

Kern County Behavioral Health Board System Quality Improvement Committee

Monday, September 23, 2024

4:00-5:00 P.M.

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	Jon Casida	Liz Bailey	Patricia Medina
Alexander Lopez	Connie M. Sedano	Juan Gonzalez Ramos	Lynnette Jones	Robert Cervantes
Andrea Dabrushman	David Kessler	Karin Huang	Marcie Lesser	Rosi Granados
Art Morato	Dian Schneider	Kim Kartinen	Maria Najera	Shiona Gray
Breanna Barajas	Heather Plaza	Lesleigh Davis	Monique Rivera	

- I. Welcome and Introductions – David Kessler introduced himself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Alan Roney 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. Consumer & Family Satisfaction (CPS) – Andrea Dabrushman
 1. Reviewed and shared handout presentation entitled; Consumer Perception Survey (CPS) Spring 2023 – results were received late January.
 - a. The Spring 2024 survey was conducted May 20th – 24th and results should be received in December 2024. This survey is conducted in English and Spanish in Kern County; throughout the state of California this survey is conducted in about 25 languages. There are about 65 to 70 questions and takes about 8 to 10 minutes to complete.
 - b. 283 Adults CPS surveys and 237 Youth/ Youth Family CPS surveys were completed in May of 2023. For the Spring 2024 CPS surveys, 389 Adult and 225 Youth/Youth Family surveys were completed, for a total of 614 completed surveys. This is a 9% increase for 2024 when compared to 2023.
 2. Policy 11.01.11 Mental Health subunits will maintain a rating of 85% overall satisfaction rate.
 - a. All divisions in satisfaction chart used, surpassed 85% overall satisfaction rate.
 - b. Satisfaction by Question:
 - i. The highest percentages were for recommendations to friends and family and client felt comfortable asking questions about their treatment and medication.
 - ii. The lower percentages were if staff were willing to see client as often as they felt it was necessary and if staff returned their calls within 24 hours. Question answered in the chat.
 - B. Local Recovery Survey (LRS) – Andrea Dabrushman
 1. Discussed and shared handout entitled; Local Recovery Survey 2023-2024 Overview
 - a. Clients are contacted from Mental Health and SUD, and also from contracted providers. This helps with measuring the clients access to care, progress in treatment, and recovery principles. It is about 17 to 18 questions depending on if adults, children, or parent/guardian are being surveyed and takes about 2 minutes to conduct.

- b. 947 adult clients, 57 Youth clients, and 631 parents or guardians of youth clients were surveyed during the fiscal year beginning 07.01.23 and ending 06.30.24.
- c. 5% of MH and SUD subunit clients will be surveyed biannually.
- d. A minimum overall satisfaction rate of 85% for both subunits must be maintained for the question "Overall I am satisfied with the services I received." There were no questions.

VI. Annual Satisfaction rate was met.

C. M&M presentation – Liz Bailey

- 1. Discussed the Morbidity & Morality (M&M) Committee which reviews any adverse services that have happen to our clients and recommendations that assist with reducing those events in the future, what may need to be provided for the best services to our clients, and where we are doing well.
 - a. Cases of people who have passed away are reviewed.
 - i. A completed UOR, the Adverse Event Summary (AES) and other documentation is received and if needed, a formal review is done of these cases.
 - ii. The committee is comprised of administrators from both MH and SUD, psychiatrist Dr. Olango, and supervisors from throughout the system.
 - b. A peripheral of M&M is to review the UOR of those who required crisis services or medical attention due to a suicide attempt, to see in addition to the client and family, if the team would benefit from a Zero Suicide (ZS) consult as well.
 - i. The M&M will send out a recommendation letter for improvements, where the team did well, and to recommend self-care and support to all.
 - c. Shared overall data available in handout entitled Type of Events Reported July2023- Current for suicide attempt/threat, death natural cause, death by suicide, death by accidental overdose. There were no questions.

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

A. Quality Improvement Division (QID) – Lesleigh Davis

- 1. The Data Notebook, which is a California Mental Health Planning Counsel survey, has been sent out and the Behavioral Health Board is required to complete it. The Behavioral Health Board needs subject matter experts, and so QID collects the data from the survey, and it is presented to the Behavioral Health Board after.
- 2. National Counsel for Quality Assurance (NCQA) self-assessment has a set standard for the behavioral health organizations, which is not required for county mental health or DMC-ODS Medi-Cal insurance plans but is highly suggested.
 - a. QID is organizing a self-assessment of the NCQA standards to get a baseline on how our county performs with these national standards. These results are then submitted to the DHCS. There were no questions.

B. Department Supports Administration – Liz Bailey

- 1. Currently working on good placement for practicum students for those coming in October and forward.

C. Substance Use Division – Alexander Lopez

- 1. The upcoming Recovery Resource Fair on Saturday from 10 A.M. to 1 P.M, please join. There are about 48 vendors made of providers and contracted providers that will be attending.
 - a. There will be a welcome event for all individuals in recovery and community members who are interested. Flyer shared in the chat.

D. Adult System of Care (ASOC) –

- 1. There was no one available to provide updates.

E. Children’s System of Care (CSOC) – Rosi Granados

- 1. There were no updates at this time.

F. Kern Linkage Division – Arthur Morato

- 1. The Benefits Acquisition Team (BAT) is accepting client referrals. If you would like to speak to a BAT representative regarding your client, please contact them by email at BAT@KernBHRS.org and a referral form can be sent to you.
- 2. Haven Cottages Apartments is currently accepting client referrals. This is roughly for TAY to Adults with some type of income, includes utilities and furnishings. For more information regarding Haven Cottages or client referrals, please contact Supervisor Lourdes Torres via email at ltorres@KernBHRS.org.
- 3. Gloria Pereyra is the new supervisor of Long Term Care Team

4. Greg Gonzalez is the new supervisor of Relational Outreach Engagement Model (ROEM)/ Mobile Clinic with Street Psychiatry (MCSP).
 5. Adult Transition Team (ATT) is pending a new supervisor at this time, and any questions for them can go to Michelle Culy, Elida Guzman and/or Lourdes Torres via KLD # 661-868-1840.
- G. Crisis Services Division – Alan Roney
1. The new CSU for youth is in the design phase and is on the same campus as the Family Resource Center, possibly completed by June of 2026.
 2. Telecare is very close to opening pending state approvals.
 3. Central Star is currently experiencing some staffing issues for youth.
 4. Mary K Shell is entering the final phase of construction and renovations.
- H. Medical Services Division – Maria Najera
1. There were no updates at this time.
- I. Consumer Family Learning Center (CFLC) – Jon Casida
1. Site return was just today, so things are still being put back in their place. Doors will be open for returning clients this Monday, September 30th.
 2. Limited group services were still being provided onsite at the north tower and through remote services as well. Monday, we'll return to hybrid services and welcome everybody back.
- VIII. Mental Health Providers – Current Projects and Issues
- A. Clarvida – Barbara Paradise
1. College Community Services is now Clarvida.
 2. Throughout locations, some recovery events to come soon and will also be attending the Recovery Resource Fair in Bakersfield.
- B. Child Guidance Clinic (CGC) – Marcie Lesser
1. Fourth (4th) location for CGC: Child Outpatient Foster has a new address 2001 Wheelan Court, 93309 (behind the Ming Ave Home Depot). Phone number is: 661.241.5095.
 2. The West Bakersfield office will continue to house the administration and regular Medi-Cal program for children.
- C. Clinica Sierra Vista (CSV) – Edgar Ruiz Arzapalo
1. There were no updates at this time.
- IX. Substance Use Division Providers – Current Projects and Issues
- A. Clarvida –
1. College Community Services is now Clarvida.
- B. Clinica Sierra Vista – Edgar Ruiz-Arzapalo
1. There were no updates at this time.
- X. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
- XI. Adjourn – Next scheduled meeting: November 25, 2024, at 4:00-5:00 PM, will be virtual via Teams.

This meeting is MH UR Code 3



CONSUMER PERCEPTION SURVEY (CPS) SPRING 2023

OVERVIEW



ABOUT THE REPORT:

- **THE CONSUMER PERCEPTION SURVEY (CPS) IS UTILIZED TO COLLECT DATA ON THE FEDERALLY DETERMINED NATIONAL OUTCOME MEASURES (NOMS). REPORTING ON THESE NOMS ARE REQUIRED BY THE SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA), AND RECEIPT OF COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT (MHBG) FUNDING IS CONTINGENT UPON THE SUBMISSION OF THIS DATA. COUNTIES ARE REQUIRED TO CONDUCT THE SURVEYS AND SUBMIT DATA PER §3530.40 OF TITLE 9 OF THE CALIFORNIA CODE OF REGULATIONS, WHICH REQUIRES THAT ANNUAL SURVEYS BE CONDUCTED. CPS'S ARE ADMINISTERED IN THE SPRING OF EACH YEAR. CPS'S INCLUDE ADULT, YOUTH, AND YOUTH FAMILIES VERSIONS IN BOTH ENGLISH AND SPANISH.**

- **283 ADULT CPS'S AND 237 YOUTH/YOUTH FAMILY CPS'S WERE COMPLETED BY CONSUMERS IN MAY 2023, FOR A TOTAL OF 520 COMPLETED SURVEYS. THE OVERALL SATISFACTION RATING IS 93%.**

CPS STANDARD

► **Policy 11.01.11:** Mental Health subunits will maintain an overall satisfaction rating of 85% on the Consumer Perception Survey.

► **Data Source:** Consumer Perception Survey

► **Numerator:**

The sum of consumers who responded “Strongly Agree” or “Agree” to the first question of the CPS, which is, “I like the services that I received here.”

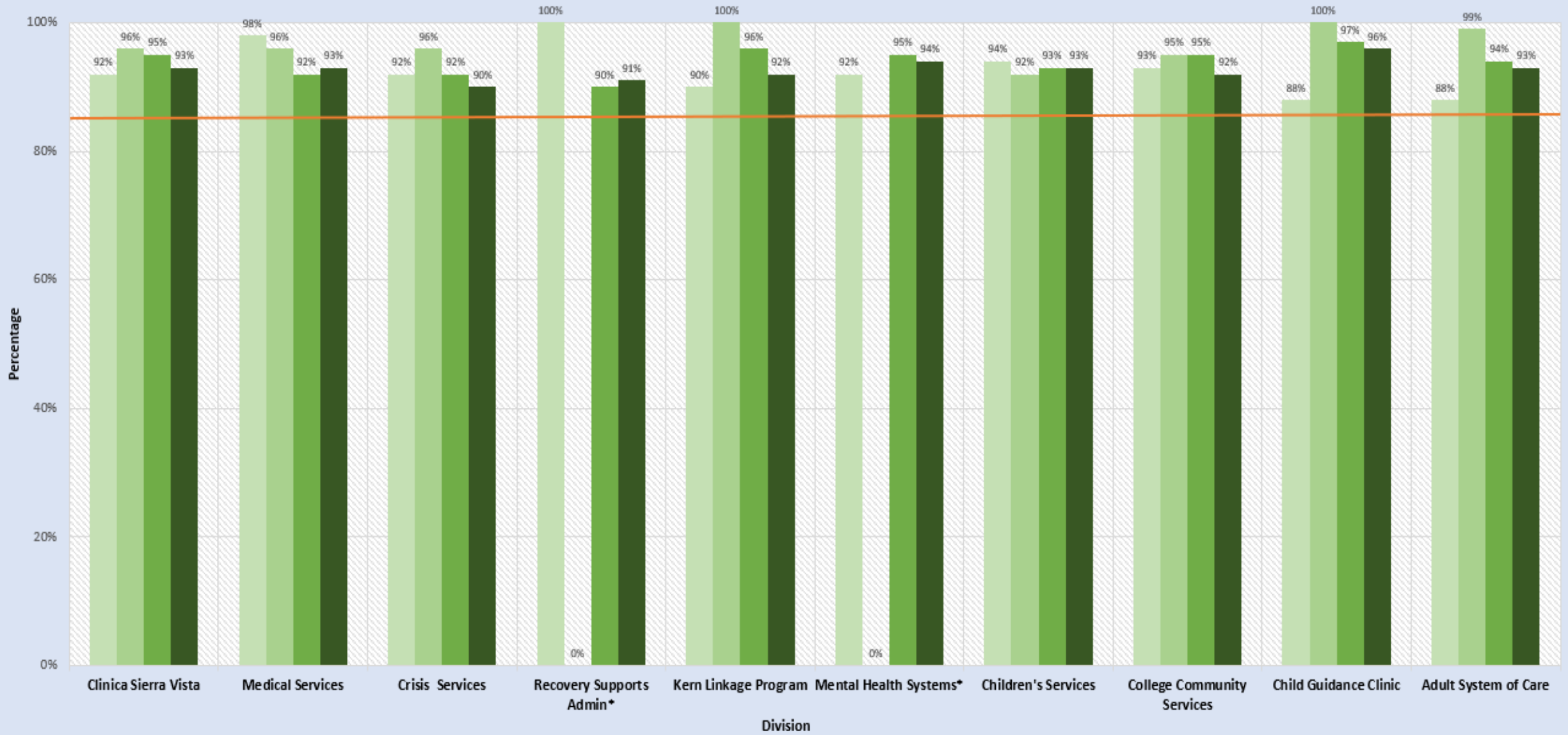
► **Denominator:**

The number of responses to the first question of the CPS, excluding responses of “Not Applicable.”



OVERALL SATISFACTION RATES

Consumer Perception Survey Client Satisfaction Rates

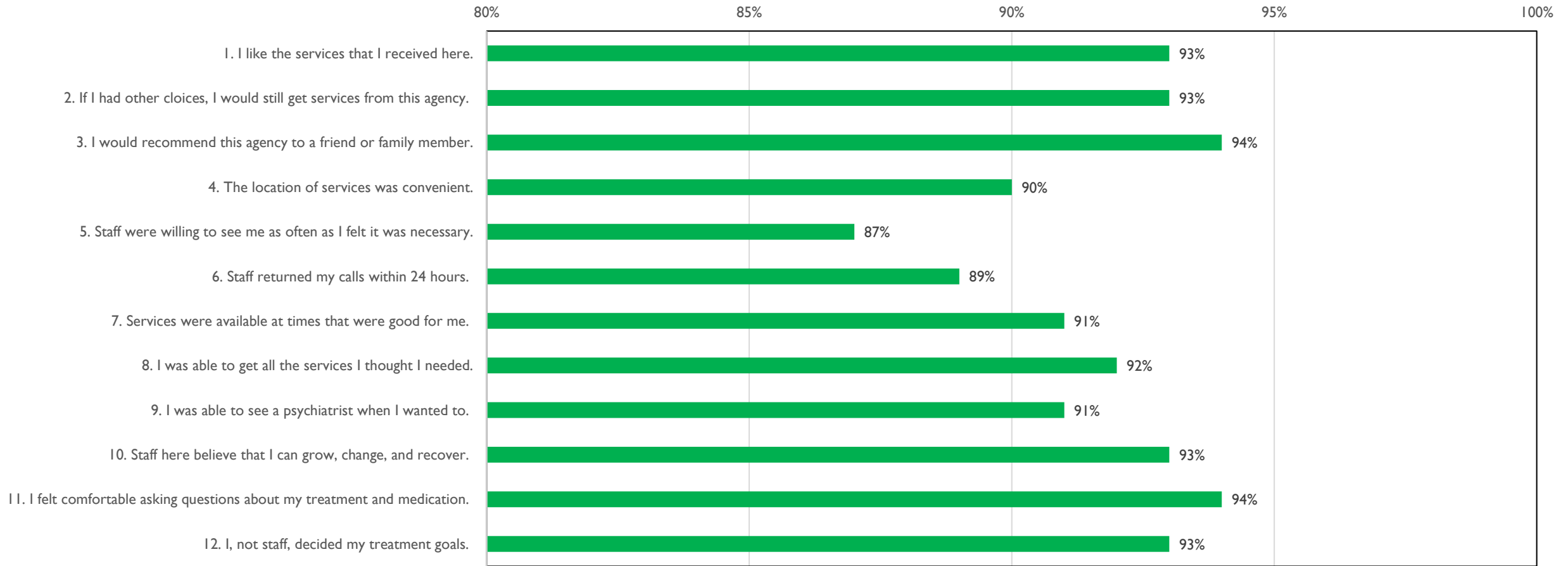


*No survey responses received for this division in 2021

Spring 2020 Spring 2021 Spring 2022 Spring 2023

Benchmark: 85%

System of Care



SATISFACTION BY QUESTION

CONTACT INFORMATION

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Local Recovery Survey

2023-2024

OVERVIEW

About the Report

Overview

- The Local recovery survey (LRS) assesses consumer perception related to recovery principles, access to care, and progress in treatment. The LRS's brief format and simplistic questions, all related to consumer satisfaction and demographics, take approximately two minutes to complete via telephone. The LRS allows for instantaneous results and gives clients the opportunity to provide feedback throughout the year.
- Both Mental Health PLAN (MHP) and Substance Use Disorder (SUD) clients are included in the LRS surveying process.
- Clients from 124 individual teams were surveyed throughout the year, including 96 MHP teams and 28 SUD teams. A total of 947 adult clients, 57 youth clients, and 631 parents or guardians of youth clients were surveyed during the fiscal year beginning 7/1/23 and ending 6/30/24.



LRS Standard

Overview:

- ❑ To determine client satisfaction and other areas of consumer perception related to recovery principles, access to care, and progress in treatment

Standard:

- ❑ Response Rate: MH and SUD subunits will survey 5% of their caseload biannually, resulting in 10% annually
- ❑ Satisfaction Rate: MH and SUD subunits will maintain a minimum overall satisfaction rate of 85% based on question 4 of the LRS, which is “Overall, I am satisfied with the services I received.”

Data Sources:

- ❑ Local Recovery Survey (LRS)
- ❑ SMARTCARE, which is used to determine caseload sizes



LRS Methodology

Response Rate:

The numerator is the number of completed surveys. The denominator is the total caseload at a point in time determined by the quality improvement division (QID). As average caseloads fluctuate throughout the year, the following formula is used:

Annual caseload number (from SmartCare) multiplied by .10 (ten percent) = X. X equates to 10% of a teams' annual caseload, which is our benchmark.

X divided by 2 (months per year we will survey the team) = Y, which is the number we must receive completed surveys from biannually.

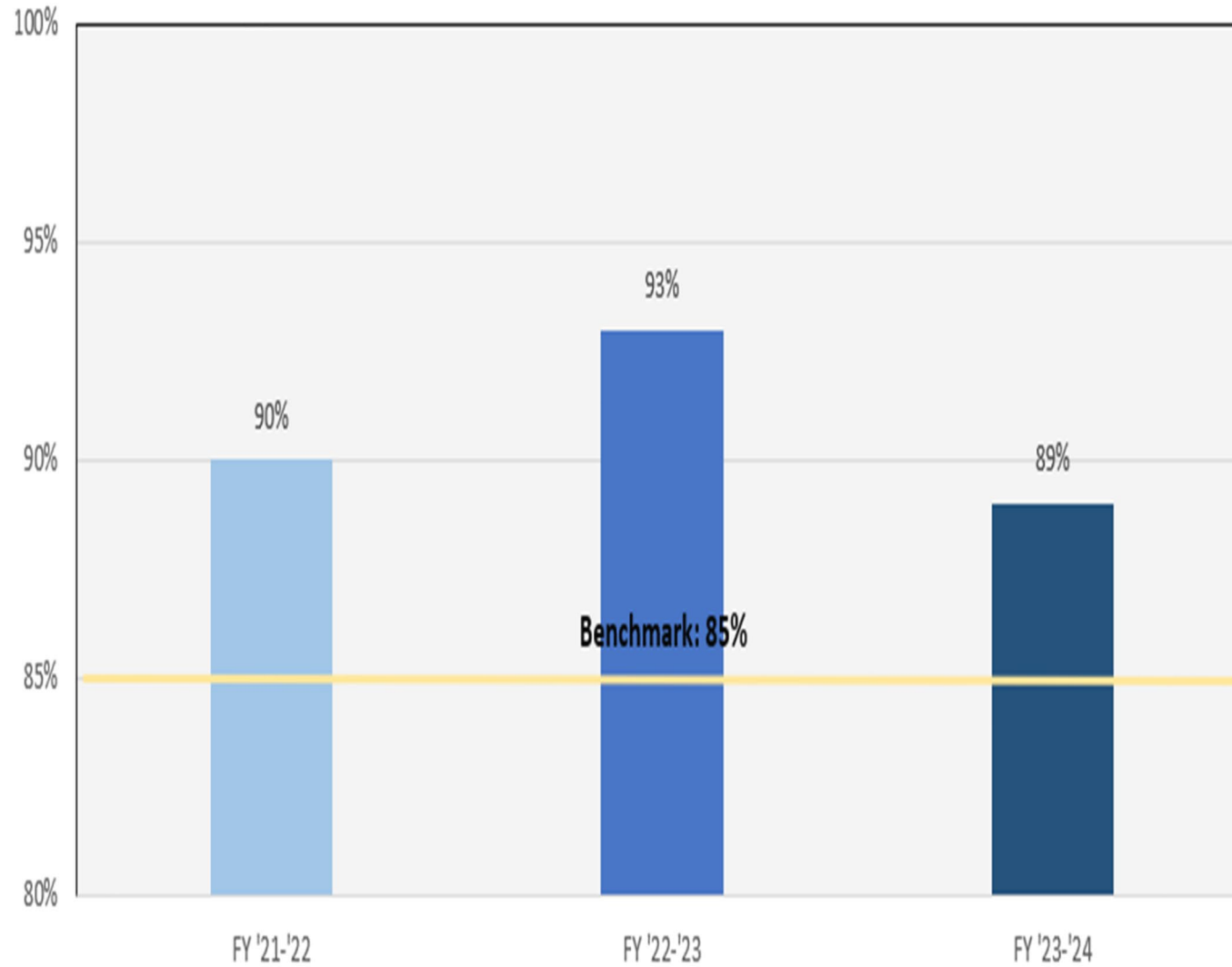
Divide the number of completed surveys (numerator) by the benchmark (denominator).

Satisfaction Rate:

The numerator is the sum of clients who responded "Strongly Agree" or "Agree" to the fourth question of the LRS, which is, "Overall, I am satisfied with the services I received." The denominator is the number of responses to the first question of the LRS, excluding responses of "Not Applicable."

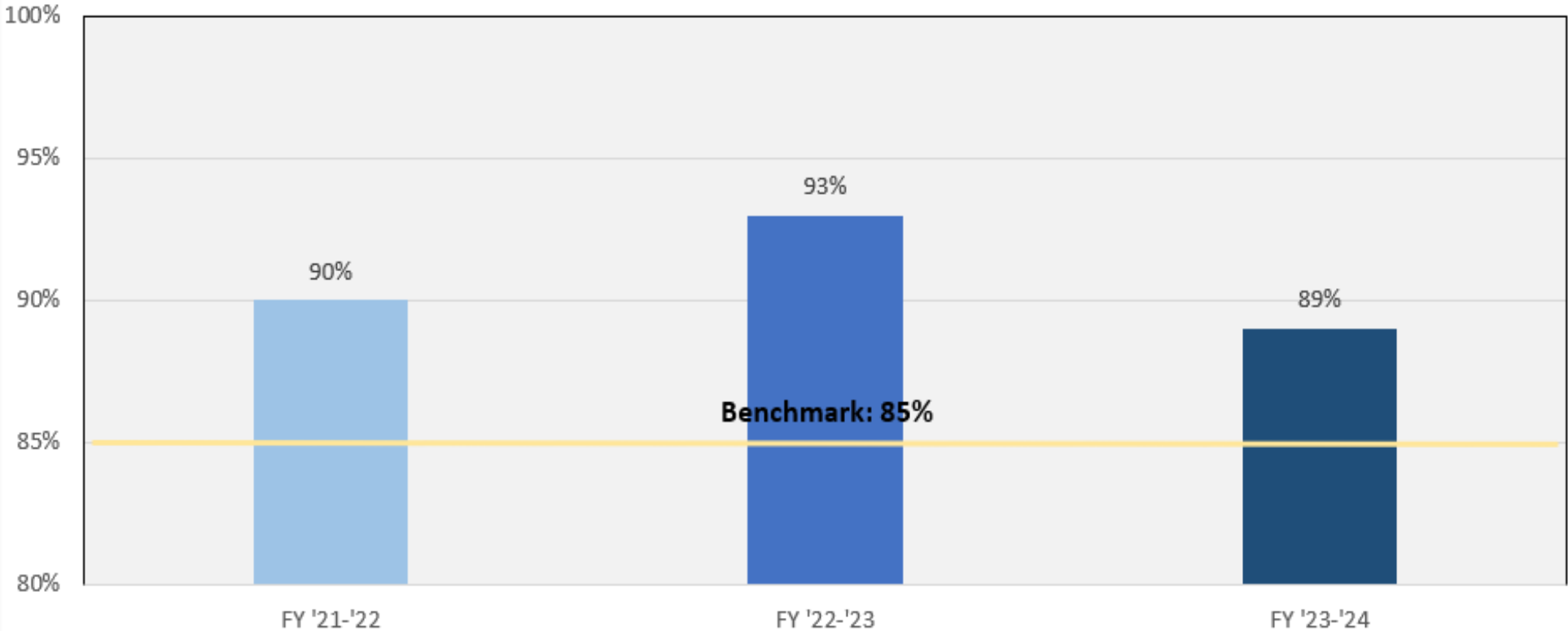
Divide the sum of responses of "Strongly Agree" and "Agree" (numerator) by the total number of responses, excluding responses of "Not Applicable" (denominator).

Local Recovery Survey Annual Results



Overall
Satisfaction
Rate

Local Recovery Survey Annual Results



Annual Satisfaction Rates

Contact Information

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Morbidity & Morality (M&M) Committee

M&M is NOT meant to

- Find fault with the treatment provided by a team
- Add additional stress to an already stressful situation
- Create additional paperwork

Purpose of M&M

- Review adverse client events
- Quality Improvement Activity:
 - Recommendations to assist with reducing these types of events in the future
 - Give guidance to the system to improve service delivery and make policy changes

Death of a Client

- Team level review/discussion
- Complete a Unusual Occurrence Report (UOR)
- Complete an Adverse Event Summary (AES)
- M&M Chair will review and determine if formal review is needed

When a Client Makes a Serious Suicide Attempt

- Team level case review/discussion
- Complete a UOR
- Administrator level case review
- M&M committee chair reviews for need of Zero Suicide Consult.

M&M Reporting Process

- All deaths and unusual or unexpected adverse events of KernBHRS Clients are reported through the UOR app within three (3) business days from the event.
- All committee recommendations will be provided to the SQIC and Kern BHRS management team
- Covers the requirements for chart documentation when a client dies

Staff Responsibilities

- Bring information immediately to the supervisor's attention
- Complete the staff section of the unusual occurrence report in the UOR web application within 3 business days
- Self-care

Supervisor Responsibilities

- Inform Administrator immediately
- Arrange to meet with the involved staff, psychiatrist, and nursing staff in order to complete all the necessary information requested on the Adverse Event Summary form (Attachment A)
- Update the EHR per requirements outlined in policy 5.1.9

Supervisor Responsibilities

- Review AES with Administrator
- AES is due 14 days after the incident occurs. Administrator will send AES to the M&M Chair (Liz Bailey) and the M&M Support Staff (Hollie Davis)
- Evaluate the need to request Employee Assistance Program (EAP) services to address any staff grief/loss issues (if so, go through Administrator)

M&M Chair Responsibilities

- In the event of a death the M&M Chair will send a caring card to the KernBHRS team offering a visit from the Marley's Mutts therapy dogs, EAP or a supportive session with the CISM Disaster Response Team
- For deaths, the M&M Chair will review the UOR, AES and death certificate (if available) to determine whether a Formal Review is needed
- For serious suicide attempts the M&M Chair will review the UOR to determine whether a Zero Suicide Consult is needed

Root Cause Analysis

- May occur at the team supervisor or administrator's request. Occasionally requested by M&M Chair
- Should occur when an especially difficult, complicated or troublesome case presents.

Root Case Analysis

What To Do

- Team member or supervisor will do a thorough case review and establish a timeline of events
- All service providers will meet with the M&M Chair
- Review the case in detail
 - Discuss what went well
 - Discuss opportunities for improvement
- Important it occurs shortly after the event while details are still fresh

M&M Committee Review

- M&M Committee member will complete a chart review, including the AES, UOR, Coroners Report and/or Death Certificate
- Present to committee for discussion and further review
- After the M&M Meeting the M&M Chair will draft follow up letter to the team to inform the case has been reviewed and provide actions/recommendations to follow up on.

Team Expectations

- After a follow-up letter is received
 - Review the letter with all team members
 - Follow through with any actions identified
 - Use it as a learning/teaching opportunity for staff

Common Findings for M&M Review

- Lack of follow-up with clients
- Lack of communication between PCP and KernBHRS providers
- Lack of engagement of their support system
- Lack of coordination between SUD and MH Division

Current M&M Recommendations

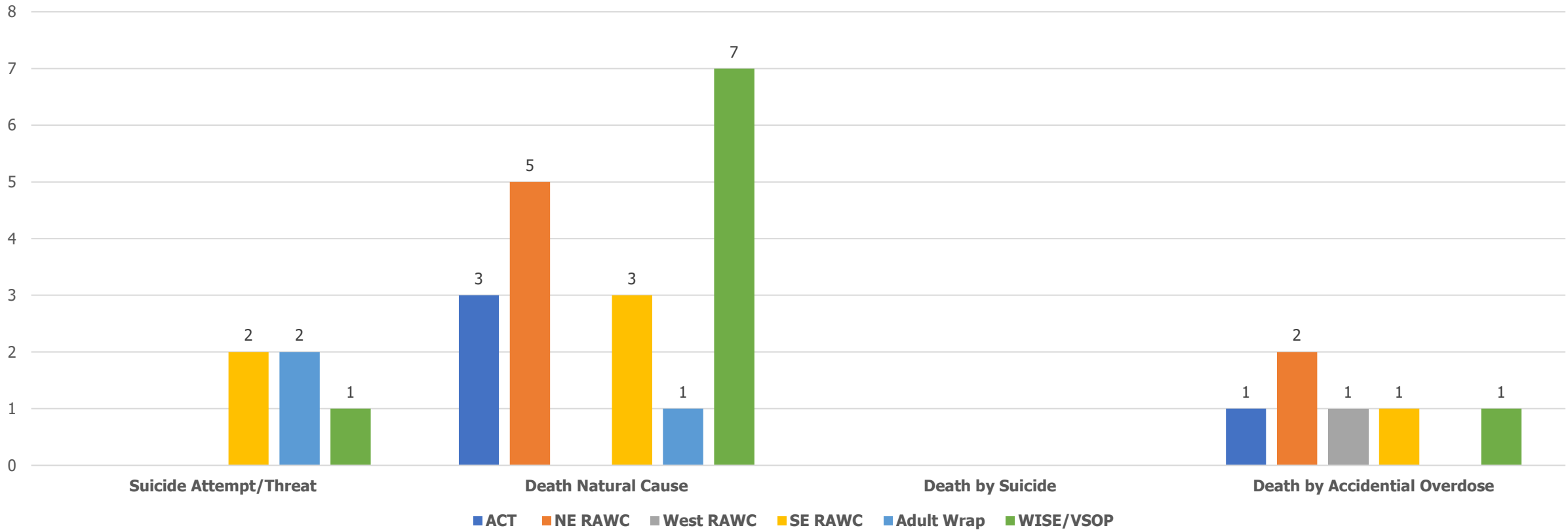
- Document case consult
- Increase support system involvement in client's treatment
- Intensify services based on client's needs
- Coordination of care between PCP & staff psychiatrist.
- Coordination of care between MH and Substance use teams serving the same client.
- Follow up with clients after missed appointments.
- Increase home visits or sessions in the community

Things to Remember

- NONE of the submitted M&M forms should ever be a part of the client's chart
- Do not document that you completed the AES in the chart. Indicating the event and following the chart closure protocol in the event of a death is sufficient
- An AES needs to be completed ONLY for Deaths
- All deaths and serious suicide attempts need to be reported to the M&M Committee
- Serious suicide attempts are referred to the ZS team for case consult option
- Follow-up letters should be shared with teams and can be used as training tools

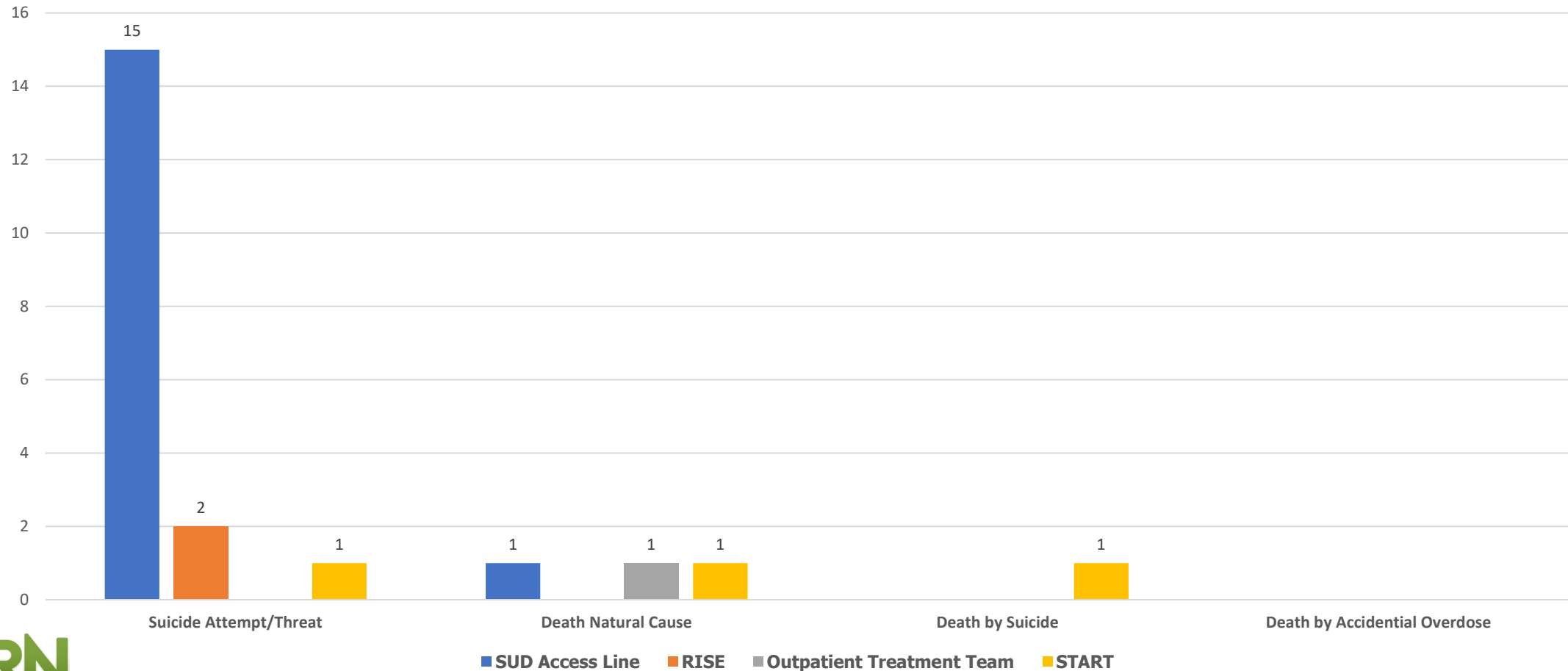
Type of Events Reported July 2023 - Current

Adult System of Care



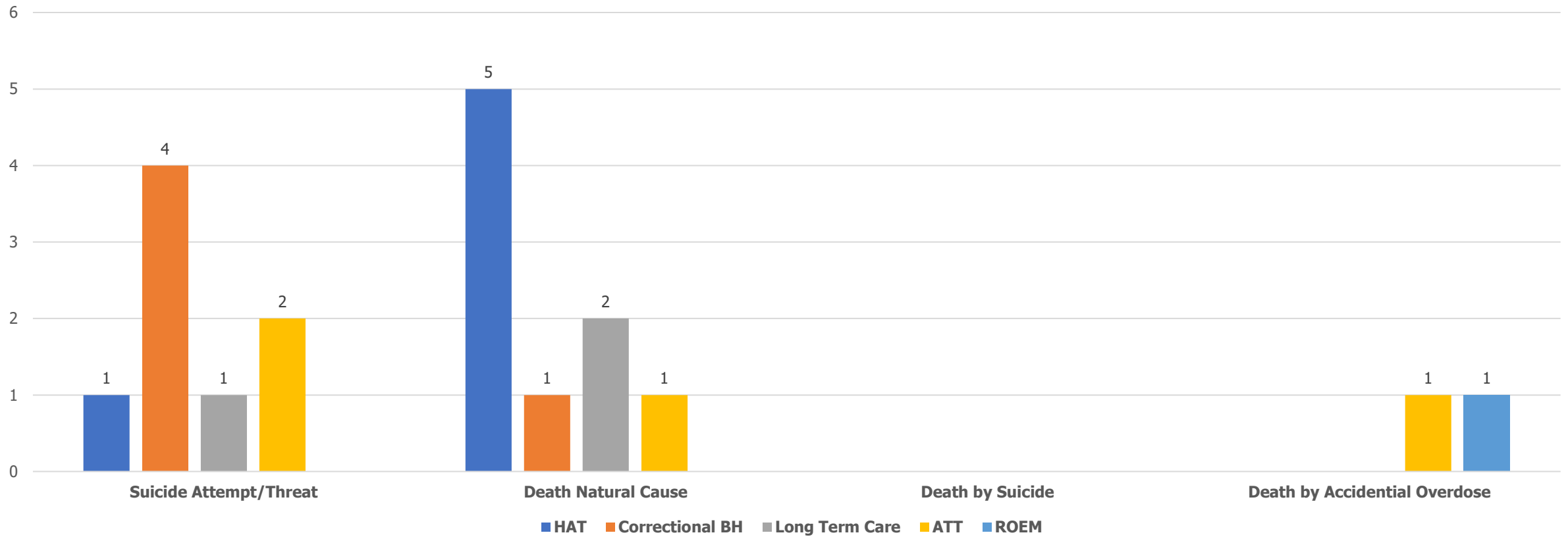
Type of Events Reported July 2023- Current

Substance Use Division



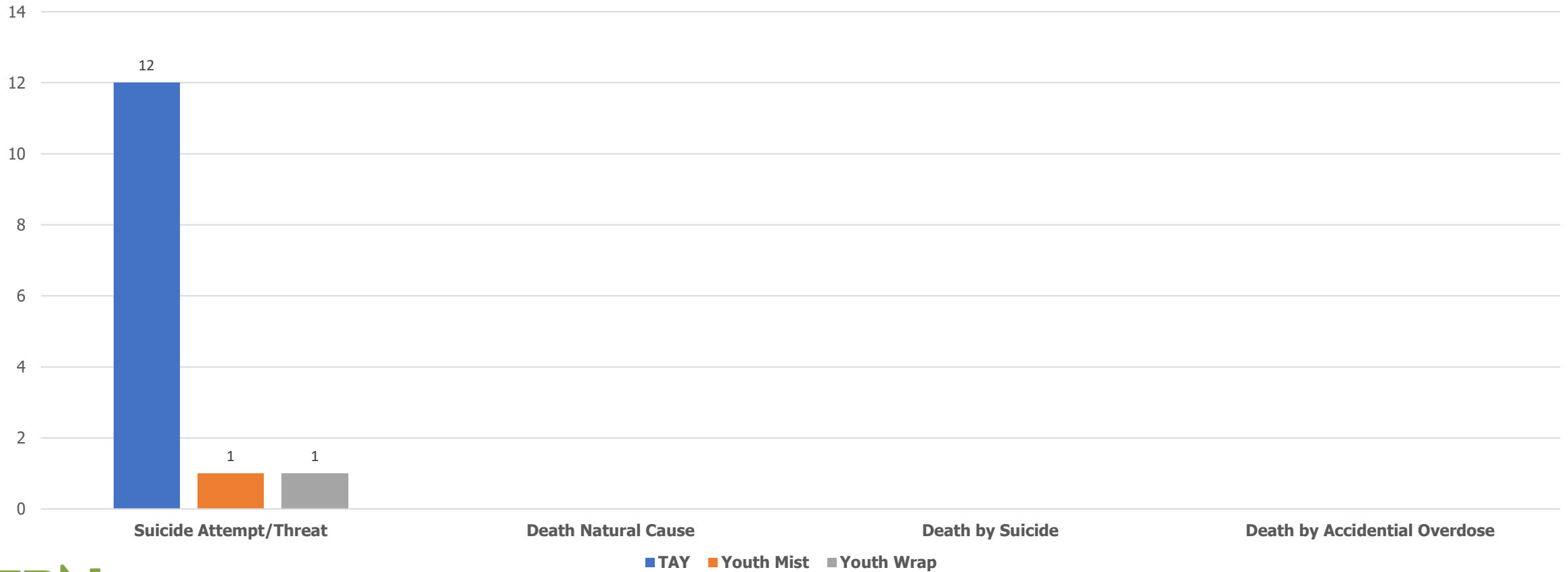
Type of Events Reported July 2023 - Current

Kern Linkage Division



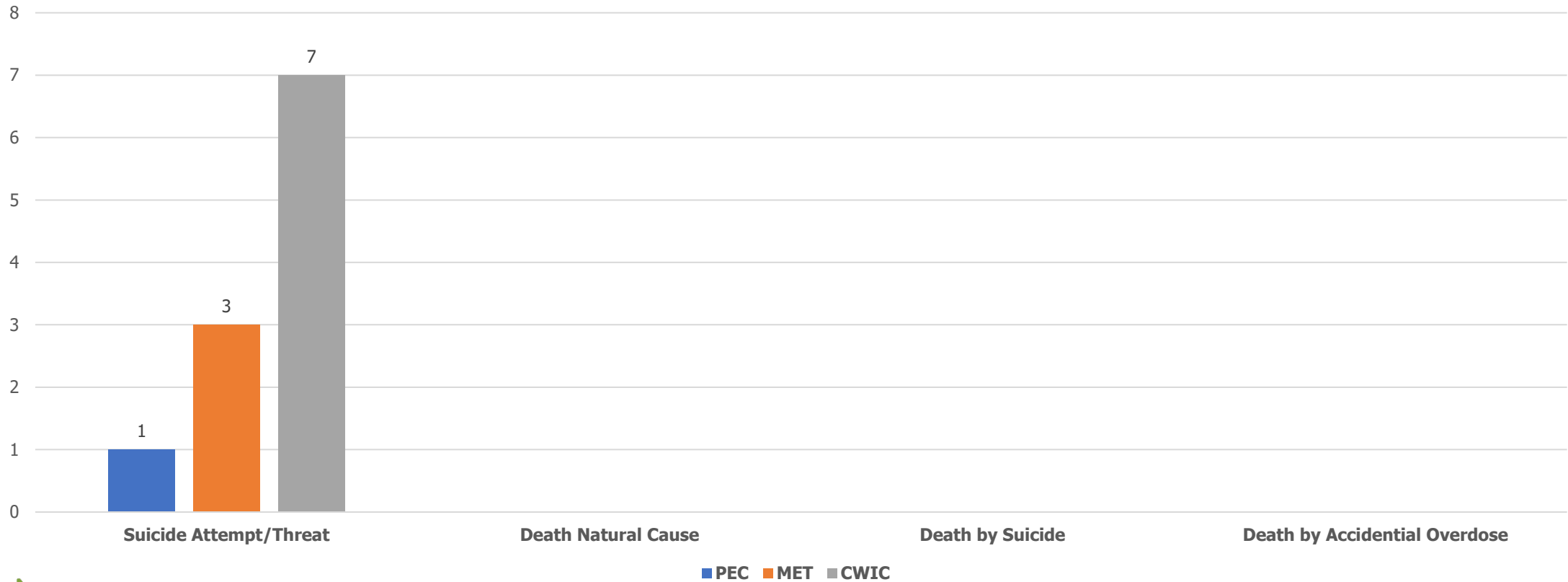
Type of Events Reported July 2023 - Current

Children System of Care



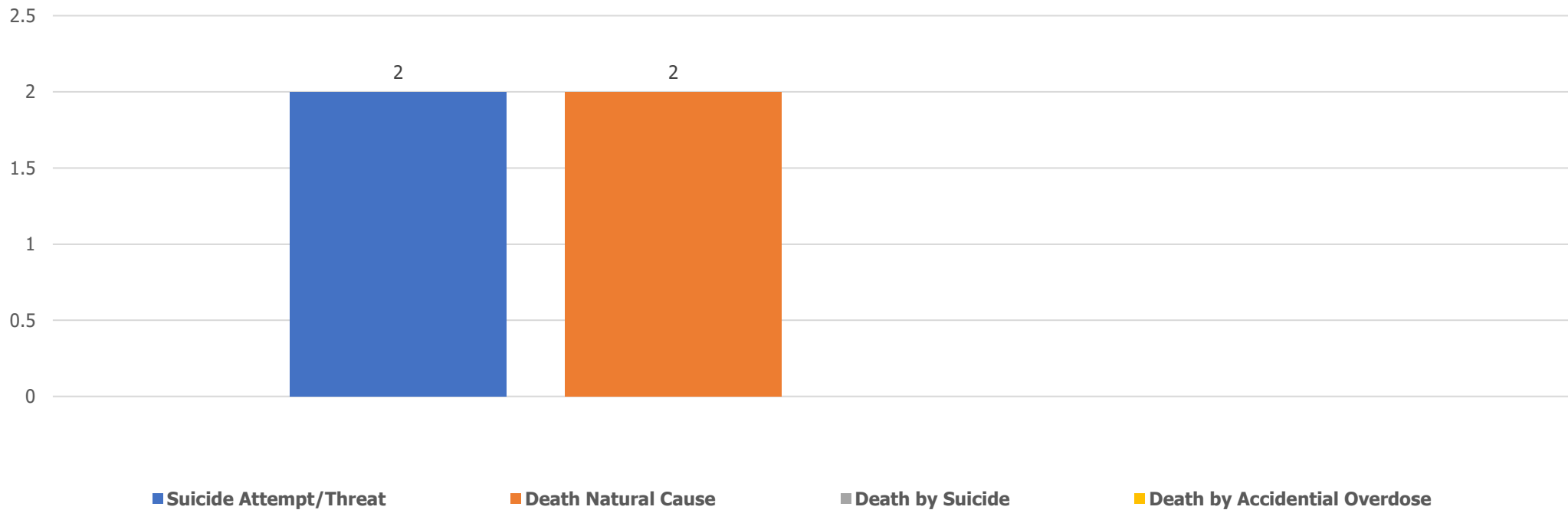
Type of Events Reported July 2023 - Current

Crisis Services



Type of Events Reported July 2023 - Current

Medical Services
Residency Clinic



Type of Events Reported July 2023- Current

Training & Compliance
Self Empowerment Team

