



Stacy Kuwahara, LMFT, Director

Kern County Behavioral Health Board
System Quality Improvement Committee

Monday, January 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

A	BHB-Chairperson	A	BHB-Co-Chairperson
X Alexander Lopez	KernBHRS-Gateway	X Jose Rodriguez-Cota	KernBHRS-CFLC
X Andrea Dabrushman	KernBHRS-QID IT	X Liz Bailey	KernBHRS-Medical Services
X Brigido Rios	KernBHRS-RSA	X Marisa Garcia Trebizo	CSV-QI-Director
X Chelcy Gibbons	KernBHRS-Department Supports	X Melanie Olcott	KernBHRS-SUD QID
X Courtney Isaac	KernBHRS-Patient Rights	X Richard Hoffer	BHB Member
X Cynthia Jackson	KernBHRS-QID Support	X Sandra Meeks	KernBHRS-CFLC
X Gregory Gonzalez	KernBHRS-SUD	X Selma Gonzalez	KernBHRS-QID Support
X Ivan Carrasco	KernBHRS-QID IT	X Shannon Tolar	KernBHRS-RSA
X John French	KernBHRS-SUD	X Tammy Cates	KernBHRS-RSA & SET
X Jon Casida	KernBHRS-RSA CAC/SET	X Tianna Belcher	KernBHRS-RSA
X Jose Gomez	KernBHRS-Crisis Services CCMO	X Vivian Reyes	KernBHRS-Youth MIST & CSOC

1. **Welcome and Introductions** – Selma Gonzalez welcomed the attendees and conducted introductions.
2. **Review and approval of November 2020 Minutes** – Shannon Tolar motioned to accept, and Jon Casida seconded.
3. **Public Comment** – No public comment was made.
4. **New Business** – There was no new business to be discussed at this time.
5. **Guest Presenter – CPS Survey Results** – Andrea Dabrushman
 - a. The spring 2020 CPS Survey is normally completed in May and was pushed back to June as a result of Covid19. The survey was administered completely online due to Covid19 as well. This was the first round that had all results higher than 85%. The lowest was 88% and the highest being 100%.
 - b. According to CPS policy, teams are required to survey a minimum of 10% of their caseload, however, the teams were not held to this expectation due to Covid19. However, we got 1160 equaling 11% of all clients, this gave us a solid sample to analyze.
 - c. Our goal is to streamline this process and keep this process online in the future. The fall 2020 CPS survey was completely cancelled. Spring 2021 will resume with UCLA as the administrator.
6. **Guest Presenter – New Service Verification Process** – Ivan Carrasco
 - a. Prior to Covid19 the service verification process was a signature on a signature pad, this resulted in 25,000 signatures completed. Previous service verification responses where clients would have to fill out a form, would be among 3,000 signatures. We have been reviewing and attempting different ways to do a satisfaction survey over the phone. Overall, there were 310 clients in this survey, and they were asked what the date of their last service was. This is a requirement by CMS and the state to show we are providing services that we have stated are being provided.
7. **Quality Improvement Division** – Selma Gonzalez
 - a. Currently preparing for SUD EQRO in April.
 - b. The DHCS Review has been placed on hold due to Covid19.
8. **Department Supports Admin. Ethnic Services Manager** – Chelcy Gibbons
 - a. Cultural Competency trainings such as CBT, suicide prevention, and trainings for clinical staff have continued to be held throughout the last year. In addition, new trainings such as multicultural clinical supervision for licensed and free licensed staff, and law and ethics training have been introduced in the recent weeks. These trainings help increase knowledge, skill, and attitudes for providing effective services to our diverse population.



- b. Outreach and Education (O&E) and Public information activities – Continued efforts to increase outreach and penetration rates with various ethnic groups and diverse populations.
 - c. February is Black History month.
- 9. Substance Use Division** – Gregory Gonzalez
- a. Preparing for SUD EQRO in April.
 - b. West-Care has officially been onboarded as a second residential provider to offer levels 3.1 and 3.5 residential services for males.
 - c. Tarzana treatment centers are in the process of being added as a residential provider to offer adolescent and levels 3.3 substance use residential levels of care.
- 10. Adult System of Care** – John French
- a. Individual Placement and Support (IPS) begins in February, this is a supported employment program. IPS is zero exclusion employment that focuses on meeting clients where they are. Once this is up and running throughout the ATT, HAT, and TAY teams, we will be expanding throughout the entire system of care.
- 11. Children’s System of Care** – Vivian Reyes
- a. Short Term Residential has 6 programs running now.
 - b. There is a new training coming up in March for more foster parents for the Treatment Foster Care Program.
- 12. Kern Linkage Division**
- a. No one was available to report.
- 13. Crisis Services – Jose Gomez**
- a. Still on the surge with the tent outside of Mary K. Shell to assist with possible Covid19 cases.
- 14. Medical Services** – Liz Bailey
- a. Zero Suicide is in the process of rolling out to all of the teams. This helps screen for suicidal clients.
 - b. We are continuing with our Seeking Safety virtual pet therapy program. We are also looking into doing individual virtual sessions.
 - c. A pilot was started at the Residency Clinic with texting reminders to clients. This has had very positive responses.
- 15. Recovery Support Admin.** – Shannon Tolar
- a. Tianna Belcher and Brigido Rios are new interns, who will be researching further engagement activities to use with our homeless population.
- 16. Consumer Family Learning Center** – Jose Rodriguez
- a. There are currently 22 support groups, 4 are in Spanish. The numbers of members are increasing. Some of the groups have gotten so large that we have had to split them into multiple groups.
 - b. From July to January CFLC had 2300 engagements.
- 17. Provider Updates**
- a. Clinica Sierra Vista – Marisa Garcia Trebizo – Working on more intense focus for suicide prevention. We are conducting a detailed event to review competency of clinicians and coordination of care for clients.
- 18. Quality Improvement Committee** – There were no recommendations at this time.
- 19. Unfinished Business** – There was no unfinished business to be reported on.
- 19. Adjourn** – Next scheduled meeting February 22nd, 2021 at 4:00 – 5:00 PM, will be virtual via Teams.

This meeting is MH UR Code 3



Workplan Report for QIC

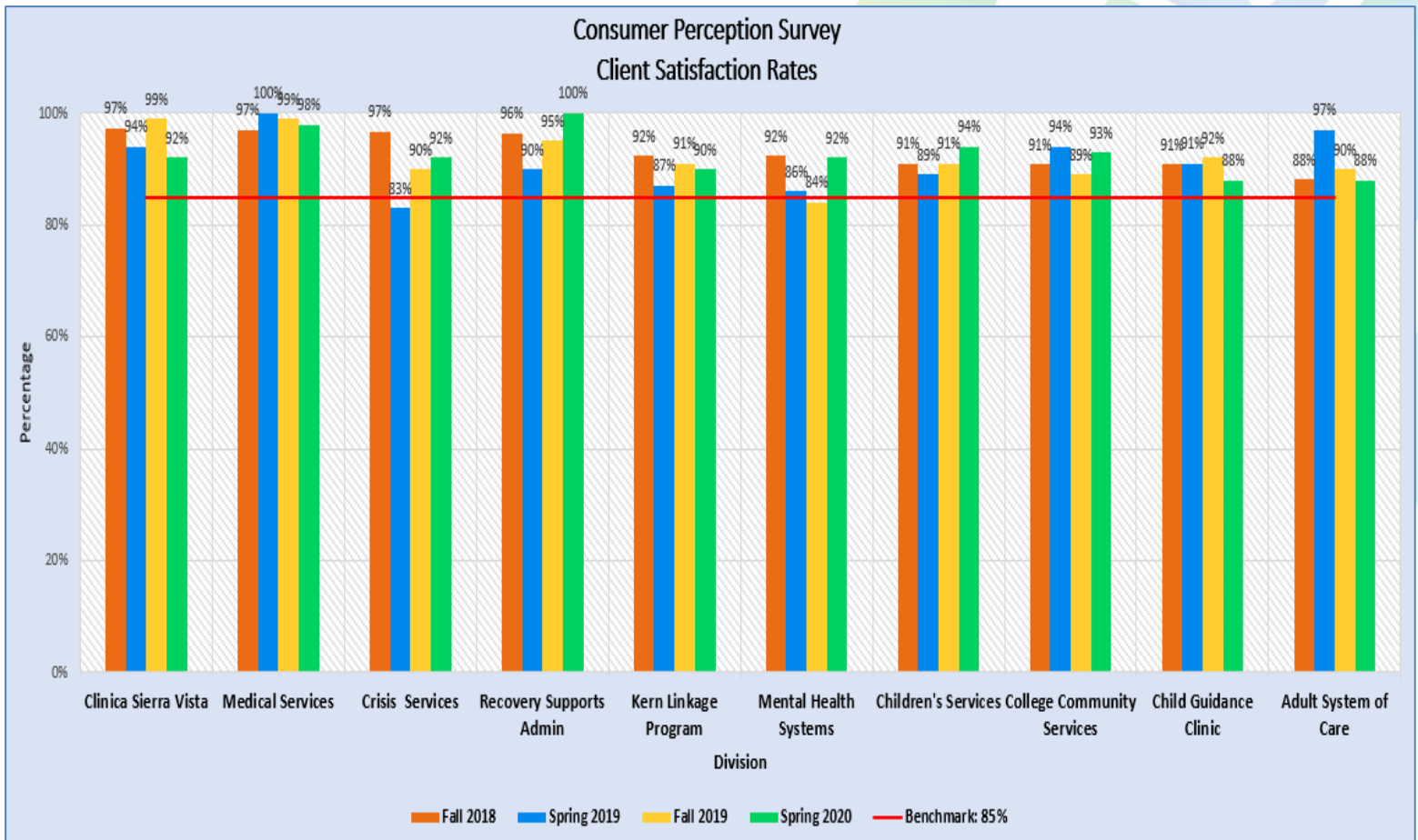
Submitted by: Ivan Carrasco

Date: 1/14/2021

Topic: Consumer & Family Perception Survey - CPS

- Quality Improvement Work Plan Goal:** *Briefly define the Work Plan goal.*
 Each MHP service provider will each achieve a minimum satisfaction rating of 85% or greater on the bi-annual Consumer Perception Survey.

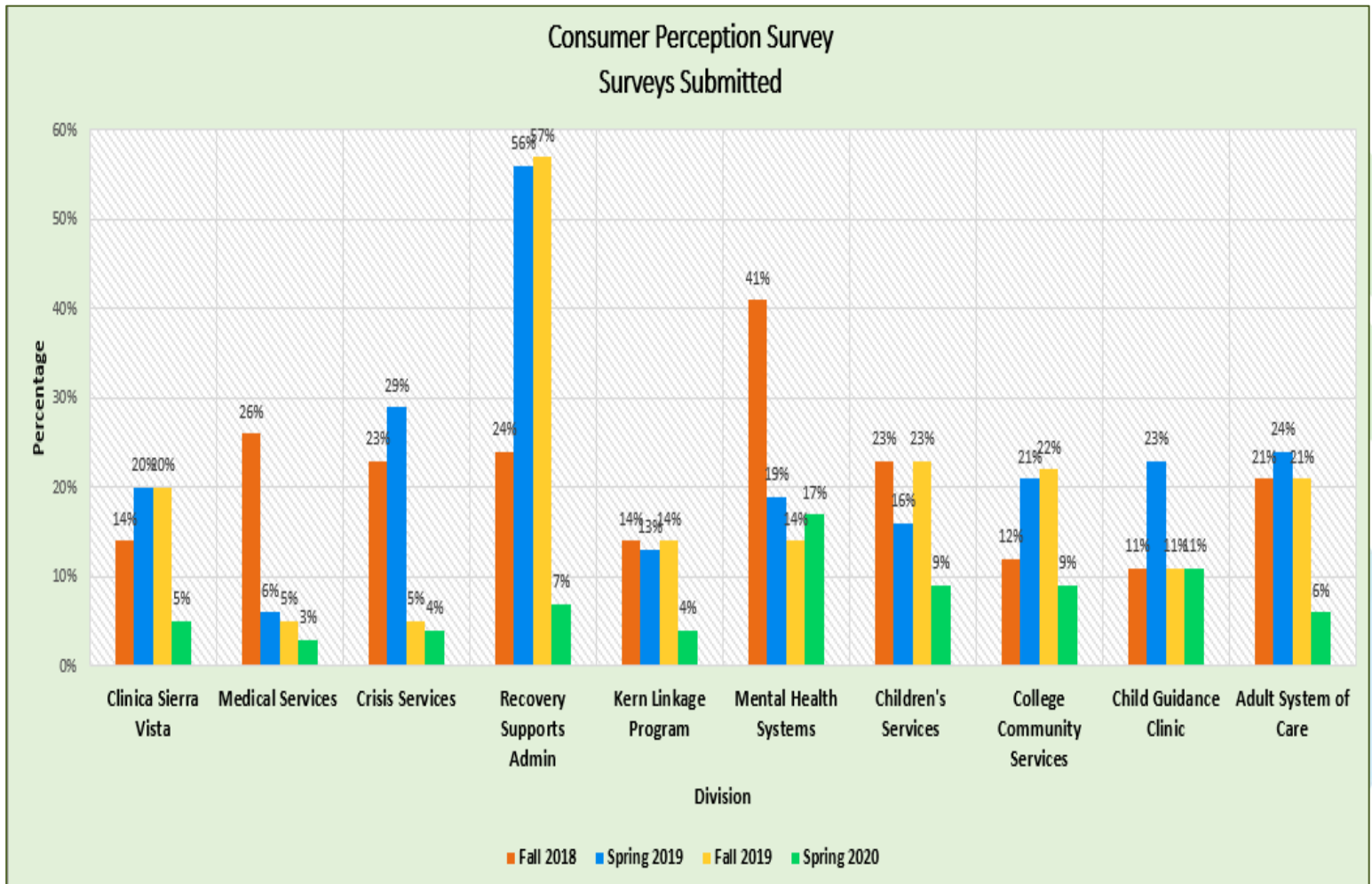
- Data Demonstrating Progress:** *Insert the chart, graph or table used to mark progress toward goals.*





Bill Walker, LMFT, Director

Explanation: The graph above shows the percentage of clients, per division, who responded with *Agree* or *Strongly Agree* when asked the following: “I like the services that I received here.”



Explanation: The graph above shows the percentage of completed Consumer Perception Surveys submitted by division to QID.

3. **Improvement Efforts Made This Quarter:** *Explain what steps were taken to improve/maintain goal.*
 - The KPIC committee is utilizing CPS data to measure client satisfaction and other areas of consumer perception related to recovery principles, access to care, and progress in treatment.





Bill Walker, LMFT, Director

- The KPIC committee recommends that each team falling below the 85% Satisfaction requirement submit a Corrective Action Plan outlining specific steps to meet the benchmark.
- As a result of the COVID-19 pandemic, the Spring 2020 CPS round was administered entirely online. KernBHRS and Contractor staff contacted their clients telephonically, recording their survey responses directly into the California Institute for Behavioral Health Services (CIBHS) online database. This methodology allowed for instantaneous reporting. While the survey response volume was less than the previous rounds, approximately 1,160 clients responded, or 11% of all clients (as compared to 19% of all clients responding in Fall 2019).
- All MH teams exceeded the 85% client satisfaction benchmark percentage for Spring 2020.
- The QIDIT Team is in the process of streamlining our Consumer Perception Survey (CPS) reporting process.
- The QIDIT team is looking at alternative methods of gathering client satisfaction data quicker and more effectively.

All reports are to be submitted to Lesleigh Davis, with Tamara Brown courtesy copied.

