1. Welcome/Introductions   Susan/Caesar

2. Review & Approval of Minutes   Susan/Caesar

3. Quality Improvement: **2:00 to 3:00 pm**   Antonio & Caesar

   a. Presentation by Rebecca Shpiro and Ashley Phelps from Transformative Clinical Practice Initiative (TCPI): **Tools for engaging in quality and process improvement…..**
   b. Safety Intelligence Reporting system
   c. ACCESS updates and Referral Issues
   d. Cultural Competency updates
   e. Patient's Rights
   f. Fall 2017 MHSIP open comment report
   g. Final EQRO report

4. Quality Assurance: **3:00 to 4:00 pm**   Antonio & Caesar
   a. State DHCS Update:
      i. MFT/PCC Intern Title Change
      ii. QA Bulletin: 17-20: MFT/PCC Intern Title Change
   b. Training updates.
   c. Annual LE QA Report/DO Quarterly Monitoring Report
   d. QA audit update report   Robin Washington, SA7 QA Lead
   e. Policy and Technical Development
      i. QA Bulletin 17-18: NOA-A & NOA-E
      ii. QA Bulletin 17-19: Claiming for Chart Review
      iii. QA Bulletin 17-21: COS Manual Changes
      iv. QA Requirements for Directly Operated
      v. SRL Survey
   f. Health Information Management (HIM)
      i. Edits in IBHIS to Prevent Duplicate Client IDs
      ii. [Secure] email: Don't put PHI in the subject line

Next Quality Improvement/Quality Assurance Meeting
February 19, 2018

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

Type of Meeting:	SA 7 QIC	Date:	01/16/2018
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	02:00PM
Chairpersons:	Antonio Banuelos (Chair) Caesar Moreno (Co-Chair) Susan Lam (Co-Chair)	End Time:	04:00PM
Members Present:	Michael Olsen, Nicole Santamaria, Raul Velasquez, Wendy Mielke, Jennifer Mitzner, Leana Olague, Arelene Contreras, Ester Robles, Cinthia Sanchez, Kristen Anderson, Robin Washington, Melanie Cain, Susan Lam, Hsiang-Ling Hsu, Julie Anh Gook, Sybil Chacko, Gwen Lo, Michelle Barajas-Sanchez, Quenia Gonzalez, Greg Tchakmakjian, Denise Smith, Shivani Patel Escamila, Caesar Moreno, Antonio Banuelos, Silvia Simental, Javier Nevarez, Michelle Baltazar, Alissa Nelson, Ashley Phelps, Rebecca Shpiro, Naga Kasabarada		

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Wecome & Introductions	Meeting was called to order at 2:00pm	Introductions were made and new members were welcomed	Susan Lam Caesar Moreno
Review & Approval of Minutes	**Minutes from November 2017 were e-mailed prior to the meeting for review. December 2017 was dark.**	Moving forward minutes will be e-mailed prior to the meeting and only a few copies will be provided at the meeting. Reminder for all members to check accuracy of their e-mail in the sign in sheet.	**Caesar Moreno**

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Quality Improvement Updates	Presentation on Transformative Clinical Practice Initiative (TCPI): Tools for engaging in quality and process improvement Transformative clinical initiative (TCP) working with agencies to better improve their outcomes. Currently workign with Hollywood Mental Health Counseling and American Indican Clinic. Quality Assurance Vs. Quality Improvement (see handout). How to decide where to start? Structure > Process > Outcomes Structure (People, infrastructure, infromation, technology) Process (What is done, how it is done) Outcomes (change in health behavio, patient/client statisfaction) QI Tools – Plan Do Study Act (PDSA) Step 1: Plan – Plan the test or observation, including a plan for collecting data. Step 2: Do – Try out the test on a small scale. Step 3: Study – Set aside time to analyze the data and study the results. Step 4: Act – Refine the change based on what was learned from the test. Repeat the cycle until the desired outcome is achieved and then fully implemented. QI processes – Discussing and developing plans to help improve the process. Utlizing team meetings to incoroprate QI discussions.	See handout for Presentation Slides.	**Rebecca Shpiro & Ashley Phelps**

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Quality Improvement Updates, continued	**Change of Provider Logs** CIOB has developed a paperless process to have Directly Operated providers directly input the COP data. Directly Operated providers were reminded to submit the information required by Jose Gallegos and Martin Hernandez from Patient's Rights Office as soon as possible. In the future CIOB will work with Patient's Rights Office to allow LE providers access to submitting the monthly COP logs. DO and LE providers are required to continue submitting the paper montly COP logs until the new electronic system rolls out. **Safety Intelligence Reporting System** April 2, 2018 written critical incident reports will no longer be accepted by LE providers. Refer to handouts for more information regarding deciding who gets a C-numer and Attaining C numbers and the steps to take to have access to the Safety Intelligence website. Contact Ly Ngo at 213-251-6618 or Doris Benosa at 213-738-2716 if you have any questions about the safety intelligence. A webinar has been scheduled for Jan 18th 2-4pm.	More information will be provided as they become available. April 2nd will be the last day Critical Incident Reports will be accepted in paper format by LE providers	**Antonio Banuelos**

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Quality Improvement Updates, continued	**ACCESS updates and Referral Issues** Struggles referring clients to clinics through SRTS. The SRTS for some clients that are not seen at the clinic are being sent back to ACCESS. This is a concern because ACCESS does not provide services, so clients should not be sent back to ACCESS. The provider should triage clients and make a decision if they are a match for client or require a referral for a different level of care. If referring out to a different level of care it should go to the SA navigator, so clients are linked appropriately and this will help manage the process. Designated staff at ACCESS are tracking agencies not accepting clients and notifying Terri Boykins, DMH Deputy Director. This list is also being shared with Service Area District Chiefs and QI/QA Chairs. **Cultural Competency Updates** Cultural community groups (6 underserved groups). If interested In group feel free to become a member. Sandra is working on a written report on the findings to share with SA7. **Patient's Rights** **Fall 2017 MHSIP open comment report** Open Ended Comments Report Due January 15, 2018. Use the presentation to support the Open Comment Report.	Information on contacts and meeting places will be sent to providers once they are obtained.	**Caesar Moreno/ Antonio Banuelos** **Naga Kasabarada**

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Quality Improvement Updates, continued	**Final EQRO report** **Fi**nal draft was sent out. The report had nothing significant since the last report. Quality competencies were met with the exception of one which had to do with outcomes. There is no common measure used in all agencies. Outcomes division will be looking into this. Access to care policy: Appointment → the time to get initial appointment 15 bussiness days or 21 calendar days. What is reasonable standard to establish? Timeliness goals did not meet for no-shows (tracking) and follow up after hospitalization – possible issue related to transiton to IHBIS. PIP - Intensive Services Recipients (anyone hospitalized more than 4 times in year). What can we do to reduce hospitaliaation for those clients? SA7 Scheduling trainings in March on COD issues. Track sign-in sheets, track groups, track ISR and non ISR, train clinicians to run groups and allow 20 providers to participate. Pre/Post outcome measures. ISR PIP. ACCESS center PIP. 15% of calls not being documented by ACCESS. Begin to look at how agency will work to resolve areas on the MHSIP survey that were below the county averages. Test Calls: Supervisor review random sample on a regular basis.5 calls/supervisor – 150 calls are being reviewed. Not all calls are being documented due to caller knowing that it was a test call. Feedback: use the data from the test calls for QI.		**Naga Kasabarada**

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Quality Assurance Updates	**State DHCS Updates:** i. MFT/PCC Intern Title Change ii. QA Bulletin: 17-20: MFT/PCC Intern Title Change **Training Updates** i. ICC and IHBS trainings will be provided 1x/month ii. Prerequisite – Understanding Documentation **Annual LE QA Report/DO Quarterly Monitoring Report** i. Reports are due Jan 30th to Nikki Collier at: NCollier@dmh.lacounty.gov ii. Reminder – 100% of all LE's staff have completed an annual cultural competency training iii. What constitutes as cultural competency training? • Videos are offered as an alternative • Training application with the check box cultural competency checked off • Sandra Chang can help with cultural training iv. System review in 2019 to see how we are doing with trainings and evidence of staff doing the training	See Bulletin & Handout for detailed information	**Caesar Moreno/ Antonio Banuelos**

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Quality Assurance Updates (continued)	**QA audit update report** About 30-40 charts reviews Trends in SA3 and SA7 There are some great Treatment Plan and Progress Notes *Assessments* • Strengths & Risks – recognized it and plan on what to do (ie. Run away from agency, so therapist should address the risky behavior). • Last page → pull it altogether. It should not be a repeat. It should be how the clinician pulls all the information together. • Assessment Addendums are not being done to address changes in the client's life. There should be a client treatment plan to address the change. • Assessments are not connecting past and present (i.e. multiple homelessness, past trauma, etc.) How does that affect them now? Client *Treatment Plan* – add modality (individual, family, group, etc.) OMR – Doctors are not filling out the medication review completely.		**Robin Washington**

Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible

Quality Assurance Updates (continued)	**Policy and Technical Development**
	   i. QA Bulletin 17-18: NOA-A & NOA-E
	          - 21 calendar days or 15 business days.
	          - Send to Patients' Rights Office
	          - Eventually can be entered directly.
	   ii. QA Bulletin 17-19: Claiming for Chart Reviews
	          - Note: if you document and justify why you are using the procedure code for claiming chart reviews, if you meet the requirements it decreases the audit "risk."
	  iii. QA Bulleting 17-21: COS Manual Changes
	  iv. QA Requirements for Directly Operated
	   v. SRL Survey
	
	Health Information Management
	   i. Edits in IHBIS to prevent duplicate client IDs
	   ii. (Secure) email: Don't put PHI in the subject line.
			Antonio Banuelos / Caesar Moreno

Annoucements	None at this time.		
Adjournment	Meeting was adjourned at 4pm. **Respectfully Submitted,** **Susan Lam, LMFT co-chair**	**Next Meeting:** **Feburary 20, 2018** **Gus Velasco Neighborhood Center,** **Santa Fe Springs**	