

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

**Adult Quality Improvement Committee Meeting
January 19, 2017
San Fernando Mental Health Center
10:00 am-12:00 pm
Agenda**

Welcome- Introductions & Agency Updates	All
Approval of September 2016 Minutes*	All
Collaborative Documentation Presentation	Marc Borkheim, Ph.D. DMH PSB- QA

Quality Improvement

Clinical Quality Improvement	Kimber
OMD	
PIP Updates	LyNetta Shonibare, Psy.D. DMH PSB- QID
Cultural Competency Report	Sandra Chang Ptasinski, Ph.D. DMH PSB- QID
Policy Updates*	Kimber
PRO	Jamie Walker DMH PRO
QI Announcements	All

Quality Assurance

Audits	All
State DHCS Updates	Kimber/All
Training & Operations	Kimber
Documentation Trainings*	
Space	
QA Policy Updates & Technical Asst*	Kimber
Clinical Forms & Quality Assurance Bulletins	Kimber
QA Announcements	All

Other

How is this information disseminated in your agency	All
Future Agenda Items & Adjournment	All

Handout*

Next Meeting for SA 2 Adult QIC: March 16, at 10-12 pm

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

Type of Meeting	Service Area 2 Adult Quality Improvement Committee	Date:	January 19, 2017
Place	10605 Balboa Ave 2nd floor Conf.	Start Time:	10:00 a.m.
Chair	Kimber Salvaggio	End Time:	12 p.m.
Co-Chair	None		
Members Present	Allen Pouravanes - DMH PSB QA, Amy Kress - DMH Urgent Care, Angela Khan - SFVCMHC, Inc., Darrell Scholte - DMH SA2 Nav, Denise Greenspan – Hillview MHC, Diana Garcia – DMH SFMHC, Dora Escalante – JFS, James Pelk – IMCES, Karry Friedman – Tarzana Tx Ctr, Lee James Gossett – Didi Hirsch, Leslie Di Mascio – SFVCMHC, Inc., Lorena Chavez – Child & Family Ctr, Marc Borkheim - DMH PSB QA, Michelle Logvinsky - Topanga West Guest Home/ACT Wellness Ctr, Sabrina Barscheski - DMH SCVMHC, Norma – ECDA, Tiger Doan – APCTC		
Absent Members	Belinda Ankrah – DMH PSB Certification, Child & Family Ctr, PACS, El Dorado, Jesus Morales – Didi Hirsch, Jamie Walker – DMH PRO, Julie Jones – Hillview MHC, LyNetta Shonibare - DMH PSB Countywide QI, PACS-LA, Ramona Casupang - DMH SB 82, Sandra Chang-Ptasinski – DMH PSB QID Cultural Competency Unit, Sima Baikov – DMH WVMHC		
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Call to Order & Introductions	The meeting was called to order at 10:00 a.m.	Introductions were made.	K. Salvaggio
Review of Minutes	September 2016 Minutes* approved		All

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
<p>Collaborative Documentation</p> <p>Clinical Quality Improvement</p> <p>Cultural Competency Report</p>	<p>Presentation and discussion on research, data and outcomes for upcoming Countywide QA pilot</p> <p><u>QUALITY IMPROVEMENT</u></p> <ul style="list-style-type: none"> • Reporting of clinical incidents to CRM or CLRM - slightly different reports. CRM for FSP AOT or AB109 use CRM management report. Right now DMH making sure reports get to right group. • C-SSRS rolled out at DO clinics. Suicide prevention training resources. All clients 6 and older but may change that to 12 and older. Some health plans ask the 2 screener questions with every new client. • Med asst tx – anti craving rx <ul style="list-style-type: none"> ○ Vitriol long acting rx 1 time per month will become avail for out pt ○ For smoking nicotine patch and gum <p><u>CC 101</u></p> <ul style="list-style-type: none"> • State wants attestation from DO's and LE's that every staff has completed at least one CC training per year. • QA will monitor via annual QA report • 2019 we'll report to DHCS. More to come in bulletins. Will start collecting in 2018. DMH will probably request sample logs from Contract Providers • ALL staff includes everyone - business office, maintenance, psychiatrists. Include title (sign in sheet). State takes a pretty liberal view of 	<p><u>QUALITY IMPROVEMENT</u></p>	<p>Marc Borkheim DMH PSB QA</p> <p>Provided by Office of the Medical Director staff reported by Kimber</p> <p>Provided by CC staff reported by Kimber</p>

<p>Policy Updates</p> <p>Pt's Rights</p>	<p>who should be having this training.</p> <ul style="list-style-type: none"> o Training hyperlinks in email last week o English only o ppt sent o Tracking – up to provider o Attestation from Pro Mgr in QA monitoring report last quarter <ul style="list-style-type: none"> • CC 101 can be substituted with other cc trainings • Basic/foundational training • Explores Cultural Responsiveness & humility • Meets eqro recommendation and connects to CCC plan and systems review • Must show that every DO and LE program has every staff attend at least 1 per year – that included cultural responsiveness • Supervisor should be recommending staff attend training • Program should know what cc skills are needed based on your clinic's target pop • A check box will be added on the quarterly monitoring report that PH will check off saying every staff in this clinic have competed at least one training that will enhance the staff's cc and clinic skill • At the time of employees PE – check off • Training eval forms that clearly categorize the staff level <p>See November, December and January handouts*</p> <p>No report</p>		<p>Kimber/All</p>
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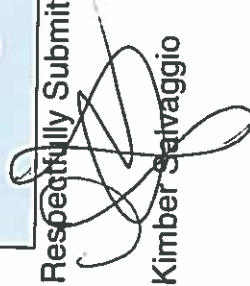
<p>TIMELINESS MEASURES DISCUSSION</p>	<p><u>Access Center</u></p> <ul style="list-style-type: none"> Goals is 65% day hours 75% after hours for call to be answered within 1 min 79% for daytime 75% for after hours May change from 65% to 70% for next year <p><u>MHSIP</u></p> <ul style="list-style-type: none"> convenient time of appt 90% in Nov state very satisfied <p><u>PMRT After-Hours Response Times</u></p> <ul style="list-style-type: none"> Jan- July doing good currently 69% but goal is 79% 	<p>Kimber/All</p>
<p>PIP UPDATES</p>	<p><u>ACCESS Center Protocol</u></p> <ul style="list-style-type: none"> 5 measures (callers name, documentation, demonstrated respect, specialty mental health referrals, interpreter service offered) Slight drop in interpreter services offered and documentation - analyzing those specific calls for learning/improvement opportunities. 25-35 calls per month go through the QA process (staff they don't directly supervise) <p><u>Family Resource Center PIP</u></p> <ul style="list-style-type: none"> Implementing with DO clinics - Children's SOC Hiring substance abuse counselor community worker and PSW Goal to see 200-300 clients Clients who can benefit from a LLC of service in a step-down fashion. Will be located primarily at existing programs. Can be at the clinic or community. Family Supportive Services, nontraditional, e.g., yoga Use measures from MHSIP to evaluate Need to get job descriptions and items 	<p>Kimber/All</p>

<p>Hard Copies of Provider Directory</p>	<p>approved by the BOS before they can start.</p> <p><u>MHSIP</u></p> <ul style="list-style-type: none"> • Approx. 8500 surveys turned in. Even better than last year. Surprising given timing right before Thanksgiving. • 465 span and other languages ordered • Online version is avail • Reminder that directory now includes spiritual and cultural considerations • Were your staff trained in CSEC or spiritual or cultural com then incorporate in directory • EQRO April 10-13 		<p>Kimber/All</p> <p>Kimber/All</p>
<p>Audits</p> <p>State DHCS Updates</p>	<p><u>QUALITY ASSURANCE</u></p> <p>MR Grant is the new agency for AC audits</p> <ul style="list-style-type: none"> • Working on System Review POC • Evidence that disclosure, ownership and control collected from providers. If you have potential conflict of interests. Will see changes in contract re: disclosures required. Will be in new contracts as of July 2017. Will not involve contract amendments. From code of federal regulation. • Closer oversight of contract providers. • QA will ask contractors to print and send specific documents (approx. 5 charts per provider). • De-identified client data. • Starting possibly next February. • Perhaps start with day programs. • Potentially 2 month sample of assessments, treatment plans, and progress notes. 	<p><u>QUALITY ASSURANCE</u></p>	<p>Kimber/All</p> <p>Kimber/All</p>

	<p>state. Waiting for info notice from DHCS hoping that they will be including more diagnoses (those in question by LACDMH). Edits in claiming system to not deny claims if it isn't necessary (if it's for assessment and crisis; modified code would be added on back end)</p> <ul style="list-style-type: none"> • Contractors - make sure you're monitoring diagnoses. • Clinical Forms Bulletin draft in packet - QA approved assessment form for immediate same day assessment (UCC, medical hubs, AB109). Provider must ave formal approval. • MH602 PHI Authorization form updated. Also translated in all threshold languages. • MHSA funding for CSU to allow payment for above 20 hours of MediCal funded service. Need to figure out how this would work in IS. Would be CSU code with HX modifier. • Proposed QA bulletin on Service Request log and access to care. Has to be in the EMR. Timelines for responding to SRTS (will only be used for transfer between providers to comply with timely manner requirement). Long term plan is to be able to manage this through IBHIS. • Wait list without an appointment date and time. Okay if client chooses to wait. Future appointment list - must be an actual date and time. • Walk in appointments clarification forthcoming • NOA-E issuance clarifications coming. <p>Access to care policy has language about referrals to other agencies. Access to care is</p>	
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	<p>about the system's capacity.</p> <ul style="list-style-type: none"> • Pending DHCS for documentation memo IBHIS chart review process (DO) • Auditor access to IBHIS - will need to print out records for MR Grant auditors • PRM issues should go to HELP Eds (HEAT Self Service). Need link • PRM manual to be updated. QA will follow up • IBHIS clients still have to be opened in IS if PATS to be used. <p><u>Draft of proposed language for LAC-DMH Policy 401.02</u></p> <ul style="list-style-type: none"> • Review proposed language* 	<p>Send comments via email to Kimber ASAP</p>
Announcements:	None at this time.	
Handouts:	<ul style="list-style-type: none"> ➢ Draft copy of September 2016 SA 2 Adult Mtg Min ➢ November 2016, December 2016 & January 2017 Policy Updates ➢ January 2017 Documentation Training Sch'd ➢ Draft of proposed language for LAC-DMH Policy 401.02 	
Next Meeting:	➢ March 16, 2017	

Respectfully Submitted,



Kimber Salvaggio