

**COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH
Service Area 3
Quality Improvement Committee Meeting
February 18, 2009**

Misty Allen	Alma	Windy Luna-Perez	Ettie Lee
Gloria Santos	Almanson	Melody Taylor Stark	Five Acres
M. Zamudio	Almanson	Gassia Ekizian	Foothill Family
Helena Ditko	Arcadia MH	Toni Aikins	Hillsides
Linda Stone-Abrams	Arcadia MH	Denise Woo	Juvenile Court MHS
C. Weatherspoon	Arcadia MH	Monique Vega	Leroy Haynes Center
Leah Merjil	Bienvenidos	Denise Gonzales	Maryvale
Patricia Gonzalez	Center For Aging Res.	Julie McInnis	McKinley Children's
Leslie Shrager	Children's Bureau	George Holbrook	Pacific Clinics
Ivy Cotee	David & Margaret	Sonia Chavez	Prototypes-ICAN
Leah Dinsay	DMH	Rebecca DeKeyser	Prototypes-Pomona
Lisha Singleton	DMH	Linda Pry	Prototypes-Pomona
Bertrand Levesque	DMH	Judy Law	PUSD School MH
Angel Kelly-Blaydes	DMH	Rosa Martinez	Rosemary Childrens Ser
Anabel Rodriguez	DMH Spc. Foster Care	Janel Grobes	Serenity Infant Care
Conception Lugo	D'Veal	Bill Fujihara	Social Model Rec.
Monica Martinez	Enki	Stephanie Harper	The Family Center
Michelle Hernandez	Enki	Elizabeth Owens	TriCity Mental Health

WELCOME

Bertrand Levesque welcomed the members at 9:30 a.m. followed by self-introductions.

REVIEW OF THE MINUTES

The minutes from December 17, 2008 were reviewed and accepted as they were with no changes.

QIC PROJECT

Follow-up from the vote on our QIC Project: Choice #1 Documentation was the popular vote. Bertrand has requested that QIC members that are interested to be part of the sub-committee email him.

REQUEST TO CHANGE PROVIDER REPORT

It was announced again with more emphasis for all agencies to be in compliance with the Request to Change Provider Policy 200.2. There still are many providers who are not compliant and what was reiterated was that every provider number / location must report every month no later than the 12th for the previous month. Keep in mind everyone must fax a log whether there are changes or not. If there are any questions regarding the log then please call Ted Wilson at 213-738-6192.

QUALITY IMPROVEMENT WORK PLAN

A handout was provided at the meeting with a link to retrieve the 2008 DMH Quality Improvement Work Plan. The work plan includes 6 domains of QI and strategic initiatives to improve programs. Agencies are required to have a copy of the plan available at each site because auditors will ask to see it.

CCCP TRAINING

Training on the new CCCP will begin early March however Bertrand encouraged the members of the group to wait and avoid the frustrations of adjustments and changes that come with all new implementations. With everyone's agreement Training was scheduled for April 15th, it will be the same day as our scheduled QIC meeting, beginning at 9:30am. The training will be approximately 3 hours long and each provider may bring as many as 2-3 people from their agency.

ELECTRONIC SIGNATURE AND ELECTRONICALLY SIGNED RECORDS

Norma's office met with CIOB to discuss the requirements in the state letter for each mental health plan to certify that all the Plan's electronic records meet HIPAA guidelines. LA County is proposing that individual agencies have certifications in 3 areas indicating compliance to HIPAA guidelines: 1. for every staff person, 2. for the Agency as a whole from the Executive Director regarding all records, and 3. for the computer system which will need to come from the vendor to verify that their system is in compliance. It will be each agencies responsibility to maintain these forms in their agencies. This is in draft proposal status and will go to county counsel for continued discussion of what is needed to ensure compliance.

Audits

Foothill Family Service had a State EPSDT audit on 2-3-09; 175 charts, 195 claims, zero disallowances. Some feedback was given regarding ratio; service providers to clients in groups, multiple staff must be justified. Documentation time for note writing must not be excessive, everything must be justified. Signatures on CCCPs must be received within the 60 day window period; billing of direct contact services without obtaining signatures can be disallowed. McKinley Children's Center had a State EPSDT audit, 122 charts 185 claims. They only had 1 missing note found. Some feedback was given regarding good goals and excellent assessments. They did question some rehab notes regarding services. They did watch with intensity the CCCP signature page, stating that signatures are required within 60 days and that billing will be checked for attempts made until the signature is obtained.

Announcement

Leslie announced her enjoyment serving as Co-Chair but that the duties must be passed on to the next member/volunteer. She shared that it is a great opportunity to get information firsthand, give feedback and get involved in groups that are directly related to implementing changes. Also, the position as minutes recorder is available temporarily since Monique will be away on leave until September.

COD (Co-Occurring Disorders) Forms Presentation

Jennifer Eberly presented on two Clinical Records Bulletins; COD and Diagnosis information. All information on the CRB(s) is highly recommended. It includes the step by step process, the overall purpose of the COD Forms Process, and forms no longer in use. Please take a minute to review these documents as a whole and distribute it to all staff. Bulletins were emailed by Bertrand and are available on the web. <http://dmh.lacounty.gov/Foms.asp>

The Bulletin – CRB 2009-01 is for Adult Providers. Assess for age appropriateness for TAY population.

Why the change?- DMH started working with UCLA on substance abuse to find more efficient ways to guide non-knowledged staff in gathering information and completing forms to better assess and treat clients with Co-Occurring disorders.

The Adult Assessment had 2 minor changes regarding wording to include impairments and life functioning. This language was removed from the CCCP since it is already noted in the Assessment. The big change is in section VI page 2 regarding screening and a specific question regarding usage from the perspective of the clinician. This section is very important and must be completed to support treatment of co-occurring disorder, as opposed to, one vs the other. Supplemental forms are only needed if prompted to do so or if something comes up during the assessment but initially omitted. Questions were designed in such a way as to not come across in a judgmental way. Clinicians are encouraged to ask the questions as they are written. UCLA is going to conduct a training to include the motivational interviewing process. DMH will attempt to get the materials online and make available to providers. Supplemental COD Session Guide has simple questions to be used during session. It contains bullets of interventions and may be used anytime and as many times. Consider this to be a tool for interventions and to assess readiness to change.

The Bulletin – CRB 2009-02 Diagnosis Information Form is required by both directly operated and contracted providers. This form has replaced the Change of Diagnosis Form. The Bulletin includes important information like; form usage, purpose, key revisions and things to remember. This form is to only be used by clinical staff for changing the diagnosis either for clerical or clinical reasons. If data entry/clerical staff is going to fix a clerical mistake then the use of this form is not required to make the change. If you are closing a case with “No Diagnosis” or if you have a change upon discharge you do not need to complete this form but the rationale for the change must be documented in your discharge summary.

This form and the assessment should be the only location for the diagnosis in the chart. If the psychiatrist and the therapist disagree on the diagnosis there needs to be ongoing documentation of communication until an agreement is achieved.

QA Reviews should incorporate the monitoring of the consistency of the diagnosis in the record and the IS System.

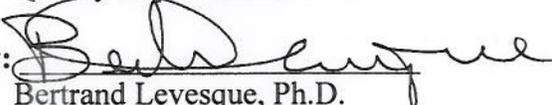
Forms will not be available in other languages. Rule of thumb – only forms that are completed by the client and or family such as the consent for services and client surveys will be translated.

Old forms will be removed from the DMH site as of April. Consider this the deadline to implement.

For any additional questions or clarity see bulletins for contact names and phone numbers.

ADJOURNMENT

Minutes recorded by: Monique M. Vega, Bertrand Levesque
Quality Improvement Committee

Minutes approved by: 
Bertrand Levesque, Ph.D.
Quality Improvement Committee Co-Chair

NEXT MEETING

The next meeting will be March 18, 2009 (9:30 a.m.-11:30 a.m.) at Enki, 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731. 626-227-7014