

Kern County Behavioral Health Board System Quality Improvement Committee

Monday, January 27, 2025

4:00-5:00 PM

Virtual Meeting VIA Teams

Meeting Minutes

The mission of the SQIC, as a QIC Subcommittee, is to review and evaluate Mental Health Plan (MHP) activities and where appropriate, make recommendations regarding policy decisions, institute needed Quality Improvement (QI) actions, or/and ensure follow-up of QI processes.

This meeting is recorded

Attendees:

Alan Roney	Claytranique Johnson	Juan Gonzalez Ramos	Lynnette Jones	Rosi Granados
Alexander Lopez	Connie M. Sedano	Karin Huang	Maria Najera	Selma Gonzalez
Art Morato	David Kessler	Kimberlyn Sandoval	Mark Kimmel	Susie Baker
Breanna Barajas	Francisca Quiroz	Leslie Monty	Michelle Doucette	
Camden Trapp	Jeanette Zaragoza	Lizzie Collins	Patricia Medina	

- I. Welcome and Introductions – David Kessler introduced himself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Juan Carlos Gonzalez motioned to accept; Rosi Granados seconded.
- III. Public Comment – No public comments were made at this time.
- IV. Unfinished and New Business – There was no unfinished or new business at this time.
- V. Guest Presenters
 - A. Medication Monitoring – Claytranique Johnson
 1. Shared and discussed handout titled Medication Monitoring Medical Services which covered; What is Medication Monitoring, Monitoring Criterion, and Medication Monitoring Review Form.
 - a. Medication Monitoring is sometime referred to as Peer Review since this includes a prescribed third-party reviewer. The purpose is to ensure our providers are following safe and effective prescriber practices at all times. This is a state-mandated evaluation and at least one chart per provider per year is reviewed. To ensure we maintain compliance, we conduct monthly monitoring of each provider that we have under our department.
 - b. When reviewing client’s charts, some of what we are checking for is drug and allergy history, if the prescribed medications are appropriate for the diagnosis and doses, side effects, when needed, were there any adjustments to the medication, and utilization of lab test results for the purpose of the treatment plan.
 - c. A Medication Monitoring Review Form is used for client charts and is rated. Page 2 of the form is where the reviewer will make comments and express concerns or ask questions, also if there are any corrections or actions it will be listed here. All physicians are required to respond to any concerns and to our medical director for further assistance.
 - d. There were no questions.
 - B. Cultural Competence Plan – Juan Carlos Gonzalez
 1. Shared and discussed handout titled Cultural Competence Plan FY 23-24 which covered; Background, Accomplishments, Barriers, and Looking Ahead.
 - a. The goal is to help cultivate cultural humility and improve any behavioral health disparities in Kern County in regard to mental health and substance use. Every county must have a cultural competence plan every fiscal year, which was included in the behavioral health information notice and part of code of regulations.

- b. 73 total strategies for KernBHRS, of those 60 were met, 1 was discontinued, 1 not met due to some barriers, and 11 did not have data due to the implementation of SmartCare.
- c. Several community events were conducted and implemented, amongst them was the first outreach to the Mixteco community and the first Staff Lunch & Learn for Asian American/Pacific Islander month, which this year we focused on the Punjabi community.
- d. 72 strategies will be implemented this new FY, and we are anticipating the development of penetration rate reporting in SmartCare will be complete.
- e. Cultural Competence also has its own resource committee that can help generate and provide information for ideas of how to improve health equity.
- f. There were no questions.

C. MHSA – Mark Kimmel

- 1. Shared and discussed handout titled MHSA Team, which covered; Behavioral Health Transformation (BHT), BHT Focus, Funding Structure, Full-Service Partnership (FSP), Behavioral Health Services and Supports (BHSS), and Early Intervention.
 - a. June 2026 MHSA will be changing to BHSA. May is Mental Health Month. Also, audit information was sent into DHCS and in February there will be a site visit.
 - b. Prop 1 was passed in March 2024 which initiates the Behavioral Health Transformation (BHT) to reach and serve high need and high-risk youth and adults.
 - c. MHSA structure will change from five funding structures to three with the BHSA transformation. State Admin 10%, Housing 30% (brick and mortar, and paying for housing) FSP 35%, BHSS 35%.
 - d. Full-Service Partnership (FSP) will closely coordinate with SUD care.
 - e. As once called Prevention & Early Intervention, the state has separated Prevention, BHSS will include the Early Intervention program. If the department finds it necessary, more than 51% of funds could go toward this program.
 - f. There were no questions.

VI. Kern Behavioral Health and Recovery Services – Current Projects and Issues

- A. Quality Improvement Division – Selma Gonzalez
 - 1. There were no updates at this time.
- B. Department Supports Administration –
 - 1. There was no one present to provide updates.
- C. Substance Use Division – Alexander Lopez
 - 1. There were no updates at this time.
- D. Adult System of Care (ASOC) – Jeannette Zaragoza
 - 1. There were no updates at this time.
- E. Children’s System of Care (CSOC) – Rosi Granados
 - 1. The state is looking to implement the evidence based high-fidelity wraparound model statewide for mental health services. KernBHRS is working with probation in regard to the CalAIM 90-day prerelease and flow of services.
- F. Kern Linkage Division – Arthur Morato
 - 1. It is highly recommended that case managers and/or clients reach out to the BAT Team for assistance with Social Security benefits.
 - 2. Ann Sherwood is the new supervisor of ATT.
- G. Crisis Services Division – Alan Roney
 - 1. Still on track for Youth CSU to open in June 2026 as of now.
 - 2. SB 43 to be implemented in January 2026.
- H. Medical Services Division – Maria Najera
 - 1. There were no updates at this time.
- I. Consumer Family Learning Center (CFLC) –
 - 1. There was no one present to provide updates.

VII. Mental Health Providers – Current Projects and Issues

- A. Clarvida – Michelle Doucette
 - 1. There were no updates at this time.
- B. Child Guidance Clinic (CGC) – Marcie Lesser
 - 1. There were no updates at this time.
- C. Clinica Sierra Vista (CSV) – Leslie Luna
 - 1. There were no updates at this time.

VIII. Substance Use Division Providers – Current Projects and Issues

- A. Clarvida – Michelle Doucette
 - 1. There were no updates at this time.
- B. Clinica Sierra Vista – Leslie Luna
 - 1. There were no updates at this time.

IX. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.

X. Adjourn – Next scheduled meeting: **March 24, 2025, at 4:00-5:00 PM, will be virtual via Teams.**

This meeting is MH UR Code 3

Cultural Competence Plan

FY 23-24

Background

The Cultural Competence Plan includes information about activities and achievements in Fiscal Year (FY) 23-24 that were designed to mitigate and end behavioral health disparities and cultivate cultural humility in the Kern County Behavioral Health and Recovery System.

Every county in California must develop and submit a Cultural Competence Plan consistent with the Cultural Competence Plan regulations, standards, and criteria (per California Code of Regulations, Title 9, Section 1810.410).

Accomplishments

Strategies:

- For FY23-24, there were 73 total strategies Kern Behavioral Health & Recovery Services (KernBHRS) defined for implementation.
- Sixty (82%) were met, one (1%) was discontinued, one (1%) were not met, and 11 (15%) did not have data available.

Noteworthy Activities:

- Hispanic Heritage Month Staff Event
- Outreach at Guelaguetza, a Mixteco community event.
- Staff Lunch & Learn: Punjabi community
- Asian American/Pacific Islander activities in May is Mental Health Month events
- Staff Juneteenth Celebration and Education event

Barriers

- Mental health workforce shortage continues to be a barrier, which is still occurring on a national level, with roughly half of Americans living in an area with a mental health workforce shortage.
- Additionally, FY23-24 penetration data were unavailable due to the implementation of the new electronic health record system, impacting the status of 11 strategies.

Looking Ahead

KernBHRS has 72 Cultural Competence strategies for implementation in FY24-25. In addition to two new goals, 29 of the strategies are new or have been significantly revised since FY23-24.

Progress has been made on developing penetration rate reporting and if completed, will help to measure effectiveness of strategies meant to assist hard to reach populations to utilize services.

Questions?

Contact information:

Juan Gonzalez Ramos

Cultural Competence Team

Email:

CulturalCompetence@kernbhrs.org



The background is a dark grey chalkboard with various white chalk sketches. On the left, there is a detailed drawing of a microscope. Above it, a globe of the Earth is sketched. Below the microscope, there are sketches of a human head in profile, a cross, and an open book with some illegible text. On the right side, there are sketches of a percentage sign, an exclamation mark, and a right-pointing arrow.

Medication Monitoring

Medical Services

Contents

- What is Medication Monitoring?
- Monitoring Criterion
- Quality Assurance Review Form

What is Medication Monitoring?

- State mandated review of prescribing practices
- Regular (monthly) monitoring of medication services provided by all KernBHRS physicians to ensure the safety and effectiveness of medication prescribing practices.
- The Department standard is – each prescriber will achieve a combined rating of 85% or higher on peer review medication monitoring evaluations.

Monitoring Criterion

- Drug/Allergy History
- Appropriate medication(s)
- Medication consent

- Medication dosage
- Appropriate medication adjustments
- Side effects

- AIMS
- Improving/
- Maintaining functioning
- Labs ordered

- Lab test utilized
- Abnormal labs follow-up
- Re-evaluation

Medication Monitoring Review Form

KernBHRIS Quality Assurance Medication Monitoring Review

Client Name:		MR #		Page 1 of 2
<i>Date Sent for Review:</i>		Sample Date:		

Date completed:	
Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other	Ethnicity:
Psychiatric Provider:	Diagnosis:
Treatment Team:	Medications Prescribed:

Criterion & Expectation of Adherence Monitoring Criterion	Service Rating			Record does not provide sufficient information
	Yes	No	N/A	
1. Drug and allergy history is present in record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medication(s) is/are appropriate a. Per the current mental health diagnosis, symptoms and current practice guidelines. b. Per identified medical conditions documented in the chart.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Consent for each psychotropic medication prescribed is present in the client records.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dosage levels of psychotropic medications are within recommended guidelines. If not, the reason is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Medication changes when made were appropriate and reasons for changes were documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Medication side effects are noted and addressed appropriately. a. If applicable have AIMS been completed and documented at least every six months.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
7. Medication treatment has improved or is maintaining the client's functioning level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Laboratory tests are ordered per practice standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Laboratory tests are utilized for treatment planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Follow up for abnormal lab results are documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Client is being re-evaluated at least every 90 days by the physician.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Name:		MR #		Page 2 of 2
<i>Date Sent for Review:</i>		Sample Date:		

Medical Reviewer Comments
Reviewer Comments:

Kern BHRIS Follow up and Corrective Action Plan	
Medical Director (or designee):	Date:
Is follow up or corrective action required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Corrective Action Requirements:	
Prescribing Physician Response:	
Accepted by Prescribing Physician (if required):	Date:
Medical Director or designee signature:	Date:

Thank You!

- Questions?
- Contact info:
 - Clay Johnson, Administrative Coordinator
 - CJohnson@kernbhrs.org
 - Allissa Lopez, LPCC, Medical Administrator
 - ALopez@kernbhrs.org

MHSA Team

Preparing for May is Mental Health Month

Recent DHCS Audit

MHSA Annual Plan before we are BHSA

Behavioral Health Transformation

July 1st 2026

Behavioral Health Transformation (BHT)

- In March 2024, California voters passed Proposition 1, a two-bill package that includes the Behavioral Health Services Act (BHSA) (Senate Bill 326) and the Behavioral Health Infrastructure Bond Act of 2024 (BHIBA) (Assembly Bill 531).
- The Behavioral Health Transformation (BHT) is the initiative to implement the changes outlined in Proposition 1.
- The BHT initiative aims to enhance accountability and transparency while significantly expanding the capacity of behavioral healthcare facilities. BHT redefines how county behavioral health departments can use BHSA funding, reallocating a significant portion toward housing supports.

Behavioral Health Transformation (BHT) Focus

Reaching and Serving our High Need and High-Risk Individuals

Priority is for eligible children and youth who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness
- In, or at risk of being in, the juvenile justice system
- Reentering the community from a youth correctional facility
- In the child welfare system
- At risk of institutionalization

Priority is for eligible adults and older adults who are:


- Chronically homeless or experiencing homelessness or are at risk of homelessness (focus on encampments)
- In, or are at risk of being in, the justice system
- Reentering the community from prison or jail
- At risk of conservatorship
- At risk of institutionalization

Funding Structure

Mental Health Services Act




Community Services & Supports (CSS)



Prevention & Early Intervention (PEI)



Innovation (INN)



Workforce, Education & Training (WET)



Capital Facilities/ Technological Needs (CFTN)



Behavioral Health Services Act



State Administrative Funds 10%

Once the State takes 10%, the rest will be distributed as follows:



Housing 30%



Full-Service Partnerships (FSP) 35%



Behavioral Health Services & Supports 35%

Full-Service Partnership (FSP)

- County FSP teams must be capable of supporting FSP participants living with co-occurring mental health and substance use conditions by providing integrated behavioral health care as part of the FSP program, inclusive of mental health and SUD services, or by closely coordinating the provision of SUD care for FSP participants.
- FSP services shall be provided in accordance with demonstrated clinical need and in alignment with the required high intensity service models: Assertive Community Treatment (ACT), Forensic ACT (FACT), FSP Intensive Case Management (ICM), and High Fidelity Wraparound (HFW).
- Individual Placement and Support (IPS) model of supported employment is an evidence-based intervention that engages people with severe mental illness in finding and maintaining competitive employment or education of their own choice.

Behavioral Health Services and Supports (BHSS)

BHSS categories include:

- Early Intervention programs
- Children's, Adult, and Older Adult Systems of Care
- Outreach and Engagement
- Workforce Educational and Training
- Capital Facilities and Technological Needs
- Innovative Behavioral Health Pilots and Projects

Early Intervention

- 51 percent of funds for Early Intervention Programs out of BHSS, and of that, 51 percent of the funds for Early Intervention Programs must be used to serve individuals who are 25 years of age and younger.
- Counties may, but are not required to, fund BHSS categories other than Early Intervention.
- Counties will be required to report on the amount of BHSS funds apportioned to each BHSS category they choose to fund.
- Required EBP's with youth: PCIT, Multisystemic Family Therapy, Functional Family Therapy