

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

Service Area II Adult Program Quality Improvement Committee

MINUTES – THURSDAY, January 18, 2008

Facilitator – Kimber Salvaggio

Present

Lisa Delmas
 Marilou Jougilon
 Teresa Quijano
 Jim Randall
 Luann Rollens
 Cheryl Driscoll
 Denise Greenspan
 Dominique Eugene
 Emma Caparros
 Angela Kahn
 Leslie DiMascio
 Michelle Loguinsky
 Amy Kress
 Marina Geozalyan
 Elizabeth Bower
 James Coomes

Absent

Larry Schallert
 Julie Jones
 Karen Sammon
 Deborah Foulks

Other(s)

SUBJECT	DISCUSSION	ACTION AGREEMENTS/DECISIONS
1. QI Program – Teresa Quijano presented	<ul style="list-style-type: none"> • Trying to improve • Website in beginning Intranet – D.O. agencies () ✓ 	To be standardized then internet to prevent different information being disseminated to different areas

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2. Last QIC Meeting-QIC chair meetings	<ul style="list-style-type: none"> • ½ hour devoted to Norma Fritsche for Q & A • Different staff going to represent one part of QI to different interpretations • Distributed QI Compliance Review tool so all agencies including new agencies will be included on minutes- will include those who attended and who are absent to make sure absent agencies will also receive the information given. 	
3. Questions	<ul style="list-style-type: none"> • James Coomes asked the difference between QI & QA. QA- regulations for quality management and documentation done for the agency benefits. QI- anything that will improve services for clients – projects (IS&MIS), Outcomes. • When EQRO started- all chairs from state before data only for Medi-Cal clients. In the future- indigent and Medi-Cal clients. • Service Area 6- Each clinic has one person designated to facilitate transfers from SFPR • Service Area 6 also developed newsletter to summarize what information given at QIC meetings. • Nancy Crosby or someone else will come to next meeting to explain electronic system IBIS • New SFPR policy in process of being developed. Contact coordinators transition team to help contract agencies cope with changes-using MESA money for this purpose. 	

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4. Program Review Marilou Jogiulon		

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5. Newsletter	<p style="text-align: center;">o represent one part of QI to different interpretations</p> <ul style="list-style-type: none"> ● Distributed QI Compliance Review tool so all agencies including new agencies will be included on minutes- will include those who attended and who are absent to make sure absent agencies will also receive the information given. 	
6. SAAC		
7. Picking Project	<ul style="list-style-type: none"> ● James Coomes asked the difference between QI & QA. QA- regulations for quality management and documentation done for the agency benefits. QI- anything that will improve services for clients – projects (IS&MIS), Outcomes. ● When EQRO started- all chairs from state before data only for Medi-Cal clients. In the future- indigent and Medi-Cal clients. ● Service Area 6- Each clinic has one person designated to facilitate transfers from SFPR 	
8. Curtailments	<ul style="list-style-type: none"> ● Service Area 6 also developed newsletter to summarize what information given at QIC meetings. ● Nancy Crosby or someone else will come to next meeting to explain electronic system IBIS ● New SFPR policy in process of being developed. Contact coordinators transition team to help contract agencies cope with changes-using MHSAs money for this purpose. ● Need to change IS to give us access to know where client has been 	<p>James Randall wants to develop reluctant to develop because Website is being developed that will include domains specific to SAs. Should be up and running end of January.</p>

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	<p>before.</p> <ul style="list-style-type: none"> ● QA- Internal Review; QI- Includes improvement of internal system for review. ● Internal Audits- i.e. forms, signatures, CCCPs- SFMHC- 2 different reviews, 1 is short and one is a thorough 9 page review, lots of layers ● Service Area 8 using excel to manage consults ● providers adding programs- certified four programs. ● Program review focuses on quality of different program. ● There has been some confusion of correct codes between CalWORKs and Children. ● Different messages from different manuals ● Code for MHS- Medicare only face to face otherwise- can be TC or face to face. Many use H2015 for telephone calls. ● CalWORKs may have different requirements ● CMS is looking at changing requirements for case managers. Good statistics re: LAC DMH & recommendations ● CMS. gov ● PAs (Physician Assistant)- not recommend because they cannot bill ● Liz spoke about how RNP is being utilized at WVMHC 	

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	<ul style="list-style-type: none"> ● Consumer newsletter ● Clinical newsletter ● Use Yahoo groups ● Can send alerts ● FAQ ● Children has yahoo group site that they have been using to give out information specific to contract children agencies. ● Empowerment and Advocacy Division- utilizing consumers with surveys and recommendations for QI projects ● Contractor baseline 2008- incentive to have low baseline so easier to show improvement. ● Steering Work Group Committee ● Committee- re: Outcome Surveys ● Discuss problems with the surveys ● Agency of primary responsibility ● \$24 million shortfall ● Contractors were involved with the decisions 	