



County of Los Angeles – Department of Mental Health

Service Area 7 Administration

Quality Assurance / Quality Improvement Committee

September 19, 2017

2:00 PM-4:00 PM

1. Welcome/Introductions Caesar/Antonio
2. Introduce: Susan Lam, QIC co-chair
3. Review & Approval of Minutes Caesar Moreno
4. Quality Improvement Antonio/Susan
 - a. **EQRO updates**
Presenter: Naga Kasarabada, Ph.D. from QI Division
 - b. Department Updates Ana Suarez, District Chief
 - c. OMD Report Update
 - d. Pharmacy Benefits Management
 - i. Contact: Edward Jai, EJai@dmh.lacounty.gov, Chief Pharmacist
 - e. Policy
 - f. Cultural Competence
 - g. Patients' Rights
 - h. MHSIP Fall 2016
 - i. VANS Greg Tchakmakjian
5. Quality Assurance Susan/Antonio
 - a. Presentation on **LACDMH Collaborative Documentation**
Presenter: Marc Borkheim, Ph.D. from QA Division
 - b. Questions of the month – Robin Washington, QA Lead
 - c. State DHCS updates
 - i. Waivers
 - d. Training and Operations
 - i. Schedule of Trainings and Presentations
 - ii. Treatment Plan Presentation @ QIC meetings
 - e. Policy and Technical Development:
 - i. QA Bulletin 17-15 Revised
 - ii. Update Drug Medi-Cal for Directly
 - iii. QA Contacts for LE – email David Crain dcrain@dmh.lacounty.gov

Next Quality Improvement/Quality Assurance Meeting
October 17, 2017

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 7
QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes**

Type of Meeting:	SA 7 QIC	Date:	September 19 , 2017
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	2:10 PM
Chairpersons:	Antonio Banuelos (Interim Chair) Caesar Moreno (Co-Chair) Susan Lam (Co-Chair)	End Time:	4:05 PM
Members Present:	Melanie Cain, Cara Jensen, Donetta Jackson, Hsiang-Ling Hsu, Michelle Barajas Sanchez, Sybil Chacko, Joel Solis, Rani Mammen, Joel Solis, Michael Olsen, Raul Velasquez, Mike Ford, Jennifer Mitzner, Leana Olague, Cinthia Sanchez, Kristen Anderson, Robin Washington, Naga Kasarabada, Lucia Cota, George Alvez, Gloria Guevara, Lisa Leon, Quenia Gonzalez, Dr. Lori Arnold, Greg Tchakmakjian, Ana Suarez, Alex Ballan, Cassandra Peterson, Shivani Patel Escamilla		
Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome & Introductions	Meeting was called to order at 2:10 pm	Introductions made and new members welcomed	Caesar Moreno
Review & Approval of Minutes	Minutes from August 2017 meeting were reviewed	Minutes approved by: Shivani Patel Escamilla Robin Washington	Caesar Moreno
Chair Updates	Introduction of Susan Lam (ALMA Family Services) as Co-Chair.		Caesar Moreno

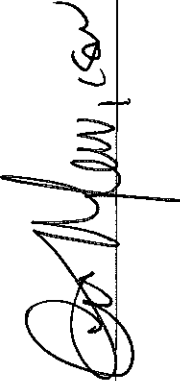
<p>Quality Improvement Updates</p>	<p>External Quality Review Organization</p> <p>Naga Kasabarada, Ana Suarez and Dr. Lori Arnold reviewed the overall EQRO process including what will be expected when EQRO team arrives the week of September 25th.</p> <p>EQRO is a Title 42 mandate that requires an external review organization to assess the effectiveness of a County to provide consumer services that address: access to care, timeliness of services and the quality of care. EQRO is a comprehensive and centralized review that will include participation of consumers, DMH and Legal entity staff in groups that address the above topics. Although the last review occurred in April, scheduling issues resulted in EQRO returning the week of September 25th. SPA's 3 and 7 will be participating in this review. September 26th and 27th have been reserved for SPA 7. LE's are currently being recruited to participate in the review.</p> <p>How do providers prepare for the review? Providers can begin preparing by being aware of the session times and dates, and understand that the topics of discussion will focus on quality, access and timeliness. These discussions could range from topics concerning what issues may be impacting consumer access to care; program issues that address timeliness; caseloads; and possibly how IBHIS may be influencing these topics. The MHSIP surveys are also a topic to be discussed. The surveys highlight areas where we are doing well or where there may be room for improvement. The data does help to identify trends and helps providers identify where improvements can be made. In addition, every provider should have an aspect of QI in their programs and policies. The discussion may also focus on cultural competence including: were services provided in the consumer's language, were materials in the appropriate language and have staff demonstrated cultural competence. If you are going to represent your agency, it was suggested to consult with staff at your agency. What is the wait time for client to be connected to a therapist?</p>	<p>Naga Kasabarada</p> <p>Naga Kasabarada</p> <p>Ana Suarez</p> <p>Dr. Lori Arnold</p>
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<p>Quality Improvement Updates, continued</p>	<p>What are issues that get in way of providing services (staffing, language) including timeliness, quality and access to services. It was also suggested to refer to the fact sheet that was distributed concerning statistics for SPA 7.</p> <p>LA County is moving in a direction of using outcome measures to address timeliness, access and quality of care. At this time, it is unclear what specific measures would be used. It was noted that providers should begin to focus attention on outcomes from surveys.</p> <p>Ana Suarez and Dr. Lori Arnold discussed the details of the review sessions. Handouts were provided identifying recruitment for consumer attendance at the groups. In addition, Lori Arnold discussed what groups were occurring on which date and how many agency representatives were needed. Lori Arnold also provided information including time and location of the groups. Agency representatives who are to attend will receive a confirmation email of their attendance as well as date and location of groups. Any other questions about EQRO, please contact Lori Arnold or Ana Suarez.</p> <p>Cultural Competency Unit Per Federal and State regulations, the County does need to provide services that are culturally competent as well as develop a cultural competency plan. The current plan does include completion of a cultural competence assessment. Directly Operated and their consumers will participate in a focus group and questionnaire regarding cultural competence as well as definition of culture. A handout was sent to providers by Antonio noting the definition of culture. Contract providers will receive a questionnaire only. Once the data is gathered, recommendations will be created and distributed. There will be approximately 5 groups of 10 individuals who will participate in the focus groups (Directly Operated). The questionnaires may role out by end of month.</p>	<p>Ana Suarez Lori Arnold</p> <p>Naga Kasabarada</p>
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<p>Quality Improvement Updates, continued</p>	<p>MHSIP Scores related to the different domains were again reviewed. The final report for Fall 2016 MHSIP will most likely offer more information to be discussed. The Fall 2016 results did demonstrate that SPA is doing well with adults and older adults; however, may need more improvement with children and adolescents.</p> <p>Office of Medical Director Currently, there are parameters being developed regarding medication for addiction. Parameters will be reviewed and distributed once finalized.</p> <p>VANS/SRTS Greg provided a reminder concerning the email that was mailed out noting providers who have not been updating the VANS system. It was again asked that providers update their VANS system on a monthly basis as this will be important for provider referrals, access to care, and current and future EQRO visits. If providers have any updates concerning agency services, please send these to DMHPSBQI@dmh.lacounty.gov, and cc Greg</p> <p>Policy and Technical Development Policy spreadsheet provided for reference</p> <p>Update from District Chief Ana spoke to departmental reorganization occurring within DMH. DMH will no longer be defined by age group divisions meaning there will no longer be any specific age bureaus such as a larger specific child division. LA County will continue to be organized by SPAs, however there will be new District Chiefs assigned. It was noted that contract providers in SPA 7 will have Elena Farias as primary District Chief. The assignment of a new District</p>	<p>Antonio to send to providers once parameters received.</p> <p>Policy handout provided</p>	<p>Ana Suarez</p> <p>Antonio Banuelos</p> <p>Greg Tchakmakjian</p> <p>Ana Suarez</p>
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<p>Quality Improvement Updates, continued</p>	<p>Chief for legal entities will be defined by location of an LE's main headquarters – for example: if an LE has main headquarters outside of SPA 7, then that LE will have a different District Chief. Ana noted that she will still have program monitoring duties in SPA 7, yet a primary District Chief will be reassigned. Supervision of service contracts will also be reorganized: children clinics not offering Katie A services will be supervised by Terry Boykin; Prevention (PEI) contracts will be supervised by Bryan Mershon. The reorganization will occur between now and January 2018. At this time, there is no final word on contract reassignments to new staff; yet when it is finalized, LE's will be notified. It was asked by a provider if participation at all SPA QIC meetings will continue (i.e. LE's located in various service areas). This decision is pending.</p>	<p>Antonio will send out any other update information.</p>	<p>Antonio Banuelos</p>
<p>Quality Assurance</p>	<p>QA Division Updates</p> <p>Because of time constraints, Co-Chairs were unable to review and discuss all Quality Assurance updates. It was shared that updates would be sent to contract providers.</p> <p>Clinical forms bulletins (some forms may not be placed in the packet if they are listed as "drafts")</p> <p>Questions of the Month Questions submitted were reviewed.</p> <p>Training and Operations</p>		<p>Robin Washington, QA Lead</p>

<p>Presentation</p>	<p><u>Training schedule</u> See handout regarding upcoming trainings.</p> <p>Collaborative Documentation Marc Borkheim</p> <p>Dr. Borkheim discussed the use of collaborative documentation. It is a process of streamlining the development and recording of the progress note with the client. It is hoped that this process will be incorporated into QA practices. At this time, there are no specific guidelines on use of collaborative documentation. Dr. Borkheim addressed that this process is not how clinicians were trained to complete documentation which may impact his/he comfort level. Clinicians might be more hesitant to integrate this process and will need to identify if and how he/she would want to integrate collaborative documentation. Questions were raised by providers concerning use of the process with children and their caregivers, as well as how a clinician does speak to and create a note with a child. It was shared that these questions are important to discuss as part of the final review of the training content and techniques to be shared. Dr. Borkheim noted that the initial roll out of formal trainings will only be with Directly Operated. At this time, there are no plans to introduce the formal training to legal entities/ contract providers.</p>		<p>Mark Borkheim</p>
<p>Announcements</p>	<p>Antonio noted that there have been questions regarding the timesheet issue that was raised at a previous QIC meeting. It was noted that clarification would be noted in the auditor controller handbook. Antonio will confirm if this is available and accessible online.</p>		
<p>Adjournment</p>	<p>Meeting was adjourned at 4:05 pm</p>		

	<p>Respectfully Submitted, Caesar Moreno QIC Co-Chair</p> 	<p>Next Meeting: October 17, 2017 Gus Velasco Neighborhood Center, Santa Fe Springs</p>	
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