



Stacy Kuwahara, LMFT, Director

Kern County Behavioral Health Board
System Quality Improvement Committee

Monday, May 24th, 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: David Kessler (BHB-Chairperson), Alexander Lopez (KernBHRS-SUD), Ben Rutherford (KernBHRS – Training Services), Chelcy Gibbons (KernBHRS-Cultural Competence), Cynthia Jackson (KernBHRS-QID Support), Ivan Carrasco (KernBHRS-QID IT), Jerrod Montelongo (KernBHRS-QID Support), Jessica Armstrong (KernBHRS – CDA), Jose Gomez (KernBHRS – Crisis Services CCMO), Lesleigh Davis (KernBHRS – QID Administrator), Maria D. Najera (KernBHRS – Residency Clinic), Marisa Garcia Trebizo (CSV-QI-Director), Rafael Lopez (KernBHRS – SUD QID), Rosa Martinez Quintana (KernBHRS – SET), Shannon Tolar (KernBHRS – Program Support), Vivian Reyes (KernBHRS – Youth MIST & CSOC).

- 1. Welcome and Introductions – David Kessler welcomes all attendees.
2. Review and approval of April 2021 Minutes – Shannon Tolar and Jose Gomez approve the minutes.
3. Public Comment – No Public Comments
4. New Business – No New Business
5. Guest Presenter – Network Adequacy Certification Tool (NACT) – Ben Rutherford
a. Network adequacy is the standards clients have, to access services. This includes timeliness (how quickly clients get into services), Time and Distance ( Services within a reasonable distance for clients to travel), Network Capacity (Enough clinical staff to serve clients), and Language Capacity (Services provided in clients preferred language).
b. Mental Health (MH) Plan – The MH Plan is meetings the timeliness standard with a 3 of 4 clients assessed within 10 days. The MH Plan is meetings the Time and Distance standard with clients having an acceptable travel time. The MH Plan is meeting the network capacity standard with plenty of clinical staff to assist clients. The MH Plan is meetings the Language Capacity Standard with staff addressing preferred language of client.
c. Drug Medi-Cal Organized Delivery System (DMC-ODS) – The DMC-ODS is currently meetings Timeliness with 4 of 5 clients offered assessment in 10 days. Time and Distance is not currently being held to the standard by the state at this time, but actions are being made to ensure that time and distance are being met. Network Capacity is still being determined by the state and when an update has been received new information will be available. Language Capacity is currently being met.
d. The next milestone will begin July 1st 2021 with the annual submissions that are due to the Department of Health Care Services (DHCS). QID and Service Providers, as well as other contractors, will give information to the state to show that the standards are being met. Feedback from DHCS is expected later in the 2021 year.
6. Guest Presenter – Mortality and Morbidity (M&M) – Jessica Armstrong
a. Jessica Armstrong is now leading the M&M Committee. The M&M subcommittee reviews all deaths and unexpected adverse events of clients with a peer review committee which includes contract providers from both MH and SUD Services. The purpose of this is to improve the overall quality of care provided by the M&M committee. An Administrator or deputy serves as the chair for the M&M Subcommittee that provide direct services to clients.
b. The number of unusual occurrences has drastically increased and this could be due to the movement to an automated system which allows more occurrences to be seen than previously.
c. Improvements – A centralized client database is simultaneously accessible to multiple sites electronically. A “No Wrong Door” philosophy, MH treatment is given to people who are currently using substances and SUD treatment is given to people with MH conditions. Various trainings have been implemented, Motivational Interviewing and Suicide Prevention. Recommendations for M&M includes guidelines and training to better connect with families and pointing them in the correct direction when helping clients. Increasing staff tracking of clients to ensure that clients are receiving services in more ways than just via telephone and seeking to help clients with significant medical conditions who may not be seeking medical attention due to COVID 19.



7. **Quality Improvement Division – Lesleigh Davis**
  - a. Service verification has become more difficult and a reminder to teams that billing Medi-CAL is a privilege and to make sure teams are not billing services that did not happen. Billing for services that did not happen is illegal.
  - b. The Definition for Urgent Services has been explored through other counties and steps are being taken to being taken with the Crisis services to improve the language used to define Urgent Services.
8. **Department Supports Admin. Ethnic Services Manager – Chelcy Gibbons**
  - a. Upcoming this week is the Asian American/Pacific islander event which will be held on May 28<sup>th</sup> via zoom which will include music, discussion of relevant topics and information celebrating the culture.
  - b. The Juneteenth event will be held next month and is set for June 18<sup>th</sup>. A flyer will be posted when it is received.
  - c. **Culture training has been assigned to all staff and there have been updates due to responses and feedback.**
  - d. **The Cultural Competence Resource Committee (CCRC) is the Third Thursday of every month and anyone who would like to join can reach out to Chelcy Gibbons**
9. **Substance Use Division – Alexander Lopez**
  - a. DCHS has given a review for eligibility for recovery services. Prior clients could only get services if completed survey and now after review any individual who is in need of services can engage in the services.
  - b. DCHS has removed the cap for services within a calendar's year. The previous was 2. This change has been expanded to reduce restrictions.
10. **Adult System of Care –**
  - a. No Updates
11. **Children's System of Care – Vivian Reyes**
  - a. No Updates
12. **Kern Linkage Division –**
  - a. No Updates
13. **Crisis Services – Jose Gomez**
  - a. No Updates
14. **Medical Services – Maria D Najera**
  - a. Leadership has changed and there is a new supervisor, Susana Penia. Waiting for residency interns to start in July.
15. **Recovery Support Admin. – Shannon Tolar**
  - a. The Recovery Support Administration has come back to the building almost 100 %. Homeless outreach to Flood can reach out to Shannon at her desk.
16. **Consumer Family Learning Center –**
  - a. No updates
17. **Provider Updates – Marisa Garcia Trebizo**
  - a. About 75% of staff are back and expected to be 100% by the end of July. Still maintaining appropriate PPE until told otherwise. Clients prefer the face to face interaction and are looking forward to returning to the offices.
18. **Quality Improvement – Lesleigh Davis**
  - a. No New Updates
19. **Unfinished Business –**
  - a. No Unfinished Business
20. **Adjourn – Next scheduled Meeting is June 28<sup>th</sup>, 2021 at 4:00-5:00 PM, will be virtual via Teams.**

# Network Adequacy

System Quality Improvement Committee

May 24, 2021

# Overview

## What is “network adequacy”?

- **Access standards:** Standards about clients’ access to services
  - Timeliness standards: How quickly do clients get into service?
  - Time and distance: Are services within a reasonable distance of clients?
  - Network capacity: Are there enough clinical staff to serve clients?
  - Language capacity: Are services provided in clients’ preferred language?



## How is KernBHRS Performing?

# Performance

## Mental Health Plan (MHP)

- **Timeliness**
  - Met standard!
  - 3 of 4 clients offered assessment in 10 days
- **Time and Distance**
  - Met standard!
  - Clients within acceptable drive time
- **Network Capacity**
  - Met standard!
  - Plenty of staff to meet client demand
- **Language Capacity**
  - Met standard!
  - Language line services available

## Drug Medi-Cal Organized Delivery System (DMC-ODS)

- **Timeliness**
  - Met standard!
  - 4 of 5 clients offered assessment in 10 days
- **Time and Distance**
  - *Not applicable*
  - Expanding network of providers
- **Network Capacity**
  - *To be determined*
  - In process of determining capacity
- **Language Capacity**
  - Met standard!
  - Language line services available

# Next Steps

## Milestones

- **July 1<sup>st</sup>:** Annual submissions due to Department of Health Care Services (DHCS)
- **Late 2021:** Expect to receive feedback from DHCS

# 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.

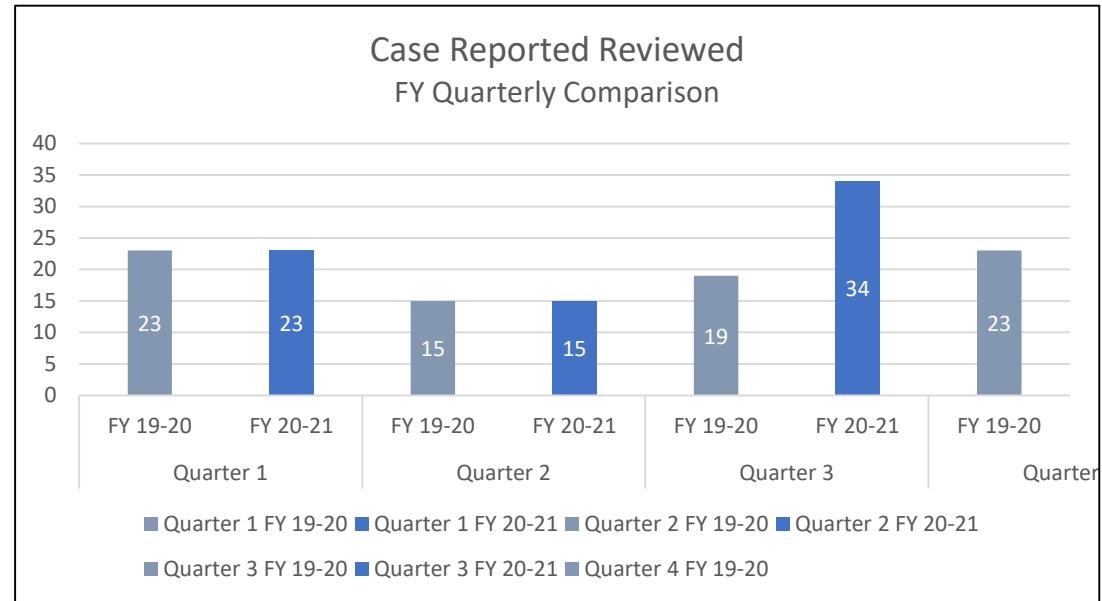
# M&M Subcommittee

## 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.

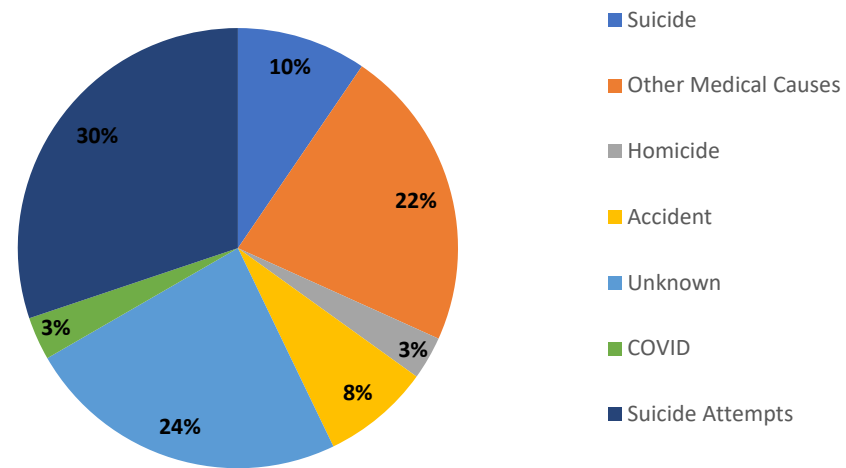
# Case Reviews

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



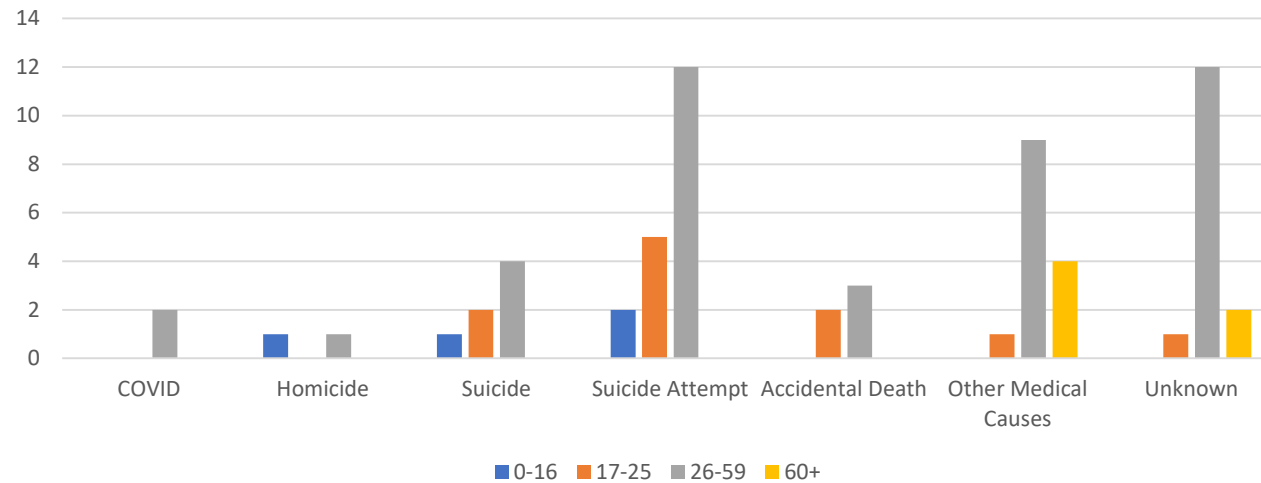
# FY 20-21 Quarter 3 Reporting

FY 20-21 Quarter 3  
M&M Reporting by Type (n=63)



# FY 20-21 Quarter 3 Reporting

FY 20-21, Q3  
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:

- Guidelines and recommendations for training on working with families in context of client care:
- Tracking clients at the team level to ensure clients are not solely receiving services via telephone.
- Explore ways staff can support clients with significant medical conditions not seeking medical attention due to COVID-19.