



**Kern County Behavioral Health Board System Quality Improvement Committee**

Monday, January 23, 2023

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.*

**Attendees:**

Alexander Lopez	Cynthia Jackson	Heather A Williams	Kristen Flannigan	Sara Syvertson
Alison Burrowes	Dian Schneider	Heather Plaza	Nastasia Santoyo	Tammy Cates
Ana Olvera	Estrella Amaro	Jessica Herrera	Oni Aboyte	Tracy Lynch
Andrea Dabrushman	Francisca Quiroz	Joel Monroy	Rachel Mehia	Veronica Camarillo
Angela Gonzalez	Gregory Gonzalez	Jon Casida	Rafael Lopez	
Barbara Paradise	Gricel Mondary	Kimberlyn Sandoval	Rashawna Schumacher	

1. Welcome and Introductions – Heather Williams introduced herself and welcomed the attendees.
2. Review and approval of the previous meeting minutes. – Gricel Mondary motioned to accept; Tracy Lynch seconded.
3. Public Comment – No public comments were made at this time.
4. Unfinished and New Business – There was no unfinished or new business at this time.
5. Guest Presenters
  - A. Performance Improvement Projects (PIPs) – Heather Williams
    - i. Heather reviewed the handout which covered; the definition of a PIP, explanation of current SUD and MH Clinical and Non-Clinical PIPs, Behavioral Health and Quality Improvement Project (BHQIP) PIP Health Care Effectiveness Data and Information Set (HEDIS) Measures.
    - ii. Q&A – PIPs can last anywhere from 2-3 years and requires a new intervention each year.
  - B. SUD Access Line/Test Calls – Andrea Dabrushman
    - i. Andrea reviewed the handout which covered; information about the reports, the goal KernBHRS has set, and quarterly performance measures for the last year.
    - ii. Gregory Gonzales talked about how the data gets used Gateway balancing customer service and efficiency within clinical processes, and that it allows us to find areas for improvement. This report gets presented in teams' meetings and individually with staff members.
6. Kern Behavioral Health and Recovery Services (KernBHRS) – Current Project and Issues
  - A. Quality Improvement Division – Heather Williams
    - i. SUD and MH QQID are happening February 3, 2023.
    - ii. Cal-Aims is launching their tool and trainings will be released soon.
  - B. Department Supports Administration – Estrella Amaro
    - i. Current projects include; Countywide Behavioral and Physical Health Listening sessions for African American and Hispanic/Latino/Latinx populations (dates TBD), Interdisciplinary Collaboration and Culture Transformation Model Learning Collaborative (ICCTM LC): Statewide Equity Project Mentee County first individual meeting in year-long project, and presenting more robust CC training hours data in Regulatory Compliance Committee.
    - ii. Upcoming projects for KernBHRS staff include; Supervisor Academy- updated foundational training for new supervisors and existing supervisors including topics such as DEI, Multi-Cultural Clinical Supervision.
    - iii. Upcoming projects for entire System of Care staff include continued planning for the following trainings; "Be Sensitive, Be Brave for Suicide Prevention," a cultural infused evidence based foundational suicide prevention program, "Cultural Formulation Interview," an evidence based assessment in the DSM-5 that helps clinicians identify factors pertinent to an individual's recovery journey, "LEAD," Spanish-version of department-created suicide prevention training. Phase 2 for the entire system of care includes Clinician Chill Group," a clinician-led



affinity group for networking, informal mentorship, and staff retention. Phase 3 includes "Multi-Cultural Clinical Supervision," first of its kind training program, shared at international Clinical Supervision conference, which will be offering a "Train-the-Trainer" component for the first time this year beginning in August.

- iv. Kern County Department of Public Health-KernBHRS 2023 yearlong health and wellness marketing campaign.
  - C. Substance Use Division – Gregory Gonzalez
    - i. Prepping for DHCS Audit May 9 & 10 2023.
    - ii. Preliminary stages for launching the walk through for Medication Assisted Treatment (MAT) more info to come along with a launch date.
    - iii. Telecare delivery system is in the process of returning to their Kentucky Street worksite, they will be pausing admissions at midnight tonight until January 26<sup>th</sup> at 5 PM. The contact info will remain the same.
  - D. Adult System of Care – Joel Monroy
    - i. There were no updates at this time.
  - E. Children’s System of Care
    - i. There was no one available to report.
  - F. Kern Linkage Division
    - i. There was no one available to report
  - G. Crisis Services Division – Nastasia Santoyo
    - i. There were no updates at this time.
  - H. Medical Services Division – Francisca Quiroz
    - i. There were no updates at this time.
  - I. Recovery Supports Administration – Jon Casida
    - i. Self-Empowerment Team (SET) is in the process of interviewing and hiring peer support specialists.
  - J. Consumer Family Learning Center – Jon Casida
    - i. In the process of returning to the worksite, there is no official date at this time.
7. Mental Health Contract Providers – Current Project and Issues
- A. College Community Services (CCS)
    - i. Barbara Paradise – There is a new program director at the Mojave Clinic.
  - B. Child Guidance Clinic (CGC)
    - i. Rashawna Schumacher – The past 2 months we have been focused on schools and have been presenting to both parents and students.
  - C. Clinica Sierra Vista (CSV)
    - i. Angela Gonzalez – A fundraiser hosted last month helped to provide items for clients throughout the holidays.
  - D. TurnBHRS (formally known as Mental Health Systems (MHS))
    - i. There was no one available to present at this time.
8. Substance Use Division Contract Providers – Current Project and Issues
- A. College Community Services
    - i. Barbara Paradise - There is a new program director at the Mojave Clinic.
  - B. Clinica Sierra Vista
    - i. Jessica Herrera – We are in need 2 therapists at Lamont and 1 in Bakersfield, we are also needing counselors. All 3 locations gave small gifts to clients participating in groups.
9. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
10. Adjourn – Next scheduled meeting: **February 27, 2023, at 4:00-5:00 PM**, will be virtual via Teams.

**This meeting is MH UR Code 3**

# **Kern Behavioral Health and Recovery Services: Performance Improvement Projects (PIPS)**

**January 2023**

# What is a PIP?

## PIP:

- **Performance Improvement Project**
  - A structured way to understand and fix problems that will benefit clients and the system that is treating them.
    - Benefit clients in: Access, Quality, Timeliness and Outcomes
    - Focusing on improving client care
    - Not compliance based

## Types of PIPs:

- **Clinical:** Interventions are directly towards the clients
  - Evidence Based Practices (EBP), like DBT and CBT
  - Seeking Safety Groups
- **Non-Clinical** (administrative): Interventions will be directed toward a process for the clients
  - Walk-in Clinic
  - Test Reminders



# SUD Clinical

## Problem:

- KBHRS SUD Providers report low retention rates, higher risk clients and higher relapses

## Goal:

- Will providing DBT skills increase SUD Outpatient client retention over the next 6-month period as evidenced by a 10% increase in average length of stay and a self-reported low urge to relapse?

## Intervention:

- Implementation of DBT Skills that are focused on client retention and increasing outpatient stay in treatment.
  - This is being piloted by the KernBHRS SUD Outpatient Treatment at L Street Clinic.
  - DBT Groups are offered to all clients entering treatment at this clinic
  - Currently there are 4 different groups being provided: Adolescents, Women, Co-ed Adults and Spanish Speaking

# SUD Non-Clinical

## Problem:

- Clients not getting linked to lower level of care following residential discharge within 7 days

## Goal:

- Will housing assistance expansion increase the percentage of clients receiving a lower LOC service within 7 days of discharge by 10% as evidenced by the increase client linkages over the next 6-month period in FY 22-23?

## Intervention:

- Year 1: Up to three reminder calls to clients who discharge from residential treatment
- **Year 2: (In progress) Utilize SAB-G Covid Funding and Realignment Funding to help support more clients with housing:**
  - Expand to those that need/want IOP
  - Successful & unsuccessful
  - Clients that want to leave
  - Not enough income
  - Clients getting kicked out
  - Not doing well in residential and need more freedom
  - Those on residential waiting list

# MH Clinical

## Problem:

- Clients with psychosis symptoms not being identified at the start of treatment resulting increased risk factors associated with untreated psychosis.

## Goal:

- The goal of this intervention is that Oswell I and III staff are able to increase symptom recognition in youth by at least .93% on average. Staff will work with youth up to the age of 18.

## Intervention:

- Staff will be able to recognize early onset psychosis (EOP) during assessment more effectively due to their advanced understanding of CBT and recognition of EOP

# MH Non-Clinical

## Problem:

- Increasing client access to psychiatric appointments by using bus route fliers and bus passes at the homeless shelters.

## Goal:

- Will providing bus route fliers and free bus passes impact the no-show rate for Homeless Adult Team (HAT) psychiatric appointments, as evidenced by a ten percent reduction in no-show rates per the No-Show Rate Web Application, over a twelve-month period?

## Intervention:

- Year 1: Creating fliers to help clients arrive to appointments.
  - Fliers clearly indicate bus stops, locations, and route numbers to service locations.
- Year 2: (In progress) Providing incentives to increase client access and attendance to appointments.
  - Provide bus passes to clients to attend appointments

# BHQIP PIP HEDIS Measures

- **Follow-up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)**
  - **FUA Problem Statement**
    - There is a lack of real time data exchange between treatment providers (i.e., KernBHRS, EDs and MCPs) resulting in the inability to ensure clients with substance use disorder diagnosis who go to an ED receive the appropriate follow-up treatment after discharge.
- **Follow-up After Emergency Visit for Mental Illness (FUM)**
  - **FUM Problem Statement**
    - There is a lack of real time data exchange between treatment providers (i.e., KernBHRS, EDs and MCPs) resulting in the inability to ensure clients with mental health diagnosis or suicide attempt who go to an ED receive the appropriate follow-up treatment after discharge
- **Pharmacotherapy for Opioid Use Disorder (POD)**
  - **POD Problem Statement**
    - Although Medications for Opioid Use Disorder (MOUD) is widely used to treat OUD and improve adverse health outcomes, despite its effectiveness in OUD treatment, many clients face barriers engaging in MOUD services.

**Any PIP questions or ideas please contact us  
via email: [QIDdata@kernbhrs.org](mailto:QIDdata@kernbhrs.org)**



# SUD Access Line Test Calls

January 23, 2023

# ABOUT THE REPORT

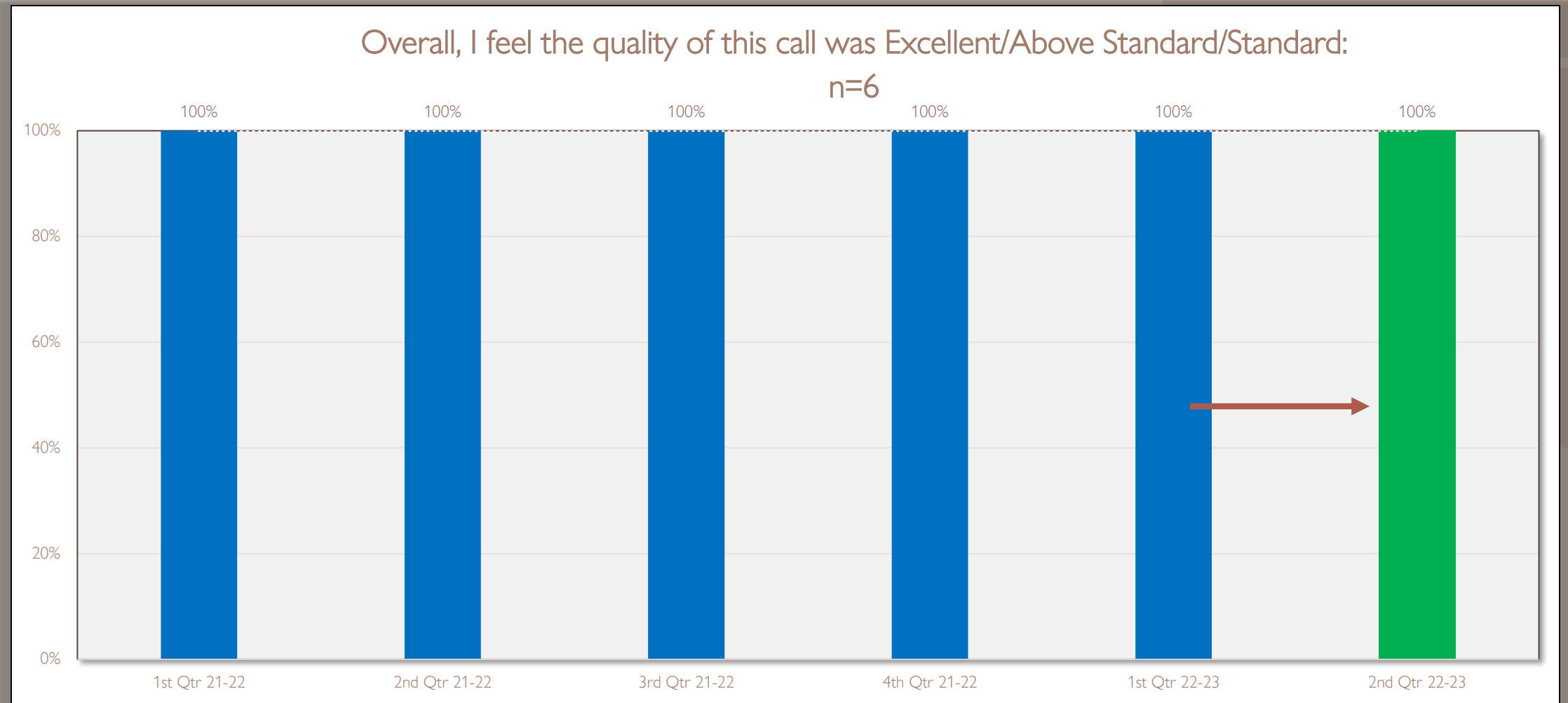
KernBHRS' Quality Improvement Division (QID) monitors the Substance Abuse Disorder (SUD) Access Line throughout the year, with a report produced each quarter. QID strives to ensure that an equal number of QID staff complete their test calls during business hours (Monday-Friday 8:00 A.M.-5:00 P.M.) and after hours (outside business hours, including early morning, late evening, and weekends). QID staff complete test calls in English and Spanish.



# KernBHRS Goal

- 95% OF SUD ACCESS LINE TEST CALLS WILL BE GIVEN A CUSTOMER SERVICE RATING OF 95% OR ABOVE.

# Quarterly Performance



# Contact Information

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