

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SERVICE AREA 7  
QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes**

<b>Type of Meeting:</b>	<b>SA 7 QIC</b>	<b>Date:</b>	<b>November 15, 2016</b>	
<b>Place:</b>	<b>San Antonio Mental Health Center 2629 Clarendon Huntington Park, California</b>	<b>Start Time:</b>	<b>2:00 PM</b>	
<b>Chairpersons:</b>	<b>Antonio Banelos Caesar Moreno Kari Thompson (Absent)</b>	<b>End Time:</b>	<b>4:10 PM</b>	
<b>Members Present:</b>	Elizabeth Powers, Arlene Contreras, Jessica Sanchez, Shianne Torales, Misty Aranoff, Michelle Barajas-Sanchez, Nahara Martinez, Angellena Gonzalez, Gwen Lo, Michael Olsen, Tiffani Tran, Soua Ly, Leticia Diaz, Mike Ford, Jennifer Mitzner, Adrine Bazikyan, Robin Washington, Tonia Amos-Jones, Stephanie Platt, Lucia Cota, Silvia Simental, Yovette Roldan, James McEwen, Lisa Leon, Joseph Chavez, Greg Tchakmakjan, Denise Garcia, Catherine Wulfensmith, Shivani Patel Escamilla, Leana Olague, Veronica Torres, Yolanda Robles, Erika Frausto, Antonio Banelos (Chair), Caesar Moreno (Co-Chair)			
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>		<b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>	<b>Person Responsible</b>
<b>Welcome &amp; Introductions</b>	Meeting was called to order at 2:00 pm		Introductions made and new members welcomed	Caesar Moreno
<b>Review &amp; Approval of Minutes</b>	Minutes from October 2016 meeting were reviewed		Minutes approved by: Tonia Amos Jones Robin Washington	Caesar Moreno

<p><b>Quality Improvement Updates</b></p>	<p><b>Department Updates</b></p> <p><b>Office of Medical Director</b>          There is a revised policy concerning Clinical Risk Events and associated changes to the risk event form. There were changes made to the policy and form which address the now 14 elements that describe a clinical risk event. Clinical risk events are reported to specific department based on program involvement. A list of of providers was distributed noting which agencies need to update their contact information. A question was asked about who is primary contact if there are multiple sites to an organization?</p> <p><b>Report from IBHIS Advisory Council</b>          Collecting feedback regarding use of a suicide screening tool. There are still discussions concerning what tool DMH Directly Operated should implement. Also, questions have come up regarding how does one measure reduction in suicide risk.</p> <p><b>Patients Rights</b>          Patients Rights office submitted finalized grievance reports to the State. The reports reflected new information collected as the grievance categories were more defined. PRO is assessing if an upgrade can be made to their reporting systems to track the information regarding grievances that is now being asked for the report. There is also a Change of Provider revised policy which is being finalized and now moving into the translation phase.</p> <p><b>Policy Updates</b>          Handout distributed regarding policy changes/revisions. It was noted that policies related to HIPAA policies are currently being updated. Once revisions completed, it was advised that policy be reviewed to identify any needed changes to provider policies and practice. It was noted that if there any questions that relate to HIPAA, refer back to DMH HIPAA contact - Ginger Fong.</p>	<p>Policy and new format were distributed.</p> <p>Antonio Banuelos will follow-up regarding question concerning contact for multiple sites.</p> <p>Policy handout distributed</p>	<p>Antonio Banuelos          Caesar Moreno</p>
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<p><b>Quality Assurance</b></p>	<p><b>Cultural Competency Update:</b></p> <p>The cultural competency unit has completed all the cultural competency trainings offered to the service area providers. Outcomes from the pre and post test surveys were reviewed. The surveys showed high ratings for the training. Questions #7 and #11 were reviewed as demonstrating continued education for providers (related to number of threshold languages and cultural competence vs. cultural humility). The training was recorded and now undergoing edits to possibly use as training tool.</p> <p>Information was also reviewed concerning the Transgender Advisory Council and seeking a youth representative.</p> <p><b>Change of Provider Logs</b>          October 2016 logs were collected during the meeting. There was question concerning which form should be in use.</p> <p><b>QI Division</b>          Participating providers must drop off their surveys to Co-Chairs between the 21<sup>st</sup> -23<sup>rd</sup> of November. The Co-Chairs will then deliver the surveys to Greg Tchakmajian at DMH. Co-Chairs will coordinate drop-off times with Greg. For MHSIP Spring, 2017 - selected providers will be asked to notify Service Area chairs regarding number of surveys will need to be printed.</p> <p>There was no DMH QA meeting this month. QA information was discussed and reviewed. There has been no report concerning the outcomes of the OIG audit that was completed. It was advised to not use the Report Writing (90085) code as this poses high audit risk. Outcome measures for EBP's can be placed in the chart but only when completed. Question: If staff have conversation with a psychologist, is this billable? Yes, but must need to clearly document how</p>	<p>Survey outcomes were distributed and reviewed.</p> <p>Information regarding the application for advisory council will be emailed,</p> <p>Antonio Banuelos will review and confirm which log to use,</p>	<p>Antonio Banuelos</p> <p>Tonia Amos-Jones, QI Division</p> <p>Robin Washington</p>
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<p><b>Community Presentation</b></p>	<p>the conversation connects to the treatment plan and how will it impact the treatment goals. Is a teacher considered a “collateral contact”? Agencies are asked to not bill for “Record Review”, however what is reasoning per DMH?</p> <p><b>START: School Threat Assessment Response Team</b> Seth Meyers provided information regarding the program.</p> <p>Program assists with providing clinical risk assessment services and monitoring of individuals who make a school threat or engage in threatening behavior within a school setting. Clinical teams are responsible for conducting a full mental health threat assessment using software that rates the risk of violence. Assessment also includes conducting interviews with others such as family members regarding the incident and behavior (could review the information on child computer for example), This is a voluntary program with linkage to mental health services for the individual for continued monitoring and implementation of counseling services. The program is separate from ACCESS services as it only attends to threats within the school setting, However, with immediate risk issue, it is best to contact ACCESS who will assess and if necessary refer to START team</p> <p>Training is available for clinics (consult with Dr. Maria Martinez: <a href="mailto:mmartinez@dmh.lacounty.gov">mmartinez@dmh.lacounty.gov</a>)</p>		
<p><b>Adjournment</b></p>	<p>Meeting was adjourned at 4:10 pm</p>	<p><b>Next Meeting: Dark in December, 2016 Resume meeting on January 17, 2017 at Gus Velasco Center. 2:00PM-4:00PM</b></p>	

Respectfully Submitted,  
Antonio Banuelos & Caesar Moreno & Kari Thompson  
QIC Co-Chair    QIC Co-Chair    QIC Co-Chair