

Kern County Behavioral Health Board System Quality Improvement Committee

Monday, March 23, 2026

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:

Alan Roney	Cassandra Nevarez	Juan Gonzalez Ramos	Miriam Ramos
Alexander Lopez	Desiree Meza-Actis	Lesleigh Davis	Molly Sabado
Art Morato	Heather Williams	Michael Bryant	Sandra Martinez
Breanna Barajas	Hollie Davis	Michelle Doucette	Summer Baker

- I. Welcome and Introductions – Lesleigh Davis introduced herself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Juan Gonzalez Ramos motioned to accept; Alexander Lopez 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. Healthcare Effectiveness Data and Information Set (HEDIS) – Heather Williams
 1. Shared and discussed handout titled Behavioral Health Accountability Set (BHAS) Quality Measures
 - a. Department of Health Care Services (DHCS) has changed the name for all quality measures to BHAS.
 - b. The BHAS Measures are industry performance measures and are also known as HEDIS/Quality Measures, which encompasses:
 - i. NCQA/CMS measures
 - ii. Provide Comparability with equivalent industries by using core set standards for data collected.
 - iii. It is a prescribed methodology, so very concrete standards.
 - iv. Managed Care Plans are required to do these measures of both Behavioral Health and Medical.
 - v. Measures Correlate with Recovery
 - vi. These measures have been rigorously tested and validated.
 - c. The BHSA 10 measures for calendar year 2025- please review handout for further information on each measure
 - i. Follow-Up After Emergency Department Visit for Mental Illness (FUM).
 - ii. Follow-Up After Emergency Department Visit for Substance Use (PUA).
 - iii. Follow-Up After Hospitalization for Mental Illness (FUH).
 - iv. Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD)(NEW).
 - v. Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP).
 - vi. Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA).
 - vii. Pharmacotherapy for Opioid Use Disorder (POD)
 - viii. Use of Pharmacotherapy for Opioid Use Disorder (OUD)
 - ix. Initiation and Engagement of Substance Use Disorder (SUD) Treatment (IET)

- x. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) (NEW)
- d. These measures and expectation of the measures should equate with the next indications of care.
- e. We must be contracted with an NCQA Agency to do the HEDIS/Quality measures; thus, we hold a contract with CalMHSA. All 2025 data have been submitted, and results should be available within the upcoming months.
- f. State requires calendar year measures, and the county must be above the Minimum Performance Level (MPL) or make a 5% increase from last calendar year's score. Measurement Year (MY) 2024 MH Results:
 - i. MY2024 APP- KernBHRS 61.81%, DHCS Average 54.83%, MY2024 State (MPL) 60.22%.
 - ii. MY2024 FUH- KernBHRS 66.16%, DHCS Average 42.52%, MY2024 State MPL 59.85%.
 - iii. MY2024 FUM- KernBHRS 44.59%, DHCS Average 45.70%, MY2024 State MPL 53.82%.
 - iv. MY2024 SAA- KernBHRS 60.92%, DHCS Average 62.25%, MY2024 State MPL 62.56%.
- g. MY2024 DMC-ODS Results:
 - i. MY2024 FUA- KernBHRS 32.01%, DHCS Average 34.02%, State MPL 36.18%.
 - ii. MY2024 IET-E- KernBHRS 14.51%, DHCS Average 8.94%, State MPL 14.39%.
 - iii. MY2024 IET-I- KernBHRS 38.04%, DHCS Average 34.76%, State MPL 44.51%.
 - iv. MY2024 OUD- KernBHRS 50.52%, DHCS Average 51.33%, State MPL 60.20%.
 - v. MY2024 POD- KernBHRS 22.37%, DHCS Average 16.16%, State MPL 25.28%.

B. Timeliness Report – Heather Williams

- 1. Shared and discussed handout titled Timeliness of Initial Requests Completing the Timeliness Records.
 - a. DHCS requires reports of timeliness of initial request for services across our system. This is important because it has been proven that if a client receives timely access to treatment and services, they will improve sooner. DHCS requires a report on SUD and MH services on an annual basis, unless there is a Corrective Action Plan (CAP), using the Timely Access Data Tool (TADT). This ensures the County's network is adequate to meet the needs of the community.
 - b. The Timeliness Standards for MH are Non-Psychiatric and Psychiatric Services:
 - i. Initial Request for Service (within 10 business days).
 - ii. Initial Request for Urgent Service (within 48 hours).
 - iii. Non-urgent Follow-up Appointment with Non-Physician (within 10 business days).
 - c. The Timeliness Standards for Outpatient, Residential and Opioid Treatment (OTP) Substance Use Disorder (SUD) Services:
 - i. Initial Request for Service (within 10 business days).
 - ii. Initial Request for Urgent Service (within 48 hours).
 - iii. Non-urgent Follow-up Appointment with Non-Physician (within 10 business days).
 - iv. Initial Request for OTP Service (within 3 business days of the request)

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

- A. Quality Improvement Division – Lesleigh Davis
 - 1. There is an upcoming systemwide external quality review that will focus on KernBHRS' ability to produce the BHAS and the Timeliness Measures accurately and validly.
 - 2. In May, DHCS will review the substance use Block Grant programs and the DMC-ODS contract.
 - 3. QID is currently piloting two QID staff at the KernBHRS Children's Oswell Clinic, twice a week, for specialized documentation and service capture training.
- B. Clinical Plan Service – Juan Gonzalez Ramos
 - 1. No updates at this time.
- C. Cultural Competency Resource Committee – Juan Gonzalez Ramos
 - 1. We continue to work on outreach efforts, as outlined in the Cultural Competency Plan, to the underserved communities, such as Hispanic, Latinx, Asian American, and Punjabi.

- i. The Hispanic/Latinx subcommittee continue to look for outreach opportunities in the outlying areas and non-traditional locations such as at Mercado Latino.
 - ii. Twice a year, once in the Spring and once in the Fall, we conduct outreach efforts at the Sikh Temples to engage with the Punjabi community. Last year's outreach resulted in great feedback.
 - iii. Upcoming in May, May is Mental Health Month and Asian Pacific Islander Month. We will hold learning sessions and culture exposures for staff, with the focus on Korean culture.
 - iv. In June, the annual Juneteenth celebration learning session will take place on the meaning of the holiday and how it impacts the African American community.
 - v. July is Black Indigenous People of Color Mental Health Awareness Month, so all subcommittees are working on a plan together for the community and/or staff.
- D. Substance Use Division – Alexander Lopez
 - 1. Desert Oasis Residential provider in Ridgecrest is now accepting clients, and we are currently working on referring residence within the area and East Kern to this location.
 - 2. Action Family Counseling is another Residential Provider available, and they have Male and Female beds.
 - 3. Connex Application will be added in SmartCare and is being piloted along with San Luis Obispo County. This App. will electronically assist with work authorization approvals.
- E. Adult System of Care (ASOC) –
 - 1. No one present to provide updates.
- F. Children's System of Care (CSOC) –
 - 1. The Youth Quest girl's home, Short Term Residential Treatment Program (STRTP), is providing services to clients and will be opening another location within six months.
 - 2. We are currently working on the High-Fidelity WRAP model.
- G. Kern Linkage Division – Arthur Morato
 - 1. Haven Cottages has openings, please contact Lourdes Torres for availability.
 - 2. Javon Kemp is the new supervisor over the Homeless Adult Team (HAT).
 - 3. The k2 has changed to include more information aimed at the future planning for housing of the client. Please ensure all teams are notating which Manage Care Plan their client has, discuss what their housing plan will be, and how they will work to obtain future permanent housing. The housing team is always available for consultation.
 - 4. Connie Sedano will take over the SQIC meetings for Kern Linkage Division.
- H. Crisis Services Division – Alan Roney
 - 1. The Youth Crisis Stabilization Unit (CSU) is still under construction; an expansion provided by the Behavioral Health Continuum Infrastructure Program (BHCIP) Grant and is expected to be completed by the end of the year and live by Summer of next year.
 - 2. Another BHCIP Grant will go toward expanding the Adult Psychiatric Evaluation Center (PEC) CSU at Mary K. Shell, with further details to come.
 - 3. The DMC-ODS state certification work has initiated with the SUD integration at Mary K. Shell. The Crisis Case Management Outreach Team (CCMO) and Crisis Walk-In Clinic Team (CWIC) will integrate SUD employees who will offer assessments and screenings for SUD services, as well as urgent services, such as TCM and Psychosocial Rehab.
 - i. We continue to undertake hiring and training staff who will be placed at these locations. We also are working with the QID division to make sure the right measures are captured and compared.
- I. Medical Services Division –
 - 1. No one present to provide updates.
- VII. Mental Health Providers – Current Projects and Issues
 - A. Clarvida –Michelle Doucette
 - 1. May is Mental Health Month is upcoming, and the events incumber SUD as well since integration is currently underway.
 - i. Lake Isabella MH event will be held on May 15th.
 - ii. Mojave MH event will be held on May 14th.
 - iii. Ridgecrest MH event will be held on May 21st.

iv. Tehachapi will have an open house event for community leaders to help establish the connection to MH and SUD.

The Mental Health Awareness walk will be held at Brite Lake Park on May 16th.

B. Child Guidance Clinic (CGC) – Desiree Meza-Actis

1. There has been an increase in intakes and referrals at all of our locations, which shows a break in the stigma and helps provide more assistance to the youth.
2. Stockdale will be holding an event for May is Mental Health Month with a date soon to follow.
3. May 21st a smaller scale event will be held in Oildale.

C. Clinica Sierra Vista (CSV) – Molly Sabado

1. We are currently working on an event for May is Mental Health Month with more information to come soon.

VIII. Substance Use Division Providers – Current Projects and Issues

A. Clarvida –Michelle Doucette

1. The Contingency Management for the Tehachapi clinic is functional, and we are still working on Mojave and Ridgecrest.
2. Wasco Adult Clinic will have an event on May 5th
3. Wasco Child Clinic will have a Resource Fair on May 8th.
4. May 20th Taft will have a Resource Fair.

B. Clinica Sierra Vista (CSV) – Molly Sabado

1. Frazier Park SUD has passed their state certification and is now working toward the Medi-Cal certification.
2. One counselor from SUD Lamont will be transferring to the Bakersfield Ebony Clinic.
3. The corporate office has moved to Camino Media, and the Director will provide the address soon.

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

X. Adjourn – Next scheduled meeting: **May 18, 2026, at 4:00-5:00 PM**, will be held in-person at the Westchester

This meeting is MH UR Code 3

Behavioral Health Accountability Set (BHAS)

Quality Measures

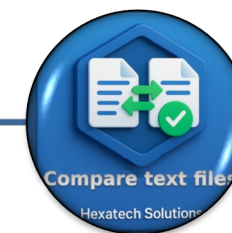
BHAS Measures in The HealthCare Industry

BHAS Measures

- Industry performance measures
- Also known as HEDIS Measures/Quality Measures



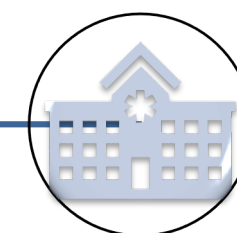
Are NCQA/CMS measures



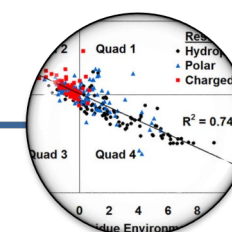
Provide comparability



Is a prescribed methodology



MCP Required Measures



Correlates with Recovery



Rigorously Tested/Valid

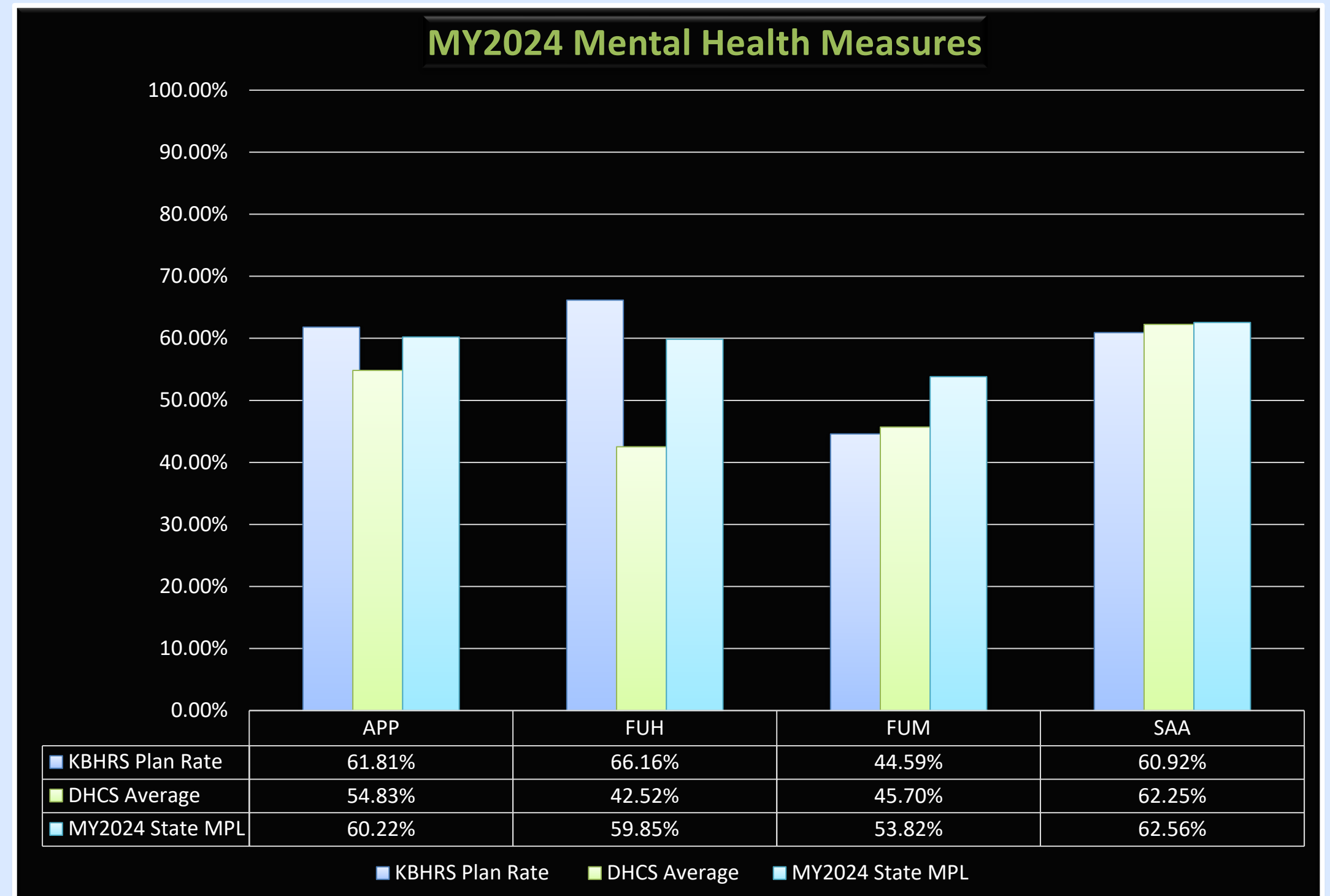
BHAS Measures for Calendar Year 2025

Measures	What is Measured
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	When a Medi-Cal beneficiary goes to the ER for an MH issue - follow-up with the beneficiary within 7-days
Follow-Up After Emergency Department Visit for Substance Use (FUA)	When a Medi-Cal beneficiary goes to the ER for an SUD issue - follow-up with the beneficiary within 7-days
Follow-Up After Hospitalization for Mental Illness (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
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who are Using Antipsychotic Medications (SSD) (New)	Any adult member dispensed an antipsychotic medication with a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder and receive a diabetes screening during the measurement year
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Children and youth in treatment need to receive psychosocial care before being prescribed an antipsychotic
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (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
Pharmacotherapy for Opioid Use Disorder (POD)	If 16 or older with an opioid use disorder, be on MAT and in treatment for at least 180 days
Use of Pharmacotherapy for Opioid Use Disorder (OUD)	If 18 or older and have an opioid use disorder, provide MAT
Initiation and Engagement of Substance Use Disorder (SUD) Treatment (IET)	SUD treatment should last a minimum of 34 days and provide at least two services
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI) (NEW)	When a Medi-Cal beneficiary 13 years or older goes into acute inpatient hospitalizations, residential treatment or withdrawal management for a diagnosis of substance use disorder, we will provide a follow-up service for substance use disorder within 7-days

MEASUREMENT YEAR 2024 Results

Mental Health Measures

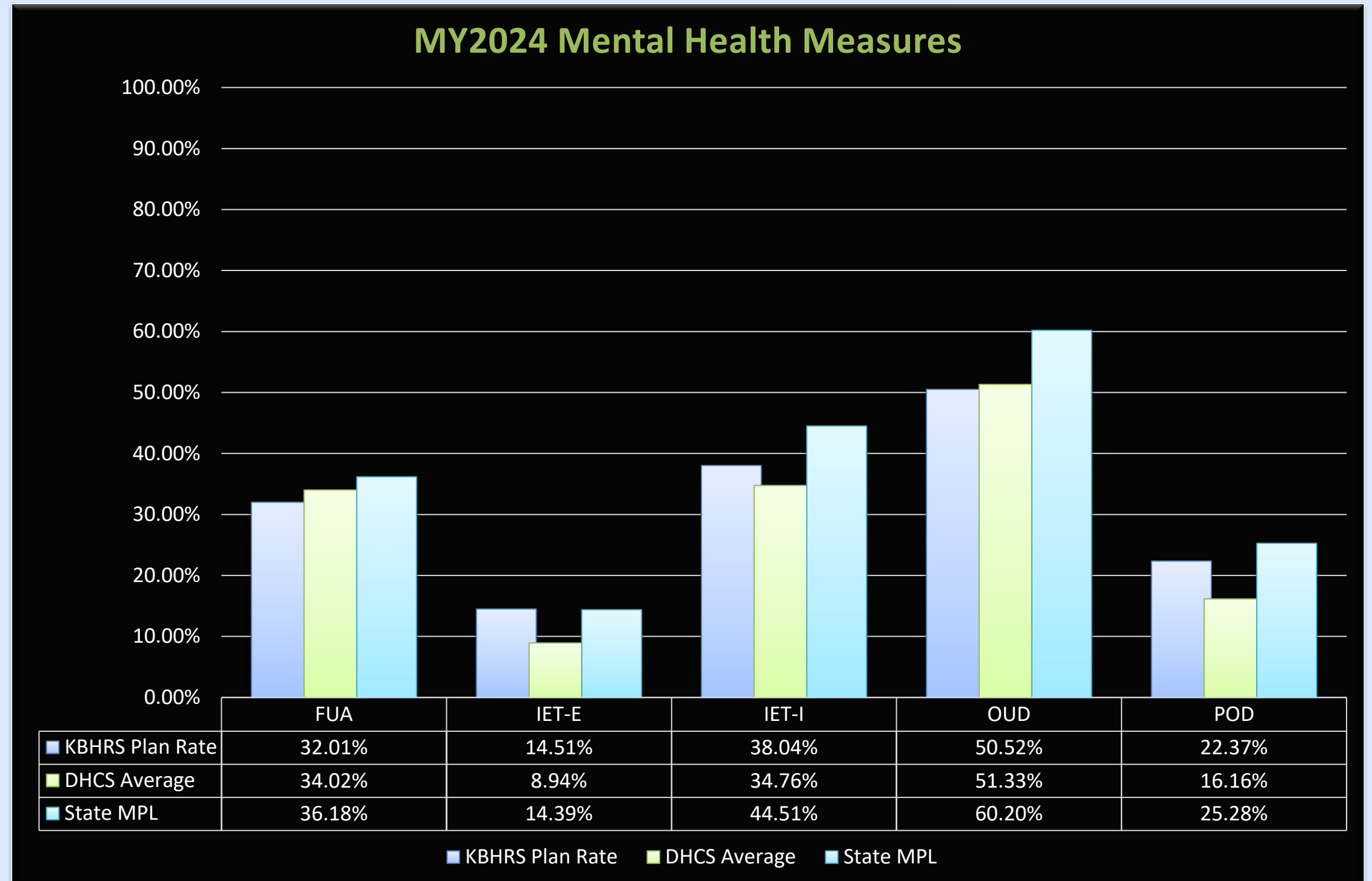
MY2024 Measure	KBHRS Plan Rate	DHCS Average	MY2024 State MPL
APP	61.81%	54.83%	60.22%
FUH	66.16%	42.52%	59.85%
FUM	44.59%	45.70%	53.82%
SAA	60.92%	62.25%	62.56%



MEASUREMENT YEAR 2024 Results

DMC-ODS Measures

MY2024 Measure	KBHRS Plan Rate	DHCS Average	State MPL
FUA	32.01%	34.02%	36.18%
IET-E	14.51%	8.94%	14.39%
IET-I	38.04%	34.76%	44.51%
ODD	50.52%	51.33%	60.20%
POD	22.37%	16.16%	25.28%



QUESTIONS

KERN COUNTY



BEHAVIORAL HEALTH
& RECOVERY SERVICES



TIMELINESS OF INITIAL REQUESTS

COMPLETING THE TIMELINESS RECORDS



WHY IS TIMELINESS IMPORTANT?

BECAUSE TIMELY ACCESS TO SERVICES MEANS THAT CLIENTS GET BETTER FASTER

CALIFORNIA DEPARTMENT OF HEALTHCARE SERVICES (DHCS) **REQUIRES** EACH COUNTY TO REPORT ALL INITIAL REQUESTS FOR SUD SERVICES ANNUALLY:

- To Ensure The County's Network Is Adequate To Meet
- The Needs Of The Community

AS PART OF NETWORK ADEQUACY MONITORING AND REPORTING, DHCS **REQUIRES** COUNTIES TO REPORT ON THE TIMELINESS DATA USING THE TIMELY ACCESS DATA TOOL (TADT)

- The TADT Outlines The Required Elements That **MUST** Be Reported
 - All Are Entered Into The Timeliness Records Within Smartcare
- Reporting Is Pulled From Smartcare And Is Reliant Solely On What Is Entered Into The Timeliness Records

ALL TEAMS ARE REQUIRED TO REPORT ALL INITIAL REQUESTS FOR SUD OUTPATIENT, WITHDRAWAL MANAGEMENT AND RESIDENTIAL SERVICES USING THE "DMC-ODS OUTPATIENT TIMELINESS RECORD" DOCUMENT IN SMARTCARE.

Mental Health Non-Psychiatric and Psychiatric Services Timeliness Standards

Initial Request for Service (within 10 business days)

- First Offered Service Appointment
- First Rendered Service

Initial Request for **Urgent** Service (within 48 hours)

- First Offered **Urgent** Service Appointment
- First Rendered **Urgent** Service

Non-urgent Follow-up Appointment with Non-Physician (within 10 business days)

- This must be on a different date than initial services
- First Offered Follow-up Service Appointment
- First Rendered Follow-up Service

Outpatient, Residential and Opioid Treatment (OTP) Substance Use Disorder (SUD) Services Timeliness Standards

Initial Request for
Service (within 10
business days)

- First Offered Service Appointment
- First Rendered Service

Initial Request for
Urgent Service (within
48 hours)

- First Offered **Urgent** Service Appointment
- First Rendered **Urgent** Service

Non-urgent Follow-up
Appointment with
Non-Physician (within
10 business days)

- This must be on a different date than initial services
- First Offered Follow-up Service Appointment
- First Rendered Follow-up Service

Initial Request for OTP
Service (within 3
business days of the
request)

- First Offered Service Appointment
- First Rendered Service

QUESTIONS?

HEATHER WILLIAMS

QID D.A.T.A. TEAM

HWILLIAMS@KERNBHRS.ORG

661-428-7916

MYEISHA DHILLON

QID P.M. TEAM

MDHILLON@KERNBHRS.ORG

661-703-6385