

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

Quality Improvement Committee Meeting

April 20, 2016

9:30 am – 11:30 am

**AGENDA**

I Welcome and Introductions	Bertrand Levesque
II Review of the Minutes	Bertrand Levesque
III QI/QA Processes Maryvale	Karen Sammon Tammie Shaw

**Quality Improvement**

I Tracking system	Bertrand Levesque
II Peer Survey	Bertrand Levesque
III OMD – 2015 Revised Parameter	Bertrand Levesque
IV QA Plan 2016	Bertrand Levesque
V Cultural Competency Updates	Bertrand Levesque

**Quality Assurance Liaison Meeting**

I Waivers for Psychologist	Bertrand Levesque
II Documentation Training	Bertrand Levesque
III Access to Care Policy	Bertrand Levesque
IV Universal Screening	Bertrand Levesque
V Org Manuel Updated	Bertrand Levesque
VI ICC & IHBS	Bertrand Levesque
VII Legal Enteties – IBHIS Go Live	Bertrand Levesque

**Other Issues**

I Announcements	All
II Adjournment	Bertrand Levesque

**Next Meeting: May18, 2016 at Enki, 3208 Rosemead Blvd , 2<sup>nd</sup> Floor,  
El Monte, Ca**

**Parking at lower level only.**

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

<b>Type of Meeting</b>	<b>Service Area 3 QIC</b>	<b>Date</b>	<b>4/20/2016</b>	
<b>Place</b>	<b>ENKI - 3208 Rosemead Blvd., 2<sup>nd</sup> Floor, El Monte, CA 91731.</b>	<b>Start Time:</b>	<b>9:30 am</b>	
<b>Chairperson Co-Chairs</b>	<b>Dr. Bertrand Levesque Mrs. Gassia Ekizian Dr. Margaret Faye</b>	<b>End Time:</b>	<b>10:41 am</b>	
<b>Members Present</b>	<i>Misty Arnoff</i>	<i>Alma</i>	<i>Robin Kietzman</i>	<i>Heritage Clinic</i>
	<i>Laura Solis</i>	<i>Almanson</i>	<i>Laura Jimenez</i>	<i>Hillsides</i>
	<i>Fatima Agregado</i>	<i>Arcadia MH</i>	<i>Ari Winata</i>	<i>Hillsides</i>
	<i>Sharon Scott</i>	<i>Arcadia MH</i>	<i>Brittany Fella</i>	<i>Homes for Life Foundation</i>
	<i>Emily Dual</i>	<i>Bienvenidos</i>	<i>Karen Sammon</i>	<i>Maryvale</i>
	<i>Mark Rodriguez</i>	<i>Bridges Inc.</i>	<i>Sally Bermudez</i>	<i>McKinley Children's Center</i>
	<i>Scott Richardson</i>	<i>California Mentor FSS Program</i>	<i>Gabriela Rhodes</i>	<i>McKinley Children's Center</i>
	<i>Rachel Riphagen</i>	<i>Center for Integrated Family and Health Services</i>	<i>Uyen Nguyen</i>	<i>Pacific Clinics</i>
	<i>Janae Moss</i>	<i>Crittenton Services</i>	<i>Nicole Unrein</i>	<i>Prototypes</i>
	<i>Paula Randle</i>	<i>David &amp; Margaret Youth and Family Services</i>	<i>Jennifer Lomas</i>	<i>PUSD</i>
	<i>Robin Washington</i>	<i>DMH</i>	<i>Natasha Stebbins</i>	<i>PUSD</i>
	<i>Bertrand Levesque</i>	<i>DMH</i>	<i>Diana Scott</i>	<i>Rosemary Children's Services</i>
	<i>Tonia Amos-Jones</i>	<i>DMH</i>	<i>Rebecca deKeyser</i>	<i>San Gabriel Children's Center</i>
	<i>Ariana Alvarez</i>	<i>D'Veal</i>	<i>Dawn Dades</i>	<i>Social Model Recovery Systems</i>
	<i>Carmen Vargas</i>	<i>ENKI</i>	<i>Nely Meza-Andrade</i>	<i>SPIRITT Family Services</i>
	<i>Windy Luna-Perez</i>	<i>Etti Lee Homes</i>	<i>Rocio Bedoy</i>	<i>Tri-City MH</i>
	<i>Katie McGevna</i>	<i>Five Acres Boys &amp; Girls Aid Society</i>	<i>Keri Zehm</i>	<i>Tri-City MH</i>
	<i>Isis Orozco</i>	<i>Five Acres Boys &amp; Girls Aid Society</i>	<i>Joe Bologna</i>	<i>Trinity</i>
	<i>Gassia Ekizian</i>	<i>Foothill Family Services</i>	<i>Katia Perez</i>	<i>Violence Intervention Program</i>
	<i>Margaret Faye</i>	<i>Hathaway-Sycamores</i>		

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
<b>Call to Order &amp; Introductions</b>	Dr. Levesque called the meeting to order and followed with self-introductions.		
<b>Review of Minutes</b>	The minutes were reviewed. Motion to accept by Karen Sammon and seconded by Rebecca deKeyser.		
<b>QI/QA Processes Changes/Review</b>	<p>Tammy Shaw, QI Manager, presented for Maryvale. They have a checklist process that QI Specialists use to review the documents and to verify that the assessments are done in 30 days. There is an annual checklist and discharge checklist that focuses on timeliness. They also do clinical audits. The goal is to audit a minimum of 10% of clients each quarter—the assessment, the treatment plan, and the notes to make sure <a href="#">they demonstrate the clinical loop. everything is linked together.</a> Recently launched a peer review process. Each program has program matrix focused on outcomes. Look at data quarterly for trends and needs. They also do risk prevention—critical incidents, external citations, investigations—high level issues. The data gathered goes to senior leadership. Discussed the book <i>Turn the Ship Around</i> that uses the leader model—everyone is a leader in their own job and accountable in their own work.</p>		
<b>Tracking System</b>	Please turn in as soon as possible.		
<b>Peer Survey</b>	Revisions are being made. Found that 79% reported yes, the family is supported, 50% family is included, 71% did not know about the after-hours number—clients were not aware of this. Next month <a href="#">the survey it</a> will be distributed.		

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<b>OMD – 2015 Revised Parameter</b>	The revised policies will be handed out at the next meeting. All of these policies apply.	Please see handout.	
<b>QA Plan - 2016</b>	The QI Division has worked on the 2016 work plan and it is part of the information that needs to be distributed.		
<b>Cultural Competency Updates</b>	The goal is to provide training to 100% of their workforce. One of the system audits, one suggestion/complaint is that there is no way to track that the staff have been trained: who gets trained, the date, and documenting that the training has been completed. <a href="#">Looking at a system where these areas are things that will need to be tracked and monitored provided.</a> There will be a policy coming out on this.	Please see handout.	
<b>Test Calls May 2016</b>	Dr. Levesque will send out the 2015 results. There are changes to the test calls process—the form is now electronic. Submit the hard copy to Bertrand. Of the ten calls—five in the morning (8am-5pm), five in the afternoon and one beneficiary call. State is requesting quarterly updates. <a href="#">SA 3</a> The calls should be completed during the month of May. This information will be emailed to everyone.		
<b>Waivers for Psychologist</b>	Make sure they are waived.		
<b>Documentation Training</b>	Some sessions are full and there are dates now through August.	Please see handout.	
<b>Access to Care Policy</b>	The policy is being revised.		
<b>Universal Screening</b>	The policy should be released soon.		
<b>Org Manual Updated</b>	The appendices that are no longer applicable have been removed. A bulletin with the changes		

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	and the revised Org. Manual will be emailed.		
<b>ICC &amp; IHBS</b>	The state may come up with specific guidelines or procedures. Nothing is for sure at this time.		
<b>Legal Entities – IBHIS Go Live</b>	This is the dates for the roll out and some dates have been changed since the last one.	Please review the handout.	
<b>Handouts</b>	<ol style="list-style-type: none"> <li>1. Agenda</li> <li>2. Meeting Minutes: March 18, 2016</li> <li>3. LACDMH OMD Clinical Risk Management</li> <li>4. Cultural Competence Training Plan</li> <li>5. Documentation Training Schedule – 4/11/16</li> <li>6. Contract Provider IBHIS Go-Live Schedule</li> </ol>		
<b>Next Meeting</b>	Next Meeting is May 18, 2016 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2 <sup>nd</sup> Floor, El Monte, CA 91731.		

Respectfully Submitted, Keri Zehm, Tri-City Mental Health