

**LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH  
Service Area II Program Administration**

**Adult Quality Improvement Committee Meeting  
Kimber Salvaggio, SA 2 Adult QIC Chair  
January 20, 2015  
San Fernando Mental Health Center  
10:00 am-12:00 pm  
Agenda**

Welcome- Introductions & Agency Updates	All
Introduction of New SA 2 Countywide QI Liaison	LyNetta Gore, Psy.D
<b>Quality Improvement</b>	
MHSIP Survey Data	
Use at SFVCMHC, Inc.	Angela Kahn, MPA Director of Quality Management
Fall 2015 Update	Kimber
Spring 2015 *	Dr. Gore/Kimber/All
Cultural Competency Report	Sandra Chang Ptasinski, Ph.D. DMH PSB- QID
Clinical Quality Improvement	Kimber
Safety Intelligence	
Policy Updates	Kimber
ASL	
Compliance*	
Service Area QI Project Update	Kimber/All
PRO	Kimber
<b>Quality Assurance</b>	
QA Announcements	All/Kimber
Audits	
Training & Operations	All/Kimber
Documentation Trainings*	
DO Updated QA Process & Quarterly Monitoring	
LE Updated QA Process	
QA Policy Updates & Technical Asst	Kimber
IBHIS Updates	
16-01 QA Bulletin: Service Verification Notification	
DSM/ ICD 10 Update	
<b>Other</b>	
How will this information be disseminated in your agency	All
Future Agenda Items & Announcements & Adjournment	All

Handout\*

**Next Meeting for SA 2 Adult QIC: March 17, 2015 at 10-12 pm**



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
**Service Area 2 Adult**  
**QUALITY IMPROVEMENT COUNCIL (QIC) Minutes**

<b>Type of Meeting</b>	<b>Service Area 2 Adult Quality Improvement Committee</b>	<b>Date:</b>	January 20, 2016
<b>Place</b>	10605 Balboa Ave 2 <sup>nd</sup> floor Conf.	<b>Start Time:</b>	10:00 a.m.
<b>Chair</b>	Kimber Salvaggio	<b>End Time:</b>	12 p.m.
<b>Co-Chair</b>	None		
<b>Members Present</b>	Angela Khan - SFVCMHC, Inc., Belinda Ankras - DMH PSB Certification, Contadina Palivos - Didi Hirsch, Deanna Park - PACS, Denise Greenspan - Hillview MHC, Dora Escalante - JFS, James Pelk - IMCES, Jonathan Paltrow - DMH SFMHC, Julie Jones - Hillview MHC, Lee James Gossett - Didi Hirsch, Lesli Di Mascio - SFVCMHC, Inc., Lucy Marrero - Child & Family Ctr, LyNetta Gore - DMH PSB Countywide QI, Megan McDonald - Topanga West, Sabrina Barscheski - DMH SCVMHC, Sara Pineda - ECDA, Sima Baikov - DMH WVMHC, Sue Birman - DMH UCSP, Tiger Doan - APCTC, Tim Petersen - Tarzana Treatment Center,		
<b>Absent Members</b>	Allen Pouravanes - DMH PSB QA, Honey Dardashti - Tarzana Tx Ctr, Jesus Morales - Didi Hirsch, Ken Bachrach - Tarzana Treatment Center, Michelle Logvinsky - Topanga West Guest Home, Militza Avila - JFS, Ramona Casupang - DMH SB 82, Sandra Chang-Ptasinski - DMH PSB QID Cultural Competency Unit, Sheila Mulvihill - El Dorado, Stephanie Yamada - PACS		
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>	<b>Person Responsible</b>
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 10:00 a.m.	Introductions were made. Dr. LyNetta Gore of the DMH PSB Countywide QI unit was introduced and welcomed by the group.	K. Salvaggio
<b>Review of Minutes</b>	NA – Nov 2015 Minutes approved via email Dec 2015		All

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
<p><b>Agency Best Practices Sharing</b></p> <p><b>MHSIP Survey Data</b></p>	<p><u>QUALITY IMPROVEMENT</u></p> <p>Presentation made by Angela Kahn, Director of Quality Management at SFVCMHC, Inc. on the Center's use of the MHSIP data.</p> <p><b>Fall 2015</b></p> <ul style="list-style-type: none"> <li>• Rec'd about 8500</li> <li>• Scanning issues with state</li> <li>• Returning back to May and November sch'd</li> <li>• DMH has asked the state for more notice with date of survey week</li> </ul> <p><b>Spring 2015</b></p> <p>Provider level data for surveys from Spring 2015 MHSIP data collection was provided to the group. The table showed data for the MHSIP subscale domains for provider numbers who had at least 15 surveys completed. The provider data was compared with the County average and providers below the County average were highlighted – more data pending form QID.</p> <ul style="list-style-type: none"> <li>• No report given</li> </ul>	<p><u>QUALITY IMPROVEMENT</u></p>	<p>Angela Kahn</p> <p>All</p>
<p><b>Cultural Competency Report</b></p> <p><b>Clinical Quality Improvement</b></p> <p><b>Safety Intelligence</b></p> <p><b>ASL Policy 200.02</b></p>	<ul style="list-style-type: none"> <li>• Status quo on SI – policy still pending</li> <li>• Webinar pending in Jan on instructions for SI for DO's</li> <li>• ASL is available in English and Spanish</li> </ul>		<p>Kimber/All</p>

<p><b>SA QI Project</b></p>	<ul style="list-style-type: none"> <li>• Future possibility of training for supervisors</li> <li>• Post training surveys due in a few months</li> <li>• Agency/clinic presentation is still available</li> <li>• Reminder of new address for Change of Provider logs Submission  <a href="mailto:DMHCOP@dmh.lacounty.gov">DMHCOP@dmh.lacounty.gov</a> that was sent to the group via email on 01/12/16</li> <li>• Clarification from PRO regarding the Change of Provider forms in the lobby.</li> <li>• 'Forms in the lobby requirements' from Pts rights are self-imposed – not from the state.</li> <li>• New P&amp; P coming (pending signatures) that will have the direction in writing but for now removing the info from the lobby will NOT result in a CAP from the state or any sort of 'out of compliance' status.</li> <li>• If left in the lobby all 13 threshold languages need to be present</li> <li>• Hard copy of policy updates provided to the group*</li> </ul>	
<p><b>Pt's Rights</b></p>		
<p><b>Policy Updates</b></p>		
<p><b>Audits          Training &amp;          Operations</b></p>	<p><u>QUALITY ASSURANCE</u></p> <ul style="list-style-type: none"> <li>• SSR Feb 8- March 4</li> </ul> <p><u>Doc trainings</u></p> <ul style="list-style-type: none"> <li>• Hard copy of training available dates provided to the group*</li> <li>• all supervisors are strongly encouraged to take the training due to the large number of policy changes in the past several months</li> </ul> <p><u>DO Updated QA Process &amp; Quarterly Monitoring</u></p> <ul style="list-style-type: none"> <li>• If there are two provider numbers under a single QA Process, each provider must submit</li> </ul>	<p><u>QUALITY ASSURANCE</u></p> <p>Kimber/Allen/All</p>

	<p>one (explain the process of how the providers work together)</p> <ul style="list-style-type: none"> <li>Each provider must submit 5 chart review tools; be sure to redact client information</li> </ul> <p><u>LE Updated QA Process*</u></p> <ul style="list-style-type: none"> <li>Annual reports due on 1/31/16</li> <li>LE Memo dated 01/14/16 Re: Annual QA Report was provided to the group</li> <li>Reminder will be sent to Providers (typically the Executive Director) and the QA Liaisons</li> </ul>	
<p><b>QA Policy Updates &amp; Technical Asst.</b></p>	<p><u>IBHIS Updates:</u></p> <ul style="list-style-type: none"> <li><b>IBHIS Updates for LE Providers:</b></li> <li>Practitioner Registration &amp; Maintenance (PRM) has been updated to do an automatic update in IBHIS (there will no longer be a lag time in submission/data entry in IBHIS). Expected to be released in the next week.</li> <li>Onboarding of LE providers has started up. There will be an additional 5 providers on boarded in February. Make sure updates are made to practitioners in PRM.</li> <li>SNOMED codes have been proposed to track social determinants of health in a standardized process. No decision has been made but LE providers should be aware of this discussion</li> <li>LE: Onboarding 5 LE providers in February, 10 LE providers in March</li> <li><b>IBHIS Updates for DO Providers</b></li> <li>DO: New Consoles (ways of viewing information) were released, working on developing the Chart Review Tool in IBHIS (will not be attached to the clinical record), Problem List using SNOMED codes will be introduced soon</li> <li>IBHIS Addendum Guide to Service and Procedure Codes (LE providers should be sure</li> </ul>	

		<p>to use as some procedure codes are different in IBHIS than they were in the IS)</p> <p><u>ICD10 Updates</u></p> <ul style="list-style-type: none"><li>• Updated included diagnosis list in the Organizational Providers Manual (a few diagnoses were left off); will be available online by Friday</li><li>• Alcohol abuse, unspecified: F10.1 is not a valid code; a fifth digit will be added (F10.10)</li><li>• Personal history of neglect in childhood: Z62.813 is not a valid code; use Z62.812</li><li>• QA has submitted a list of codes for consideration of "included" status to Harbage Consulting to discuss with DHCS</li></ul> <p><u>Service Request Log Modifications</u></p> <ul style="list-style-type: none"><li>• Service Request Log is being updated to include elements of the universal screening process such as insurance, if the client is aware of the request, if the client is in mental health treatment, etc.</li><li>• Should be released in January with 6 months to incorporate into an EHR</li></ul> <p><u>Workflow: Assessments and Treatment Plans</u></p> <ul style="list-style-type: none"><li>• Programs should think about their workflow for completing assessments and treatment plans and make sure there is a clear process and reason for how it is being done</li><li>• QA recommends thinking about using additional time in the beginning to have a thorough assessment and development of the treatment plan: some treatment plans appear to be done quickly and without knowledge of the needs of the client (i.e. not individualized)</li><li>• If assessment and treatment plan are done in the same contact, why? Is this done for a clear reason or just because the client may not</li></ul>	
--	--	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

	return?	<p><u>FINAL 16-01 QA Bulletin: Service Verification Notification</u></p> <ul style="list-style-type: none"> <li>• Final QA Bulletin regarding Service Verification Notification</li> <li>• QA will be beginning the pilot this week</li> <li>• Some things to evaluate in the pilot:           <ul style="list-style-type: none"> <li>○ How to handle minor clients? Who the notification be sent to?</li> <li>○ Will the notification be sent in alternate languages?</li> <li>○ How will questions regarding the notification from clients be handled?</li> </ul> </li> <li>• Texting Policy: in beginning stages of development, based on need for DBT groups</li> <li>• Physician Assistants: discussion regarding allowing PA's to do a limited set of med support services</li> </ul>	
<b>Upcoming items</b>			
<b>Announcements:</b>		NONE	
<b>Handouts:</b>		<ul style="list-style-type: none"> <li>➤ SA 2 Adult QIC 2016 schedule</li> <li>➤ Documentation Training Sch'd Rev Date 01/11/16</li> <li>➤ Spring 2015 MHSIP Data Tables 1-4</li> <li>➤ QAB 16-02</li> <li>➤ LE Memo dated 01/14/16 Re: Annual QA Report</li> <li>➤ QA Report with CAP for LE's</li> <li>➤ P &amp; P Update A/O 1/11/16</li> </ul>	
<b>Next Meeting:</b>		March 17, 2016	

Respectfully Submitted,

  
 Kimber Salvaggio