



Stacy Kuwahara, LMFT, Director

Kern County Behavioral Health Board
System Quality Improvement Committee

Monday, February 22nd, 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 David Kessler	BHB-Chairperson	A	BHB-Co-Chairperson
X Brigido Rios	KernBHRS-RSA	X Karina Leonzo	KernBHRS-QID Documentation Comp.
X Chelcy Gibbons	KernBHRS-Department Supports	X Lesleigh Davis	KernBHRS QID Administrator
X Christina Rajlal	KernBHRS MHSA	X Liz Bailey	KernBHRS-Medical Services
X Courtney Isaac	KernBHRS-Patient Rights	X Marisa Garcia Trebizo	CSV-QI-Director
X Cynthia Jackson	KernBHRS-QID Support	X Melanie Olcott	KernBHRS-SUD QID
X Eryka Campos	KernBHRS-SUD	X Tara Christian	KernBHRS KLD
X Ivan Carrasco	KernBHRS-QID IT	X Tianna Belcher	KernBHRS-RSA
X Jon Casida	KernBHRS-RSA CAC/SET	X Vivian Reyes	KernBHRS-Youth MIST & CSOC
X Jose Gomez	KernBHRS-Crisis Services CCMO		

1. **Welcome and Introductions** – Lesleigh Davis welcomed the attendees and introduced David Kessler a BHB Chairperson.
2. **Review and approval of January 2021 Minutes** – Marisa Garcia Trebizo motioned to accept, and Melanie Olcott 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 – Mental Health Services Act (MHSA)** – Christina Rajlal
 - a. The MHSA Team supports 45 different programs which includes 54 teams, 59 contractors, and 43 vendors. The last audit was in 2019 and was closed out and all the requirements were met. The next audit is 2022. MHSA is comprised of 5 different funding streams. Standardization is occurring with contractor Evalcorp, the next round measuring these outcomes is in May. Every 5 years a workforce needs assessment is done on the whole mental health plan. This was last published June 2020 as a part of the 3-year plan. Every year an annual plan is sent to the state, and every 3 years instead of an annual plan a 3-year plan is sent. Section 13 is a new area on SharePoint for policies. This year; 16 new policies will be published and 5 have already been published. In 2020 9 out of 11 stakeholder meetings were virtual and 436 stakeholders participated. Although participation is not the same as before, there is still very good interest. MHSA has had a fiscal impact due to Covid19 and the downturn in the economy. There have been 2 rounds of cuts in FY 20-21. MHSA is tracking all state and deferral funding changes and announcements.
6. **Guest Presenter – Clinical Outcome Measures** – Ivan Carrasco
 - a. ASCO client rating of progress towards recovery shows year to date we are getting less clients with lower ratings. Ivan showed and explained the dashboard that he uses to view the PHQ9/GAD7 data. There has been a significant improvement from last quarter. This information is provided back to the system through KPIC, SUD KPIC, etc.
7. **Guest Presenter – Unusual Occurrence Report (UOR)**
 - a. Karina Leonzo – Mental Health
 - i. There was a total of 320 reports submitted, 179 were internal teams, and 141 were contract providers. 286 were addressed appropriately, the others were due to them not being submitted in a timely manner. 3 recommendation letters were sent out regarding additional missing forms. IT has helped to create an option for administrators to send feedback to their teams.
 - b. Melanie Olcott – Substance Use Division
 - i. There was a total of 41 reports submitted. There was an issue of PHI that was resolved. There was an increase of death, that was followed up with the M&M committee.
8. **Quality Improvement Division** – Lesleigh Davis
 - a. SUD EQRO review is coming mid-April. Some may be asked to participate in a focus group or asked to help clients participate.



9. **Department Supports Admin. Ethnic Services Manager** – Chelcy Gibbons
 - a. There are 2 events on 2.26.21; How We Heal which is a Black History Month event via zoom. There is also the Multicultural Supervisor Training that begins on Friday and is a yearlong training.
10. **Substance Use Division** – Gregory Gonzalez
 - a. Referrals are officially being sent to West-Care. Onboarding is happening for Tarzana treatment centers
11. **Adult System of Care**
 - a. No one was available to report
12. **Children’s System of Care** – Vivian Reyes
 - a. Working towards implementing a 24-hour hotline family urgent response system provided by Wraparound.
13. **Kern Linkage Division** – Tara Christian
 - a. No updates at this time.
14. **Crisis Services** – Jose Gomez
 - a. Continue to help at Mary K Shell with the Covid19 Surge.
 - b. Preparing to launch Behavioral Health program with 911 dispatch at BPD and KCSO.
 - c. There are plenty of beds available at Friese Hope House.
15. **Medical Services** – Liz Bailey
 - a. Rolling out and also creating telehealth equipment in office to increase “Face to Face” services.
16. **Recovery Support Admin.** – Jon Casida
 - a. Moving towards helping high risk clients, if you have any clients that are assessed as high risk, please refer them to the SET team.
17. **Consumer Family Learning Center** – Jon Casida
 - a. Virtual classes are still being provided. They are very happy with the numbers but would still like to improve.
18. **Provider Updates**
 - a. Clinica Sierra Vista – Marisa Garcia Trebizo – Hired a SUD Medical Director. There is an event scheduled in March to train our clinic to be more adept to notice deterioration behaviors.
19. **Quality Improvement Committee** – There were no recommendations at this time.
20. **Unfinished Business** – There was no unfinished business to be reported on.
19. **Adjourn** – Next scheduled meeting March 22nd, 2021 at 4:00 – 5:00 PM, will be virtual via Teams.

This meeting is MH UR Code 3

MHSA SQIC UPDATE

PRESENTED BY: CHRISTINA RAJLAL, PHD, MBA
MHSA COORDINATOR



MHSA SUPPORTS 45 PROGRAMS & 54 TEAMS



MHSA WORKS WITH 59 CONTRACTORS & 43 VENDORS



MHSA AUDIT 2019 WAS CLOSED OUT, NEXT AUDIT IS 2022



OUTCOME MEASUREMENT STANDARIZATION IS OCCURING WITH EVALCORP



PUBLISHED WORKFORCE NEEDS ASSESSMENT & CAPACITY ASSESSMENT 6/2020



16 NEW MHSA POLICIES WILL BE DEVELOPED THIS YEAR, 5 HAVE BEEN PUBLISHED



IN 2020, 9/11 STAKEHOLDER MEETINGS WERE VIRTUAL & 436 STAKEHOLDERS PARTICIPATED



REDUCTION IN OPERATIONS BUDGET TO A SUSTAINABLE \$50M BUDGET



MHSA HAS EXPERIENCED 2 ROUNDS OF CUTS IN FY 20-21

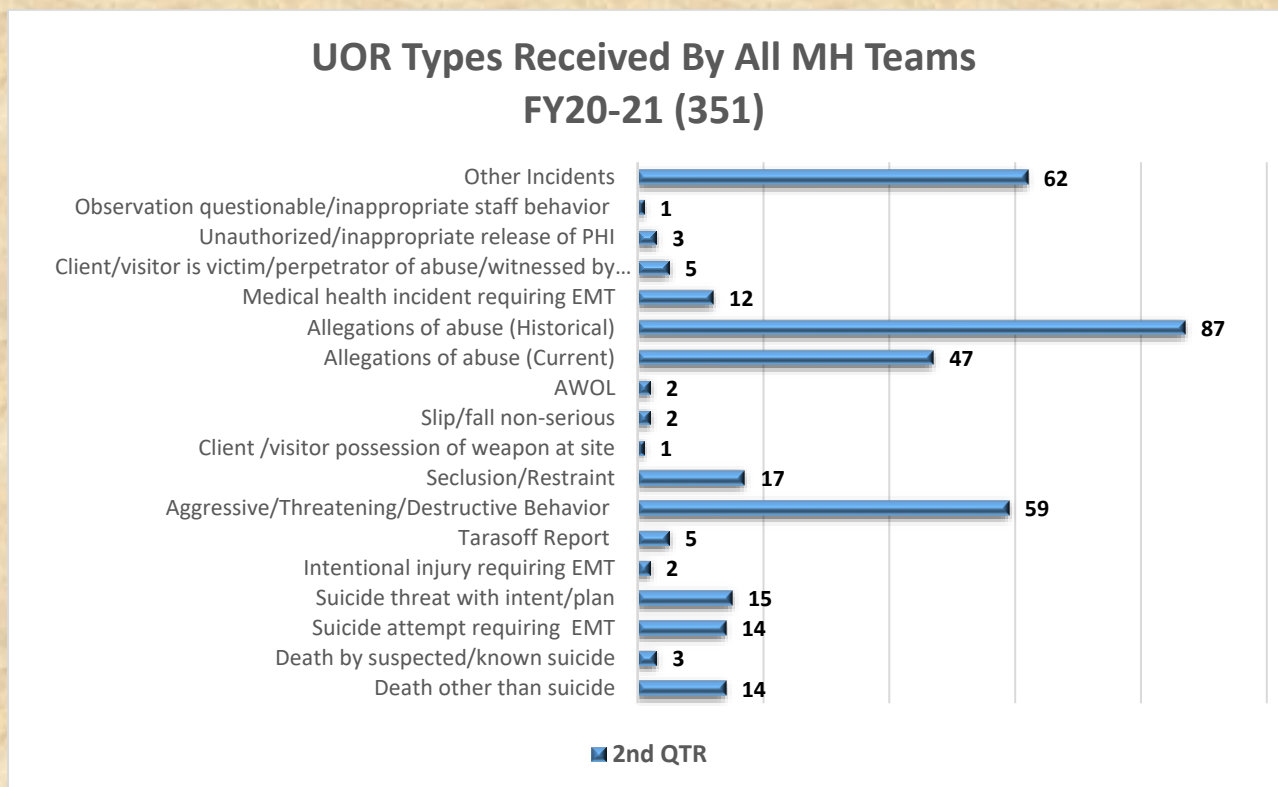


MHSA IS TRACKING ALL STATE & FEDERAL FUNDING CHANGES & ANNOUNCEMENTS

Unusual Occurrence Reports

- Reports submitted through a secured app by all providers when an egregious incident occurs at their sites or with their clients.
- All reports are submitted to the supervisors, administrator, and contract administrator if applicable.
- QID reads all MH UORs submitted to ensure the incidents were addressed appropriately and identify areas of improvement for all MH clients.

UOR's FY 20-21					
QTR	KernBHRS	Contract Providers	Total Submitted	Total # Addressed Appropriately	GOAL 100%
2 QTR.	179	141	320	286	89%



Steps taken to Improvement Process:

- Letters of Recommendations are sent when we see something that could have been handled differently.
 - Only 3 letters were sent for Qt 2 asking staff to complete disclosure of PHI forms.
 - No letters were needed to address an incident in a different way.
- QID has worked with IT so now administrators can send feedback to their teams when they see something should have been done differently or when they need additional information.
- QID has also worked with IT to send reminders to supervisors or administrators when the reports are not completed on time.
- QID also met with our training department to explore possible trainings to help reduce certain types of incidents.
- Ideas or Comments Please Contact Karina at kleonzo@kernbhhs.org



Workplan Report for QIC

Submitted by: Melanie Olcott

Date: 02/10/2021

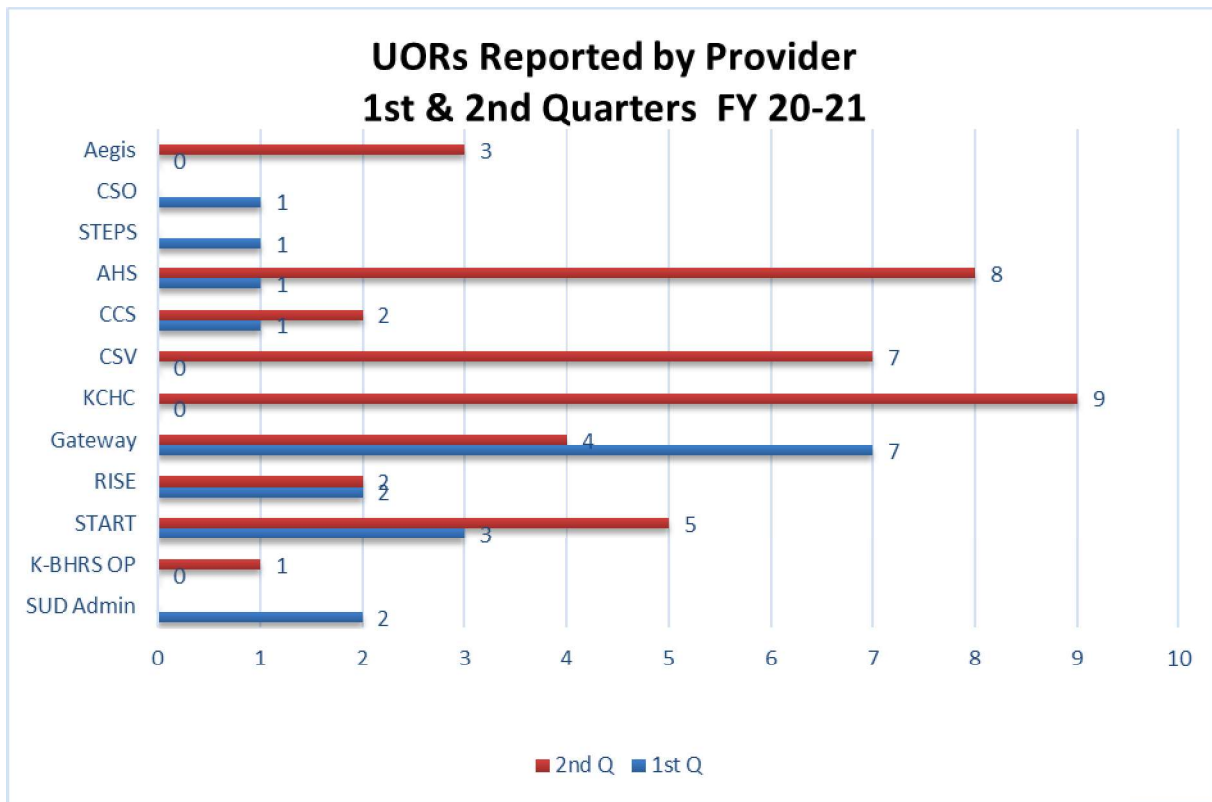
Topic: SUD Unusual Occurrence Report - Outpatient

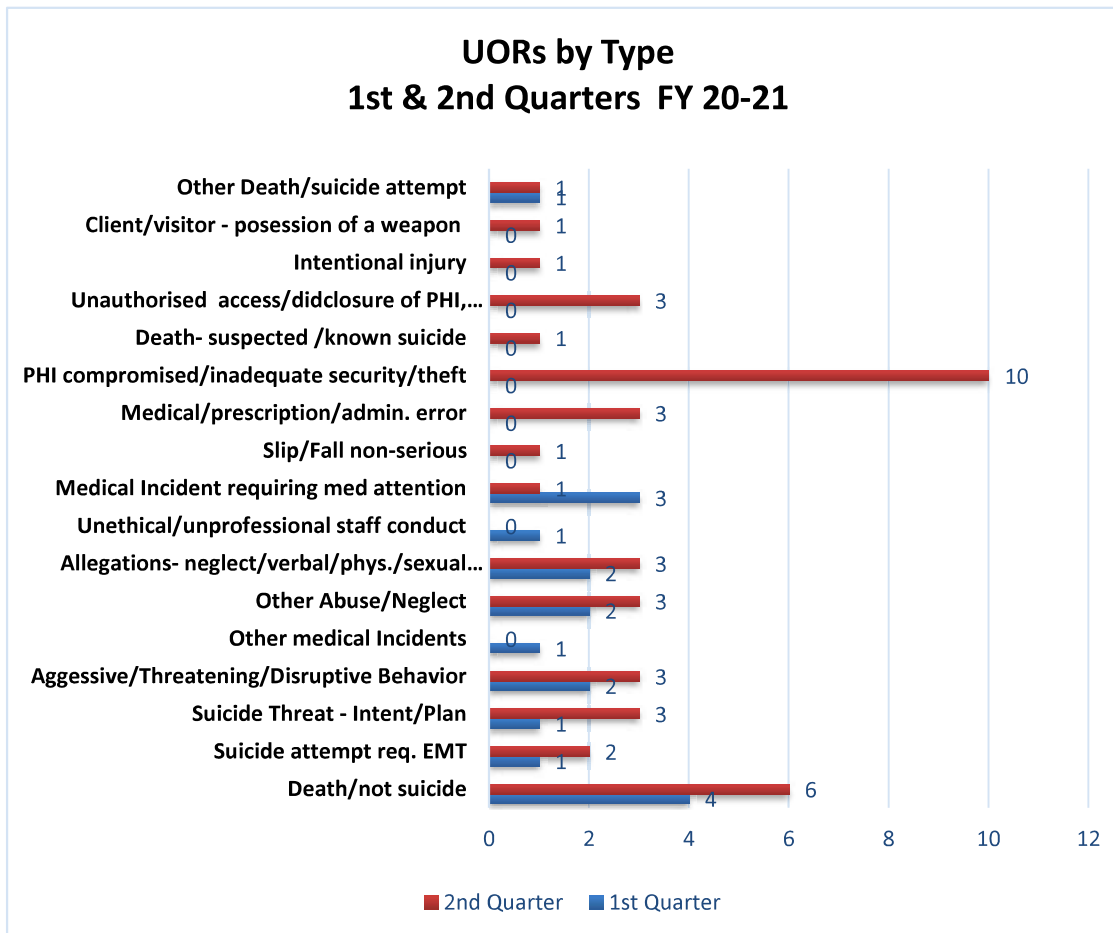
1. **Quality Improvement Work Plan Goal:** *Briefly define the Work Plan goal.*

100% of all SUD Outpatient UOR will be address in an appropriate manner

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

Quarter	Total	Inappropriate	% Appropriate	Goal Met
1 st	18	0	100%	Yes
2 nd	41	0	100%	Yes





3. **Improvement Efforts Made This Quarter:** *Explain what steps were taken to improve/maintain goal.*

- **Improvements:**

1. QID SUD continues to monitor the completion of the UOR forms to ensure these are done in a timely manner and sending weekly reminders when reports are pending signatures.
2. QID SUD has brought UOR discussions to the Monthly Waiver Meeting with SUD Administration to address any quality-of-care concerns.
3. One area of potential concern we are carefully tracking involves client protected health information (PHI). In a case where the National Toxicology lab mistakenly sent PHI to the wrong service providers, our KernBHRS Privacy Officer followed up with the lab and with DHCS. DHCS indicated there was no breach of PHI. There are no quality-of-care recommendations currently.





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4. QID SUD continues to check for actions to ensure all UORs are followed up as needed (e.g., the M&M Report was submitted).

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

Hope. Healing. Life.

