



Kern County Behavioral Health Board
System Quality Improvement Committee

Monday, August 23rd, 2021

4:00-5:00 PM

Virtual Meeting VIA Teams

Meeting Minutes

The mission of the System Quality Improvement Committee (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


Table listing attendees and their roles: Alexander Lopez (KernBHRS - SUD), Amber Lopez (KernBHRS - SUD QID), Ashley Jones (KernBHRS - Authorizations), Chelcy Gibbons (KernBHRS - Cultural Competence), Courtney Isaac (KernBHRS - Patients' Rights), Dissary Chairez (KernBHRS - Patients' Rights), Donna Robinson (KernBHRS - Quality Monitoring), Heather Plaza (CSV), Jerrod Montelongo (KernBHRS - QID Support), John French (KernBHRS - SUD Specialty Services), Jon Casida (KernBHRS - SET), Karina Leonzo-Castillo (KernBHRS - Documentation Comp), Lesleigh Davis (KernBHRS - QID Administrator), Maria D. Najera (KernBHRS - Residency Clinic), Melanie Olcott (KernBHRS - SUD), Rafael Lopez (KernBHRS - SUD), Selma D. Gonzalez (KernBHRS - QID Support), Shanda Henry (KernBHRS - CDA), Tammy Cates (KernBHRS - SET), Tara Christian (KernBHRS - ATT), Yessenia Nunez Gonzalez (KernBHRS - FHHL).

- 1. Welcome and Introductions - Lesleigh Davis Welcomes Attendees and announces that since there has been a new surge we will not be returning to in person and will continue with virtual meetings until the end of the year.
2. Review and approval of June 2021 Minutes - Karina Leonzo-Castillo and Melanie Olcott approve minutes.
3. Public Comment - No Public Comment
4. New Business - No New Business
5. Guest Presenter - Documentation and Compliance MH/SUD - Karina Leonzo-Castillo
a. The documentation and compliance team are composed of behavioral recovery specialists, therapists, substance abuse counselors, and data analysts. Once of the responsibilities for the team is to audit charts and progress notes for all teams on the Mental Health (MH) side and Substance Use Division (SUD) side, which ensures that all staff are following the department standards. Another responsibility is to provide training for new staff members. These trainings can include both individual or group trainings depending on what the individual needs or if a supervisor makes a request. Another responsibility is to monitor progress notes and make sure that they are submitted on time. The team also checks to make sure all forms that are submitted are filled out correctly. Assessments are reviewed and if any recommendations are found they inform the team. Another responsibility is providing consultation to the teams. Hotline numbers and emails are available for teams to use at any time if you have questions. Another responsibility is to simplify forms to make it easier to fill out and remove items if they don't need to be filled out.
b. The audits that are done are completed quarterly and the review involves around 10 charts and 40 notes. After the audit the review is a summarization of the charts, money lost, notes that have a trend, and tips on how to improve their documentation and chart compliance. If there is a certain amount of disallowance or incorrect documentation a Corrective Action Plan (CAP) can be set up which can include trainings, follow ups on the audits, or suspended billing.
c. The goals for the fiscal year of 2021-2022 on the Mental Health (MH) side is to have mentoring programs for Kern Behavioral Health and Recovery Services (KBHRS) staff, publish new editions of the MH handbook with new samples, and create individual service code trainings in Relias that will be required for all new staff as well as any other staff that may need it. For the Substance Use Division (SUD) is to provide trainings for each audit to each team, improve our beginners training, create an SUD Handbook, simplify forms/add helpful text to forms, and begin the process of prescribing Corrective Action Plans (CAP) if the teams have a certain percentage of disallowance.



6. **Guest Presenter – Medi-CAL Compliance Update MH/SUD – Donna Robinson & Rafael Lopez**
  - a. The annual Mental health EQRO review for the fiscal year of 2020 – 2021 was conducted on October 6 – 8, 2020. There were 9 strengths that were found which included 3 strengths in Access to care, 2 strengths in timeliness of services, 1 strength in quality of care, 1 strength in information systems, and 2 strengths structure and operations. The mental health (MH) EQRO review does not receive corrective actions plans (CAP) but does receive recommendations. It has been recommended that the Adult Services Redesign evaluation of staffing patterns make changes when needed, evaluate the tracking of urgent services to increase accuracy, track and trend “first offered” psychiatry appointment data and offer first appointment within 15 business days of the initial request, evaluate service delivery for persons experiencing homelessness and co-occurring diagnoses (Identify opportunities for new and expanded services), evaluate referral and consent processes for foster care youth to identify barriers and ways to improve and increase access, re-evaluate development of dashboards and reports to include comparative data/trends over time, and continue to monitor and analyze network connectivity and prioritize network improvements based on MHP’s priority. The next review will be October 5 – 7 2021.
  - b. The Drug Medi-Cal Organized Delivery Plan (DMC-ODS) EQRO review of the fiscal year 2020 – 2021 was conducted on April 13 – 15, 2021. There were 21 strengths identified which included 12 strengths in access of care, 2 strengths in timeliness of services, 5 strengths in quality of care, and 2 strengths in client outcome. There were 6 recommendations which included residential treatment levels are inadequate to meet demands and should be expanded, youth are being underserved and youth services should be expanded particularly in non-school-based services located in the community, KernBHRS needs to assure that medication is discussed during the initial assessment and treatment planning process as well as at regular intervals during treatment particularly for those with opioid use disorder or alcohol use disorder, KernBHRS should explore why the homeless population is not being engaged and using services in the DMC-ODS system and provide specific outreach and support systems to better serve this client population, KernBHRS has an expansive continuum of Sober Living Environments (SLE) and should consider expansion of Recovery Residents, however, at the minimum should increase coordination with the SLEs to assist clients who need stable housing while participating in treatment, and recovery services and case management are being underutilized and need to provide education, capacity building and engagement strategies to providers of recovery services and case management . The next review will be January 25-27, 2022.
  - c. The DMC-ODS review was postponed from February 2021 to October 2021. KernBHRS completed/submitted DHCS monitoring tool and supporting documentation in December 2020. Due to the review being postponed to October preparations are being made by re-examining the original submitted information for potential gaps or needed updates, reviewing fiscal year (FY) 2019-2020 DHCS Corrective Action Plan (CAP) to avoid repeating the same or similar findings, and scheduled series of preparation meetings with teams that were impacted for September – October. The Substance Use Division (SUD) DMC Provider review for the fiscal year of 2020 – 2021 had three programs reviewed and 3 Corrective Action plans initiated. The CAPS were approved by the state and were all successfully resolved by 5/27/21. The SUD Internal Teams and Contractors reviews issued CAPS and were resolved by August 4, 2021.
7. **Quality Improvement Division – Lesleigh Davis**
  - a. One of the big topics is the Notice of Adverse Benefits Determination (NOABD) and as of a year ago we were unable to count the moments when NOABDs were needed. This year NOABDs are able to be counted and it needs to be sent out on a larger scale. There has been more trainings to help with the process. The External Quality Review will be happening October 5 – 7, 2021.
8. **Department Supports Admin. Ethnic Services Manager – Chelcy Gibbons**
  - a. The first draft of the cultural competence plan has been completed and is being reviewed by administrators.
  - b. Members are still actively being recruited for the CCR. Every third Thursday of the month from 9:30 – 10:30. Still working on setting up times for the subcommittees.
  - c. There is a new Cultural Competence event request form. The forms are expected to be completed at least 6 months in advance. The next event will be September 24, 2021 from 3 – 5 for Hispanic Heritage.
9. **Substance Use Division – Alexander Lopez**
  - a. Updating Co-Triage and adding it to the process for the gateway team which will improve the team’s ability to have higher iterator reliability with reports for when people are referred to the different levels of care. Everyone is officially trained. The process should start on September 1, 2021.
10. **Adult System of Care – John French**
  - a. The Independent Placement and Support (IPS) for employment now has 33 clients with 17 actively seeking employment, 8 clients employed, and 8 clients enrolled in school or training.
11. **Children’s System of Care –**
  - a. No New Updates
12. **Kern Linkage Division – Tara Christian**
  - a. The Star Court Program has been dissolved and are now working on an Adult Transition Team (ATT) Diversion Program. There are currently 6 clients in the diversion program.

13. **Crisis Services** – Yesenia Nunez Gonzalez
  - a. There is now a MET staff at the 911 Common station to assist with calls that come in.
14. **Medical Services** – Maria D. Najera
  - a. No New Updates
15. **Recovery Support Admin.** – Jon Casida
  - a. Engaging with clients and doing home visits.
16. **Consumer Family Learning Center** – Jon Casida
  - a. No New Updates
17. **Provider Updates** –
  - a. No New Updates
18. **SQIC Recommendations**
  - a. No New Recommendations
19. **Unfinished Business**
  - a. No Unfinished Business
20. **Adjourn** – Next scheduled Meeting is September 27<sup>th</sup>, 2021 at 4:00-5:00 PM, will be virtual via Teams.



# **MH & SUD ANNUAL REVIEW FY 2020-2021**

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QID Documentation Compliance Team

# INTRODUCTION

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QID Documentation Compliance Team is composed of BH Recovery Specialists, BH Therapists, SA Counselor, and Planning Analyst who are responsible for auditing charts and progress notes for all divisions (MH & SUD), teams (internal & contracted providers) to ensure our staff are following state regulations and department standards.

# OTHER RESPONSIBILITIES

## Training

- Provide Beginner Trainings
- Advanced Workshops
- Individual Team Trainings

## Monitor

- Timeliness of Notes
- Forms Completions
- Treatment Recommendations

## Consultation/Support

- Hotline Calls
- Email Support
- Handbooks

## Improve Forms

- Simplify forms
- Create Forms
- Create Examples

# AUDIT PROCESS (CHART/NOTES)

## Quarter Reviews

- 10 Charts/30 notes
- 40 notes

## Results

- Summaries of chart &/or notes audited.
- Summary of \$ loss (if applicable)
- Trends Noted
- Tips on how to improve their documentation/chart compliance

## CAP/Required Trainings

- MH set CAP for certain Disallowances that may required:
  - Training
  - Follow up Audits
  - Suspended Billing



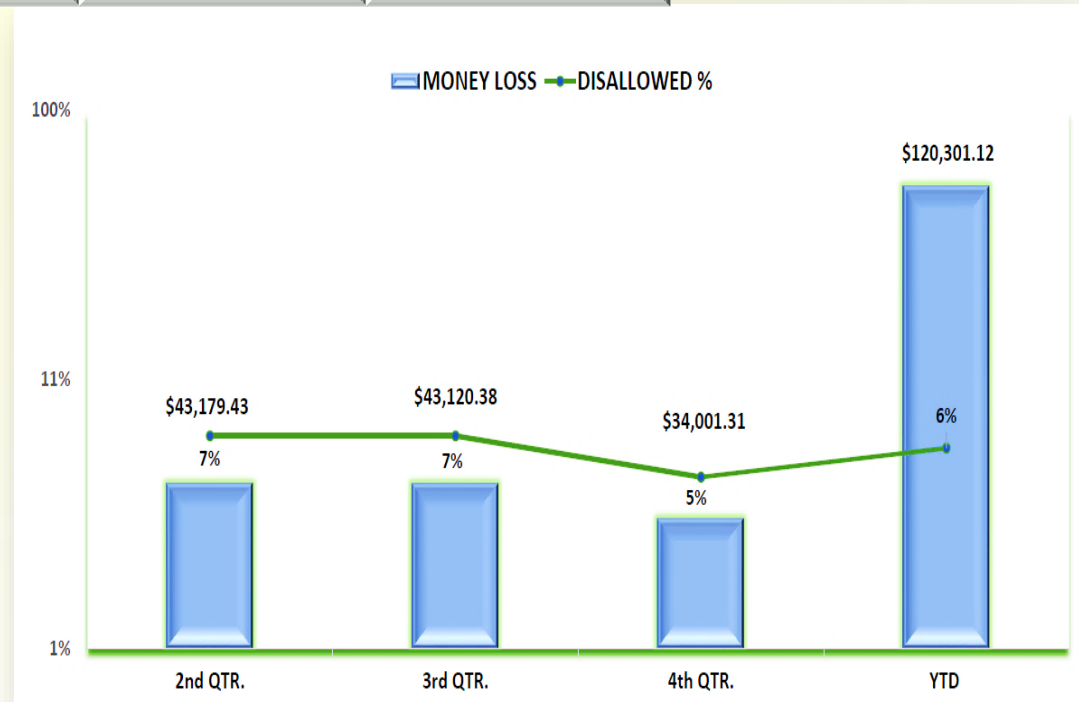
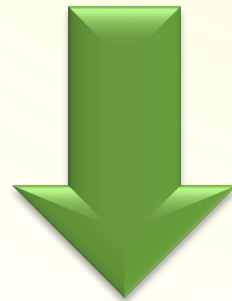
**LAST FY YEAR**

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# MH ANNUAL RESULTS

FY 2020-2021	2Q	3Q	4Q	ANNUAL TOTAL
PROGRESS NOTES REVIEWED	2312	2432	2618	7362
OVERALL DISALLOWANCE	7%	7%	5%	6%
Teams Reviewed	60	61	67	188
Corrective Action Plans	9	8	6	23

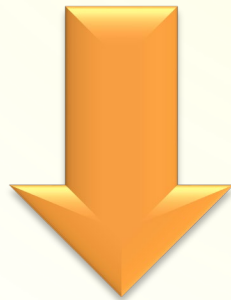
**Money Loss & Notes Disallowances Decreased 4Q !**



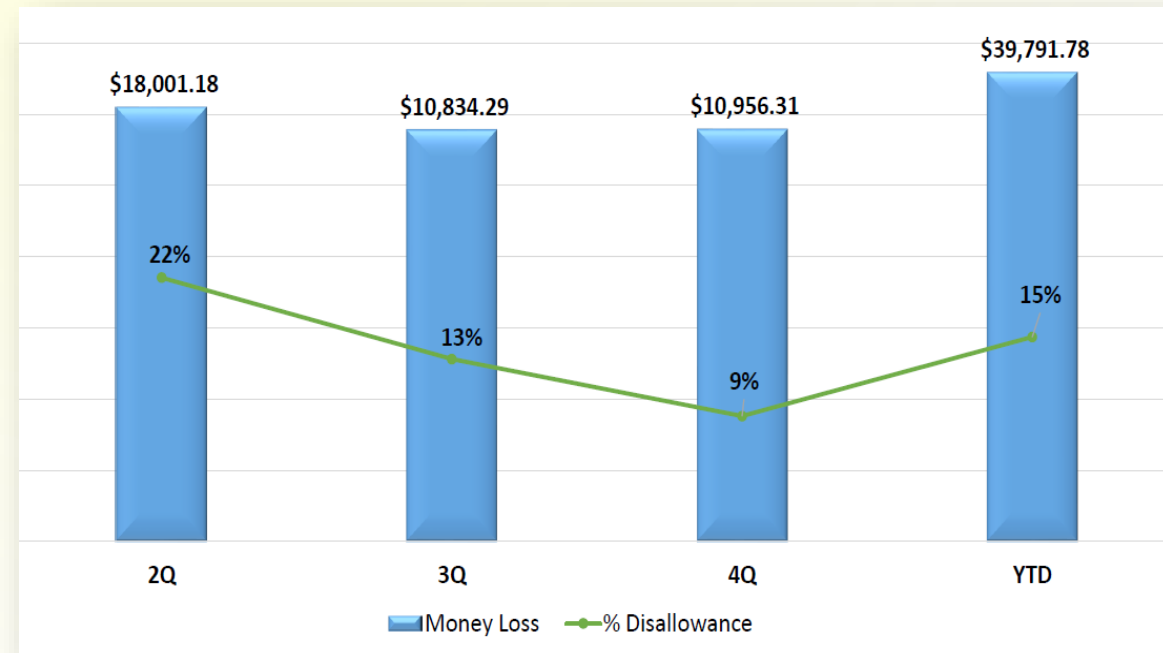
# SUD ANNUAL RESULTS

FY 2020-2021	2Q	3Q	4Q	ANNUAL TOTAL
PROGRESS NOTES REVIEWED	630	651	660	1941
OVERALL DISALLOWANCE	22%	13%	9%	15%
Teams Reviewed	21	22	22	65

**Notes Disallowances  
Decreased Each Qtr.**



Money Loss & % of Disallowance FY20-21



# GOALS FOR FY 21-22

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## MH

- Mentoring Program for KernBHR staff
- Publish new edition of MH handbook with new samples
- Create Individual service code trainings in Relias that will be required for all new staff and will be accessible for all other staff if needed

## SUD

- Provide Trainings after each audit to each team
- Improve our beginners training
- Create SUD Handbook
- Simplify forms/add helpful text to forms
- Begin the process of prescribing CAPs if teams have a certain percentage of disallowance.



# **QUESTIONS**

**MH Hotline 868-6740 Option #5**

**SUD Hotline 868-6740 Option #6**



# **System Quality Improvement Committee**

**Medi-Cal Compliance Update  
August 23, 2021**

# MHP EQRO Review

## MHP EQRO FY20-21 Review

- Conducted October 6-8, 2020
- 9 Strengths Identified
  - 3 - Access to Care
  - 2 - Timeliness of Services
  - 1 – Quality of Care
  - 1 – Information Systems
  - 2 – Structure and Operations
- 7 Recommendations
  1. Recommence the Adult Services Redesign evaluation of staffing patterns and make needed changes (when possible after COVID PHE)
  2. Evaluate the tracking of urgent services to increase accuracy
  3. Track and trend “first offered” psychiatry appointment data and offer first appointment within 15 business days of initial request
  4. Evaluate service delivery for persons experiencing homelessness and co-occurring diagnoses. Identify opportunities for new and expanded services
  5. Evaluate referral and consent processes for foster care youth – identify barriers and ways to improve and streamline the processes to increase access
  6. Re-evaluate development of dashboards and reports to include comparative data and trends over time
  7. Continue to monitor and analyze network connectivity and prioritize network improvements based on MHP’s priority

# DMC-ODS EQRO Review

## DMC-ODS EQRO FY20-21 Review

- Conducted April 13-15, 2021
- 21 Strengths Identified
  - 12 - Access to Care
  - 2 - Timeliness of Services
  - 5 – Quality of Care
  - 2 – Client Outcomes
- 6 Recommendations
  1. Residential treatment levels including WM are inadequate to meet demands and should be expanded
  2. Youth are being underserved, Kern should expand youth services, particularly non-school-based services located in the community.
  3. KernBHRS needs to assure that medication is discussed during the initial assessment and treatment planning process as well as at regular intervals during treatment particularly for those with opioid use disorder or alcohol use disorders
  4. KernBHRS should explore why the homeless population is not being engaged and using services in the DMC-ODS system and provide specific outreach and support systems to better serve this client population.
  5. KernBHRS has an expansive continuum of Sober Living Environments (SLE), and should consider expansion of Recovery Residents; however, at minimum KernBHRS should increase coordination with the SLEs to assist clients who need stable housing while participating in treatment.
  6. Recovery services and case management are being underutilized. Kern needs to provide education, capacity building and engagement strategies to providers of recovery services and case management. Some counties have developed successful models and technical assistance is available.

# Upcoming Reviews

**MHP EQRO FY21-22 Review:** October 5-7, 2021

**DMC-ODS EQRO FY21-22 Review:** January 25-27, 2022

**DHCS Systems Triennial Review:** Spring 2022

# Questions??

**Crystal Barboza, Quality Monitoring Team Planning Analyst:**  
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**Donna Robinson, Quality Monitoring Team Supervisor:**  
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# **System Quality Improvement Committee**

## **SUD DMC Compliance Update FY 2020-21**

# **DHCS FY 20-21 Annual Review & CAP**

## **DHCS Annual System of Care Review of KernBHRS SUD**

**DMC-ODS Review was Postponed from Feb. 2021 to Oct. 2021**

- 1. KernBHRS completed/submitted DHCS Monitoring Tool and supporting documentation in December 2020**
- 2. Currently preparing for DHCS October Annual Review:**
  - Re-examining the original submitted information for potential gaps or needed updates**
  - Reviewing FY 19-20 DHCS CAP in effort to avoid repeating same or similar findings**
  - Scheduled series of preparation meetings with impacted Teams for Sept.-Oct.**

# KernBHRS DMC Provider Compliance Reviews FY 20-21

## SUD DMC Provider Reviews by DHCS

- Three Programs reviewed, and 3 CAPs initiated by State
- CAPs approved by State, and all successfully resolved by 5/27/21

### DHCS Compliance Findings

(Three DMC Service Sites)

<b>Compliance Category</b> (Excludes Fiscal Reviews)	<b>#/% of Findings</b>
• <b>Personnel</b>	<b>10 23%</b>
• <b>Staff Training</b>	<b>6 14%</b>
• <b>Administrative/Programmatic</b>	<b>2 4%</b>
• <b>Service Delivery</b>	<b>1 2%</b>
• <b>Chart Documentation</b>	<b>25 57%</b>
<b>TOTAL</b>	<b>44 100%</b>

# SUD Internal Teams & Contractor Reviews by QID SUD

1. Reports of findings – prepared and distributed to appropriate parties
2. CAPs issued, as needed, and corrective actions tracked until full resolution
3. FY 20-21 Reviews and CAPs fully resolved by August 4, 2021

**DMC-ODS Compliance Level Achieved  
Summary Report – FY 2020-21  
(Includes 11 Agencies & 35 SUD Service Sites)**

<b>Compliance Category</b> (Excludes Fiscal & Chart Reviews)	<b>Level of Compliance</b>
<b>Personnel &amp; Training</b>	<b>81.5%</b>
<b>Administrative/Program Requirements</b>	<b>98.5%</b>
<b>Service Delivery Requirements</b>	<b>97%</b>
<b>Overall Compliance Level</b>	<b>93.5%</b>

# Questions?

## QID SUD Contact Information

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