

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
SA 6 QUALITY IMPROVEMENT COMMITTEE
Hudson Auditorium**

DATE: August 25, 2016

Agencies Present: Windy Gaston-HOPICS, Lynetta Shonibare-DMH, Beatrice Perez-1736 FCC, Ashanti Parker-DMH, Elizabeth Shin-TCCSC, Reyna Diaz-1736 FCC, Martin McDermott-Bayfront, Kumi Tsuda-Exodus, Julie Gray-SSG/HOPICS, Maurice Carter-LACGC, Jose Haro-Didi Hirsch, Yolanda Robles-St. Francis, Ahmad Kauser-DMH, Jacqueline Anthony-CIHSS, Rashauna Fair-PIC, Lily Fowler-Didi Hirsch, Iling Wang-DMH, Paul Ha-Alafia, Jennifer Phan-Hathaway-Sycamores, Jessie Marquez-Star View, Kanisha McReynolds-Amanecer, Amber Liberty-AFH, Marietta Watson-Pacific Clinics, Jonathan Figueroa-Exodus, Marc Borkheim-DMH, Michelle Cashman-AFH, Kathy Saucedo-Star View, Janelle Dent-CII, Laura Reynaga-Aviva, Jennifer Ma Pham-WLCAC, Charles Wade-SA 6, Elizabeth Echeverria-SHARP, Lani Espinas-Crittenton, Lisa Heemer-Starsinc, Julie Elder-SHARP

Chair: Yolanda Whittington, MHC District Chief

Agenda item	Comments/Discussions/Recommendations/Conclusions	Action/Assignment
1. Welcome and Introductions	Yolanda Whittington, District Chief facilitated the SA 6 QIC and welcomed attendees who introduced themselves and stated the agencies they represent.	
2. Review of Meeting Minutes	The meeting minutes were reviewed and approved with no corrections or revisions. Lynetta Schonibare will post the approved minutes on the QIC website.	
3. Open Agenda Items	Yolanda added Consumer Membership to the QIC; Reba Stevens and Charles Wade will serve as consumer members on the QIC and bring issues that impact clients to the QIC.	

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<p>4. SA 6 QIC Co-Chair</p>	<p>Yolanda Whittington- Per the Department of Mental Health’s policy, each QIC should have two co-chairs; one representing the legal entity providers and one representing the directly operated agencies. The co-chairs will attend the countywide QIC Liaison and Cultural Competency meetings. They will be responsible for bringing back information to the QIC membership. Both chairs will serve as a back-up in the event one of the chairs cannot attend or chair the QIC meeting. Socorro Gertmenian, LA Child Guidance Clinic volunteered to serve as the SA 6 QIC Co-chair. Socorro will serve as the QIC Co-chair effective September 1, 2016.</p>	
<p>5. Departmental QA/QI Update</p>	<p>Lynetta Schonibare- The Mental Health Research Review Policy 1400.01 was created to establish a mechanism for review and approval of human subjects research activities involving staff, clients or data related to Los Angeles County Department of Mental Health (LACDMH) or Department directly-operated programs and legal entity contracted providers. For additional information regarding this policy, you can go to DMH’s website. The Department is revising its clinical incident reporting policies, procedures and protocols. The Department is also working on the Patients’ Rights “Notice of Action” policies and procedures. The Grievance and Appeals pamphlet will be revised and translated into the threshold languages. Lastly the notification of change of provider email confirmation has been implemented.</p>	

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<p>6. Quality Assurance Update</p>	<p>Marc Borkheim, DMH QA – The Department has identified some documentation training dates that are posted on the QA website. The Department has scheduled documentation training on Friday, September 30, 2016 from 9:00am-4:00pm at the MLK Center for Public Health, 11833 S. Wilmington Ave, 1st Floor, LA 90059. Currently, there is still room in the training for additional registrants. The Department is revising the Outcome Measures Application form modifications, when completed, a QA Bulletin will be sent. The Department is also revising the Outpatient Medication Review (Medication Consent) form to include elements that were recommended by DHCS to bring us into compliance. There are approximately seven excluded diagnoses that have been identified by DHCS. The Department is working with the state to advocate for those diagnoses that were considered included to remain included. When this is finalized, the Department will notify providers via a QA Bulletin. The Department is working on the Electronic Health Records in IBHIS to send Service Requests Logs to DMH. The Suicide Risk Assessment and Mitigation Policy for Directly Operated agencies are being revised to shorten the assessment.</p>	

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	<p>Finally, the Department is working on the Electronic Health Records in IBHIS to send Service Request Logs to DMH. The Suicide Risk Assessment and Mitigation Policy for Directly Operated agencies are being revised to shorten the assessment. There will be additional funding for crisis stabilization in order to broadly address crisis intervention issues. It is unclear as to whether or not funding will be in the form of a solicitation or contract service expansion. There was a discussion on plan development claiming in that billing for this procedure code should be directly related to the goal and any consultation with team members should be actively involved in the treatment of the client in order to bill it as a plan development service. There are upcoming changes to the COS Manual along with planned trainings. The Procedure Codes Guide is also being reorganized. For additional information regarding the QA Update, you can contact me directly.</p>	

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7. State DHCS Updates	<p>Yolanda Whittington- Diane Guillory is the department expert on Initiating Waiver Request and BBS registration and timelines. The QIC requested that she be invited to the SA 6 QIC meeting to go over the protocols. I will invite Ms. Guillory to the QIC meeting to present.</p>	
8. Cultural Competency	<p>Yolanda Whittington- The Cultural Competency Unit is developing 2-hour long cultural competency training for the SA QICs. This training follows the train-the-trainer model. The CC training will be imparted to all the SA QICs as a means to make the training available countywide. The training will be coordinated with the SA QIC liaisons for each Service Area. Dates and times will be made available via the SA QIC liaisons. Representatives from the SA QIC membership who attend this training will need to make the commitment to take the training back to their respective agencies to train their staff, including support staff.</p>	

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11. Medical Certification/Recertification	<p>Iling Wang-Providers must ensure that their legal entity information that is reflected on the State's website is accurate. For the POS system, providers cannot correct the information themselves it must be done internally by the Department. Providers send an email to their lead District Chief requesting to update the State Provider file. The District Chief will submit a Provider File Adjustment Request to initiate the action. Yolanda reported that there is a delay in that there is a back log.-</p>	