

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, July 15, 2015**

<b>Type of Meeting</b>	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee			<b>Date</b>	July 15, 2015
<b>Location</b>	Star View, 1501 Hughes Way, Long Beach, CA 90810		<b>Start Time &amp; End Time</b>	2:00 – 4:00 p.m.	
<b>Co-chairs</b>	<b>Co-Chairs:</b> Misty Aronoff, Michele Munde, Emily Ramos				
<b>DMH Representatives</b>	<b>SA 8 QI/QA Liaison:</b> Ann Lee	<b>DMH SA 8 Rep:</b> Karina Wagner	<b>Cultural Competency:</b> Sandra Chang-Plasinski	<b>Medi-Cal Certification:</b> Joel Solis	<b>QI Division:</b> Michael Boroff
<b>Members Present by Provider Name</b>					
<b>1736 FCC</b> Freddie Black	<b>Children's Bureau</b>	<b>Exodus</b> Bryant Steury	<b>Long Beach CAP</b> Eva Sofia Mendoza	<b>Shields For Families</b> Georga Madeira	<b>The Guidance Center</b> Sherrie Yu
<b>AADAP</b> Hiroko Makiyama	<b>CII</b> Marcela Dioses	<b>For The Child Harbor-UCLA</b> Pastora Salazar	<b>Masada Homes</b>	<b>SBCHC</b> Rachel Green	<b>Ties For Families</b> Dolores Spielman
<b>Alafia</b> Sybil Chacko	<b>City Of Gardena</b> Delphina Knapp	<b>Harbor View</b> Lynn Yoon	<b>MHA</b> Courtney Stephens	<b>South Bay MHC</b> Dana Cherry	
<b>ALMA</b> Misty Aronoff (Co-Chair)	<b>Coastal API/FMHC</b>	<b>Harbor View CSC</b> Laura Villa	<b>MH Urgent Care Clinic</b> Jenny Morey	<b>SSG/OTTP</b> Debra DeLeon	
<b>Bayfront</b> Martin McDermott Nastaran Hariri	<b>Counseling 4 Kids</b> Julio Cisneros	<b>Healthview</b>	<b>PACS</b> Stephanie Yamada	<b>Specialized Foster Care</b>	
<b>CCAF</b> Theodore Howlett Virginia Howlett	<b>Crittenton</b> Marcella Briceno	<b>Long Beach Adult</b> Emily Ramos	<b>San Pedro MHC</b> Kathleen Villagomez	<b>Star View</b> Michele Munde (co-chair)	
<b>ChildNet</b> Leeann Ekstrom	<b>Didi Hirsch</b>	<b>Long Beach API</b> Derek Hsieh	<b>SB 82 MTT</b> Lisa Powell	<b>Tarzana</b> Lauren Dibbs	
<b>Review of Minutes</b>	The June 2015 minutes were reviewed and approved.				
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 2:00 and attendees introduced themselves.				

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<b>QUALITY IMPROVEMENT (QI)</b>			
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions/ and Recommendations Actions/Scheduled Task</b>	<b>Person Responsible/ Due Date</b>
<p><b>Clinical Quality Improvement – OMD Report</b></p>	<p>4.17 Parameters for the Determination of Insufficient Client Engagement of Adults at Risk for Suicide – will be coming out this week. This parameter was developed with experts from UCLA and Didi Hirsch.</p> <p>4.18 Parameters for Assessment and Treatment of Co-Occurring Intellectual Disabilities – will also be coming soon.</p> <p>Training will be provided for these parameters.</p> <p>June 8<sup>th</sup> Safety Intelligence went live for directly operated clinics. Training videos are not out yet. They have to look for a secure server to be able to post them online. Contract providers will continue to use the paper process. The SI report through the application is not savable so if any revisions are needed, the staff has to redo. Minor difficulties with routing appropriately and checking the correct drop box options. SA 8 directly-operated clinics (except Harbor UCLA) go to Kim Sasaki for review.</p> <p>Feedback about the MHISIP language. There is a national survey.</p>	<p>Members are encouraged to read the parameters.</p>	
<p><b>Bilingual Bonus Policy 602.01 and Request for Interpretation/Translation Services</b></p>	<p>Dr. Sandra Chang-Plasinski reviewed Policy 602.01 Bilingual Bonus Policy and the Request for Interpretation/Translation Services (RITS) which is required for directly-operated (D.O.) clinics only. The policy was distributed. DMH is looking at tracking how many people receiving bilingual bonuses are actually being utilized. Emily asked if from now on they needed to submit some sort of</p>	<p>Dr. Lee will e-mail a copy of the link regarding the policies discussed.</p>	<p>Ann Lee</p>

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	<p>document stating how many times the Clerical Staff, for example, is called to interpret for doctors. Dr. Chang-Ptasinski stated that there is no need to submit that information to the department. The RITS form is to request an interpreter or translation services if there is no staff at the clinic or program that has the specific language capability needed. DMH does not need to track every single time an employee is called to interpret or translate within the clinic.</p> <p>Q:/ Does this form apply also for the hearing impaired when sign language (ASL) is needed? A:/ No. Please refer to the Hearing Impaired Mental Health Access Policy. The DMH ASL liaison needs to be contacted if non-emergency or emergency interpretation and translation services are needed. Basically the purpose of this is to change the culture of the Dept. and to extend the criteria so that more people can qualify to receive a bilingual bonus and are available when interpretations services are needed.</p>		
<p align="center"><b>SA QI Project Update</b></p>	<p>The Department's Spirituality Parameters were discussed. Similar to the family engagement project, DMH will present the parameters at the SA QICs. Pre- and post-test surveys will be administered. The VANS (Vacancy Adjustment Notification system) is another QI project. It is not yet available in SA 8 but may soon be expanded to include other service areas. This system allows providers to search for available program slots by agency and make appropriate referrals for consumers.</p>		
<p align="center"><b>Commercially Sexually Exploitation of Children – Performance Improvement Project (CSEC PIP) Next Steps</b></p>	<p>CSEC PIP – This is the department's clinical PIP. Many clinicians have been trained in assessment and treatment interventions for this population. Over 200+ people attended the training. Quality Improvement Division (QID) will be developing a</p>		

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	<p>Share Point site for clinicians to enter Client ID and other basic information to track the CSEC clients being served in DMH. QID will be presenting this PIP outline, plan for data collection, and will demonstrate the use of this Share Point site at QIC meetings, Provider meetings, and CSEC trainings. This is to inform clinicians trained on CSEC procedures to track CSEC clients being served.</p>		
<p><b>MHSIP May 2015 Survey</b></p>	<p>The Surveys have already been returned from the Vendor and submitted to the state on 6/26. Still waiting for Nov. 2014 data from DHCS. Expecting it this week. Moving forward with May 2015 data. May combine Nov &amp; May in analysis report. Did get increase in older adults surveys in May due to OA programs being oversampled and emphasized in training. Visual analytics report – will allow you to drill down. Hoping to have this all by September. Sent about 11,000 surveys to DHCS. Reason codes were pretty intact.</p>		
<p><b>Provider Directory Update</b></p>	<p>Will send out protocol regarding info from a series of webinars that took place. SA liaisons will be responsible for provider updates for children's countywide programs. Children's Countywide will collaborate as needed. Deborah Mahoney will have access to all 8 files. Not seeing a lot of updates on culture – please remind people. Our state audit is next year. LGBTQ &amp; Gender Identity missing. Identifying the clinic's capacity to address various cultural needs. Will be addressing multiple resource directories (DMH, DHCS) – looking at regulatory/contractual requirements in the context of what is helpful for clients and reasonable for clinics/staff.</p>		
<p><b>Patients' Rights Office (PRO)</b></p>	<p>No report.</p>		

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<p><b>Cultural Competency Presentation – Dr. Sandra Chang-Ptasinski, Program Support Bureau, Quality Improvement Division, Cultural Competency Unit</b></p>	<p>Dr. Chan spoke about the cultural competency committee, and the need to increase awareness, sensitivity, and the responsiveness of the department to the different communities being served. She provided the Cultural and Linguistically Appropriate Services (CLAS) definition of culture in her presentation and the department's definition of cultural competency in the slide presentations. An overview of the cultural competency committee (CCC) and meeting information was also provided. The July CCC mtg was canceled. The next meeting will be held on Wed, August 12<sup>th</sup>, 1:30-3:30 p.m., 550 Vermont, 3<sup>rd</sup> floor conference room. The Cultural Competency Unit has administrative responsibilities and provides support to the CCC. The Underrepresented Ethnic Population (UREP) Innovation Unit and the Geographic Information System/Data Unit also fall under the Quality Improvement division.</p>		
<p><b>Policy Update – Office of Compliance</b></p>	<p>The list of Policy updates was included in the handouts. Policy 306.04 Furnishing Supervision and 400.02 Clinical Supervision (Level 1) are both completed and 303.05 Reporting Clinical Events (Level 1,2) sent for review &amp; signature.</p>		
<p><b>SA 8 Outcome Data Workgroup</b></p>	<p>Next meeting will be held on Tuesday, July 21, 2015, Star View Corp office, 1501 Hughes Way, Ste 150, Long Beach 90810.</p>		
<p><b>Announcements</b></p>	<p>No meeting in August (dark). Next meeting will be on September 16<sup>th</sup>.</p>		

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**QUALITY ASSURANCE (QA)**

<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions/ and Recommendations Actions/Scheduled Task</b>	<b>Person Responsible/ Due Date</b>
<b>Audits/Reviews</b>	<p><b>Audits/Reviews –</b></p> <ul style="list-style-type: none"> <li>• Pacific Clinics’ Moss Levy audit starting today</li> <li>• Whole Child Moss Levy in August.</li> <li>• Clontarf Manor is ending mental health Medi-Cal services. Will still have their Auditor Controller audit.</li> </ul> <ul style="list-style-type: none"> <li>• The committee was reminded of the need for waivers for unlicensed psychologists. Expectation that they will become licensed</li> <li>• For practitioners in between school and registration with the BBS, co-signature does not allow them to provide assessment/psychotherapy.</li> </ul>		
<b>State DHCS Updates</b>	<p><b>Update 1915b Waiver:</b> The waiver became effective July 1<sup>st</sup> for another 5 years. Maintains the county carve-out structure until June 2020. A letter from CMS was included in the handouts and can be found at <a href="http://www.cbhda.org/wp-content/uploads/2014/12/Ca-17-R09-approval-letter-signed.pdf">http://www.cbhda.org/wp-content/uploads/2014/12/Ca-17-R09-approval-letter-signed.pdf</a>. Includes posting on DHCS website, annual state grievance &amp; appeals report due 1/31/16, EQRO PIP reports to CMS / monthly monitoring calls with CMS, posting POCs, system for tracking timeliness of care.</p> <p><b>DHCS Documentation Training</b> – training will be held on August 13<sup>th</sup> for DMH staff only. Emily Ramos and Ann Lee will be attending and will bring back information.</p>		
<b>Medi-Cal Certification Section</b>	No report.		
<b>Trainings and Operations</b>	<ul style="list-style-type: none"> <li>• Schedule of trainings and presentations was distributed.</li> <li>• DO Quarterly Monitoring Reports (for the 2<sup>nd</sup> Quarter) are due by July 15<sup>th</sup></li> </ul>		

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	<ul style="list-style-type: none"> <li>LE QA Annual Report Update – by February, 80% of these were submitted. Only a few providers still need to submit their report.</li> <li>Next Rollout for D.O. TBD (UCC Crisis Stabilization, Jail, Juvenile Justice). Still waiting on roll out for UCC Crisis Stabilization Units.</li> <li>Jail mental health staff going over to DHCS. Still want info for clients being released. How this will be done is yet to be identified.</li> <li>Managing information exchange between DMH and Juvenile Justice was discussed.</li> <li>Report on board motion to consolidate DHS, DPH and DMH. Regarding sharing electronic records, this has been put on a back burner. DMH is moving ahead with IBHIS. There is a pilot project on information sharing with Tarzana Treatment Center.</li> </ul>		
<p><b>IBHIS Updates</b></p>	<ul style="list-style-type: none"> <li>The Clinical Forms Bulletin 15-04: Crisis Evaluation Progress Note &amp; Risk Evaluation Tool is still in draft.</li> <li>QA Bulletin 15-05: Multiple Practitioners Providing a Single Service – is completed in anticipation of the state's review next spring. If Providers' EHR can't manage, a written procedure for how you'll manually manage this will be needed. The more a Provider can identify its procedures in writing, the better DMH can explain the charts in DHCS's chart reviews.</li> <li>QA Bulletin 15-06: ICD10 and DSM5: What We Know Now – Must implement ICD-10-CM on October 1<sup>st</sup>. ICD-10 CM is the US version. The "Blue Book" is based off on the ICD-10, not the CM version. In regards to holding pattern on DSM5 implementation, DMH will do a conversion of diagnoses in the IS, and will take the primary and secondary diagnoses and convert them to ICD-10 using their published cross-walk. When there are questions, contractors will be provided with the options and flag conversions that are not accurate. There are still questions about how to code "No diagnosis." Jen Hallman</li> </ul>		
<p><b>Policy and Technical Developments</b></p>			

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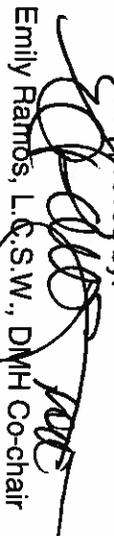
	will look at coming out to service area QICs after we get confirmation from the state. Jen presenting this afternoon at the PEI Providers meeting and also has scheduled with ACHSA.		
<b>Meaningful Use Update (D.O. only)</b>	Clinical quality measures – will potentially add new service codes and looking at different forms. For example, tracking nicotine counseling for smokers with Bipolar or Major Depressive Disorder. There is currently one clinic successfully piloting psychoeducation provided while taking vitals (former billable).		
<b>SB614 and SB296</b>	<ul style="list-style-type: none"> <li>• SB614 proposes a certification of peer specialists – adult, TAY, Family and Parent peer support specialists. Adult PSS could serve people across the lifespan. Critical issue is for DHCS to amend the state plan to identify these as distinct services and add as a practitioner type. This is moving quickly with little opposition. Would be established July 1, 2017.</li> <li>• SB296 also moving somewhat quickly – establish standardized documentation across MHPs. County may not require additional documentation unless necessary for another funding source. July 1, 2017.</li> </ul>		
<b>Health Information Management (HIM) Directly Operated ONLY</b>	No report		
<b>Upcoming Items:</b>	COS Manual Changes and Trainings		
<b>Inspirational Message</b>	Mr. Ted Howlett recited a poem written by Mrs. Virginia Howlett titled, "When Mountains Move". Thank you!		
<b>Next Meeting</b>	The next meeting will be held on September 16, 2015 from 2-4 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.		

Minutes Recorded by:

*Karina Wagner* 

Karina Wagner, Secretary/DMH SA 8 Administration

Minutes Approved by:

*Emily Ramos* 

Emily Ramos, L.C.S.W., DMH Co-chair

Minutes Reviewed by Ann Lee, Ph.D., SA 8 QI/QA Liaison

