



Kern County Behavioral Health Board System Quality Improvement Committee

Monday, February 27, 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:

| | | | | |
|------------------------|------------------|-------------------|---------------------|-------------------|
| Alicia Austin-Townsend | Debby Diamond | Jessica Armstrong | Kristen Flannigan | Stephany Castillo |
| Arthur Morato | Estrella Amaro | Jessica Esquivel | Lynnette Jones | Tammy Cates |
| Cynthia Jackson | Francisca Quiroz | Jessica Herrera | Martha Loza | Theresa Marinas |
| Dian | Heather Plaza | Jessika Rodriguez | Rashawna Schumacher | Tracy Lynch |
| David Kessler | Heather Williams | Joel Monroy | Sara Syvertson | Vivian Reyes |
| | Jennie Sill | Jon Casida | | |

1. Welcome and Introductions – David Kessler introduced himself and welcomed the attendees.
2. Review and approval of the previous meeting minutes. – Tracy Lynch motioned to accept; Estrella Amaro 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. Foster Care Penetration Rates – Jennie Sill
 - i. Jennie reviewed the handout which covered; the percentage of foster youth served, Work Plan strategies, and plans for the future. There were no questions.
 - B. Cultural Competence Plan – Estrella Amaro – Need presentation
 - i. Estrella reviewed the handout which covered; FY 21-22 reviewed data that was submitted to the state in December, work plan goals, creative O&E, reviewing non behavioral health considerations, staff recruitment & retention, upcoming trainings, integration, and what we can do to help. There were no questions.
 - C. Morbidity and Mortality (M&M) – Jessica Armstrong
 - i. Jessica reviewed the handout which covered; policies, purposes, backgrounds, case reviews, reporting for FY 22-23 quarter 2, and pending recommendations for system improvement. There were no questions.
6. Kern Behavioral Health and Recovery Services (KernBHRS) – Current Project and Issues
 - A. Quality Improvement Division – Heather Williams
 - i. Preparing for the Drug MediCal Organized Delivery System (DMC-ODS) and Substance Abuse Prevention and Treatment Block Grant (SABG) reviews in May.
 - B. Department Supports Administration – Estrella Amaro
 - i. Cultural Formation Interview (CFI) Training is on April 14, 2023 and Consultation is on May 19, 2023.
 - C. Substance Use Division
 - i. There was no one available to present at this time.
 - D. Adult System of Care – Joel Monroy
 - i. Emily Lyles is the new ASOC administrator, Heather Hornibrook is the new administrator at Clinical Services.
 - ii. The SET team is now under the ASOC system.
 - E. Children’s System of Care – Vivian Reyes
 - i. A 6-session module has been put into place for therapists and recovery specialists to address concerns with increased substance use in youth.
 - ii. Consultation groups between outpatient teams and Kern High Staff and Kern High Officers have been occurring to help identify High Risk Youth, to ensure they have the resources available to link students to services.



- iii. The state is providing grant opportunities, CSOC is currently working on a grant with the hope to focus on early childhood issues and the Parent Child Interactive Therapy (PCIT) which is an evidence-based module.
- F. Kern Linkage Division – Arthur Morato
 - i. Teams continue to be expanded
 - ii. The Housing team is moving to KLD and Mobile Psychiatric Team is moving to ROEM.
- G. Crisis Services Division – Nastasia Santoyo
 - i. There were no new updates at this time.
- H. Medical Services Division – Francisca Quiroz
 - i. Continuing to move forward and support the Zero Suicide initiative for the department, working on a partnership to implement Culturally sensitive suicide care.
 - ii. Nursing is now fully staffed, and we are exploring ways to support the department with nursing services.
- I. Recovery Supports Administration – Tammy Cates
 - i. RSA is no longer a division and will no longer be reported on.
- J. Consumer Family Learning Center – Tammy Cates
 - i. CFLC is now under Clinical Services.
 - ii. Groups will be in person and virtual and new calendars will begin going out soon.
 - iii. We are working on providing transportation or helping clients find other ways to get to groups.
- 7. Mental Health Contract Providers – Current Project and Issues
 - A. College Community Services (CCS)
 - i. There was no one available to report at this time.
 - B. Child Guidance Clinic (CGC)
 - i. Rashawna Schumacher – There were no updates at this time.
 - C. Clinica Sierra Vista (CSV)
 - i. Heather Plaza – There were no updates at this time.
 - D. TurnBHRS/Mental Health System
 - i. Theresa Marianas – We are a level 4 service ACT team and have been collaborating with the County ACT team in hopes to create some consistency with other providers creating referrals.
 - ii. We have seen and increased in co-managed services such as clients who have mental health issues and intellectual delays, and we have been working to ensure long term care.
- 8. Substance Use Division Contract Providers – Current Project and Issues
 - A. College Community Services
 - i. Debby Diamond – SUD services are up and running.
 - B. Clinica Sierra Vista
 - i. Jessica Herrera – We are still looking for 3 new therapists and meet demands for assessment slots.
- 9. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
- 10. Adjourn – Next scheduled meeting: **March 27, 2023, at 4:00-5:00 PM**, will be virtual via Teams.

This meeting is MH UR Code 3



CHILDREN'S SYSTEM OF CARE

Pathways to Well-Being

PERCENTAGE OF FOSTER YOUTH SERVED

| Year | Month | Actual MMEF | CAEQRO MMEF | Unique Foster Kids Served | Total services | Unique Foster Kids Served | 12 Month cumulative | | |
|------|-------|----------------------|-----------------------------------|---------------------------|----------------|---------------------------|-------------------------------|----------------|-----------------------|
| | | Eligible Foster Kids | Eligible Foster Kids ¹ | | | | Penetration rate ² | Total services | Total eligible months |
| 2022 | 12 | 2,392 | 2,462 | 626 | 3,397 | 1,257 | 51.06% | 56,153 | 29,542 |
| 2022 | 11 | 2,407 | 2,480 | 640 | 4,324 | 1,276 | 51.45% | 56,457 | 29,760 |
| 2022 | 10 | 2,453 | 2,493 | 661 | 4,855 | 1,302 | 52.22% | 56,482 | 29,921 |
| 2022 | 9 | 2,496 | 2,500 | 674 | 4,703 | 1,309 | 52.36% | 55,946 | 30,001 |
| 2022 | 8 | 2,461 | 2,501 | 696 | 5,632 | 1,308 | 52.29% | 55,100 | 30,015 |
| 2022 | 7 | 2,490 | 2,506 | 701 | 4,915 | 1,323 | 52.80% | 54,043 | 30,066 |
| 2022 | 6 | 2,458 | 2,506 | 703 | 5,028 | 1,329 | 53.04% | 53,499 | 30,068 |
| 2022 | 5 | 2,409 | 2,507 | 675 | 5,025 | 1,325 | 52.86% | 52,603 | 30,080 |
| 2022 | 4 | 2,444 | 2,512 | 672 | 4,778 | 1,318 | 52.47% | 52,109 | 30,143 |
| 2022 | 3 | 2,506 | 2,509 | 658 | 4,589 | 1,312 | 52.29% | 52,504 | 30,110 |
| 2022 | 2 | 2,499 | 2,502 | 640 | 4,339 | 1,295 | 51.76% | 52,650 | 30,025 |
| 2022 | 1 | 2,527 | 2,496 | 615 | 4,568 | 1,283 | 51.40% | 52,935 | 29,955 |



2022

12,511 Youth Served

1,542 Total Foster Youth Served

WORK PLAN STRATEGIES

QUALITY IMPROVEMENT GOAL: INCREASE FOSTER YOUTH PENETRATION RATE TO AN OVERALL MONTHLY AVERAGE OF 50% OR GREATER

Worked with Department of Human Services (DHS) by providing monthly lists to ensure they update Medi-Cal aid codes for foster youth.

Worked with DHS to support efforts to provide alternative placement options for youth with complex needs.

Continued collaboration with DHS to increase utilization of Child and Adolescent Needs and Strengths (CANS-IP) assessment tool to support decision making in Child and Family Team (CFT) meetings (including process to ensure sharing of CANS-IP between agencies through a dedicated CANS submission email).

Provided continued support to ten STRTPs including monthly provider meetings and weekly visits to STRTPs to train and support providers.

Implemented evidenced based model Zero Suicide in all STRTPS.

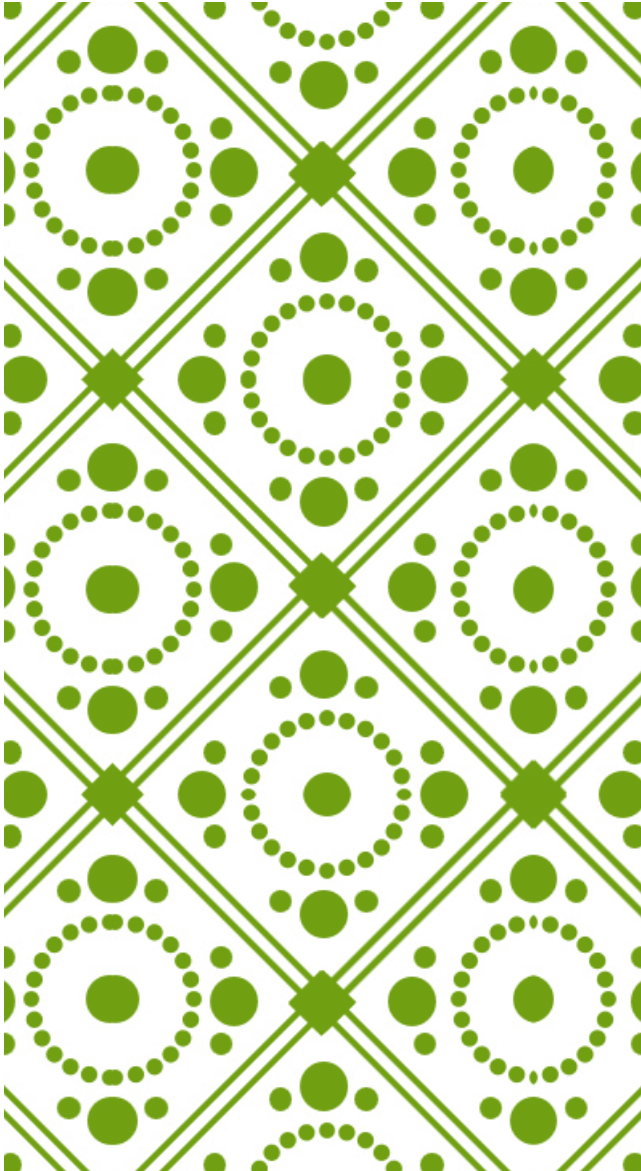
Continued work with partner agencies through AB 2083 (Collaborative MOU) to create innovative models to address youth with complex needs.

Attended community wide stakeholder meeting to evaluate community needs and resources for Family First Prevention Services Act (FFPSA).

Continued cross system coordination of referrals by having BH staff co-located at DHS sites and by having DHS staff co-located in BH treatment teams.

Met with ITS Manager to explore methodology used on current foster care penetration rate report.

Implemented screening of Pathways to Well-Being services for all youth including ICC, IHBS and TFC at intake and every 6 months thereafter.



Continue implementation/monitoring of biannual screening for ICC, IHBS, and TFC services for all youth.

Continue coordination with DHS to ensure all foster youth have updated Medi-Cal aid codes.

Continue support to STRTPs including monthly provider meetings and weekly visits to train and support providers.

Continue collaboration with DHS to ensure utilization and sharing of CANS-IP to support decision making in CFTMs.

Continue collaboration to ensure implementation of AB 2083, FURS, and FFPSA.

Implement process to re-screen/assess 0-5 foster youth population 60 days after dependency is granted.

FUTURE



2023 Cultural Competence Plan Update

Reviewing report on FY 21-22

Submitted to state on 12/22





Agenda

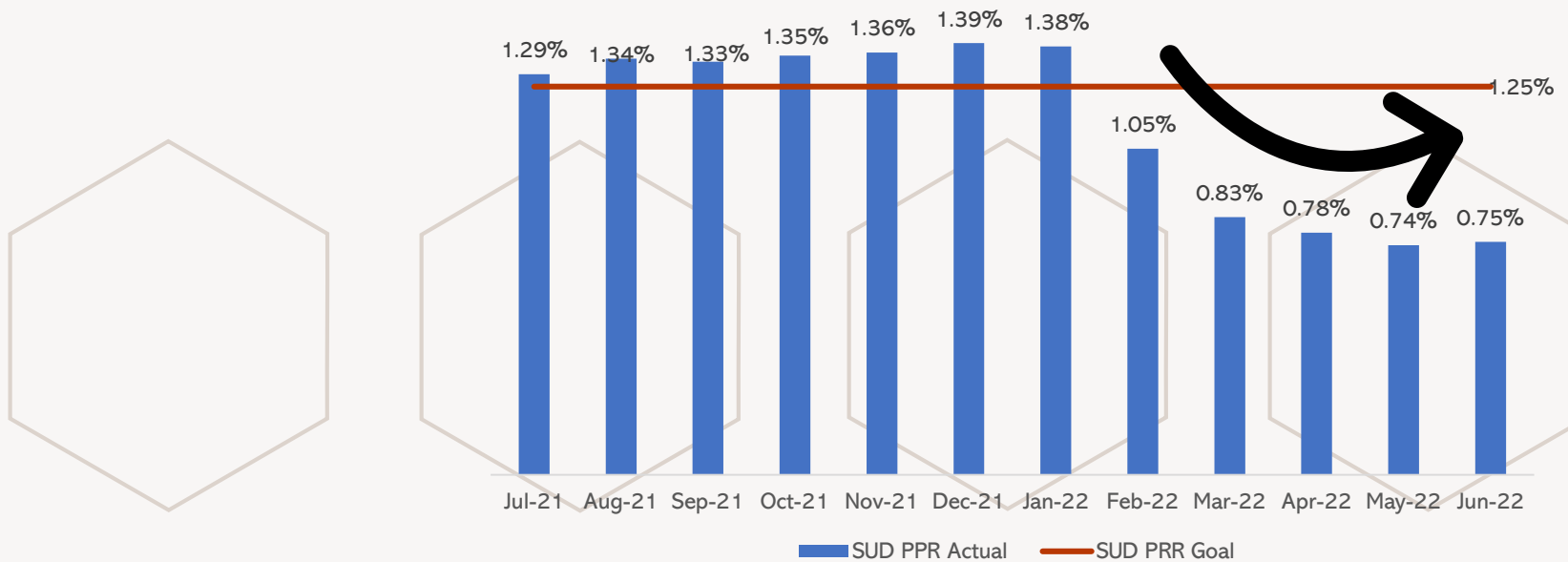




System of Care Client Demographics

Clients, PRR

Substance Use Penetration Rate for African American/Black



African American/Black
 MH: 5.96% of 4.2%
 SUD: 1.13% of 1.25%

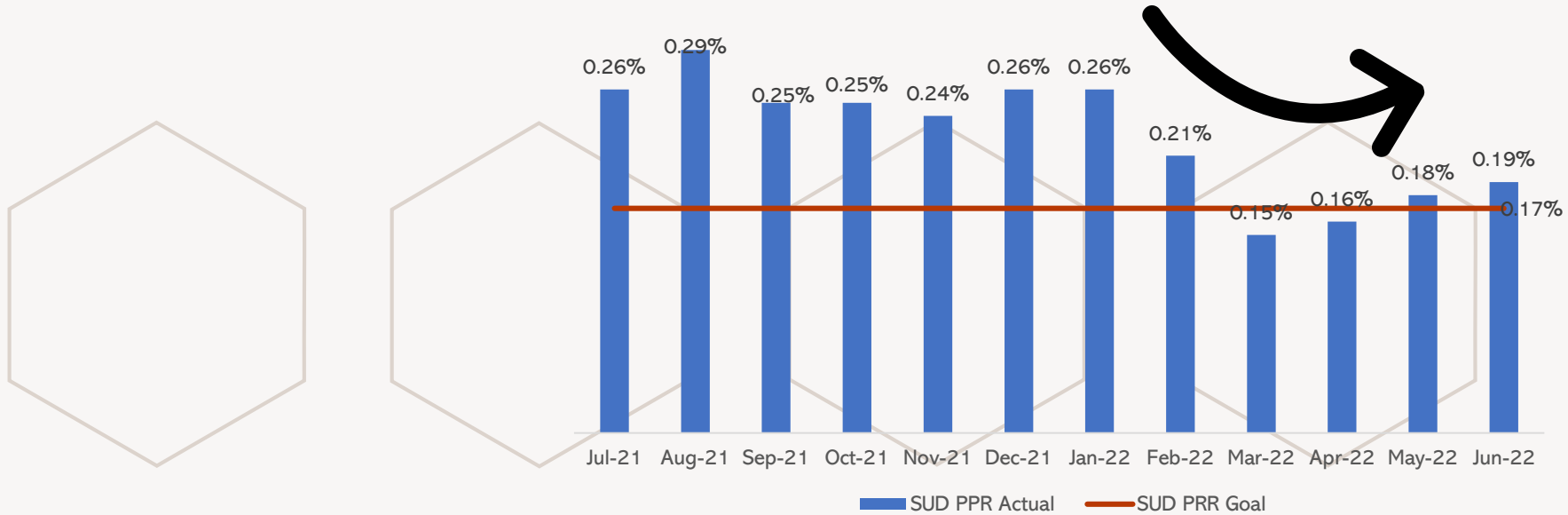
American Indian/Alaska Native
 MH: 14.75% of 4.2%
 SUD: 4.6% of 2.25%

Asian/Pacific Islander
 MH: 2.78% of 4.2%
 SUD: 0.19% of 0.17%

Hispanic/Latinx
 MH: 2.86% of 4.20%
 SUD: 0.65% of 0.85%

Clients, PRR

Substance Use Penetration Rate for Asian/Pacific Islander (API)



African American/Black
 MH: 5.96% of 4.2%
 SUD: 1.13% of 1.25%

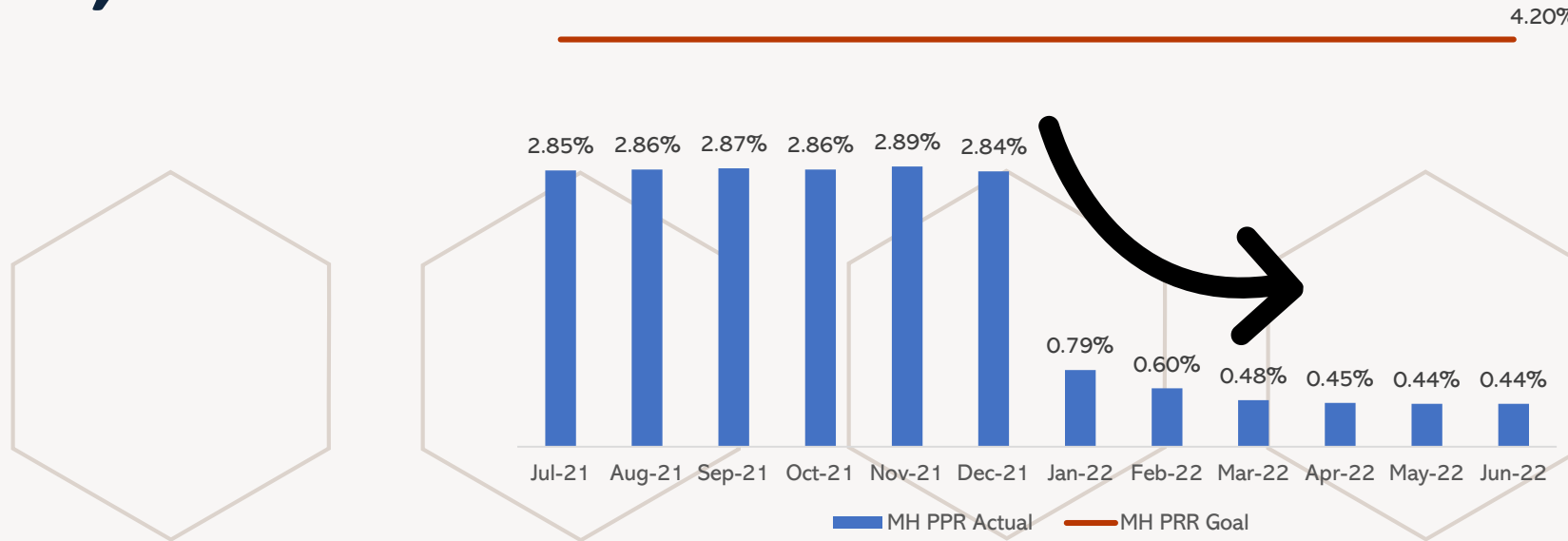
American Indian/Alaska Native
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 SUD: 4.6% of 2.25%

Asian/Pacific Islander
 MH: 2.78% of 4.2%
 SUD: 0.19% of 0.17%

Hispanic/Latinx
 MH: 2.86% of 4.20%
 SUD: 0.65% of 0.85%

Clients, PRR

Mental Health Penetration Rate for Hispanic/Latinx



African American/Black
 MH: 5.96% of 4.2%
 SUD: 1.13% of 1.25%

American Indian/Alaska Native
 MH: 14.75% of 4.2%
 SUD: 4.6% of 2.25%

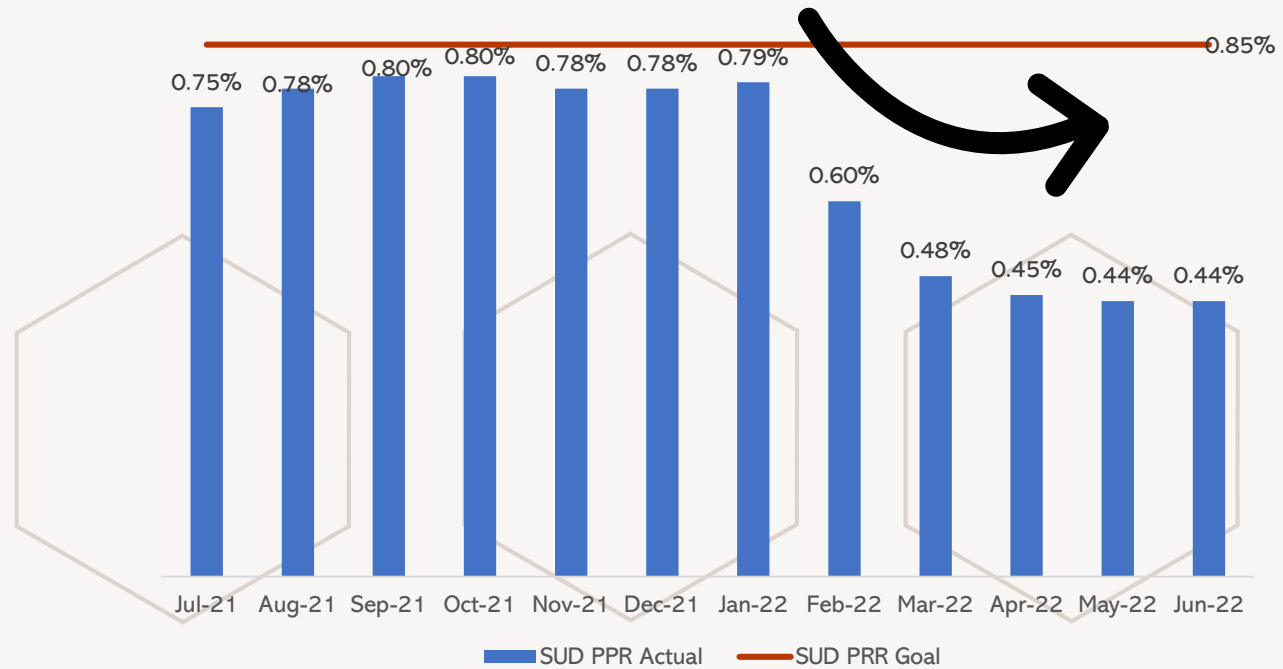
Asian/Pacific Islander
 MH: 2.78% of 4.2%
 SUD: 0.19% of 0.17%

Hispanic/Latinx
 MH: 2.86% of 4.20%
 SUD: 0.65% of 0.85%

Clients, PRR



Substance Use Penetration Rate for Hispanic/Latinx



African American/Black
 MH: 5.96% of 4.2%
 SUD: 1.13% of 1.25%

American Indian/Alaska Native
 MH: 14.75% of 4.2%
 SUD: 4.6% of 2.25%

Asian/Pacific Islander
 MH: 2.78% of 4.2%
 SUD: 0.19% of 0.17%

Hispanic/Latinx
 MH: 2.86% of 4.20%
 SUD: 0.65% of 0.85%



What are we doing?

- **Workplan Goals**
 - MH: to increase penetration rate of API populations
 - SUD: to increase penetration rate of H/L populations
- **Creative O&E**
 - New partners, new strategies
- **Reviewing non-BH considerations**
 - Finances, groceries, gas
 - COVID
 - Consumer Confidence Index



Staff Recruitment & Retention

Staff



Recruitment & Retention

- ✓ In-Person Career Expo events- countywide, with Contract Partners, Community Partners
- ✓ Cross-sharing job opportunities to dept., CCRC, Schools, Universities, etc.
- ✓ Culturally Inclusive Marketing
- ✓ Staff Support Groups
 - ✓ Therapist Chill Out Group
 - ✓ Recovery Specialist Group



Outreach & Education



What are we doing?

- **Workplan Goals**

- MH: to outreach to at least 3 API-serving community groups/organizations
- SUD: to outreach to at least 3 H/L-serving community groups/organizations

- **Creative O&E**

- Working with Contract Partner Agencies in new ways for O&E
 - Joint listening sessions/community presentations



Trainings



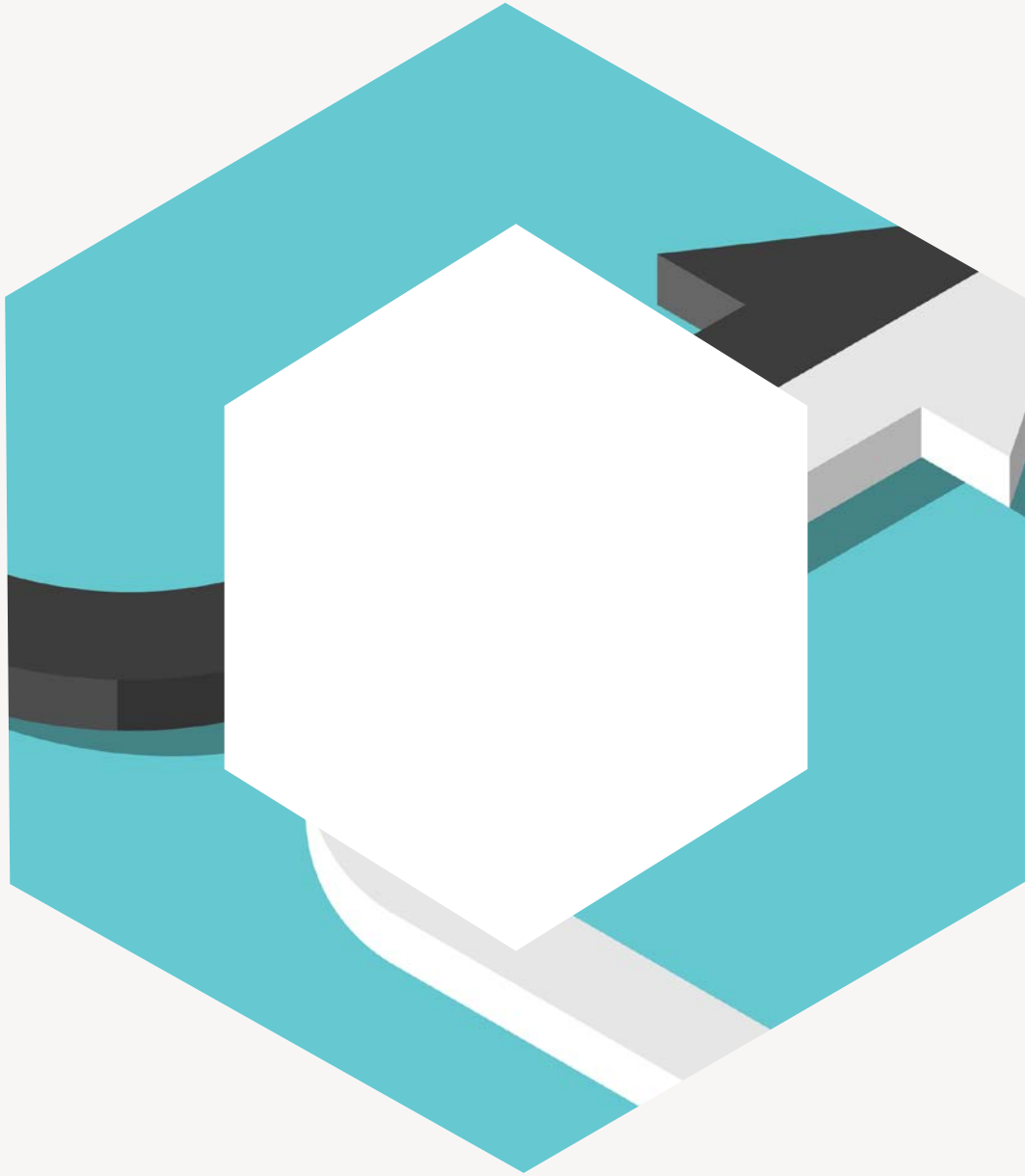
Trainings

Electronic Health Record

- How to use the EHR
 - Demographics
 - Clients' lived name, gender, pronouns
 - Ethnic, racial identity
 - Documentation of preferred language

Be Sensitive, Be Brave for Suicide Prevention

- Part of Zero Suicide Initiative
 - Culturally infused suicide prevention training
 - Cultural idioms of distress
 - Cultural understandings of Suicide
 - Evidence based
 - (Foundational for later advanced trainings)



Integration of the Cultural Competence Plan



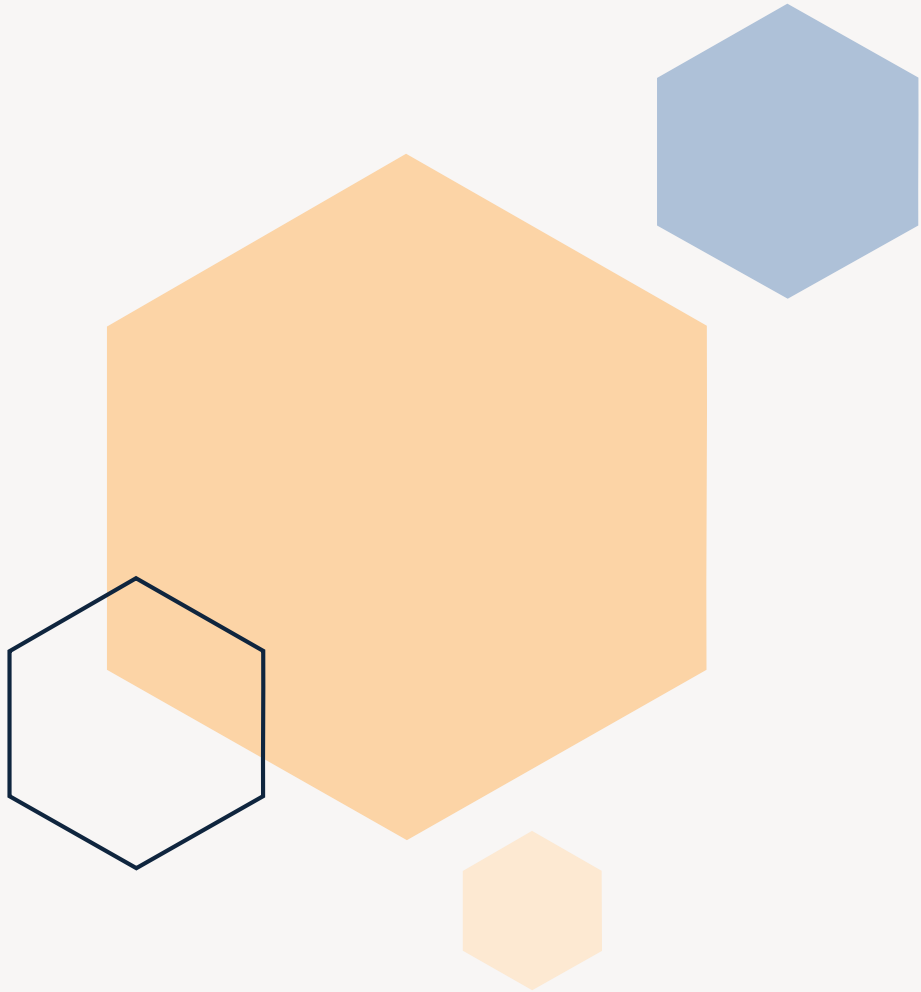
Integration

CalAIM

- Systemic change
- Integration across MH, SUD, physical health
- SDOHs

What integration means for CC work

- MH & SUD
- Implemented ahead of schedule



What can each of us do?

- Members needed for CCRC, R&R
- Volunteers needed for
 - O&E
 - Spanish O&E
 - Community trainings (Eng/Span)
- Join/support
 - Therapist Chill Group
 - RS Group



Thank you

Estrella Amaro

CulturalCompetence@KernBHR.org

Morbidity & Mortality

M&M Subcommittee

Policy:

- All deaths and unusual or unexpected adverse events of clients of Kern Behavioral Health & Recovery Services (KernBHRS) are reviewed by a peer review committee. Recommendations based on these reviews are submitted on a quarterly basis to the Quality Improvement Committee (QIC) in order to maintain a program of continuous quality improvement.

Purpose:

- Kern Behavioral Health & Recovery Services is responsible for assuring that a high quality of care is rendered to all clients. Unusual or adverse events, including deaths, are routinely reviewed in order to continuously improve quality of care.

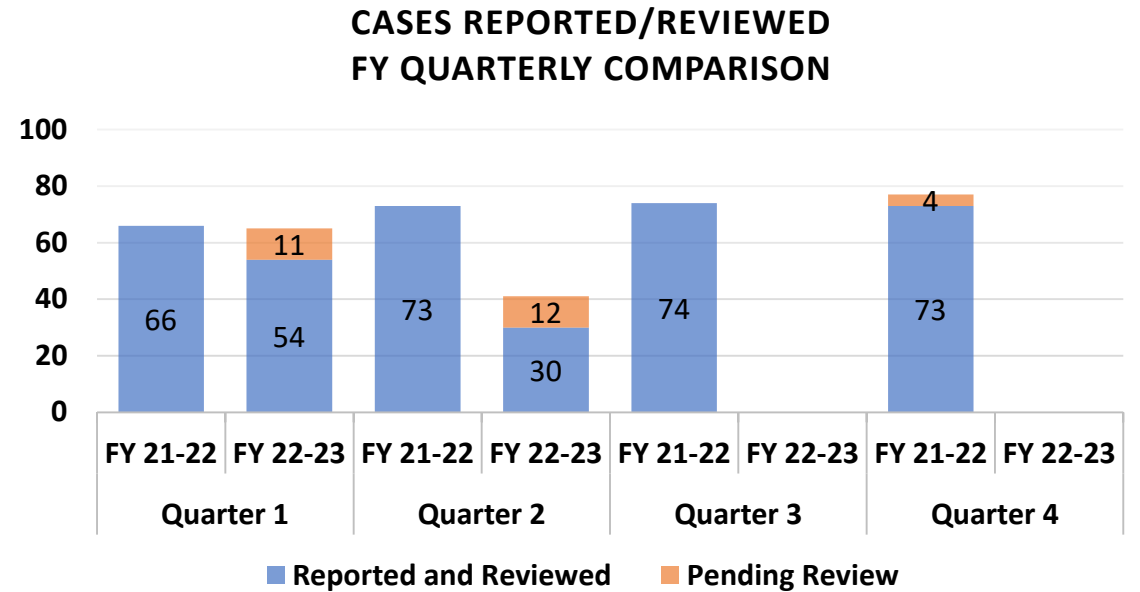
M&M Subcommittee

Background:

- The Morbidity and Mortality (M&M) Subcommittee is a subcommittee of the KernBHRS Quality Improvement Committee (QIC). Its primary purpose is to improve the overall quality of care provided by the Department. This is accomplished by conducting privileged internal reviews of selected events. An administrator or deputy of the Kern Behavioral Health & Recovery Services, at the request of the Director, will serve as the chair of the Morbidity and Mortality Subcommittee. The Subcommittee will include administrators or their designee from the following divisions: Medical Services, Department Supports, Adult System of Care, Crisis Services, Children's System of Care, Quality Improvement, Substance Use Disorder, a clerical support staff member, and any involved System of Care (SOC) or other agency staff as pertinent or designated.

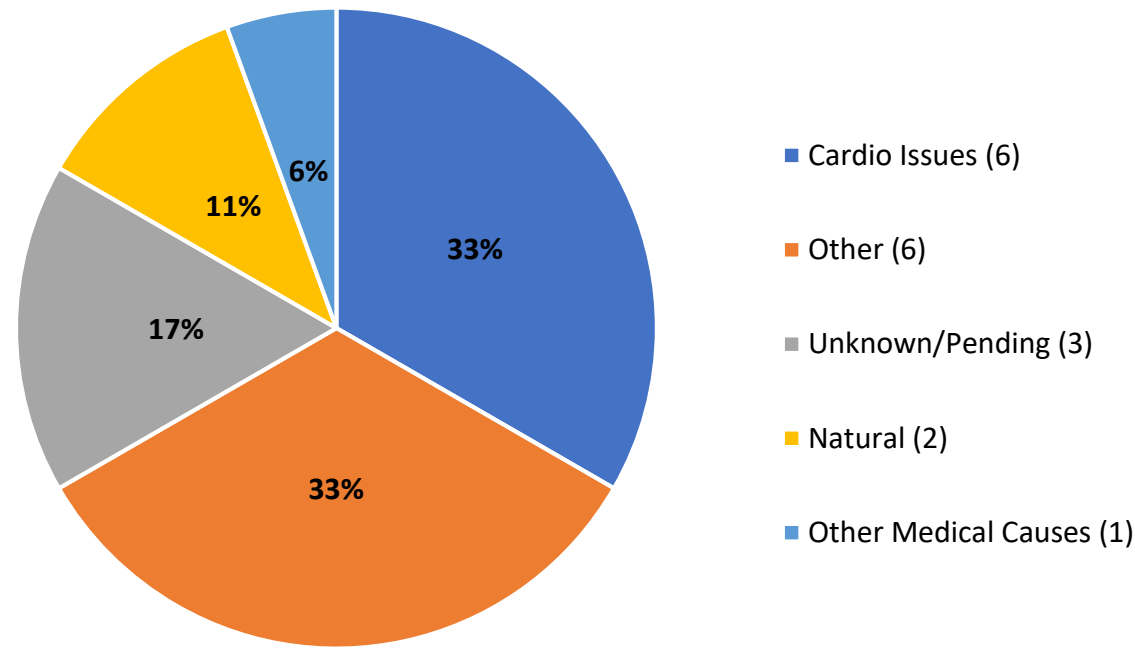
Case Reviews

| Case Reviews | | | | | |
|--------------|-----------------|-----------------------|------------------|----------------|--|
| | Events Reported | Administrative Review | Committee Review | Pending Review | # of events reported, Adverse Event Summary not received |
| FY 21-22 | 286 | 201 | 80 | 5 | 0 |
| FY 22-23 Q1 | 54 | 34 | 9 | 11 | 0 |
| FY 22-23 Q2 | 30 | 18 | 0 | 12 | 5 |



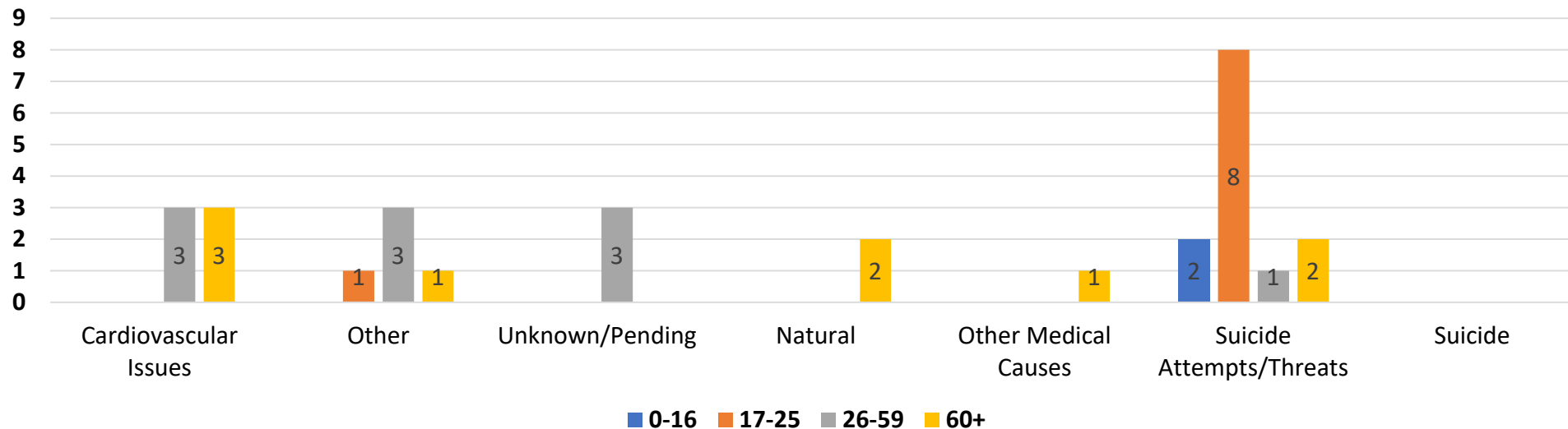
FY 22-23 Quarter 2 Reporting

FY 22-23 Quarter 2
M&M Reporting by Type (30)



FY 22-23 Quarter 2 Reporting

FY 22-23, Q2
Type of Event by Age Group



Pending Recommendations for System Improvement

Background:

- Guidelines and recommendations for training on working with families in context of client care:
 - i. Training for engaging with families in a sensitive, respectful manner (peer feedback).
 - ii. Engaging with families when clients want to close the case; involving the family throughout the entirety of treatment.
- Further interfacing with physical health care and training staff to ensure this is a provided service:
 - i. Preventable, physical health deaths continue to be the number 1 reason for death in our system of care.