

SPA3 QIC Meeting
Wednesday, April 20, 2011

Attended: Misty Aronoff, Gloria Santos, Makan Emadi, Helena Ditko, Leslie Shrager, Paula Randle, Lisa Singleton, Nancy Uberto, Alben Zatarain, Melody Taylor, Gassia Ekizian, Toni Aikins, Tisha Langley, Gaby Villaseñor, Adri Vermilion, Claudia Williams, Linda Pry, Michelle Park, Stephanie Sullivan, Dustin Schiada, Natalie Majors, Elizabeth Owens, Melissa Pace, Sandra Bourda.

Welcome and Introductions

Review of Minutes

cvfierro@dmh.lacounty.gov

Announcement:

Vadana Joshi (DMH) will be coming to SPA3 QIC meeting next month and will be providing information on how to disseminate the QI statistical information. What the information means and how it can be used at the service levels.

QUALITY IMPROVEMENT

Melody Taylor Stark

Cultural Competence:

-May meeting May 11, 2011, 1:30 – 3:30, 695 Vermont on the 15th Floor
Second Wednesday of every month

If you or someone from your organization is interested in attending, contact:

Sandra Chang-Ptasinski
SChang@dmh.lacounty.gov
695 S. Vermont Avenue, 15th Floor
Glass Conference Room
Los Angeles, CA 90005
(213) 251-6815

QI Work Plan

Posted on QA page on the Website

-thoughts of what QIC members have discussed previously

Directly Operated Clinics must use DMH format

Contract Agencies may have their own internal QIC

Questions to think about:

Is the criteria used in DMH work plan used by your agencies?

May be discussed further

Is it being integrated?

CAEQRO

Still going on this week – CAEQRO is an external organization that is looking at DMH and criteria:

- Strategic plan
- QA planning
- Effective Communications
- Feedback from District Chiefs and Consumers

Monday, April 18, 2011, Co-Chair, Gassia Ekizian attended a meeting with QIC Chairs and Co-Chairs. The focus of the meeting will include the following:

- APS attended meeting – spoke about Quality Improvement
- Whether or not agencies are getting information needed from DMH
- What is done with the information; what to do, etc.?
- Access to Services for Clients (should be top on list)
- Don't forget about the importance of QI for the agencies

QUALITY ASSURANCE

Gassia Ekizian

Audits:

In-Patient Audits, April 11th Harbor UCLA April 10, 2010

QSR review – Lancaster

Auditor Controller at Enki currently

EPSDT have not resumed

New QA Bulletins – Group Claiming

Claiming for Groups. If there is already a goal that addresses the same behaviors as the group on the CCCP; simply adding an intervention is sufficient

If no goal or objective is on the CCCP not relating to the group then we need to add an objective.

Bulletin also covers:

Progress Notes

Calculating Time

Calculating Client present representative

Collaterals

How to deal with clients from different provider numbers within the same agency and attending a group.

Facilitators billing in both provider numbers

Claudia will email QIC Members on how to access information from website

New Clinical Records Bulletins

1. Mental Health Triage Form

This form replaces the Disposition Screening form. The Disposition Screening is obsolete and should no longer be used. The agencies that wish to continue using the Disposition form will own the form. DMH will not make any new updates to this form.

Triage forms do not indicate Medical Necessity. This is different from the Initial Assessment which would take several hours. The code for Triage is (H0002)

Adult Short Assessment

- This form can be used for cases that close within 60 days. This form should not be used for ongoing services.
- If a Long Assessment has been done within a year and is available, a short assessment should be completed.
- Still have to do the Co-Jack form (Screening for Substance Use for Adults)
- Previous short assessment for adults is obsolete.

Clinical Forms Inventory – EHRS/Clinical Forms Crosswalk Memo

This Bulletin has been completed and is available on line

This bulletin identifies all DMH Official Clinical Record forms, both those forms currently in use and those that are obsolete for both Directly Operated and Contract Providers.

Letter included outlines requirements for EHRS, definitions used for forms for Contract Providers and Crosswalk Between Clinical Forms and Data Elements/XML Messages/e-reports in an EHRS.

Forms Usage Chart –a chart that was created to more standardize the use of forms and to assist staff in recognizing what forms that should be used in accessing clients.

Reminder: Client has to be focus of treatment for EBPs. EBP that is collateral “only” may be a problem for auditors.

Having an episode open with just the parents is a risk. It is meant to be used in conjunction with a child receiving services.

Other Issues

Evidenced Based Practices (EBP)

- QIC members had an EBP discussion regarding collateral clarification and EBP manual.
- Frequently asked questions are available online.
- Leticia Madkins will be asked to email information.
- A contact sheet will be emailed out that lists the contact person for each EBP at DMH for QIC members to directly contact with questions and concerns. Copies were made and provided to QIC members.

Many questions came up regarding Triple P, the contact information for Triple P at DMH is:

Keri Pesanti – Triple P

213-739-5470

Kpesanti@dmh.lacounty.gov

Medication Goals/Objectives must be written by Psychiatrists

Clinician can write the goal/objective but the psychiatrist must sign and the responsibility lies with the psychiatrist.

SFPR Policy-

Still waiting to hear information from the Unions
Policy is not out yet

Job Openings:

Denise Gonzales, Director

Maryvale

Quality Assurance and Improvement Manager

Audits

QIC Members discussed recent audit experiences.

D'Veal Family & Youth Services

DCFS & DMH audit

Wrap Program Review (Annually)

Included DMH aspect – progress notes, etc.

DMH – Feedback risks (medical necessity, IA, Clinical Loop)

H0032 – Wrap Around Code – child and family team meetings

Reviewed 3 charts

No Training Announcements

Next Meeting: Wednesday, May 18, 2011 at ENKI.

Minutes Approved - Claudia Freund