Service Planning Area 3
County of Los Angeles – Department of Mental Health
Quality Improvement Committee

Meeting Minutes
May 19, 2010

Meeting Location Change:
Foothill Family Services
2500 E. Foothill Blvd.
Pasadena, Ca

Welcome and Introductions

All members introduced themselves and Seth welcomed and thanked everyone for coming.

Misty Allen	Paula Randle	Gassia Ekizian	Cynthia Correa
Gloria Santos	Marta Lopez	Toni Aikins	Judy Law
Helena Ditko	Conception Lugo	Nancy Gilbert	Laura-Renee Mendoza
Joanne Buendia	Angie Garcia	Rhiannon DeCarlo	Stephanie Harper
Stella Tam	Windy Luna-Perez	Peggy Daglian	Elizabeth Owens
Leslie Shrager	Medody Taylor Stark	Padma Durvasula	Sandra Espinoza
Catherine Weatherspoon		Toni Aikins	

Minutes:

Minutes were reviewed and Seth indicated he completed the attendance list. Corrections were recommended for misspelled words and one bullet was deleted from the Medi-Cal Recertification section.

New Foothill Family Services site has opened in La Puente.

Presenter

Julie Agojo,
Specialized Foster Care Case Reviews

Background Information: Julie is new to county DMH. She came in June 2009 after working for the State Department of Mental Health, Division of Compliance as a Lead Reviewer for a number of years.

Chart Review of Quality of MHS for Specialized Foster Care

Chart reviews of children referred for services through the CSAT by the DCFS Regional Offices in three service areas were conducted from March through May, 2010 as an

answer to the Los Angeles County Board of Supervisor's inquiry about the quality of mental health services that Katie A. class members are receiving. A QA questionnaire was developed for this purpose. The review focused but not limited to: engagement, team formation, assessment, provision of individualized services, tracking and adapting of plans based on strengths and needs to achieve safety, permanence and child and family well-being. These concepts are direct measure of the Quality Service Review (QSR). The results were encouraging. The documentation in the progress notes indicated that mental health staff were applying most of the core concepts of the wrap-around model. The areas to be improved are: documentation of child and family strengths, needs, underlying needs and transition plans. During the chart reviews, some of the components found in the Assessment forms were not completed and left blank. To a reviewer, if a space was left blank – information was given but the staff didn't put it there. Fill out all spaces in the assessment form or write not applicable. Reviewers looked for physical health problems and if referrals are made to health agencies. Follow-up on the referrals should be done and results documented in the progress notes.

Other areas being missed:

Engagement with other staff persons, client and families.

Transition of clients (example: from children services to adult services). No provisions for the client and for the adult system of care.

Question: What are the things that should be done in the interim of the transition?

Answer: Transition for the mother; referrals to adult mental health providers rather than just collateral notes.

- Are there barriers to service delivery?
- Is reassessments done with new information when new information occurs in the family?
- Are the goals met? If goals have not been met after a given period of time, it is probably time to re-assess and new plans be discussed with the client/family.
- Is the client performing academically at or above grade level? If not, call school / parent for progress reports.

Katie A. lawsuit background: In July 2002, Katie A. class action lawsuit was filed against California Department of Social Services and California Department of Health Services and county and state officials. The suit was on behalf of a group of foster children alleging that foster children and children at imminent risk of foster care placement are not receiving adequate mental health services. In July 2003, the county entered into a settlement agreement resolving the county portion of the lawsuit. The settlement obligates the County to make several comprehensive reforms in the foster care system. Reforms includes: identifying children's mental health needs and promptly providing individualized services in the most appropriate setting to promote stability and prevent removal from their families. If removal is necessary, the improvement of permanency planning while in placement is essential when facilitating reunification with their families and the reduction of multiple placements. In 2005, the Advisory Panel issued a report

stating that the county was not meeting the obligations of the settlement obligations. In response to this finding, the county developed the Enhanced Specialized Foster Care Mental Health Services Plan. The Plan included a system for screening and provision of mental health services and to better track and monitor child outcomes.

Telephone Satisfaction Survey - Results
Barriers: Parents/caregivers' telephone numbers were not always updated in the IS when changes occur, and when children have been put into new placements. Example: 100 referrals in a given time with only about 18 contacts. As a result, the survey methodology was revised using the concepts of the Wrap-Around Model. A parallel concept, Core Practice Model, is still being developed by DMH and DCFS. Trainings will be forthcoming.

Coordinating Service Action Team (CSAT) SPA3
Coordinating Service Action Team is a process that ensures uniform, practical, and expedient screening and assessing mental health needs of children serviced by DCFS. CSAT Staff Teams were coordinated in El Monte and Pomona to indentify any mental health needs and link children and families for appropriate services, while tracking all referral results. Staff will administer a tool borrowed from the California Institute of Mental Health. If a screening is positive, an immediate assessment is completed. All children in the DCFS system will be screened. It will be expanded to other regional offices: Glendora, Pasadena. Providers will get phone calls to link to more services.

Quality Service Reviews

The Quality Service Reviews (QSR) is an in-depth case based review used for assessing and evaluating the current status of the focus child and the child's parents/caregivers based on key qualitative indicators. The QSR uses a combination of record reviews, interviews and observations interpreted by certified reviewers. The QSR is a direct measure of the Core Practice Model. QSR is not a tool used for compliance enforcement, rather, it is a tool used to support practice development and capacity building leading to better practice and results for the children and families who are receiving services. QSR will begin in SPA 7 on the last week of June, 2010. A passing score on the QSR is one of the exit criteria of the Katie A. lawsuit.

QSR protocol consists of the following:
System Indicators: Engagement, Voice and Choice (Child and family Participation), Teamwork, Assessment, Understanding, Long-term View, Planning, Supports and services, intervention adequacy, tracking and adjustment.
Child and Family Status Indicators: Safety, stability, permanency, living arrangement, health/physical well being, emotional well being, learning and development, family functioning, resources and caregiver functioning.

These sections will be the focus during reviews. Belvedere (SPA 7) will be first, June 22 – July 2, 2010 followed by Santa Fe Springs on the week of August 9 then SPA 6, Compton, on the week of October 18. It will be followed by Vermont Corridor and

Wateridge. SPA 1, and SPA 3 will be reviewed next year. Providers need to become familiar with the protocol sections. Additionally, DMH/DCFS will identify the clients and set up schedules; the team will interview all people who have involvement with the client within the past 90 days, including attorneys, clinicians, school teachers and other support persons if appropriate. The interviews will occur in 2 days per case.

Focus Groups:
Focus groups are important components of QSR. Ideally, nine (9) focus groups involving providers, administrators, attorneys, law enforcement will be conducted. Julie Agojo reported she travelled to Utah to review a similar model. Utah took around 6 years to exit a similar lawsuit. LACDMH/DCFS adopted the Utah model. They have experienced the same barriers that we are experiencing like unfamiliarity to the core concepts and lack of communication with other providers.

WRAP AROUND:
Wrap Around is strength based; family focused, incorporating the biological family, and integrating both DMH and DCFS. Providers might be asked to come to the table and provide information.

How often will children be screened? Answer: Every 6 months and screened when they first come into the system. Screenings will be done in conjunction with the Multi-Disciplinary Team (MAT) assessment.

Track 1 newly detained client,
Track 2 voluntarily non court cases, and
Track 3 open cases (non-detained).

Crossover children in delinquency court may have to involve probation into process.

Specialized Foster Care – Umbrella - CSAT and Katie A programs

QSR's were created in order for the county to exit the lawsuit. A score of 4 is required and the county is expecting to pass over the next four (4) years. Agencies subject to QSR's have specialized foster care programs including: MAT; Wrap Around; TBS; Intensive Foster Care Treatment. Other agencies were allotted certain funds to provide specialized foster care.

LACDMH – Informing materials include:
The Guide to Mental Health Services (informing materials) has to be given to the clients upon first assessing services. The Provider List is a part of the informing materials. Because of the sheer volume of the county provider list, ask clients what area they are interested in and provide copies of that section of the Provider List.

A question / comment was made about Outpatient clinicians doing the same work as DCFS County Social Workers.

Answer: The purpose is to see if both parties are integrated and talking to each other. QSR process would be to divide up the responsibilities on who will do what. This is a Board of Supervisors expectation. From a global standpoint, there needs to be more collaboration between agencies and DCFS.

Documenting Long Term Goals:
What does the client and family need? What are the underlining issues and behaviors of the child? The strength of the client and family should be documented as every quarter the panel comes to town. Tracking; adapting and planning implementation. Are there new needs of the client and family and is the clinician tracking all that has been stated in the CCCP?

Actions Done Correctly:
Long term view and successful transition from one provider to another is smooth-running, and assessments for individualized services.

Cultural Competency:
There must be good engagement between clinician, client and families. When a clinician is bi-lingual, services for the client should be conducted in the client's preferred language. This must be documented in the progress note. Auditor Controller will be looking for this information in the charts. Recommendation: each time a specialized service will be provided, a non-billable note can be placed in the chart indicating that services (example: sign language) will be provided for the client in the coming weeks. Each progress note or somewhere in the chart must indicate sign language w.

The QSR is in the final revision and will not be passed around until completed. A final version will be emailed to Dr. Meyers.

Email questions about this presentation to Dr. Meyers

Presentation Ended.

QUALITY IMPROVEMENT
Melody Stark Taylor

EQRO exit interviews were discussed at last months QIC meeting. There will be more information coming in a formal report.

Client access was warm and welcoming. EQRO didn't feel focus groups were involved as Timelines for access and services has no standard system wide routines (client should be seen in a certain number of days after referral).

Quality – Staff and processes are separated. There is a lot of statistical information being gathered, but how we apply this information is the question. Tools for this topic will be

provided in future SPA3 meetings. Expressed concerned for lack of Latino staff in one particular clinic. Clients felt language and culture was not respected because of lack of services. Information should be given to staff for cultural issues.

Overall impressed with quality and overall data. Posting signs in waiting room areas in threshold languages results in a more welcoming atmosphere. Additionally, Security Guards should be trained in customer service.

Request for Change of Provider:
This document is available on the internet. When change of status provider reports come around, it is necessary to review them. If there are errors, contact Ted Wilson in the Patients Rights Office: TWilson@dmh.co.gov.

Cultural Competency
Cultural Competency Plan is being revised; clinical and medical polices are being looked at and revised. Ted Wilson was contacted by Gassia Ekizian regarding a verbal change of provider over the phone. According to Mr. Wilson, since the client is not physically there, the form cannot be turned in as completed. Recommendation: Indicate on the Log that a request was made via telephone. Clinician's should not fill out form for clients.

Access Center and State Indicator Report:
Feedback from state review: Abandoned Calls. Out of 27,425 calls 4,538 were abandoned (left on hold, or time duration for addressing issues were too long). Staffing is a concern as less staff are available.

Surveys:
No main surveys at this time. No information on scheduled time or when surveys will be administered.

Quality Improvement Handbook:
The QI Handbook is currently being revised from four (4) years ago. The focus is on statistics and how they are reviewed.

QUALITY ASSURANCE
Gassia Ekizian

- Head of Service – (Rehabilitation Manual) – must be a licensed staff.
- A new QA tool created for directly operated is in draft form and should not be used. The tool will be provided to LACDMH staff.
- On the CCCP, if there is a documented objective but no progress note in the chart supporting the objective, auditors may consider this omission to be a problem.

- CCCP training module will soon be released. This module will be available for both contracted and directly operated agencies.

- Group training module - Directly operated: billing for family therapy; check box for family therapy. The client is present and parent is on the phone. There is Face-to-Face time because the client is present. Do not check the phone box. Must be billed as individual therapy and not family since the client is alone in the office.

- AB3632 Consent is still not released. Will be released in RMD bulletins. Will be updated annually. If the client signs in the electronic signature, this counts as the original signature. Providers should hold off on billing until consent is approved.

AUDITS
No audit information

ANNOUNCEMENTS
EBP's – being invited to trainings is an issues.

⇒ Family Center – not yet invited.
⇒ Pasadena Unified School District – not yet invited.
⇒ Rosemary – not yet invited.

Governor – CalWorks: don't know if it will be completely cut.

Dr. Meyers passed out Service Area 3 Provider Directories but noted that two Specialized Foster Care agencies that have been left out. If errors are in the directory, individuals should contact Seth with the correct information.

Adjournment

The meeting was adjourned

Minutes Recorded by: Elizabeth Owens, Tri-City Mental Health Center

Minutes Approved by: Seth Meyers, Quality Improvement Committee Co-Chair

Next Meeting

Date: Wednesday, June 16, 2010
Time: 9:30 – 11:30 a.m.
Location: ENKI, 3208 Rosemead Blvd., 2nd Floor
El Monte, CA 91731
Phone: (626) 227-7014

Minutes Approved by:

Seth Meyers, Psy.D. Seth Meyers, PsyD 6.24.10