



## Kern County Behavioral Health Board System Quality Improvement Committee

Monday, February 28<sup>th</sup>, 2022

4:00-5:00 PM

Virtual Meeting VIA Teams

### Meeting Minutes

*The mission of the SQIC 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.*

**Present:**

Alexandra White, <i>Guest</i>	John French, <i>KernBHRS-SUD Specialty Services</i>	Selma Gonzalez, <i>KernBHRS-QID Support</i>
Celena Alvarez, <i>KernBHRS-DATA</i>	Karina Leonzo-Castillo, <i>KernBHRS- Doc Comp</i>	Shanda Henry, <i>KernBHRS-CDA</i>
David Amaya, <i>CGC</i>	Kimberlyn Sandoval, <i>CGC</i>	Shannon Tolar, <i>KernBHRS-RSA</i>
David Kessler, <i>BHB Member</i>	Lesleigh Davis, <i>KernBHRS-QID Administrator</i>	Tammy Cates, <i>KernBHRS-SET</i>
Dian Schneider, <i>BHB Member</i>	Marcy Mathis, <i>CGC</i>	Todd Spath, <i>CCS</i>
Eryka Campos, <i>KernBHRS-CMR</i>	Noel Perez, <i>CSV</i>	Veronica Camarillo, <i>KernBHRS-CMR</i>
Estrella Amaro, <i>KernBHRS-Cultural Comp</i>	Rafael Lopez, <i>KernBHRS-QID SUD</i>	Vivian Reyes, <i>KernBHRS-Youth MIST</i>
Heather Plaza, <i>CSV</i>	Raquel Lopez, <i>CGC</i>	Yvonne Villa, <i>CCS</i>
Ivan Carrasco, <i>KernBHRS-DATA</i>	Rashawna Schumacher, <i>CGC</i>	

1. Welcome and Introductions – Lesleigh Davis welcomed the attendees.
2. Review and approval of the previous meeting minutes. – John French motioned to accept, and Vivian Reyes seconded.
3. Public Comment – No public comments were made at this time.
4. New Business – There was no new business to be discussed at this time.
5. Guest Presenter – Documentation Timeliness – Karina Leonzo-Castillo
  - A. KernBHRS has a standard in documentation of services, after a certain number of days services can't be billed to the state, accuracy in documentation is also correlated with the time it takes someone to document services. In August 2021 the standard became, 85% of notes need to be done in 0-5 days and, 100% of notes need to be done in 0-14 calendar days. Doc. Comp. conducts monthly audits, any team that has notes approved after 14 days receives a Corrective Action Plan (CAP). If any staff shows up in the monthly reports for 3 consecutive months, there is a meeting with the staff supervisors, and administrators to help staff meet the standard. The grand total of monetary loss in 2021 was \$298,549.51. The state is setting specific timeliness of documentation standards as 3 days for regular services, and 24 hours for crisis services, these go into effect 7/1/2022. CAPs will continue for teams. Concurrent Documentation is recommended and should be common practice for all providers.
6. Guest Presenter – Cultural Competence Plan – Estrella Amaro
  - A. The Cultural Competence Plan is used as a tool for tracking and goal setting, anyone can participate, no degree is required. Cultural Competence is all of our responsibility. On a National level this is guided by Culturally and Linguistically Appropriate Standards (CLAS), and Title V, Civil Rights Act. On a State level this is guided by Cultural Competence Plan Requirements (CCP-R), Drug Medi-Cal Organized Delivery System (DMC-ODS), California Advancing and Innovative Medi-Cal (CalAIMS). History, research, and current events show why this is necessary. Through this plan we have learned that Spanish, Farsi, ASL, and Punjabi were the most requested translation services. Some future plans are a compass newsletter, collaboration for API and support for interpreters.



7. Guest Presenter – Barriers – Celena Alvarez
  - A. QID DATA has been researching improvement opportunities within the system, the below questions were created as a way to see what staff and clients have to say regarding barriers to receiving treatment. Please reach out to [QIDData@KernBHRS.org](mailto:QIDData@KernBHRS.org) for any discussion on these [barrier questions](#).
  - B. *What problems are faced in delivering treatment?*
    - i. Transportation, lack of understanding of clinical conversations.
  - C. *What keeps clients from getting better?*
    - i. Clients being exited from services when they are benefiting from them.
8. Quality Improvement Division – Lesleigh Davis
  - A. The Drug Medi-Cal Organized Delivery System (DMC-ODS) review with the state will be coming up in the next couple months.
  - B. The biggest changes coming from Cal-Aims that will be affecting services is changes in Medical Necessity, if anyone has questions regarding these changes, they can contact Karina Leonzo-Castillo.
  - C. The Treatment Perception Surveys (TPS) responses showed 92% satisfaction.
9. Department Supports Administration – Chelcy Gibbons
  - A. Multicultural Clinic Supervision has been filming presentation, and then will conduct consultations with the group.
  - B. In Person meetings could be returning, there will be more information in the future.
  - C. Estrella Amaro shared that they had participated in the Mental Health Services Act (MHSA) community forum discussing the Cultural Competence Plan. Those who contributed in the development will be contacted soon for progress from quarter 1 and 2.
  - D. There will be a multi county event focusing on Asian and Pacific Islander Mental Wellness on May 20<sup>th</sup>, 2022, during the May is Mental Health Month Programming.
10. Substance Use Division
  - A. There was no one available to report at this time.
11. Adult System of Care – John French
  - A. The Adult Redesign Team which is part of the Specialty Services Team has completed the first phase of training and implementation across the Metro Bakersfield adult outpatient team. They have now entered the phase of adult enrichment process, which will be focused on creating consistent and efficient services.
  - B. The Specialty Services Team internship program has worked with the Center of Sexuality and Gender Diversity, to provide over 6 KernBHRS staff the opportunity to receive training and work with the center, this will also be opening up to contract providers as well in the future.
  - C. Individual Placement and Support team (IPS) has reached the 1-year anniversary. Over 300 contacts have been established, there has been over 17 success stories and 2 graduations. There has also been a feature in the media.
  - D. Eye Movement Desensitization and Reprocessing (EMDR) treatment program has 20 fully trained EMDR Clinicians serving both children and adults, with the opportunity of training more clinicians.
  - E. Eating Disorder consult program has allowed consults with an eating disorder therapist. ASOC has been working closely with the therapist to develop annual training.
  - F. Due to the high demand of Dialectical Behavioral Therapy (DBT); programs have expanded to include another DBT skills group per week allowing 6-8 more clients per co-hort.
12. Children’s System of Care – Vivian Reyes
  - A. The Family First Preventive Services Act continues to be implemented.
  - B. CSOC continues to work with probation and Department of Human Services (DHS) towards improvement.
  - C. There is a new state mandate requiring a mental health clinician to complete a very involved assessment to help determine needs and to help the child thrive in a family environment.
  - D. A foster parent training was just completed where 5 new foster parents were recruited for the program to ensure services are being provided to help the children stay in homes with families.
  - E. Outreach at the schools has continued with schools resuming in person learning. We are currently implementing the Mental Health Student Services Act with the Superintendent of Schools.
13. Kern Linkage Division
  - A. There was no one available to report at this time.

14. Crisis Services Division
  - A. There was no one available to report at this time.
15. Medical Services Division
  - A. There was no one available to report at this time.
16. Recovery Support Administration – Tammy Cates
  - A. The Self-Empowerment Team continues working remotely, and the Recovery Station is working out of the Consumer Family Learning Center (CFLC).
17. Consumer Family Learning Center
  - A. There was no one available to report at this time.
18. Clinica Sierra Vista – Heather Plaza
  - A. There were no updates at this time.
19. College Community Services
  - A. Marcy Mathis from Tehachapi introduced herself and had no updates at this time.
20. Child Guidance Clinic
  - A. Rashawna Schumacher introduced herself as a therapist. They have reopened their walk-in assessment process allowing quicker access to care for clients.
21. Mental Health Services
  - A. There was no one available to report at this time.
22. Substance Use Division Contract Provider
  - A. There was no one available to report at this time.
23. Recommendations for Quality Improvement Committee (QIC)
  - A. There were no recommendations for the Executive Quality Improvement Committee at this time.
24. Unfinished Business
  - A. There was no unfinished business to report on at this time.
25. Adjourn – Next scheduled meeting: March 28<sup>th</sup>, 2022 at 4:00-5:00 PM, will be virtual via Teams.

**This meeting is MH UR Code 3**



# **TIMELINESS of Documentation**

2/28/22

# What is Timeliness?

- The time it takes to document a service after it has been provided.
- This is not only entering the note, but also getting it reviewed by a supervisor, and getting it final approved.
- In some instances, this also means completing forms (assessments, treatment plans, psych visit, etc.)

# Why do we Track Timeliness?

- KernBHRS has a standard in documentation of services.
- Services after a certain number of dates are not billed to the state.
- Who here remembers what they had for breakfast on Friday morning?
- Accuracy in documentation is also correlated with the time it takes someone to document their services.
- Access to relevant clinical documentation across the system of care



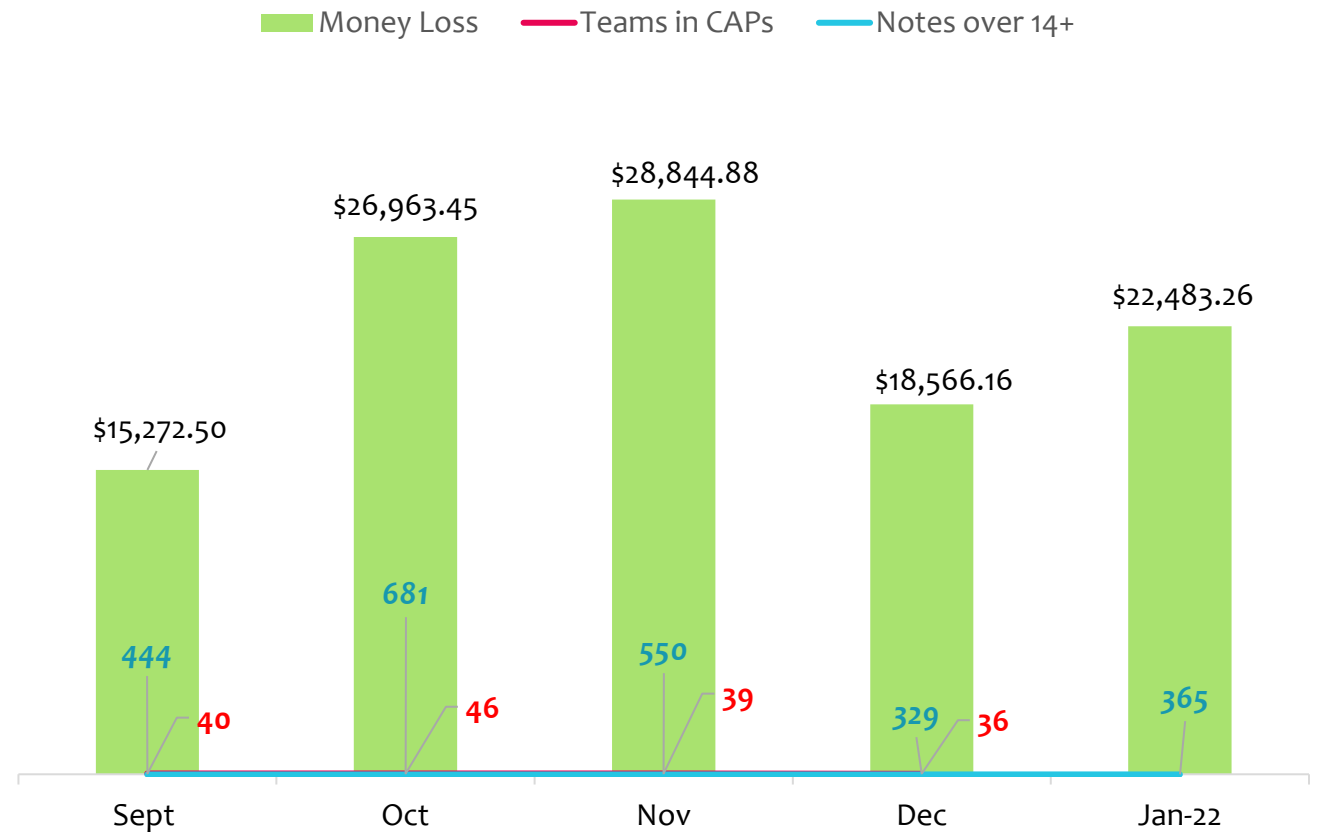
# How is it Measured? & What Happens?

## Documentation Standards

- August 2021 the standard became:
  - 85% of notes to be done in 0-5 days, and
  - 100% of notes in 0-14 calendar days.
- QID Documentation Compliance Team completes monthly audits.
- For any notes approved after 14 days, teams are receiving Corrective Action Plans (CAPS).
- If any staff shows up in the monthly reports for 3 consecutive months, QID meets with staff, supervisors, and administrators to find ways to help staff meet documentation standards.

# Timeliness of Progress Notes

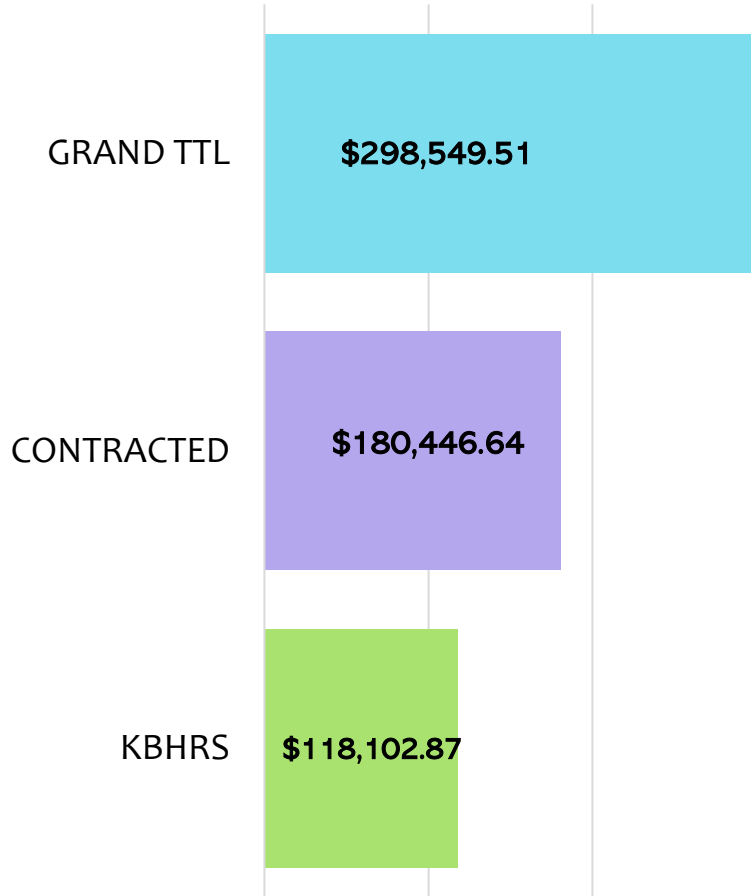
Sept 2021 to Jan 2022



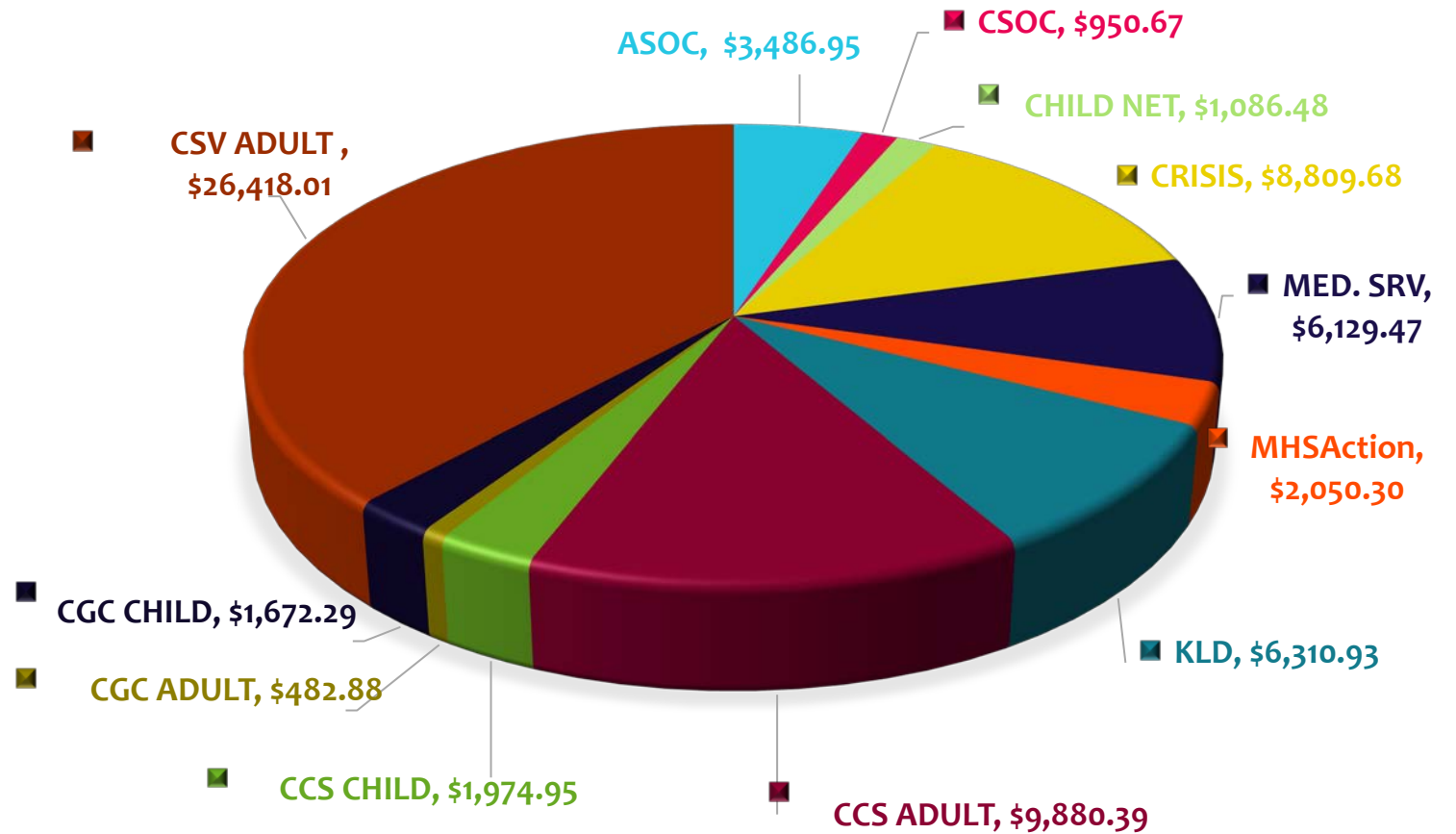
# TIMELINESS OVERALL RESULTS

## DOCUMENTATION REVIEW FINDINGS

### OVERALL 2021 LOSS



### TIMELINESS \$ LOSS PER DIVISION (OCT-DEC 2021)



# What is to come!

- DHCS (State) setting specific timeliness of documentation standards.
  - 3 day for regular services (including assessments)
  - 24 hrs. for crisis services
- New Standard of Timeliness to go into effect 7/1/2022
- CAPs to continue for teams.
- **Concurrent Documentation** is recommended and should be common practice for all providers.



Questions?  
Call Us 😊

# Documentation Compliance Team

Our Help Line:  
(661) 868-6740 Option #5 (MH) #6 (SUD)



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BH Recovery Specialist  
[MRamos@kernbhhrs.org](mailto:MRamos@kernbhhrs.org)  
661-203-7559



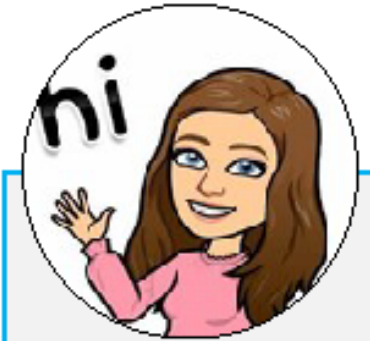
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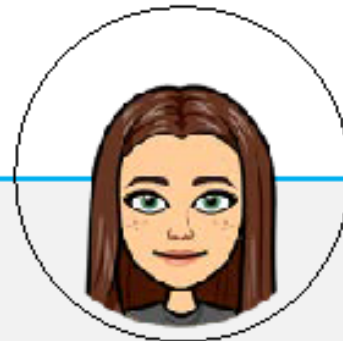
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# Cultural Competence Plan Fiscal Year 2020-2021

Cultural Competence Team

[CulturalCompetence@KernBHRS.org](mailto:CulturalCompetence@KernBHRS.org)

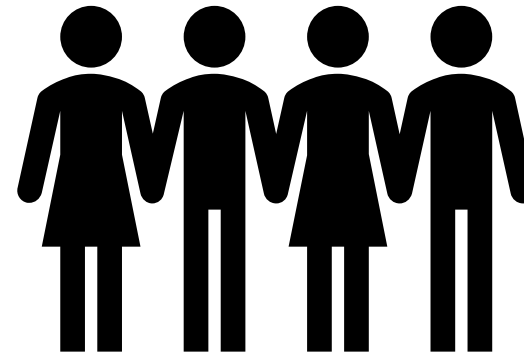
# Who participates in a Cultural Competence Plan? Part 1

## Kern BHRS staff:

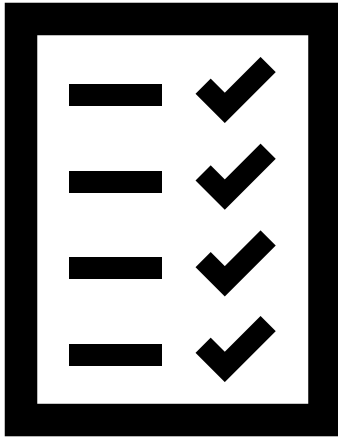
- System of Care
- Divisions

## Kern BHRS Leadership:

- Director & Deputy Directors



# What is a Cultural Competence Plan?



## Tracking Tool:

- Self-measurement
- Local Priorities

## Goal Setting Tool:

- Yearly
- Input & feedback

## Teamwork

# Where is our cultural competence plan used?



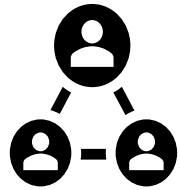
In session  
with clients



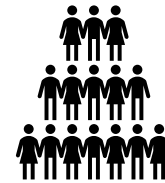
Spoken and  
ASL  
services



All of our  
locations



Hiring,  
training, &  
retention



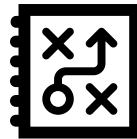
Organization,  
Partnerships,  
Community

# When is our cultural competence plan used?



## Fiscal Year:

- From July 1
- To June 30



## Plan:

- Before end of fiscal year
- Future actions



## Report:

- After end of fiscal year
- Reviewing, Reflecting

# Why is our cultural competence plan used? Part 1



## National:

- Culturally and Linguistically Appropriate (CLAS) Standards
  - Title V, Civil Rights Act



## State:

- **Cultural Competence Plan Requirements**  
**CCP-R**
- Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - California Advancing and Innovating Medi-Cal (CalAIMs)

# Who participates in our Cultural Competence Plan? Part 2



# Why is our cultural competence plan used? Part 2



History



Research



Current  
Events

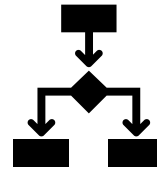
# What have we learned from our Cultural Competence Plan?



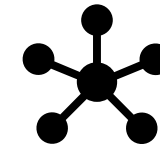
Language:  
1. Spanish  
2. Farsi  
3. ASL  
4. Punjabi



Disability



Outreach



Connection



Further Learning

# What have we learned from our Cultural Competence Plan?



CC Plan  
training  
filmed, 1<sup>st</sup>  
time



HR Virtual  
Recruitment-  
HSI



2 rounds  
internship at  
The Center  
for Sexuality  
& Gender  
Diversity



Pilot  
CIBHS  
Webinars-  
Teleheath

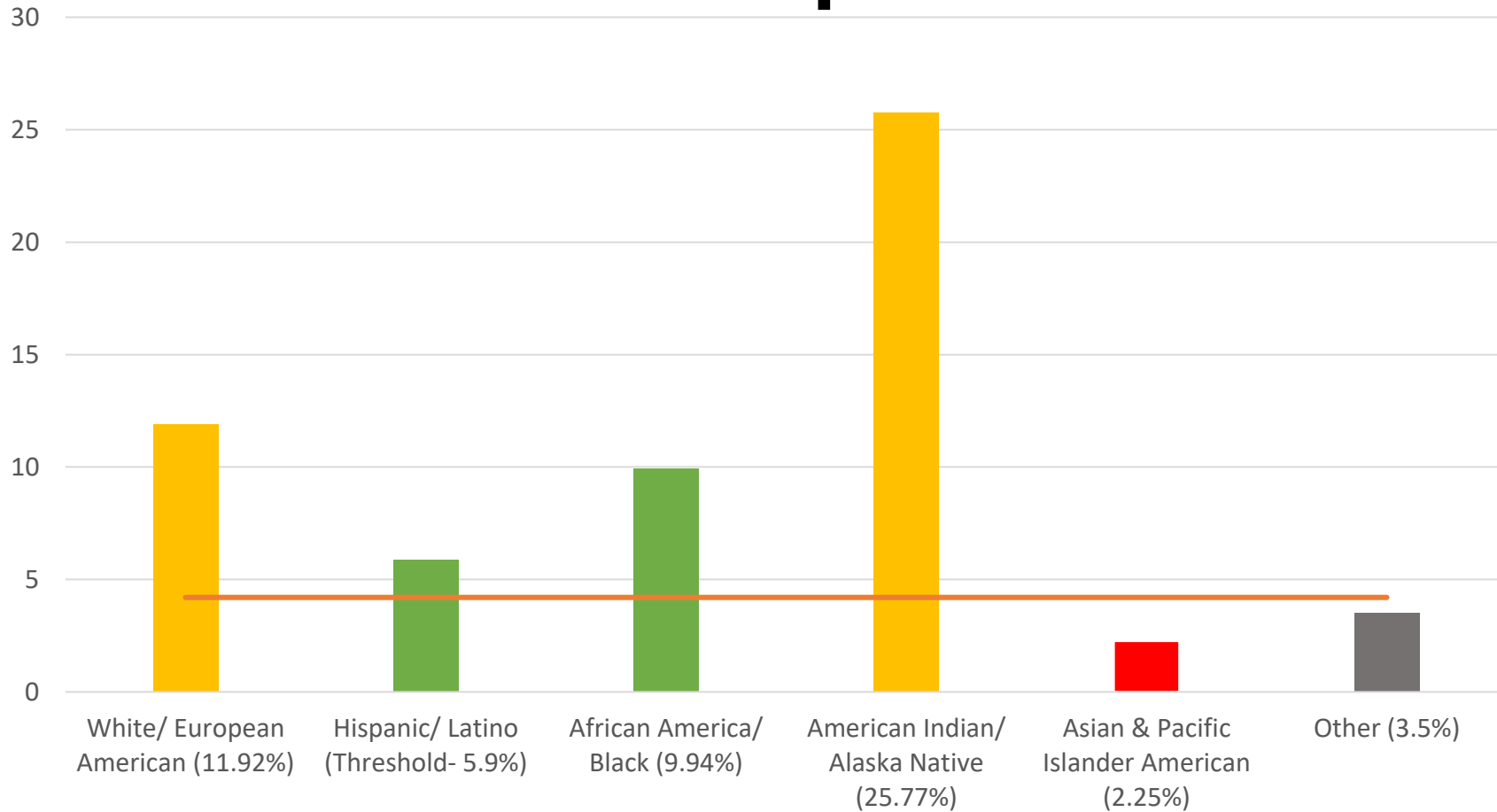


Pilot  
Multicultural  
Clinical  
Supervision

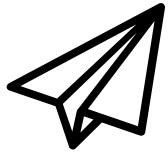


3 Cultural  
Events

# What have we learned from our Cultural Competence Plan?



# What are some Future Directions & Initiatives from our Cultural Competence Plan?



Compass  
Newsletter



+ Collaboration  
for API



+ Support for  
Interpreters



Enhancement to  
O&E, R&R

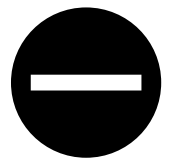
Multicultural  
Clinical  
Supervision



+ Cultural  
Competence  
trainings



+ CC  
Integration  
in SOC



# How can you get involved?

Join the Cultural Competence Resource Committee!

No degree required- all experience welcomed

Meeting information in the chat



Questions? Contact us at  
[CulturalCompetence@KernBHRS.org](mailto:CulturalCompetence@KernBHRS.org)