

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

April 16, 2014

9:30 am – 11:30 am

AGENDA

- | | | |
|-----|------------------------------|------------------------------------|
| I | Welcome and Introductions | Bertrand Levesque |
| II | Review of the Minutes | Bertrand Levesque |
| III | Presentation – Documentation | Jennifer Hallman
Susan Cozolino |

Quality Improvement

- | | | |
|------|--------------------------|-----------------|
| I | Family Inclusion Project | Elizabeth Owens |
| II | Cultural Competency | Elizabeth Owens |
| III | Children Countywide QIC | Elizabeth Owens |
| IV | Patient Right Office | Elizabeth Owens |
| V | Policy Updates | Elizabeth Owens |
| VI | LGBTQ Meeting | Mary Crosby |
| VII | Risk Management | Gassia Ekizian |
| VIII | QI Work Plan | Gassia Ekizian |

Quality Assurance Liaison Meeting

- | | | |
|-----|--------------|-------------------|
| I | NOA | Gassia Ekizian |
| II | Satelite | Gassia Ekizian |
| III | ICD-10/DSM 5 | Bertrand Levesque |
| IV | Surveys | Greg Tchakmakjian |
| IV | CAEQRO | Bertrand Levesque |

Other Issues

- | | | |
|----|---------------|-------------------|
| I | Announcements | All |
| II | Adjournment | Bertrand Levesque |

**Next Meeting: May 21, 2014 at Enki, 3208 Rosemead Blvd
2nd Floor, El Monte, Ca**

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area 3
Quality Improvement Committee Meeting
April 16, 2014

<i>Misty Aronoff</i>	Alma	<i>Casey Meinster</i>	Hillsides
<i>Judy Law</i>	Alma	<i>Poonam Natha</i>	Leroy Haynes Center
<i>Susan Lam</i>	Almanson MH	<i>Marisa Duran</i>	Leroy Haynes Center
<i>Lucia Lopez-Plunkett</i>	Bienvenidos	<i>Maelisa Hall</i>	Maryvale
<i>Leslie Shrager</i>	Children's Bureau	<i>Karla Martinez</i>	Maryvale
<i>Erin Grierson</i>	Crittenton	<i>Gabriela Rhodes</i>	McKinley
<i>Paula Randle</i>	David & Margaret	<i>Vivian Chung</i>	Pacific Clinics
<i>Bertrand Levesque</i>	DMH	<i>D. Chavez</i>	Prototypes I-CAN
<i>Greg Tchakmakjian</i>	DMH	<i>Jennifer Lomas</i>	PUSD
<i>Mary Crosby</i>	DMH	<i>Tracy Alvarez</i>	Rosemary's
<i>Elizabeth Townsend</i>	DMH	<i>Diana Scott</i>	Rosemary's
<i>Sylvia Heins</i>	DMH- SFC	<i>Rebecca deKeyser</i>	San Gab. Children's
<i>Norma Salazar</i>	DMH- SFC	<i>Viola Bernal</i>	Social Model Recovery
<i>Stacy Morha</i>	DMH- SFC	<i>Nely Meza-Andrade</i>	SPIRITT
<i>Linh Hua</i>	D'Veal	<i>Sally S. Michael</i>	SPIRITT
<i>Michelle Hernandez</i>	ENKI	<i>Anna Milholland</i>	The Family Center
<i>Linda Longsew</i>	ENKI	<i>David Zableckis</i>	The Family Center
<i>Windy Luna-Perez</i>	Etti Lee	<i>Elizabeth Owens</i>	Tri-City MH
<i>Tiffani Tran</i>	Five Acres	<i>Natalie Majors</i>	Tri-City MH
<i>Alejandra Gomez</i>	Foothill Family	<i>Lisa Tran</i>	Tri-City MH
<i>Gassia Ekizian</i>	Foothill Family	<i>Jason Herrera</i>	Trinity
<i>Stella Tam</i>	Heritage Clinic	<i>Joe Bologna</i>	Trinity
<i>Beth Foster</i>	Hillsides	<i>Rosemary Flores</i>	Trinity

WELCOME

Bertrand Levesque welcomed the group, and presented Jennifer Hallman.

PRESENTATION – Jennifer Hallman

There will be changes to policy 104.9, which will in turn lead to updates with documentation compliance and practice. These changes are in response to 1) The inception of IBHIS, 2) The inception of the affordable healthcare act, and 3) The findings of the recent State Chart Review.

IMPORTANT: These changes are NOT currently in effect, and the implementation date is TBA. There will be a Quality Assurance and a Clinical Records Bulletin disseminated when the changes are officially in effect. There will also be a revision to chapters 1 and 2 of the Organizational Providers Manual.

New/Modified Definitions

Newly Active Client: A new client requiring the opening of a new clinical record, An existing client returning for services after 180 days of inactivity, or An existing client returning for services due to a new or resurfacing presenting problem after the termination of services.

Long Term Client: A client receiving services pursuant to a completed assessment and treatment plan.

Treatment Services: Now excludes Assessment, Crisis Intervention, and Linkages to other mental health programs within the first 60 days.

Cosigner: Anyone who co-signs for service provider must be license and within scope of practice for service delivered.

Authorized Mental Health Discipline (AMHD): Eligible disciplines (REMOVED: that may complete assessments) that may provide direction regarding the care of client in the LAC-DMH system.

New Terms

New	Current (Soon Obsolete)
<ul style="list-style-type: none"> ▪ Client Clinical Record ▪ Client Treatment Plan ▪ Inactive Client 	<ul style="list-style-type: none"> ▪ Client Episode ▪ Client Care Coordination Plan ▪ Closed Client

New Forms and Processes

Assessments

New	Current (Soon Obsolete)
<ul style="list-style-type: none"> ▪ Adult Full Assessment ▪ Child/Adolescent Full Assessment 	<ul style="list-style-type: none"> ▪ Initial Assessment (Adult & Child/Adolescent) ▪ Short Assessment (Adult & Child/Adolescent) ▪ Juvenile Justice Assessment
<ul style="list-style-type: none"> ▪ Adult Re-Assessment ▪ Child/Adolescent Re-Assessment 	<ul style="list-style-type: none"> ▪ Annual Assessment Update

Client Care Coordination Plan (CCCP)

New	Current (Soon Obsolete)
<ul style="list-style-type: none"> ▪ Client Treatment Plan must be completed within 60 days of admit, and prior to providing treatment services ▪ Client treatment plan must be completed minimally every 365 days. ▪ CCCP must be completed by each program providing services. ▪ Formal coordination plan is no longer required (No longer an SFPR) 	<ul style="list-style-type: none"> ▪ CCCP must be completed within 2 months (1 month if opened elsewhere). ▪ CCCP must be completed annually based on cycle dates. ▪ Client Treatment plan must be completed in each clinical record. ▪ SFPR is responsible for maintain coordination.

For more information, please see handout titled: Documentation Policy Changes. Jennifer will compose a frequently asked questions guide. Please email any questions that you would like to have included in the FAQ guide, to Bertrand Levesque.

REVIEW OF THE MINUTES

The minutes were reviewed and accepted by Maelissa Hall, and seconded by Mary Crosby

QUALITY IMPROVEMENT

Family Inclusion Project: A project is in the works for a pre and post survey that will focus on how often family members are engaged in treatment. Currently, adult clients are the focus, but the presentation will also be made available to Children once the pre and post adult surveys have been completed.

Cultural Competency: The last meeting was on April 9, 2014 from 1:30-3:30. Committee revised the Mission Statement, and the workgroups met briefly to discuss goals and objectives of each group. Cultural Competency Meetings are held every 2nd Wednesday of the month 695 Vermont, 10th Floor. Contact: Sandra Chang-Ptasinski (schang@dmh.lacounty.gov • (213) 251-6851). The next meeting is May 14, 2014 from 1:30-3:30.

LGBTQ Meeting: LBGTO Work group meetings will be held once a month on the 4th Wednesday of the month. The next meeting will include electing the second Co-Chair and reviewing goals and objectives. The workgroup is looking for representation from all service areas. The next meeting is scheduled for April 23, 2014 from 10:00 – 12:00 at 695 Vermont, 16th floor conference room.

Children Countywide QIC: Will proceed on a quarterly basis and will continue discussion on ideas for future meetings.

Patient Rights Office: There are changes to the look of materials (i.e. staples vs booklets, printing changes, etc.) and changes to receiving materials. Agencies will also need to pick up their requested materials as opposed to have them shipped.

Policy Updates: Please review the Policy Updates Handout- Handout was disseminated, which listed policies updated as of April 14, 2012

Risk Management: An online risk management incident report is being developed for directly operated sites. Directly operated sites will transition to the new system in July. It is planned to allow contractors some access to this system in September 2014.

QI Work plan: All agencies should be familiar with the QI work plan and have a copy of the work plan in your manuals at your agencies. Please see handout: Quality Improvement Work Plan CY 2014

QUALITY ASSURANCE

NOA-A: There is a clarified definition from Patients' Rights Office regarding "Assessment" as related to the Notice of Action. Assessment is "any evaluation or screening where medical necessity is being determined". The NOA-A form will be required if services are denied, after performing such assessment.

Satellite Offices: The definition of a Satellite Office is an auxiliary office that:

1. Is operating for less than 20 hours of service per week; or
2. Has no more than two providers working from that location.

ICD 10 and DSM 5: ICD 10 implementation is postponed and will not be implemented before October of 2015. The Quality Assurance division is communicating with the State on how postponement will influence the implementation of the DSM 5. More information will be provided on this as we move forward.

Service Area 3 MHSIP Survey: Mary Crosby will provide the MHSIP training on the 23rd of April from 9:30am – 11:30 am. The surveys will be distributed during the survey training. Please see flyer hand out for more details.

CAEQRO: It is critical that the details for the EQRO focus groups are organized. To do this Bertrand needs to confirm certain details with your agencies. Several emails have been sent to reach out to selected agencies, please respond to Bertrand ASAP.

OTHER ISSUES

Announcements: NONE

Adjournment: Meeting was adjourned at 11:15

Minutes recorded by: Natalie Majors-Stewart, Tri-City Mental Health

Minutes approved by: Bertrand Levesque, Gassia Ekizian, Elizabeth Owens
Quality Improvement Committee

Next Meeting: The next meeting will be May 21, 2014 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.