

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

Monday, October 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:

Abigail De La Cerda Orozco	Camden Trapp	Gregory J Gonzalez	Kimberlyn	Nasya Hammond Watson
Alan Rodney	Christopher Garcia	Gricel Mondary	Lesleigh Davis	Natalia Gonzalez
Alexander Lopez	Claytranique Johnson	Hannah Garber	Leslie Luna	Rosi Granados
Andrea M. Dabrushman	Cynthia Jackson	Heather Plaza	Lynnette Jones	Tammy Cates
Arthur Morato	David Kessler	Joel Monroy	Magdalena Pruitt	TaRissa Reilly
Barbara Paradise	Dian Schneider	Jon Casida	Mary Lucas	Vivian Reyes
Breanna Barajas Rodriguez	Francisca E. Quiroz	Juan Carlos Gonzalez	Monique Rivera	

1. Welcome and Introductions – David Kessler introduced himself and welcomed the attendees.
2. Review and approval of the previous meeting minutes – Camden Trapp motioned to accept; Tammy Cates 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. Medication Monitoring – Clay Johnson
 - i. Clay reviewed the handout which covered medication monitoring to ensure our providers are following safe and effective prescribing practices (State mandated to review at least one chart per provider per year, and department requires a review of 85% or higher), monitoring criterion, AIMS: Abnormal Involuntary Movement, 90-day reevaluation for each patient, chart review form (Has the patients protected information), and data review. There were no questions.
 - B. Consumer & Family Services (LRS) – Andrea Dabrushman
 - i. Andrea reviewed the handout which covered; about the report overview (LRS is done monthly by telephone for both MH and SUD), standards (determines the client satisfaction/perception), methodology response, overall satisfaction rates (must maintain a minimum of 85% benchmark), annual satisfaction rates for FY 22-23 is at 93% an improvement of 3% from last fiscal year, data review, and contact information. MH Consumer Perception Survey-CPS is administered once a year in the month of May. SUD Treatment Perception Survey-TPS is administered once a year in the month of October. There were no questions.
 - C. Credentialing – Natalia Gonzalez
 - i. Natalia reviewed the handout which covered; where the requirement comes from (Started 4 years ago from DHCS with the aim to align Medicaid manage care regulation with the requirements for other major sources of coverage, MH and SUD require the adherence to standard Medi-Cal regulations.) who it applies to (Everyone licensed, waived or registered MH providers and SUD providers), and credentialing information data for 22-23 & FY 23-24 (YTD). Credentialing practices have existed for many decades in the medical field but are brand new to MH and SUD services. Credentialing is required at the time of hire and every 3 years thereafter. There were no questions.
6. Kern Behavioral Health and Recovery Services (KernBHRS) – Current Project and Issues
 - A. Quality Improvement Division – Lesleigh Davis
 - i. Many initiatives coming down from the State are still in the legislative phase and will eventually have an impact on our service delivery systems. QID can have a Policy Analyst do a presentation on some of these initiatives if the committee has a desire to hear more.

- ii. DHCS (Department of Health Care Services) has revised the timeliness standards that dictate the timeframes clients need to access services. The Tracking log we use was updated to assist with tracking to submit to the State.
- iii. We received our reports from our External Quality Reviews for MH and Drug Medi-Cal-Organized Delivery System (DCM-ODS) plans. The reports were complimentary of our strengths within our systems. We have 5 recommendations we will be addressing this year.
- iv. The DMC-ODS plans and Substance Abuse Block Grant (SAB-G) services review with DHCS is this January.
- B. Department Supports Administration – Dian Schneider
 - i. There were no updates at this time.
- C. Substance Use Division – Gregory Gonzalez
 - i. There were no updates at this time.
- D. Adult System of Care – Joel Monroy
 - i. There were no updates at this time.
- E. Children’s System of Care – Vivian Reyes
 - i. Rapid Suicide and Reporting Response Team is partnering with Public Health on a grant to increase coordination and response for crisis care and intervention for youth. There has been an increase in youth accessing crisis services, YOUTHWRAP team, both internal and providers, are currently intervening. The grant will increase the ability to identify and intervene proactively with the youths and their families. This grant is an ongoing project and will be updated in the future.
 - ii. Pre-release services for youth Justice Involved individuals. Previously, services in the Justice facilities were not paid for by Medi-Cal, but there is legislation that will be changing our ability to provide services and to bill for 90 days pre-release. CSOC will be able to introduce an in-haste Care Manager through the Manage Care plans to help coordinate services as youth are being released.
 - iii. Rosi Granados will replace Vivian Reyes as representative for CSOC.
- F. Kern Linkage Division - Arthur Morato
 - i. Homeless Adult Team (HAT) Elida Guzman – Supervisor.
 - ii. HAT is stationed at all shelters- Brundage Lane Navigation Center (BLNC) and M Street Navigation Center (MSNC). Screening clients at the Mission and Open-Door Network- Females shelter in Bakersfield. We have Correctional Behavioral Health (CBH) staff at Lerdo. To re-engage clients to their appropriate teams and/or if a client is not found, please check with HAT and CBH staff.
 - iii. KLD participated in Veteran’s Stand Down.
 - iv. Welcome visits to all facilities and Lerdo for re-engagement purposes. Please contact CBH to set up a date and time.
- G. Crisis Services Division – Alan Roney
 - i. Grisel Mondary, Ravandeep Kaur, and Geoff Oehler are with PEC. Geoff is over EDRT (Emergency Department Response Team), Alan Roney- CWIC Supervisor, Maria Vasquez is CCMO Supervisor, Yessenia Nunez-Gonzales- IPU Supervisor, Francisco Fuentes and Fernanda Ramirez -MET Supervisors, Javon Kemp and Ellen Eggert- Hotline Supervisors
 - ii. Mary K Shell will have updates to the facility which will limit some of the capacity to Crisis Services, there will be more information in the future.
- H. Medical Services Division – Francisca Quiroz
 - i. Specialty Services will be interviewing for a new supervisor, in the Interim, Allissa Lopez and Jose Gomez are supporting the team.
 - ii. Early Psychosis is being covered by Ashley Jones for an interim period while the permanent supervisor is out.
 - iii. MA day was 10/18, celebrate your Medical Assistants!
- I. Consumer Family Learning Center – Tammy Cates
 - i. Groups are being conducted in-person and online. The calendar can be found on SharePoint.
 - ii. Once or twice a month a specialty event is held.
 - iii. Festive interactions – Flyer will be sent.
- 7. Mental Health Contract Providers – Current Project and Issues
 - A. College Community Services (CCS) – Barbara Paradise
 - i. Trunk or Treats – Lake Isabella October 27th.
 - B. Child Guidance Clinic (CGC)
 - i. There was no representative in attendance.

- ii. There were no updates at this time.
- C. Clinica Sierra Vista (CSV) - Mary Lucas
 - i. There were no updates at this time.
- D. TurnBHRS/Mental Health Systems – No representative
 - i. There were no updates at this time.
- 8. Substance Use Division Contract Providers – Current Project and Issues
 - A. College Community Services- Barbara Paradise
 - i. Early intervention group for the SUD Lake Isabella.
 - B. Clinica Sierra Vista- Abigail De La Cerda Orozco
 - i. New therapist at the Delano site for in-person support for clients.
 - ii. About a month ago started family therapy.
- 9. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
- 10. Adjourn – Next scheduled meeting: **January 22, 2024, at 4:00-5:00 PM**, will be virtual via Teams.

This meeting is MH UR Code 3

Kern BHRS

Credentialing

Where did this requirement come from?

Final Rule Changes

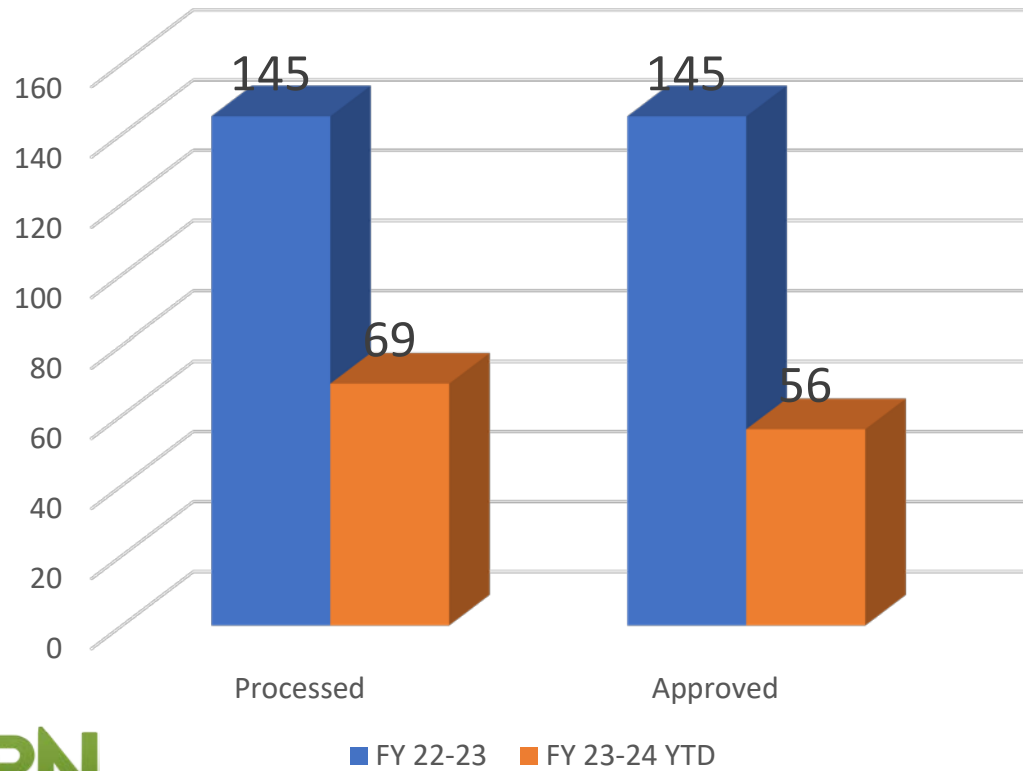
- Aimed to align Medicaid managed care regulations with requirements for other major sources of coverage
- Parity rules that expanded Mental Health and Substance abuse services also required KernBHRS to adhere to standard Medical regulations, one being Credentialing
- Credentialing practices have existed for decades in the medical profession, brand new to MH and SUD services

Who does this apply to?

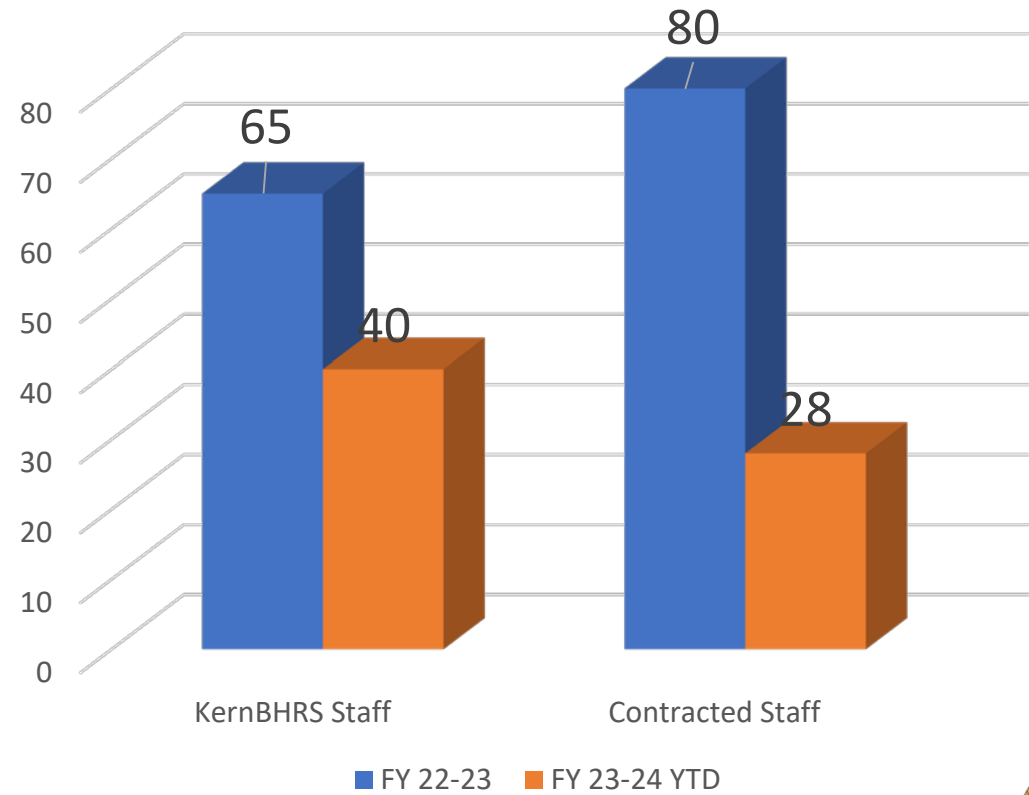
- All licensed, waived or registered mental health providers and licensed substance use disorder services providers.
- Employees of KernBHRS and contracted providers
- Required at the time of hire and every 3 years after – we are currently in the reappointment process as we have hit the 3-year mark

Credentialing information FY 22-23 & FY 23-24 (YTD)

Total number of applications



Credentialed Staff





Local Recovery Survey

2022-2023

OVERVIEW

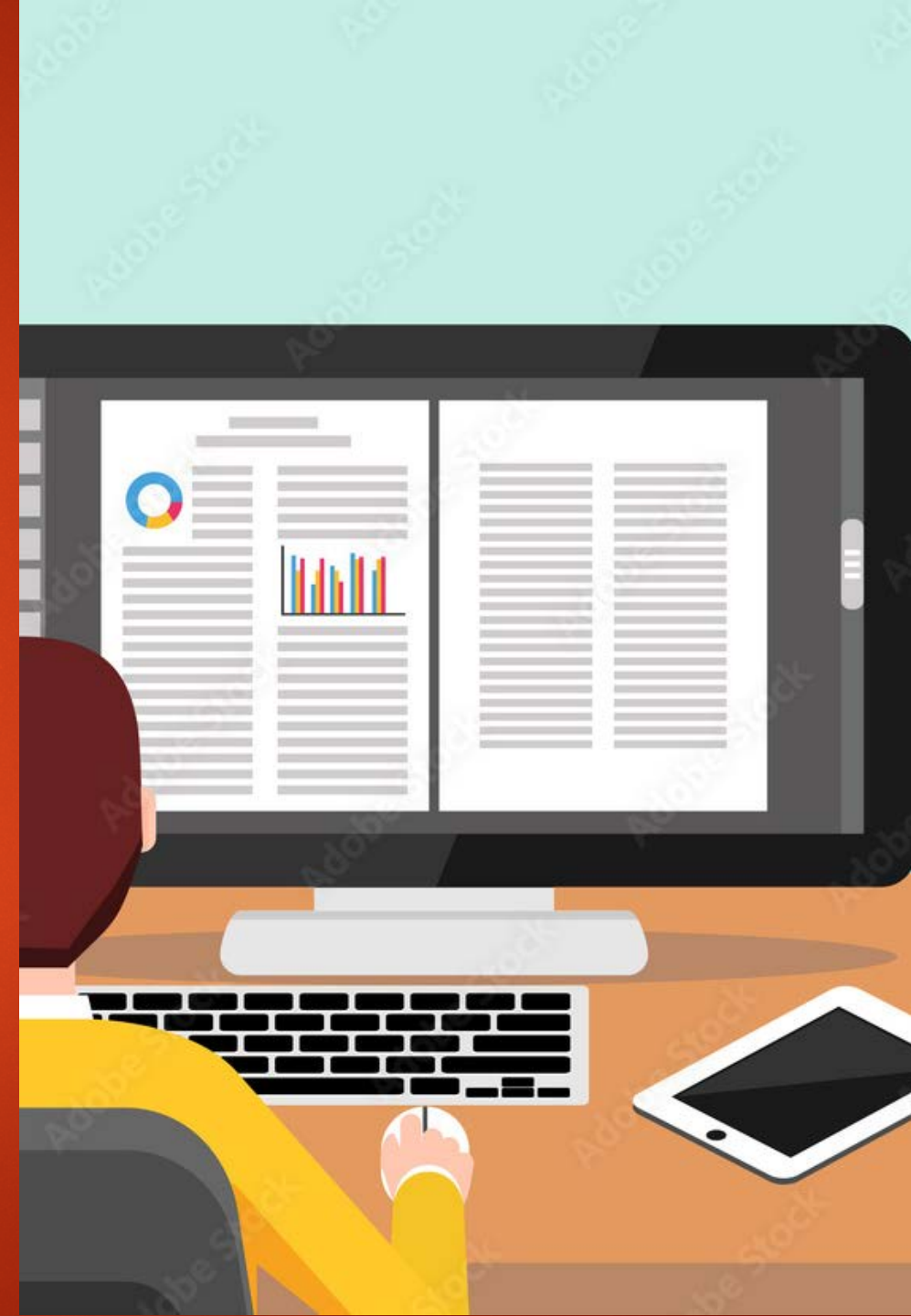
ABOUT THE REPORT

OVERVIEW

▶ THE LOCAL RECOVERY SURVEY (LRS) ASSESSES CONSUMER PERCEPTION RELATED TO RECOVERY PRINCIPLES, ACCESS TO CARE, AND PROGRESS IN TREATMENT. THE LRS'S BRIEF FORMAT AND SIMPLISTIC QUESTIONS, ALL RELATED TO CONSUMER SATISFACTION AND DEMOGRAPHICS, TAKE APPROXIMATELY TWO MINUTES TO COMPLETE VIA TELEPHONE. THE LRS ALLOWS FOR INSTANTANEOUS RESULTS AND GIVES CLIENTS THE OPPORTUNITY TO PROVIDE FEEDBACK THROUGHOUT THE YEAR.

▶ BOTH MENTAL HEALTH PLAN (MHP) AND SUBSTANCE USE DISORDER (SUD) CLIENTS ARE INCLUDED IN THE LRS SURVEYING PROCESS.

▶ CLIENTS FROM ONE HUNDRED TWENTY-EIGHT INDIVIDUAL TEAMS WERE SURVEYED THROUGHOUT THE YEAR, INCLUDING 98 MHP TEAMS AND 30 SUD TEAMS. A TOTAL OF 814 ADULT CLIENTS, 43 YOUTH CLIENTS, AND 663 PARENTS OR GUARDIANS OF YOUTH CLIENTS WERE SURVEYED DURING THE FISCAL YEAR BEGINNING 7/1/22 AND ENDING 6/30/23.



LRS STANDARD

OVERVIEW:

TO DETERMINE CLIENT SATISFACTION AND OTHER AREAS OF CONSUMER PERCEPTION RELATED TO RECOVERY PRINCIPLES, ACCESS TO CARE, AND PROGRESS IN TREATMENT

STANDARD:

RESPONSE RATE: MH AND SUD SUBUNITS WILL SURVEY 5% OF THEIR CASELOAD BIANNUALLY, RESULTING IN 10% ANNUALLY

SATISFACTION RATE: MH AND SUD SUBUNITS WILL MAINTAIN A MINIMUM OVERALL SATISFACTION RATE OF 85% BASED ON THE SEVEN (7) LIKERT SCALE QUESTIONS, WHICH ARE QUESTION NUMBERS 4-10 IN EACH SURVEY.

DATA SOURCES:

LOCAL RECOVERY SURVEY (LRS)

CERNER, WHICH IS USED TO DETERMINED CASELOAD SIZES (NOW SMARTCARE)



LRS METHODOLOGY

RESPONSE RATE:

THE NUMERATOR IS THE NUMBER OF COMPLETED SURVEYS. THE DENOMINATOR IS THE TOTAL CASELOAD AT A POINT IN TIME DETERMINED BY THE QUALITY IMPROVEMENT DIVISION (QID). AS AVERAGE CASELOADS FLUCTUATE THROUGHOUT THE YEAR, THE FOLLOWING FORMULA IS USED:

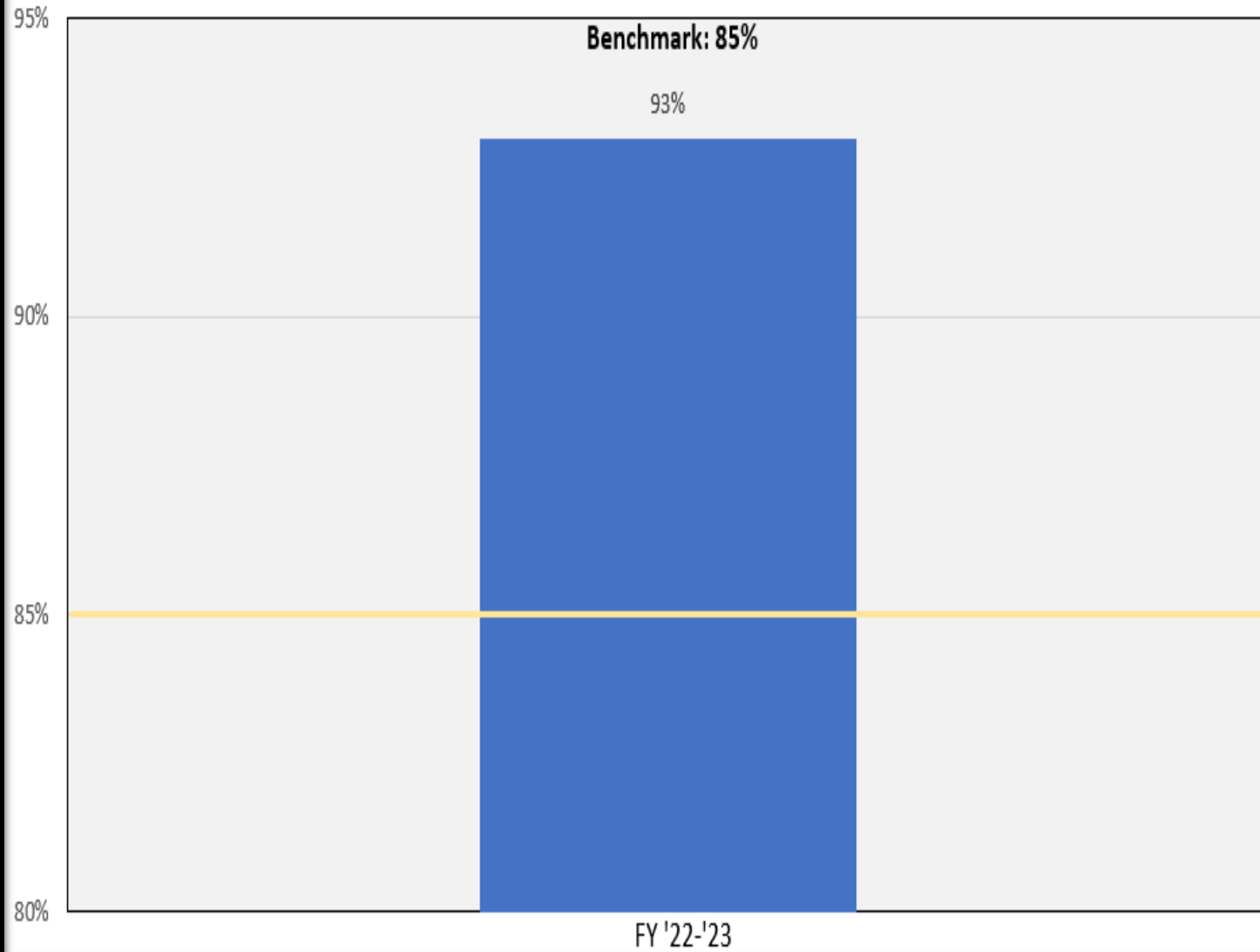
- ▶ ANNUAL CASELOAD NUMBER (FROM CLIENT ROSTER REPORT) MULTIPLIED BY .10 (TEN PERCENT) = X. X EQUATES TO 10% OF A TEAMS' ANNUAL CASELOAD, WHICH IS OUR BENCHMARK.
- ▶ X DIVIDED BY 2 (MONTHS PER YEAR WE WILL SURVEY THE TEAM) = Y, WHICH IS THE NUMBER WE MUST RECEIVE COMPLETED SURVEYS FROM BIANNUALLY.

DIVIDE THE NUMBER OF COMPLETED SURVEYS (NUMERATOR) BY THE BENCHMARK (DENOMINATOR).

SATISFACTION RATE:

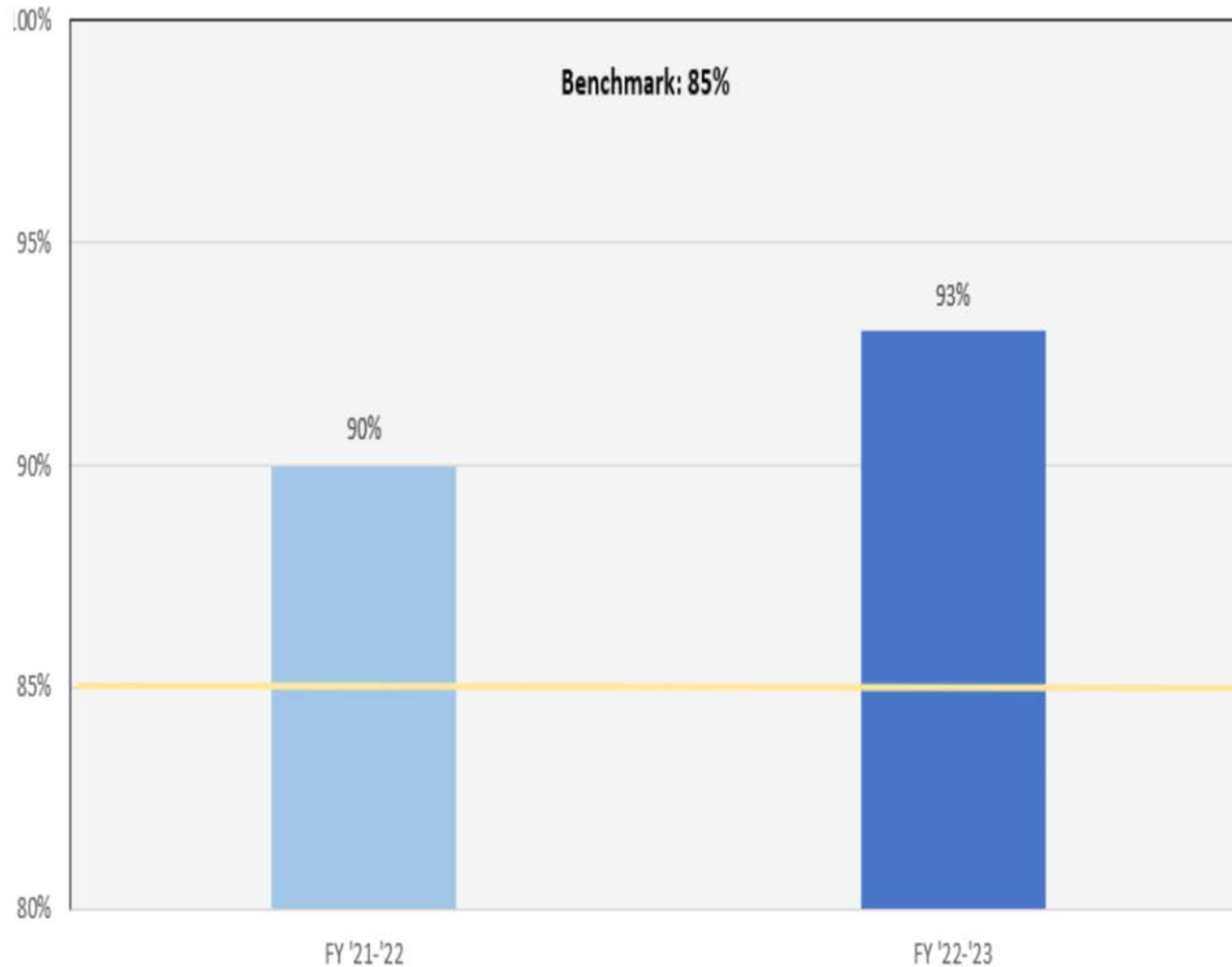
- ▶ THE NUMERATOR IS THE SUM OF CLIENTS WHO RESPONDED "STRONGLY AGREE" OR "AGREE" TO THE FIRST QUESTION OF THE LRS, WHICH IS, "OVERALL, I AM SATISFIED WITH THE SERVICES I RECEIVED." THE DENOMINATOR IS THE NUMBER OF RESPONSES TO THE FIRST QUESTION OF THE LRS, EXCLUDING RESPONSES OF "NOT APPLICABLE."
- ▶ DIVIDE THE SUM OF RESPONSES OF "STRONGLY AGREE" AND "AGREE" (NUMERATOR) BY THE TOTAL NUMBER OF RESPONSES, EXCLUDING RESPONSES OF "NOT APPLICABLE" (DENOMINATOR).

Local Recovery Survey
FY '22-'23



Overall
Satisfaction
Rate

Local Recovery Survey Annual Results



Annual
Satisfaction
Rates

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