

Kern County Behavioral Health Board System Quality Improvement Committee

Monday, November 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	Connie M. Sedano	Juan Gonzalez Ramos	Lynnette Jones	Susie Baker
Alexander Lopez	Francisca Quiroz	Kimberlyn Sandoval	Marcie Lesser	
Breanna Barajas	Hannah Garber	Kristen Flannigan	Robert Cervantes	
David Kessler	Jeffery Kaya	Lesleigh Davis	Rosi Granados	

- 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. Zero Suicide – Jeffery Kaya
 1. Shared and discussed handout title Zero Suicide & SmartCare which covered; Agenda, Zero Suicide Implementation at KernBHRS, Screening, C-SSRS Pediatric Since Last Visit, C-SSRS ADULT SCREENER, Positive Action Toward Hope and Healing (PATHH) Enrollment, Enrolling clients on the PATHH using SmartCare Client Flags, Safety Plan, Non-demand Caring Contacts, Treatment on the PATHH, Assessment, PATHH Exit, Data Collection, Suicide Data for KernBHRS, and Zero Suicide Team Closure.
 - a. Zero Suicide prevention protocol is used for KernBHRS MH and SUD, and for contract providers. The Columbia Suicide Severity Rating Scale (C-SSRS) is used for screenings. Children are screened with the C-SSRS Pediatrics and Adults with the C-SSRS Adult Screener. Children are screened once a month as it is a longer screener and Adults every service contact.
 - b. Staff need to document why they would place a client on the Positive Action Toward Hope and Healing (PATHH). The flags used to enroll clients on the PATHH are implemented for enrollment. A Safety Plan within SmartCare is required for clients enrolled in the PATHH. The Safety Plan can be used for clients not enrolled on the PATHH as well. The Non-demand Caring Contacts known as Caring Messages can be used to demonstrate support. The 988 and crisis contact information is shared on the Caring Contacts when cards are utilized.
 - c. Suicide specific services must be provided to reduce risk of suicide.
 - d. The C-SSRS Assessment forms can be completed by direct care staff only and final-approved by their supervisors. This form for Adults is eight pages long and assessment forms must be completed with 60 days. Placement on the PATHH is usually for a short time and expectation is to have them discharged from the PATHH. The Safety Risk flag is ended when client is being taken off the PATHH.
 - e. Shared the data for 2020 to current YTD 2024, which was for calendar year January to December.

f. Zero Suicide team will be closed in June 2025, but protocols will continue under other teams in the future. There were no questions.

B. Credentialing – Natalia Gonzalez

1. Shared and discussed handout titled Credentialing which covered; BHRS Credentialing and Annual Report to Management FY 2023-2024.
 - a. Provider's competence, education, backgrounds, and previous employment are verified to ensure patients' safety and health. This helps healthcare organizations to comply with regulations as well. This will help with fraud and abuse and proper licensing. All providers internal and contracted must go through the credentialing process. As part of DHCS requirements this is done at initial employment and every three (3) years after, the recredentialing process and approval is quicker.
 - b. 213 applications were conducted and 213 were approved.
 - c. SmartCare access cannot be approved until the application is completed and submitted. There were no questions.

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

A. Quality Improvement Division – Lesleigh Davis

1. There were no current updates at this time.

B. Department Supports Administration –

1. There was no one present to provide updates.

C. Substance Use Division – Alex Lopez

1. 1401 L St. staff will be moving to third floor Commonwealth December 9th.

D. Adult System of Care (ASOC) –

1. There was no one present for 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. Greg Gonzalez is ROEM and Mobile Psych's new supervisor.
2. Ann Sherwood is the new ATT supervisor.
3. Mobil Psych is now active.
4. Lilia Garcia is now part of the BAT team.

G. Crisis Services Division – Alan Roney

1. Kern Adult and Youth PHF is still pending State Approval, which we are hoping is happening very soon. Once approved, it is still 24 to 48 hours before we can open up that hospital.
2. Youth CSU and Family Resource Center is still on track for June 2026.
3. MKS Fire Watch Project is wrapping up its final phase with current timelines looking at the middle of December going into the new year, but with the holidays it could be pushed to the new year.
4. We are preparing and responding to recent changes to legislature including Proposition 1 and SB 43. For SB 43 we are still looking at an implementation date of January 2026.

H. Medical Services Division – Francisca Quiroz

1. There were no current updates at this time.

I. Consumer Family Learning Center (CFLC) –

1. There was no one to present to provide updates.

VII. Mental Health Providers – Current Projects and Issues

A. Clarvida – Barbara Paradise

1. Some activities during the wintertime to reach out to the community.
2. East Kern Mobile Response team contract has just been implemented for the east kern area.

B. Child Guidance Clinic (CGC) – Marci Lesser

1. There were no updates at this time.

C. Clinica Sierra Vista (CSV) –

1. There was no one present to provide updates.

VIII. Substance Use Division Providers – Current Projects and Issues

A. Clarvida – Barbara Paradise

1. First Anniversary for Tehachapi SUD December 20th a flyer will be shared soon.

B. Clinica Sierra Vista –

1. There was no one present to provide updates.

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

X. Adjourn – Next scheduled meeting: **January 27, 2025, at 4:00-5:00 PM, will be virtual via Teams.**

This meeting is MH UR Code 3

Zero Suicide & SmartCare

Kern Behavioral Health and Recovery Services

Agenda

- ▶ Zero Suicide Implementation within SmartCare at KernBHRS
- ▶ Zero Suicide Team closure planned for June 2025

Zero Suicide Implementation at KernBHRS

1. Screening
2. PATHH Enrollment
3. Safety Planning
4. Caring Contacts
5. Treatment on the PATHH
6. Assessment
7. PATHH Exit

Screening

1. **All clients** are screened (current clients, new clients, or anyone utilizing KERNBHRS services) using the Columbia Suicide Severity Rating Scale (C-SSRS) screener forms in SmartCare.
 1. Children 10 to 17 years old will be screened using the C-SSRS Pediatric Since Last Visit screener **every 30 days.**
 2. Adults 18 years and older will be screened using the C-SSRS Adult Screener at **every service contact.**

Screening (continued)

- ▶ Clients who answer 'yes' to questions 2 and/or 6 on the screener are at risk of suicide. **They should be placed on the PATHH.**
 - ▶ *If staff decides not to place a client on the PATHH despite answering yes to these questions, please document this reasoning in a progress note.*
- ▶ In addition to enrolling the client on the PATHH, staff will need to collaborate with the client to complete a Safety Plan (Client).
- ▶ Clients who are placed on the PATHH will continue to be screened using the C-SSRS Screener.

C-SSRS Pediatric Since Last Visit

SmartCare 🔍 ★ 👤 ZStest, One (3632) + ×

C-SSRS Pediatric Since Last Visit

Effective 06/08/2023 📅 Status New Author Kaya, Jeffery ▼

General Risk and Protective Factors

Suicidal Ideation

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3,4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.

	Since Last Visit
<p>1. Wish to be dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you thought about being dead or what it would be like to be dead? Have you wished you were dead or wished you could go to sleep and never wake up? Do you wish you weren't alive anymore? If yes, describe:</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. Have you thought about doing something to make yourself not alive anymore? Have you had any thoughts about killing yourself? If yes, describe:</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>

SUICIDAL BEHAVIOR

(Check all that apply, so long as these are separate events; must ask about all types)

	Since Last Visit
<p>Actual Attempt: A potentially self-injurious act committed with at least some wish to die, as a result of act. Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. There does not have to be any injury or harm, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a</p>	<p><input type="radio"/> Yes <input type="radio"/> No</p>

C-SSRS ADULT SCREENER

C-SSRS Adult Screener	
SUICIDAL IDEATION DEFINITIONS AND PROMPTS	
<p>Ask questions 1 and 2. If YES to 2, ask questions 3,4,5, and 6. If NO to 2, go directly to question 6. Ask the questions that are bolded and underlined.</p>	Past month
<p>1. Wish to be dead Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p>	No
<p>2. Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan.</p> <p><u>Have you actually had any thoughts of killing yourself?</u></p>	Yes
<p>3. Suicidal Thoughts with Method (without Specific Plan or Intent to Act) Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."</p> <p><u>Have you been thinking about how you might kill yourself?</u></p>	No
<p>4. Suicidal Intent (without Specific Plan) Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts as opposed to "(have the thoughts but I definitely will not do anything about them."</p> <p><u>Have you had these thoughts and had some intention of acting on them?</u></p>	No
<p>5. Suicidal Intent with Specific Plan Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.</p> <p><u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u></p>	No
<p>6. Suicide Behavior Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p> <p><u>If YES, ask: How long ago did you do any of these?</u></p>	No

Clinician: Jeffery Kaya, BH Supervisor II , LCSW Licensed Clinical Social Worker, Signature Date: 11/06/2023
NPI

Positive Action Toward Hope and Healing (PATHH) Enrollment

- ▶ The PATHH is KernBHRS's alert and monitoring system designed to identify and monitor clients who present as at-risk or demonstrate to be a high risk for suicide.
- ▶ These clients are engaged in intensified, *suicide-specific* services until the risk has subsided or been eliminated.
- ▶ A positive response from the C-SSRS Screener requires staff to document in a SmartCare progress note if enrollment on the PATHH is appropriate.
- ▶ Staff will utilize the SmartCare Client Flags to enroll clients on the PATHH.

Enrolling clients on the PATHH using SmartCare Client Flags (continued)

SmartCare Q ★ 👤 ZStest, One (3632) + ×

Client Flag Details

Medical

Type: Safety Risk ID Work Group Active

Level: Warning Protocol Protocol Flag ID Program: Training Program-06/01/20

Note: Client enrolled on the PATHH This flag recurs

Open Date: 06/08/2023 Display Date: 06/08/2023 Due Date End/Completed Date Completed By

Link to: Nothing Document Open Assigned Users Assigned Roles

No data to display No data to display

Comment

Permitted Flag Do not display flag Never Pop Up Always Pop Up

Modify Clear

Note List Show Active Only

	Note Type	Work Group	Level	Note	Display	End	Created By	Created On	Provider
X	<input checked="" type="radio"/> Safety Risk		Warning	Client enrolled on t...	06/08/2023		20169	06/08/2023	

Safety Plan (Client)

- ▶ For clients who are enrolled on the PATHH, a Safety Plan (Client) is required to be completed in SmartCare.
- ▶ Clients must be active participants in the creation of the Safety Plan, and a hard copy of this document should be provided to them upon completion.

Safety Plan (Client)

SmartCare CamHSIA - Kern County Test, Client (530193055) + x

Safety Plan

Effective 11/25/2024 Status New Author Kaya, Jeffery

When I am Doing Well

How do you feel when things are going well in your life?

My Warning Signs of Potential Crisis

What feelings, thoughts, or beliefs would help you recognize that a crisis may be starting?

Ways to Support Myself

What are some healthy strategies, activities, (hobbies, interests, etc.) you enjoy that help you focus on taking care of yourself?

Coping Skills

What are some positive coping strategies to use in moments when you are feeling overwhelmed, or anxious?

People or Social Settings That Provide Support

What connections do you have with family, friends, faith groups, communities, or pets? Where do you feel safe and supported? Who is the person(s) and contact(s) that you can openly talk about your crisis with?

Non-demand Caring Contacts

- ▶ Caring Contacts, also referred to as Caring Messages, are evidence-based brief communications (handwritten postcards and notes/letters, telephone calls) used to demonstrate support with high-risk patients.
- ▶ Sole purpose of these is to demonstrate support; hence, *no* demands or reminders are to be included in these interactions.
- ▶ Zero Suicide recommends that these contacts begin with a personal phone call within 72 hours of first contact, at which time staff asks for permission to send cards/letters.
 - ▶ Second contact within a week after
 - ▶ Third contact within a month after
 - ▶ Fourth contact at six months after
 - ▶ Fifth contact at one year after
 - ▶ Caring Contacts should be documented in a Progress Note in SmartCare.

Treatment on the PATHH

- ▶ Once a client is enrolled on the PATHH, services are intensified to address the suicide crisis.
- ▶ **Suicide-specific** services, such as Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP) or Dialectical Behavior Therapy (DBT), **must be provided** to reduce the risk of suicide.
- ▶ Individuals who are opened on the PATHH are screened with the C-SSRS Screener to continue to monitor risk of suicide.

Assessment

- ▶ Clients who are enrolled on the PATHH will be assessed using the SmartCare **C-SSRS Assessment forms within 60 days of placement on the PATHH.**
 - ▶ For children, use the C-SSRS Children's Baseline Screening (Client) Assessment form.
 - ▶ For adults, use the C-SSRS Adult Assessment.
- ▶ This form is a multi-page survey used to assess client's suicide history and determine level of suicide risk.
- ▶ **The C-SSRS Assessment form can only be completed by direct service staff (not administrative staff) and must be final-approved by a supervisor.**

C-SSRS Children's Baseline Screening Assessment Form

SmartCare Q ★ 👤 ZStest, One (3632) ⓘ + ×

C-SSRS Childrens Baseline Screening

Effective 06/08/2023 📅 Status New Author Kaya, Jeffery ▼

General Risk and Protective Factors

Suicidal Ideation

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "Yes", ask questions 3, 4 and 5. If the answer to question 1 and/ or 2 is "Yes", complete "Intensity of Ideation" section below.

	Lifetime	Past 6 months
<p>1. Wish to be dead Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. Have you thought about being dead or what it would be like to be dead? Have you wished you were dead or wished you could go to sleep and not wake up? Do you ever wish you weren't alive anymore? If yes, describe:</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>2. Non-Specific Active Suicidal Thoughts General non-specific thoughts of wanting to end one's life/commit suicide (e.g., "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period. Have you thought about doing something to make yourself not alive anymore? Have you had any thoughts about killing yourself? If yes, describe:</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do and I would never go through with it." Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about? If yes, describe:</p>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

C-SSRS Adult Assessment

- 👤 My Office >
- 👤 Client >
- 🔗 SmartLinks

C-SSRS Adult Assessment

Effective 06/08/2023 📅 Status New 👤 Author Kaya, Jeffery ⌵

General Risk and Protective Factors

Suicidal Ideation

Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "Yes", ask questions 3,4 and 5. If the answer to question 1 and/or 2 is "Yes", complete "Intensity of Ideation" section below.

1. Wish to be dead

Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.

Have you wished you were dead or wished you could go to sleep and not wake up?

If yes, describe:

Lifetime: Time He/She Felt Most Suicidal

Yes No

Past 1 month

Yes No

2. Non-Specific Active Suicidal Thoughts

General non-specific thoughts of wanting end one's life/commit suicide (e.g. "I've thought about killing myself") without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.

Have you actually had any thoughts of killing yourself?

If yes, describe:

Yes No

Yes No

3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act

Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do and I would never go through with it.

Have you been thinking about how you might do this?

If yes, describe:

Yes No

Yes No

PATHH Exit

- ▶ Suggested Criteria for Discharge: Negative results on the C-SSRS Screener, improved MORS scores, and other clinical indicators that the treatment team considers appropriate for each individual client to demonstrate improvements in suicidal thoughts, behaviors, and overall risk for suicide.
- ▶ Exit from the PATHH should be done collaboratively with the client along with all treatment providers involved in client care.
- ▶ Exiting the PATHH: Clients are exited from the PATHH by modifying the “Safety Risk” Client Flag details in SmartCare.
- ▶ When a client is exited from the PATHH, they would return to their routine mental health treatment and continue to be screened.

Exiting Clients on the PATHH using SmartCare Client Flags

SmartCare 🔍 ★ 👤 ZStest, One (3632) 📄 + ×

Client Flag Details

Medical

Note Information

Type: Safety Risk ID 24513 Work Group: Active

Level: Warning Protocol: Protocol Flag ID: Program:

Note: Client enrolled on the PATHH This flag recurs

Open Date: 06/08/2023 Display Date: 06/08/2023 Due Date: End/Completed Date: 06/08/2023

Completed By: Kaya, Jeffery

Link to

Nothing Document [Open](#) Assigned Users: Assigned Roles:

No data to display No data to display

Comment

Permitted Flag Do not display flag Never Pop Up Always Pop Up

[Modify](#) [Clear](#)

Note List Show Active Only

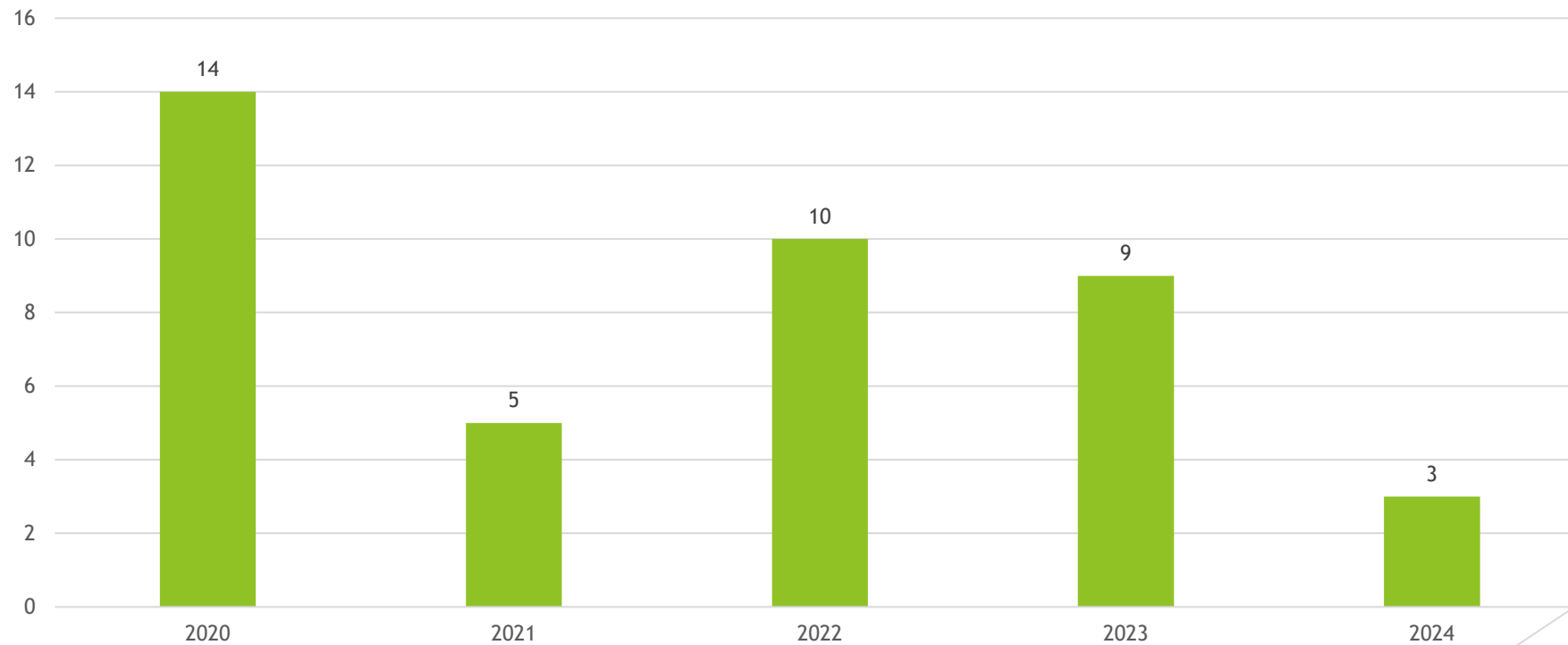
	Note Type	Work Group	Level	Note	Display	End	Created By	Created On	Provider
✕	<input checked="" type="radio"/> Safety Risk		Warning	Client enrolled on t...	06/08/2023	06/08/2023	20169	06/08/2023	

Data Collection

- ▶ IT developed apps that interface with SmartCare to collect data on the following:
 - ▶ Screening completions
 - ▶ PATHH enrollment
 - ▶ Assessment completions
 - ▶ Safety Plan completions

Suicide Data for KernBHRS

Suicide Deaths at KernBHRS



Zero Suicide Team Closure

- ▶ Zero Suicide team will be closed in June 2025.
- ▶ Staff will continue with the protocol as established.

Questions?

ZeroSuicide@KernBHRS.org

Allissa Lopez ALopez@kernbhrs.org

(661) 635-1348

Jeffery Kaya JKaya@KernBHRS.org

(661) 342-3138

Kim Kartinen KKartinen@KernBHRS.org

(661) 340-2728

John French JFrench@KernBHRS.org

(661) 331-0243

Kerissa Reyes KReyes@KernBHRS.org

(661) 301-6493



CREDENTIALING

Presented to the

System Quality Improvement Committee

November 25, 2024

by

Natalia Gonzalez

BHRS Senior Credentialing Specialist

Credentialing@KernBHRS.org

Credentialing



Fosters Provider/Client Trust

BHRS Credentialing

What is Credentialing?

- The recognition of professional or technical competence

*Credentialing is a process that **helps build trust between healthcare providers and their clients** by verifying a provider's qualifications and background. It's **a vital step in ensuring patient safety and health**, and it helps healthcare organizations comply with regulations. (Source: www.IntelliCentrics.com)*

BHRS Credentialing

Why Credentialing?

- To reduce the incidence of fraud and abuse
- To ensure the providers are properly licensed and certified as required by state and federal law
- It's the law!

Who Must Be Credentialed?

- BHRS providers, Contracted providers, and MCP providers who are licensed or certified (*i.e., all providers serving BHRS clients*)

BHRS Credentialing

BHRS Mental Health Plan Network/Contracted Providers

- May conduct their own credentialing and attest to compliance, or
- May choose to have BHRS conduct credentialing for their providers

Recredentialing

- Required every three (3) years

BHRS Credentialing

Authority for Credentialing

- CFR Title 42 Part 438 and Part 455 (Subparts B and E)
- DHCS All Plan Letter 22-13

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-013.pdf>

Annual Report to Management FY 2023-2024

Submitted by: Lynn Corse

Date: 7/23/2024

Topic: Credentialing

No Discussion Needed

1. Quality Improvement Work Plan Goal:

100% of KernBHRS staff and contract provider staff will complete the credentialing process.

2. 2023/2024 The Goal Was: *Check a box*

MET NOT MET

3. Quality Improvement Activities / Actions Taken Over the Past Year: *What did the Department do to affect change to meet the work plan goal? Consider including information from your QIC reports (item #2 in QIC report template).*

Credentialing staff reduced the amount of process time needed to complete each application, by improving team communication, centralizing tracking systems, and developing written procedures to ensure consistent processes.

4. **Data Used to Measure the Outcome of this QI Goal:** *Insert Annual Data. (Example: Chart or Table)*

Performance Toward Goal:		
Numerator	Denominator	Percentage
[Total Credentialing Applications Processed = 213]	[Total Applications Approved = 213]	[100%]

5. **Summarize the Results of Actions Taken:** *Briefly present an analysis of the results of your QI activities/interventions (item 4) over the preview year and the effect they had on the QI goal (item 1, as measured by the tool (item 2).*

100% of Credentialing Applications were Approved in FY23-24. 60% of staff credentialed were staff of System of Care contract providers (128 staff); 40%, were BHRS staff (85 staff). 45% more applications were processed/approved in FY23-24 than in FY22-23 (213 applications in FY23-24 compared to 145 applications in FY22-23).

6. **Plan for Current Goal:** *Specify if you recommend continuing current goal, revising the current goal or changing the current goal, why? If revising or changing the goal, please include your recommendation. Check one box.*

Keep the goal with no change for the upcoming year

Questions?



Thank You!

Contact: **Natalia Gonzalez**
Senior BH Credentialing Specialist
Credentialing@KernBHRS.org