



Bill Walker, LMFT, Director

Kern County Behavioral Health Board
System Quality Improvement Committee

Monday, October 26, 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.

		<i>Present</i>	
<p>A</p> <p>X Alexander Lopez</p> <p>X Chelcy Gibbons</p> <p>X Courtney Isaac</p> <p>X Cynthia Jackson</p> <p>X Gregory Gonzalez</p> <p>X Jon Casida</p> <p>X Jose Gomez</p> <p>X Kelly Levig</p>	<p>BHB-Chairperson</p> <p>KernBHRS-Gateway</p> <p>KernBHRS-Department Supports</p> <p>KernBHRS-Patient Rights</p> <p>KernBHRS-QID Support</p> <p>KernBHRS-SUD</p> <p>KernBHRS-RSA CAC/SET</p> <p>KernBHRS-Crisis Services CCMO</p> <p>KernBHRS-QID OM</p>	<p>A</p> <p>X Lesleigh Davis</p> <p>X Maria Najera</p> <p>X Mario Gomez</p> <p>X Marisa Garcia Trebizo</p> <p>X Shanda Henry</p> <p>X Tammy Cates</p> <p>X Tara Christian</p> <p>X Vivian Reyes</p>	<p>BHB-Co-Chairperson</p> <p>KernBHRS-QID Administrator</p> <p>KernBHRS-Residency Clinic</p> <p>KernBHRS-SET</p> <p>CSV-QI-Director</p> <p>KernBHRS-QID Support</p> <p>KernBHRS-RSA & SET</p> <p>KernBHRS-KLD ATT</p> <p>KernBHRS-Youth MIST & CSOC</p>

1. **Welcome and Introductions** – Lesleigh Davis welcomed the attendees and conducted introductions.
2. **Review and approval of August 2020 Minutes** – Alexander Lopez motioned to accept and Marisa Garcia Trebizo 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 – Kelly Levig – Clinical Outcomes Measures**
 - i. Key Performance Indicators (KPI) and outcomes data is always rooted in finding if clients are getting better and if they are getting the care that they want. This data also tells if clinics are providing timely service, if they are efficient, and to ensure that care does not vary based on race, ethnicity, or gender.
 - ii. KPI’s describe a situation concisely, track progress and performance, and, acts as a guide to inform decision making.
 - iii. All KPI domains cover 4 areas: access, timeliness, quality of care, and outcomes.
 - iv. KPI standards are directly linked to better client outcomes; the faster we can get people into services and engaged, the better their outcomes.
 - v. CMS Adult/Child Core Set Measures – We as a system are responsible for developing and evolving federal CMS and state measures. These measures related to the people we serve within antidepressant medication monitoring for adults. Along with the use of psychotropic medications, and antipsychotic medications for children.
 - vi. We monitor these reports monthly within the KPI Committee, along with meeting for KPI Interventions.
 - vii. Quality Loop – measuring, monitoring, identifying areas for improvement, implementing interventions, re-measuring for real improvement (or not). If there is no improvement; the process failed not the person or the team. It means the next step is to try a different intervention!
6. **Quality Improvement Division** – Lesleigh Davis
 - i. The MH Progress Note was recently revised; feedback has been positive. Conversations and drafts are being started on changes for the SUD Progress Note soon.
 - ii. Starting on November 1, 2020 the service codes are being consolidated down to 6 service codes.
 - iii. Changes were made to the ROI to simplify; in addition to this a Lean6 study to see what else can be changed to simplify this process.
 - iv. EQRO was completed in the beginning of October; it went very well. We were notified today about plans for DMC and SABG review which will happen in the end of February.
 - v. Ivan Carrasco will be the new supervisor of the Outcomes Measures team as Kelly Levig will be leaving.
 - vi. Behavioral Health Planning Commission has issued their Annual Data Notebook. This means a survey needs to be taken. This survey has to be done in partnership with BHB and the System. The topic will be Tele-Health. A meeting will be hosted on November 4, 2020 so that a discussion can be had on this. This will be reported on at a following meeting.
 - vii. There will be QQID Meetings on October 30, 2020 SUD – 8:00 AM – 9:30 AM and MH – 10:00 AM -12:00 PM





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7. **Department Supports Admin. Ethnic Services Manager** – Chelcy Gibbons
 - i. Working closely with Mental Health and Substance Use Division to increase penetration rates among diverse populations, including our threshold population of Latinx.
 - ii. We are combining forces with Human Resources to meet diverse workforce improvement and retention goals.
 - iii. The Cultural Competence plan is live and on the public website.
8. **Substance Use Division** – Gregory Gonzalez
 - i. A SUD mini assessment center is being launched with the goal of getting clients who are leaving residential treatment services linked back into outpatient services in an expedited manner to reduce the time that clients are going without treatment services.
 - ii. In the process of wrapping up the residential RFP.
9. **Adult System of Care**
 - i. There was no one available to report on this topic.
10. **Children’s System of Care** – Vivian Reyes
 - i. The Help Me Grow program aids with screening youth 0-5 years old, this helps provide early intervention and referral services for youths at risk for developmental and behavioral concerns.
 - ii. Jennie Sill has continued meeting with judges and other partner agencies regarding the AB2083; this is a collaborative MOU between, KernBHRS, Department of Human Services, Probation, Kern County Superintendent of Schools, and other agencies to provide coordination of services for foster youth.
 - iii. There is currently 1 short term residential therapeutic program active; There should be more live by November or December.
11. **Kern Linkage Division** – Tara Christian
 - i. KLD has been working closely with Parole while their MET program closes. There is about 50% of the clientele that needs to be transferred over.
12. **Crisis Services** – Jose Gomez
 - i. No updates at this time
13. **Medical Services** – Maria Najera
 - i. We presented at the Town Hall.
14. **Recovery Support Admin.** – Tammy Cates
 - i. The SB803 (Beall) bill got signed for more Peers. We are working with Medi-Cal. There will be more to report on at a later time.
15. **Consumer Family Learning Center** – Jon Casida
 - i. There are 4 remote classes per week. The SET Team can assist any clients who may need help navigating.
16. **Provider Updates**
 - i. Clinica Sierra Vista – Marisa Garcia Trebizo – Hired a director of Integrated Care who will be managing therapists within the health centers. Currently working on streamline process of referring specialty behavioral health clients down to lower level of care confirming they are receiving care before closing the client case out. There will be more to report on at later meetings.
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 November 23rd, 2020 at 4:00 – 5:00 PM, will be virtual via Teams.

This meeting is MH UR Code 3





BEHAVIORAL
HEALTH & RECOVERY
SERVICES

**Key Performance Indicators (KPIs)
System Quality Improvement Committee (SQIC)
Update**

Why are we here?

- **Are people...**
 - **getting better?**
 - **getting the care they want?**



Why are we here?



- **Is the clinic...**
 - **Providing timely service?**
 - **Efficient?**
 - **Care does not vary based on race, ethnicity, and gender**



Key Performance Indicators

- Describe a situation concisely
- Track progress and performance
- Acts as a guide to inform decision making

KPI Domains

- Access
- Timeliness
- Quality of Care
- Outcomes





Key Performance Indicators

- Standards **are directly linked to better client outcomes**
 - The faster we can get people into services and engaged, the better their outcomes
- **Example:**
 - Initial Request to First Offered Appointment
 - 14 calendar days (10 business days)

Are people getting better?



CMS Adult/Child Core Set Measures

- Antidepressant Medication Monitoring
 - Adult
- Use of Psychotropic Medications
 - Child
- Use of Antipsychotic Medications
 - Child

Quality Loop

- Measure
- Monitor
- Identify areas for improvement
- Implement Interventions
- Re-measure for real improvement (or not)

No Improvement: the process failed, not the person/team. It means next step is to try a different intervention!





Contact Information:

Kelly Levig: KLevig@kernbhrs.org

Celena Alvarez: CAlvarez@kernbhrs.org

Myeisha Dhillon: MDhillon@kernbhrs.org

Tracy Lara: TLara@kernbhrs.org

Nina Tepirdzhyan: NTepirdzhyan@kernbhrs.org