

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

Quality Improvement Committee Meeting

July 16, 2014

9:30 am – 11:30 am

AGENDA

- | | |
|-----------------------------|-------------------|
| I Welcome and Introductions | Bertrand Levesque |
| II Review of the Minutes | Bertrand Levesque |

Quality Improvement

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| I EQRO report | Bertrand Levesque |
| II Office of Med. Director | Elizabeth Owens |
| III Cultural Competency | Elizabeth Owens |
| IV Meds. Parameter | Elizabeth Owens |
| V Policy Updates | Elizabeth Owens |
| VI Patient Rights | Elizabeth Owens |
| VII Service Request Tracking Form | Gassia Ekizian |

Quality Assurance Liaison Meeting

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|---|-------------------|
| I Service Request Tracking Form | Gassia Ekizian |
| II Audit - Liaison | Bertrand Levesque |
| III Documentation Training | Bertrand Levesque |
| III Care Coordination Between Provides | Gassia Ekizian |
| IV Clinic Process Timeline Targets | Bertrand Levesque |
| V School Based Mental Health | Gassia Ekisian |
| VI Clinical Doc. For all Payer sources Policy | Bertrand Levesque |
| VII QA Division Updates | Bertrand Levesque |

Other Issues

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

**Next Meeting: August 20, 2014 at Enki, 3208 Rosemead Blvd
2nd Floor, El Monte, Ca**

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION**

Type of Meeting	Service Area 3 QIC	Date	7/16/2014	
Place	ENKI - 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.	Start Time:	9:30 am	
Chairperson Co-Chairs	Dr. Bertrand Levesque Gassia Ekizian Elizabeth Owens	End Time:	10:56 am	
Members Present	<i>Judy Law</i> <i>Makan Emadi</i> <i>Lucia Lopez-Plunkett</i> <i>Susana Zendejas</i> <i>Mark Rodriguez</i> <i>Leslie Shrager</i> <i>Erin Grierson</i> <i>Raquel Hernandez</i> <i>Bertrand Levesque</i> <i>Greg Tchakmakjian</i> <i>Mary Crosby</i> <i>Elizabeth Townsend</i> <i>Shirley Robertson</i> <i>Stacy Morhar</i> <i>I. Mendoza</i> <i>Nancy Uberto</i> <i>Windy Luna-Perez</i> <i>Tiffani Tran</i> <i>Gassia Ekizian</i> <i>Stella Tam</i>	<i>Alma</i> <i>Arcadia MH</i> <i>Bienvenidos</i> <i>Bienvenidos</i> <i>Bridges</i> <i>Children's Bureau</i> <i>Crittenton</i> <i>David & Margaret</i> <i>DMH</i> <i>DMH</i> <i>DMH</i> <i>DMH</i> <i>DMH – CWD</i> <i>DMH – SFC</i> <i>DMH - Wrap</i> <i>D'Veal</i> <i>Ettie Lee</i> <i>Five Acres</i> <i>Foothill</i> <i>Heritage Clinic</i>	<i>Beth Foster</i> <i>Gerry Bonilla</i> <i>Maelissa Hall</i> <i>Karla Martinez</i> <i>Gabriela Rhodes</i> <i>Marietta Watson</i> <i>Daniela Chavez</i> <i>Natasha Stebbins</i> <i>Lorraine Romero</i> <i>Rebecca deKeyser</i> <i>Dawn Dades</i> <i>Nelly Meza-Andrade</i> <i>Sally S. Michael</i> <i>Anna Milholland</i> <i>Elizabeth Owens</i> <i>Natalie Majors</i> <i>Lisa Tran</i> <i>Joe Bologna</i> <i>Rosemary Flores</i> <i>Desiree Odom</i>	<i>Hillsides</i> <i>Homes for Life</i> <i>Maryvale</i> <i>Maryvale</i> <i>McKinley</i> <i>Pacific Clinics</i> <i>Prototypes I-CAN</i> <i>PUSD</i> <i>Rosemary</i> <i>San Gab. Children's</i> <i>Social Model Recovery</i> <i>SPIRITT</i> <i>SPIRITT</i> <i>The Family Center</i> <i>Tri-City MH</i> <i>Tri-City MH</i> <i>Tri-City MH</i> <i>Trinity</i> <i>Trinity</i> <i>Violence Intervention</i>

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order & Introductions	Dr. Bertrand Levesque called the meeting to order, followed by self-introductions.		
Review of Minutes	Minutes from the June 2014 meeting were reviewed and accepted by Mary Crosby and seconded by Rebecca De Keyser, with 1 attendance correction, and 2 name corrections.	Secretary will update previous minutes	Natalie Majors-Stewart 8/1/2014
Quality Improvement			
EQRO Report <i>(Dr. Levesque)</i>	Dr. Levesque presented an overview of the draft of the EQRO reports, which were mostly favorable.	It was decided that the SA3 QIC will have more discussion on a variety of topics as recommended and that the meeting minute format would structured differently.	Dr. Levesque Natalie Majors-Stewart
Office of Medical Director <i>(Dr. Levesque)</i>	Dr. Levesque reported that medication parameters have been revised and posted to the DMH website. Dr. Levesque also informed the group that an attachment on the duty to warn policy is being revised.	Dr. Levesque recommended that agency medical directors (including nurses) had access to the parameters.	
Cultural Competency <i>(Ms. Owens & Dr. Levesque)</i>	<p>Ms. Owens reported that the cultural competency committee, which includes the initiation of several workgroups that target underserved populations. Cultural Competency leadership and UREP Leadership Group have created four workgroups:</p> <ol style="list-style-type: none"> 1. Data group 2. Revise Language on RFP's 3. Community Defined Evidence 4. Health Neighborhood. <p>Ms. Owens reported that we need more representation at LGBTQ work group meetings and this meetings is available via WebEx.</p> <p>Dr. Levesque reminded members that providing culturally appropriate services is a part of specialty mental health services and encouraged more involvement.</p>	<p>Cultural Competency Meetings are held every 2nd Wednesday of the month 695 Vermont, 10th Floor.</p> <p>LGBTQ Work group meetings will be held once a month on the 4th Wednesday of the month. (Will be every other month starting September).</p> <p>Contact: Sandra Chang-Ptasinski schang@dmh.lacounty.gov (213) 251-6851).</p>	
Policy Updates <i>(Ms. Owens)</i>	Ms. Owens provided a list of the updated policies. Dr. Levesque encouraged the re-review of the revised policy on <i>Mutual and Unilateral Termination of mental Health Services</i> . Policy was distributed.	Group members are responsible for reviewing and implementing policies and procedures as appropriate.	SA3 Committee Members
Patient's Rights	Ms. Owens reported that the Patient's Rights Office is	A new poster on informing materials	

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<i>(Ms. Owens)</i>	revamping the local mental health poster to include cultural specific information.	to be ready in December.	
Service Request Tracking Form <i>(Ms. Ekizian)</i>	<p>Ms. Ekizian reviewed the Service Request Tracking Form & Bulletin. The log is on the DMH website and should be used to track all requests for services. Dr. Levesque reminded agencies to review the log and make sure their EHR is compliant with required data elements.</p> <p>Ms. Ekizian also clarified that the service date is the date of the first call or request and that agencies must also be sure to document preferred language requested, and cultural competence.</p>	<p>Members need to review the bulletin and implement the SRL or SRTS as appropriate.</p> <p>Cultural competency information from the service request logs will also need to be sent to cultural competency department.</p>	<p>SA3 Committee Members</p> <p>Gassia Ekizian</p>
Quality Assurance			
Documentation Training <i>(Dr. Levesque)</i>	Dr. Levesque presented that there is a Documentation Training specifically for supervisors on Chapters 1 and 2 of the Organizational Manual Aug. 25	Dr. Levesque emphasized that every agency should have one representative at the training.	
Audit - Liaison <i>(Dr. Levesque)</i>	Dr. Levesque reminded agencies to inform SA3 liaison, and QA Division of any audits.	SA3 Liaison and DMH QA Division will be informed.	SA3 Committee Members
Care Coordination Between Providers <i>(Ms. Ekizian & Dr. Levesque)</i>	Ms. Ekizian and Dr. Levesque discussed the Care Coordination Between Providers Form when requesting documents from other agencies. More information is to come.	<p>A bulletin (attachment) on this topic via email.</p> <p>Dr. Levesque and Gassia will provide more information on communication with managed care providers as more information is obtained.</p>	
Clinic Process Timeline Targets <i>(Dr. Levesque)</i>	<p>Dr. Levesque discussed the hand out, "Clinic Process Timeline Targets", Dr. Levesque reiterated that the time taken for a claim to be submitted and processed needs to be closely monitored.</p> <p>Ms. Ekizian discussed that supervisor lags can create treatment lags if delayed to be approved.</p> <p>Group Discussed the assessment period, and the documents needed to be completed before providing services.</p> <p>Group members from residential programs asked about the application of this policy for residential programs.</p>	<p>The members agreed that they could be a resource for one another in ensuring that proper documentation is provided between DMH covered agencies.</p> <p>Members were directed to email their concerns to Dr. Levesque for review.</p>	

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School Based Mental Health <i>(Ms. Ekizian)</i>	Ms. Ekizian asked Elizabeth Townsend addressed the issues of certification for service providers in schools. Ms. Townsend reported that they are working on clarifying this criteria.	Agencies can also contact Ms. Townsend for more information.	
Clinical Documentation for all Payer Sources <i>(Dr. Levesque)</i>	Dr. Levesque reviewed the form, "What's NEW? New Policies, Forms, and Definitions". This form condenses a lot of good information, related to changes, at a glance.	Dr. Levesque encouraged members to use as a resource.	
QA Division Updates <i>(Dr. Levesque)</i>	Reviewed and discussed point 3.5.2 of policy 104.09., which states that QA processes must be written and on file with the QA division.	Agencies need to have a documented QA process, available for reference.	SA3 Committee Members
QA/QI Process Presentations <i>(Dr. Levesque)</i>	Dr. Levesque asked (by show of hands) which agencies have presented their QA process. The following agencies have presented: Alma, Bienvenidos, Crittenton D'Veal Enki Etti Lee Hillsides Maryvale Tri-City	Heritage Clinic will present in August 2014. Dr. Levesque will pick from the remaining agencies for future months.	Stella Tam/Anisha Patel (Heritage)
Audits	Natasha Stebbins reported that PUSD will be having an audit in July.		
Handouts	The following forms were distributed: 1. Medication Parameters (OMD) 2. Policy and Procedure Updates 3. Copy of policy 202.30 4. Policy 202.30 Changes Highlights 5. QA Bulletin No. 14.03 (SRTS) 6. Clinic Process Timeline Targets 7. What's NEW? New Policies, Forms, Definitions 8. Copy of Policy 104.09		
Announcements	Mary Crosby – The network of care is now online.	Dr. Levesque will send email with the link. Will notate in the email where agencies can send updates and changes.	Dr. Levesque
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