



## Kern County Behavioral Health Board System Quality Improvement Committee

Monday, November 22, 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 Jerrod Montelongo	KernBHRS – QID Support
X Barbara Paradise	CCS	X John French	KernBHRS – SUD Specialty Services
X Chelcy Gibbons	KernBHRS – Cultural Competence	X Jose Gomez	KernBHRS – Crisis Services CCMO
X Cynthia Jackson	KernBHRS – QID Support	X Karina Leonzo-Castillo	KernBHRS – Doc. Compliance
X David Kessler	BHB Member	X Maria D. Najera	KernBHRS – Residency Clinic
X Dian Schneider	BHB Member	X Rafael Lopez	KernBHRS – QID SUD
X Estrella Amaro	KernBHRS – Cultural Competence	X Shanda Henry	KernBHRS – CDA
X Gregory J Gonzalez	KernBHRS – Gateway	X Tammy Cates	KernBHRS – SET
X Heather Plaza	CSV	X Tara Christian	KernBHRS – ATT
X Heather Williams	KernBHRS – DATA	X Tracy Lynch	KernBHRS – Executive Administration

**1. Welcome and Introductions – David Kessler Welcomes Everyone**

**2. Review and approval of October 2021 Minutes – Tammy Cates & Jose Gomez Motion to approve minutes**

**3. Public Comment – No Public Comments**

**4. New Business – No New Business**

**5. Guest Presenter – Timeliness Self-Assessment Report MH/SUD – Heather Williams**

- a. We report on an annual basis to the External Quality Review Organization (EQRO). The Mental Health (MH) report was done a few months ago and we should be receiving the results soon. The purpose for the assessment of timely access is that EQRO requires Mental Health Provider’s (MHP) to track Key Performance Indicators (KPI) regarding timely access to services at least quarterly. The MHP tracks timeliness at the unit and subunit level in the Key Performance Indicator Committee (KPIC). This report measures timeliness at the MHP level which is at a higher level than what is reviewed at KPIC. The MHP consists of both Kern Behavioral Health and Recovery Services (KernBHRS) and its contracted providers. There are nine KPI that are reported on which are: First Offered Appointment, First Rendered Service, First Offered Psychiatric Appointments, First Rendered Psychiatric Services, Urgent Services – Prior Authorization Not Required, Urgent Services – Prior Authorization Required, Timeliness To Services After Inpatient Discharge: 7 Days and 30 days, Psychiatric inpatient readmission: 7 Days and 30 Days, and No Show Rates: Psychiatrists and Other Clinicians. There are two different groupings for the KPI “Youth” which is ages 0-17 and “Adult” which is ages 18 and older. There has only been one quarter completed and the second quarter reports are currently underway. Each KPI is measured by a percentage and the percentages found in red indicate that we are below the standard we are required to have. The results can be found in the attached documents below. Dian Schneider questions on why the Children’s and Foster Care are having such a hard time keeping their appointments? Heather Williams responds that a lot of locations are trying to return back to in person but the way the appointments are being set up does not allow for that. On the SUD side EQRO requires Drug Medi-Cal Organized Delivery systems (DMC-ODS) to track KPI regarding timely access to services at least quarterly. The DMC-ODS tracks timeliness at the unit/subunit level in the Substance Use Division (SUD) KPIC. This report measures timeliness at the DMC-ODS level which is a higher level than KPIC. THE DMC-ODS consists of both KernBHRS and its contracted Providers. There are seven KPI that EQRO requires DMC-ODS to report on which is: length of Time from initial request to first-offered routine appointment, length of time from initial request to first routine visit, length of time from initial routine MAT request to NTP appointment, length of time from services request for urgent appointment to actual visit, timeliness on follow up services post-residential treatment discharge, withdrawal management readmission rates within 30 days, and No-Show rates (Outpatient, Intensive Outpatient, Partial hospital, Narcotic Treatment Plan, Residential Treatment, residential Withdrawal, All Service)



6. **Guest Presenter – Local Recovery Survey and New Service Verification Process – Heather Williams**
  - a. California’s Department of Health Care Services (DHCS) issues a bi-annual satisfaction survey, but due to their process the ratings are not reported to the counties within a very timely manner. Kern Behavioral Health and Recovery Service’s (KernBHRS) Quality Improvement Division (QID) created a shorter version of the State’ survey, the Local Recovery Survey (LRS). The Quality Improvement Division (QID) makes calls to clients across the system of care, which includes both mental health and Substance Use Providers. Calls are made monthly, during the 2<sup>nd</sup> full week of each month. Surveys are for Adults, Youth, and Parents/Guardians. Around 250 surveys are completed each month. The Code of Federal regulations, Title 42, 455.1 (a)(2) mandates that the “state have a method to verify whether services reimbursed by Medi-Cal were actually furnished to beneficiaries”. In order to meet these regulations, QID has added a verification of services to the monthly satisfaction surveys. We pull a sample of services that were provided directly to the client from within the first full week of each month. If there is a discrepancy, this is reported to KernBHRS Privacy and Corporate Compliance Officer to investigate further.
7. **Quality Improvement Division – Karina Leonzo-Castillo**
  - a. The Data Notebook is going to be approved today 11/22/2021 and when it is approved will be sent out. EQRO will be held in January. In January how the state defines medical necessity will be changing. The state drafted an Informational Notice (IN) changing that clients will not have to have a diagnosis to receive treatment. Keep in mind that this is a draft and has not been finalized. Once the state gives more direction teams will receive more information. There will be no SQIC Meeting next month.
8. **Department Supports Admin. Ethnic Services Manager – Chelcy Gibbons**
  - a. They have finished the Cultural Competence Plan and should be live on the public website by the end of the year.
  - b. Working on the Black History Month event in February and should have more information in January.
9. **Substance Use Division – Gregory J. Gonzalez**
  - a. Entering second round of audits to audit some of the assessments that providers are completing.
  - b. Entering the winter holidays, the Gateway and SUD teams will be staffed fully during this time.
10. **Adult System of Care – John French**
  - a. The Specialty Services Team (SST) will continue meet a variety of teams to share resources that SST has to offer. Resources regarding the Bakersfield Center for Sexuality and Gender Diversity, Independent Placement Services to help clients get jobs, and Eye Movement Desensitization and Reprocessing, and Eating disorder groups. Once they have completed the Adult System of Care they will move on to the Kern Linkage Division and Crisis Services to make sure everyone knows how to access those services.
11. **Children’s System of Care – Vivian Reyes**
  - a. No New Updates
12. **Kern Linkage Division – Tara Christian**
  - a. No New Updates
13. **Crisis Services – Jose Gomez**
  - a. No New Updates
14. **Medical Services – Maria D. Najera**
  - a. Working on increasing services by going out and seeing clients.
15. **Recovery Support Admin. – Tammy Cates**
  - a. Working out of Kentucky street and during the last rainstorm their building suffered massive issues which it to where the building is unavailable. The Recovery Station has been moved to the Consumer Family Learning Center (CFLC).
16. **Consumer Family Learning Center – Tammy Cates**
  - a. The CFLC is now working from home so the Recovery Station can use their building.
17. **Clinica Sierra Vista – Heather Plaza**
  - a. We now have a clinical Leader for the Wilson Childrens Behavioral Health.
18. **College Community Service – Barbara Paradise**
  - a. Will host activities for the community in relation to the holidays, drives for food and gifts with more information in the future
19. **Child Guidance –**
  - a. No New Updates
20. **Mental Health Services –**
  - a. No New Updates
21. **Substance Use Division Contract Provider –**
  - a. No New Updates
22. **SQIC Recommendations –**
  - a. No New Recommendations
23. **Unfinished Business**
  - a. No Unfinished Business
24. **Adjourn – Next scheduled Meeting is January 24<sup>th</sup>, 2022 at 4:00-5:00 PM, will be virtual via Teams.**

# **MHP/DMC-ODS Assessment of Timely Access**

**Quarter 1  
FY 2021-2022**

# Assessment of Timely Access: FY 2021-2022 Quarter Report Mental Health Plan (MHP)

## Purpose:

EQRO requires MHPs to track key performance indicators (KPIs) regarding timely access to services at least quarterly. The MHP tracks timeliness at the unit- and subunit-level in the Key Performance Indicator Committee (KPIC). This report measures timeliness at the MHP level, a higher-level view than what is reviewed at KPIC. The MHP consists of both KernBHRS and its contracted providers.

## Data Sources:

There are a variety of data sources used to measure the timeliness of services. Cerner is the general data source. However, some tools, such as the CSI Timeliness Web App, are used to measure the timeliness starting with clients' initial requests for services.

## KPIs:

EQRO requires MHPs to report details about **nine** KPIs:

1. First Offered Appt
2. First Rendered Service
3. First Offered Psychiatric Appointments
4. First Rendered Psychiatry Services
5. Urgent Services- Prior Auth not Required
6. Urgent Services- Prior Auth Required
7. Timeliness to Services after Inpatient Discharge: 7 Days and 30 Days
8. Psychiatric Inpatient Readmission: 7 Days and 30 Days
9. No-Show Rates: Psychiatrists and Other Clinicians

## Definitions:

- "Adults" are aged 18+ throughout the report.
- "Youth" are aged 0-17 throughout the report.

# Assessment of Timely Access: MHP (FY 2021-2022)

1. First Offered Appointment					
Standard: $\geq 75\%$ clients <u>offered</u> assessment within 10 business days					
Services	Q1	Q2	Q3	Q4	Trend
All	83%				
Adult	84%				
Children	81%				
Foster Care	95%				
2. First Rendered Service					
Standard: $\geq 75\%$ clients <u>receive</u> service within 10 business days					
Services	Q1	Q2	Q3	Q4	Trend
All	81%				
Adult	84%				
Children	78%				
Foster Care	68%				
3. First Offered Non-Urgent Psych Appointments					
Standard: $\geq 75\%$ clients <u>offered</u> appointment within 15 business days					
Services	Q1	Q2	Q3	Q4	Trend
All	75%				
Adult	68%				
Children	88%				
Foster Care					
4. First Rendered Psych Services					
Standard: $\geq 75\%$ clients <u>offered</u> appointment within 15 business days					
Services	Q1	Q2	Q3	Q4	Trend
All	61%				
Adult	60%				
Children	68%				
Foster Care					

5. Urgent Services-Prior Auth Not Required					
Standard: $\geq 48$ -Hours of Initial Request for Service					
Services	Q1	Q2	Q3	Q4	Trend
All	84%				
Adult	83%				
Children	75%				
Foster Care	75%				
6. Urgent Services-Prior Auth Required					
Standard: $\geq 96$ -Hours from Initial Request					
Services	Q1	Q2	Q3	Q4	Trend
All	100%				
Adult	100%				
Children	100%				
Foster Care					
7. Timeliness to Services after Inpatient Discharge					
Standard: $\geq 75\%$ clients receive service within 7 days of discharge					
Services	Q1	Q2	Q3	Q4	Trend
All	68%				
Adult	70%				
Children	55%				
Foster Care	74%				
8. Timeliness to Services after Inpatient Discharge					
Standard: $\geq 75\%$ clients receive service within 30 days of discharge					
Services	Q1	Q2	Q3	Q4	Trend
All	72%				
Adult	75%				
Children	60%				
Foster Care	74%				

9. Recidivism Rate					
Standard: $\leq 15\%$ of clients leave hospital and return in 7 days					
Services	Q1	Q2	Q3	Q4	Trend
All	6%				
Adult	1%				
Children	5%				
Foster Care	6%				
10. Recidivism Rate					
Standard: $\leq 15\%$ of clients leave hospital and return in 30 days					
Services	Q1	Q2	Q3	Q4	Trend
All	13%				
Adult	13%				
Children	17%				
Foster Care	18%				
11. No-Show Rate: Psychiatrists					
Standard: $\leq 18\%$ of psych appointments are no-shows					
Services	Q1	Q2	Q3	Q4	Trend
All	25%				
Adult	26%				
Children	22%				
Foster Care	21%				
12. No-Show Rate: Other Clinicians (Non-Psych)					
Standard: $\leq 15\%$ of other appointments (non-psych) are no-shows					
Services	Q1	Q2	Q3	Q4	Trend
All	11%				
Adult	12%				
Children	10%				
Foster Care	8%				

Red percentages indicate that KernBHRS is not meeting the standard for that metric.

# Assessment of Timely Access: FY 2021-2022 Quarter Report Drug Medi-Cal Organized Delivery System (DMC-ODS)

## Purpose:

EQRO requires DMC-ODSs to track key performance indicators (KPIs) regarding timely access to services at least quarterly. The DMC-ODS tracks timeliness at the unit/subunit-level in the SUD Key Performance Indicator Committee (SUD KPIC). This report measures timeliness at the DMC-ODS level, a higher-level view than what is reviewed at KPIC. The DMC-ODS consists of both KernBHRS and its contracted providers.

**Data Source:** Cerner and Microsoft Access tools that derive their data from Cerner

**KPIs:** EQRO requires DMC-ODSs to report details about **seven** KPIs:

1. Length of time from initial request to first-offered routine appointment
2. Length of time from initial request to first routine visit
3. Length of time from initial routine MAT request to NTP appointment
4. Length of time from service request for urgent appointment to actual visit
5. Timeliness of follow-up services post-residential treatment discharge
6. Withdrawal management readmission rates within 30 days
7. No-show rates
  - Outpatient
  - Intensive outpatient
  - Partial hospital (*Note: This is not included in Kern's DMC-ODS Implementation Plan. It is not measured.*)
  - Narcotic Treatment Program (NTP)
  - Residential treatment
  - Residential withdrawal
  - All services

## Definitions:

- "Adults" are aged 18+ throughout the report.
- "Youth" are aged 0-17 throughout the report.

**Notes:** Unlike the MHP, the DMC-ODS does not measure timeliness for foster youth. EQRO does not require it.

# Assessment of Timely Access: DMC-ODS (FY 2021-2022)

<u>1. Initial Request to First-Offered Appointment</u>					
Standard: ≥ 75% clients <u>offered</u> routine assessment within 10 business days					
Services	Q1	Q2	Q3	Q4	Trend
All	93%				
Adult	93%				
Youth	98%				
<u>2. Initial Request to First Routine Appointment</u>					
Standard: ≥ 75% clients attend assessment within 10 business days					
Services	Q1	Q2	Q3	Q4	Trend
All	65%				
Adult	64%				
Youth	100%				
<u>3. Initial Request to First NTP Appointment</u>					
Standard: ≥ 75% clients <u>offered</u> appointment within 3 business days					
Services	Q1	Q2	Q3	Q4	Trend
All	100%				
Adult	100%				
Youth					
<u>4. Urgent Appointments</u>					
Standard: 100% clients receive urgent appt within 48 hours					
Services	Q1	Q2	Q3	Q4	Trend
All	65%				
Adult	66%				
Youth	0%				

<u>5. Timeliness of Follow-Up Services Post-Residential Treatment</u>					
Standard: ≥ 85% clients receive service within 7 days of discharge					
Services	Q1	Q2	Q3	Q4	Trend
All	31%				
Adult	31%				
Youth	0%				
<u>6. Withdrawal Management Readmission Rates</u>					
Standard: ≤ 2% of clients leave hospital and return in 30 days					
Services	Q1	Q2	Q3	Q4	Trend
All	0%				
Adult	0%				
Youth					
<u>7. No-Show Rates</u>					
Standard: ≤ 60% of clients will no show to outpatient assessment and ≤ 30% of clients will no show to NTP or residential assessment					
Services	Q1	Q2	Q3	Q4	Trend
Outpatient	85%				
IOT	94%				
Prtl Hosptl	-	-	-	-	—
NTP	49%				
Res. Treat	80%				
Res. Wthdrl	8%				
All	82%				

Red percentages indicate that KernBHRS is not meeting the standard for that metric.



Questions ?

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# Satisfaction Surveys & Service Verification

# Satisfaction Surveys

- California's Department of Health Care Services (DHCS) issues a bi-annual satisfaction survey, but due to their process the ratings are not reported to the counties within a very timely manner.
- KernBHRS's Quality Improvement Division (QID) created a shorter version of the State's survey, the Local Recovery Survey (LRS)
- QID makes calls to clients across the system of care, which includes both mental health and substance use providers.
- We make calls monthly, during the 2<sup>nd</sup> full week of each month (next survey is the week of December 13<sup>th</sup>)
- We have a survey for Adults, Youth, and Parent/Guardians
- We complete on average around 250 surveys each month

# Service Verification

- The Code of Federal Regulations, Title 42, §455.1(a)(2) mandates that the “state have a method to verify whether services reimbursed by Medi-Cal were actually furnished to beneficiaries”.
- In order to meet this regulations, QID has added a verification of services to the monthly satisfaction surveys.
- We pull a sample of services that were provided directly to the client from within the first full week of each month
- If there is a discrepancy, this is reported to KernBRHS Privacy and Corporate Compliance Officer to investigate further

# Reporting

- The results of these surveys are reported quarterly in the Regulatory Compliance Committee (RCC)
- Areas of concern are reported more frequently to the contract administrators

# Your Help

Please let your clients know that we are calling and that we really do want to know what they think or how they feel about the services being provided. If we do not know of an area of concern, we cannot fix it.

**Their voice is important to us.  
We want to make sure it is heard!!!**

Any questions about Surveys or Service Verification please contact the D.A.T.A. Team:  
[QidDATA@kernbhrs.org](mailto:QidDATA@kernbhrs.org)