

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE

MEETING AGENDA

July 20, 2016

1:30 – 4:00 p.m.

Stars Behavioral Health Group

1501 Hughes Way, Ste 150

Long Beach, CA 90810

Co-chairs: Emily Ramos (LBMH), Michele Munde (Star View), and Misty Aronoff (Alma)

SA 8 QI/QA Liaison: Ann Lee; SA 8 Support: Karina Wagner

QUALITY IMPROVEMENT (QI) MEETING

1:30 – 3:30 p.m.

1.	Welcome/Introductions/QI Announcements Minutes (Backed up from April-June. Will send out upon completion)
2.	Commercial Sexual Exploitation of Children and Youth (CSECY) Presentation: <i>Erica Reynoso, Ph.D., L.C.S.W., DMH TAY SOC, Juvenile Justice Mental Health Program</i> <i>Makesha Jones-Chambers, Psy.D., CSECY Project Co-Lead, DMH TAY SOC</i> <i>Myla Lampkin, LCSW, DMH Central Juvenile Hall</i>
3.	Clinical Quality Improvement – OMD Report
4.	Assisted Outpatient Treatment (AOT) Update
5.	Patients' Rights Office (PRO) – Grievances
6.	Cultural Competency Updates The next meeting will be held on Wed, August 10 th , 1:30-3:30 p.m., 550 Vermont, 3 rd floor
7.	Policy Update – Office of Compliance*
8.	SA QI Project FY 16-17 Non-Clinical PIP – ACCESS Center
9.	Provider Directory
10.	Announcements – The National Association of Counties (NACo) granted the 2016 Achievement Award to our following programs and projects: <ol style="list-style-type: none">1. "ACCESS Center Appointment Line, California" – Julie Valdez, Michael Tredinnick2. "Integrated Mobile Health Team (IMHT)" – Maria Funk, Debbie Innes-Gomberg3. "Keeping Recovery Alive – Wow! (Wellness Outreach Worker Program)" – Wendi Tovey, Scott Hanada4. "Martin Luther King Jr. Psychiatric Urgent Care Center" – Mary Marx5. "The Consumer-Family Access To Computer Resources Project" – Robert Greenless6. "The Medical-Legal Project: Learning Together To Assist Older Adults" – Sara Gelberd

*Handouts

No meeting in August (dark). Next meeting will be on September 21st.

Next Meeting Info:

September 21, 2016 from 2:00-3:00 p.m.

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QUALITY ASSURANCE (QA) MEETING

3:30-4:00 p.m.

1.	Announcements
2.	Recent/Upcoming Audits & Reviews – Auditor Controller
3.	Medi-Cal Certification Section
4.	Training and Operations <ul style="list-style-type: none">• Schedule of trainings and presentations*• DO Quarterly Monitoring Reports
5.	Policy and Technical Development <ul style="list-style-type: none">• DRAFT DHCS Chart Review Report Received• IBHIS Updates and Retreat for D.O.• DRAFT Guide to Procedure Code changes (not released for distribution)• D.O. Only: New Suicide Risk Assessment & Mitigation Policy 302.13
6.	Health Information Management (HIM) Directly Operated ONLY – no report
7.	State DHCS Updates <ul style="list-style-type: none">• Update BBS Registration and Timelines• DRAFT DHCS System Review Report Received
8.	Medi-Cal Certification Section – no report
9.	Upcoming Items: <ul style="list-style-type: none">• <i>COS Manual Changes and Trainings</i>• <i>Procedure Codes Guide</i>

*handout

No meeting in August (dark). Next meeting will be on September 21st.

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SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, July 20, 2016**

Type of Meeting	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee			Date July 20, 2016
Location	Star View, 1501 Hughes Way, Long Beach, CA 90810		Start Time & End Time	1:30 – 4:00 p.m.
Co-chairs	Co-Chairs: Michele Munde, Misty Aronoff, Emily Ramos			
DMH Representatives	SA 8 QI/QA Liaison: Ann Lee	DMH SA 8 Rep: Karina Wagner	QA Division: Marc Borkheim	Medi-Cal Certification: Joel Solis
Members Present by Provider Name				
1736 FCC	Children's Bureau Cristina Nolf	Exodus Kumi Tsuda Cynthia Harbour	Long Beach CAP Eva Sofia Mendoza	Shields For Families Vina Crum
AADAP Hiroko Makiyama	CI Janette Dent	For The Child Pastora Salazar	Masada Homes Linda Nakamura	SBCHC
Alafia Paul Ha	City Of Gardena	Harbor-UCLA	MHA Courtney Stephens	South Bay MHC
ALMA Misty Aronoff (co-chair) Jessica Sanchez Shianne Toales	Coastal APIFMHC Helen Chang	Harbor View CSC Nicole Santamare	MH Urgent Care Clinic	SSG/OTTP Stephanie Hoffman
Bayfront Martin McDermott	Counseling 4 Kids Julio Cisneros	Healthview	PACS Stephanie Yamada	Specialized Foster Care
CCAF Theodore Howlett Virginia Howlett	Crittenton Marcella Briceno	Long Beach Adult Emily Ramos (co-chair)	San Pedro MHC Kathleen Villagomez	Star View Michele Munde (co-chair) Colette Esparza Quenia Gonzalez
ChildNet Leeann Ekstrom	Didi Hirsch Aminah Ofumbi	Long Beach API	SB 82 MTT	Tarzana Lauren Dibbs
Review of Minutes	Minutes for the month of June will be sent via e-mail. Currently backlogged from March-June.			
Call to Order & Introductions	The meeting was called to order at 1:30 in order to accommodate the CSECY presentation. Attendees introduced themselves.			

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SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING
Minutes, July 20, 2016**

QUALITY IMPROVEMENT (QI) 1:30-3:30 p.m.			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<p>Commercial Sexual Exploitation Of Children And Youth (CSECY) Presentation <i>Erica Reynoso, Ph.D., L.C.S.W., DMH TAY SOC, Juvenile Justice Mental Health Program;</i> <i>Makesha Jones-Chambers, Psy.D., CSECY Project Co-Lead, DMH TAY SOC;</i> <i>Myla Lampkin, LCSW, DMH Central Juvenile Hall</i></p>	<p>Speakers presented about CSECY and showed a video titled "America's Daughters" in order for members to learn about the this population, countywide efforts from multiple departments to prevent trafficking and address the needs of survivors, trainings for clinicians, and the trauma informed care/clinical approaches to treat survivors. Since learning about this population is important for our roles as QI staff to ensure quality of care, all members were expected to attend or send a representative. The speakers also provided resources.</p> <p>Service areas involved are yet to be determined. There will be two reviews next year, one in April and one in September, in order to switch to holding reviews in September rather than April. The following year there will only be one EQRO that will take place in September of each following year.</p> <p>Visual Analytics Program will be rolled out in DMH starting September. It will enable providers to pull their own data from the system. Information from MHISIP, the</p>	<p>Video and presentation opened up a discussion on the topic.</p>	
<p>EQRO Review Update</p>			

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	<p>Consumer Outcome Surveys and the results from the text calls. Still waiting on data from the state. A survey will be out in December 2016 to prepare for the April 2017 EQRO Review. The other handout that was distributed is related to the QI Plan. The quality improvement plan is evaluated annually. The quality improvement and goals for 2015 have now been posted on the psbqi.dmh.lacounty.gov website. Test Calls information is also posted on this website. Ann Lee will send the link out via email. The revised plan for the year 2013 is now available on the website. If interested, please visit the website to read the QI Plan.</p>		
<p>Clinical Quality Improvement – OMD Report</p>	<p>The Quarterly Clinical Risk Management Committee Charter dated 7/1/15 was included in today's handouts. Please review. The event report notifies the department of 14 categories of required reporting and how the five- year quarterly trends are presented to Quarterly Clinical Risk Management Committee (QCFRMC) per category.</p> <p>Discussed the draft Policy 303.05 Reporting Clinical Events Involving Active Clients and revisions to the policy. The clinical incident reporting for DO clinics is done through the Safety Intelligence (SI) application. DMH is continuing to work to make the SI available to</p>		

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	<p>Contract Providers but no definite timeline. Contract Providers need to complete the Clinical Event Notification form. DO clinics should use SI. Mary Ann O'Donnell said providers may contact her if interested in piloting the new Safety Intelligence Program. The report form has check boxes for the items that need to be reported.</p>		
<p>Assisted Outpatient Treatment (AOT) Update</p>	<p>Attached in the packet was information about the program. Discussed client criteria, who can refer, and referral procedures. Please see the flyer and packet for more info.</p>		
<p>Patients' Rights Office (PRO)</p>	<p>The change of providers logs are due the 10th of each month. We are using the online fillable form now and they need to be sent via secure email if there is any client PHI on the log. The Request for Change of Provider policy contains the old COP log. Please do not use this log and use the fillable form only so that the data can be scanned into the report. Not everything is fillable so will still need to print to sign and add the program manager's name. Only secure e-mail if the forms contain PHI; otherwise, send via regular email. If your agency does not have a secure/encrypted email system, then fax the log. You can send all the logs in one e-mail.</p>		
	<p><u>NOA-E</u>: Clarification about the NOA-E, it must be issued if the provider is unable to provide an initial appointment within the required timelines and even if a referral is made to another provider who has</p>		

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	<p>availability. The monthly list of NOA-ES is to be sent to the District Chief. We will discuss how providers are addressing timeliness in the next meeting.</p>		
<p>Cultural Competency Updates</p>	<p>The next mtg will be held on July 13th from 1:30-3:30 at 550 Vermont, 2nd fl conf rm. WET training division is using MHSA funds to create 5 slots for members of Under-served Cultural Committees (UsCC). The CC committee is working with WET on some of their projects.</p>		
<p>Policy Update – Office of Compliance</p>	<p>Please see the list of policy updates that was included in the handouts. 3 policies have been completed (all level 1 D.O. only): Suicide Risk Assessment and Mitigation, Employer Pull Notice, and Purchasing New Vehicles.</p>		
<p>SA QI Projects FY 2016-2017 Non-Clinical PIP: ACCESS Center</p>	<p><u>Non-clinical PIP:</u> The EQRO team approved the non-clinical PIP for this fiscal year which will be the implementation of a QA protocol to improve customer service and documentation of calls coming in to the ACCESS center. These were areas of improvement identified via the past test calls. SA QIC co-chairs have been asked to participate in the PIP meeting conference calls to input as stakeholders.</p>		
	<p><u>SA QI Project:</u> QI division is considering a project on cultural competency trainings, train the trainer to fulfill the State requirement. QI division may provide a Cultural Competence training for SA QICs and administer pre-post</p>		

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	surveys to assess change in knowledge, and skills.		
PROVIDER DIRECTORY	For the provider directory – Inpatient has been revised to Crisis Services and Residential Services. Please continue to notify Ann Lee of any provider directory changes. She will update using the QI division's SharePoint site. The provider directories will be available in other languages on the web; a limited number of Spanish versions will be printed out for this service area. Other threshold languages will be printed out as well for specific target areas. The provider directory online is still in draft.		
National Association of Counties (NACO)	Los Angeles County has won 6 awards. Please see the list of programs and projects that received awards on today's agenda.		
Inspirational Message	Poem titled "October" written by Virginia Howlett and read by Ted Howlett.		

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QUALITY ASSURANCE (QA) 3:30-4:00 p.m.			
Agenda Item & Presenter	Discussion and Findings	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Please note: the QA meeting was abbreviated to 30minutes to accommodate the CSECY presentation.			
Recent/Upcoming Audits & Reviews	No updates.		
Medi-Cal Certifications Section	No report.		
State DHCS Updates	<p>Stars Behavioral had their State Audit. DMH has received the draft DHCS Chart Review Report. DMH has 30 days to notify the State of any updates or changes. When the final report comes out, DMH will be working with Providers who were directly involved with disallowances. For those providers, they will get specific disallowances and will have three weeks to submit a corrective action plan to QA division. QA division will make the final decision regarding what will be appealed. If a provider believes something should be appealed, QA will accept the feedback.</p> <p>A question came up during discussion regarding billing for administering medications and if MARS is sufficient documentation to support the billing. MARS cannot be used as a progress note for documentation of meds support services. There has to be a progress note that meets all of the progress note requirements if you're going to bill for services. Most of the issues that resulted in disallowance were for things that could maybe be argued but that will be difficult. For example, there are disallowances for progress notes that did not identify a service. Other examples include, notes for clinical service that were too generic and not specific, such as "listened to client", "building rapport", "checked in" with client. Some notes indicated the activity was more clerical and not a treatment service and had no intervention. Did not meet medical necessity. Talking to clients is not an intervention.</p> <p><u>QA website:</u> QA division is working on posting minutes online from the countywide departmental QA meetings.</p> <p><u>Schedule of trainings and presentations:</u> Please see attached schedule. The Supervisor training for</p>		
Training and Operations			

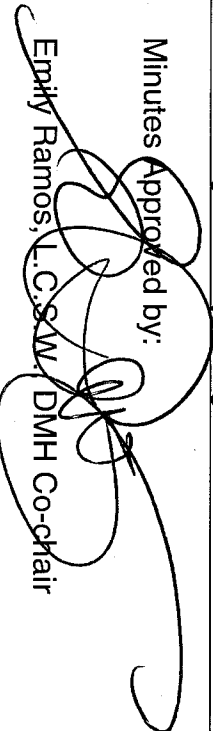
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	<p>DO staff will discuss some of the key points supervisors should be paying attention to when reviewing notes for approval and be aware of to avoid errors. It is different from the Understanding Documentation training. The co-chairs followed up on the committee's request last month for a paraprofessional's documentation training at this month's QA division meeting.</p> <p>The Supervisor documentation training will be helpful to supervisors to help their paraprofessionals. Supervisors will need to work individually with paraprofessionals around documentation and claiming.</p> <p><u>IBHS Update:</u> Some providers are now on; others are still waiting to go live. They are looking at having a formulary check to make sure that medications are being prescribed. The myHealthPointe portal for clients will be going live July 1.</p>
<p>Policy and Technical Development</p>	<p><u>Suicide Risk Assessment & Mitigation Policy 302.13 (DO only):</u> This policy went into effect on July 11th for directly operated clinics. Providers were encouraged to look at it for guidance to develop their own policy. LA COUNTY is going with the best practice of asking screening questions for suicide risk at every contact with a client whether it is face to face or via phone contact.</p>
<p>Health Information Management (HIM) Directly Operated Only</p>	<p>No report.</p>
<p>Upcoming Items</p>	<ul style="list-style-type: none"> • COS Manual Changes and Trainings • Procedure Codes Guide
<p>Next Meeting</p>	<p>No meeting in August. The next meeting will be held on Wednesday, September 21, 2016 from 2-4 p.m. at Star View's corporate office, 1501 Hughes Way, Long Beach 90810.</p>

Minutes Recorded by: Karina Wagner, Sr. Sec III


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

Minutes Approved by:


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