

Kern County Behavioral Health Board System Quality Improvement Committee

Monday, March 24, 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	David Kessler	Jacqueline Smith	Mariza Durazo
Alexander Lopez	Breanna Barajas	Erica Boone	Juan Gonzalez Ramos	Myeisha Dhillon
Andrea Dabrushman	Camden Trapp	Francisca Quiroz	Karin Huang	Rocio Ramirez
Art Morato	David Jenkins	Hannah Garber	Lynnette Jones	Rosi Granados

- I. Welcome and Introductions – David Kessler introduced himself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Alan Roney motioned to accept; Karin Huang 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. Client & Family Satisfaction CPS – Andrea Dabrushman
 1. Shared and discussed the handout titled Consumer Perception Survey (CPS) Spring 2024 Overview which covered; About the Report, CPS Standard, Overall Satisfaction Rates, and Satisfaction by Question.
 - a. These are annual surveys conducted both in English and Spanish during the spring. Counties are required to conduct these surveys, and funding is contingent upon timely submission of the data. CPS collects data on federally determined National Outcome Measures (NOMs).
 2. Per policy 11.01.01 CPS surveys must maintain a minimum overall satisfaction rating of 85%.
 - i. 614 surveys were completed and had an overall satisfaction of 92%.
 - ii. 94 additional surveys were completed over spring 2023 round, which was at a 10% increase.
 3. Overall, by division the satisfaction rates stayed steady, with very minimal changes and all reached well over the 85% standards.
 4. The questions by satisfaction:
 - a. Lowest but still above 85%: Staff were willing to see me as often as I felt it was necessary. Services were available at times that were good for me. I was able to see a psychiatrist when I wanted to. Clinics are reviewing ways to elevate these scores, possibly by hiring more staff and adjusting clinic hours as needed.
 - b. Highest: If I had other choices, I would still get services from this agency.
 - c. There were no questions.
 - B. Access to After Hours – David Jenkins
 1. Shared and discussed the handout titled After Hours Services which covered; Requirement, Client Perspective, Data, and The Data says.
 - a. Any services delivered outside of the standard business hours of M-F 8 A.M. – 5P.M. is considered after hours. This data is collected from the Network Adequacy Certification Tool (NACT) App, soon transitioning to the NACT 274. The after

hours can easily be selected by just checking the box. Please encourage the option of services outside of the standard business hours, if possible.

- i. 2024 3rd Qtr. 91.8%
- ii. 2024 4th Qtr. 90.6%
- iii. There were no questions.

C. HEDIS – Myeshia Dhillon

1. Shared and discussed handout titled HEDIS Measures which covered; HEDIS, The Measures as Best Practice, Measurement Year 2023 Results Mental Health Measures, and Measurement Year 2023 Results DMC Measures.
 - a. Healthcare Effectiveness Data and Information Set (HEDIS) are industry performance measures prescribed for every county in California by Department of Healthcare Services (DHCS). HEDIS measures are tested and validated by NQCA and CMS. HEDIS correlates the treatment and recovery of our clients.
 - b. There are nine HEDIS measures: 5 MH and 4 DMC; three of the measures are related to follow-up care after hospitalization, which include one outpatient and two look at ED visits. Four of the measures are related to medications which include both anti-psychotic and opioid use medications. The last two measures are related to initiation and engagement within treatment to our system.
 - c. Measurement Year (MY) of 2023 we compare our county rate to the country's 50th minimum performance level (MPL). We should see an improvement when our 2024 results come in with the three MH measures and one DMC measure that were below the MPL.
 - d. Since this is a very rigorous and tight calculating process with HEDIS measures, we are contracted with CalMHSA to calculate each of these measures.
 - e. There were no questions.

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

A. Quality Improvement Division – Myeisha Dhillon

1. Documentation Compliance has developed a resource link that provides various quick guides, handouts, and trainings on different EHR processes in one central location. Some information has been shared via email, but it can also be accessed through SharePoint.
2. KernBHRS will have an external quality review in April for the validation efforts of the HEDIS measures, our Network Adequacy, and our processes around claims data and enrollment eligibility, so this will be a more data heavy review.
3. QID is leading the department in efforts in the DMC Access and Reform Initiative Program. The program requires KernBHRS to extend the access data that is being collected which includes data collection on various evidence-based practices such as IPS, Early Psychosis, and ACT.

B. Department Supports Administration –

1. There was no one present for updates.

C. Substance Use Division – Alexander Lopez

1. Prop 36, also known as the Treatment Court Referral Program, has been implemented, and the first meeting was held in the courthouse recently. Individuals located at Lerdo are screened for services and then we try to connect them with services before they are discharged. The hope is for outcomes to improve for them.

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. Mobile Clinic has 3 outreach events at Yokuts Park and San Miguel, and on Friday at MLK park with prevention to help engage clients into services.
2. Kern BHRS is providing staff with a Learning Skills Series to help teach our clients coping skills to manage or lessen their mental health symptoms and substance abuse issues.

3. Reminder: Some case managers apply for clients' SSI benefits on their own, we highly recommend that they reach out to BAT Team who are available to assist our clients with applying for SSI benefits. Please email BAT@kernbhhs.org so we can send referral forms for case management to fill out to see if they meet criteria.
 4. Haven Cottages apartments have openings and to qualify please have providers contact ltorres@kernbhhs.org Lourdes Torres of Supportive Housing Team. Lourdes is in charge of the waitlist as well.
- G. Crisis Services Division – Alan Roney
1. The same projects are still ongoing, but there are no new updates on those projects as of now.
- H. Medical Services Division – Francisca Quiroz
1. We are in discussion with the MCPs regarding Data Exchange mechanisms and specifications. The Department is in the process of implementing MOU and establishing policies and procedures for MOU requirements.
- I. Consumer Family Learning Center (CFLC) – Erica Boone
1. There were no updates at this time.
- VII. Mental Health Providers – Current Projects and Issues
- A. Clarvida – Barabara Paradise
1. May is mental health planning and there will be updates in the future.
- B. Child Guidance Clinic (CGC) –
1. There was no one present for updates.
- C. Clinica Sierra Vista (CSV) – Mariza Durazo
1. There were no updates at the moment.
- VIII. Substance Use Division Providers – Current Projects and Issues
- A. Clarvida – Barabra Paradise
1. Working on plans for May is MH month.
 2. There will be Narcan presentations and fentanyl testing strips with demonstrations.
- B. Clinica Sierra Vista – Mariza Durazo
1. There were no updates at this time.
- IX. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
- X. Adjourn – Next scheduled meeting: **May 19, 2025, at 4:00-5:00 PM**, will be virtual via Teams.

This meeting is MH UR Code 3



CONSUMER PERCEPTION SURVEY (CPS) SPRING 2024

OVERVIEW

ABOUT THE REPORT:

- **The Consumer Perception Survey (CPS) is utilized to collect data on the federally determined National Outcome Measures (NOMs). Reporting on these NOMs are required by the Substance Abuse and Mental Health Services Administration (SAMHSA), and receipt of Community Mental Health Services Block Grant (MHBG) funding is contingent upon the submission of this data. Counties are required to conduct the surveys and submit data per §3530.40 of Title 9 of the California Code of Regulations, which requires that annual surveys be conducted. CPS's are administered in the Spring of each year. CPS's include *Adult, Youth, and Youth Families* versions in both English and Spanish.**
- **389 Adult CPS's and 225 Youth/Youth Family CPS's were completed by consumers in May 2023, for a total of 614 completed surveys. The overall satisfaction rating is 92%.**

CPS STANDARD

► **Policy 11.01.11:** Mental Health subunits will maintain an overall satisfaction rating of 85% on the Consumer Perception Survey.

► **Data Source:** Consumer Perception Survey

► **Numerator:**

The sum of consumers who responded “Strongly Agree” or “Agree” to the first question of the CPS, which is, “I like the services that I received here.”

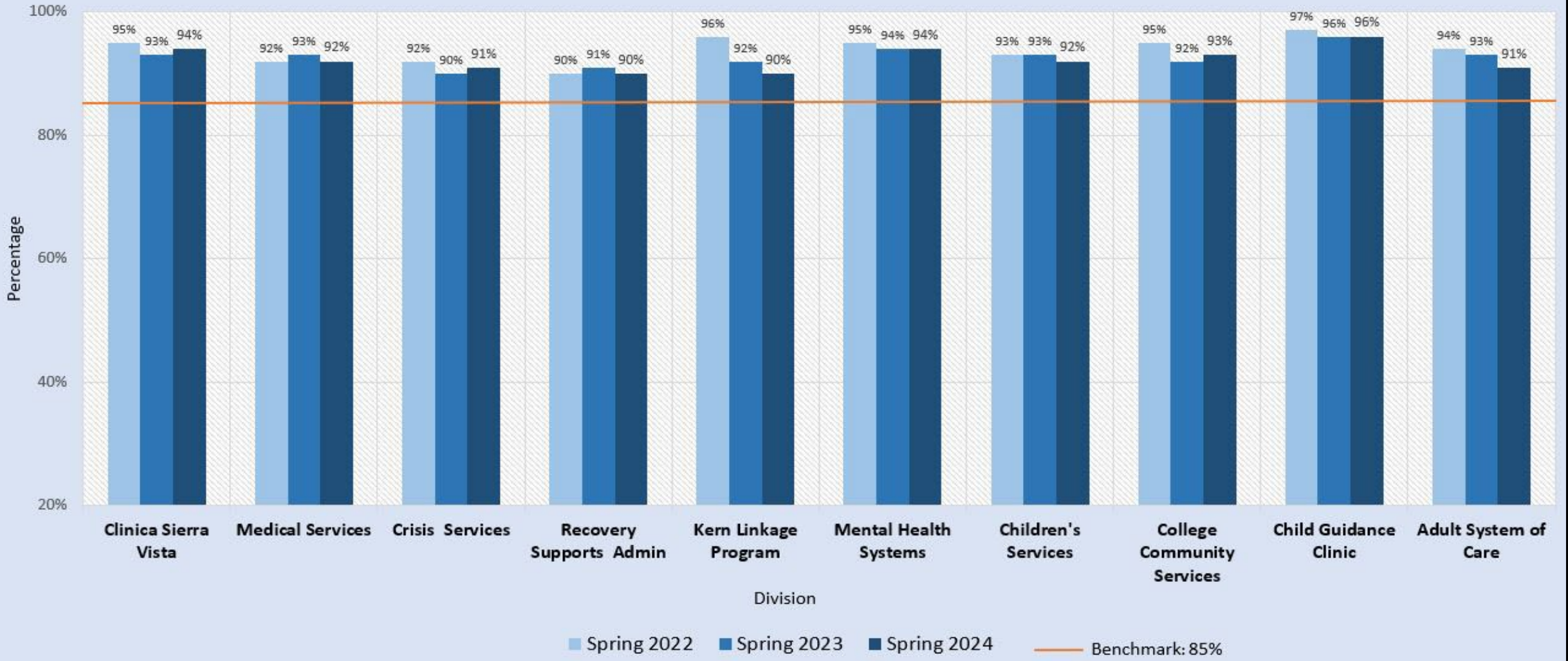
► **Denominator:**

The number of responses to the first question of the CPS, excluding responses of “Not Applicable.”



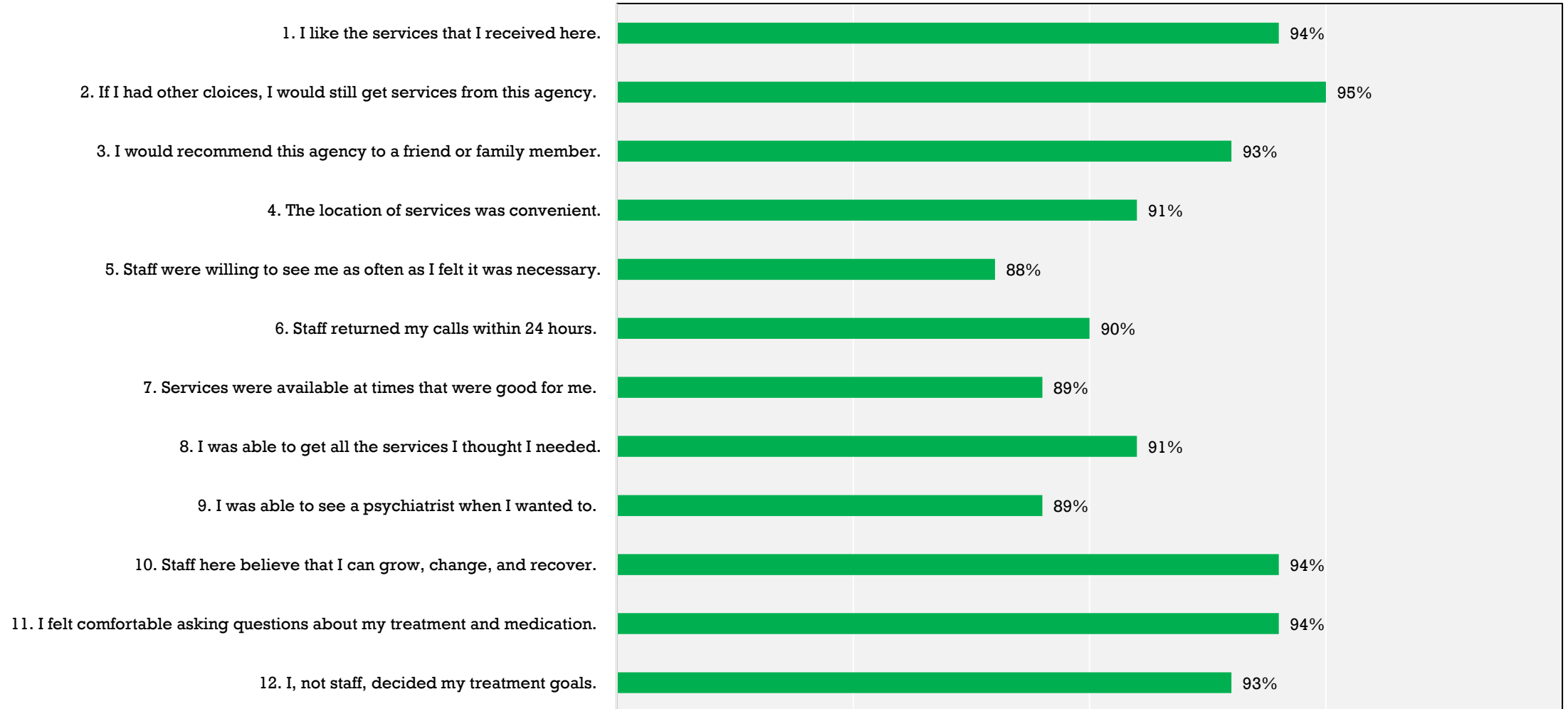
Consumer Perception Survey

Client Satisfaction Rates



OVERALL SATISFACTION RATES

Consumer Perception Survey System of Care



SATISFACTION BY QUESTION

CONTACT INFORMATION

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After Hours Services



Requirement:

- Deliver services outside of standard business hours – Monday – Friday, 8 AM – 5 PM
- 24/7 CSUs

Client Perspective:

- When would you need services?
- After work, on Saturdays



Data:

- The information is collected monthly in the NACT/274 App.
- Quarterly an analyst identifies sites operating outside standard business hours.



The Data says:

3rd quarter – 91.8%

4th quarter – 90.6%



Thank you

Lesleigh



HEDIS MEASURES

Prescribed
methodology

Comparability

HEDIS

*Types of industry
performance measures*

Rigorously
tested/valid

NCQA
/CMS

**Healthcare
Effectiveness
Data and
Information
Set**

Correlates
with
recovery

MCP Required

THE MEASURES AS BEST PRACTICE

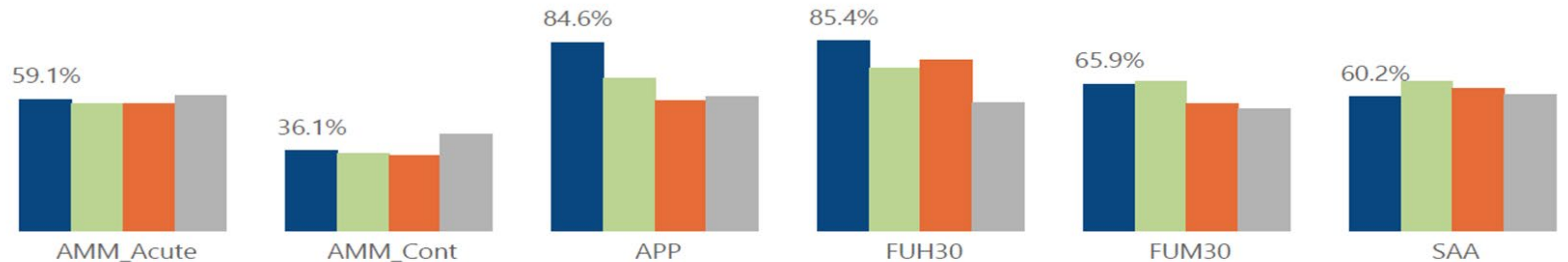
Measures	What is Measured
FUM	When a Medi-Cal beneficiary goes to the ER for an MH issue - follow-up with the beneficiary within 7-days
FUA	When a Medi-Cal beneficiary goes to the ER for an SUD issue - follow-up with the beneficiary within 7-days
FUH	When a Medi-Cal beneficiary goes into the hospital for mental illness we will provide a follow-up with a direct service within 7-days
AMM	If we prescribe an antidepressant to an adult with a diagnosis of major depression, we ensure the adult is on the medication and in treatment for 180 days
APP	Children and youth in treatment need to receive psychosocial care before being prescribed an antipsychotic
SAA	When adults dispensed an antipsychotic medication and have schizophrenia or schizoaffective disorder diagnosis, they will remain on the medication for 80% of the time they are in our care
POD	If 16 or older with an opioid use disorder, be on MAT and in treatment for at least 180 days
ODD	If 18 or older and have an opioid use disorder, provide MAT
IET	SUD treatment should last a minimum of 34 days and provide at least two services

MEASUREMENT YEAR 2023 Results

Mental Health Measures

	County MY2023 DENO	County MY2023 NUM	County MY2023 Rate	CalMHSA MY2023 Agg	CA DHCS MY2022	Natl 50th MPL MY2022
AMM_Acute	2670	1577	59.1%	57.1%	57.3%	60.8%
AMM_Cont	2670	964	36.1%	34.8%	34.1%	43.3%
APP	91	77	84.6%	68.4%	58.5%	60.2%
FUH30	984	840	85.4%	73.0%	76.8%	57.7%
FUH7	984	628	63.8%	48.5%	65.8%	35.2%
FUM30	399	263	65.9%	67.0%	57.1%	54.9%
FUM7	399	192	48.1%	50.3%	43.7%	40.6%
SAA	1344	809	60.2%	67.2%	64.1%	61.4%

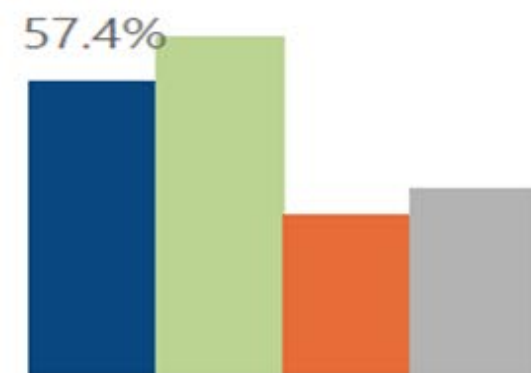
● County MY2023
 ● CalMHSA MY2023 Agg
 ● DHCS MY2022
 ● Natl 50th MPL MY2022



MEASUREMENT YEAR 2023 Results

DMC Measures

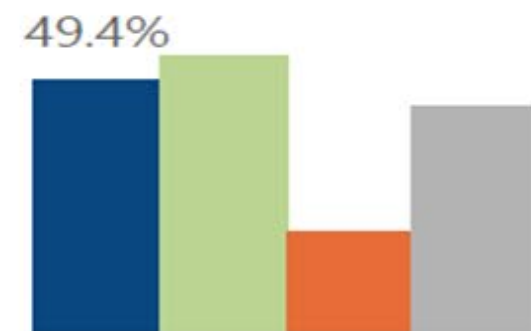
	County MY2023 DENO	County MY2023 NUM	County MY2023 Rate	CalMHSA MY2023 Agg	CA DHCS MY2022	Natl 50th MPL MY2022
FUA30	601	345	57.4%	66.0%	31.1%	36.3%
FUA7	601	241	40.1%	47.7%	21.5%	24.5%
IET_Eng	4509	1053	23.4%	30.0%	6.1%	13.9%
IET_Init	4509	2229	49.4%	54.2%	19.6%	44.3%
ODU_Bupe	2007	326	16.2%	19.5%	30.4%	
ODU_InjNltx	2007	14	0.7%	0.9%	1.9%	
ODU_Met	2007	1236	61.6%	64.4%	33.2%	
ODU_OralNltx	2007	22	1.1%	1.2%	1.9%	
ODU_Total	2007	1449	72.2%	78.3%	62.3%	56.2%
POD	959	195	20.3%	22.6%	15.0%	28.5%



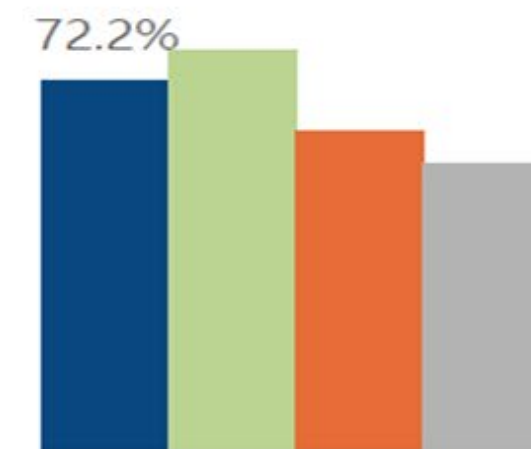
FUA30



IET_Eng



IET_Init



ODU_Total



POD

QUESTIONS