COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION

QUALITY ASSURANCE/QUALITY IMPROVEMENT (QA/QI) COMMITTEE

AGENDA

June 19, 2013
2:00 – 4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Ste 150
Long Beach, CA 90810

QUALITY IMPROVEMENT (QI) MEETING 2:00 – 3:00 p.m.	
I	**Welcome & Introductions** **Co-chairs:** Emily Ramos, LCSW, Misty Aronoff, MFT, and Michele Munde, LCSW **SA 8 liaison:** Ann Lee, Ph.D. **QI Division Lead:** Tim Beyer, Ph.D.
II	**Minutes** – May minutes will be sent out via email upon completion.
III	**Cultural Competency Committee (CCC) Report** o ***CLAS trainings are available at no cost (see attached flyer)**** o ***Summary of CCC recommendations for inclusion of culture in Provider Directories**** o ***Engaging Families of Adult Consumers Through Psychoeducation training bulletins**** o Next meeting - Wed, July 10, 2013, 1:30-3:30 p.m., 550 Vermont, 10th fl conf rm, Conference call will be available for this mtg.
IV	**Clinical Quality Improvement:** OMD Report
V	**Patient's Rights Office (PRO)**
VI	**EPSDT PIP Data Update**
VIII	**SA 8 Test Call Period –** July 28, 2013 – August 3, 2013
IX	**Service Area 8 Outcome Data Workgroup** – MHSA PEI outcome data is the focus. Next meeting will be held on Tuesday, July 30th from 1:30-4:30p.m. at ChildNet.
X	**SA 8 Quality Improvement Project**
	Announcements: ***September 10, 2013 - LA County Suicide Prevention Network, 3rd Annual Suicide Prevention Summit: Risk Assessment/Safety Planning (SAVE THE DATE)****

QI Work Plan Goals:
Service Delivery Capacity, Accessibility of Services, Beneficiary Satisfaction, Clinical Care, Continuity of Care, Provider Appeals

Next Meeting Info:
July 17, 2013
2:00-4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Long Beach, CA 90810

****Handouts***

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION

QUALITY ASSURANCE/QUALITY IMPROVEMENT
(QA/QI) COMMITTEE

AGENDA

June 19, 2013
2:00 – 4:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Ste 150
Long Beach, CA 90810

QUALITY ASSURANCE (QA) MEETING 3:00 – 4:00 p.m.	
Co-chairs: Emily Ramos, LCSW, Misty Aronoff, MFT, and Michele Munde, LCSW **SA 8 liaison:** Ann Lee, Ph.D. **QI Division Lead:** Lori Dobbs, Psy.D.	
I	**Announcements** o No QA monthly co-chairs mtg in July o Jen Hallman will be out in July and part of August
II	**Audits/Reviews** – Auditor Controller: o June 17, 2013 - Telecare
III	**State DHCS Updates**
IV	**Documentation Training –** none remaining for this fiscal year.
V	**IBHIS Update –** Practitioner (Rendering Provider) Enrollment: Due June 30th
VI	**Program Review** – No report
VII	**Medical Records** – Photocopy fees
	QA Technical Assistance o *QA Bulletin 13-03: Licensed Professional Clinical Counselors** o DRAFT QA Bulletin 13-04: Authorized RN o DRAFT QA Bulletin 13-05: Intensive Care Coordination and Intensive Home Based Services o DRAFT 104.09 Clinical Documentation Policy – may be revised due to audit findings o Day Treatment Workgroup update o QA Guidelines for DO: make sure DO are submitting written process and chart review tools o *Memo From Dr. Shaner dated March 10, 2013* - Integration of New Diagnostic Terminology in the American Psychiatric Association DSM 5*
	Updates: o Organizational Providers Manual changes – QA is currently working on changes o Procedure Codes Guide Changes - QA will be issuing along with QA Bulletins 13-04 and 13-05. o County Coalition Treatment Plan

Next Meeting Info:
July 17, 2013
2:00-4:00 p.m.
Stars Behavioral Health Group
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**Handouts*

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, June 19, 2013

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee				**Date:** June 19, 2013
Location	Star View, 1501 Hughes Way, Long Beach, CA 90810			**Start/End Time**	2:00 p.m. – 4:00 p.m.
Co-chairs	**Co-Chairs: Misty** Aronoff, MFT; Michele Munde, LCSW; Emily Ramos, LCSW				
DMH Representatives	**SA 8 QI/QA Liaison:** Ann Lee, Ph.D.	**QI Division Lead:** Tim Beyer, Ph.D.	**QA Division Lead:** Lori Dobbs, Psy.D.	**Program Review:**	
Members Present by Provider Name					
1736 FCC Nancy Lomibao	**CHILDREN'S BUREAU** Cristina Nolf	**EL DORADO**	**LONG BEACH ADULT** Emily Ramos (co-chair)	**SHIELDS FOR FAMILIES** Vynette Moore Danielle Kayne	**TELECARE**
AADAP Jeanette Bernabe	**CHILDREN'S INSTITUTE** Lorrie Leon	**EXODUS** Nicole Salazar	**LONG BEACH API** Camille Do	**SOUTH BAY CHILDRENS HEALTH CENTER**	**THE GUIDANCE CENTER** Elva Gutierrez
ALAFIA Jaclyn Sagun	**CITY OF GARDENA** Kathy A. Mills-Walker	**FOR THE CHILD**	**LONG BEACH CAP**	**SOUTH BAY MHC** Dana Cherry	**TIES FOR FAMILIES**
ALMA Misty Aronoff (co-chair)	**COASTAL APIFMHC**	**HARBOR-UCLA** Ae Lyen Yoon Dora Anderson	**MASADA HOMES** Linda Nakamura	**SSG/OTTP** Debra DeLeon	
BAYFRONT Francisco De La Serna Azadeh Sedy	**COUNSELING 4 KIDS**	**HARBOR VIEW CSC (SUNBRIDGE)**	**MHA** Courtney Stephens	**SPECIALIZED FOSTER CARE**	
CCAF Theodore Howlett Virginia Howlett	**CRITTENTON** Marcella Briceno	**HEALTHVIEW** Michael Fitzgerald	**PACS** Deanna Park	**STAR VIEW** Michele Munde (co-chair)	
CHILDNET Leeann Ekstrom	**DID HIRSCH** Aminah Ofumbi	**HERITAGE CLINIC** No representative	**SAN PEDRO MHC**	**TARZANA** Venus Jew	
Review of Minutes	The May 2013 minutes will be sent to the committee upon completion.				
Call to Order & Introductions	The meeting was called to order at 2:00 p.m. Members were introduced.				

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, June 19, 2013

QUALITY IMPROVEMENT (QI)			
Agenda Item & Presenter	**Discussion and Findings**	**Decisions/ and Recommendations Actions/Scheduled Task**	**Person Responsible/ Due Date**
Cultural Competency Committee (CCC) Report	➢ Several participants on the last conference call were from SA 8 so very well represented. QI members were encouraged to continue their participate in the July meeting as well. ➢ CLAS trainings are available at no cost (the flyer was attached to the meeting handouts). Providers were encouraged to contact the Alliance for Clas for these trainings. ➢ Summary of CCC recommendations for inclusion of culture in Provider Directories was shared with members. ➢ The Engaging Families of Adult Consumers Through Psychoeducation training bulletins were brought to members' attention to share with their agencies. The 6-hr trainings provide CEUs. ➢ The summary of CCC Recommendations for Inclusion of Culture in SA Based Provider directories was included in today's handouts. ➢ Next meeting - Wed, July 10, 2013, 1:30-3:30 p.m., 550 Vermont, 10th fl conf rm, Conference call will be available for this mtg.	CCC meeting reminders will be sent to SA 8 QIC members to encourage participation and input.	Ann Lee
Office of the Medical Director (OMD)	➢ OMD is reviewing the new incident reporting system. It will probably be another year before implementation; ➢ Reviewing suicides at quarterly risk management meetings. Working on generating a Policy. Columbia suicide severity rating scale is being considered since it is very brief (two questions on ideation, 5 on suicide plan). The rating scale would not replace evaluation. It is currently being used by the State of New York. OMD is reviewing application to non-adult and jail populations. There is an average 3.2 suicides per month in Los Angeles County (this rate has remained steady for the past 10 years). Predominantly males and suicide by hanging. DMH looks at their clients. Public health looks at all suicides. See suicide prevention website for California suicide data.		

	➢ Appointment policy being finalized. This policy will require appointments to be scheduled 30 calendar days from time of request, 7 days from release from hospital/inpatient or Juvenile Hall. ➢ Starting to work on threat assessment P&P.		
Patient's Rights Office (PRO)	Working with OMD to develop the Notice of Action (E) regarding timeliness of services. Still working on definitions re: accessibility of informing materials for field capable services.		
EPSDT PIP DATA UPDATE	The PIP data is posted on EFT folder for contract providers by LE number. Data for fiscal year. Will post quarterly. Working on getting it as an IS report. Let Vandana Joshi know if there are questions/problems.		
SA Test Call Period	➢ Test callers are being asked to get the ACCESS staff's name and include the name used (so they can match them up). ➢ Don't identify call as urgent/crisis. ➢ Print form out, don't copy. ➢ One complaint call is to be made by the co-chair or liaison. For example, ask ACCESS how to make a complaint to see if the caller is referred to Patient's Rights. ➢ Several people have volunteered to make test calls. ➢ SA 8 will conduct test calls in English, Spanish, Khmer, Samoan, and Vietnamese. ➢ If anyone else would like to volunteer, please contact Ann Lee.		
Service Area 8 Outcome Data Workgroup	➢ The next meeting will be held on Tuesday, July 30th from 1:30-4:30 p.m. at ChildNet, 5150 E. Pacific Coast Hwy, Long Beach 90804. ➢ The workgroup will be working on narrowing down the focus of the workgroup. The general areas of interest include improving matched pairs/outcome collection, looking into reasons for dropouts, and developing clinical utility for the outcome data. ➢ Please contact Dr. Ann Lee for information.		
Training Announcement	September 10, 2013- LA County Suicide Prevention Network is holding the 3rd Annual Suicide Prevention Summit: Risk Assessment/Safety Planning. The SAVE THE DATE flyer was included in the handout.		
SA 8 Quality Improvement Project	➢ Star View - Ms. Munde shared an update regarding a rapid-cycle improvement process she recently utilized to improve documentation in progress notes. A progress note check-list was developed as a tool to improve compliance with Medi-Cal requirements. Only 47% of progress	-Ms. Munde will share the 5-item checklist she developed with providers. -Ann Lee will provide a summary of the	

	notes were in compliance before using the checklist but after implementation, compliance improved to 100%. ➢ CII - Dr. Leon reported that her agency conducted a mini-survey on the intake referral process for one month. They measured the number of calls that came in at the end of each month and how many were being referred for services, and count how many clients actually showed up for appointments. CII then conducted a survey and asked clients the following "yes" or "no" questions: "Did you receive a phone call 24 hours prior to your appointment to confirm your appointment?", "Was it difficult to make the appointment?", and "Did you have to wait a long time to get an appointment." ➢ Children's Bureau: Ms. Nolf reported that Children's Bureau developed a log to track the dates for initial service requests, assessments, and first treatment session. Their target goal is to have assessments completed within 3 days and the first treatment session to be provided within 7 days from intake in order to improve access to services and prepare for healthcare reform. ➢ LBMH – Ms. Ramos reported that they are interested in improving the access to psychiatrist appointments especially when a current client requests an earlier appointment and cannot wait for their scheduled appointment. She reported that routine/non-urgent psychiatry appointments are usually scheduled within two-weeks of the request but immediate or same-day appointments are available for those coming out of hospitals, Urgent Care Center, or running out of medications. LBMH is looking into the number of clients that show up for routine/follow-up appointments.	discussion at the next meeting to facilitate further discussion.	

	There are a large number of no-shows for psychiatry appointments. When WOW workers conduct reminder calls, the no shows are fewer than if they are not making the reminder calls. ➢ Dr. Beyer reminded the committee about the 4 areas of Quality Improvement that EQRO is usually interested in: Access, Timeliness of services, Outcomes, and Quality of Service ➢ The committee will continue to discuss QIP ideas at the next meeting to narrow down the area the committee is interested in studying.		
Presentation suggestions	Providers were asked if there were any presentation topics they are interested in. Suggestions included getting a presentation from Dr. Innes-Gomberg regarding current MHSA projects being implemented and a presentation about Medi-Cal or CalWORKS		
Announcements	The next meeting will be held on July 17, 2013 from 2:00-3:00 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.		
QI Handouts	➢ QI Agenda ➢ CLAS brochure ➢ CCC Recommendations for Inclusion of Culture in Provider Directories ➢ Training Bulletin: Engaging Families of Adult Consumers Through FPE – July 11, 2013 ➢ Training Bulletin: Engaging Families of Adult Consumers Through FPE – September 16, 2013 ➢ Training Bulletin: Engaging Families of Adult Consumers Through FPE – October 8, 2013 ➢ September 10, 2013 - LA County Suicide Prevention Network, 3rd Annual Suicide Prevention Summit: Risk Assessment/Safety Planning (SAVE THE DATE flyer)		

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, June 19, 2013

QUALITY ASSURANCE (QA)			
Agenda Item & Presenter	**Discussion and Findings**	**Decisions/ and Recommendations Actions/Scheduled Task**	**Person Responsible/ Due Date**
QA questions	➢ Dr. Dobbs advised providers to submit their questions to the co-chairs or liaison rather than directly to QA division. If the questions cannot be answered locally, then Ann Lee will fwd to Dr. Dobbs. QA division is compiling questions to develop a FAQ sheet.		
Audits/Reviews	Auditor-Controller: ➢ June 17th – Telecare		
State DHCS Updates	➢ Has been focused on Day Treatment services including disallowances. Questioning absences and charging for lunch time (disallowing latter). ➢ SCQIC is the regional meeting for mental health plans such as Los Angeles County DMH QA coordinators. The SCQIC Allows for consistent messaging across counties (also for Bay, Central and Northern areas).		
Documentation Trainings	There are no more trainings scheduled for this fiscal year which ends June 30th. ➢ RN documentation trainings – there will be a series of 3-day classes in September, October, and November ➢ COS trainings will probably start in September. ➢ Please let Dr. Dobbs know if there are topics providers are interested in to be covered in the Supervisors documentation training. ➢ Dr. Dobbs spoke at the DMH Housing conference held on June 11-12, 2013 which included a housing documentation training. ➢ Dr. Dobbs will be going out to SA 8 directly-operated clinics for an internal chart audit over the next couple months. ➢ Please let Dr. Dobbs know if any provider has an exit conference scheduled with the Auditor-Controller's office so she can be there and ensure there is consistency in QA information provided. ➢ For D.O. clinics, QA monitoring tools are due to Dr. Dobbs by the 15th.		

IBHIS	➢ Practitioner (Rendering Provider) enrollment is due June 30th. ➢ Working on issues with NPPES download. Mark it complete if you have verified that your application matches NPPES. Taxonomy can be either primary or secondary (has to match any of the 13). Make sure you're choosing the discipline correctly, e.g., case manager is not a social worker. If you're contacted by QA, respond quickly. Only worry about staff who are in the application. Keep a list of staff on leave who cannot be updated who need to be updated when they return. MHRS and Other Mental Health Worker have access to the same procedure codes including TBS. Recommend keeping list of staff hired and entered as Rendering Provider in IS.
Program Review/Certification	Dr. Dobbs reported on behalf of Mr. Joel Solis. There is nothing to update.
Medical Records	RMD bulletin 13-065: Copying Charge for Records. Cost for copies is 3 cents per page + 75 cent handling fee for DO.
QA Technical Assistance	Q: What should we do with client raw data? A: DMH policy 104.08 – raw test data should not be filed in the client's chart. Raw data should be in a non-open PHI file stored in a locked file cabinet. Q: Does a DMH assessment and CCCP need to be completed for a client who is only receiving neuropsychological testing for assessment purposes only. These battery of tests is exhaustive and includes questions from the DMH full assessment. A: No CCCP would be needed if the case is only for 59 days or less. Dr. Dobbs recommends completing the DMH assessment and progress note indicating that the information was obtained from the neuropsychological testing battery.
QA HANDOUTS	➢ QA Agenda ➢ QA Bulletin 13-03: Licensed Professional Clinical Counselors ➢ Memo From Dr. Shaner dated March 10, 2013 - Integration of New Diagnostic Terminology in the American Psychiatric Association DSM 5
Announcements	Mr. Ted Howlett read Mrs. Virginia Howlett's poem titled "Tenacity". Thank you for sharing this wonderful poem, Virginia!
Next Meeting	The next meeting will be held on July 17, 2013 from 2-4 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.

Minutes Recorded by:
Ann Lee, Ph.D./DMH SA 8 Administration

Minutes Approved by:
Emily Ramos, L.C.S.W., DMH Co-chair