



Bill Walker, LMFT, Director

Kern County Behavioral Health Board  
System Quality Improvement Committee

Monday, August 24, 2020

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

<b>A</b>	BHB-Chairperson	<b>A</b>	BHB-Co-Chairperson
X Alexander Lopez	KernBHRS-Gateway	X Jose Gomez	KernBHRS-Crisis Services CCMO
X April Gonzalez	CCS-Quality Improvement Admin.	X Jose Rodriguez Cota	KernBHRS-CFLC Program Technician
X Celena Alvarez	KernBHRS-QID Outcome Measurement	X Leigh Davis	KernBHRS-QID Administrator
X Chelcy Gibbons	KernBHRS-Department Supports	X Marisa Garcia Trebizo	CSV-QI-Director
X Courtney Isaac	KernBHRS-Patient Rights	X Marni Orsbern	Pathways
X Cynthia Jackson	KernBHRS-QID Support	X Richard Hoffer	BHB Member
X Delphina Rojo	KernBHRS-CFLC	X Samantha Castellon	KernBHRS-CFLC
X Diana Najera	KernBHRS-Green Gardens RSA	X Shanda Henry	KernBHRS-QID Support
X Donna Robinson	KernBHRS-QID Quality Monitoring	X Shannon Tolar	KernBHRS-RSA
X Jessica Armstrong	KernBHRS-Contracts Division Admin.	X Tammy Cates	KernBHRS-RSA & SET
X John French	ASOC and Adult Admin	X Tara Christian	KernBHRS-KLD ATT
X Jon Casida	KernBHRS-RSA CAC/SET	X Vivian Reyes	KernBHRS-Youth MIST & CSOC

1. **Welcome and Introductions** – Leigh Davis welcomed the attendees and conducted introductions.
2. **Review and approval of June 2020 Minutes** – Shannon Tolar stated that at the last meeting the contact name for Green Gardens was incorrect and should be changed from Diana Najera to Shannon Tolar. John French accepted with changes and Tammy Cates 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 – Donna Robinson – M/C Compliance Update**
  - i. The Triennial review was held in May of 2019; The feedback from reviewers was the best that it has been in the past decade. The areas that need to be addressed are below.
    - a. Test calls – The state makes 7 test calls before the review, 2 out of the 7 were missing 3 of the components. This has been corrected. QID also does quarterly test calls to prepare.
    - b. Treatment Authorization Request – They review 100 forms; some were not signed by a licensed mental health professional or physician. This has been completed and there were only a few of these forms that needed to be resolved.
    - c. MH Assessments – They reviewed 20 charts. Initial assessment was found not to have all of the prompts filled out. The Reassessment form was found that there were required elements missing. These have been corrected.
    - d. Medication Consents – Not all required medication consents were present, and some were not signed, or the signature was not legible. There is already monitoring in progress; additional enhanced processes are being worked on and put in place now.
    - e. Treatment Plan – These need to be completed annually; some were completed after the 365 days and some were not written with enough details. This information was already in place, but more monitoring was put into place along with dashboards to help correct this issue.
    - f. Progress Note – They were not being completed within a timely matter according to our policy. This being worked on; there is a policy in progress. There is communication with Human Resources and possibly the union to finalize the policy. There were some progress notes that did not adequately describe the services and/or the incorrect code was used. There have been additional trainings on this for employees to correct this issue.
  - ii. EQRO Reviews are done annually; they look at quality and data access. This year the first DMC ODS EQRO Review was held virtually. As of right now we only have the draft report. They identify 36 strengths. There were 8 recommendations; once they publish the report, we have the rest of the year to address and will report the next year. The Mental Health EQRO is coming up in October and will also be virtual. An update will be provided after the review.





## Bill Walker, LMFT, Director

### 6. Guest Presenter – Celena Alvarez – Clinical PIP/Non-Clinical PIP

- i. A subset for EQRO review is Performance Improvement Projects. Each year we are required to develop and implement 4 PIPS; MH and SUD will each have 1 clinical and one non-clinical.
  - a. MH Clinical PIP – Eye Movement Desensitization and Reprocessing Implementation – The goal is to reduce subjective trauma while improving client’s symptoms anxiety and depression.
  - b. MH Non-Clinical PIP – Telehealth Expansion – I-Pads have been deployed to staff to increase telehealth access in the field. The goal being that I-Pad utilization for telehealth expansion will improve no-show rates to psychiatric appointments, improve no show rates to other clinician appointments and improve client outcomes.
  - c. SUD Clinical PIP – Seeking Safety Implementation – The goal is that clients will be more engaged in treatment and reduce drop-out rates.
  - d. SUD Non-Clinical PIP – Enhancing linkage to First Assessment Appointments. The start date is 9/1/20. The goal is to increase client linkage to assessment appointments.

### 7. Mental Health Quality Improvement Division – Lesleigh Davis

- i. There are some changes to 42 CFR; which will allow us to address an issue brought up in the last meeting regarding tasks that get in the way of services. This will reduce the amount of time it takes to fill out ROIS. Information will be published on changes to how we do ROIS, when there is not substance use information involved. This is the first effort and not final effort.
- ii. The progress note changes should launch soon; this was stalled due to some issues, but big changes will be announced soon.
- iii. Mental Health EQRO review is coming up; There will be invitations in the next month to participate in focus groups.
- iv. A task that this committee is responsible for is the Data Notebook; this published by the Mental Health Planning Council. They gather information from each counties SQIC and BHB. The topic last year was Children’s Services. The topic this year is Telehealth Services. We will be going over this and more in-depth at the next meeting.

### 8. Department Supports Admin. Ethnic Services Manager – Chelcy Gibbons

- i. A cultural competence training was just concluded. There were 14 clinical supervisors that finished this year long training. There is an enhanced training that will allow clinical supervisors to continue to supervise staff and address cultural competence. There is ongoing improvement training on addressing cultural and diverse issues and providing culturally responsive care to clients.

### 9. Substance Use Division – Alex Lopez

- i. There has been a change in hours within Gateway. A few staff will be there early in the morning starting in September.
- ii. Currently establishing a referral path to Clinical Sierra Vista and Omni, so that we can redirect individuals having opioid withdrawals.
- iii. They are also in the process of adding new residential providers. There should be more residential placements in the future.

### 10. Adult System of Care – John French

- i. EMDR has been reported a great therapy model with many of the West RAWC clients; specifically, when the doctor made the recommendation and the client was receptive to it. At this time there are no EMDR therapists on site.
- ii. The partnership with the LGBTQA center therapist has a great interest with working with the population; this was placed on hold due to Covid19. She is still interested in taking on clients within the LGBTQA population.
- iii. Adult Redesign has been and will continue to be instrumental in increasing transitions to lower levels of care and has been beneficial in many ways such as; identifying, linking, and transferring clients. This has also helped with lightening caseloads.
- iv. Specialty Services Team has taken on the adult admin projects team. They will oversee programs such as; EMDR, eating disorders, REACH, and more as they become available to Kern County.

### 11. Children’s System of Care

- i. There was no one available to report.

### 12. Kern Linkage Division – Tara Christian

- i. No updates at this time

### 13. Crisis Services – Jose Gomez

- i. Covid19 has pushed us back a little. It has been very busy at the CWIC. MET is still available 24 hours.

### 14. Recovery Support Admin. – Shannon Tolar

- i. If any information needed about the status of a client within the coordinated entry system, please contact Shannon Tolar.

### 15. Consumer Family Learning Center – Delphina Rojo/Jose Rodriguez Cota/ Samantha Castellon

- i. In September the onsite groups will increase to 3; these will consist of 4 selected individuals that have agreed to the social distancing rules. Virtual groups are progressing as well; about 50 percent are at maximum capacity or over; working on expanding and creating more groups. Hours are being expanded on Thursday evenings to hold a stress management group from 5:00 PM to 6:00 PM due to feedback from the community. The staff is doing daily calls to keep up interaction with clients.





- ii. Jose oversees the advisory board; as of right now they are meeting twice a month virtually and trying to keep the board members engaged; right now they are assisting with the recovery newsletter and get some of the volunteers to facilitate virtual groups; along with accessing training so they can facilitate.
- iii. Samantha Castellon spoke on the classes online and how they are a great way for the community to come together even with the separation. The fall classes being created are much anticipated.

**16. Provider Updates**

- i. Clinica Sierra Vista – Marisa Garcia Trebizo – In the process of working on new workloads in help centers to increase the number of therapists to improve the step-down process. There are currently 5 or 6 therapists. It is anticipated that within the year there can be a therapist in every help center.

**17. Quality Improvement Committee** – There were no recommendations at this time.

**18. Unfinished Business** – There was no unfinished business to be reported on.

**19. Adjourn** – Next scheduled meeting September 28<sup>th</sup>, 2020 at 4:00 – 5:00 PM, will be virtual via Teams.

**This meeting is MH UR Code 3**





BEHAVIORAL  
**HEALTH & RECOVERY**  
SERVICES

**System Quality Improvement Committee  
Medi-Cal Compliance Update**



# DHCS 2019 Triennial Systems Review CAP

- **Test Calls:** The caller was not provided all required information about SMHS
  1. Assessment is required to determine if they meet medical necessity
  2. Services needed to meet an urgent condition
  3. How to access SMHS**Completed:** This correction was addressed through updates in training materials/policy and monitoring
- **Treatment Authorization Requests (TARs):** Not all TARs were signed by a licensed mental health professional or physician  
**Completed:** This correction was addressed through staffing changes to ensure TARs are only reviewed by a license clinician and policy language was revise
- **MH Assessments:** Not all required elements were present and/or completed  
**Completed:** This correction was addressed through updating the Reassessment forms to include all required elements, emphasizing all Medi-Cal requirements in training, and enhanced monitoring processes and tools
- **Medication Consents:**
  1. Not all required medication consents were present
  2. Not all forms were signed by the prescriber**In progress:** Enhanced monitoring processes are in development
  3. Some required elements were missing form the consent forms**Completed:** Forms have been updated to include all required elements



# DHCS 2019 Triennial Systems Review CAP cont.

- **Treatment Plan:**

1. Not completed prior to the annual expiration date
2. Interventions did not have detailed description
3. Interventions did not have an expected frequency (Ad Hoc)

**Completed:** This correction was addressed by emphasizing timeframes and content requirements in training, creating dashboards for staff to monitor expiring plans, and enhanced monitoring processes and tools

- **Progress Notes:**

1. Not written and final approved within 48 hours according to the KernBHRS timeliness standards  
**In progress:** policy is currently being updated to clearly communicate timeframe standards; once finalized this will be communicated through enhance training
2. Did not adequately describe a service and/or did not substantiate medical necessity
3. Incorrect service codes used

**Completed:** Items 2 and 3 are areas in enhanced training

4. Intervention was focused solely on substance use condition and not mental health (PEC service)  
**In progress:** QID is scheduled to begin reviewing PEC notes later this Fall (delayed due to COVID PHE)



# EQRO Reviews

## **DMC-ODS EQRO FY19-20 Review**

- Conducted May 27-29, 2020
- 36 Strengths Identified in the **Draft** Report
  - 14 - Access to Care
  - 4- Timeliness
  - 14 – Quality of Care
  - 4 – Client Outcomes
- 8 Recommendations (**Draft**)
  1. Strategies to increase Latino/Hispanic penetration rates
  2. Strategies to increase successful transitions to a lower level of care post residential treatment
  3. Analyze and broaden how the county defines “urgent appointments”
  4. Evaluate strategies to expedite how level of care change decisions are made
  5. Evaluate if there are opportunities to reduce redundancy in the screening/assessment process between MH and SUD to improve access to care
  6. Outreach to youth during the next TPS survey
  7. Plan to have 2 active Performance Improvement Projects (PIPs)
  8. Evaluate options for MAT services in regions where timely access to services is needed

## **MHP EQRO Review**

- Schedule October 6-8, 2020
- Areas of Review: Access to Care, Timeliness of Care, Quality of Care, Beneficiary Progress/Outcomes, Structure & Operations



BEHAVIORAL  
**HEALTH & RECOVERY**  
SERVICES

**System Quality Improvement Committee  
Performance Improvement Projects**



# Performance Improvement Projects

- Develop and implement four (4) Performance Improvement Projects (PIPs) annually
- 2 Mental Health
- 2 SUD

**Clinical**

**Non-Clinical**



# Mental Health

## Clinical PIP: Eye Movement Desensitization and Reprocessing (EMDR) Implementation

- **Interventions started: 5/1/2020**
- **Goal:** Reduce subjective trauma while improving clients' symptoms of anxiety and depression

## Non-Clinical PIP: Telehealth Expansion

- **Interventions:** With COVID-19 pandemic, there has been expansion of telehealth services (3/17/20). I-pads were deployed to staff to increase telehealth access in the field. (7/8/20).
- **Goal:** I-Pad utilization for telehealth expansion will improve no show rates to psychiatric appointments, improve no show rates to other clinician appointments, and improve client outcomes.



# Substance Use Disorder

## Clinical PIP: Seeking Safety Implementation

- **Interventions started: 6/12/2020**
- **Goal:** Client will be more engaged in treatment and reduce drop-out rates

## Non-Clinical PIP: Enhancing linkage to First Assessment Appointments

- **Start Date: 9/1/2020**
- **Intervention:** Recovery Station therapist to either provide Assessment to client onsite or refer to provider for their first assessment
- **Goal:** Increase client linkage to assessment appointments