

Kern County Behavioral Health Board System Quality Improvement Committee

Monday, May 18, 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	David Jenkins	Juan Gonzalez Ramos	Selma Gonzalez
Alexander Lopez	Heather Plaza	Karina Leonzo	Summer Baker
Cassandra Nevarez	Heather Williams	Michael Bryant	Tammy Cates
Connie Sedano	Jennifer Suniga	Michelle Doucette	

- I. Welcome and Introductions – Heather Williams introduced herself and welcomed the attendees.
- II. Review & approval of the previous meeting minutes – Alan Roney motioned to accept; Michelle Doucette 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. Consumer & Family Satisfaction (CPS) and DMC-ODS Client & Family Satisfaction (TPS) Results – David Jenkins
 1. Shared and discussed handout titled Consumer Perception Survey (CPS) Spring 2025
 - a. These Mental Health (MH) surveys are overseen by UCLA and can take up to six months to receive the results.
 - i. 406 surveys were completed in May 2025 with an overall satisfaction rate of 91%. Please review handout for members testimonials in their own words.
 - ii. Each agency or division was above the 85% standard by four to 10 percentage points.
 - iii. At 93%, the highest rated statements were: “Staff Here Believe That I Can Grow, Change, And Recover,” and “I Felt Comfortable Asking Questions About My Treatment and Medication.”
 - iv. At 81%, the lowest rated statement: “Staff Returned My Calls Within 24 Hours.”
 2. Shared and discussed handout titled Treatment Perception Survey (TPS) Fall 2025
 - a. These are Substance Abuse Disorder (SUD) surveys.
 - i. 97 surveys were completed in October 2025 with an overall satisfaction rate of 94%. Please review handout for members testimonials in their own words.
 - ii. At 100%, the highest rated statement was: “Staff spoke to me in a way I understood.”
 - iii. At 90%, the lowest rated statement: “The location was convenient.”
 - B. Utilization Management (UM) Review – Karina Leonzo-Castillo
 1. Shared and discussed handout titled BH Improvement Projects Outcomes Review.
 - a. These reviews make sure that members meet medical necessity and the services we provide as a system address the members’ medical conditions.
 - b. Based on the audit findings for 2nd Semester FY24-25, some training and education were provided:
 - i. Skills Series – 51 Published Skills, 13 Categories and growing, and gave examples of PN structure and documentation standards.

- ii. Employee Supervisor Review Tool –275 staff have been trained so far, 118 tools completed and reviewed, and 9 reviewed staff resulted in disallowances. This is a part of the onboarding process and provides support to seasoned staff and supervisors.
- iii. Intensive Documentation Support Pilot – QID is assisting Clinical Plan Services Teams in increasing their documentation awareness of services and how to provide the clinical services to members. This included in depth reviews of their charts, one-on-one meetings with line staff, and weekly meetings with administration and supervisors.

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

A. Quality Improvement Division – Heather Williams

- 1. The current Spring 2026 CPS calls are being conducted this week.
- 2. The annual Network Adequacy reporting is due June 10th, which includes Timeliness.

B. Clinical Plan Service – Jennifer Suniga

- 1. No updates at this time.

C. Cultural Competency Resource Committee – Juan Gonzalez Ramos

- 1. We continue to meet monthly, with subcommittees meeting weekly due to events and outreach opportunities.
 - a. Over 100 staff attended the Korean Culture and Cuisine event. This event took place at Commonwealth which shared artifacts, posters, Korean Cuisine, and guest speakers.
 - b. We conducted our Spring outreach efforts at three Sikh Temples and a Resource Fair to engage with the Punjabi community.
 - c. Outreach efforts for the Hispanic and Latinx community took place in the outlying areas of Arvin, Lamont, and Shafter at Resource Fairs. Every two months, to help reduce the stigma, outreach efforts are made at Mercado Latino.
 - d. In March, the African American/Black subcommittee attended and made outreach efforts at the Black Family Wellness Expo.

D. Substance Use Division – Alexander Lopez

- 1. The SUBG (Substance Use Prevention, Treatment, and Recovery Services Block Grant) narratives have been submitted, this is related to funding and occurs every two years.
- 2. The MAT Team is now under one supervisor Elida Guzman, please reach out if you have MAT referrals or need information. The Universal Referral Form, which includes a ROI, can be used for MH referrals.
- 3. SUD Access Line has staff vacancies and a bit low on staff, but this is temporary.

E. Adult System of Care (ASOC) –

- 1. No one present to provide updates.

F. Children's System of Care (CSOC) – Summer Baker

- 1. The Treatment Foster Care Oregon (TCFO) Program completed their fidelity review and achieved fidelity.
- 2. SUD continues to be stationed at Children's Learning Center (CLC) and Blanton and is accepting new referrals. SUD is currently accepting TAY referrals for the Medicated Assisted Treatment (MAT) Program. The adolescence and intensive outpatient programs located at L St. are accepting referrals via Access Line or email Brad Plymire.
- 3. The Early Psychosis Intervention (EPI) Team is expanding. They provide services to youths 15-25 years of age, who are diagnosed with an onset of psychotic disorder(s).
 - a. The referral criteria are that the member must be open to a Mental Health Provider, must have had their first psychotic episode within the first two years, no severe developmental disability, and is willing to engage.
 - i. EPI will complete a case consultation with the referring provider and will complete a phone screening with the client.
 - ii. A mini assessment will be complete once the consultation and phone screening are completed.
- 4. Youth Quest Girls is open and is full, so currently working on opening another.

G. Kern Linkage Division – Connie Sedano

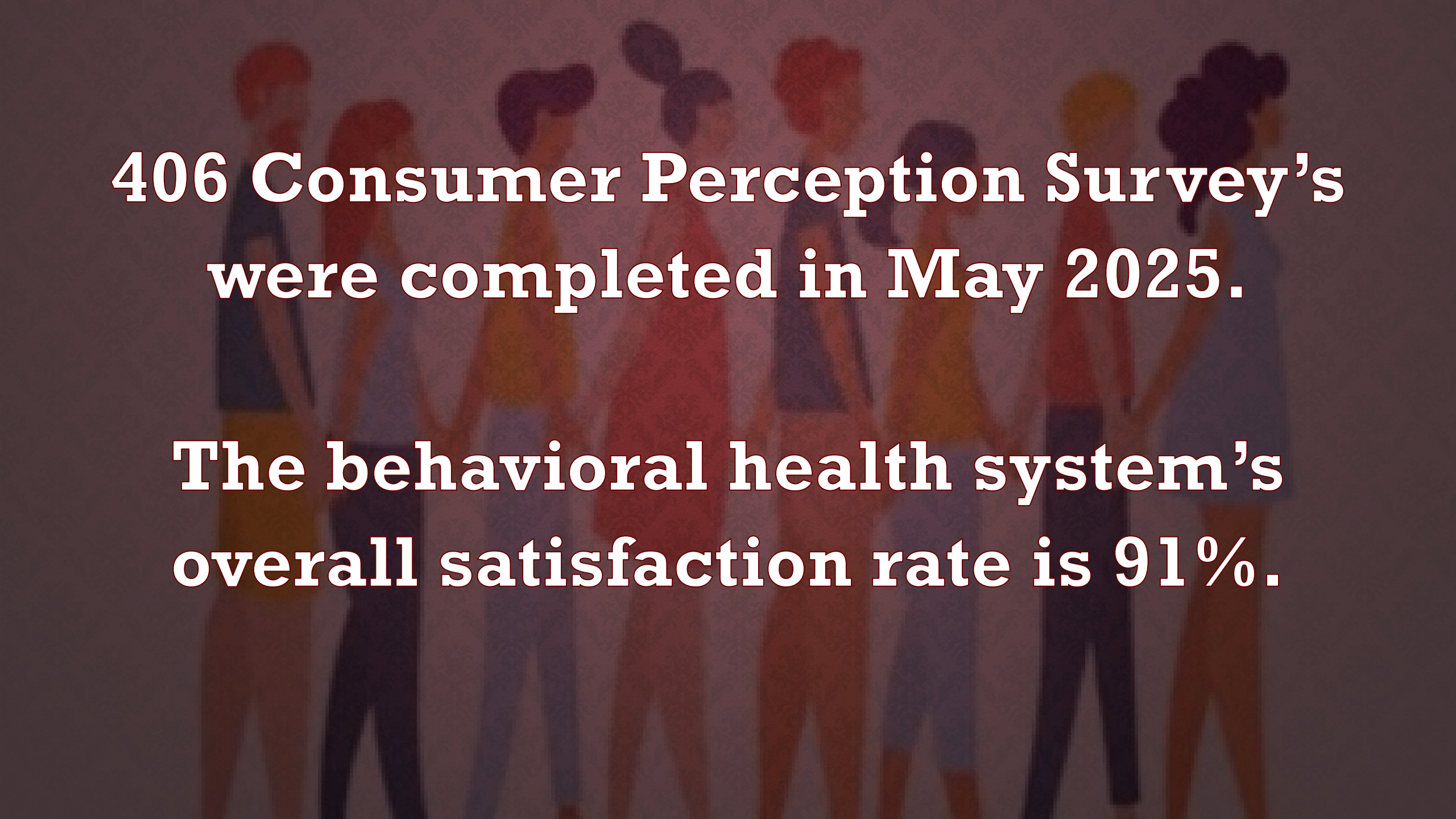
- 1. Housing Services K2 request, or Short-Term Housing Assistance, has started, and the necessary changes are live. There are two training courses, Tuesday May 19th 3:30P.M. and Wednesday May 20th 10 A.M.
- 2. Haven Cottages has openings available, if teams have members ready for permanent supportive housing, please contact Lourdes Torres.

- H. Crisis Services Division – Alan Roney
 - 1. The Youth Crisis Stabilization Unit (CSU) is still on track for completion next year. The Family Resource Center and PEC extension will begin once the Youth CSU is complete and operating.
- I. Medical Services Division –
 - 1. No one present to provide updates.
- VII. Mental Health Providers – Current Projects and Issues
 - A. Clarvida –Michelle Doucette
 - 1. The focus has been on May is Mental Health Month at all sites, and the events incur SUD as well.
 - a. Great support was seen for the Ridgecrest location, food and supplies were shared.
 - b. Tehachapi had an open house event for MH and SUD.
 - 2. Currently making collaboration efforts with the schools due to some District policies changes.
 - 3. Corresponded with one of the greater area Tehachapi Police Departments to provide information on services offered.
 - B. Child Guidance Clinic (CGC) –
 - 1. No one present to provide updates.
 - C. Clinica Sierra Vista (CSV) – Heather Plaza
 - 1. For both MH and SUD, the Joint Commissioner Surveyor completed inspection the previous week, and we passed which gives accreditation for the next three years.
 - 2. There is a vacancy in Delano for a managerial position.
 - 3. By gaining two new programs, we will be hiring for all positions, and information will be sent out next week.
- VIII. Substance Use Division Providers – Current Projects and Issues
 - A. Clarvida –Michelle Doucette
 - 1. Currently working on increasing awareness for SUD and establishing re-collaboration with schools as a lot of engagement was seen with the adolescences involved.
 - B. Clinica Sierra Vista (CSV) – Heather Plaza
 - 1. Joint information from MH updates apply to SUD.
- IX. Recommendations for Quality Improvement Committee (QIC) – There were no recommendations at this time.
- X. Adjourn – Next scheduled meeting: **September 28, 2026, at 4:00-5:00 PM**, will be held in-person at the Westchester

This meeting is MH UR Code 3



Consumer Perception Survey (CPS) Spring 2025

A stylized illustration of a diverse group of people, including men and women of various ethnicities, holding hands in a circle. The background is a dark, muted purple. The text is overlaid on this background.

**406 Consumer Perception Survey's
were completed in May 2025.**

**The behavioral health system's
overall satisfaction rate is 91%.**

91%

responded

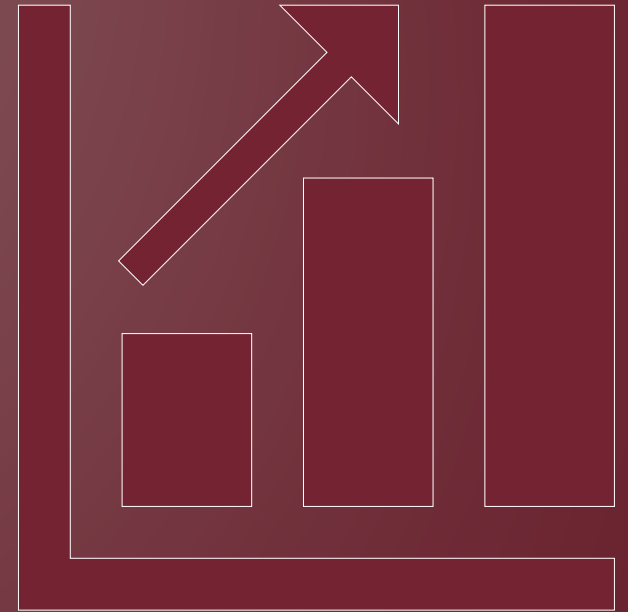
“Strongly Agree” or “Agree”

to the statement

“I like the services that I received here.”



Each agency or division
was four to ten
percentage points
above
the 85% standard.



93%

HIGHEST RATED STATEMENTS:

**STAFF HERE BELIEVE THAT I
CAN GROW, CHANGE, AND
RECOVER.**

**I FELT COMFORTABLE ASKING
QUESTIONS ABOUT MY
TREATMENT AND MEDICATION.**

81%

LOWEST RATED STATEMENT:

**STAFF RETURNED MY CALLS
WITHIN 24 HOURS.**

92% I WOULD RECOMMEND THIS AGENCY TO A FRIEND OR FAMILY MEMBER.

91% THE LOCATION OF SERVICES WAS CONVENIENT.

91% SERVICES WERE AVAILABLE AT TIMES THAT WERE GOOD FOR ME.

89% IF I HAD OTHER CHOICES, I WOULD STILL GET SERVICES FROM THIS AGENCY.

89% STAFF WERE WILLING TO SEE ME AS OFTEN AS I FELT IT WAS NECESSARY.

87% I WAS ABLE TO GET ALL THE SERVICES I THOUGHT I NEEDED.

85% I WAS ABLE TO SEE A PSYCHIATRIST WHEN I WANTED TO.

83% I, NOT STAFF, DECIDED MY TREATMENT GOALS.

IN THEIR OWN WORDS . . .

**THEY MADE ME FEEL LIKE I WAS
SOMEBODY WHEN I FELT LIKE I
WAS NOBODY. I WAS SUICIDAL,
AND THEY BROUGHT ME BACK.**

I CRIED AT MANY MEETINGS AND FELT SAFE.

**THE OPENNESS WE FELT
WITH OUR PROVIDER –
I DON'T THINK WE COULD HAVE
FOUND THAT ANYWHERE ELSE.
WE FELT IT WAS A
"JUDGEMENT FREE ZONE."**

**I FEEL A LOT
STRONGER,
BRAVER,
NOT AS SCARED
ALL THE TIME.**



HE RECIBIDO MUY BUEN AYUDA. DESDE LA RECEPCION HASTA ME DOCTORA Y CONSEJERA. TODOS ME TRATAN BIEN Y ME HAN AYUDADO MUCHO. EMPEZE EN EL 10 Y AHORA ME SIENTO AL CIEN.

GOOGLE TRANSLATE: I HAVE RECEIVED VERY GOOD HELP. FROM THE RECEPTIONIST TO MY DOCTOR AND COUNSELOR. EVERYONE TREATS ME WELL AND THEY HAVE HELPED ME A LOT. I STARTED AT 10 AND NOW I FEEL 100 PERCENT.

**THE MOST HELPFUL PART OF
SERVICES IS BEING ABLE TO FIND
A WAY TO WORK THROUGH MY
PROBLEMS IN A WAY THAT ISN'T
LASHING OUT OR GETTING ANGRY
WITH OTHERS.**

**YOUR AGENCY IS DIFFERENT
BECAUSE YOU WORK WITH OTHERS
IN THE COMMUNITY TO LINK
CLIENTS TO WHAT THEY NEED. I
FEEL LIKE I'VE BEEN WITH YOU
GUYS FOREVER AND I'VE ONLY
BEEN WITH YOU FOR 2 MONTHS.
YOU'RE NOT JUST THERE
THROWING PILLS AT ME.**

**I AM ABLE TO
COMMUNICATE
BETTER WITH FAMILY
AND SEE WHAT I AM
ACTUALLY WORTH.
I HAVE STRUGGLED
WITH THAT FOR A
LONG TIME.**



**THEY WERE PROMPT IF I HAD A
PROBLEM WITH MY MEDICATION.
THEY GOT ON IT RIGHT AWAY. MY
PSYCHIATRIST CALLED ME BACK
THE SAME DAY.**

**MY DAUGHTER
WAS VERY HAPPY
THAT SOMEONE
WAS THERE TO
LISTEN TO HER
AND ACTUALLY
UNDERSTAND HER
... THERAPY HAS
HELPED HER
CALM DOWN.**



**MOST IMPORTANTLY
THEY MADE MY SON
VERY COMFORTABLE.
HE TRUSTS THEM AND
IS VERY OPEN WITH
THEM.**





TREATMENT PERCEPTION SURVEY (TPS) FALL 2025

Kern Behavioral Health & Recovery Services



**97 Treatment Perception Survey's
were completed in October 2025.**

**The Substance Use Disorder Division's
overall satisfaction rate is 94%.**

94%

answered

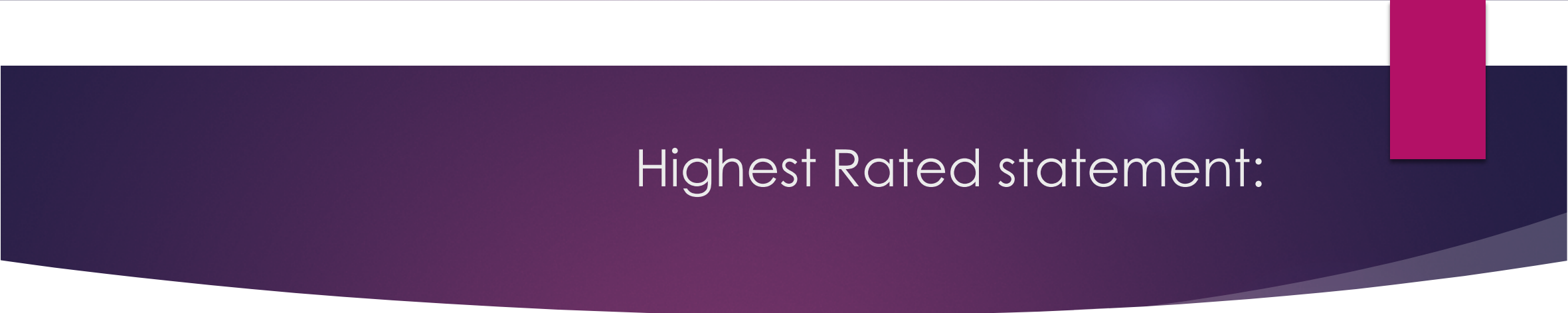
“Strongly Agree” or
“Agree” to

“Overall, I am satisfied with the services I received.”



Each agency or division was five to fifteen percentage points **above** the 85% standard.





Highest Rated statement:

100%

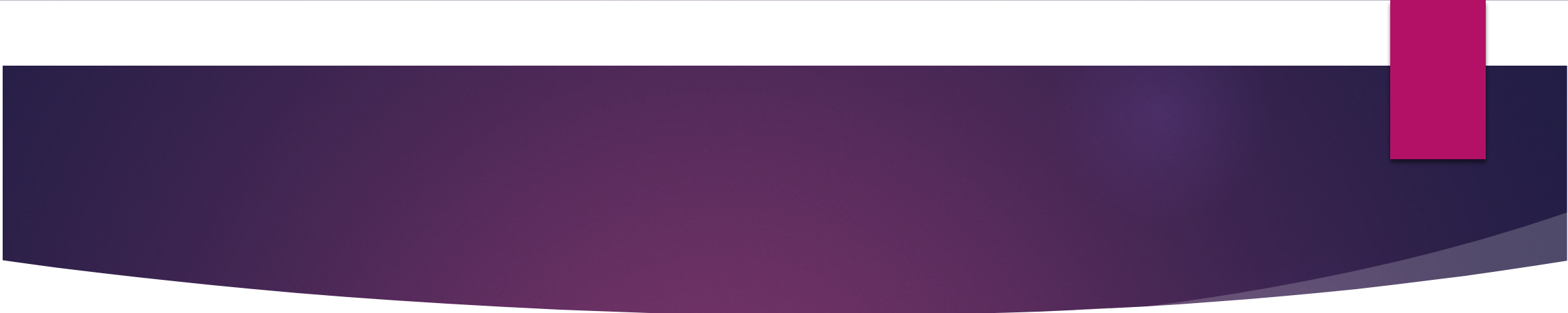
**Staff spoke to me
in a way I understood.**



Lowest Rated statement:

90%

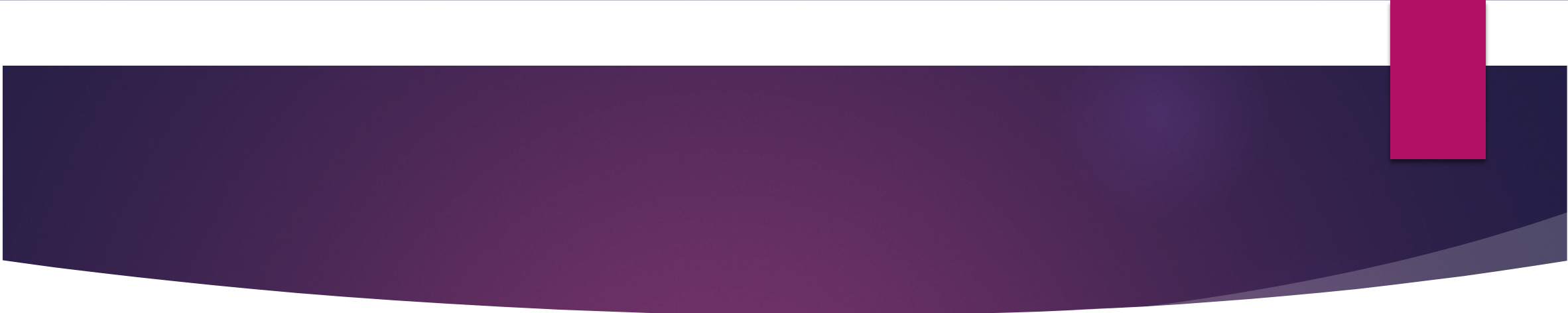
**The location was
convenient.**



98%

I felt welcomed here.

**Services were
available when I
needed them.**

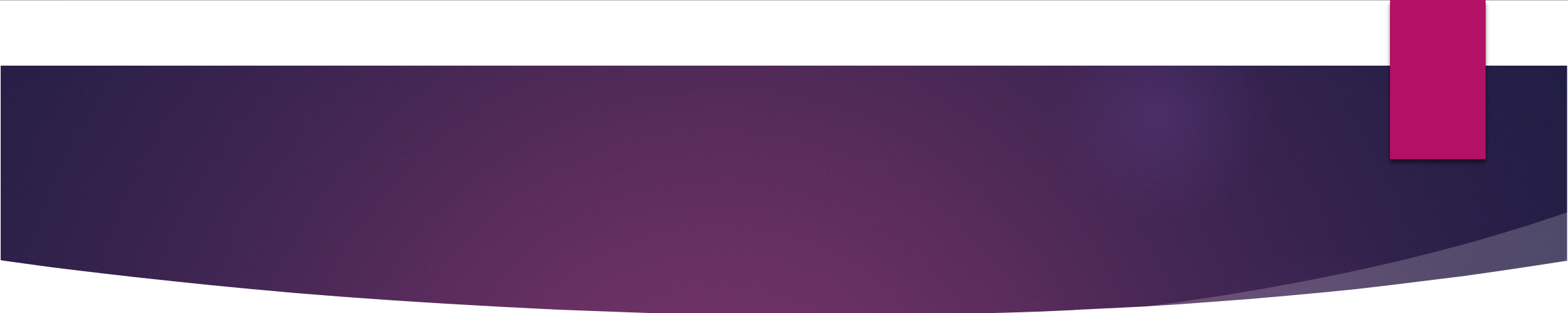


97%

Staff treated me with respect.

96%

Staff gave me enough time in my treatment sessions.



95%

**I chose the treatment goals
with my provider's help.**

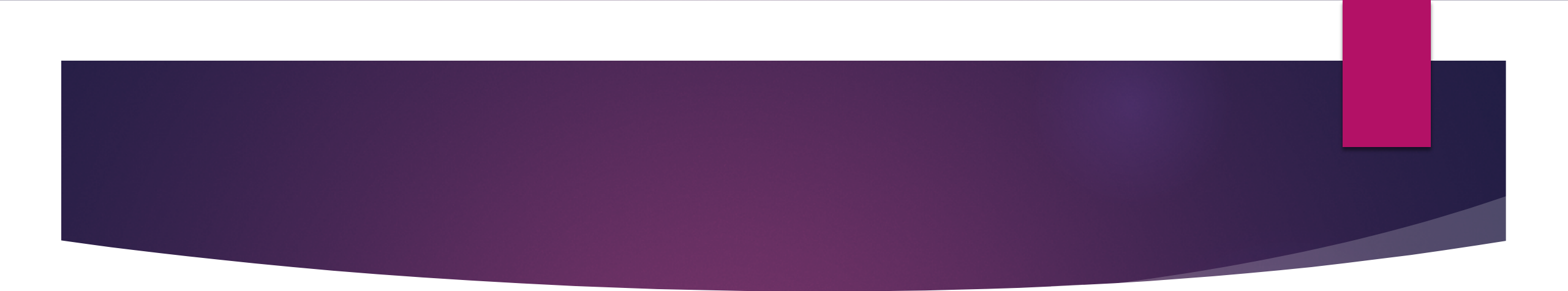
**Staff were sensitive
to my cultural background.**

**I would recommend
this agency to a friend
or family member.**

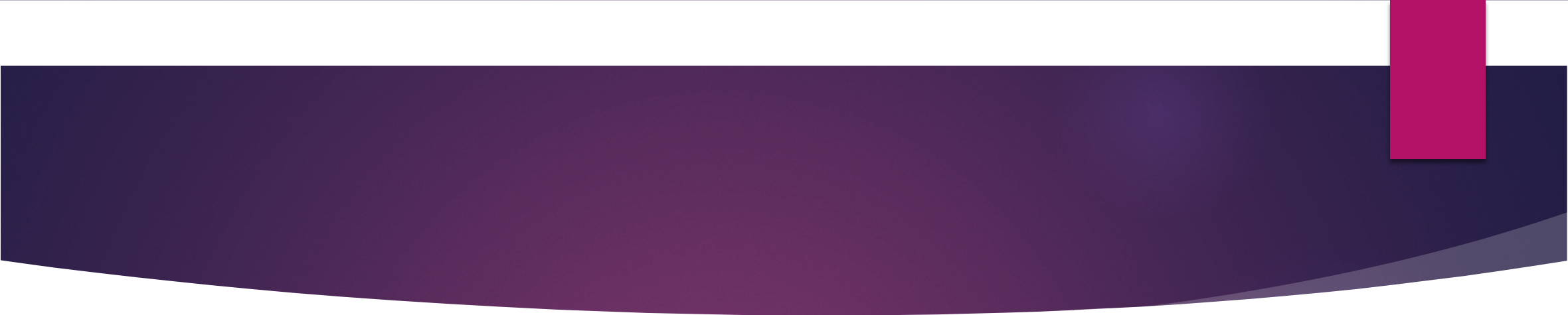


In their own words . . .

You are literally
lifesavers.



I don't think I can go back to
drugs after working with my
therapist . . .
the help I've gotten means
everything.



A lot of people in my life have let me
down but my therapist isn't one of them.
She is wonderful.



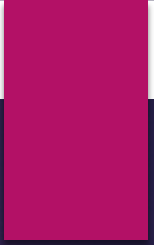
I didn't know
they existed
and if I knew
they existed
I would've
gotten help
sooner . . .



What was most helpful was the sincerity and honesty and genuine care of the staff.



Always with smiles.
I already recommended
this program to someone.
The staff were non-
judgmental and helpful.
They never looked at me
wrong. Always positive.
When I'm feeling down,
they help me.



I appreciate meeting
with others who are
going through similar
situations.

I appreciate how the
mentors are aware of the
triggers of the clients and
how to speak with them.

**The staff was great.
They helped me make
a resume, apply for
jobs, and connect to
the Job Center.
If I had anything on
my mind, they were
open and heard me
out and were
respectful.**





They accommodate you.

They make you feel like they are a second back-up family.

My therapist and other staff are resourceful, like a second family.

I feel like I accomplished a lot with them.

QID – DOCUMENTATION COMPLIANCE

BH IMPROVEMENT PROJECTS OUTCOMES REVIEW

In response to audit data gathered from 2nd Semester FY24-25, QID launched several long term projects aimed at continued education and training on:

- Clinical Skills
- Progress Note Documentation
- Top-down leadership driven education and coaching on documentation standards
- Intensive Documentation Support Pilot for Clinical Plan Services



SKILLS SERIES:

On February 6, 2025 QID launched the Skills Series; a weekly educational handout distributed system-wide through the PIO and maintained as an expanding skills library on SharePoint. The series was designed to introduce newer staff to practical clinical interventions while reinforcing and refreshing established skills for experienced staff to utilize during client sessions.

Outcomes:

- 51 Published Skills
- 13 Categories and growing
- Gave examples of progress note structure and documentation standards

Staff were very receptive to the series in feedback and also in contribution of published skills for use by their peers. Staff reported that supervisors used skills series examples in team meetings and engaged in role play of skills; and use of published skills were often seen used in client sessions, through audits of progress note documentation of new staff.

EMPLOYEE SUPERVISOR REVIEW TOOL:

QID developed the Employee Supervisor Review Tool to support adherence to documentation standards introduced during onboarding progress note training. The tool promoted ongoing coaching and mentorship by supervisors and team leads while also providing leadership with updated documentation guidance and best-practice recommendations to support consistent staff education across teams.

Outcomes:

- 275 staff trained since inception
- 118 Tools Completed and Reviewed
- 8% (9 staff) of all reviewed staff resulted in disallowances

Implementation of the tool highlighted opportunities to strengthen onboarding support for new staff. It also reinforced the need for ongoing supervisory engagement and continued guidance by supervisors to line staff. Additionally, supervisors were also updated on changes to policies, and documentation standards that could then be passed down to line staff as they continue to review future documentation.



BH IMPROVEMENT PROJECTS OUTCOMES REVIEW

INTENSIVE DOCUMENTATION SUPPORT PILOT:

QID introduced a five month pilot program for Intensive Documentation Support to the Clinical Plan Services teams which focused on increasing awareness of documentation standards, correction of past documentation findings, and provision of education on billable services. Training was based on clinical reviews of past documentation, and was provided in role specific group meetings and one-on-one trainings.

Based on clinical findings, QID engaged staff in the following role specific group trainings:

- Accessing Documentation Resources
- Assessments (Therapists only)
- Case Management Tips & Tricks (RS only)
- ICC Services
- Procedure Codes
- Targeted Case Management
- Therapeutic Behavioral Services

QID used one-on-one training sessions to address:

- Policy & Procedures
- Progress Note Documentation Standards
 - Interventions/client response/next steps
- Care Planning
- Best Practices
- Billing
- Timeliness

Outcomes:

Group meeting minutes and one-on-one consultation outcomes were shared weekly with team supervisors. Supervisors then gave clarification and reinforcement of QID recommendations and provided targeted education and training to address identified gaps with staff. Through these meetings, QID identified the need for a focused interactive training on Care Plans. Following the training, staff reported an increased understanding of Care Plan structure, purpose, and importance in supporting continuity and quality of client care. Improved comprehension was further demonstrated through post-training exam results.

Additionally, QID recommended Clinical Plan teams identify lead staff with strong documentation skills to become team leads, successfully leading two training sessions aimed at refining their skill sets. One team lead proactively created a team-specific resource binder to improve overall knowledge of available client benefits.

Substance Use Treatment Referral Form

SUD Access Line | (866) 266-4898

Referral Date: _____

Referring Party/Agency: _____

Staff Member Completing Referral: _____

Staff Member Phone: _____ Staff Member E-mail: _____

Client Name: _____

Date of Birth: _____ Contact Number: _____

Address: _____

If individual is a minor, is parent/guardian aware of referral? ☐ Yes ☐ No ☐ N/A

Parent/Guardian Name and contact Number: _____

Does the client have Medi-Cal active in Kern County? ☐ Yes ☐ No

Medi-Cal Number/Social Security Number: _____

Substances Used: _____ Frequency: _____

Diagnosis (if known): _____

MAT Medication(s) if applicable

Prescribed Medication(s): _____

Dosage: _____

Medication Supply (days prescribed and date client will run out): _____

Referrals received without the attached Release of Information will not receive a referral outcome due to privacy regulations. Please e-mail completed forms via encrypted email to: GateAuth@kernbhhs.org

SmartCare Electronic Health Record
AUTHORIZATION TO OBTAIN/DISCLOSE PROTECTED HEALTH INFORMATION

Client Information**Client Name:****Client ID:****DOB:****Effective Date:****Program:****General****Authorization for the Disclosure of Protected Health Information**

By signing this form below, I am allowing **Kern County Behavioral Health & Recovery Services** to disclose my protected health information to one or more persons for the purposes specified on this form. If I agree, I understand this may include information about any substance use disorder treatment I have received.

Release To / Release From

Name or Other Specific Identification of Person(s) authorized to receive/ make the requested use or disclosure:

☐ Organization/Provider: ☐ Contact **Type:** ☐ Release To ☐ Obtain From

Release To/From:**Contact Type:****Organization:****Name:****Address:****City:****State:****Zip:****Phone:****Fax Number:****Purpose of Disclosure**

☐ Care Coordination ☐ Process insurance/third party claims (Substance Abuse Remittance Only)
☐ HIE (Health Information Exchange) ☐ Other: _____

Expiration

If nothing marked – one (1) year from date signed

☐ 1 time disclosure ☐ 6 months ☐ End of Agency Treatment

Start Date:**End Date:****Information to be Used or Disclosed**

The information that can be disclosed under this authorization includes the following, if available

ROI Type: MH

☐ All Records	☐ Acknowledgment of Treatment	☐ Billing &/OR Insurance Information
☐ Intake/Admission Information	☐ Psychological Evaluation(s) Reports	☐ Medications Prescribed
☐ Discharge Summary/Plan	☐ Progress Review Summary School	☐ Screening Assessment(s)
☐ AAPS Eligibility Documents	☐ Records/Reports/IEPs	☐ Medical History, Lab Results, Immunization
☐ Treatment Plan(s)	☐ Progress Notes	☐ Records
☐ Legal Documents	☐ Other: _____	

Records Start Date:**Records End Date:**

Restrictions**Terms**

Terms. I understand:

- The recipient(s) of my confidential information may share it with others if they are permitted to do so under federal and state law. I understand that in some cases my information may no longer be subject to privacy laws once it is shared.
- I have a right to revoke this form at any time by contacting Kern Behavioral Health & Recovery Services. I understand that if I revoke, the recipient(s) of my information may keep the information that they received about me prior to the date I revoked.
- Signing this form is voluntary, and that declining to sign this form will not impact my ability to get medical care, health insurance, or any government benefits.
- Even if I don't sign this form, the recipient(s) may have a right to obtain my confidential information under applicable law.

Signing for a Child. I understand that if I am signing this form on behalf of a minor, I should include my name as the "Legal Representative" of my child, and that I should sign this form on the last line. If my child is 12 or older, my child should also sign on the first line.

By checking these boxes, I agree that I have read, understand and agree to these terms.

☐ NOTICE TO CLIENT: By signing below, I consent to the disclosure of my information as described in this form. Further, by including my phone number below, I consent to the receipt of texts or calls to communicate with me about my consent and how my information may be shared (standard message and data rates may apply).

☐ ACCESS TO MY RECORD: I have a right to obtain a copy of this form. I understand I should ask the person who presented this form to me for a copy.

Agency Information

Program:

Attention:

Address:

City:

State:

Zip:

Phone:

Other

Copy Given to Client: ☐ Yes ☐ Declined a copy **Agency Staff:**

ID Verified by: ☐ Driver's License ☐ Other Picture ID ☐ Known to Agency

Additional Information

Please note – The records released may contain alcohol and drug abuse information and/or information about Human Immunodeficiency Virus (HIV), Acquired Immunodeficiency Syndrome (AIDS), and AIDS Related Complex (ARC).

Alcohol/Drug Abuse:

- ☐ I authorize the release of information relating to referral and/or treatment for alcohol and drug abuse.
- ☐ I **PROHIBIT** the release of information relating to referral and/or treatment for alcohol and drug abuse.

HIV/AIDS/Sexually Transmitted Disease/Communicable Disease:

- ☐ I authorize the release of information relating to HIV/AIDS/sexually transmitted disease/communicable disease.
- ☐ I **PROHIBIT** the release of information relating to HIV/AIDS/sexually transmitted disease/communicable disease.

Staff:**Signature Date:****Release of Information****Client:****Signature Date:***Client Name:*