

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

DATE: January 26, 2017

Agencies Present: Jeanette Bernabe-Counseling 4 Kids, Bertrand Levesque-DMH, Iling Wang-DMH, Joe Deluca-The Guidance Center, Socorro Gertmenian-LACGC, Jonna Howard-SSG/Weber, Amber Liberty-DMH, Julie Gray-SSG/HOPICS, Sarah Schreiber-El Centro Del Pueblo, Elizabeth Echeverria-SHARP, Mahima Mohan-CA Mentor, Lily Fowler-Didi Hirsch, Ahmad Kausar-SFC, Mariko Yamada-SFMC, Jane Park-Children’s Institute, Paul Ha-Alafia, Martin McDermott-Bayfront, Sharon Chapman-WCRP, Chrystal Evans-DMH, Rashauna Fair-PIC, Quenia Gonzalez-Star View, Kathy Saucedo-Star View, Shronda Givens-TCCSC, Christal Joi Whitaker-JBA, Ashanti Parker-SFC, Jonathan Figueroa-Exodus, Lynetta Shonibare-DMH, Marc Borkheim

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. Meeting Minutes	No Meeting Minutes	
3. Open Agenda Items	Yolanda Whittington- I would like to add the Collaborative Documentation Presentation to the agenda	
4. Collaborative Documentation Presentation	Dr. Marc Borkheim did a presentation on collaborative documentation- The Collaborative Documentation was developed within the framework of integrative care and person-centered approaches to treatment and provides significant administrative and clinical advantages;	

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<p>5. November 2016 Department Quality Improvement Council Meeting</p> <ul style="list-style-type: none"> a. Policy & Procedure Updates b. Cultural Competence 101 Training Survey c. Referrals for Physical Health and Non-Specialty Mental Health Services 	<p>collaborative documentation involves client and clinician collaborating regarding the documentation of patient care and health outcomes as the documentation is completed within the session. The goals are to develop the benefits of collaborative documentation. DMH will have a pilot primarily for directly operated agencies. There will be an established core group of clinicians and staff for evaluating and coordinating the roll-out of collaborative documentation to develop procedures and guidelines during the course of the 6 month pilot. The time line will begin in March 2017.</p> <p>Updates were given on The Compliance, Privacy, and Audit Services Policy and Procedure updates from the November 2016 Department Quality Improvement Council Meeting.</p> <p>Updates were provided for the Cultural Competence 101 Training Survey</p> <p>We will get Yvette Willock to do a presentation on referrals for physical health and non-specialty mental health services regarding clients who require transfers to non-specialty Mental health services.</p>	

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<p>6. December 2016 Department Quality Improvement Council Meeting</p> <p>a. Underserved Cultural Communities</p> <p>b. Screening Skills Development for the Use of Columbia Suicide Severity Rating Scale</p> <p>7. January 2017 Department Quality Improvement Council Meeting</p> <p>a. QA Bulletin No. 17-01- Access to Care Clarifications</p>	<p>Underserved Cultural Communities (UsCC) refers to communities historically underserved, underserved and inappropriately served in terms of mental health services. UsCC subcommittees have been developed by LACDMH to address the needs of targeted ethnic/cultural communities.</p> <p>The Screening Skills Development of the Use of Columbia Suicide Severity Rating Scale is a much needed training in the department. This training was developed in response to requests from staff asking for information on how to develop suicide screening skills for confident practice and client outcomes.</p> <p>Access to Care Clarifications bulletin No. 17-01 refers to the ability of the Los Angeles County Department of Mental Health (LACDMH) system of care to provide services in a timely manner upon initial request. For potential clients requesting services, LACDMH must provide an initial clinical appointment per policy 302.07, is a period of time scheduled with a clinician for the purpose of initiating an assessment. This period of time must be a specific date and time when the provider can guarantee the potential client will be seen by a clinician. A time range or block of time in which the potential client may be seen is not acceptable.</p>	

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<p>b. Reporting Clinical Events Involving Active Clients Policy 303.05</p> <p>c. Language Interpretation Services</p> <p>8. Department QA/QI Report</p>	<p>The Reporting Clinical Events Involving Active Clients policy is to establish a uniform guideline for promptly reporting of clinical events involving active clients to the Director of LACDMH. Clinical Event Reports will be used by LACDMH for evaluating and recommending improvements to the quality of mental health services rendered in LACDMH Directly-Operated Programs and contracted mental health agencies.</p> <p>The following Language Interpretation Services Master Agreement document gives a list of approved contractors to provide interpretation services.</p> <p>Dr. Bertrand Levesque and Dr. Socorro Gertmenian provided Department QA/QI Reports and updates:</p> <ul style="list-style-type: none"> a. Provider Contact List – Was distributed for providers to determine if their agency information is current. b. Documentation Training for Housing will occur on February 2, 2017 – The Documentation Training Schedule was distributed. 	

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	<p>c. Annual Report Contract Providers – The Annual QA Process/Plan was discussed, presented, and attendees were directed to submit their reports no later than January 30, 2017. Please see attachment.</p> <p>d. Chart Reviews and Quarterly Reports for Directly Operated are due and there are reports that are outstanding.</p> <p>e. QA is currently working on webinar trainings to include assessment, claiming, progress notes and treatment plans. These trainings do not replace the full day documentation but serve as a supplement.</p> <p>f. MR Grant Audit and Chart to be printed – The Auditor Controller’s MR Grant Auditors are requesting that providers print out the charts to be reviewed. Please see hand out for Procedures for Printing the Clinical Record from IBHIS for Chart Audits.</p>	

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	<ul style="list-style-type: none"> <li data-bbox="863 305 1430 483">g. DMH will be conducting random audits and requesting charts to review. All providers including directly operated will be reviewed. 5-10 charts may be requested. <li data-bbox="863 524 1402 630">h. Access to Care & Service Request Log reminders, Updates, and Clarifications (QA Bulletin No. 1701) <li data-bbox="863 670 1440 776">i. Notice of Action must be completed when clients cannot be seen within 5 days per Access to Care protocol. (See attachment) <li data-bbox="863 816 1434 922">j. When you have IBHIS Questions providers must go through their in-house experts or super-users (see handout) <li data-bbox="863 963 1430 1141">k. Clinical Forms Bulletin - Immediate and Same Day Assessment MH 720 and MH 602 Authorization for Request or Use/Disclosure of PHI forms have been revised (see handout) <li data-bbox="863 1182 1409 1320">l. PEI Outcome Measure Code – DMH is providing providers an opportunity to claim for outcome measures. A QA Bulletin is forth coming. 	

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	<ul style="list-style-type: none"> <li data-bbox="863 305 1409 444">m. Bulletin Provider Manual Update and ICD 10 codes and removal of expired codes in the included ICD 10. See QA Bulletin No. 16-09 <li data-bbox="863 488 1440 594">n. Procedure Code – QA Bulletin No. 16-08 Revisions to A Guide to Procedure Codes. (See QA Bulletin) <li data-bbox="863 638 1440 813">o. MHISP Surveys – Approximately 800 were submitted by SA 6 in Nov. 2016. Went down a bit so we must work harder to increase our survey output. The next surveys will be due in May 2017. <li data-bbox="863 857 1409 997">p. Referrals for Physical Health and Non-Specialty Mental Health Services presentation will be requested from Yvette Willock. <li data-bbox="863 1040 1409 1146">q. Underserved Cultural Communities report was presented regarding current projects. <li data-bbox="863 1190 1440 1362">r. Screening Skills Development for the Use of Columbia Suicide Severity Rating Scale – Request that Mary Ann O’Donnell, RN, MN conduct this presentation to our SA 6 QIC. 	

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	<ul style="list-style-type: none">s. Reviewed the Reporting Clinical Events Involving Active Clients Policy 303.05 (see attachment)t. 100% of staff must be trained in cultural competency in 2018.u. Provider Directories have been updated but we need to ensure that the provider directories are updated, especially to include unique skills sets that are provided.v. EQRO will be coming out in April 2017 to conduct another audit and they will be focused on SA 2 and 5.	