



Kern County Behavioral Health Board System Quality Improvement Committee

Monday, March 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:

Alison Burrows	Cynthia Jackson	Jose Perez	Rafael Lopez	Tammy Cates
Ana Olvera	Francisca Quiroz	Liz Bailey	Rashawna Schumacher	Theresa Marinas
Angela Gonzalez	Gregory Gonzalez	Lynnette Jones	Rosa Martinez Quintana	Tracy Lynch
Barbara Paradise	Heather Williams	Martha Loza	Sara Bakkaly	Vivian Reyes
Catrina Gonzalez	Heather Plaza	Mary Lucas	Sara Syvertson	
Chicketta Tarver	Jessica Esquivel	Nastasia Santoyo	Sergeio Arroyo	
Christina Rajlal	Jessica Herrera	Rachel Mehia	Stephany Castillo	

1. Welcome and Introductions – Heather Williams introduced herself and welcomed the attendees.
2. Review and approval of the previous meeting minutes – Greg Gonzalez motioned to accept; Tracy Lynch seconded with corrections to the attendance from the last meeting, the corrections were made to the previous minutes.
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. Grievance and Appeals/Problem Resolution – Rachel Mehia
 - i. Rachel reviewed the handout which covered; definitions of grievances and appeals, how to file, additional tips, required information to resolve, Notice of Grievance Resolution (NGR), examples of a good resolution, and forms & posters display. There were no questions.
 - B. Kern Linkage Division Navigation Center Referrals – Christina Rajlal
 - i. Christina reviewed the handout which covered; navigation centers, locations, referral in, services offered, referral out, goals, and data. There were no questions.
 - C. SUD Outcome Measures Medication Assisted Treatment (MAT) – Ana Olvera
 - i. Ana reviewed the handout which covered; an overview, why we track MAT services, successes, future outlook. Theresa informed that a few clients with a dual diagnosis ended up facing barriers when entering treatment with Good Samaritan, Ana had not heard of this issue and asked for contact information to further address this with Theresa and the Good Samaritan Director to resolve this as Good Samaritan would agree that their MHP outpatient program does not take the place of other mental health care.
6. Kern Behavioral Health and Recovery Services (KernBHRS) – Current Project and Issues
 - A. Quality Improvement Division – Heather Williams
 - i. The Mental Health System has implemented the screening and transition tool; ensuring better coordination between us and the Managed Care Plan (MCP). Better coordination means better care.
 - ii. We are gearing up for the new Electronic Health Record (EHR). Trainings are expected to begin in June.
 - iii. The Drug MediCal Organized Delivery System (DMC-ODS) review by External Quality Review Organization (EQRO) results are back, we did very well. 5 recommendations will be addressed this year; 2 pertaining to technological advances that will be addressed as we shift EHR's, and 3 pertain to systemic improvements.
 - B. Department Supports Administration – Jessica Esquivel/Martha Loza
 - i. In conjunction with Kern Health Systems, finalizing coordination for African American Listening Session on 4/12/23 from 12:30-3:00 pm at the Larry E. Reider Education Center at 2000 K St, Bakersfield, CA 93301.
 - ii. In conjunction with the Kern Medical Psychiatrists and SOC, finalizing the roster for 50 Leads to be enrolled in Cultural Formulation Interview (CFI) Training in both April & May.



- iii. In partnership with EHR Team, we are preparing for EHR Training Plan Implementation.
 - C. Substance Use Division – Ana Olvera
 - i. Documentation has been submitted for DMC-ODS and Substance Abuse Block Grant (SABG) annual reviews and they will be visiting in early June, we are expecting to do really well.
 - D. Adult System of Care
 - i. There was no one available to report at this time.
 - E. Children’s System of Care – Vivian Reyes
 - i. There were no new updates at this time.
 - F. Kern Linkage Division – Christina Rajlal
 - i. Michelle Culy returns 3/28/23.
 - G. Crisis Services Division – Nastasia Santoyo
 - i. There is a new interim nursing supervisor for PEC.
 - H. Medical Services Division – Francisca Quiroz
 - i. There were no new updates at this time.
 - I. Consumer Family Learning Center – Tammy Cates
 - i. It is exciting to have people coming back in for the last month. In addition to the groups already on site we have been working to open more in person classes and groups. There is a flyer with more information attached.
7. Mental Health Contract Providers – Current Project and Issues
- A. College Community Services (CCS)
 - i. Barbara Paradise – There will be open houses at all of our sites to encourage the public community to engage with our site in honor of May is Mental Health month.
 - ii. Wasco Child will be finalizing their move site next week; we have been in a temporary site for the last 2 years.
 - iii. Outreach programs are being started among the outlying areas and expanding outreach in Taft, Mojave, Ridgecrest and Tehachapi.
 - B. Child Guidance Clinic (CGC)
 - i. Rashawna Schumacher – April will bring the “Keep CALM & Bee-well” event at CALM and we will be attending. Clients will showcase their artwork.
 - ii. We are also gearing up for outreach events for May is Mental Health month.
 - C. Clinica Sierra Vista (CSV)
 - i. Angela Gonzalez – There were no updates at this time for the Adult System of Care.
 - ii. Mary Lucas – Preparing for May is Mental Health Month to engage the community.
 - D. TurnBHRS/Mental Health System
 - i. Theresa Marinas – There will be new printed materials soon with TurnBHRS on it and we are working to ensure paperwork is updated, for now however we are still MHS.
 - ii. Beginning in April we will be allowing clients to come into the clinics since they have not been in much, we will use this opportunity to ensure charts are up to date.
 - iii. The county is hosting a career expo that we will be attending to try to fill vacant clinician positions.
 - iv. We are also preparing for May is Mental Health month.
 - v. June will bring the Tour De Recovery which is a 500-mile ride that starts in Northern California and ends at our cooperate office in San Diego. Last year there were 4 riders, and they are interested in getting more riders and sponsorships. Funds raised with this are for scholarships for clients. Riders will be stopping in the early morning in Kern County. There will be more information to follow.
8. Substance Use Division Contract Providers – Current Project and Issues
- A. College Community Services
 - i. Barbara Paradise – The Tehachapi site has been open now for 2 months.
 - B. Clinica Sierra Vista
 - i. Jessica Herrera – We are still short staffed and in need of counselors and therapists.
9. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
10. Adjourn – Next scheduled meeting: **April 24, 2023, at 4:00-5:00 PM**, will be virtual via Teams.

This meeting is MH UR Code 3



GRIEVANCE & APPEAL SYSTEM



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

WHAT IS A GRIEVANCE?

A grievance is defined as an expression of dissatisfaction about any matter other than an an Adverse Benefit Determination (defined on next slide).

Grievances may include, but are not limited to

- The Quality of care or services provided
- Staff behavior concerns
- A Change of Provider request due to dissatisfaction with treatment
- Cultural Appropriateness
- Concerns with prescribed medication



WHAT IS AN APPEAL?

An appeal is a review by the Plan (Kern BHRS) of an Adverse Benefit Determination.

When a beneficiary's services are modified, denied, or terminated by the plan, a Notice of Adverse Benefit Determination (NOABD) letter is sent to the beneficiary.

If an NOABD is issued and the beneficiary does not agree with the determination, the beneficiary has the option to file an appeal.



HOW TO FILE A GRIEVANCE OR APPEAL

A beneficiary may file a grievance or appeal by completing a form provided at all Kern BHRS and contract provider lobbies. These forms require no postage and may be sealed and mailed directly to the Patients' Rights Office. If a beneficiary submits the form to provider staff, please interoffice the sealed grievance form to the Patients' Rights Office.

Beneficiaries may contact the Patients' Rights Office directly at **(844) 360-8250**.

The supervisor or contract provider may file a grievance or appeal by submitting the information into the Grievance & Appeal Web Application via SharePoint or Citrix.



ADDITIONAL GRIEVANCE TIPS

Reporting or resolving grievances regarding your team or treatment location will not reflect negatively on you.

The data collected from reported grievances is analyzed and reviewed quarterly to identify quality improvident needs. Without this information, our department would be unable to make necessary improvements or mend gaps in services.

If a beneficiary expresses dissatisfaction regarding their treatment, but declines to file a grievance, the provider is still required to notify Patients' Rights of the complaint within one day of receiving the beneficiary's concerns.

There is no distinction between an informal and formal grievance. A complaint *IS* the same as a formal grievance. The word grievance does not have to be stated for the complaint to be logged.



REQUIRED INFORMATION TO RESOLVE A GRIEVANCE

When reporting/responding to a grievance, PRA will need the following information:

- 1. Description of Complaint** –Briefly describe the nature of the beneficiary’s grievance, including names, dates/times, and service location. When documenting information for a grievance, the writer must provide a clear description of the complaint to ensure that the grievance is thoroughly addressed.
- 2. Description of Action(s)**- Describe your efforts to investigate the grievance. (did you speak with the beneficiary, review the beneficiary's chart, interview staff involved in the grievance?)
- 3. Desired Resolution**- What would the beneficiary like to see happen as a result of filing the grievance?



NOTICE OF GRIEVANCE RESOLUTION (NGR)

Once a grievance has been resolved, PRA will provide the beneficiary with a written “Notice of Grievance Resolution” (NGR) letter to inform them of the outcome of the grievance.

Please keep in mind that your resolution will be included in the NGR letter that is sent to the client.



Example of a “Good” Resolution

DESCRIPTION OF ACTION(S)

ON 5/17/2022, THE UNIT SUPERVISOR CONTACTED CLIENT TO DISCUSS HIS REPORTED CONCERNS REGARDING HIS CASE MANAGER AND REQUEST FOR A NEW CASE MANAGER. SUPERVISOR ALSO MET WITH CLIENT’S ASSIGNED CASE MANAGER TO DISCUSS CLIENT’S GRIEVANCE. A MEETING WAS SCHEDULED FOR 5/19/2022 WITH CLIENT AND CASE MANAGER TO DISCUSS CLIENT’S GRIEVANCE AND REVIEW AVAILABLE TREATMENT OPTIONS.

RESOLUTION BY PLAN OR PROVIDER

CLIENT ATTENDED MEETING ON 5/19/2022 WITH SUPERVISOR AND CASE MANAGER. CLIENT EXPRESSED CONCERNS HE HAD AND TREATMENT GOALS. DURING THE MEETING, THE SUPERVISOR WAS ABLE TO REPAIR RAPPORT AND CLIENT AGREED TO CONTINUE TREATMENT WITH HIS CURRENT CASE MANAGER.



GRIEVANCE & APPEAL FORMS & POSTERS

The following forms & posters are required to be posted and available to beneficiaries in all Kern BHRS and contract provider lobbies. Each form must be available in both 12 AND 18 font.

Grievance Form (English/Spanish)

Appeal Form (English/Spanish)

Grievance & Appeal Process Information Form (English/Spanish)

Your Rights as a Consumer Poster (English/Spanish)

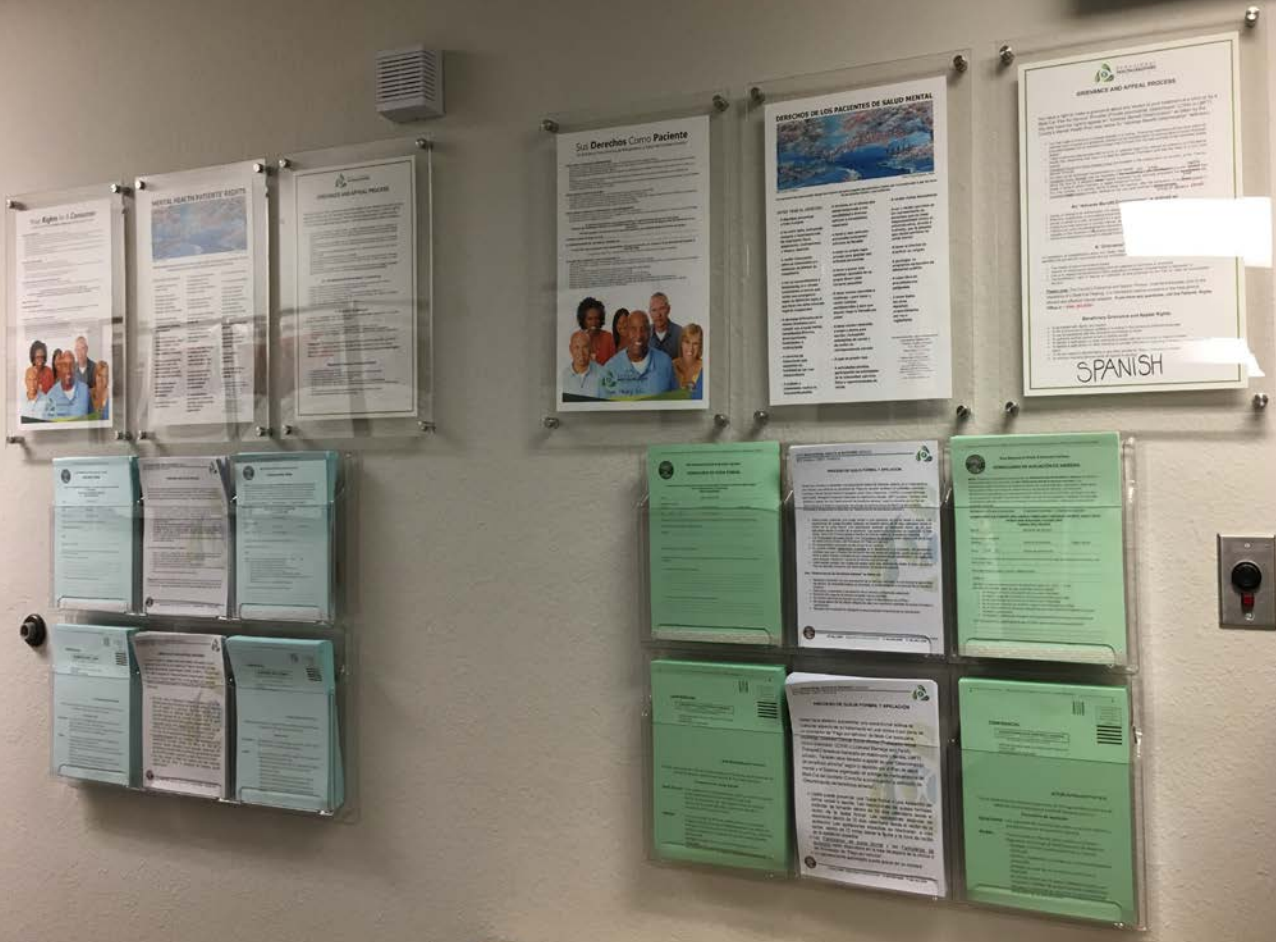
Mental Health Patients' Rights Poster (English/Spanish)

Grievance & Appeal Process Poster (English/Spanish)




BEHAVIORAL
HEALTH & RECOVERY
SERVICES

GRIEVANCE AND APPEAL DISPLAY



GRIEVANCE FORM ENGLISH & SPANISH

FOLD FORM ONLINE. REMOVE COVER FROM TAPE, SEAL AND MAIL.



Kern Behavioral Health & Recovery Services
GRIEVANCE FORM

FORM TO BE COMPLETED BY BENEFICIARY / CLIENT AND FORWARDED TO THE PATIENTS' RIGHTS OFFICE
RIGHTS OFFICE
PO BOX 1000, Bakersfield, CA 93302-1000
Phone (844) 360-8250

Date: _____ Service Location: _____

Beneficiary / Client
Name: _____ Date of Birth: _____ Ethnicity: _____

Gender: M F Preferred Language: _____

If client is a minor, then name of legal guardian filing on behalf of minor: _____

Address (include City / State / Zip): _____

Phone: _____


Please print or write legibly.

Describe the reason(s) for requesting a grievance. Please be specific by including names, dates, and times whenever possible.

1. Describe grievance or nature of grievance.

2. What would you like to see happen to resolve this grievance?

Beneficiary Signature _____ Date: _____



Kern Behavioral Health & Recovery Services
FORMULARIO DE QUEJA FORMAL

EL BENEFICIARIO O EL PACIENTE DEBE LLENAR EL FORMULARIO Y ENVIARLO A PATIENTS' RIGHTS OFFICE
PO BOX 1000, Bakersfield, CA 93302-1000
Teléfono (844)360-8250

Fecha: _____ Ubicación del servicio: _____

Beneficiario o paciente
Nombre: _____ Fecha de nacimiento: _____ Origen étnico: _____

Sexo: M F Idioma de preferencia: _____

Si el paciente es menor de edad, entonces el nombre del tutor legal que presenta en nombre del menor de edad: _____

Dirección (incluya ciudad, estado, código postal): _____

Teléfono: _____

Use letra de imprenta o escriba claramente.

Describe los motivos por los que presenta una **queja formal**. Sea específico, incluya nombres, fechas y horas cuando sea posible.

1. Describa la queja formal o su naturaleza.

2. ¿Qué le gustaría que se hiciera para resolver esta queja formal?

Firma del beneficiario _____ Fecha: _____

APPEAL FORM ENGLISH & SPANISH

FOLD FORM ONLINE, REMOVE COVER FROM TAPE, SEAL AND MAIL



Kern Behavioral Health & Recovery Services
**ADVERSE BENEFIT DETERMINATION
APPEAL FORM**

NOTE: Filing an appeal following an **Adverse Benefit Determination** shall not adversely affect your services with **Kern Behavioral Health & Recovery Services**. Beneficiaries must file an appeal within (60) sixty calendar days from the date of the Notice of Adverse Benefit Determination. Standard appeals will be resolved within (30) thirty calendar days of receipt of the appeal. Expedited appeals will be resolved no longer than 72 hours from the date and time of the expedited appeal receipt.

Please check the appropriate box: Standard Appeal Expedited Appeal

FORM TO BE COMPLETED BY BENEFICIARY / CLIENT AND FORWARDED TO THE PATIENTS' RIGHTS OFFICE
PO BOX 1000, Bakersfield, CA 93302-1000
Phone 1-(844) 360-8250

Date: _____ Service Location: _____

Beneficiary / Client Name: _____ Date of Birth: _____ Ethnicity: _____

Gender: M F Preferred Language: _____

If client is a minor, then name of legal guardian filing on behalf of minor: _____

Address (include City / State / Zip): _____

Phone: _____

Did you receive a Notice of Adverse Benefit Determination? Yes No
Did you receive an adverse benefit determination as defined as one of the following?

1. Denies or limits authorization of a requested service;
2. Reduces, suspends, or terminates a previously authorized service;
3. Denies, in whole or in part, payment for a service;
4. Fails to provide services in a timely manner as determined by the Plan;
5. Fails to act within the required timeframes for standard resolution of grievances and appeals; or
6. Denies a beneficiary's request to dispute financial liability.

If yes, what would you like to see happen to resolve this Appeal?

Beneficiary Signature _____ Date: _____



Kern Behavioral Health & Recovery Services
**DETERMINACIÓN ADVERSA DE BENEFICIOS
FORMULARIO DE APELACIÓN**

NOTA: Presentar una apelación después de una **Determinación adversa de beneficios** no afectará de manera negativa los servicios que recibe de **Kern Behavioral Health & Recovery Services**. Los beneficiarios deben presentar una apelación dentro de los sesenta (60) días calendario posteriores a la fecha del Aviso de determinación adversa de beneficios. Las apelaciones estándar se resolverán dentro de treinta (30) días calendario desde la recepción de la apelación. Las apelaciones aceleradas se resolverán, a más tardar, dentro de 72 horas desde la fecha y la hora de recibo de la apelación acelerada.

Marque el casillero correspondiente: Apelación estándar Apelación acelerada

EL BENEFICIARIO/CLIENTE DEBE COMPLETAR Y REENVIAR EL FORMULARIO A
PATIENT'S RIGHTS OFFICE PO BOX 1000, Bakersfield, CA 93302-1000
Teléfono: 1-(844) 360-8250

Fecha: _____ Ubicación del servicio: _____

Nombre del beneficiario/cliente: _____ Fecha de nacimiento: _____ Origen étnico: _____

Género: M F Idioma preferido: _____

Si el cliente es menor, nombre del tutor legal en representación del menor: _____

Dirección (incluya ciudad/estado/código postal): _____

Teléfono: _____

¿Recibió un Aviso de determinación adversa de beneficios? Si No

¿Recibió una determinación adversa de beneficios definida como una de las siguientes?

1. Rechazar o limitar la autorización de un servicio solicitado.
2. Reducir, suspender o cancelar un servicio previamente autorizado.
3. Rechazar el pago de un servicio en parte o en su totalidad.
4. No prestar servicios de manera oportuna según lo determinado por el Plan.
5. No actuar dentro de los plazos obligatorios para una resolución estándar de quejas formales y apelaciones.
6. Rechazar la solicitud de impugnar la responsabilidad financiera de un beneficiario.

Si la respuesta es sí, ¿qué le gustaría que sucediera para resolver esta apelación?

Firma del beneficiario _____ Fecha: _____

“GRIEVANCE AND APPEAL PROCESS”

THIS INFORMATION PAGE IS REQUIRED TO
BE POSTED AND AVAILABLE AT ALL
PROVIDER LOCATIONS NEXT TO THE
GRIEVANCE AND APPEAL FORMS. THIS PAGE
MUST ALSO BE AVAILABLE IN BOTH
ENGLISH & SPANISH AND 12 AND 18 SIZE
FONTS.

GRIEVANCE AND APPEAL PROCESS

You have a right to make a grievance about any aspect of your treatment at a clinic or by a Medi-Cal “Fee-for-Service” Provider (Private psychiatrist, psychologist, LCSW or LMFT). You also have the right to appeal an “Adverse Benefit Determination” as taken by the County’s Mental Health Plan and Drug Medi-Cal Organized Delivery System (see below for “Adverse Benefit Determination” definition).

- You may make a Grievance or Appeal verbally or in writing. Standard grievance resolutions will be made within 90 calendar days of receipt of a grievance. Standard Appeals will be resolved within 30 calendar days of receipt of the appeal. Expedited appeals will be resolved no longer than 72 hours from the date and time of the expedited appeal receipt.
- Grievance Forms and Appeal Forms are available in the waiting room of the clinic, or the “Fee-for-Service” Provider.
- You may use an authorized representative on your behalf.
- Expedited Appeals may be requested if the beneficiary or the beneficiary’s provider certifies that taking the time for a standard Appeal resolution could seriously jeopardize the beneficiary’s mental health or substance use disorder condition and/or ability to attain, maintain, or regain maximum function.
- You may request a State Fair hearing only after receiving notice that the Plan is upholding an adverse benefit determination.

An “Adverse Benefit Determination” is defined as:

- Denial, or limiting of an authorization of a requested service, including the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reducing, suspending, or terminating a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failing to provide services in a timely manner, as determined by Plan.
- Failing to act within the required timeframes for standard resolution of grievances and appeals; or
- Denial of a beneficiary’s request to dispute financial liability.



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

YOUR RIGHTS AS A CONSUMER

ENGLISH & SPANISH

Your Rights As A Consumer

In the Kern Behavioral Health & Recovery Services System of Care

YOU HAVE THE RIGHT TO:

- Treatment services, which promote the potential to function independently.
- Treatment in ways that respect your cultural and ethnic identity, religion, disability, gender, marital status, and sexual orientation.
- Services in a safe, clean place that encourages positive treatment and protect from harm, abuse and neglect.
- Prompt services given by providers who are qualified, competent, focused on your individual care, and who are responsive to you and your support system.
- Services that emphasize that you and your support system have an active role in making a treatment plan to suit your needs, which includes your agreement to work toward clear goals.
- Receive confidential services of the Patient Rights Advocate. You will not be discriminated against when requesting advocacy services.

YOU HAVE A RIGHT TO KNOW:

- Diagnosis, treatment plan and costs in language you can understand.
- Names and credentials of providers who take part in your treatment planning.
- The benefits and potential side effects of the medication being prescribed for your care.
- A second opinion is available to you if you disagree with decisions regarding your care.
- If your mental health services have been denied, reduced or eliminated.

YOU HAVE THE RIGHT TO PRIVACY AND CONFIDENTIALITY:

- In talks and meetings about your care, examinations, and treatment services.
- In written and spoken records about your care, except when required by law such as suspected abuse or danger to self or others.

If you have complaints about your care, you have a right to express them.

Consumers are encouraged to discuss issues concerning their mental health services directly with their provider.

Consumers may contact the following people for assistance in resolving complaints:

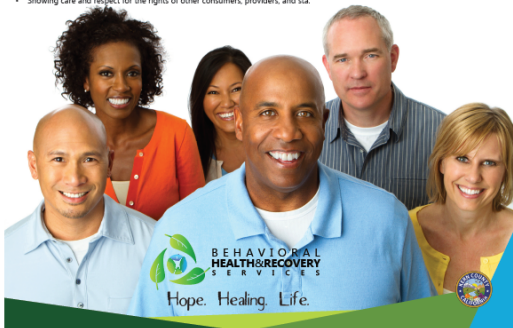
DIRECT CONTACT FOR SITE:

DEPARTMENT ADMINISTRATOR: _____

If you have any questions concerning your rights, contact your Patients' Rights Advocate at 844-360-8250.
If you have Medi-Cal, you can ask for a Fair Hearing at any time.

To the best of your ability, you are responsible for:

- Being honest about facts, feelings, ideas that relate to your care.
- Trying to understand your mental or emotional problems and agreeing to listen to the provider's directions and advice.
- Taking an active part in your treatment planning and mental health services.
- Keeping your appointments and collaborating with the provider and staff.
- Reporting changes in your symptoms to your provider as soon as you can.
- Informing your provider if you think you might have problems following your plan.
- Asking your provider to explain any questions you have related to your treatment that you don't understand.
- Showing care and respect for the rights of other consumers, providers, and staff.



These posters must include the name and phone number for both the "Direct Contact for Site" and the KernBHRS "Department Administrator"

Sus Derechos Como Paciente

En El Sistema Para Servicios de Recuperación y Salud del Comportamiento

USTED TIENE EL DERECHO A SERVICIOS QUE:

- Promuevan un tratamiento eficaz y que desarrollen su habilidad de funcionar independiente.
- Respeten su cultura, identidad étnica administrados en un lugar seguro y limpio y que le proteja de abuso o descuido y también que su privacidad y confidencialidad estén seguras.
- Sean administrados por proveedores calificados competentes, enfocados a su cuidado individual, y que respondan a usted y a su familia.
- Enfatice que usted y su familia tomen una parte importante en el desarrollo de su plan de tratamiento que satisfaga sus necesidades para alcanzar sus metas.
- Protejan su privacidad y confidencialidad cuando pida asistencia para servicios del Representante de los Pacientes o de las Familias y que no sea discriminado a causa de su queja.

USTED TIENE EL DERECHO DE SABER:

- El diagnóstico, el plan de tratamiento, y costos en forma que usted puede comprender
- Nombres y credenciales de los proveedores que toman parte en su tratamiento
- Los efectos de las medicinas y que necesita firmar un "consentimiento informado" antes de administrarse medicinas—Una segunda opinión si usted no está de acuerdo con decisiones tocante su cuidado
- Cuando se ha tomado una decisión reducir, negar o terminarle servicios.

USTED TIENE EL DERECHO A PRIVACIDAD Y CONFIDENCIALIDAD:

- En Pláticas y juntas sobre su caso, exámenes y servicios de tratamiento
- En archivos escritos u orales acerca de su caso, excepto en casos sospechosos sobre abuso o peligro a sí mismo o a otros. En estas excepciones estamos obligados a reportarlo.

Si usted está inconforme con cualquier servicio, le agradeceremos que se nos comunique.

Pacientes son motivados a dialogar los problemas relacionados con sus servicios de salud mental directamente con su proveedor.

Pacientes pueden comunicarse con las siguientes personas para obtener ayuda en resolver sus quejas:

CONTACTO DIRECTO PARA EL SITIO:

EL ADMINISTRADOR DEL SISTEMA DE CUIDADO ES: _____

EL ADMINISTRADOR DEL SISTEMA DE CUIDADO ES:

Si usted tiene alguna pregunta sobre sus derechos, póngase en contacto con: Defensor de los Derechos del Paciente al

844-360-8250

Si usted tiene Medi-Cal, usted puede pedir una audiencia imparcial en cualquier momento.

A lo mejor de su capacidad, usted es responsable de:

- Ser honesto acerca de hechos, sentimientos, e ideas que se relacionan con su cuidado.
- Tratar de entender sus problemas mentales y emocionales y aceptar escuchar a las instrucciones y asesoría que le da su proveedor de salud mental.
- Tomar parte activa en la planificación de su tratamiento y servicios de salud mental.
- Mantener sus citas y colaborar con sus proveedores y el personal.
- Reportar lo más pronto posible cualquier cambio en su sistema a su proveedor.
- Informar a su proveedor si usted cree que puede tener problemas siguiendo su plan.
- Informar a su proveedor que le interesa cualquier pregunta o duda que tenga relacionadas con su tratamiento.
- Respetar la confidencialidad y privacidad de los demás y tratando de mantener en mente las necesidades de los demás.
- Ayudar a desarrollar un sistema de apoyo en su comunidad.



MH PATIENTS RIGHTS ENGLISH & SPANISH

MENTAL HEALTH PATIENTS' RIGHTS



MOSAIC FOREST

Alice Washington, 2014

Mental health patients have the same legal rights guaranteed to everyone by the Constitution and laws of the United States and California.

YOU HAVE THE RIGHT:

- To dignity, privacy and humane care
- To be free from harm including unnecessary or excessive physical restraint, medication, isolation, abuse and neglect
- To receive information about your treatment and to participate in planning your treatment
- To consent or refuse to consent to treatment, unless there is a legally defined emergency or a legal determination of incapacity
- To client-centered services designed to meet your individual goals, diverse needs, concerns, strengths, motivations and disabilities
- To treatment services which increase your ability to be more independent
- To prompt medical care and treatment
- To services and information in a language you can understand and that is sensitive to cultural diversity and special needs
- To keep and use your own personal possessions including toilet articles
- To have access to individual storage space for your private use
- To keep and spend a reasonable sum of your own money for small purchases
- To have reasonable access to telephones—both to make and to receive confidential calls or have such calls made for you
- To have access to letter-writing material and stamps—to mail and to receive unopened correspondence
- To social interaction, participation in community activities, physical exercise and recreational opportunities

- To see visitors every day
- To wear your own clothes
- To see and receive the services of a patient-advocate who has no direct or indirect clinical or administrative responsibility for the person receiving mental health services
- To religious freedom and practice
- To participate in appropriate programs of publicly supported education
- To be free from hazardous procedures
- And all other rights as provided by law or regulation

FOR MORE INFORMATION CONTACT YOUR LOCAL COUNTY PATIENTS' RIGHTS ADVOCATE

Advocates Please Place Your Address & Phone Number Here

California Office of Patient Rights
1001 E Street, Sacramento, CA 95814-1111
(916) 224-8100; <http://www.dhs.ca.gov/ohpr/>
Department of Health Care Services
Mental Health Services Division (Lombard Center)
(916) 954-9422 or (202) 455-0300 (toll-free)

DERECHOS DE LOS PACIENTES DE SALUD MENTAL



MOSAIC FORES

Alice Washington, 2014

Los pacientes de salud mental tienen los mismos derechos legales garantizados a todos por la Constitución y por las leyes de los Estados Unidos y de California.

USTED TIENE EL DERECHO:

- A dignidad, privacidad y trato humano
- A no sufrir daño, incluyendo excesivo o innecesario uso de restricción física, aislamiento, medicamento, o abuso y descuido
- A recibir información sobre su tratamiento y a participar en planear su tratamiento
- A dar su consentimiento a tratamiento, o a rehusar tratamiento, a menos que exista una emergencia según la definición legal, o que haya una determinación legal de incapacidad
- A servicios enfocados en el cliente diseñados para cumplir sus propias metas, necesidades diversas, preocupaciones, habilidades, o motivaciones
- A servicios de tratamiento que aumenten su habilidad de ser mas independiente
- A cuidado y tratamiento medico lo necesario
- A servicios en el idioma que usted comprenda y con sensibilidad a diversas culturas y necesidades especiales
- A tener y usar articulos personales incluyendo articulos de tocador
- A tener su propio lugar privado para guardar sus articulos personales
- A tener y gastar una cantidad razonable de su propio dinero para compras pequeñas
- A tener acceso razonable a teléfonos – para hacer y recibir llamadas confidenciales o para que alguien haga la llamada por usted
- A tener acceso razonable a papel y pluma para escribir, incluyendo estampillas de correo y de recibir su correspondencia cerrada
- A usar su propia ropa
- A actividades sociales, participación en actividades de la comunidad, ejercicio físico y oportunidades de recreo
- A recibir visitas diariamente
- A ver y recibir servicios de un representante de pacientes que no tiene responsabilidad clínico ni administrativa, directa o indirecta, por la persona que recibe servicios de salud mental
- A tener la libertad de practicar su religión
- A participar en programas apropiados de educación publica
- A estar libre de procedimientos peligrosos
- A tener todos los otros derechos proporcionados por ley o reglamento

PARA MÁS INFORMACIÓN, LLAME AL REPRESENTANTE DE DERECHOS EN SU CONDADO LOCAL

Advocates Please Place Your Address & Phone Number Here

California Office of Patient Rights
1001 E Street, Sacramento, CA 95814-1111
(916) 224-8100;
<http://www.dhs.ca.gov/ohpr/>
Department of Health Care Services
Mental Health Services Division (Lombard Center)
(916) 954-9422 or
(202) 455-0300 (toll-free)



BEHAVIORAL
HEALTH & RECOVERY
SERVICES

GRIEVANCE & APPEAL PROCESS POSTER ENGLISH & SPANISH



GRIEVANCE AND APPEAL PROCESS

You have a right to make a grievance about any aspect of your treatment at a clinic or by a Medi-Cal "Fee-for-Service" Provider (Private psychiatrist, psychologist, LCSW or LMFT). You also have the right to appeal an "Adverse Benefit Determination" as taken by the County's Mental Health Plan (see below for "Adverse Benefit Determination" definition).

- You may make a Grievance or Appeal verbally or in writing. Grievance resolutions will be made within 90 calendar days of receipt of a grievance. Appeals will be resolved within 30 working days of receipt of Appeal. Expedited Appeals will be resolved no longer than 72 hours from the date and time of the Expedited Appeal receipt.
- These timeframes may be extended by up to 14 calendar days if you request an extension or if the Mental Health Plan determines that there is a need for additional information and that the delay is in your best interest.
- Grievance Forms and Appeal Forms are available in the waiting room of the clinic, or the "Fee-for-Service" Provider.
- You may use an authorized representative on your behalf.
- Expedited Appeals may be requested if you or your provider certify that taking the time for a standard Appeal resolution could seriously jeopardize your life, health or ability to attain, maintain, or regain maximum function.
- You may verbally, or in writing, file for a State Fair hearing, after the exhaustion of an Appeal or Expedited Appeal process, whether or not, you have received a Notice of Adverse Benefit Determination.

An "Adverse Benefit Determination" is defined as:

- Denial, or limiting of an authorization of a requested service, including the type or level of service;
- Reducing, suspending, or terminating a previously authorized service;
- Denial, in whole or in part, of payment for a service;
- Failing to provide services in a timely manner, as determined by the Mental Health Plan or;
- Failing to act within the timeframes for disposition of standard Grievance, the resolution of standard Appeals, or the resolution of Expedited Appeals; or
- Denial of a beneficiary's request to dispute financial liability.

A "Grievance" is defined as:

An expression of dissatisfaction about any matter other than an Adverse Benefit Determination. The definition specifies that grievances may include, but are not limited to:

- The Quality of care or services provided;
- Aspects of interpersonal relationships such as rudeness of a provider or employee;
- Failure to respect the beneficiary's rights regardless of whether remedial action is requested; or
- The beneficiary's right to dispute an extension of time proposed by the Plan to make an authorization decision.

Please note: The County's Grievance and Appeal Process, must be exhausted, prior to the requesting of a State Fair Hearing. It is intended to resolve problems in the most prompt, efficient and effective manner possible. If you have any questions, call the Patients' Rights Office at 1 (844) 360-8250.

Beneficiary Grievance and Appeal Rights:

- To be treated with dignity and respect
- To file a Grievance or Appeal verbally or in writing in the primary or preferred language
- To ask for assistance with the Grievance and Appeal process
- To authorize another person to act on his/her behalf
- To identify a staff person or other individual to assist with the Grievance or Appeal process
- To identify a staff person or other individual to provide information regarding Grievance or Appeal process status.
- To not be subject to discrimination or any other penalty for filing a Grievance or Appeal
- To continue receiving services while an Appeal is pending



Proceso de Queja y Apelación

Usted tiene derecho a presentar una queja sobre cualquier aspecto de su tratamiento en una clínica o por un proveedor de Medi-Cal "tarifa-por-servicio" (psiquiatra privado, psicólogo, LCSW o LMFT). También tiene el derecho de apelar una "Determinación adversa de beneficios" según lo tomado por el Plan de Salud Mental del Condado (ver más abajo para la definición de "Determinación adversa de beneficios").

- Usted puede presentar una queja o apelación verbalmente o por escrito. Las resoluciones de quejas se harán dentro de los 90 días calendario a partir de la recepción de una queja. Las apelaciones se resolverán dentro de los 30 días hábiles siguientes a la recepción de la Apelación. Las Apelaciones Aceleradas se resolverán no más de 72 horas a partir de la fecha y hora del recibo de la Apelación Acelerada.
- Estos plazos pueden extenderse hasta 14 días calendario si solicita una extensión o si el Plan de Salud Mental determina que hay una necesidad de información adicional y que el retraso es en su mejor interés.
- Los formularios de quejas y los formularios de apelación están disponibles en la sala de espera de la clínica o en el proveedor de "Cuenta por Servicio".
- Puede utilizar un representante autorizado en su nombre.
- Las Apelaciones Aceleradas pueden ser solicitadas si usted o su proveedor certifica que tomar el tiempo para una resolución estándar de la Apelación podría poner en serio peligro su vida, salud o capacidad para alcanzar, mantener o recuperar la máxima función.
- Usted puede presentar una audiencia imparcial verbal o por escrito, después del agotamiento de una Apelación o un proceso de Apelación Acelerada, ya sea o no, que haya recibido un Aviso de Determinación Adversa de Beneficios.

Una "Determinación adversa de beneficios" se define como:

- Denegación o limitación de una autorización de un servicio solicitado, incluido el tipo o nivel de servicio;
- Reducir, suspender o terminar un servicio previamente autorizado;
- Denegación, total o parcial, del pago de un servicio;
- No prestar servicios de manera oportuna, según lo determine el Plan de Salud Mental o;
- No actuar dentro de los plazos para la disposición de la queja estándar, la resolución de apelaciones estándar, o la resolución de apelaciones aceleradas; o
- Denegación de la solicitud de un beneficiario para impugnar la responsabilidad financiera.

Una "queja" se define como:

Una expresión de insatisfacción sobre cualquier asunto que no sea una determinación adversa de beneficios. La definición específica que las quejas pueden incluir, pero no se limitan a:

- La calidad de la atención o los servicios prestados;
- Aspectos de las relaciones interpersonales, como la grosería de un proveedor o empleado;
- No respetar los derechos del beneficiario, independientemente de si se solicita una acción correctiva. O El derecho del beneficiario a impugnar una prórroga de tiempo propuesta por el Plan para tomar una decisión de autorización.

Tenga en cuenta: El Proceso de Quejas y Apelaciones del Condado, debe ser agotado, antes de la solicitud de una Audiencia Justa Estatal. Su objetivo es resolver los problemas de la manera más rápida, eficiente y eficaz posible. Si tiene alguna pregunta, llame a la Oficina de Derechos de los Pacientes al 1 (844) 360-8250.

Reclamación del beneficiario y derechos de apelación:

- Ser tratado con dignidad y respeto
- Presentar una queja o apelación verbalmente o por escrito en el idioma principal o preferido
- Solicitar ayuda con el proceso de queja y apelación
- Autorizar a otra persona a actuar en su nombre
- Identificar a una persona del personal u otra persona para ayudar con el proceso de queja o apelación
- Identificar a una persona del personal u otra persona para proporcionar información sobre el estado del proceso de queja o apelación
- No estar sujeto a discriminación o cualquier otra sanción por presentar una queja o apelación
- Para continuar recibiendo servicios mientras una Apelación está pendiente



PATIENTS' RIGHTS OFFICE CONTACT INFORMATION

BHRSpatientsrights@kernbhers.org

Rachel Mehia, Interim Supervisor (661) 677-4693

Dissary Chairez, Program Technician (661) 868-5167

Catrina Gonzalez, OST (661) 868-5167

Mark Kimmel, Sr. Patients' Rights Advocate (661) 868-5157

Stephanie Odom, Patients' Rights Advocate (661) 868-5108

Marisol Garcia, Patients' Rights Advocate (661) 868-5102

Eric Moss, Family Advocate (661) 868-5105



KERN LINKAGE DIVISION NAVIGATION CENTER REFERRALS

SQIC Presentation 3.27.2023

Christina Rajlal, PhD, MBA

Interim KLD Administrator



NAVIGATION CENTERS

Navigation Centers, also known as, **Low-Barrier Navigation Centers**, are defined as a **Housing First Model**, low-barrier, temporary, service-enriched shelter focused on moving people experiencing homelessness into permanent housing. The Center provides temporary living facilities while case managers connect individuals experiencing homelessness to income, public benefits, health services, behavioral health and substance use services, shelter, and housing.

Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their overall quality of life.

LOCATIONS

M STREET NAVIGATION CENTER

2900 M Street
Bakersfield, CA 93307
Ran by: CAPK
www.capk.org



BRUNDAGE LANE NAVIGATION CENTER

1900 East Brundage Lane
Bakersfield, CA 93307
Ran by: Mercy House
www.MercyHouse.Net



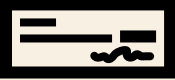
REFERRAL IN

- People are usually referred to the Navigation Centers when they have no other means or access to housing
- Low-barrier means that the requirements for entry are limited or minimal
- Low-barrier shelters encourage homeless individuals to seek resources by eliminating those obstacles
- Referrals can come from many sources including:
 - Social Service Agencies
 - Community Based Organization
 - Law Enforcement
 - Recovery Station
 - Discharge from Hospital
 - Outpatient Teams
 - Self Referral

SERVICES OFFERED



HOUSING & SHELTER



PUBLIC BENEFIT ACCESS



BH & SUD CARE



CASE MANAGEMENT



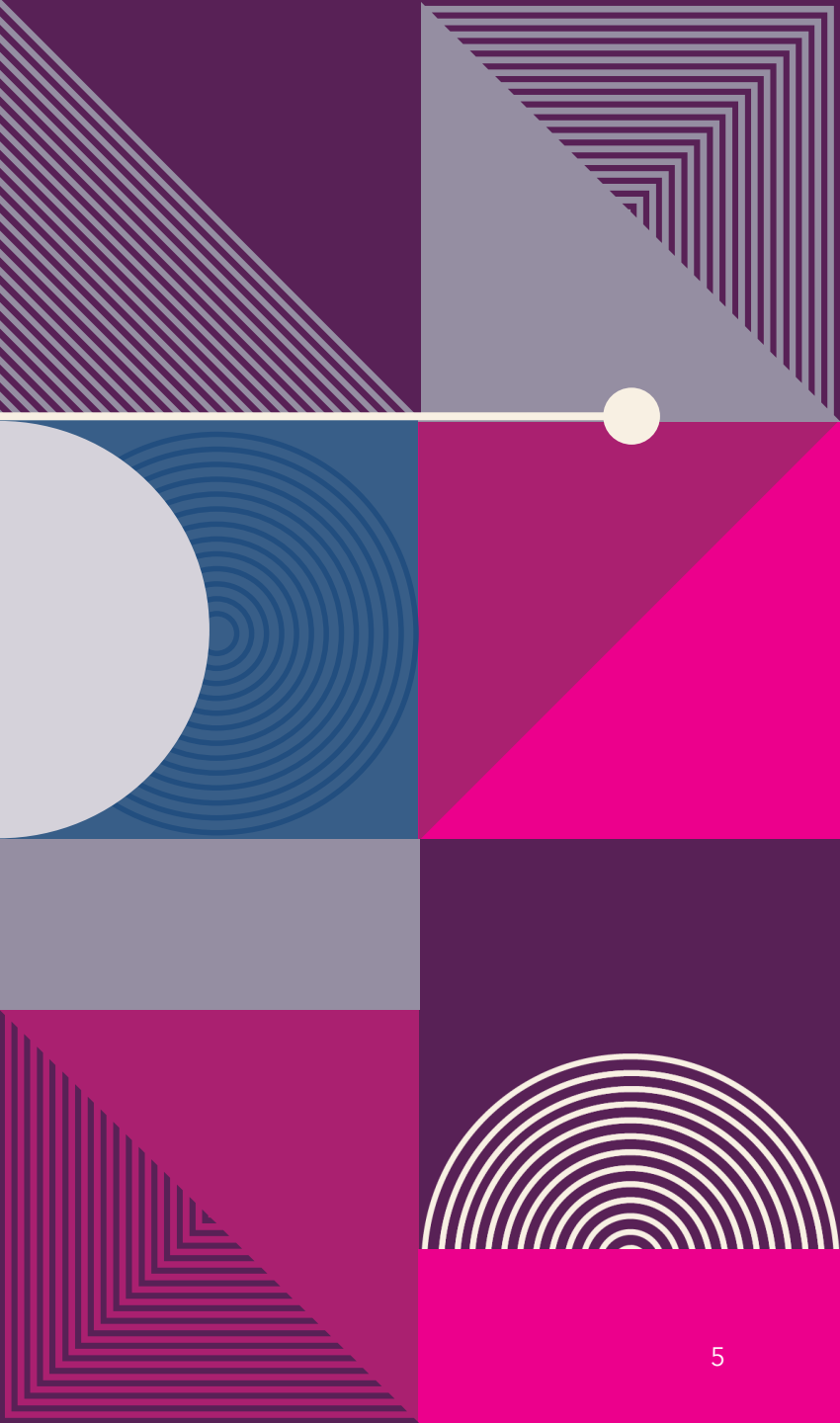
PET KENNELS



MEDICAL SERVICES

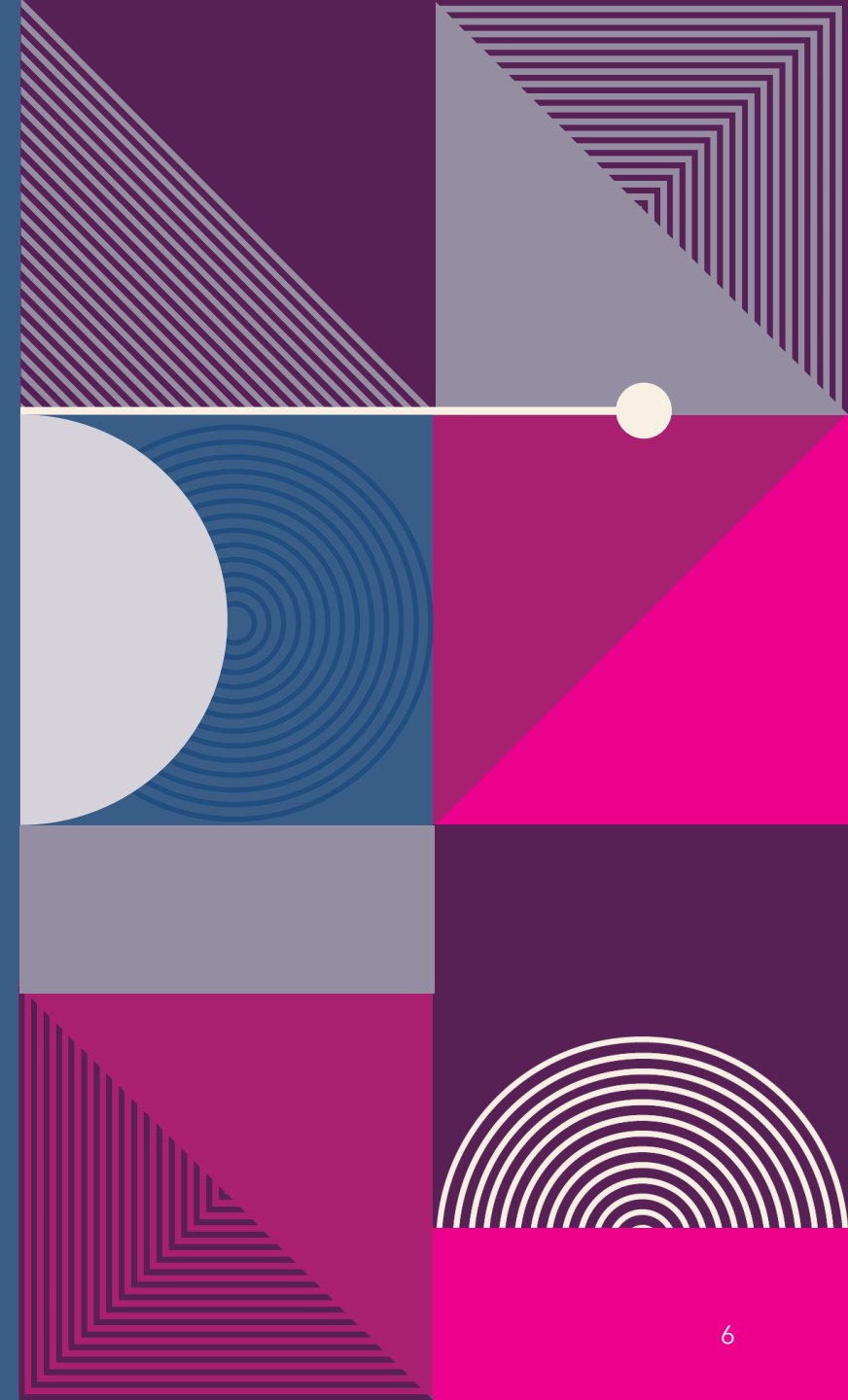


TRANSPORTATION



REFERRAL OUT

- Navigation Centers help to stabilize an individual facing homelessness
- Once ready, client can be placed into step up housing options
- Navigation Centers also help with individuals experiencing chronic homelessness
- Navigation Centers are not for all people facing homelessness



GOALS



QUALITY IMPROVEMENT WORK PLAN GOAL

50% of individuals living in shelters and navigation centers will be referred into behavioral health services



ACTION STEPS IN Q2

Engage with individuals at the shelters/navigation centers into BH services by coordinating and collaborating with shelter staff & maintaining a consistent & engaged presence in the center with consistent staffing

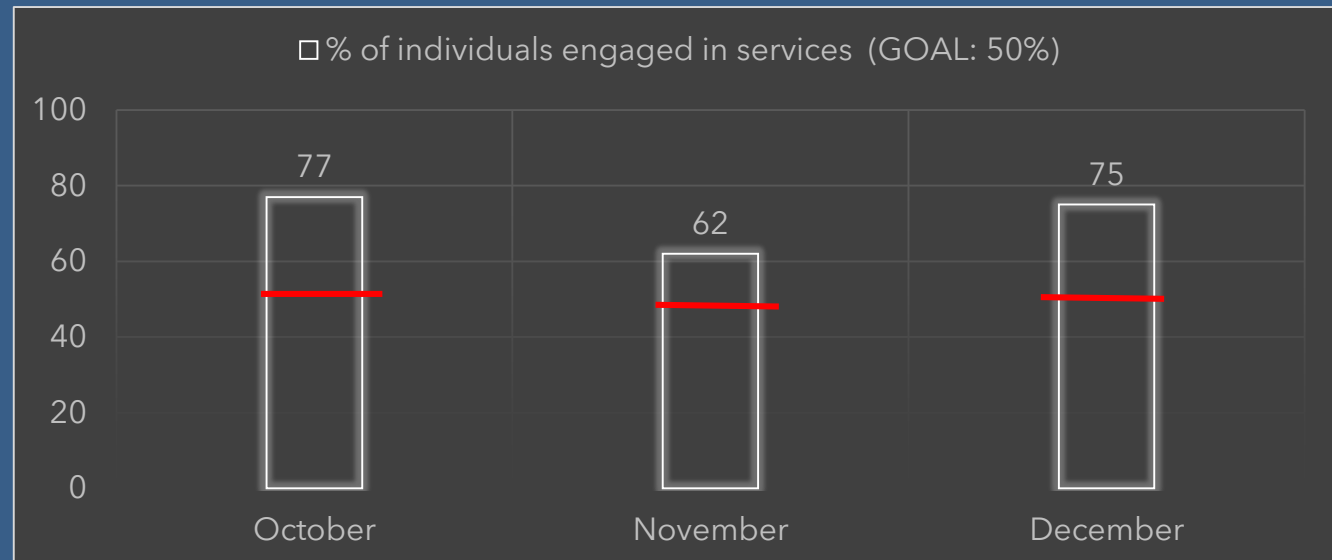
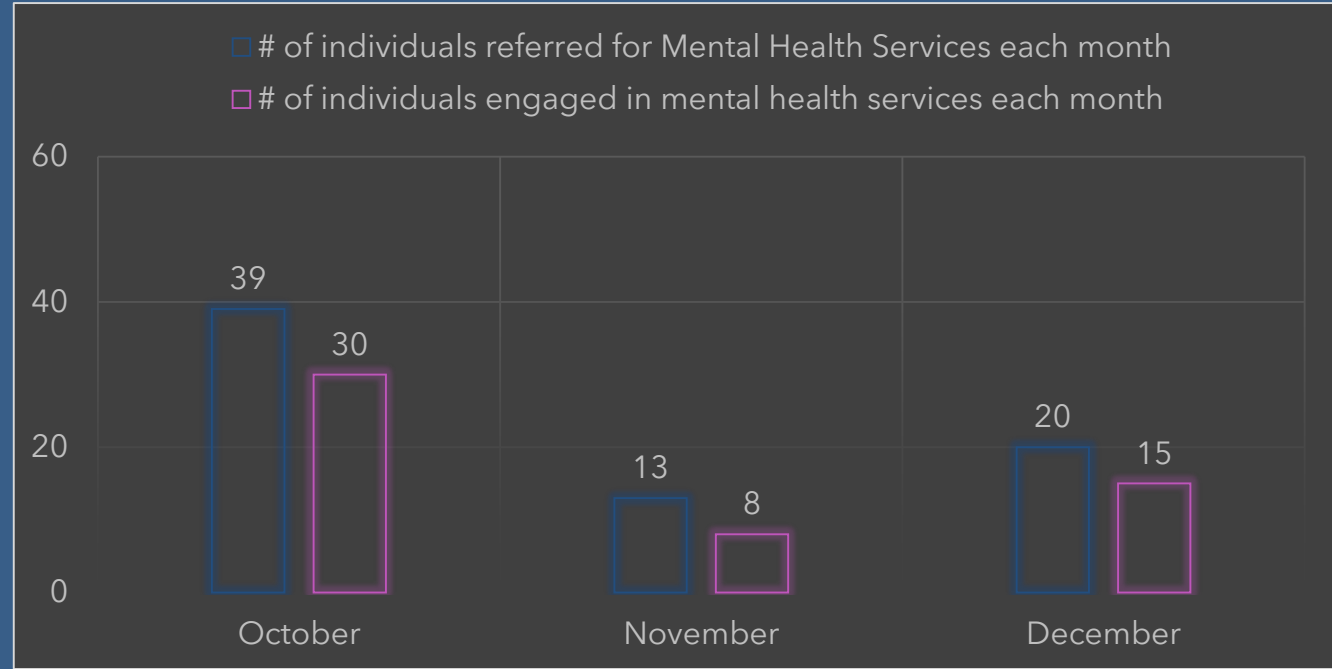


RESULTS OF ACTION TAKEN

For Q2, 71% of individuals who were referred for Mental Health Services engaged in Services for the quarter, 29% did not engage

DATA

In Quarter 2
(October- December 2022),
71% of individuals who
were referred for Mental
Health Services engaged in
Services for the quarter,
29% did not engage



The background is a complex geometric composition. It features a grid of squares and triangles in shades of blue, pink, and purple. Overlaid on these are various patterns: concentric circles, parallel lines, and a grid of dots. A white horizontal line with a circular dot at its end extends from the left side of the image towards the center. The word "QUESTIONS?" is written in large, bold, white capital letters on the right side of the image.

QUESTIONS?

SUD Outcome Measures MAT

**System Quality Improvement Committee
March 27th, 2023**

Overview

- Why this goal was created
- Successes
- Future outlook

Why track MAT services?

- Medication Assisted Treatment (MAT) is a service that includes medications for opioid use disorders along with behavioral health counseling.
- Reducing stigma and increasing access has been one of the department's goals since 2018 when the Opioid Response Plan was created
- The Drug Medi-Cal Organized Delivery System called for expansion of options for MAT in methadone clinics and outpatient programs

Successes

- Since inception, this goal has provided great information about the increase in available MAT options in the community including:
 - Having all required medications available at Narcotic Treatment Programs
 - MAT in Primary Care
 - CA Bridge programs in hospital emergency rooms
 - Outpatient MAT for Good Samaritan detox patients

Successes

- Ongoing collaborative relationship with Clinica Sierra Vista
 - Development of referral form for easier access/follow up
 - Expansion of naloxone training and distribution efforts
- Continued utilization of MAT services higher in Kern than statewide
 - EQRO data: Kern beneficiaries had a rate of utilization at 13%, California had 5%.

Successes

	Jul -22	Aug-22	Sep-22	Oct -22	Nov-22	Dec-22	Jan -23	Feb-23	Mar-23	Apr-23	May-23	Jun -23	Total
Referred to CSV by KernBHRS	52	38	30	30	21	20	27	29					247
Referred to Omni by KernBHRS	3	4	1	3	0	1	0	5					17
Referred to CSV by Providers	1	3	4	2	6	14	4	5					39
Referred to Omni by Providers	0	1	0	0	1	4	1	1					8
Referred to Other by Providers	9	9	12	15	14	12	6	15					92
Totals	65	55	47	50	42	51	38	55					403

Future Outlook

- Continued collaboration with primary care partners, managed care plans to increase utilization and remove barriers to care
- Continue to find opportunities to educate medical providers, staff and the public about MAT and its effectiveness
- Increase number of providers with recent change in prescribing regulations
- New Outpatient MAT program coming in June of 2023

Questions?

Ana Olvera, LMFT

SUD Administrator

aolvera@kernbhrs.org

April 2023

CFLC Class Schedule

The Consumer Family Learning Center (CFLC) is offering peer-led classes and support groups **virtually & IN-PERSON!** These groups are for adults only, and class sizes are limited to 18 attendees. Individuals must become a member before starting a group. To join virtual groups, members must be able to join Microsoft Teams from a computer or smart phone. Participation in a class will not be anonymous. **To become a member or for more information, call the CFLC at 661-868-7550.**



MONDAY

Beginners Guitar
In Person 10-10:30 a.m.

Basic Computers
In Person 10:30 a.m.-11:30 a.m.

A Better You
10:30 a.m. – Noon
Via Microsoft Teams

Seeking Safety (Women's Group)
1-2:30 p.m. Via Microsoft Teams

Men's Maverick Group
1-2 p.m. Via Microsoft Teams

Seasons Change: Living with Bipolar Symptoms
In Person 2-3 p.m.

Compartir la Ansiedad
3-4:30 p.m. Microsoft Teams

Communication Building Blocks
5-6 p.m. Hybrid

TUESDAY

Collage for Healing
In Person 10-11 a.m.

Manejo del Estrés (Spanish)
10:30 a.m. – Noon
Via Microsoft Teams

Depression Management
1-2 p.m. Via Microsoft Teams

Recovery in Action Group Process
1-2:30 p.m. Hybrid

Open Sewing Lab
In Person 1-3 p.m.

Overcoming Anxiety
5-6 p.m. Via Microsoft Teams

WEDNESDAY

Open Computer Lab
In Person 10-10:30 a.m.

Apoyo Emocional (Spanish)
10:30 - 11:30 a.m. Via Microsoft Teams

Peer Support for Beginners
1-2 p.m. Via Microsoft Teams

Recovery in Action Education Class
1-2:30 p.m. Hybrid

Peer to Peer Group
In Person 1-3 p.m.

Loss & Healing: The Process of Healing
3-4:30 p.m. Via Microsoft Teams

Overcoming Anxiety
4-5 p.m. Hybrid

Meditation for Healing
In Person 5- 6 p.m.

THURSDAY

Un Riconsito para Meditar y Sanar (Spanish)
10:30 a.m. – Noon Via Microsoft Teams

Schizophrenics Anonymous
In Person 10:30-11:30 a.m.

Art for the Soul
In Person 10:30 a.m. - Noon

Preventing Mental Health Relapse
1-2 p.m. Via Microsoft Teams

Recovery in Action Life Skills
1-2:30 p.m. Hybrid

Open Sewing Lab
In Person 1-3 p.m.

Depression Management #2
2-3 p.m. Via Microsoft Teams

Stress Management
5-6 p.m. Via Microsoft Teams

FRIDAY

Me, you, Recovery Group
In Person 10-11 a.m.

Mujeres Invencibles
10:30 a.m. - 12 p.m. Hybrid

DBT Skills Group
1-2 p.m. Via Microsoft Teams

LGBTQ Support Group
In Person 2-3 p.m.

Conflict Resolution
2:30-4 p.m. Via Microsoft Teams

Movie Night
In Person 4-6:30 p.m.

SATURDAY

Recovery International Peer to Peer/CBT
In Person 10:30 a.m. - 12 p.m.

Art for the Soul #2
In Person 10:30 a.m - 1 p.m.

Recovery in Action classes are held on Tuesday, Wednesday and Thursday.
Attendance is only available after orientation with Jon Casida. For more information, call 661-868-7567.



Crisis Hotline 1-800-991-5272
Suicide & Crisis Lifeline: 988
Substance Use Division Access Line: 1-866-266-4898
KernBHRS.org

