

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION**

Departmental Quality Improvement Council Meeting

***A G E N D A***

September 10, 2018

9:00 – 10:30 a.m.

550 S. Vermont Ave., 10<sup>th</sup> Floor Conference Room

Los Angeles, CA 90020

Sandra Chang Ptasinaki, Ph.D., Chair

Karen Lee, M.D./Carol Eisen, M.D., Co-Chairs

|      |               |   |                     |
|------|---------------|---|---------------------|
| I    | 9:00 - 9:05   | Introductions & Review of Minutes   | QIC Members         |
| II   | 9:05 – 9:15   | Clinical Quality Improvement<br>➤ OMD Report Updates<br>➤ Feedback on Safety Intelligence.  | K. Lee<br>D. Benosa |
| III  | 9:15 – 9:30   | Language Interpretation Services for LEs/Contract Providers   | J. Chacon           |
| IV   | 9:30 – 9:40   | Patients' Rights Office Updates   | M. Hernandez        |
| V    | 9:40 – 9:50   | Cultural Competency Updates<br>➤ Completion of Annual CC training<br>➤ Tracking of Completed CC Training Reports<br>➤ CC Organizational Assessment Project  | S. Chang Ptasinaki  |
| VI   | 9: 50 – 10:00 | Compliance, Privacy, & Audit Svcs Bureau<br>Policy Updates  | R. Faveau           |
| VII  | 10:00 – 10:10 | ACCESS Updates  | M. Carlock          |
| VIII | 10:10 – 10:15 | PMRT Data   | L. Shonibare        |
| IX   | 10:15 – 10:30 | QID Updates<br>➤ QI Work Plan Goals Evaluation – CY 2017 & QI Work Plan<br>2018 Goals<br>➤ EQRO Review – Attendance for QIC Chairs/Co-Chairs and<br>PIPs session<br>➤ Timeliness Self-Assessment Survey | L. Shonibare        |
|      |               | Announcements:  |                     |

Next Meeting

December 10, 2018

9:00 – 10:30 a.m.

550 S. Vermont Ave. 10<sup>th</sup> Floor Conference Room

Los Angeles, CA 90020

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH  
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes**

|  |  |                    |   |                               |
|--|--|--------------------|---|-------------------------------|
| <b>Type of Meeting</b>                       | <b>Departmental<br/>Quality Improvement Council</b>  | <b>Date:</b>       | <b>September 10, 2018</b>   |                               |
| <b>Place</b>                                 | <b>550 S. Vermont Ave., 10<sup>th</sup> Floor<br/>Conf. Rm.</b>  | <b>Start Time:</b> | <b>9:00 a.m.</b>  |                               |
| <b>Chair</b>                                 | <b>Sandra Chang Ptasinski, Ph.D.</b>   | <b>End Time:</b>   | <b>10:30 a.m.</b>   |                               |
| <b>Co-Chair</b>                              | <b>Carol Eisen, M.D./Karen Lee, M.D.</b>   |                    |   |                               |
| <b>Members Present</b>                       | Alyssa Bray; Angelica Fuentes; Barbara Paradise; Caesar Moreno; Courtney Stephen; Cindy Ferguson; Cynthia Hurtado; Daiya Cunnane; Dara Vines; Debi Berzon-Leitelt; Doris Benosa; Elizabeth Marsh; Erica Melbourne; Evelyn Lemus; Gassia Ekizian; Greg Tchakmakjian; Hyun Kyung Lee; Jessica Walters; Kimber Salvaggio; Leticia Ximenez; Lisa Harvey; Lisa Thigpen; Lu Ann Sanders; LyNetta Shonibare; Margaret Faye; Maria Gonzalez; Michele Munde; Misty Aranoff; Randolph Faveau; Sandra Chang Ptasinski; Socorro Gertmenian; Susan Lam; |                    |   |                               |
| <b>Excused/Absent<br/>Members</b>            | Carol Eisen; Cathy Williamson; Christina Kubojiri; David Tavlin; Emilia Ramos; Jerry Sefiane; Karen Lee; Martin Hernandez; Michelle Rittel; Wendy Rivas; Yen-Jui-Lin   |                    |   |                               |
| <b>Agenda Item &amp;<br/>Presenter</b>       | <b>Discussion and Findings</b>   |                    | <b>Decisions, Recommendations,<br/>Actions, &amp; Scheduled Tasks</b> | <b>Person<br/>Responsible</b> |
| <b>Call to Order &amp;<br/>Introductions</b> | The meeting was called to order at 9:00 a.m.   |                    | QIC members attended this meeting.                                    | Dr. Chang Ptasinski           |
| <b>Review of Minutes</b>                     | The August minutes were reviewed.  |                    | Minutes were reviewed and approved as noted.                          | QIC Membership                |

| <b>Agenda Item &amp; Presenter</b>                                 | <b>Discussion &amp; Findings</b>   | <b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>  | <b>Person Responsible</b> |
|--|--|--|---------------------------|
| <b>Clinical Quality Improvement OMD Report Safety Intelligence</b> | Ms. Benosa provided an update on the conversion of Legal Entities/Contract Providers to the Safety Intelligence (SI) online reporting system. Although most of LACDMH Contract Providers are now using SI, others continue to send paper reports via fax, which Clinical Risk Management (CLRM) has been rejecting. Ms. Benosa mentioned that everyone should have a C number by now. CLRM has been tracking communication with providers regarding the conversion process. Ms. Benosa asked the QIC chairs/co-chairs to encourage all Providers to come on board. The policy on event reporting is being updated. | For any questions, issues with SI access or to obtain a C number please contact the help desk at (213) 351-1335. For assistance on how to fill out the form contact Ms. Benosa at (213) 351-6677, Ms. Ly Ngo at (213) 351-6673, or Ms. Vanessa D. Jenkins at (213) 351-6676. | D. Benosa                 |
| <b>Patients' Rights Office Updates (PRO)</b>                       | No report.   |  |                           |
| <b>Cultural Competency (CC) Updates</b>                            | Dr. Chang Ptasinski announced that the Medi-Cal System Review will take place in February 2019. There are several new items in the protocol related to the Final Rule. For example: <ul style="list-style-type: none"> <li>• Annual Cultural Competence training required of practitioners.</li> <li>• Provider Directory specifications</li> </ul>  |  | S. Chang Ptasinski        |

| <b>Agenda Item &amp; Presenter</b>                  | <b>Discussion &amp; Findings</b>  | <b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b>                                       | <b>Person Responsible</b> |
|---|---|---|---------------------------|
| <b>Cultural Competency (CC) Updates Cont.</b>       | <p>For purposes of tracking the completion of annual CC training required under the CC Plan requirements, the Cultural Competency Unit (CCU) has an attestation form in place, in which Providers report the percentage of staff who have completed the training. The CCU is in the process of creating a report to be submitted to the SA District Chiefs by provider number and percentage of staff trained. Dr. Chang Ptasinski stated that some of the attestation forms received report less than 100% completion. These Providers need to work toward the goal of 100% staff completion and resubmit a new form. Cultural Competence trainings such as the Cultural Competency 101, and the Implicit Bias count toward meeting the requirement.</p> <p>Another CCU project mentioned by Dr. Chang Ptasinski is the Cultural Competence Organizational Assessment. The CCU hired a consultant, Davis Ja and Associates, to develop a survey that will be sent to all LACDMH staff including Legal Entities and Contract Providers. The tool gathers information on staff perceptions on what the Department has in place regarding cultural competency. The Discipline Chiefs are reviewing and providing feedback on the survey which will be submitted to the consultant team. It will be made available electronically soon. The survey also allows for fill-in comments. For example, the CCU will gather feedback from staff on what kinds of cultural competence training will be useful for the future. Results will be shared at the Departmental QIC meeting.</p> | <p>If you need the attestation form, please contact Dr. Chang Ptasinski at (213) 251-6723.</p>          | <p>S. Chang Ptasinski</p> |
| <b>Compliance, Privacy, &amp; Audit Svcs Bureau</b> | <p>Mr. Faveau from Compliance Privacy and Audit Services Bureau provided an update on policies and reviewed the handout.</p>  | <p>Policies are currently on HOLD waiting for the new formatting to be approved by Executive staff.</p> | <p>R. Faveau</p>          |



| Agenda Item & Presenter    | Discussion & Findings   | Decisions, Recommendations, Actions, & Scheduled Tasks | Person Responsible |
|----------------------------|---|--|--------------------|
| ACCESS Center Update Cont. | <p><b>Question:</b> Do you have the telephone number or who to contact when consumers request languages other than English? Where they go for help in case they have problems with translation/interpretation services?</p> <p><b>Answer:</b> Depending on the need/complaint, consumers can be referred to the Patient Rights Office and if there is an issue with the interpreter line send an email to Dr. Walters.</p>  |  | J. Walters         |
| PMRT Data                  | <p>Dr. Shonibare led a discussion on the responsiveness of the after-hours Psychiatric Mobile Response Teams (PMRT) in CY 2017. The goal of 71% of after-hours PMRT calls receiving a response within one hour or less was not met for CY 2017. Due to the increase in the number of requests for after-hours PMRT visits with no parallel increase in staffing, there was a 11 (60%) Percentage Point (PP) decline in ACCESS Center PMRT responsiveness when compared to CY 2016. In CY 2017, there was a 24 PP increase in the number of after-hours PMRT requests when compared to CY 2016.</p> <p>Dr. Shonibare provided an overview of the Quality Improvement Work Plan Evaluation Report for CY 2017. Nineteen goals were evaluated for CY 2017 and 18 of the goals met or exceeded expectations. Notable changes from the previous year's report were reviewed.</p> |  | L. Shonibare       |





| <b>Agenda Item &amp; Presenter</b> | <b>Discussion &amp; Findings</b>  | <b>Decisions, Recommendations, Actions, &amp; Scheduled Tasks</b> | <b>Person Responsible</b> |
|------------------------------------|---|---|---------------------------|
| <b>QI Updates Contd.</b>           | The five updated/new QI Work Plan goals for CY 2018 were also discussed. In CY 2018, the goal percent for the number of calls answered within one minute will be 75% for after-hour calls and 75% for business hours calls. The expectations for expedited appeals and grievances was updated to 72 hours following the receipt of the appeal and 90 calendar days from the date of the grievance, accordingly. As of FY 17-18, the number and reasons for approved, denied, and returned Prescription Drug Prior Authorization (PA) Requests will be evaluated in the QI Evaluation Report 2018. In response to the growing requests for urgent appointments, the expectation is that 94% of the consumers referred for urgent appointments will received a Specialty Mental Health Service (SMHS) Assessment within five business days. |   | L. Shonibare              |
| <b>Handouts:</b>                   | Policy/Procedure Update September 10, 2018.   |   |                           |
| <b>Announcements:</b>              | none  |   |                           |

Respectfully Submitted,

Sandra Chang Ptasinski, Ph.D.