



## Kern County Behavioral Health Board System Quality Improvement Committee

Monday, May 19, 2025

4:00-5:00 PM

Virtual Meeting VIA Teams

### Meeting Minutes

*The mission of the SQIC, as a QIC Subcommittee, 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.*

*This meeting is recorded*

#### **Attendees:**

Alan Roney	Barbara Paradise	Heather Plaza	Lesleigh Davis
Ana Olvera	Camden Trapp	Jessika Rojas	Maria Villasenor
Andrea Dabrushman	David Kessler	Karin Huang	Rosi Granados
Art Morato	Francisca Quiroz	Karina Leonzo	Susie Baker

- I. Welcome and Introductions – David Kessler introduced himself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Camden Trapp motioned to accept; seconded.
- III. Public Comment – No public comments were made at this time.
- IV. Unfinished and New Business – There was no unfinished or new business at this time.
- V. Guest Presenters
  - A. Plan for Community-Based SUD Outreach – Ana Olvera
    1. Shared and discussed handout titled System Quality Improvement Committee Community Based SUD Outreach May 19<sup>th</sup>, 2025, which covered; KernBHRS Strategic Plan, Homelessness and Vulnerable Populations, Workplan goal, Presence at Homeless Shelters, Mobile Clinic with Street Psychiatry, and Prevention.
      - a. The strategic plans vision, mission, and values were updated in late 2023, which helped with developing the current goal being shared.
      - b. In terms of the values of healing, there is a large cohesive language within the strategic plan. The homeless and treatment-resistant individuals, or those not ready to engage, are one of the areas of priority to the department and community.
      - c. We have to ensure, through partnerships, that we shift our outreach to include more consideration for individuals with substance use disorders. Some of the internal KernBHRS teams are ensuring various divisions are contributing to these efforts. The Homeless Adult Team (HAT) and Substance Use Treatment & Recovery Team (START) provide staff to serve residence at all shelters.
      - d. Mobile Clinic with Street Psychiatry (MCSP) provides services to those who may not be able to attend brick and mortar services. They actively participate in events with the Flood Ministry and also provide and educate on naloxone.
      - e. In March 2024, the Prevention Team launched the Syringe Services Program which was approved by the California Department of Public Health. There is also a health vending machine located at Mary K. Shell.
      - f. There were no questions.
    - B. DMC-ODS Client & Family Satisfaction TPS – Andrea Dabrushman
      1. Shared and discussed handout titled Fall 2024 Treatment Perception Survey (TPS) Overview, which covered; About the Report, TPS Standards, TPS Client Satisfaction Rates, and TPS Fall 2024.

- a. These survey results are from October 21<sup>st</sup> -25<sup>th</sup>, 2024. It was conducted in both of our county’s threshold languages, English and Spanish, and to both Youth and Adults. These county surveys are administered every Fall as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS) to measure consumers’ perception of services.
- b. 152 Adult and 9 Youth surveys were completed with 93% overall satisfaction rate, which is 2% higher than last TPS.
- c. The quality standard benchmark of 85% was exceeded by divisions. The lowest percentage was 90% and the highest was 95%.
- d. The highest satisfaction question: “Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.). The lowest satisfaction questions: “As a direct result of the services I am receiving, I am better able to do things that I want to do,” and “Services were available when I needed them.”

C. MHP Utilization Management (UM) Review –Karina Leonzo

- 1. Shared and discussed handout titled QID-Documentation Compliance MH Chart & Note Reviews
  - a. Internal teams and contract providers are reviewed. Within the MH divisions, over 70 team’s charts and progress notes are reviewed twice a year.
  - b. A total of 352 charts were reviewed and 277 charts were compliant and 75 were found to be non-complaint.
    - i. Over 1,800 notes were reviewed with 1,855 being allowed and 35 notes were disallowed, which amounted to a \$7,002.07 loss.
    - ii. Weekly Skill Series are sent to help staff improve skills to meet state standards. Also, a Supervisor – Employee Evaluations tool has been implemented.
  - c. There were no questions.

VI. Kern Behavioral Health and Recovery Services – Current Projects and Issues

- A. Quality Improvement Division – Lesleigh Davis
  - 1. The Department of Healthcare Services audit of all systems of care will take place June 17<sup>th</sup> – 27<sup>th</sup>.
- B. Department Supports Administration –
  - 1. There was no one present for updates.
- C. Substance Use Division – Alexander Lopez
  - 1. Two LPHAs have been added to the team.
- D. Adult System of Care (ASOC) – Karin Huang
  - 1. There were no updates at this time.
- E. Children’s System of Care (CSOC) – Rosi Granados
  - 1. There were no updates at this time.
- F. Kern Linkage Division – Arthur Morato
  - 1. There were no updates at this time.
- G. Crisis Services Division – Alan Roney
  - 1. PEC has reopened and is functioning at normal capacity. The after-hours entrance is still located behind Mary K. Shell.
  - 2. CSU is still in the design phase and should open in 2026.
  - 3. We are preparing for SB43 to go live in January 2026.
- H. Medical Services Division – Francisca Quiroz
  - 1. Planning for the current fellows and residence to graduate and exit. We will welcome the new class July 2025.
- I. Consumer Family Learning Center (CFLC) –
  - 1. There was no one present for updates.

VII. Mental Health Providers – Current Projects and Issues

- A. Clarvida – Barabara Paradise
  - 1. We are wrapping up the final contracts to take over the CFLC.
  - 2. There is a Car Show this Saturday, May 24<sup>th</sup> at the Mojave clinic to celebrate Mental Health Awareness Month.
  - 3. In Tehachapi, there will be a Hotdogs in the Dark event on May 31<sup>st</sup>.
- B. Child Guidance Clinic (CGC) –
  - 1. There were no updates at this time.

C. Clinica Sierra Vista (CSV) –

1. Delano will be holding the Mental Health Fair on May 20<sup>th</sup> from 9 A.M. to 12 P.M.

VIII. Substance Use Division Providers – Current Projects and Issues

A. Clarvida – Barabra Paradise

1. Same updates as Mental Health, no other updates.

B. Clinica Sierra Vista (CSV) – Leslie

1. Ebony will have a new STD therapist starting next month.
2. No updates for SUD Lamont.

IX. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.

X. Adjourn – Next scheduled meeting: **September 22, 2025, at 4:00-5:00 PM**, will be held in-person at the Westchester

**This meeting is MH UR Code 3**

# System Quality Improvement Committee

Community Based SUD Outreach  
May 19<sup>th</sup>, 2025

# KernBHRS Strategic Plan

- Vision:

What you need, when you need it

- Mission:

Working together to support hope, healing, and recovery.

- Values:

Healing, Service Excellence, Community, Innovation

# Homelessness and Vulnerable Populations

Continue to improve service access, engagement and comprehensive care for homeless and treatment-resistant individuals suffering with mental illness and substance use disorders

Maintain partnerships to collaborate and support the effectiveness of homeless services across all service provider, developing programs that address the needs for unsheltered and vulnerable individuals.

# Workplan goal

Develop and implement a plan for community-based SUD infused outreach to assist homeless individuals in engaging in SUD services and support

- This goal is addressed by various areas of the department including Kern Linkage, SUD and Clinical Plan Services divisions.

# Presence at Homeless Shelters

## HAT

Began their presence at the shelters in 2020 at M St. Navigation Center

Two staff available daily to conduct assessments and link individuals to treatment, and provide follow up

## START

Began their presence at shelters on 2020 at M St. Navigation Center

One staff, one day per week to receive referrals, engage residents and facilitate educational groups

# Mobile Clinic with Street Psychiatry

- Treatment team that serves those that have challenges attending appointments in brick and mortar settings, but do want to engage in treatment.
- Participating in outreach events with Flood to expand exposure and engage additional individuals into care
- MCSP provides information on SUD services and provide naloxone for overdose education and prevention.

# Prevention

- Syringe Services Program was launched in March of 2024, and they go to various locations in the community to offer naloxone, harm reduction education and SUD treatment resources.
- In order to increase SUD engagement, the SSP program is joining an outreach event at Martin Luther King, Jr. park on Friday mornings alongside the Mobile Clinic.

# Questions? Comments?

Ana Olvera, LMFT

SUD Administrator

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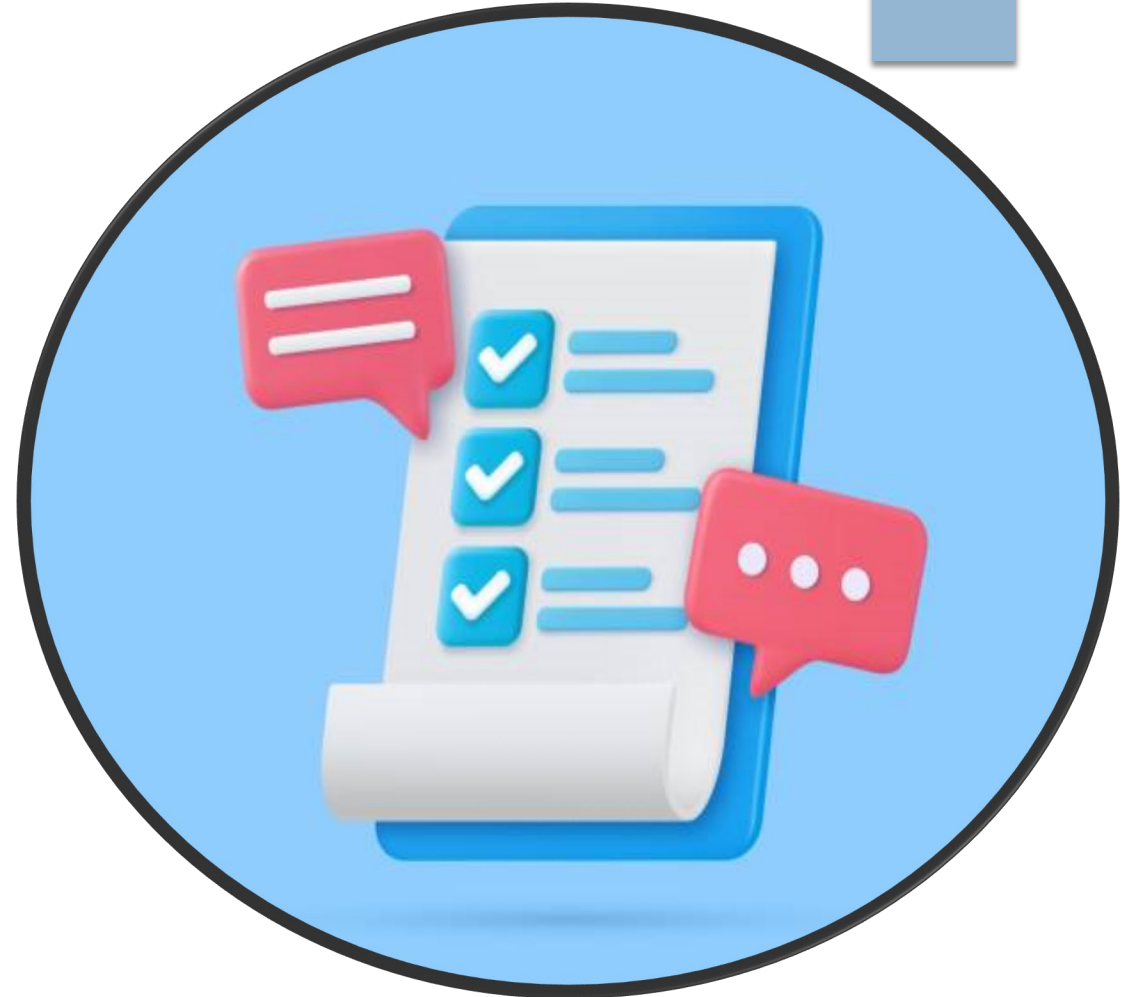
# Fall 2024 Treatment Perception Survey (TPS)

## Overview

# About the Report

▶ Counties are required to administer the Treatment Perception Survey (TPS) as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver evaluation. Administration of the TPS also fulfills the county's External Quality Review Organization (EQRO) requirement related to conducting a client satisfaction survey using a validated tool. The collected information is utilized to measure consumers' perceptions of access to services and quality of care, and to evaluate and improve the consumer experience. The TPS is administered in the Fall of each year and includes Adult and Youth versions in both English and Spanish.

▶ 152 Adult TPS's and 9 Youth TPS's were completed by consumers in October 2024, for a total of 161 completed surveys. The overall satisfaction rating is 93%.



# TPS Standards

- **Data Source:**

Treatment Perception Survey

- **Numerator:**

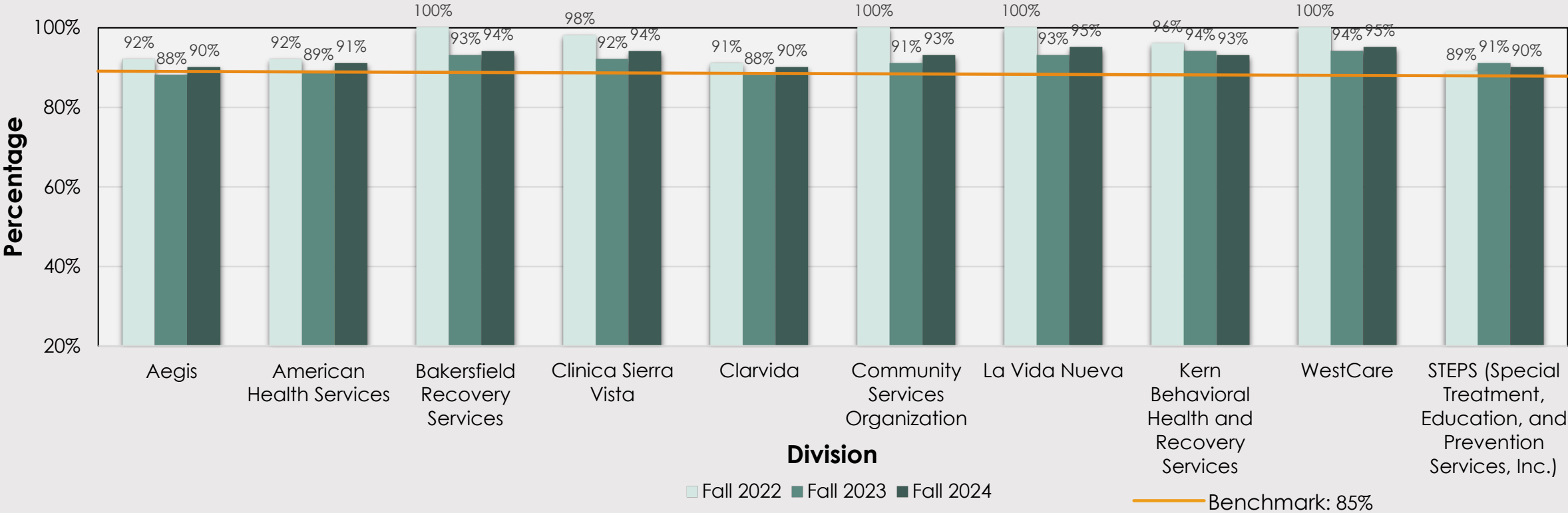
The sum of consumers who responded “Strongly Agree” or “Agree” to the twelfth question of the TPS, which is, “Overall, I am satisfied with the services I received.”

- **Denominator:**

The number of responses to the twelfth question of the TPS, excluding responses of “Not Applicable.”



# Treatment Perception Survey Client Satisfaction Rates



## Overall Satisfaction Rates

# Treatment Perception Survey Fall 2024



## Satisfaction by Question

# Contact Information

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**QID - DOCUMENTATION  
COMPLIANCE**

# MH CHART & NOTE REVIEWS

Chart and note reviews are an important component of the quality review of services that are provided to all persons served by KernBHRS. They ensure that we are meeting state standards for provision of services as well as documentation of services in order to prevent abuse, fraud, and waste.

**Review Period: 01/01/2025 - 03/31/2025**

Current figures are not inclusive of all team totals as some teams are still pending review.

**CHARTS:**

- A total of 352 charts were reviewed, of which 277 charts achieved compliance standards and 75 were found to be non-compliant.
- Non-Compliance is determined by having 3 or more chart items marked as deficient.

**NOTES:**

- A total of 1,890 Progress Notes were reviewed of which 1,855 met criteria for allowance and 35 notes were disallowed which resulted in a monetary loss of \$7,002.07.

**QID RESPONSE:**

- QID launched a weekly Skill Series aimed at providing staff with examples of skills that can be used with clients, including samples of proper documentation of client notes that meet state standards.
- QID created a Supervisor - Employee Evaluation tool that will encourage continued mentorship/training for new staff. Supervisors will review the tool with staff 30 days after completing progress note training and submit the completed tool to QID. QID will provide additional support to the supervisor to ensure the new staff is provided with adequate information/support to document quality services for their clients.



## What are Chart/Note Reviews?

- Reviews are conducted for all KernBHRS direct service teams and contracted providers twice a year by the Documentation Compliance Team
- All Charts and Notes reviewed are selected at random
- Charts are reviewed for completeness and accuracy of client information entered according to state standards
- Notes are reviewed for completeness and quality of services provided according to state standards
- Feedback is provided to supervisors and administrators for all charts/notes not meeting compliance standards