



Kern County Behavioral Health Board System Quality Improvement Committee

Monday, March 25, 2024

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	Camden Trapp	Hannah Garber	Larisa Hunt	Rosi Granados
Ana Olvera	David Kessler	Heather Plaza	Lesleigh Davis	Selma Gonzalez
Arthur Morato	Devin Broussard	Joel Monroy	Lynnette Jones	Theresa Marinas
Breanna Barajas Rodriguez	Erlinda Matthews	Jon Casida	Rashawna Schumacher	Tiffany Cosby

- I. Welcome and Introductions – David Kessler introduced himself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Selma Gonzalez motioned to accept; Camden Trapp 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. DMC-ODS Access Line – Ana Olvera
 1. DMC-ODS correspond to the manner in which KernBHRS delivers substance use disorder (SUD) treatment care. Part of the requirements of DMC-ODS is certain items in our workplan need to be addressed, which Ana shared in the attached handout entitled System Quality Improvement Committee SUD Work Plan Goals March 25th, 2024 which covered; SUD Access Line that operates 24/7, the goal, how it’s measured, and how we are doing.
 - B. DMC-ODS Client & Family Satisfaction TPS – Ana Olvera
 1. Slide in handout titled Annual Treatment Perception Surveys was discussed which covered; the Goal, How it’s measured – this does include youth and adult responses and about 10 to 12 questions by paper, over the phone, or QR code, and How we are doing - No results currently from the annual survey conducted in October, but 10 out of 10 provider entities that were surveyed exceeded our standard of at least 85% and higher in every area, with an average of score of 95.8%.
 - C. DMC-ODS Assessment Follow Through – Ana Olvera
 1. Slide in handout titled From Screening to Assessment was discussed which covered; the Goal- which was increased from 30% to 40% due to good improvements occurring, How it’s measured- SmartCare changeover and other changes may have had some effect on this outcome, and How we are doing.
 - D. MAT Referrals – Ana Olvera
 1. Slide in handout titled Medication Assisted Treatment Referrals (MAT) is a modality of substance use treatment where medication is provided to assist with withdraws, use reduce, and overdoses was discussed which covered; the Goal, How it’s measured - referrals made to Primary Care Providers were counted, so doctors in the community were able to treat opioid use disorder with medication, How we are doing, Why, and How are we making improvements? - Due to too many barriers, MAT clinic was able to take on referrals as they came which includes parolees.
 - E. DMC Points in Time Satisfaction Rates – Ana Olvera
 1. Slide in handout entitled Points in Time Survey was discussed which covered; the Goal, How it’s measured – about two to three questions, and How we are doing – in the future we’re hoping to reach more clients to get a better representation of data for client satisfaction.

- F. UOR Outpatient DMC-ODS – Ana Olvera
 - 1. Slide in handout titled Reducing aggressive behavior was discussed which covered; the Goal, How it's measured, and How we are doing - reminding staff and contractors with these acts of aggression they can be handled with some crisis management skills, additional communication with our clients that are in distress, and pinpointed some Relias trainings to help with refreshing skills in this area.
- G. DMC-ODS Utilization Management (UM) Review – Ana Olvera
 - 1. Slide in handout entitled Assessment Reviews was discussed which covered; the Goal, How it's measured, How we are doing- Results coming in the following quarter. There were no questions
- VI. Kern Behavioral Health and Recovery Services – Current Projects and Issues
 - A. Quality Improvement Division – Lesleigh Davis
 - 1. 42CFR changes go into effect on or about April 16th, but we will have time to implement them as California law will have additional changes and instructions, so more to come in the future. There were no questions.
 - B. Department Supports Administration – Camden Trapp
 - 1. Prop 1 has passed changing MHSA to BHSA, we will continue to have weekly workgroup meetings to strategize how we will meet the needs of the department and state. More information to come.
 - 2. The MHSA annual plan for fiscal year 2024/2025 was successfully submitted to the state on March 4th.
 - 3. MHSA team is actively working on Mental Health planning for May.
 - a. An updated calendar that will include community partners' events will be shared in April. Various internal KernBHRS events coming soon, shared below. Theme this year is "Celebrating API Heritage."
 - i. April 23rd (Board Of Supervisors) BOS Proclamation
 - ii. May 1st – 31st Lighting of the CAO Building and Anchor Boxes
 - iii. May 10th at 10 A.M. Inspiration Awards located at the Westchester Courtyard
 - iv. May 4th Family Day at CALM with the theme "May the 4th be with You," several vendors and family friendly activities inclusive of celebrating API Heritage.
 - v. May 22nd Apple Core Project, Apple Core has a food distribution event every month. KernBHRS will partner with the food drive in May and distribute box fans.
 - vi. May 14th Career & Technical Education Center (CTEC) is part of the Kern High School District and serves High School Juniors, Seniors, and Adults. Participate in the Directing Change Video Competition and join a resource fair. This event will not be added to the man calendar as it's not open to the public.
 - vii. Bookworm Buddies – Weekly during the month of May where volunteers from our department will be reading books about improving self-esteem, how to handle challenging feelings to grades 1-3 children at a few different schools. There were no questions.
 - C. Substance Use Division – Ana Olvera
 - 1. Contingency Management Recovery Incentives Pilot program for individuals with a stimulant use disorder provide negative drug tests so they can get gift cards of increasing value and it is 24-week program; CCS in Wasco will launch today, 1401 L Street and Community Services Organization on Baker Street. To refer clients to this program contact SUD Access Line 1-866-266-4898.
 - D. Adult System of Care (ASOC) – Joel Monroy
 - 1. West RAWC team is still providing Anger Management group, Seeking Safety (trauma focus group), and a new Men's Empowerment Group (Men only). No other updates at this time.
 - E. Children's System of Care (CSOC) – Rosi Granados
 - 1. There were no updates at this time.
- VII. Kern Linkage Division – Arthur Morato
 - 1. College Heights, the newest No Place Like Home facility, is now open and Supportive Housing is on site with Flood to provide BH and case management services.
 - 2. Correctional Behavioral Health is open for teams to tour the jail to see how it functions and encourages teams to visit clients while they are incarcerated. Please schedule visits via email: CBHOD@kernbhros.org . Teams who work with KCSO and other providers for the CalAIM PATH will allow teams to bill for case management and linkage into services.

- VIII.** Crisis Services Division – Alan Roney
1. April 1st Mary Kay Shell will be starting renovations to bring the building up to code with no specific time frame of completion. There will be signage posted to inform individuals of how to navigate throughout the process.
 2. 988 and Mobile Crisis have now been live for the past few months and had great data in the help for the community.
 3. The new hospital is still scheduled to be open in May, look out for any hiring opportunities through Telecare. Alan answered a question from the chat.
 4. Youth CSU Project and Family Resource Center which is going through its phases with the location and construction, has a slated completion time of 2026/2027.
 5. East Kern MET RFP is still in review to select providers.
- IX.** Medical Services Division –
1. There was no one available to provide updates.
- X.** Consumer Family Learning Center (CFLC) – Jon Casida
1. Multiple special activities: A Friendship Mixer, treats and activities for Saint Patrick's Day, the Blossom Bash will be held Wednesday March 27th which will include food and other activities, and drum circle in May. Many support groups provide different activities for the calendar and there is continual work to come up with additional activities to bring aboard.
- XI.** Mental Health Providers – Current Projects and Issues
- A. College Community Services (CCS) – Larisa Hunt
1. There were no updates at this time.
- B. Child Guidance Clinic (CGC) – Rashawna Schumacher
2. Marcie Lesser will be attending as a CGC rep. for future meetings.
- C. Clinica Sierra Vista (CSV) – Heather Plaza
1. There were no updates at this time.
- XII.** Mental Health Systems/TurnBHS – Theresa Marinas
1. They will be attending the Career Fair.
- XIII.** Substance Use Division Providers – Current Projects and Issues
- A. College Community Services –
1. There was no one available to provide updates.
- B. Clinica Sierra Vista – Tiffany Cosby
2. New counselor starting at the Lamont location in mid- April, currently interviewing for the Ebony site, and a therapist opening available on April 5th.
- XIV.** Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
- XV.** Adjourn – Next scheduled meeting: **May 20, 2024, at 4:00-5:00 PM**, will be virtual via Teams.

This meeting is MH UR Code 3

System Quality Improvement Committee

Substance Use Disorder Work Plan Goals
March 25th, 2024

SUD Access Line

Goal:

95% of all DMC-ODS access test calls will be given a customer service rating of standard or above.

How it's measured:

QID staff complete test calls and rates results on customer service and engagement.

How we are doing:

Excellent! Last quarter 12 out of 12 calls received high scores.

From Screening to Assessment

Goal:

At least 40% of individuals contacting the SUD treatment access line will attend assessment.

How it's measured:

Comparing the number of assessments completed throughout the DMC-ODS network against the number of screenings performed.

How we are doing:

We are not sure. Current reports shows this percentage is over 70%!

From Screening to Assessment

How we are doing:

- This item has been a goal for a number of years, since we see that a lot of people call our SUD Access Line seeking treatment, but not a lot of people begin treatment.
- Although we can't accurately measure due to changes in the EHR, we have made some changes to increase access into SUD care.
- Outpatient contracted providers are now direct access points so that clients can begin without adding barriers.

Assessment Reviews

Goal:

95% of reviewed medical necessity determination on ASAM assessments will be consistent between assessor and reviewer

How it's measured:

Conducting reviews of 5% of all ASAM Assessments completed by DMC-ODS providers. Therapists rate the assessment against a checklist to see if they agree with the authors in several areas.

Assessment Reviews

How we are doing:

- We are not sure yet.
- In the first half of the year, no reviews could be conducted due to transitioning to SmartCare and staffing shortages.
- The good news is that we have completed some reviews in February and March, and the data will be reported at the QIC for the 3rd quarter.

Annual Treatment Perception Surveys

Goal:

The Substance Use Division and its contract providers will achieve a cumulative minimum satisfaction rating of 85% or greater on the Treatment Perception Survey.

How it's measured:

Data is collected locally, but UCLA compiles it and provides our results by provider.

How we are doing:

We don't know yet. Results from the survey administered in late October of 2023 have not been received yet.

Points in Time Surveys

Goal:

DMC-ODS Client satisfaction ratings at Discharge and Follow up will obtain positive ratings at 85% or higher

How it's measured:

SUD staff contact clients when they have recently discharged from a program to ask several questions including if they were satisfied or would recommend the program to a friend or family member.

How we are doing:

Very well

Discharge: 100%

Follow up: 91.7%

Medication Assisted Treatment Referrals

Goal:

KernBHRS and network providers will make over 600 MAT referrals this fiscal year.

How it's measured:

Collecting information from providers about how many referrals are made to MAT providers (primary care, hospitals, MAT clinic)

How we are doing:

Not as well as we'd hoped.

Medication Assisted Treatment Referrals

Why?

SmartCare implementation took a lot of our staff's time and effort.

Our new MAT clinic had a slow start in the beginning of this fiscal year.

How are we making improvements?

Reminding all providers these referrals are available for their clients.

Reducing barriers for the MAT clinic

Reducing aggressive behavior

Goal:

Decrease the number of aggression/violence incidents reported through the UOR application by 10%

How it's measured:

Tracking the number of UORs that are categorized as involving aggression or violence

How we are doing:

In the first half of the fiscal year, there were a total of 6 incidents. In order to meet our goal, SUD providers will have less than 19 incidents in this fiscal year.

Questions? Comments?

Ana Olvera, LMFT

SUD Administrator

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