

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE**

**MEETING AGENDA**

**January 18, 2017**

**2:00 – 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

**QUALITY IMPROVEMENT (QI) MEETING**

**2:00-3:00**

1.	<b>Welcome/Introductions/Announcements – HAPPY NEW YEAR!</b> <b>Minutes</b> (Still backed up on minutes. Will send out upon completion)
2.	<b>Clinical Quality Improvement – OMD Report</b>
3.	<b>Provider Directory</b> – Please sign for each provider number site that you pickup a directory. Qty available for SA 8: Cambodian-10, Spanish-35, English-110
4.	<b>MHSIP Report Update</b>
5.	<b>Timeliness Measures – QI Work Plan Goals</b>
6.	<b>Cultural Competence Updates</b>  <b>Cultural Competency Committee Meeting-</b> January's mtg was canceled. The next mtg will be held on February 8 <sup>th</sup> , 12:30-3:30pm, 550 S. Vermont, 2 <sup>nd</sup> fl conf rm.
7.	<b>Compliance, Privacy, &amp; Audit Services Bureau – Policies Update</b>
8.	<b>EQRO</b> – April 10 to 14th
9.	<b>Patients' Rights Office (PRO) – Change of Provider Report</b> <ul style="list-style-type: none"><li>• Please attend SA QIC mtgs to ensure adherence to procedures for reporting</li></ul>

**\*Handouts**

**Next Meeting Info: New Location!**

**February 15, 2017**

**2:00-3:00 p.m.**

**DMH SA 8 Administration – MultiPurpose Room**

**2600 Redondo Ave – 6<sup>th</sup> Floor**

**Long Beach, CA 90806**

**DMH Employees must show their badge**

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**

**SA 8 QUALITY ASSURANCE/QUALITY IMPROVEMENT COMMITTEE**

**MEETING AGENDA**

**January 18, 2017**

**2:00 – 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

**QUALITY ASSURANCE (QA) MEETING**

3:00-4:00 p.m.

1.	<b>Announcements</b>
2.	<b>Audits &amp; Reviews – Auditor Controller</b> <ul style="list-style-type: none"> <li>• California Hispanic Commission on Alcohol and Drug Abuse (CHCADA) – Jan 9<sup>th</sup></li> <li>• San Gabriel Children’s Center – Jan 18<sup>th</sup></li> <li>• New Directions for Veterans – Jan 24<sup>th</sup></li> <li>• Kedren Community Health Center – Feb 9<sup>th</sup></li> </ul>
3.	<b>Presentation: Collaborative Documentation Pilot</b> – <i>Dr. Marc Borkheim, DMH Program Support Bureau, Quality Assurance Division</i>
4.	<b>Training and Operations</b> <ul style="list-style-type: none"> <li>• Schedule of Trainings and Presentations*</li> <li>• DO Quarterly Monitoring Reports (Due date reminder, CAPS, accuracy)</li> <li>• LE Annual QA Reports Due</li> <li>• QA Website Updates</li> <li>• Documentation Webex Project</li> <li>• QA Leads and QIC Meetings</li> </ul>
5.	<b>Policy and Technical Development</b> <ul style="list-style-type: none"> <li>• FINAL Clinical Forms Bulletin: Immediate/Same Day Assessment and Authorization for Disclosure</li> <li>• DRAFT Policy 401.02 Updates: Contractors and Directly Operated (see below language)</li> <li>• DRAFT QA Bulletin: Access to Care and Service Request Log Reminders</li> <li>• DRAFT QA Bulletin: New Outcome Measure Procedure Code &amp; Other Updates to Procedure Codes Guide</li> <li>• PERM Audits: D0s send to Jennifer Hallman</li> <li>• ICC and IHBS Updates</li> </ul>
6.	<b>Upcoming Items:</b> <ul style="list-style-type: none"> <li>• <i>COS Manual Changes and Trainings</i></li> <li>• <i>Org Manual Updates: Certification Section, Mode 5 Services</i></li> </ul>

**\*handouts**

1. All clinical documentation must be completed and finalized by the end of the next scheduled work day following the date of service, not to exceed five (5) calendar days from the date of service in those cases in which additional delay is expected due to weekends, holidays, regularly scheduled days off and the like. If the practitioner’s next scheduled work day will exceed 5 calendar days, documentation must be completed by the end of the work day on the date of service.

2. All clinical documentation requiring supervisor approval and co-signature must be co-signed by the end of the next scheduled work day following the date the practitioner finalizes the documentation, not to exceed five (5) calendar days from the date of finalization in those cases in which additional delay is expected as referenced in 4.2.

**Next Meeting Info: New Location!**

**February 15, 2017 2:00-3:00 p.m.**

**DMH SA 8 Administration – MultiPurpose Room**

**2600 Redondo Ave – 6<sup>th</sup> Floor, Long Beach, CA 90806**

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, January 18, 2017**

<b>Type of Meeting</b>	Service Area 8 Quality Improvement/Quality Assurance (QI/QA) Committee			<b>Date</b>	January 18, 2017
<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>	Co-Chairs: Michele Munde, Misty Aronoff, Emily Ramos				
<b>DMH Representatives</b>					
<b>DMH Representatives</b>	<b>SA 8 QI/QA Liaison:</b> Ann Lee	<b>DMH SA 8 Rep:</b>	<b>QI Division Lead:</b> Tonia Jones	<b>QA Division Lead:</b> Marc Borkheim	<b>Medi-Cal Certification:</b>
<b>Members Present by Provider Name</b>					
<b>1736 FCC</b>	<b>ChildNet</b> Erin Sumner	<b>Crittenton</b> Marcella Briceno	<b>Heritage Clinic</b>	<b>Olive View</b>	<b>SSG/OTTP</b> Debra DeLeon
<b>AADAP</b> Hiroko Makiyama	<b>Children's Bureau</b>	<b>Didi Hirsch</b> Aminah Ofumbi	<b>Long Beach Adult</b> Emily Ramos (co-chair)	<b>PACS</b>	<b>Specialized Foster Care</b>
<b>Alafia</b> Paul Ha	<b>CII</b> Jane Park	<b>Exodus</b> Kumi Tsuda	<b>Long Beach API</b> Julie Leevarinpanich Layhearb Poon	<b>San Pedro MHC</b> Kathleen Villagomez	<b>Star View</b> Michele Munde (co-chair)
<b>ALMA</b> Misty Aronoff (co-chair)	<b>City Of Gardena</b> Kathy Mills-Walker	<b>For The Child</b> Pastora Salazar	<b>Long Beach CAP</b> Jeff Baer	<b>SB 82 MTT</b> Blanca Shirale	<b>Tarzana</b> Lauren Dibbs
<b>Aspiranet</b> Kim Kopenhaver Colette Chuzel	<b>Coastal APIFMHC</b> Tiffany Liu	<b>Harbor-UCLA</b> Lynn Yoon	<b>Masada Homes</b> Linda Nakamura	<b>Shields For Families</b> Ingrid R.	<b>Telecare</b>
<b>Bayfront</b> Martin McDermott	<b>Community Reps</b> Theodore Howlett Virginia Howlett	<b>Harbor View CSC</b> Martha Rivera	<b>MHA</b>	<b>South Bay Children's Health Ctr</b> Rachel Green	<b>The Guidance Center</b>
<b>California Mentor</b> Libby Armstrong	<b>Counseling 4 Kids</b> Julio Cisneros	<b>HealthView</b>	<b>MH Urgent Care Clinic</b>	<b>South Bay MHC</b> Dana Cherry	<b>Ties For Families</b> Dolores Spielman
<b>Review of Minutes</b>	November 2016 minutes were reviewed and approved. Still backlogged on the minutes for May-October 2016, will send via email upon completion.				
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 2:00 and attendees introduced themselves.				

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, January 18, 2017**

<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>
<b>2017 Meeting Schedule</b>	The 2017 schedule of meetings was included in the handouts. The February 15, 2017 meeting will be held at the SA 8 Administration's new office at 2600 Redondo Ave, 6 <sup>th</sup> Floor, Long Beach 90806		
<b>Clinical Quality Improvement – OMD Report</b>	<p><u>Medication Assisted Treatment (MAT):</u> The parameters for Co-occurring Substance Use Disorder for the outpatient population has been posted. Monthly Vivitrol (long acting injection) will become available. Nicotine gum and patch are also available for smoking cessation.</p> <p><u>HIPAA Policies:</u> A memo will be going out for 3 new policy revisions regarding receiving and sharing protected health information with persons and providers. Ginger Fong (DMH Privacy Officer) will be giving a 2-hr presentation on HIPAA to directly-operated clinics.</p>		
<b>Provider Directory</b>	<p>Provider directories in English, Spanish, and Khmer were distributed to providers. SA 8 received the following quantities: Cambodian-10, Spanish-35, English-110. Providers were asked to sign for each provider number site that received a directory. Ran out of the Spanish directories so providers were advised to print the copies needed on their own from the psbqi website. For cultural considerations, can include</p>	Please let Ann Lee know if there are any corrections needed or missing providers in the SA 8 directory.	

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, January 18, 2017**

	<p>CSECY (if staff who received the training are available), LGBTQ, family services, and language skills.</p>	
<p align="center"><b>MHSIP Report Update</b></p>	<p>The report is due to the State next week. For timeliness, the goals were met per the May 2015 MHSIP results where 90.6% of consumers responded that they agreed or strongly agreed that they were able to receive services at convenient times. May 2016 report is being finalized. EQRO will be coming out in a couple of months. Will be looking at including more provider level data and State and Federal data for comparison. Provider level data will come after the report is sent to the State.</p>	
<p align="center"><b>Timeliness Measures – QI Work Plan Goals</b></p>	<p>Timeliness goals updates: Making positive progress toward goals. Met the May goals: 79% of daytime ACCESS calls were answered within 1 minutes, 77% for after hours calls. MHSIP results: 90.6% of consumers responded that they agreed or strongly agreed that they were able to receive services at convenient times.</p> <p>Data on PMRT after hours response times from January to September average was 69%. Goal is to be at 70%. Will look at Oct-Dec data.</p>	
<p align="center"><b>Cultural Competence Updates</b></p>	<p><b>Cultural Competency 101 Trainings:</b> Ann Lee forwarded the Cultural Competency 101 Training email with hyperlinks to the committee along with the powerpoint slides. The training is only available in English. The</p>	

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, January 18, 2017**

	<p>program manager of each site will need to provide attestation that cultural competency trainings were completed by 100% of the staff (including administrative and support staff). The Program Support Bureau (PSB) – Cultural Competency Unit (CCU) has implemented a mailbox for questions regarding cultural competency trainings. The mailbox address is: psbcc@dmh.lacounty.gov</p> <p>Currently the department is undergoing a vendor selection process for the Cultural Competence Organizational Assessment Project. There will be more LGBTQ trainings being coordinated by the Underserved Cultural Communities (UsCC) Unit and the WET Division. The goal is to provide at least one training this fiscal year with a capacity for at least 60 participants.</p> <p>There was no CCC meeting this month. The next mtg will be held on February 8<sup>th</sup> from 1:30-3:30pm at 550 Vermont, 10<sup>th</sup> fl, Los Angeles, CA.</p>		
<p><b>Policy Update – Office of Compliance</b></p>	<p><b>Policy 201.03 NOA:</b> In review/approval process. Level 1&amp;2.</p> <p><b>HIPAA Policy revisions:</b> Level 1. Sent for review/approval. Contract providers are required to have their own policy.</p> <p>Please see the Policy/Procedure update sheet that was included in the handouts for details.</p>		

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, January 18, 2017**

<p><b>Patients' Rights Office (PRO)</b></p>	<p><b>Change of Provider Report:</b> There are still ongoing issues in getting the logs and report updated even with the scannable electronic form. The report is labor intensive as there has been a growth in the number of providers. There are now up to 600 providers. QI division advised that providers need to attend the SA QIC meetings in order to understand the procedures for submitting the log.</p> <p>The change of providers logs are due by the 10<sup>th</sup> of each month. Please use the fillable teleform which can be scanned into the online database. Please put "SA 8, Provider ####" (your provider #) in the subject line so our PRO liaison for SA 8 will get it. Email or secure e-mail (if there is client info/PHI) to DMHCOP@dmh.lacounty.gov. The old COP form is online and linked in the policy but please use the new fillable form. The fillable teleform still needs to be printed and signed. You only need to secure e-mail if the forms contain client information; otherwise, send via regular email. You can send all the logs in one e-mail. Avoid duplication by multiple staff submitting a log for the same provider number and month. Follow deadlines.</p>	<p>Please update the spreadsheet put out on the sign-in table with the correct COP contact person's information. Ann Lee will update on the QI division's website. Providers will be contacted directly by PRO if logs are missing.</p>	<p align="right"><b>Ann Lee</b></p>
<p><b>Special Message</b></p>	<p>Today's poem written by Virginia Howlett and read by Ted Howlett is titled "Best Direction." Virginia's poems are written for the SA 8 QIC on relevant topics pertinent to quality improvement.</p>		
<p><b>Announcements</b></p>	<p><b>NEW MEETING LOCATION:</b> The next mtg will be held on February 15, 2017 at the SA 8 Administration office, 2600 Redondo Ave, 6<sup>th</sup> Floor, MultiPurpose Room, Long Beach, CA 90806. Please see attached schedule of meetings.</p>		

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, January 18, 2017**

<b>QUALITY ASSURANCE (QA)</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>Audits &amp; Reviews</b></p>	<p>Auditor Controller:</p> <ul style="list-style-type: none"> <li>• California Hispanic Commission on Alcohol and Drug Abuse (CHCADA) – Jan 9<sup>th</sup></li> <li>• San Gabriel Children’s Center – Jan 18<sup>th</sup></li> <li>• New Directions for Veterans – Jan 24<sup>th</sup></li> <li>• Kedren Community Health Center – Feb 9<sup>th</sup></li> </ul> <p>MR Grant audit in November – South Bay Children’s Health Center</p>		
<p><b>Collaborative Documentation Pilot</b> <i>Dr. Marc Borkheim, DMH Program Support Bureau, Quality Assurance Division</i></p>	<p>Dr. Borkheim presented regarding the Collaborative documentation pilot program. This is a 6-month pilot that will include approximately 10 staff in meetings twice per month.</p>		
<p><b>Trainings and Operations</b></p>	<p><u>Schedule of trainings and presentations:</u> Please see attached schedule.</p> <ul style="list-style-type: none"> <li>• DO Quarterly Monitoring Reports – due 1/15 which is a Sunday so please submit by Friday, 1/13<sup>th</sup>. Supervisors should be reviewing the corrective action plan with the clinician and checking off the review and verification on the monitoring tool.</li> <li>• LE Annual QA Reports Due – January 30<sup>th</sup> due date</li> <li>• QA Website Updates – go to psbqi.dmh.lacounty.gov and scroll to QA.</li> <li>• Documentation Webex Project – will be on various topics (e.g., assessment, treatment plan). Goal is to post by March. Will be available to providers.</li> <li>• QA Leads and QIC Meetings – contact QA leads for clarification about topics you have questions about at least one day in advance of SA QA mtgs.</li> <li>• Proposed language for documentation due date timelines are at the bottom of today’s QA agenda. Reviewed these items during the meeting.</li> <li>• Draft QA Bulletin: Access to Care and Service Request Log Reminders – Providers must start using their EHR to track. SRTS is only for transferring clients. LA County will pull data from the</li> </ul>		



**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, January 18, 2017**

	<p>EHR. Piloting how to get the data from LE providers. Should be ready in about 3 months. Need to make sure NOA-Es are up to date. Appointment date and time is required. A range of dates/times will not meet this requirement.</p> <ul style="list-style-type: none"> <li>• <b>DRAFT QA Bulletin:</b> New Outcome Measure Procedure Code &amp; Other Updates to Procedure Codes Guide – new procedure code will be available in the IS and IBHIS (Mode 15 mental health services) to allow a rendering provider to bill for activities related to outcome scoring, measurement, reporting that are not billable to Medi-Cal. Only available to MHSA PEI outcome data collection activities. Procedure codes guide will be updated once this bulletin is finalized.</li> </ul>
<p><b>Policy and Technical Development</b></p>	<p><u>Clinical Forms Bulletin 16-04:</u> Immediate/Same Day Assessment and Authorization for Disclosure (MH 720). Please review the bulletin.</p> <p><u>DRAFT Policy 401.02 Updates: Contractors and Directly Operated:</u> Proposed language for documentation due date timelines are at the bottom of today's QA agenda. Reviewed these items during the meeting.</p> <ol style="list-style-type: none"> <li>1. <i>All clinical documentation must be completed and finalized by the end of the next scheduled work day following the date of service, not to exceed five (5) calendar days from the date of service in those cases in which additional delay is expected due to weekends, holidays, regularly scheduled days off and the like. If the practitioner's next scheduled work day will exceed 5 calendar days, documentation must be completed by the end of the work day on the date of service.</i></li> <li>2. <i>All clinical documentation requiring supervisor approval and co-signature must be co-signed by the end of the next scheduled work day following the date the practitioner finalizes the documentation, not to exceed five (5) calendar days from the date of finalization in those cases in which additional delay is expected as referenced in 4.2.</i></li> </ol> <p><u>Draft QA Bulletin:</u> Access to Care and Service Request Log Reminders – Providers must start using their EHR to track. SRTS is only for transferring clients. LA County will pull data from the EHR. Piloting how to get the data from LE providers. Should be ready in about 3 months. Need to make sure NOA-Es are up to date. Appointment date and time is required. A range of dates/times will not meet this requirement.</p> <p><u>DRAFT QA Bulletin:</u> <u>New Outcome Measure Procedure Code &amp; Other Updates to Procedure Codes Guide</u> – new procedure code will be available in the IS and IBHIS (Mode 15 mental health services) to allow a rendering provider to bill for activities related to outcome scoring, measurement, reporting that</p>

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH  
SA 8 QUALITY IMPROVEMENT/QUALITY ASSURANCE (QI/QA) MEETING  
Minutes, January 18, 2017

are not billable to Medi-Cal. Only available to MHSA PEI outcome data collection activities.  
Procedure codes guide will be updated once this bulletin is finalized

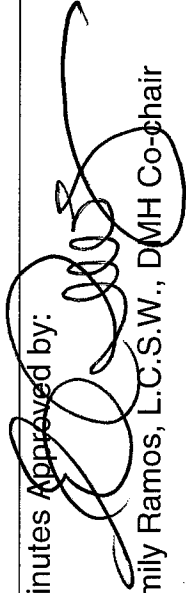
PERM Audits: D.O.s send to Jennifer Hallman

Minutes Recorded by:



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

Minutes Approved by:



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