COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE

MEETING AGENDA

July 16, 2014
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/QI Announcements:** **Co-chairs:** Emily Ramos, LCSW, Misty Aronoff, MFT, and Michele Munde, LCSW **SA 8 liaison:** Ann Lee, Ph.D. **QI Division Rep.:** Mary Crosby, MSN, RN, CNS
II	**Minutes**
III	**Provider Directory** http://losangeles.networkofcare.org/mh/ email changes/updates to: ProviderDirectory@dmh.lacounty.gov
IV	**EQRO Draft Report**
V	**Change of Provider Report**
VI	**Clinical Quality Improvement – OMD Report**
VII	**Cultural Competency Committee (CCC) Meeting:** Wed, August 13th, 1:30-3:30 p.m., 550 Vermont, 10th fl conf rm.
VIII	**Patients' Rights Office**
IX	**Policy Update – Office of Compliance** *-Policy 202.30 Changes**
X	**Referrals and SRTS**
XI	**ACCESS Test Calls 2014** – Service Area 8, July 20 – July 26, 2014. We have 10 volunteers to make the calls.

polm: "Warm Wishes"

No Meeting In August!

<u>Next Meeting Info:</u>
September 17, 2014
2:00-3:00 p.m.
Stars Behavioral Health Group
1501 Hughes Way, Long Beach, CA 90810

***Handouts**

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July 16, 2014
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QUALITY ASSURANCE (QA) MEETING 3:00-4:00 p.m.	
I	**Audits/Reviews** – None o Auditor Controller Exit Conferences – QA attendance
II	**State DHCS Updates** – no updates
III	**Documentation Trainings** - *Schedule attached** o Organizational Providers Manual and Documentation Policy Changes Trainings o DRAFT New vs. Old Policies
IV	**IBHIS Update** o *Timeline Targets** o Axis III
V	**Medi-Cal Certification Section** – This is the new name for the Program Review & certification office o Cert Website for Posting Bulletins o School Based Mental Health Certification
VI	**QA Technical Assistance** o *DMH Policy & Procedures 104.09** o *QA Bulletin 14-02: Organizational Manual Changes, SFPR, Discharge Summaries** o *Clinical Records Bulletin Edition 2014-01: New Assessments** o Discussion – Access to Care/Timeliness o *QA Bulletin 14-03: SRL Updates: Using the SRTS*
VII	**Health Information Management (HIM)** – DIRECTLY OPERATED ONLY o Reminder about client Clinical Record requests o HIM Bi-Monthly Clinical Record Training
VIII	**Upcoming Items:** o QA Bulletin – Inpatient Lockout Reminders o QA Bulletin – Reminders from State System Review and QA Reviews o COS Manual Changes and Trainings o Contract Provider QA Protocol Submission Template o Org Manual Changes- Chapter 4 o QA Monitoring Reports

No Meeting In August!

<u>Next Meeting Info:</u>
September 17, 2014
3:00-4:00 p.m.
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***Handouts**

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, July 16, 2014

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee		**Date**		July 16, 2014
Location	Star View, 1501 Hughes Way, Long Beach, CA 90810		**Start Time & End Time**		2:00 p.m. – 4:00 p.m.
Co-chairs	**Co-Chairs:** Misty Aronoff, MFT, Michele Munde, L.C.S.W., Emily Ramos, L.C.S.W.				
DMH Representatives	**SA 8 QI/QA Liaison:** Ann Lee, Ph.D.	**DMH SA 8 Representative:** Karina Wagner	**QI Division Lead:**	**QA Division Lead:** Lori Dobbs, Psy.D.	**Program Review** Joel Solis
Members Present by Provider Name					
1736 FCC	**CHILDREN'S BUREAU**	**EL DORADO**	**LONG BEACH ADULT** Emily Ramos (co-chair)	**SHIELDS FOR FAMILIES** Vynette Moore Sybil Checko	**TELECARE**
AADAP Jeanette Bernabe	**CII** Marcela Dioses	**EXODUS**	**LONG BEACH API**	**SBCHC**	**THE GUIDANCE CENTER** Elva Gutierrez
ALAFIA Jacqueline Anthony	**CITY OF GARDENA**	**FOR THE CHILD** Sandra Gaia-Rae	**LONG BEACH CAP**	**SOUTH BAY MHC**	**TIES FOR FAMILIES**
ALMA Misty Aronoff (co-chair)	**COASTAL APIFMHC**	**HARBOR-UCLA** Ae Lyen Yoon Dora Anderson	**MASADA HOMES** Linda Nakamura	**SSG/OTTP** Stephanie Hoffman	
BAYFRONT Mel Herst	**COUNSELING 4 KIDS**	**HARBOR VIEW CSC** Laura Villa	**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**	**HERITAGE CLINIC**	**SAN PEDRO MHC**	**TARZANA** Lauren Dibbs	
Review of Minutes	The June minutes were reviewed and approved.				
Call to Order & Introductions	The meeting was called to order at 2:00 and attendees introduced themselves.				

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 8 ADMINISTRATION
QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, July 16, 2014

QUALITY IMPROVEMENT (QI)			
Agenda Item & Presenter	**Discussion and Findings**	**Decisions/ and Recommendations Actions/Scheduled Task**	**Person Responsible/ Due Date**
Provider Directory	Dr. Vandana Joshi presented information regarding the provider directory at the monthly QI meeting. If there are changes that need to be made, please let Dr. Ann Lee know. The SA 8 provider directory should be available in the waiting area or lobbies for clients to access on their own.		
EQRO Draft Report	DMH's response was due to APS a few days ago. DMH is waiting for a response back. The implication for Providers is that the State wants to see more active discussion and analysis of data happening at the service area level.		
Change of Provider Report	Please continue to submit logs to the Patient's Rights Office (PRO) by the 10th of the month. Logs may be faxed or if there is no client info (or PHI) then the log may be emailed. The fax number is (213) 365-2481. DMH staff may also secure email the logs to PatientsRightsOffice@dmh.lacounty.gov. If there is any problems, please contact Dr. Lee and she will assist in ensuring PRO receives your agency's logs. Dr. Naga Kasarabada's team will begin directly contacting Providers who are not turning in their logs. SA 8 has improved in submitting logs, but some work still needs to be done with a few providers.		
Clinical Quality Improvement-OMD Report	All parameters that were being revised have been posted. There are 6. Please review them on the DMH website. The parameter on health monitoring has already been posted. The Duty to Warn Policy is revised and being reviewed. Revisions to 2.5 Parameters for Clients at Risk for Danger to Others will be posted on the DMH website (go to the Clinical Practice webpage).		
Cultural Competency Committee (CCC)	Next meeting will be held on August 13, 2014 from 1:30-3:30 p.m. at 550 Vermont, 10th fl conf rm. The next meeting for the LGBTQ UREP (Underrepresented Ethnic Populations) is August 27th from 10-12 @ 695 S. Vermont 15th Floor. The committee will start meeting monthly in		

	September. The CCC and the UREP are looking at joining projects pertaining to these workgroups: Data, Health Neighborhood, Cultural Competency, and Community Defined Evidence/PEI.	
Patients' Rights Office	The Local Mental Health Plan posters are being revised. These posters should be posted in the waiting area. Please contact PRO at (213) 738-4888 to order a poster for your site.	
Policy Update – Office of Compliance	There are two policy revisions that have been completed and five remaining that are in the process of being revised. See the handout on Policy 202.30 1/24/14 Revision and review the changes that have been made on this policy.	
Referrals and SRTS	A demo step on how to use the Service Request Tracking System (SRTS) was shown at the monthly QIC meeting for co-chairs. The SRTS is an electronic application that allows for the tracking of referrals amongst different providers (both LEs and DOs). It has the same data elements as the SRL Service Request Log. QI division strongly recommends that agencies use the SRTS as it allows to track referrals and appointments. The consistent use of the SRTS is important to track timeliness data.	
ACCESS Test Calls 2014	Service Area 8's test call period is from July 20-26, 2014. We have 10 volunteers to make the calls. A reminder will be sent out to all volunteers. Please make it a referral call, not an emergency call.	
QI Handouts	➢ QI Meeting Minutes – June 18, 2014 ➢ Policy 202.30 Changes	

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QUALITY ASSURANCE (QA)			
Agenda Item & Presenter	**Discussion and Findings**	**Decisions/ and Recommendations Actions/Scheduled Task**	**Person Responsible/ Due Date**
Audits/Reviews	No audits going on at the time. The Moss-Levy audits have ended. The PERM audits are occurring more regularly. Very seldom a Provider hears from the Feds. If you're notified of an auditor controller audit, you can request the DMH QA to be at the entrance and exit interviews just in case there are questions. You can ask Dr. Dobbs to be present to help mediate, facilitate the discussion.		
State DHCS Updates	No updates.		
Documentation Trainings	Please see the training schedule that was included in the handouts. All info on training and bulletins are posted on the DMH website. Q: On the new treatment plan form, what is meant by the "Assigning Date"? Is that the same as the effective date from the old CCCP? A: "Assigning Date" was formerly called "Effective Date". Dr. Lee will contact Dr. Dobbs and look into this to confirm. Ms. Ramos stated that in IBHIS, you enter the date when you created the plan and you start counting 365 from that date. IBHIS will remind you when the next plan is due. The treatment plan can be updated at any time; however, the count starts all over again on the day the plan was updated.		
IBHIS Update	The "Timeline Targets" handout was distributed to the attendees. A cheat sheet of the New vs. Old Policies is being drafted. This will be distributed at the upcoming documentation trainings and to the QIC as soon as it is available. IBHIS timestamps documentation so we can now track timeliness of documentation. DMH is working on defining timeliness expectations however there are no clear definitions from the Federal government as to what timeliness means. Providers were asked if supervisors are required to sign off on their supervisees documentation in their electronic records. Supervisor electronic signature adds another step and the more steps put into your system, the longer it takes, and the more you will I run into issues when timeliness of documentation is tracked.		

	A discussion was held regarding DSM Axis III diagnoses and entering a client's general medical conditions. DMH is moving towards adopting the policy to only enter an Axis III diagnosis there is a confirmed medical diagnosis from a physician.
Medi-Cal Certification Section	The new name for the Program Review and Certification office is Medi-Cal Certification Section. Mr. Joel Solis stated that his section will be looking at certification requirements for mental health services that are delivered in school settings and if those sites need certifications. They're also looking at if they can be certified as a satellite or if they need to have a provider number. He will keep the committee informed.
QA Techinical Assistance	**DMH Policy & Procedures 104.09 is a clinical documentation policy:** This policy is final and posted on the DMH website. Please review and share with colleagues. **QA Bulletin 14-02: Organizational Manual Changes, SFPR, Discharge Summaries:** The concept of SFPR has changed since we're moving into IBHIS. Q: If someone came to a program and found a chart that was incomplete, can you retroactively complete the coordination plan? A: Ann will look into this and get back to the committee. You have 6 months to implement these changes for contracted agencies only. **2014-01 Bulletin: New Assessments:** Please review this bulletin on your own. **Discussion - Access to Care/Timeliness:** The initial appointment should be given within 30 calendar days of a consumer's request for services. As we go into integrated healthcare, you may or may not be aware that we have three tiers of mental health services with the affordable care act and the specialty mental health act and the rules do not change, and the manage care serves tiers I and tier II. One of the things that it's going to impact providers is that people that have more intensive mental health needs are going to have to wait longer. The state is working with the county at looking at how specialty mental health can reduce the time line expectation. **QA Bulletin 14-03: srl Updates: Using the SRTS**: Please review this bulletin.

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Health Information Management (HIM)	DIRECTLY OPERATED ONLY: Please be reminded that when clients request medical records, do not send the request to the chief, Charles Onunkwo; The request should be handled by the agency where the client received their services. Also be reminded that for directly operated clinics, there is a clinic records training every other month.
QA Handouts	➢ Documentation Training Schedule ➢ IBHIS Timeline Targets ➢ DMH Policy & Procedures 104.09 is a clinical documentation policy ➢ QA Bulletin 14-02: Organizational Manual Changes, SFPR, Discharge Summaries ➢ 2014-01 Bulletin: New Assessments: ➢ QA Bulletin 14-03: srl Updates: Using the SRTS
Announcements	Mr. Ted Howlett read a poem written by his wife Mrs. Virginia Howlett titled, "Warm Wishes". Thank you, Virginia and Ted!
Next Meeting	There is no meeting in August. The next meeting will be held on September 17, 2014 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