

*County of Los Angeles – Department of Mental Health
SA 4 Program Administration*

**Service Area 4
Child & Adult
Integrated Quality Improvement Committee**

*April 19, 2016
10:30am - Noon*

***St. Anne's Maternity Home
155 N. Occidental Blvd., Classroom
Los Angeles, CA. 90026
Phone #(213) 381-2931***

🌀 Agenda 🌀

- ❖ Introductions & Minutes review 10:30 – 10:40am
- ❖ Announcements 10:40 – 10:45am
- **LACDMH QI Updates** 10:45 – 11:40am
 - ▶ Tonia Amos Jones, Sr. MHC, RN – QIDMHSIP survey Training – 30 min
 - ▶ Peer Surveys
 - ▶ Patient's Rights Office (PRO)
 - ▶ Office of Consumer and Family Affairs
 - ▶ Cultural Competency Committee
 - ▶ EQRO – April 25-28, 2016 (SA's 4 & 6)
 - ▶ LACDMH Policy Updates
- **LACDMH QA Updates** 11:40 – Noon
 - ▶ Upcoming Audits
 - ▶ Office of Inspector General (OIG) Audit update
 - ▶ QA Training Schedule 2016
 - ▶ ICC/IHBS Expansion update
 - ▶ IBHIS update
- **Miscellaneous**
 - ▶ Question: how do agencies submit their SCAR's (HIPAA)
 - ▶ Comments? Questions?
- ❖ Next meeting on May 17, 2016

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LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 Quality Improvement Committee (QIC) Meeting Minutes

Type of Meeting:	SA 4 Quality Improvement Committee (QIC)	Date:	April 19, 2016
Place:	St. Anne's Maternity Home 155 N. Occidental Blvd., Los Angeles, CA. 90026	Start Time:	10:30am
Chair & Co-Chair:	Chair Dr. Kary To, LACDMH; Co-Chair –Christina Kubojiri, Children's Institute Inc.	Adjournment:	12:00pm
Members Present:	<ul style="list-style-type: none"> • Khausa Gurudarshan • Efrain Marquez • Alma Bretado • Tonia Amos Jones • Sara McSweyn • Charlotte Bautista • Dora Escalante • Socorro Germerian • Lisa Harvey • Erica Melbourne • Heather Vargas • Susan Lee • Natasha Billups • Gilbert Morquecho • Jeanne Munsell 	<ul style="list-style-type: none"> • Lizbeth Pereyra • Francisca Ramos • Sybil Chacko • Naomi Arellano • Carmen Vargas • Beth Foster • Grace Park • Michelle Culver • Annie Kim • Ani Sargsyan • Martha Arechiga • Malcolm Clayton • Donetta Jackson • Laura Aquino • Sarah Schreiber 	<ul style="list-style-type: none"> • Nahara Martinez • Regina Esparza • Diego Ramirez • Jose Guerrero • Jeannette Aguilar • James Pelk • Jonathan Kang • Marietta Watson • Weili Lin • Reza Khosrowabadi • Michelle Moore • Regina Santos • Janelle Dent • Leslie Shrager
Members Absent:	<ul style="list-style-type: none"> • Aids Project Los Angeles • Alma Family Services • Asian Pacific Counseling & Tx Ctrs • California Behavioral Health Clinic • Children's Hospital of Los Angeles • EMQ/Families First 	<ul style="list-style-type: none"> • Filipino-American Services Groups, Inc • Hathaway Sycamores • Hollywood Mental Health Center • JWCH Institute • LAC-USC Medical Center 	<ul style="list-style-type: none"> • Lamp Community • Los Angeles Gay and Lesbian Center • Mental Health America • Northeast Mental Health Center • Travelers Aid Society of LA
Introductions:	Members present introduced themselves.		
Minutes Approval:			
Announcements:	<ul style="list-style-type: none"> • 		
Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date

QI Updates

Tonia Amos Jones

Christina Kubojiri

QUALITY IMPROVEMENT UPDATES

- MHSIP Survey Training Provided to members – 30 minutes
- Copies of surveys were provided, but many agencies were missing copies for their provider numbers even though they were on the Randomly selected list.
- Date to submit surveys to Kary To was set for Friday, May 27, 2016
- Reminder that QIC members should have received and submitted their Program/Agency QI process telesurvey forms to Kary To and CC Vandana Joshi and Moses Adegbola. Deadline was Monday, April 18, 2016
- Office of Consumer and Family Affairs 2015 survey (surveys consumers for purpose of EQRO)
 - Not the same weight as MHSIP survey
 - Fall sample had 930 participants
 - No language capacity, but has been translated to Spanish and Korean for next survey
 - Was administered to adult D/O clinics in sample sizes of 30 each. 1 sample taken from each service area also
 - Some highlights is the family involvement question. Conversation around whether family's are willing participants, but unable to participate and clinician training needs on how to incorporate families (not all or nothing inclusion)
 - This survey attempts to vary questions on MHSIP
 - Concerning item was #12 – high percentage of consumers unaware of 24/7 hotline number & #13A – consumers not aware of after-hours number for FSP (however it was brought up often times the emergency number after hours is the clinician – or maybe consumer is confused by wording "after hours number"
- OMD Report: upcoming policies/revisions policies and parameters handout was provided. These are summaries and agencies should print full policies for complete details and implementation once in effect.
 - Psychiatrist/clinicians are not worker comp assessors – policy provides example of "basic claiming language" to document related topic
 - When writing a book – policy clarifies confidentiality in referencing prior client stories
 - Policy still includes providing Therapy never includes sex brochure, but the definition of sexual behaviors has been broadened

Christina emailed SA Members the List of Randomly selected agencies for MHSIP survey after the meeting. Indicated change of due date to Kary To as Thursday, May 26th.

Christina emailed members the Change of Provider Summary for Feb 2015 on 4/19/16

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
Christina Kubojiri	<ul style="list-style-type: none"> ○ Medication appointments can be held with initial assessment for emergent medication needs, but there will be specific guidelines on what constitutes an emergent need ● QI work plan goals: <ul style="list-style-type: none"> ○ 12 out of 19 goals were met in 2015. First time not meeting all of them. ○ Issues revolved around convenient times and location of services and cultural sensitivity needs <ul style="list-style-type: none"> ▪ Second half of the year goals were met and the data helped adjust work flow ○ 2016 includes ranges in goals instead of set numbers <ul style="list-style-type: none"> ▪ Hoping with all of the LGBTQ trainings clinicians abilities to assess/treat population will have improved ● Cultural Competency trainings needed for all staff and needs to be tracked <ul style="list-style-type: none"> ○ Training needs to be relevant, effective, and address disparities ○ The training plan will be emailed to QIC chairs/co-chairs post meeting ○ Currently working on a web based training that would meet the requirement ● 16 policies are in process currently <ul style="list-style-type: none"> ○ Posting online soon and updates to come ● Snapshot of change of provider was provided. Blank spaces indicate missing data. <ul style="list-style-type: none"> ○ Children's Institute fields are all blank and represent gap in data – indicates L. Sinibaldi as Change of provider contact person ○ Fields with included numbers show data received ○ Provided the view of change of provider data in SharePoint, but a lot of people don't have access to this ○ When emailing use the encrypted website to send client information and in subject line include Service Area and Provider number <p>***** <u>QUALITY ASSURANCE UPDATES</u> *****</p> <ul style="list-style-type: none"> ● Waivers – some agencies still appear in non-compliance with required waivers ● New trainings available: April 29 & June 3rd. There will be dates added for July & Aug presented at next month's QIC meeting for understanding documentation ● Policy/Tech development: Jen Hallman 	Christina and Kary will attempt to clarify questions regarding Cultural Competency training requirements.	

Christina Kubojiri

- Access to care policy in revision
 - Scheduling an initial medication appointment on same day is included
 - Emergent need will be defined. The client has how many pills left, are they out of prescription, signs of distress? Will need to justify emergent need of client
- Access to care **WILL** be provided electronically from all providers eventually and not just Directly operated.
 - If there is any agency who will be able to incorporate this into their EHR quickly – Jen will be looking for pilot agencies to “become her best friend.”
 - Service Request Log – it is all in how this is documented...If you receive a call and you know an agency has open appt day and time you can offer this appt at another agency. If they decline and want to stay with your agency you can document this in the comments of service request log and you’ve met the requirement of providing an appt. However, you wouldn’t just take a call and ask “do you want services somewhere else?”
 - Nobody should have waitlists
- OIG audit update:
 - 152 out of 153 records provided. One agency they are still trying to obtain the chart
- Organization Manual major revisions upcoming:
 - Residential services (moved to ch 4 now)
 - Revised definitions from appendix and moved them up to incorporate in appropriate chapters
 - Edited appendices (only 2)
 - Maybe ready before next QA meeting
 - Will include certification section
 - Someone requested clear section for staff requirements- Jen will look into this
- ICC/IHBS Expansion:
 - Katie A settlement agreement has ended.
 - “Regs” don’t usually direct clinical services as agencies are still left to best clinical judgment based on clinical presentations
 - May not be requirement for all clients in all programs, but will be available under MHP.
 - Will need to be defined what exactly these services are?
 - TCM & Rehab mainly has been the majority
 - State is to formalize definitions. There is no timeframe for this item as of yet, but all other programs are not start claiming to Katie A codes just because the settlement ended. Direction from DMH QA will follow. Only programs

<p>Christina Kubojiri</p>	<ul style="list-style-type: none"> • Audits: <ul style="list-style-type: none"> ◦ DMH QA is doing a self-imposed audit on Directly operated to focus on CTP completion ◦ Looking at 350 charts (random sampling) ◦ Providers with 5 or less charts will need to provide by this Friday for review next week ◦ Providers with 5+ charts chosen – DMH QA team (1-2 people per team) will visit agency. May be 1 or 2 teams depending on sample size ◦ Review will be mostly in IHBIS, but may do review back to 5 years and hard copy charts may be needed ◦ Will provide agency 1 week notice on clients chosen • IHBIS: <ul style="list-style-type: none"> ◦ Be very careful when searching clients in IHBIS to avoid duplicate clients from being created. DMH QA is looking into what preventative measures there might be, but when mistakes are made or repeated errors DMH QA will contact your agency ◦ If client is referred by Directly Operated, can ask for the ID# to help with searches ◦ When your agency goes live you'll get a client name list <ul style="list-style-type: none"> ▪ Suggested to use stem searches instead of full name ▪ Will duplicate clients have to be merged? Yes! • Go-Live dates may change for various reasons. New list was provided where a couple of agencies had new go live months • <u>QUESTIONS</u> • How are other agencies submitting their child abuse SCAR reports? Is it a HIPAA violation to submit via DCFS online website? Most agencies do not submit SCAR via the online system. • Do agencies close a case completely and re-open when remaining at same reporting unit but transferring programs? No, majority of agencies indicated they do not close completely. 		
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Next Meeting: May 17, 2016; St. Anne's Maternity Home, 155 N. Occidental Blvd. (Classroom), L.A., CA. 90026

Respectfully Submitted



Christina Kubojiri, LMPT – Clinical QA Coordinator, Children's Institute, Inc.
SA4 Co-Chair

