

Kern County Behavioral Health Board System Quality Improvement Committee

Monday, January 26, 2025

4:00-5:00 PM

In-Person Meeting Westchester Training Room

Meeting Minutes

The mission of the SQIC, as a QIC Subcommittee, is to review and evaluate Behavioral Health Plan (BHP) 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:

Adan Valdez Luna	Breanna H.	Luz Maria Casas Mendoza	Michelle Doucette
Alex Lopez	Camden Trapp	Lesleigh Davis	Sarah Hammonds
Art Morato	Cassandra Nevarez	Lynnette Jones	Tammy Cates
Barbara Paradise	Heather Plaza	Maria Najera	Zaira Ammons
Belinda Vieyra	Juan Gonzalez Ramos	Maria Vasquez	
Breanna Barajas	LaTisha Williams	Mariliea Prado	

- I. Welcome and Introductions – Lesleigh Davis introduced herself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Heather Plaza motioned to accept; LaTisha Williams 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. Performance Improvement Projects (PIPs) – Luz Maria Casas Mendoza
 1. Shared and discussed handout titled Performance Improvement Projects (PIPS); which covered The PIP Process, Clinical PIPs and Non-Clinical PIPs.
 - a. The PIPs process goes through the State process and Federal Regulation to be developed. Department Healthcare Services (DHS) has prescribed all of the problems to address as a county, which is the first step, “Design.” The next step is the “Implementation,” which we are currently in, and finally then the “Outcomes.”
 - b. There are four PIPs needed, Clinical and Non-Clinical, two for Mental Health and two for SUD.
 - i. The intervention that teams decide to utilize for a Clinical PIP must have a clinical component to it.
 - ii. Non-Clinical PIPs are intervention without a clinical component and will have root causes in procedural issues. We want interventions to prioritize barriers, be fundamental, and long term.
 - iii. For SUD, the Clinical PIP is for Pharmacotherapy for Opioid Use Disorder (POD). This will measure new prescription Opioid Use Diagnosis (OUD) medication maintenance, at a goal of 180 days, for members 16 and older with OUD. The State found that when compared to national standards, the data was low for the use of prescriptions of medication for those diagnosed with OUD. In late December, it was implemented to have a more impactful presence from the Physician with members to help support this goal.
 - iv. For MH, the Clinical PIP is for Adherence to Antipsychotic Medications (SAA). This will measure medication maintenance, at a goal of 80% of the treatment period, for members 18 and older with schizophrenia or schizoaffective disorder. This will show the adherence to the follow-up of prescriptions for such members. This will continue to be optimized in this system of care.

- v. For SUD and MH, the Non-Clinical PIP is for the vast array of members that receive at least one peer support service to increase. There will be an FAQ sheet to promote and explain the use of peer support services offered.

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

A. Quality Improvement Division – Lesleigh Davis

1. February the 6th QQID will be held.
2. An internal root cause or gap analysis was conducted between staff members learning to write progress notes and document services, and the cause of not being efficient and effective in those areas.
 - a. To help support staff and engage in solutions, the QID Documentation Compliance team will pilot in person at the Oswell Children’s Clinic one on one coaching, mentoring, brainstorming, and problem solving twice a week.
3. QID is currently preparing for the annual SUD audit conducted by DHS and the SUBG Block Grant, which will start off at the end of January. Please share with staff to be aware of request for documentation.
4. An External Quality Review with the Health Services Advisory Group (HSAG) to validate the accuracy of our ability to measure timeliness, network capacity, and evaluate our ability to measure them correctly. After determining if we met the measuring correctly, HSAG will inform us if we have completed the performance measurements correctly.

B. Cultural Competency Resource Committee – Juan Gonzalez Ramos

1. During Thanksgiving and Christmas time, Hispanic community outreach was conducted, which included the outlying areas. In early November, there was successful outreach at the Sikh Temples.
2. Outreach will be done at Mercado Latino on February 8th.
3. In February for Black History Month, the African American Subcommittee is planning learning sessions to host at KernBHRS on February 6th and another later in the month, but a date and time have not been set as of yet.
4. The Cultural Competency Plan was submitted in December, which was accepted and it may be enrolled into the Integrated Plan, but more to come.

C. Clinical Plan Service – Camden Trapp/Belinda Vieyra

1. MHSA Team has posted our Annual Plan, Integrated Plan, and requests to extend Innovation Plan for the Learning HealthCare Network to the KernBHRS website for review. Since January 12th these plans are currently under 30-day public comment, so anyone in the community and/or staff are encouraged to review and leave a comment.
2. Zero Suicide Consultations have started, and the format has changed and is being facilitated by different divisions, with QID assisting. The goal is to continue to improve the processes of the Zero Suicide model to help clients reduce their suicide risk.

D. Substance Use Division – Alexander Lopez

1. A new residential provider has onboarded, Action Family Counseling, so they will be in addition to already existing residential providers. Orientation training was completed for another residential provider, Desert Oasis in Ridgecrest, that will be onboarded in the future at some point once they are official.
2. SB43 has officially started, which allows individuals to be 5150 based on grave disability related to their substance use issue in additional to the MH.

E. Adult System of Care (ASOC) – LaTisha Williams

1. The RAWC teams have transitioned over to the access points and are working on streamlining Urgent Request and the Timeliness Reports.

F. Children’s System of Care (CSOC) –

1. There was no one present to share updates at this time.

G. Kern Linkage Division – Arthur Morato

1. Elida Guzman is transferring to the SUD Division.
2. KLD HAT has a lateral transfer opportunity for a Permanent Supervisor position
3. Haven Cottages has current openings; please contact Lourdes Torres for more information.
4. Transitional Rent is live as of January 1st.
 - a. All clients open to a Managed Care Plan may be eligible for up to six months of rental assistance.
 - b. The three managed care providers are Kern Health Systems, Kaiser, and Anthem.
 - c. It is very important going forward that all K2s for Housing clearly note which Managed Care Plan the team is opened to, as this affects Transitional Rent eligibility.

- d. Any further questions please contact the Housing Teams.
- H. Crisis Services Division – Maria Vasquez
 - 1. SB43 has been implemented and there have been a few holds but nothing that has resulted in a TCOM yet.
- I. Medical Services Division – Sarah Hammonds
 - 1. Currently still streamlining SB43.
- VII. Mental Health Providers – Current Projects and Issues
 - A. Clarvida – Barbara Paradise/Michelle Doucette
 - 1. Tehachapi Program Director is out on leave and Michelle Doucette will step into this role for the time being.
 - 2. Ridgecrest Program Director will now be Barbara Paradise.
 - 3. Planning for May is Mental Health Month
 - 4. Two events were held, one in Tehachapi for SUD outreach and Mojave outreach at a large event.
 - B. Child Guidance Clinic (CGC) – Breanna H.
 - 1. No updates at this time.
 - C. Clinica Sierra Vista (CSV) – Heather Plaza
 - 1. Bakersfield Adult team has a therapist opening.
 - 2. Lamont Child team has therapist and case manager position open.
 - 3. Delano team has a new site Supervisor/Office Manager, Araceli Aguirre.
- VIII. Substance Use Division Providers – Current Projects and Issues
 - A. Clarvida – Barbara Paradise/Michelle Doucette
 - 1. Same updates as above.
 - B. STEPS – Lynnette Jones
 - 1. Tuesdays and Thursdays 8A.M. to 5P.M. the Calloway location can now complete assessments.
 - 2. Working on opening up Groups in the month of February.
 - C. Clinica Sierra Vista (CSV) – Heather Plaza
 - 1. Nothing further was shared at this time.
- IX. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
- X. Adjourn – Next scheduled meeting: **March 23, 2026, at 4:00-5:00 PM**, will be held in-person at the Westchester

This meeting is MH UR Code 3

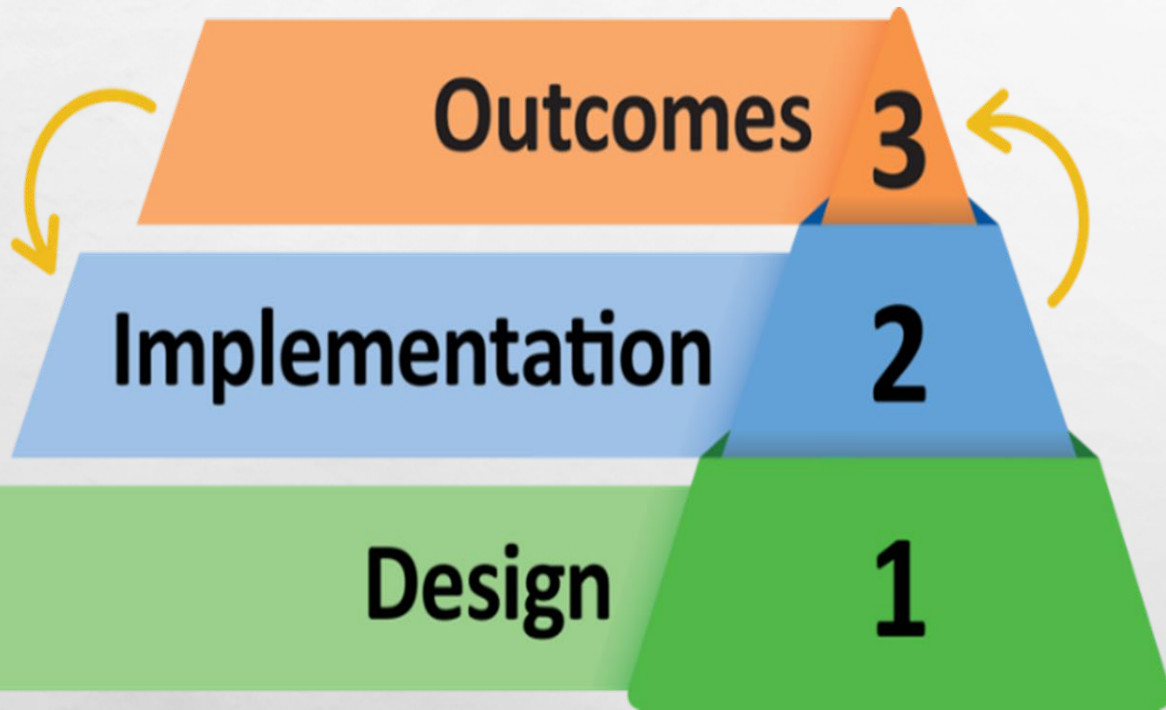
PERFORMANCE IMPROVEMENT PROJECTS (PIPS)

SOIC

January 26, 2025



The PIP Process



Stage 1: Design

Identify a problem - DHCS has prescribed the problems the counties are to be addressing with each PIP

Stage 2: Implementation

Development and Implementation of the Intervention

Stage 3: Outcomes

Data analysis and interpretations of results

Clinical PIPs

Need to have a clinical component to the intervention

Must have one clinical PIP for Mental Health and one for Substance Use

Non-Clinical PIPs

Interventions do not have a clinical component

Address issues that often have procedural root causes

Must have one non-clinical PIP for Mental Health and one for Substance Use

Keep the interventions focused on the prioritized BARRIERS and think about FUNDAMENTAL CHANGE.

Clinical PIPs

DMC-ODS Pharmacotherapy for Opioid Use Disorder (POD): measuring medication maintenance for clients 16 and older with an OUD diagnosis with new prescription for OUD medication (*goal is 180 days maintenance*)

Mental Health Adherence to Antipsychotic Medications (SAA): measuring medication maintenance for clients 18 and older with schizophrenia or schizoaffective disorder (*goal is maintenance 80% of treatment period*)

Non-Clinical PIPs

DMC-ODS & Mental Health Peer Support Services: increasing the percentage of unique clients that receive at least one peer support service

If you have Certified Peer Specialists on your team, utilize them to help clients get better! This PIP depends on US to promote the amazing things Certified Peer Specialists can do.



QUESTIONS?

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