



Kern County Behavioral Health Board System Quality Improvement Committee (QIC Subcommittee)

Monday, March 28th, 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:

Andrea Dabrushman, <i>KernBHRS-QM</i>	Donna Robinson, <i>KernBHRS-QM</i>	Lesleigh Davis, <i>KernBHRS-QID Administrator</i>
Barbara Paradise, <i>CCS</i>	Gregory Gonzalez, <i>KernBHRS-SUD</i>	Noel Perez, <i>CSV</i>
Chelcy Gibbons, <i>Dept. Supports Admin.</i>	Heather Menzel, <i>CCS</i>	Oni Aboyte, <i>CCS</i>
Courtney Isaac, <i>KernBHRS-Patients' Rights</i>	Heather Plaza, <i>CSV</i>	Perla Campos, <i>KernBHRS-Specialty Services</i>
Cynthia Herrera, <i>CCS</i>	Jennie Sill, <i>KernBHRS-CSOC Administrator</i>	Rashawna Schumacher, <i>CGC</i>
Cynthia Jackson, <i>KernBHRS-QID Support</i>	Jessica Fine, <i>CCS</i>	Shannon Tolar, <i>KernBHRS-RSA</i>
David Amaya, <i>CCS</i>	Jon Casida, <i>KernBHRS-SET</i>	Tracy Lynch, <i>KernBHRS-Executive Admin.</i>
David Kessler, <i>BHB Member</i>	Jose Gomez, <i>KernBHRS-CCMO</i>	Veronica Camarillo, <i>KernBHRS-CMR</i>
Deanna Martinez, <i>CCS</i>	Kimberlyn Sandoval, <i>CGC</i>	Yvonne Villa, <i>CCS</i>
Dian Schneider, <i>BHB Member</i>	Laquesha Wiley, <i>KernBHRS-CEBA</i>	

1. Welcome and Introductions – David Kessler introduced himself and welcomed the attendees.
2. Review and approval of the previous meeting minutes. – Lesleigh Davis motioned to accept, and Yvonne Villa 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 – Children’s Foster Care Penetration Rate – Jennie Sill
 - A. The Workplan for CSOC titled Pathways to Well-Being; focuses on services to foster care youth. The quality improvement goal is to “Increase foster youth penetration rate to an overall monthly average of 50% or greater”. This is achieved mainly by collaborative work with Department of Human Services (DHS).
 - B. The Continuum of Care Reform (CCR) Integration of the Systems of Care started in 2016. The guiding principles are; ensuring service, support and safety needs of the child are met, engagement of family and cross system coordination with Probation and DHS, ensuring continuity of care by engaging family or long-term placement early on, decreasing congregate care in favor of normalizing family like care, transition group home to short term residential treatment programs.
 - C. Intensive Coordination of Care (ICC) tracking has a system standard minimum of 5% of all beneficiaries shall receive an ICC.
 - D. Specialty Multi-Disciplinary Assessment and Referral Team (SMART) has met weekly for over 20 years. This fortifies cross system relationships. In attendance are representatives from all Behavioral Health Providers, Probation, DHS, Public Health and other partners as needed, which facilitates immediate referrals. They focus on Coordination for Child and Family Teams. They review planning and prevention for high-risk youth. They develop plans and processes for stepping down youth. Referral for therapeutic foster homes
 - E. CSOC is contracted 6 short term residential treatment programs; providing intensive technical assistance to programs. CSOC is contracted with ChildNet Youth and Family services to provide Therapeutic Foster Care (TFC). KernBHRS provides Treatment Foster Care Oregon (TFCO) ongoing recruitment, training and 24/7 support.
 - F. Family First Preventative Service Act initiated October 1st, 2021, there are 8 parts of this and right now CSOC is focusing on only 2. Part 1 includes partnering with DHS, KCSOS, and Probation to increase preventive programs and Part 4 includes Qualified individual and High Intensity Wrap Around Services.

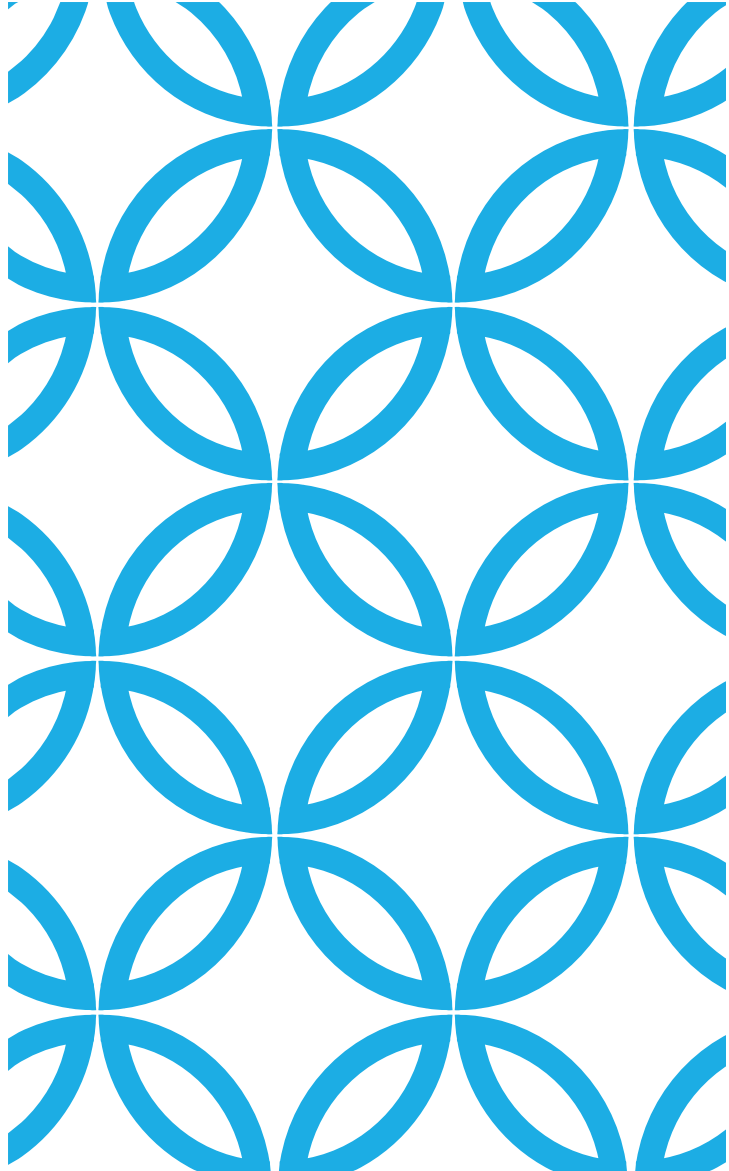


6. Guest Presenter – Consumer Perception Survey (CPS) Results– Andrea Dabrushman
 - A. The CPS is utilized to collect data on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs are required by the Substance Abuse and Mental Health Services Administration (SAMHSA), and receipt of Community Mental Health Services Block Grant (MHBG) funding is contingent upon the submission of this data. Counties are required to conduct the surveys and submit data per §3530.40 of Title 9 of the California Code of Regulations, which requires that semi-annual surveys be conducted. CPS's are administered in the Spring and Fall of each year. CPS's include Adult, Youth, and Youth Families versions in both English and Spanish. Approximately 527 CPS's were completed by consumers in June 2021, with an overall satisfaction rating of 92%.
 - B. Teams are held to a standard which is shown in Policy 11.01.11. The numerator is the sub of consumers who "Strongly Agree" or "Agree" to the first question of the CPS, which is, "I like the services that I received here." The denominator is the number of responses to the first question of the CPS, excluding responses of "Not Applicable."
 - C. The benchmark is 85% and all teams greatly exceeded that benchmark.
7. Quality Improvement Division – Lesleigh Davis
 - A. QID Continues to prepare for the changes that will be coming through California Advancing and Innovating Medi-Cal (CalAIM). The Mental Health (MH) side went through changes to medical necessity criteria, and the Substance Use Disorder (SUD) side is now going through similar changes with Drug Medi Cal-Organized Delivery System (DMC-ODS). There is a federal mandate stating that certain services require treatment plans, and QID is currently working on finding a way to implement and simplify documentation. This new documentation and Electronic Health Record (EHR) are estimated to be implemented in July 2023.
 - B. QID SUD is preparing for the annual DMC-ODS review and Triennial MH review done by Department of Health Care Services (DHCS). These reviews will be happening in June.
 - C. QID is going to be bringing in a national trainer called Collaborative Documentation, which is an evidence-based practice that helps us to align the mission of recovery with documentation.
8. Department Supports Administration – Chelcy Gibbons
 - A. Conducting a series of listening sessions aimed at specific target populations. There was one recently for the Native American population but had a very small turn-out therefore it will be rescheduled. There is two more coming up for Monolingual Spanish community forum, and Hispanic LatinX communities. These are held afterhours due to feedback stating this works better for the community members schedules.
 - B. There is a Central Valley Asian Pacific Islander (API) American Forum with other central valley behavioral health providers focusing on API mental wellness on May 20th, 2022.
9. Substance Use Division – Gregory Gonzalez
 - A. Preparing for DHCS Audit as discussed by Lesleigh during QID Updates.
 - B. Received additional substance abuse block grants which helps provide outpatient treatment services for undocumented individuals who do not qualify for Medi-Cal, this money has been allocated to outlying provider sites and metro Bakersfield which help covers all areas.
 - C. SUD was able to get finances allocated to launch recovery residences; this will fund sober living homes for those clients that were not severe enough for residential but need support as they go through outpatient services.
10. Adult System of Care – Perla Campos
 - A. Individual Placement Support (IPS) pilot program recently completed the first annual fidelity review and the final outcome should be available at the next meeting.
 - B. The Dialectical Behavioral Therapy (DBT) team will be moving back to in-person groups.
 - C. The eating disorder consultant has been working with training services and Felicia Alcaraz to develop an upcoming training tentatively coming out in May.
11. Children's System of Care – Jennie Sill
 - A. CSOC has partnered with ASOC on IPS and one of the youth clients was able to get a job with Tesla.
 - B. Every Kern County School has a mental health provider that can be on the campus. This is important for the students and also families that go to the school as a community hub. An expansion of mental health services and funding from the state has been seen in the last year for schools to develop services ranging from preventative services to more intensive services. CSOC has been working with Mental Health Services Act (MHSA) to set up meet and greets between the schools and behavioral health teams. Bakersfield City School District has recently decided

to implement Prepared Youth Curriculum through the MHSA team which is a stigma reduction and awareness of behavioral health issues and will help to open up conversation for youth clients and families. The student behavioral health incentive program which is state funded and targets infrastructure and gaps.

12. Kern Linkage Division
 - A. There was no one available to report at this time.
13. Crisis Services Division – Jose Gomez
 - A. There were no updates at this time.
14. Medical Services Division
 - A. There was no one available to report at this time.
15. Recovery Support Administration – Jon Casida
 - A. Continuing to be a presence at Green Gardens and Mary K Shell at the Crisis Walk-in Center (CWIC).
16. Consumer Family Learning Center – Jon Casida
 - A. Activities and meetings have continued virtually, currently exploring alternate sites to resume face to face groups.
17. Clinica Sierra Vista – Noel Perez
 - A. There were no updates at this time.
18. College Community Services
 - A. Yvonne Villa – Mojave – Continuing to support in school support groups and working with students and parents.
 - B. Jessica Fine – Ridgecrest – Working towards getting back into the schools. Starting back in the office full-time and working on a building expansion. Collaborating on a
 - C. Kimberlyn Sandoval – Taft – Completed a Narcan drive in Delano and are now partnering with KernBHRS to plan a drive in Wasco and Taft. They will also be hosting an Easter event similar to a trunk or treat. There will be an event for May MH awareness, currently waiting on proposal approval.
 - D. Deanna Martinez – Wasco – There are a few outreach events coming up; Dia De Los Ninos on April 21st, 2022, a Color Run with one of the schools to provide information on services, along with working closely with Wasco Adult to coordinate MH awareness event in May.
19. Child Guidance Clinic – Rashawna Schumacher
 - A. The Adult Crisis services have expanded to include helping discharge clients from the hospitals.
 - B. Group Therapy is resuming in person at multiple sites.
20. Mental Health Services
 - A. There was no one available to report at this time.
21. Substance Use Division Contract Provider
 - A. There was no one available to report at this time.
22. Recommendations for Quality Improvement Committee (QIC)
 - A. There were no recommendations for the Executive Quality Improvement Committee at this time.
23. Unfinished Business
 - A. There was no unfinished business to report on at this time.
24. Adjourn – Next scheduled meeting: April 25th, 2022 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

WORK PLAN STRATEGIES

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

Collaborated with the Department of Human Services (DHS) to increase utilization of Child and Adolescent Needs and Strengths (CANS) assessment tool to support decision making in Child and Family Team (CFT) meetings, including a new process to ensure sharing of CANS between agencies through a dedicated CANS submission email.

Ensured staff availability to attend both open and unopened CFTMs by behavioral health staff.

Provided a list to DHS of identified foster youth that need Medi-Cal and foster care aid codes updated.

Mental Health staff on site at DHS in order to engage social workers and assist with supporting cross system coordination of referrals.

Coordinated with DHS about educating resource parents on BH services to assist in engagement.

Provided continued support of transitioning STRTPs; six (6) STRTPs have received their mental health approvals as of 12/31/2021.

Continued work with partner agencies to implement AB 2083 (Collaborative MOU) and Family Urgent Response System (FURS).

Implemented Family First Prevention Services Act (FFPSA) and ongoing collaborative meetings with DHS and Probation to coordinate.

Created CCR Foster Youth Engagement team including two positions funded to serve as Qualified Individual (QI) and provide support to STRTPs.

Updated and strengthened protocols in SMART in order to expedite QI referrals.

PERCENTAGE OF FOSTER YOUTH SERVED

Year	Month	Actual MMEF	CAEQRO MMEF	Unique Foster Kids Served	Total services	12 Month cumulative		
		Eligible Foster Kids	Eligible Foster Kids ¹			Unique Foster Kids Served	Penetration rate ²	Total services
2022	2	2,404	2,480	570	3,628	1,243	50.11%	51,544
2022	1	2,451	2,482	560	3,944	1,252	50.44%	52,611
2021	12	2,553	2,478	575	3,556	1,255	50.64%	53,483
2021	11	2,533	2,466	607	4,259	1,258	51.02%	53,540
2021	10	2,511	2,451	592	4,307	1,263	51.53%	52,806
2021	9	2,502	2,438	587	3,879	1,255	51.48%	52,968
2021	8	2,523	2,425	625	4,652	1,261	52.01%	53,031
2021	7	2,499	2,410	653	4,446	1,256	52.13%	52,530
2021	6	2,476	2,396	630	4,209	1,251	52.22%	52,386
2021	5	2,478	2,383	637	4,587	1,271	53.33%	52,273
2021	4	2,415	2,367	647	5,266	1,260	53.24%	52,152
2021	3	2,419	2,352	631	4,811	1,249	53.10%	51,629
2021	2	2,428	2,339	654	4,695	1,237	52.89%	50,450
2021	1	2,402	2,327	644	4,816	1,234	53.04%	49,065

CONTINUUM OF CARE REFORM (CCR) INTEGRATION OF THE SYSTEMS OF CARE

CCR Guiding Principals:

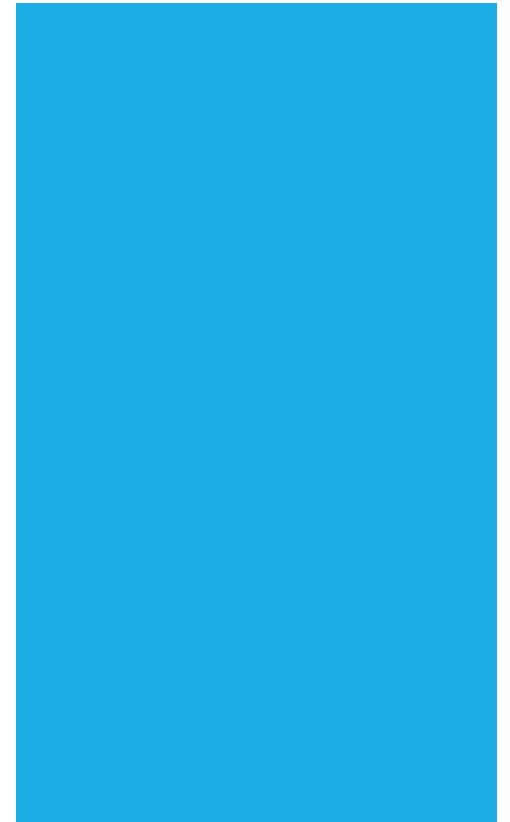
Ensure service, support and safety needs of the child are met

Child and Family Teams- Engagement of family and Cross system coordination with Probation and DHS

Ensure continuity of care – engage family or long-term placement early on

Decrease congregate care in favor of more normalizing family or family like care

Transition Group home to Short Term Residential Treatment Programs



Dec-21	SUBUNITS	MONTHLY ICC			YEAR TO DATE ICC		
		Total Unique Clients Served	Unique ICC Client Served	ICC %	Total YTD Unique Clients Served	YTD Unique ICC Clients Served	YTD ICC %
CGC DELANO	B08C,B08M,B8PB	228	0	0.00%	648	7	1.08%
CGC WEST	B01C,B01M,B1PB	767	52	6.78%	1904	260	13.66%
CGC NORTH	B11C,B11N,B11P	287	1	0.35%	673	27	4.01%
CGC TOTAL		1282	53	4.13%	3191	291	9.12%
CCS WASCO	F12C,F12M,F12P	193	4	2.07%	520	26	5.00%
CCS TAFT	F10C,F10M	88	0	0.00%	186	6	3.23%
CCS LAKE ISABELLA	F02C	67	0	0.00%	157	1	0.64%
CCS RIDGECREST	F04C,F04Y	104	0	0.00%	205	11	5.37%
CCS TEHACHAPI	F01C,F01N	87	1	1.15%	253	14	5.53%
CCS MOJAVE	F05C,F05N	137	1	0.73%	404	3	0.74%
CCS TOTAL		674	6	0.89%	1708	61	3.57%
CSV FRAZIER PARK	A03C	38	1	2.63%	67	4	5.97%
CSV ARVIN/LAMONT	A08C,A08P,A05W	326	8	2.45%	725	57	7.86%
CSV CENTRAL BKSFD	A11C,A11M,A16P	398	8	2.01%	947	45	4.75%
CSV TOTAL		762	17	2.23%	1734	106	6.11%
EAST BAKERSFIELD	521C,521P,522C,523C	661	2	0.30%	1626	67	4.12%
CSOC TOTAL		3370	78	2.31%	8109	516	6.36%

ICC TRACKING DECEMBER 2021
SYSTEM STANDARDS: A MINIMUM OF 5% OF ALL M/C
BENEFICIARIES SHALL RECEIVE AN ICC

CONTINUUM OF CARE REFORM

INTEGRATION OF THE SYSTEM OF CARE

SPECIALTY MULTI-DISCIPLINARY ASSESSMENT AND REFERRAL TEAM (SMART)

SMART has met weekly for over 20 years

Fortifies cross system relationships

In attendance are representatives from all Behavioral Health Providers, Probation, DHS, Public Health and other partners as needed, which facilitates immediate referrals

Coordination for Child and Family Teams

Review, planning and prevention for high-risk youth

Develops plans and processes for stepping down youth

Referral for therapeutic foster homes

CONTINUUM OF CARE REFORM

INTEGRATION OF THE SYSTEMS OF CARE

Contracted with 6 Short Term Residential Treatment Programs –Providing intensive technical assistance to programs

Contracted with Child Net Youth and Family Services to provide Therapeutic Foster Care (TFC)

Kern BHRS provides Therapeutic Foster Care, Oregon (TFCO) Ongoing recruitment, training and 24/7 support

Ongoing recruitment, training and 24/7 support

THERAPEUTIC FOSTER CARE



ChildNet Youth and Family Services

4101 Easton Drive
Bakersfield, CA. 93309
Phone (661) 633-1700
www.childnet.net

Therapeutic Foster Care Services

Orientation

Please join our Therapeutic Foster Care (TFC) team!

Learn how you can make a positive change in the life of a child

Topics of Discussion:

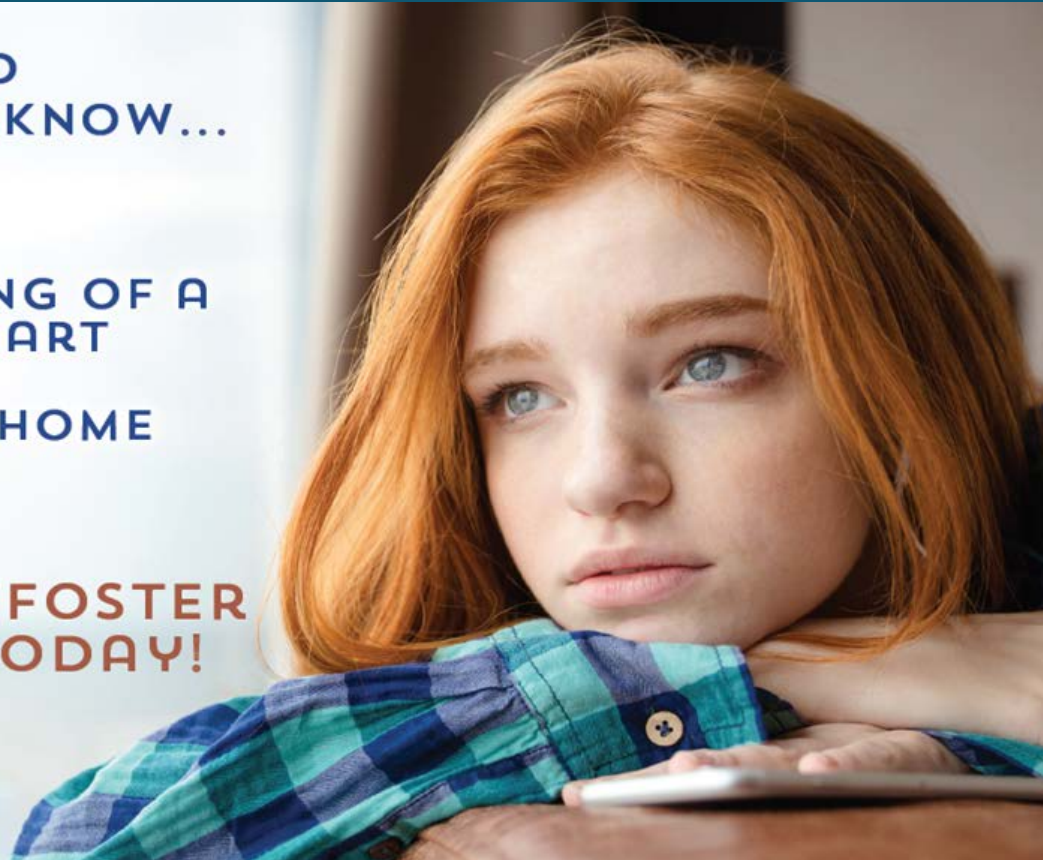
- Program description and team involvement
- Resource parent involvement
- Understanding behavioral health services
- Therapeutic Foster Care Training requirements

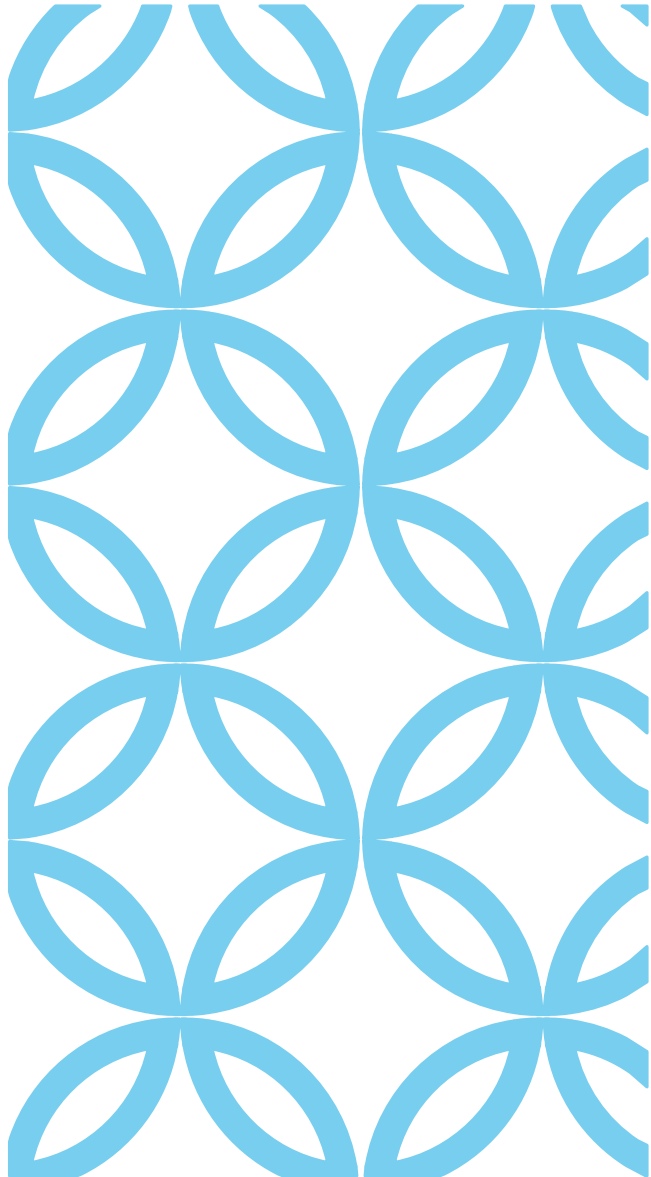
RESOURCE FAMILY RECRUITMENT KERN TREATMENT FOSTER CARE, OREGON

EVERY CHILD
SHOULD KNOW...

THE MEANING OF A
FULL HEART
&
A HAPPY HOME

BECOME A FOSTER
PARENT TODAY!





WHERE WE ARE GOING

FAMILY FIRST PREVENTIVE SERVICE ACT

PART I

Partnering with DHS, KCSOS, and Probation to increase preventative programs

PART IV

Initiated Oct 1, 2021

Qualified Individual

High Intensity Wrap Around Services



BEHAVIORAL
HEALTH & RECOVERY
SERVICES



Consumer Perception Survey (CPS) Spring 2021

Overview





ABOUT THE REPORT:

- ▶ The Consumer Perception Survey (CPS) is utilized to collect data on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs are required by the Substance Abuse and Mental Health Services Administration (SAMHSA), and receipt of Community Mental Health Services Block Grant (MHBG) funding is contingent upon the submission of this data. Counties are required to conduct the surveys and submit data per §3530.40 of Title 9 of the California Code of Regulations, which requires that semi-annual surveys be conducted. CPS's are administered in the Spring and Fall of each year. CPS's include *Adult*, *Youth*, and *Youth Families* versions in both English and Spanish.
- ▶ Approximately 527 CPS's were completed by consumers in June 2021, with an overall satisfaction rating of 92%.

CPS STANDARD:

► **Policy 11.01.11:** Mental Health subunits will maintain an overall satisfaction rating of 85% on the Consumer Perception Survey.

► **Data Source:** Consumer Perception Survey

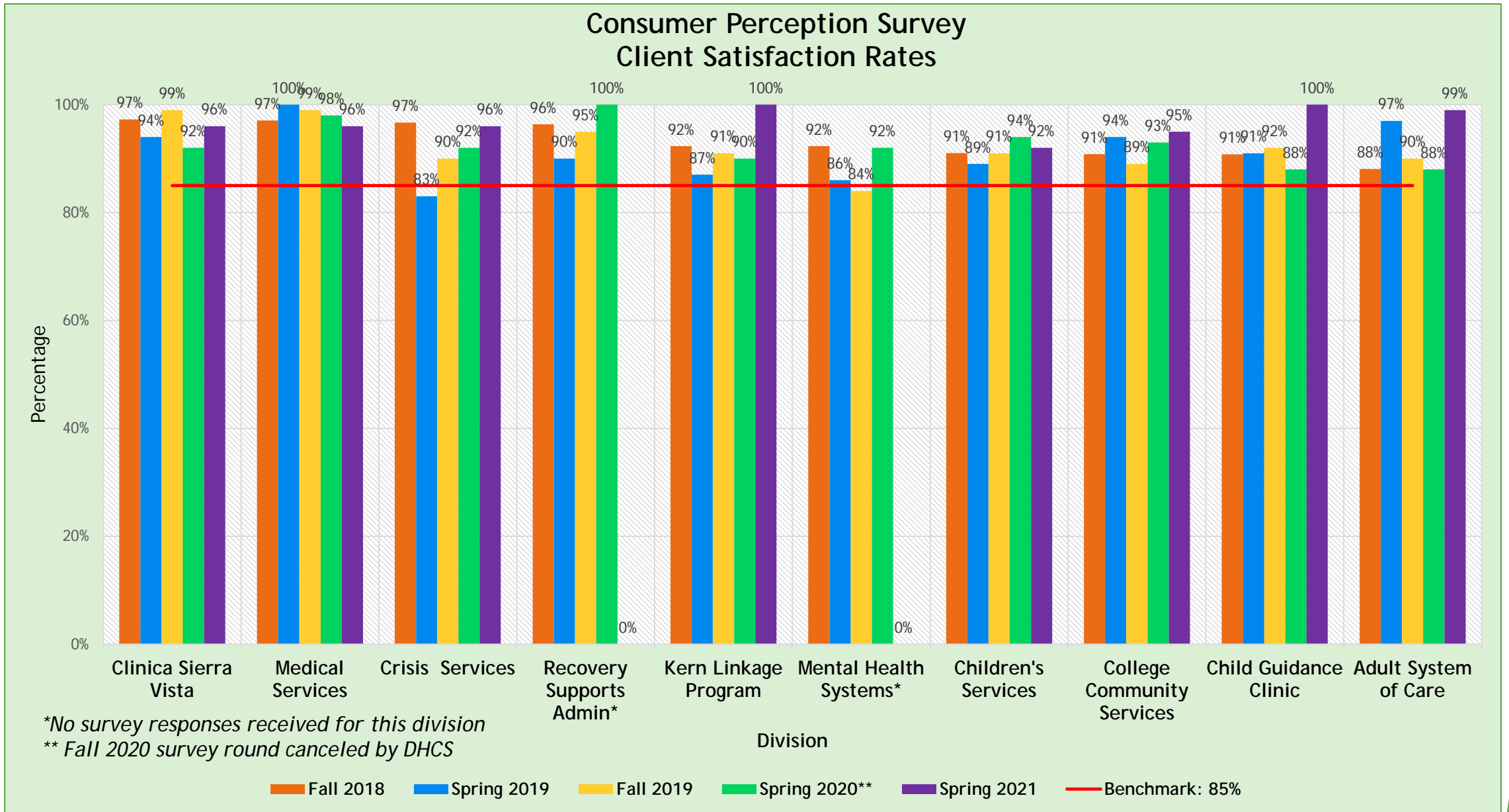
► **Numerator:**

The sum of consumers who responded “Strongly Agree” or “Agree” to the first question of the CPS, which is, “I like the services that I received here.”

► **Denominator:**

The number of responses to the first question of the CPS, excluding responses of “Not Applicable.”

Overall Satisfaction Rates



Satisfaction by Question

System of Care - Overall

