men). Circulo de Hombres is a group of Men who gather to discuss the issues that men face in their roles as fathers, in relationships, and as community members.

- c. **OBJECTIVE:** Ensure services are provided which meet cultural needs present in Mono County.
- i. **Goal:** Maintain a listing of specialty mental health services and other MHP services available for beneficiaries in their primary language by location of the services, which includes at least one Spanish speaking provider for individual services, and at least one group service.
 - ii. **Planned Steps and Activities to reach goal:**
 1. QA Coordinator will update list quarterly to reflect any changes in services or languages services are available in.
 2. QA Coordinator will consult with bicultural and bilingual staff regarding unmet cultural needs of the community.
 3. Clinical Supervisor will work with staff to develop any needed cultural programs or services.
 - iii. **End of year evaluation – Goal was met.** QA Coordinator has kept provider and service lists updated and translated to Spanish. Lists are available in all MCBH lobbies. Clinical Supervisor works with regularly with staff on developing programs and services. QA Coordinator consults with bicultural and bilingual staff regarding unmet cultural needs of the community and is also a contributing member on the Cultural Outreach Committee.
- d. **OBJECTIVE:** Have all staff trained annual in cultural competence.
- i. **Goal:** 100% of therapists, case managers, office staff, and administrative staff receive one four-hour training about cultural competency annually.
 - ii. **Planned Steps and Activities to reach goal:**
 1. Engage/hire/contract with trainers for cultural competency.
 2. Close office during trainings so all staff can attend.
 3. Advertise trainings to other departments/agencies.
 - iii. **End of year evaluation – Goal was mostly met.** Most of our staff were within the calendar time frame for this years’ four-hour training, however a few staff still have this goal to accomplish. Thirty one percent of our staff members participated in the “Counseling LGBT Clients in Challenging Times” through the Cardea Training, Organizational Development and Research in June 2017. Through the National Compadres Network, twelve percent of our staff members participated in the Circulo De



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Hombres/Men's Retreat in July 2017. On August 24th and 25th, 2017, another twelve percent of our staff members participated in the "Strengthening the Roots, Central Valley Latino Conference", at the Visalia Convention Center, Visalia CA. The next four-hour training is scheduled for early 2018. MCBH recognizes the very important responsibility of on-going cultural competence/humility training annually and 100% participation is a top priority for Mono County Behavioral Health's next cultural competence training.