



## Quality Improvement Committee (QIC) Subcommittee

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

Monday, April 25<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:**

Alexander Lopez, KernBHRS-GATEWAY	Heather Plaza, CSV	Noel Perez, CSV
Celena Alvarez, KernBHRS-DATA	Jacob Hutchinson, KernBHRS-QID Support	Rashawna Schumacher, CGC
Chelcy Gibbons, KernBHRS-Dept Supports	Jessica Fine, CCS	Shanda Henry, KernBHRS-Contracts
Cynthia Jackson, KernBHRS-QID Support	John French, KernBHRS-Specialty Services Team	Tammy Cates, KernBHRS-SET
David Kessler, BHB Member	Jonathan Monsibais, KernBHRS-Patients' Rights	Tara Christian, KernBHRS-ATT
Donna Robinson, KernBHRS-QM	Jose Gomez, KernBHRS-CCMO	Tracy Lynch, KernBHRS-Executive Admin.
Gregory Gonzalez, KernBHRS-GATEWAY	Lesleigh Davis, KernBHRS-QID Administrator	Veronica Camarillo, KernBHRS-CMR
Heather Menzel, CCS	Miranda Balbi, CCS	Vivian Reyes, KernBHRS-Youth MIST

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 no objections were made.
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 – Performance Improvement Projects (PIP's) – Celena Alvarez
  - A. PIP's are state mandated projects that are done annually for the Department of Health Care Services (DHCS). There is a clinical and non-clinical PIP done for both MH and SUD. The MH non-clinical PIP is continuing, and a year 2 goal is being researched. The MH clinical PIP is changing to a new PIP, and we are currently researching a CBT Psychosis to help engage youth who have Early Onset Psychosis symptoms. The SUD non-clinical PIP is continuing, and a year 2 goal is being researched. The SUD clinical PIP is changing to a new PIP that will measure if DBT improves retention and abstinence in youth. The problems and interventions can be seen in the attached handout for each PIP.
6. Guest Presenter – Change of Provider/Second Opinion – Donna Robinson
  - A. Change of Provider Requests means that a client has the right to choose their initial provider upon entering treatment and that a client has the right to request a change of provider at any time during their treatment. A provider consists of case managers, therapists, prescribers, and the teams. This benefits the client by empowering the client to have a voice in who they receive their treatment from. Recovery is more likely when clients have a provider, they feel connected to and can engage with. Teams need to make every attempt possible to accommodate the change that the beneficiary is asking for, but this is not always possible. All requests are reviewed quarterly to ensure clients requests are addressed and communicated. Calls are made to clients to measure satisfaction with the process. There was a total of 198 requests so far, this fiscal year. The 3 most frequent reasons for requests are; change is gender of the service provider, not feeling listen to and /or feeling of being taken seriously, and not a "good fit" with provider/lack of feeling connected.
  - B. There have been 4 requests for a second opinion over the last 3 quarters. These 4 were all regarding clients wanting to talk to another doctor about medication prescribed.
7. Quality Improvement Division – Lesleigh Davis
  - A. MH and SUD QQID are on May 6<sup>th</sup>.
  - B. Consumer Perception Survey (CPS) calls are happening the week of May 16th.
  - C. Documentation Changes are coming! The first change will be a shorter assessment, in the test trials it was able to be completed within 2 hours. There will be trainings on this later in May, a date may be released at the QQID meetings. Progress note and treatment plan conversion to a problem list training will be taking place in June. There will also be



additional documentation changes along with a new Electronic Healthcare Record (HER) next year.

8. Department Supports Administration – Chelcy Gibbons
  - A. There are 3 upcoming webinars that have access to cultural competence credits; Staff Kaleidoscope for Multicultural Providers along with a similar training for leadership roles, and Trauma informed and trauma focused interventions using Telehealth with adolescents and their families.
  - B. The Central Valley Asian Pacific Islander (API) Wellness collaborative event is May 25<sup>th</sup>.
  - C. There will be a in person Native American Alaskan Native Listening session on May 6<sup>th</sup>.
  - D. There is ongoing work to standardize competence plans for our system of care contractors, a training video is in the process of being created to assist in the understanding of how to create cultural care plans for organizations.
9. Substance Use Division – Gregory Gonzalez
  - A. The Gateway team will be expanding hours to Monday-Sunday 5:00 AM to 5:00 PM and will be fully staffed on holidays.
  - B. SUD received discretionary funds allowing them to implement recovery residences, this will allow us to place clients in housing while they are going through treatment. The referrals began April 26<sup>th</sup>.
10. Adult System of Care – John French
  - A. The Specialty Services team is providing Dialectical Behavior Therapy (DBT) for substance use disorders. The first training occurred last week and went very well.
  - B. The newest adult system of care team; Early Psychosis Outreach and Intervention Program incorporates trainings and tools from the UC Davis Early Psychosis Intervention Program. They provide immediate assistance to those experiencing their first psychotic episode utilizing coordinated specialty care model as an integrated team approach.
11. Children’s System of Care – Vivian Reyes
  - A. There continues to be a lot of outreach with schools in Bakersfield, this has helped increase referrals for the outpatient art clinic. There is a meet and greet with the Bakersfield City School District coming up.
  - B. There is an all-day training August 30<sup>th</sup> for Kern County Treatment Foster Care program to help with certification.
  - C. Starting July 1<sup>st</sup> we will be providing services at the Kern Crossroads Facility.
12. Kern Linkage Division – Tara Christian
  - A. The ROEM team was awarded 8.7 million in funds over the next 5 years for a mobile clinic with street psychiatry.
  - B. The Department of State Hospitals has also increased our division spots by 20 beds.
  - C. A deputy conservator was hired in February to provide services with ROEM to increase street response and interventions with homeless individuals. They began training April 4<sup>th</sup>.
13. Crisis Services Division – Jose Gomez
  - A. March brought high numbers among the crisis teams. The 2<sup>nd</sup> Bakersfield Police Department Homeless Co-response team with the MET team was launched. 2 staff are attending the American Association for Sociological Conference.
14. Medical Services Division
  - A. There was no one available to report.
15. Recovery Support Administration – Tammy Cates
  - A. The Kentucky street building continues to be under construction. The SET Peer team is working out of the Westchester location. Recovery Station is operating out of the CFLC and the beds have increased.
16. Consumer Family Learning Center – Tammy Cates
  - A. There is 1 in-person group for Art on Thursdays. The art created will be shown at the upcoming Art in the Park event.
17. Clinica Sierra Vista – Noel Perez
  - A. There will be a Mental Health Awareness fair in Delano in conjunction with Child Guidance Clinic.
18. College Community Services – Miranda Balbi
  - A. There are different projects happening as well for Mental Health Awareness month.
  - B. Working on getting the Tehachapi SUD Clinic running.
19. Child Guidance Clinic – Rashawna Schumacher
  - A. Planning and preparing for many projects for Mental Health Awareness month.
20. Mental Health Systems
  - A. There was no one available to report.

21. Substance Use Division Contract Provider
  - A. There was no one available to report.
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: May 23<sup>rd</sup>, 2022 at 4:00-5:00 PM, will be virtual via Teams.

**This meeting is MH UR Code 3**



# Performance Improvement Projects (PIPS)

April 2022



# PIPs in a minute

- The SUD Non-Clinical PIP is continuing, and a year two goal is being researched.
- The SUD Clinical PIP is changing to a new PIP that will measure if DBT improves retention and abstinence in youth.
- The MH Non-Clinical PIP is continuing, and a year two goal is being researched.
- The MH Clinical PIP is changing to a new PIP. We are currently researching a CBT Psychosis to help engage youth who have Early Onset Psychosis symptoms.




# SUD Non-Clinical

- **Problem:**
  - Clients not getting linked to lower level of care following residential discharge within 7 days
- **Intervention:**
  - Year 1: Up to three reminder calls to clients who discharge from residential treatment
  - Year 2: (In progress) Expanding housing assistance to those
    - Successful/unsuccessful
    - Clients that want to leave
    - Not enough income
    - Clients getting kicked out
    - Not doing well in residential, need more freedom
    - Those on residential waiting list



# SUD Clinical

- **Problem:**
  - Retention in treatment, high relapses, and higher risk youth.
- **Intervention:**
  - Utilizing DBT skills for clients to work on abstinence and improve client outcomes



# MH Non-Clinical

## Problem:

- Increasing client access to Homeless Adult Team appointments by using bus route fliers

## Intervention:

- Year 1: Creating fliers to help clients arrive to appointments. Fliers clearly indicate bus stops, locations, and route numbers to service locations.
- Year 2: (In progress) Providing incentives to increase client access and attendance to appointments.
  - Provide bus passes to clients to attend appointments



# MH Clinical

- **Problem:**
  - Low engagement in initial EMDR trauma therapy implementation
- **Intervention:**
  - Year 1- EMDR will reduce Anxiety, Depression, and Trauma.
  - Year 2- Staff will have 3-5 resourcing sessions to build rapport and teach clients coping skills before they dive into trauma to better prepare them to address targeted areas of trauma



# Change of Provider Requests

## Change of Provider Requests: What does this mean and how does it benefit the client?

- A client has the right to choose their initial provider upon entering treatment
- A client has the right to request a change of provider at any time during their treatment

## What is a provider?

- Case Manager
- Therapist
- Prescriber
- Team

## How does it benefit the client?

- The ability to make these requests helps empower the client to have a voice in who they receive treatment from
- Recovery is more likely when clients have a provider they feel connected to and can engage with

## What if the team doesn't have a provider the client is requesting?

- The regulation language includes “to the extent possible and appropriate” and “whenever feasible”
- Teams need to make every attempt possible to grant the client their choice upon entering or during the course of treatment but it is not always possible

# Quality Monitoring and Data

All requests are reviewed quarterly to ensure clients requests are addressed and communicated

Calls are made to clients to measure satisfaction with the process

## Total number of requests received so far this FY:

Prescriber: 67  
Therapist: 67  
Case Manager: 49  
Team: 15  
Total: 198

## The three most frequent reasons for requests are:

- Change in gender of the service provider (preferred male or female)
- Not feeling listened to and/or feeling of being taken seriously
- Not a “good fit” with provider / lack of feeling connected

