

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE

MEETING AGENDA

February 17, 2016

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.

1.	Welcome/Introductions/QI Announcements: Co-chairs: Emily Ramos (LBMH), Michele Munde (Star View), and Misty Aronoff (Alma) SA 8 liaison: Ann Lee
2.	Minutes*
3.	Clinical Quality Improvement <ul style="list-style-type: none">• OMD Report• Peer Review Update
4.	QI Division Lead's Update – Tonia Jones, RN, PHD (Sr. MHC, RN) <ul style="list-style-type: none">• Test Calls Report CY 2015*• MHSIP Report May 2015• MHSIP May 2016• VANS is coming to SA 8 around March
5.	Provider Directory
6.	PIP Updates – CSEC, VANS
7.	DMH Health and Safety Overview
8.	Patients' Rights Office (PRO) <ul style="list-style-type: none">• FY 14/15 Grievance & Appeals Report• Change of Provider Report
9.	Cultural Competency* The next meeting will be held on Wed, March 9 th , 1:30-3:30 p.m., 550 Vermont, 3 rd floor conf rm. See attached 2016 meeting schedule.
10.	Policy Update – Office of Compliance*
	Announcements

*Handouts

Next Meeting Info:

March 16, 2016

2:00-3:00 p.m.

Stars Behavioral Health Group, 1501 Hughes Way, Long Beach, CA 90810

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QUALITY ASSURANCE (QA) MEETING

3:00-4:00 p.m.

1.	Announcements
2.	Recent/Upcoming Audits & Reviews <ul style="list-style-type: none">• Auditor Controller: 2/23 – Para Los Ninos, 3/15 – Topanga West
3.	Medi-Cal Certification Section – no updates
4.	State DHCS Updates – State System Review began 2/8/16.
5.	Training and Operations <ul style="list-style-type: none">• Schedule of trainings and presentations* - <i>See attached</i>• Update QA Reports and Protocols
6.	Policy and Technical Development <ul style="list-style-type: none">• QA Bulletin 16-02: Triennial Onsite Review: System/Chart Review• State Chart Review Updates/Discussion*• Office of Inspector General (OIG) Audit• DRAFT Clinical Forms Bulletin 16-01: Service Request Log Modifications*• QA Bulletin 16-01: Verification of Services*• Therapeutic Foster Care (TFC) added to State Plan Amendment (submitted to CMS)• IBHIS Updates – LEs that are LIVE, please update
7.	QA Follow-up Items
8.	Health Information Management (HIM) Directly Operated ONLY <ul style="list-style-type: none">• Countywide Master Data Management Solution and EMPI Implementation• Duplicate Clients
9.	Upcoming Items: <ul style="list-style-type: none">• COS Manual Changes and Trainings• Organizational Providers Manual Updates: Chapter 5• Procedure Codes Guide

*handout

Next Meeting Info:

March 16, 2016

3:00-4:00 p.m.

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SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, February 17, 2016**

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee			Date	February 17, 2016
Location	Star View, 1501 Hughes Way, Long Beach, CA 90810			Start Time & End Time	2:00 – 4:00 p.m.
Co-chairs	Co-Chairs: Michele Munde, Misty Aronoff, Emily Ramos (absent)				
DMH Representatives	SA 8 QI/QA Liaison: Ann Lee	DMH SA 8 Rep:	Cultural Competency:	Medi-Cal Certification:	QI Division: Tonia Jones
Members Present by Provider Name					
1736 FCC	Children's Bureau Cristina Nolf	Exodus Jeannette Aguilar Kumi Tsuda	Long Beach CAP Eva Sofia Mendoza	Shields For Families	Telecare Alex Ballan Shivani Patel Escamilla
AADAP Hiroko Makiyama	CII Christina Kubojiri	For The Child Pastora Salazar	Masada Homes Linda Nakamura	SBCHC Rachel Green	The Guidance Center Elva Gutierrez
Alafia	City Of Gardena Kathy Mills-Walker	Harbor-UCLA	MHA	South Bay MHC Dana Cherry	Ties For Families Dolores Spielman
ALMA Misty Aronoff (co-chair)	Coastal APIFMHC Helen Chang	Harbor View CSC Keith Parker Nicole Santamare	MH Urgent Care Clinic Jenny Morey	SSG/OTTP Debra DeLeon	Aspiranet Kim Kopenhaver
Bayfront Martin McDermott	Counseling 4 Kids	Healthview Maura Papazian	PACS	Specialized Foster Care	California Mentor Libby Armstrong
CCAF Theodore Howlett Virginia Howlett	Crittenton Marcella Briceno	Long Beach Adult	San Pedro MHC Kathleen Villagomez	Star View Michele Munde (co-chair)	
ChildNet Leeann Ekstrom	Didi Hirsch Tiffany Flood Aminah Ofumbi	Long Beach API Julie Leevarinpanich	SB 82 MTT	Tarzana Lauren Dibbs	
Review of Minutes	The January 2016 minutes were not yet completed. It will be emailed out or included in the March handouts upon completion.				
Call to Order & Introductions	The meeting was called to order at 2:00 and attendees introduced themselves.				

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QUALITY IMPROVEMENT (QI)			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<p>Clinical Quality Improvement – OMD Report</p>	<p>Risk Policy: Not released yet. Adding clarification regarding scoring. DMH has identified that administration of the Columbia Suicide Severity Rating Scale (C-SSRS) for clients under 8 will be at the clinician’s discretion (this will apply to directly operated only, LE’s control their own suicide assessment process). Talked about Kelly Posner’s support for use of C-SSRS; DMH sharing info including safety planning; online training.</p> <p>Peer Review: Looked at adult BMI for clients on antipsychotic medication and reviewed health monitoring parameters. Also looked at whether medication consents were done. Will now use BMI as meaningful use data rather than through the peer review process.</p> <p>TAR form: Updated for DSM 5 (for clients under 18 on psychotropic meds). Training in April (date TBA) on psychotropic medication with children for non-prescribers.</p>		
<p>Test Calls</p>	<p>Title 9 requirement - having system to monitor responsiveness of 24/7 access line. CMS priority. See test call study handout. Today we reviewed page 6 (data trends). Naga gave feedback on how feedback is used to improve data gathering process, e.g., whether interpretation dissatisfaction was</p>		

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<p align="center">MHSIP Report May 2015/ MHSIP May 2016</p>	<p>with ACCESS or interpreter. Satisfaction improved significantly over the past several years. Data also reviewed with ACCESS center, e.g., need to provide staff name with every call even during busy peak hours. Staff assessing for crisis or emergency - will use crisis scenario to evaluate this. Still much improvement needed on calls being logged. ACCESS center has formed workgroups to address various issues. Important: volunteers making test calls should not request or accept an appointment otherwise it will go to SRTS. The test calls study summary report January 2016 was included in the handouts and discussed during the meeting.</p>		
	<ul style="list-style-type: none"> • 11,000 surveys rec'd Spring 2015 exceeding state requirement. Emphasis on older adult survey in training correlated with increase in older adult surveys (762 surveys returned which is the highest ever). Highest mean score on quality and appropriateness (cultural competency) for youth and families and general satisfaction for adults and older adults. SAMHSA consolidates U.S. averages. Generally LA county results compare favorably to California and U.S. averages. Next survey is in May 2016. Will work to clean up randomly selected agencies list (taking out primarily field-based providers). DMH will continue to maintain focus on older adults. • Tonia Jones distributed data tables for 		

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	<p>each of the survey types and reviewed with the committee. Providers that had included data were advised to take back to their agencies to review and compare their results to the county average for each of the subscale domains.</p>	
<p>Vacancy Adjustment Notification System (VANS)</p>	<p>Has already been rolled out in SA 4. QI division is getting ready to implement in SA 6 & 8.</p>	
<p>Provider Directory</p>	<p>Programs are classified by type (e.g., residential). Language & culture highlighted for the system review with DHCS this week. Changes in address, phone must go through formal PFAR process. Directory translated in all threshold languages. Still being finalized. Large print available. Eventually will be available online. Providers do not have to have provider directory in all languages in the lobby but should print out upon consumer request. There is an info lag with the service locator; Vandana Yoshi reports it will be synced to that system and will send to CIOB to update the main DMH page service locator in the next few weeks.</p>	<p>Please continue to submit changes to Ann Lee at alee@dmh.lacounty.gov.</p>
<p>PIP Updates – CSEC and VANS</p>	<p>CSEC (clinical) and VANS (nonclinical) PIPs planned for 2016. Clinicians trained through TAY Division on CSEC answering some pre-training questions on recognizing and assessing clients for CSEC. This year will be looking at how we track CSEC clients. TAY sending request to contract provider clinicians for list of clients identified as CSEC</p>	
<p>DMH Health and Safety Overview</p>	<p>DMH directly operated programs only: Anna Levina is the DMH safety officer. The</p>	

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	Health & Safety office focuses on creating a healthy and safe work environment. Injury and illness prevention program available. Staff should be familiar with where to find this info. Anna emphasized the connection between worker and client safety. The physical environment makes things better for staff and clients.	
Patients' Rights Office (PRO)	Grievance and Appeal report for state finalized. State has changed criteria; will impact where quality of care issues get reported. 421 grievances, primarily quality of care issues.	
Change of Provider Report	Reminder: send monthly logs to the dedicated email (only if no PHI): DMHCOP@dmh.lacounty.gov by the 10 th of each month. Do not send logs directly to Ted Cannady, Ted Wilson, or Jamie Walker.	
Cultural Competency Update	The next meeting will be held on March 9 th from 1:30-3:30pm at 550 S Vermont Ave, 3 rd fl conf rm. Mtg schedule was included in the handouts.	
Policy Update – Office of Compliance	The list of Policy updates was included in the handouts. Initial appointment and initial medication appt policies being combined into one (302.07)	
Inspirational Message	Mr. Ted Howlett read a poem titled, "Dreamcicle" written by Mrs. Virginia Howlett. Thank you for sharing this poem!	
Announcements	None	

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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	<p>Auditor Controller:</p> <ul style="list-style-type: none"> • 2/23- Para Los Ninos • 3/15- Topanga West 		
Trainings and Operations	<ul style="list-style-type: none"> • Schedule of trainings and presentations was distributed. • Legal Entity (LE) QA Annual Report was due by January 31, 2016. Providers should send to QA if it has not yet been submitted. • D.O. QA Process Reminder – if you have not yet submitted, please send to Jen Hallman or Nikki Collier ASAP since it was due at the end of Dec 2015. • D.O. Quarterly Monitoring Reports – reminder to submit 4th Quarter reports if not yet submitted. 		
Policy and Technical Development	<p>Chart Review Update:</p> <ul style="list-style-type: none"> • QA Bulletin 16-02. Expecting to receive client list for chart review by 2/11. 5 business days to get charts ready. • 2/11 - receive list of clients and review period; QA identifies where client has been seen, list of services and rendering provider for review period; provide ancillary folder checklist for DO providers. • 2/12 - will be contacting providers who served selected clients (program manager and district chief). HOS listed for provider # will be contacted by phone for LE. For larger programs, may want to provide a single, centralized point person. • If you have an EHR and scan documents which are then shredded you can provide the scanned documents for audit as long as the doc notes when it was scanned in. This changed the instructions for DO clinics (paper charts pre-BHIS). <ul style="list-style-type: none"> -If you provided a service that must go to another biller first, e.g., Medicare, must include the EOB info. -For Day Tx send program description, schedule, things to show program is in compliance. -List of selected providers will be posted end of the day on 2/12 on the chart page of the DMH website. -Chart drop off times are open, i.e., not assigned by provider. Contact Jen if none of drop off times work. -May want to schedule a specific time for larger providers. 		

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	<p><u>OIG Audit:</u> Office of Inspector General will be auditing 43 counties in California. 500 claims will be pulled from across the State. LA expects about 150 of those. Unclear if it's both inpatient and outpatient. OIG will compare their results with state disallowance findings. The last state review, LA county had 27% disallowance rate which was lower than the State rate of 36%. Expecting the letter anytime. OIG may join DHCS for their system review/audits of the smaller counties. Still hearing talk of extrapolation. OIG wants to validate before making recommendations. CMS is serious about getting California under control with respect to DHCS disallowance findings. Unclear how California compares to other states.</p> <p><u>Clinical Forms Bulletin 16-01:</u> MH 718 - Service Request Log (SRL) – Please refer to the bulletin for the revisions.</p> <ul style="list-style-type: none"> • If you are collecting this data in your EHR, it is important that you be able to capture required info fields and will actually need to submit electronic data. LACDMH has to track # of days between date of request and date of initial appointment per state and federal requirements (priority for Dr. Kay). These elements will be added to SRTS. • Remember you need to issue the NOA-E if you aren't getting clients in during the required timeframe. New Access to Care policy coming out (will replace initial clinical and initial med appointment policies). <p><u>Therapeutic Foster Care (TFC):</u> DHCS has issued a revision to state plan amendment to add in therapeutic foster care services to the plan.</p>
IBHIS	LEs are being onboarded to IBHIS.
Health Information Management (HIM) Directly Operated ONLY	Information sharing, management and quality = countywide master data management solution and EMPI implementation (sharing uniquely identified clients within our system); enabling health information exchange within the county compliant with federal standards. Issue with duplicate records, corrupt data. Charles Onunkwo asks that clinics/providers set up oversight systems to ensure client registration data entry is accurate and clean.
Upcoming Items:	COS Manual Changes and Trainings will be coming up. The Service Request Log (SRL) is also being revised. Chapter 5 of the Organizational Provider's manual will be updated soon. A texting policy will be coming out soon. Physician assistants – will look into if DMH can hire and what services they can deliver.


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Next Meeting The next meeting will be held on March 16, 2016 from 2-4 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.

Minutes Recorded by:


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

Minutes Approved by:


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