



Stacy Kuwahara, LMFT, Director

Kern County Behavioral Health Board  
System Quality Improvement Committee

Monday, October 25th, 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

X Alexander Lopez	KernBHRS – SUD	X Jose Gomez	KernBHRS – Crisis Services CCMO
X Amber Lopez	KernBHRS – SUD QID	X Lesleigh Davis	KernBHRS – QID Administrator
X Ashley Jones	KernBHRS - Authorizations	X Lorre Webb	BHB Member
X Celena Alvarez	KernBHRS – DATA	X Melanie Olcott	KernBHRS – SUD
X Chelcy Gibbons	KernBHRS – Cultural Competence	X Michelle Priesol	CCS
X Cynthia Jackson	KernBHRS – QID Support	X Richard Hofferd	BHB Member
X David Amaya	CCS	X Sarah Valenzuela	CSV
X Gregory J Gonzalez	KernBHRS – Gateway	X Shanda Henry	KernBHRS – CDA
X Heather Plaza	CSV	X Tammy Cates	KernBHRS – SET
X Ivan Carrasco	KernBHRS – DATA	X Tracy Lynch	KernBHRS – Executive Administration
X Jessica Armstrong	KernBHRS – CDA	X Vanessa Hidalgo	CSV
X Jerrod Montelongo	KernBHRS – QID Support	X Vivian Reyes	KernBHRS – CSOC
X John French	KernBHRS – SUD Specialty Services		

1. **Welcome and Introductions** – Lesleigh Davis welcomes all attendees
2. **Review and approval of June 2021 Minutes** – Alexander Lopez & Heather Plaza motion to approve
3. **Public Comment** – No Public Comment
4. **New Business** – No New Business
5. **Guest Presenter –Clinical PIP and Non-Clinical PIP MH/SUD** – Celena Alvarez
  - a. The Performance Improvement Project (PIP) is something that is required by the federal government and there are supposed to be 4 done a year. These are validated through the external quality review. There are two PIPs for mental health (MH) and two PIPs for Drug Medi-Cal Organized Delivery Service (DMC-ODS).
  - b. The MH non-clinical PIP is focused on homelessness and access to care. This is from the problem that the homeless population is not accessing services and there is a high no show rate to psychiatric appointments. After discussions in focus groups about this topic the solution was to place flyers at main bus hubs to show the route from the local homeless shelters to services location. Staff will review flyers with the pilot population and provide bus education training. The AIM statement is, will providing bus route education and transportation skills training positively impact the no-show rate for Homeless Adult Team (HAT) psychiatric appointments? The goal for this PIP is to decrease no-show rates to psychiatric appointments from 35% to 25%.
  - c. The MH Clinical PIP is focused on Eye Movement Desensitization and Reprocessing (EMDR). The problem for this PIP is low engagement in the initial EMDR trauma therapy implementation. The intervention is 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. The AIM statement is, will adding 3-5 resourcing sessions to teach clients coping skills prior to starting trauma therapy keep clients engaged over a six-month period in the fiscal year (FY) 21-22? The goal for this PIP is to reduce number of days between sessions from 37.9 to 14, increase number of sessions from 2 to 3-5, and increase safety measure scores from first to final session by 10%.
  - d. The DMC Non-clinical PIP is increasing linkage to lower level of care. The problem for this PIP is clients are not getting linked to lower level of care following residential discharge within 7 days. The intervention for this PIP is up to three reminder calls to clients who discharge from residential treatment, reminder of appointment, and assist with making appointments. The AIM statement for this PIP is, will utilizing case managers to provide up to three reminder calls to clients within 7 days after residential discharge increase the percentage of clients receiving a lower level of care service within 7 days of discharge by 10% as evidenced by the increase in successful case management services and lower level of care services in FY 21-22?



- e. The DMC Clinical PIP is seeking safety implementation. The problem for this PIP is low client retention in treatment. The intervention is utilizing a flyer to provide an orientation of seeking safety and orient to seeking safety groups by completing one module of client preference for first individual session. The aim statement for this PIP is will providing clients a seeking safety orientation flyer and allow their first individual session to be a seeking safety module of their choice, increase retention in treatment as evidenced by reduced dropout rates of 15%, increased average length of stay to 30 days, and increased successful discharges by 15% over the next 6-month period FY 21-22?
- 6. Guest Presenter – Morbid & Mortality Committee – Jessica Armstrong**
- a. The Morbid & Mortality (M&M) Committee is involved when a client passes away or if something unusual happens during the client’s time during care. When this happens, staff are required to complete a Unusual Occurrence Report. All deaths and unusual or unexpected adverse events of clients of Kern Behavioral Health & Recovery Services (KernBHRS) are reviewed by a peer review committee. This includes all contract providers providing both mental health (MH) and Substance Use Division (SUD) services. Recommendations based on these reviews are submitted to the management team. KernBHRS is responsible for assuring that a high quality of care is rendered to all clients. Reviews completed by the M&M committee ensure our system is continuously improving the quality of care. The primary purpose of M&M is to improve the overall quality of care provided by the department. This is accomplished by conducting privileged internal reviews of events. An administrator or deputy of the KernBHRS, serves as the chair of the M&M Subcommittee. The subcommittee includes administrators, or their designee, from all divisions that provide direct services to clients. Supervisors of direct service teams rotate into meetings to help facilitate learning. The highest number of reportings for quarter 4 of fiscal year (FY) 20-21 was suicide attempts with the second highest being unknown. The current recommendation to improve the quality of services is tracking clients at the team level to ensure clients are not solely receiving services via telephone. Many of the services have returned to face to face interactions with social distancing rules.
- 7. Quality Improvement Division – Lesleigh Davis**
- a. The System Quality Improvement Committee (SQIC) is a subcommittee of the larger Behavioral Health Board (BHB). The Data Notebook is a survey that is completed by KernBHRS which is requested by the California Association of Behavioral Health Boards and California Planning Council. The Data Notebook is sent to the director of the department, Stacy Kuwahara, who then sends it to Lesleigh Davis who runs SQIC. The Data Notebook does not contain questions that the BHB can answer so the notebook is sent to subject matter experts. The answers are then collected and presented to the BHB so it can be reviewed. The BHB will review the Data Notebook this year on November 1<sup>st</sup>, 2021 at 5 pm. This year the Data Notebook focuses on racial inequities in behavioral health treatment. If you would like to attend and hear about the data notebook you can reach out to Lesleigh Davis, ldavis@kernbhhs.org, and she will send you an invite to the meeting where the contents are reviewed. Members of the subcommittee will receive a copy of the final draft once its published.
- b. The term CalAIMs is a new term that is becoming more known. CalAIMs will work on making document changes by getting rid of treatment plans and producing a problem list. Changes are expected to happen around January but there is no set date. These changes will benefit the clients and help staff to be able to interact with the client on a more frequent level.
- 8. Department Supports Admin. Ethnic Services Manager – Chelcy Gibbons**
- a. In the training services team, there will be a self-care professional.
- b. The Hispanic Heritage month had 454 viewers for both live and recorded which was a good turnout.
- c. The Ethic Services Team has been working in the Cultural Competence Team with the rest of the department to come up with a menu of outreach and education interventions to share with contract partners and staff to better reach out to diverse communities.
- 9. Substance Use Division – Gregory Gonzalez**
- a. Has fully launched its new validated screening tool, Web Infrastructure for Treatment Services (WITS). On average screening are taking about 15 minutes which used to take around 30 minutes or more.
- b. The preventions team is working with the Kern High School District on creating presentations for the adolescent on the dangers of fentanyl.
- c. Will be onboarding new partners. Adventist health has started with the bridge program and working on getting additional physicians. This will work with Omni Health and Clinical Sierra Vista to increase services within the community.
- d. Gateway has been tasked with helping to bill some of the auditing materials to help ensure that SUD Providers are attesting at the appropriate level of care. Have completed their first round of audits and are looking forward to publishing them.
- 10. Adult System of Care – Jon French**
- a. The Independent Placement Support (IPS) employment program for the Adult Transfer Team (ATT), Homeless Adult Team (HAT), and Transition Age Youth (TAY) had its internal 6-month fidelity review and was placed in good standing with a 4 out of 5 rating. The highlights being great networking with businesses, great support for management, and overcoming barriers. The area of growth is having adaptable specialists focus 90% of their time on IPS. Specialty services will be attending team meetings within the Adults System of Care (ASOC) starting with the ASOC to share resources that the specialty services have to offer.
- b. The Northeast RAWC is utilizing clinical service guidelines to support clients at intake and throughout treatment which promotes healthy graduations to lower levels of care within the community.

11. **Children's System of Care** – Vivian Reyes
  - a. The Children's System of Care (CSOC) and Kern High School Memorandum of Understanding (MOU) was finalized. There was a meet and greet with Kern High School Social workers and the children's services providers to introduce staff from different agencies to discuss how to work together and collaborate to ensure a continuum of care is provided to Kern youth.
  - b. Developed a children's services resource menu flyer to explain all the services and how the community can connect to the system of care.
  - c. The Family First Preventative Act was implemented on October 1<sup>st</sup>, 2021 and consists of 4 parts. The current focus is on part 1 and 4. Part 1 includes preventative services to help keep children from coming into the system. Part 4 focuses on providing safety and permanence to youth already in the system. One part of the new implementation requires the placing agency to connect the assessment with someone determined to be qualified to conduct intensive interviews and research the previous documentation on the youth to determine if they qualify for a lower level of care. This will also ensure to prevent any gaps or failings from previous services from happening again.
12. **Kern Linkage Division** –
  - a. No Update
13. **Crisis Services** – Jose Gomez
  - a. The crises hotline is expanding which will allow for more services around the clock.
14. **Medical Services** – Ashley Jones
  - a. No Updates
15. **Recovery Support Admin.** –
  - a. No Updates
16. **Consumer Family Learning Center** –
  - a. No Updates
17. **Provider Updates** –
  - a. **Clinica Sierra Vista** – Heather Plaza
    - i. No Update
  - b. **College Community Services** – Michelle Priesol
    - i. This Friday there will be a trunk or treat for community engagement for the whole family.
    - ii. Working with Toys for tots last Saturday.
    - iii. Team with working with administer services to help the homeless. Will be doing a collaborative meeting every month.
  - c. **Child Guidance** –
    - i. No Update
  - d. **Mental Health Service** –
    - i. No Update
  - e. **Substance Use Division** –
    - i. No Update
18. **SQIC Recommendations**
  - a. No Recommendations
19. **Unfinished Business**
  - a. No Unfinished Business
20. **Adjourn** – Next scheduled Meeting is November 22<sup>nd</sup>, 2021 at 4:00-5:00 PM, will be virtual via Teams.



BEHAVIORAL  
**HEALTH & RECOVERY**  
SERVICES

KERN - EQRO  
**PERFORMANCE IMPROVEMENT  
PROJECTS**



# MH Non-Clinical PIP: FY 21-22

## Homelessness and Access to Care

### Problem:

- Homeless population not accessing services
- High no show rates to psychiatric appointments

### Intervention:

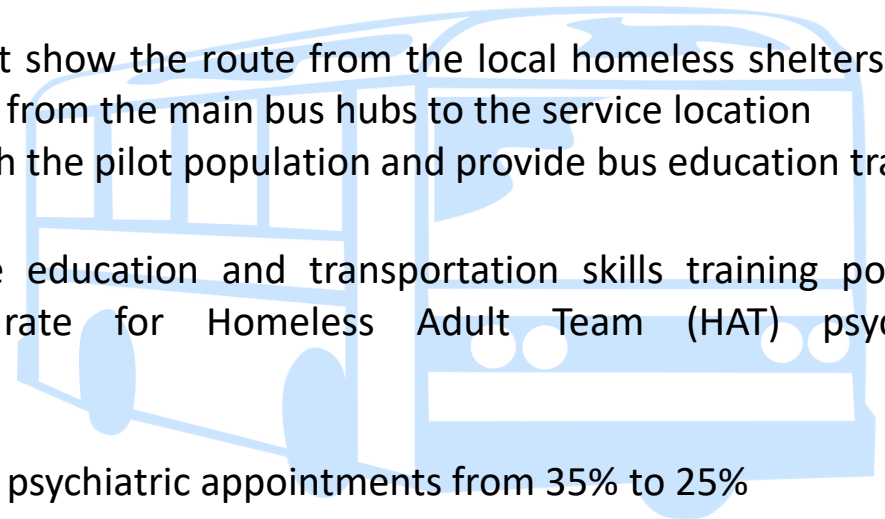
- Centralized bus flyers that show the route from the local homeless shelters to the service location as well as from the main bus hubs to the service location
- Staff will review flyers with the pilot population and provide bus education training

### Aim Statement:

- Will providing bus route education and transportation skills training positively impact the no-show rate for Homeless Adult Team (HAT) psychiatric appointments?

### Goal:

- Decrease no-show rate to psychiatric appointments from 35% to 25%





# MH Clinical PIP: FY 21-22

## Eye Movement Desensitization and Reprocessing (EMDR)

### Problem:

- Low engagement in initial EMDR trauma therapy implementation

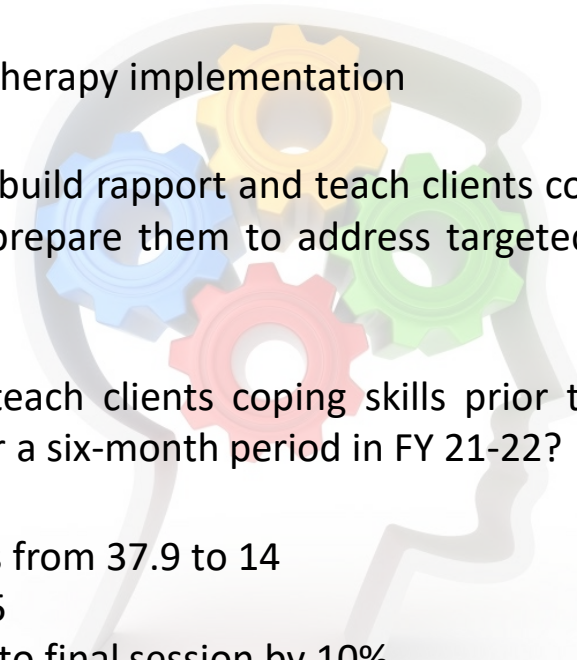
### Intervention:

- 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

### Aim Statement:

- Will adding 3-5 resourcing sessions to teach clients coping skills prior to starting trauma therapy keep clients engaged over a six-month period in FY 21-22?

### Goal:

- Reduce number of days between sessions from 37.9 to 14
  - Increase number of sessions from 2 to 3-5
  - Increase safety measure scores from first to final session by 10%
- 



# DMC Non-Clinical PIP: FY 21-22

## Increasing Linkage to Lower Level of Care

### Problem:

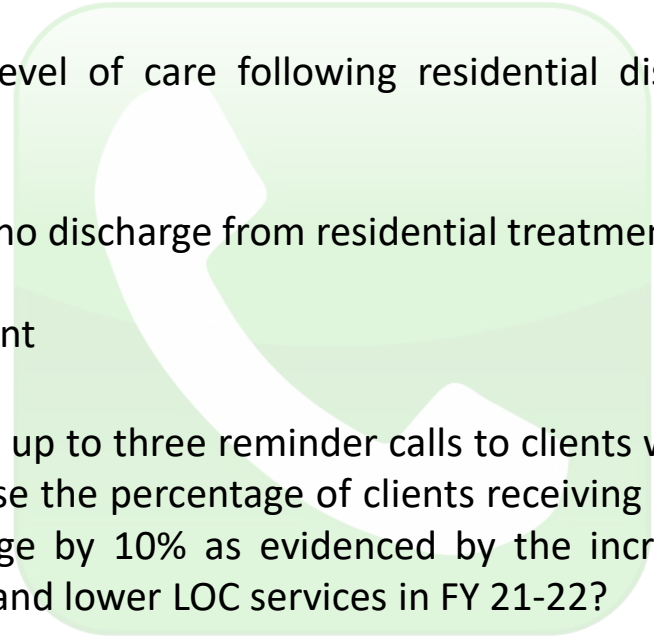
- Clients not getting linked to lower level of care following residential discharge within 7 days

### Intervention:

- Up to three reminder calls to clients who discharge from residential treatment
  - Reminder of appointment
  - Assist with making an appointment

### Aim Statement:

- Will utilizing case managers to provide up to three reminder calls to clients within 7 days after residential discharge increase the percentage of clients receiving a lower LOC service within 7 days of discharge by 10% as evidenced by the increase in successful case management services and lower LOC services in FY 21-22?





# DMC Clinical PIP: FY 21-22

## Seeking Safety Implementation

### Problem:

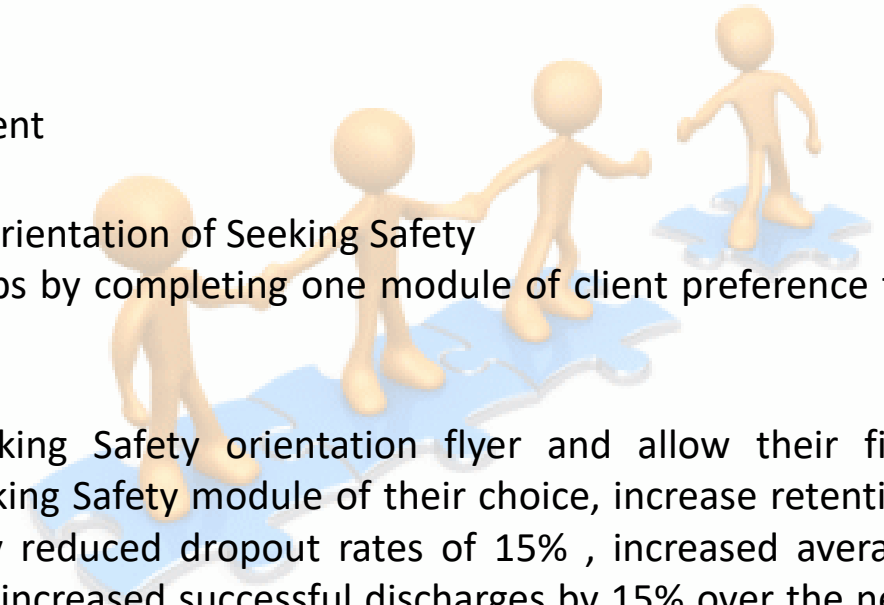
- Low client retention in treatment

### Intervention:

- Utilizing a flyer to provide an orientation of Seeking Safety
- Orient to Seeking Safety groups by completing one module of client preference for first individual session

### Aim Statement:

- Will providing clients a Seeking Safety orientation flyer and allow their first individual session to be a Seeking Safety module of their choice, increase retention in treatment as evidenced by reduced dropout rates of 15% , increased average length of stay to 30 days, and increased successful discharges by 15% over the next 6-month period FY 21-22?



# Morbidity & Mortality

# M&M Subcommittee

## Policy:

- All deaths and unusual or unexpected adverse events of clients of Kern Behavioral Health & Recovery Services (KernBHRS) are reviewed by a peer review committee.
- This includes all contract providers providing both MH and SUD services.
- Recommendations based on these reviews are submitted to the management team

## Purpose:

- Kern Behavioral Health & Recovery Services is responsible for assuring that a high quality of care is rendered to all clients.
- Reviews completed by the M & M committee ensure our system is continuously improving the quality of care.

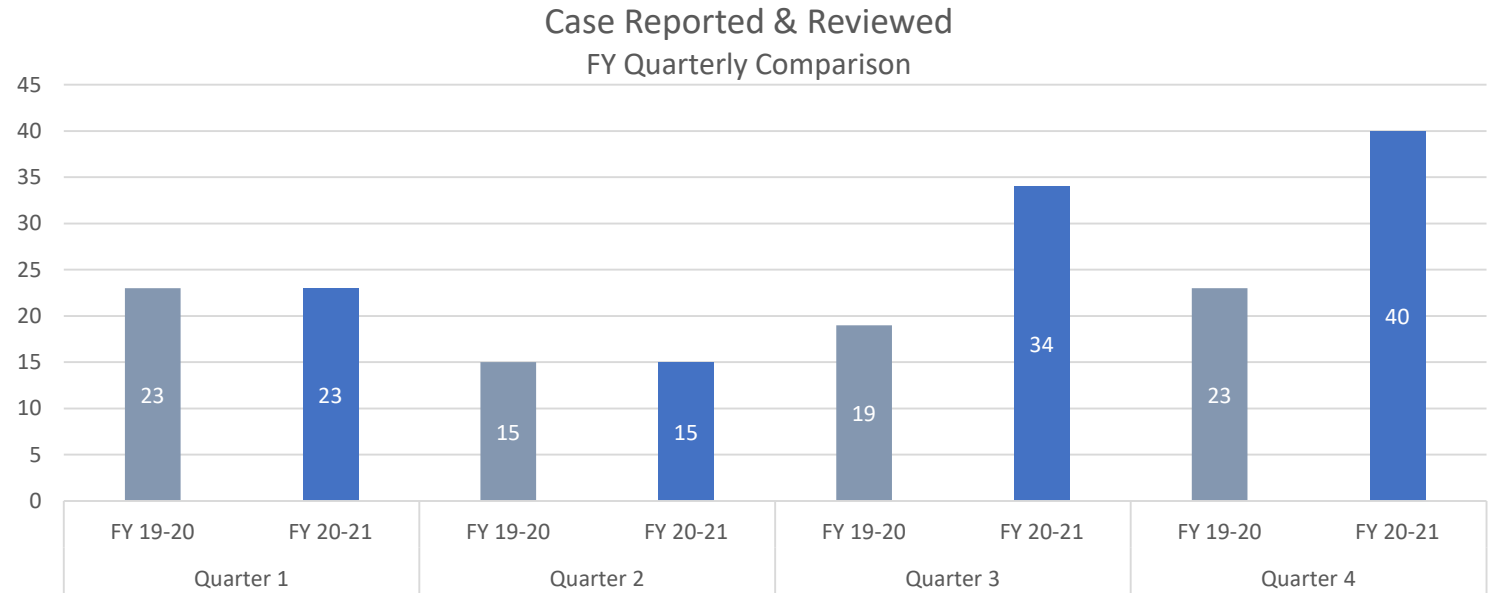
# M&M Subcommittee

## Background:

- Its primary purpose is to improve the overall quality of care provided by the Department.
- This is accomplished by conducting privileged internal reviews of events.
- An administrator or deputy of the Kern Behavioral Health & Recovery Services, serves as the chair of the Morbidity and Mortality Subcommittee.
- The Subcommittee includes administrators, or their designee, from all divisions that provide direct services to clients.
- Supervisors of direct service teams rotate into meetings to help facilitate learning.

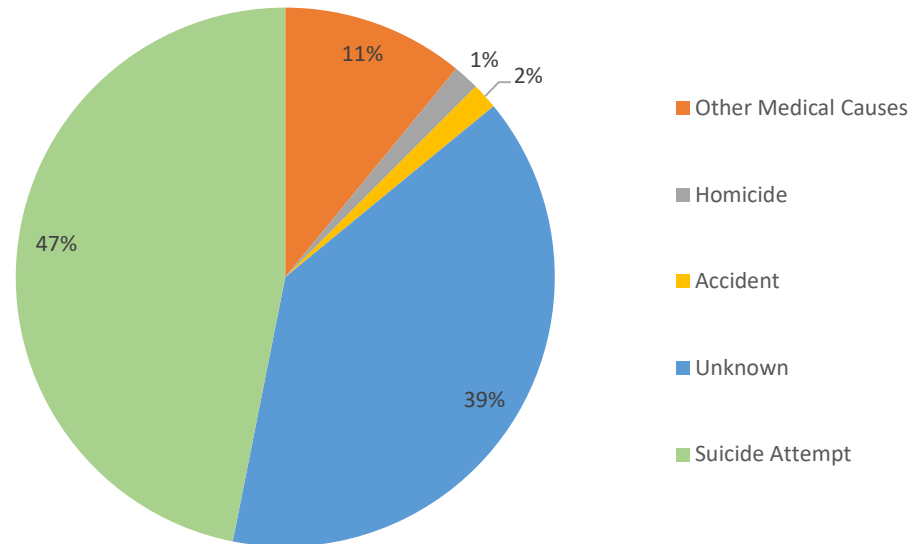
# Case Reviews

Case Reviews	
	Events Reported
<b>FY 20-21 Q1</b>	32
<b>FY 20-21 Q2</b>	33
<b>FY 20-21 Q3</b>	63
<b>FY 20-21 Q4</b>	64



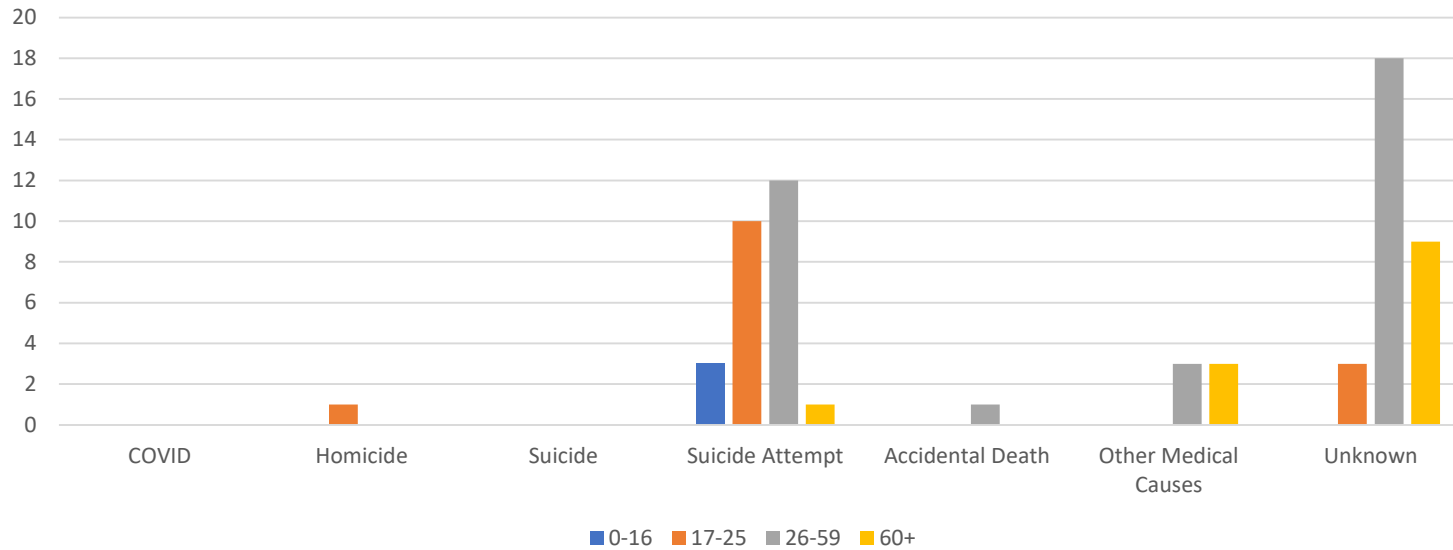
# FY 20-21 Quarter 4 Reporting

FY 20-21, Q4 M&M  
Reporting by Type (n=64)



# FY 20-21 Quarter 4 Reporting

FY 20-21, Q4  
Type of Event by Age Group



# Recommendations for System Improvement

## Previous department changes due to M & M:

- Centralized client database simultaneously accessible by multiple sites – an Electronic Medical Record-Anasazi/Cerner
- “No Wrong Door” philosophy – we provide MH treatment to people who are currently using substances and SUD treatment to people with MH conditions.
- Various trainings – COD’s, Motivational Interviewing, Suicide Prevention – ASIST, Field Safety (CPI/SAVE/Aegis)
- Physical Healthcare Interface policy 5.1.25 ( and related practices)

## Current Recommendations:

- Tracking clients at the team level to ensure clients are not solely receiving services via telephone.

# Children's Services Resource Menu



Throughout the past year, no one has faced more challenges than our children and their families. They have dealt with added stress and anxiety, and local school districts have been there through it all to help. To add an extra layer of support, the Children's System of Care at Kern Behavioral Health & Recovery Services (KernBHRS) has a variety of behavioral health and substance use services available to provide hope to local families.



## Connect to our System of Care

- KernBHRS has an extensive network of geographical service providers that cover every corner of our county. Every school in Kern County is assigned to one of our providers. To find yours, please refer to the back page of this flyer.
- Our 24-hour Substance Use Access Line (1-866-266-4898) connects callers to substance use treatment as well as community resources.

## Behavioral Health Resources

- Assessments to determine treatment options
- Individual, family & group therapy
- Family and support network engagement
- Therapeutic behavioral services
- Referrals and coordinated care with other agencies and resources
- School-based socialization and skill-building groups



## Substance Use Resources

- Assessments to determine treatment options
- Individual, family & group therapy
- Family and support network engagement
- Case management services
- Referrals to other community resources
- Intensive outpatient treatment options

## Educational Programming

### Early Childhood

- Help Me Grow

### Mental Health

- Mental Health First Aid – adults and youth
- Prepare U – elementary-high school
- Transition to Independence Process (TIP) Model

### Substance Use

- Prevention presentations & resources

### Suicide Prevention

- QPR (Question, Persuade & Refer) Training
- Applied Suicide Intervention Skills Training (ASIST) – school personnel
- More Than Sad – school personnel for 7<sup>th</sup>-12<sup>th</sup> grades
- Zero Suicide

### Support Groups

- Consumer Family Learning Center
- NAMI Kern County



Connect to these services through <https://kcmh.wufoo.com/forms/kernbhers-school-resource-menu>  
To learn more about the KernBHRS Children System of Care, visit [www.kernbhers.org/children-s-services](http://www.kernbhers.org/children-s-services)

# Connect to our providers

We have providers located throughout Kern County ready to help you and your child navigate their behavioral health needs. To find a provider near you, use the geographic locations below:

## Delano, McFarland & Pond

Child Guidance  
661-725-1042

## Shafter, Lost Hills, Wasco, Buttonwillow, & Semitropic

College Community Services  
661-758-4029

## Taft & Surrounding Areas

College Community Services  
661-765-7025

## West Bakersfield

Child Guidance  
661-322-1021

## Kern Mountain & Lake Isabella

College Community Services  
760-379-3412

## North Bakersfield

Child Guidance  
661-393-5836

## Ridgecrest (North Desert)

College Community Services  
760-499-7406

## Rosamond, Mojave, California City & Boron

College Community Services  
661-824-5020

## Tehachapi

College Community Services  
661-822-8223

## Arvin & Lamont

Clinica Sierra Vista  
661-845-5100

## Frazier Park

Clinica Sierra Vista  
661-245-0250

## East Bakersfield

KernBHRS  
661-868-6750

## Central/Southeast Bakersfield

Clinica Sierra Vista  
661-397-8775



BEHAVIORAL  
HEALTH & RECOVERY  
SERVICES

[www.KernBHRS.org](http://www.KernBHRS.org)  
Crisis Hotline 1-800-991-5272  
Suicide Prevention Hotline 1-800-273-8255  
24-hour Substance Use Access Line 866-266-4898