

**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

December 10, 2018

9:00 – 10:30 a.m.

550 S. Vermont Ave., 10th Floor Conference Room

Los Angeles, CA 90020

Sandra Chang Ptasinski, Ph.D., Chair

Carol Eisen, M.D., Co-Chairs

I.	9:00 - 9:05	Introductions & Review of Minutes	QIC Members
II.	9:05 – 9:25	Service Areas (SAs) QIC Reports	QIC Members
III.	9:25 – 9:40	Hospital Discharge F/U – Intensive Care Division ➤ Clinic Complaints Outcomes	M. Palacios
IV.	9:40 – 9:55	Test Calls Annual Report CY 2017 ➤ ACCESS Center Updates: Issue with Test Call Script/Instructions	J. Walters
V.	9:55 – 10:00	Compliance, Privacy, & Audit Svcs Bureau Policy Updates	R. Faveau
VI	10:00 – 10:15	Cultural Competency Updates ➤ Cultural Competence (CC) Training Plan, FY 18-19 ➤ Tracking of Annual CC Training SA Reports ➤ Memorandum for DO, LE, Administrative Programs	S. Chang Ptasinski
VII	10:15 – 10:30	QID Updates ➤ Fall 2018 Consumer Perception Survey (CPS) forms received ➤ Fall 2017 CPS Data & Open-Ended Comments Summary Report ➤ Non Clinical PIP • Peer Workgroup • Front Office Customer Satisfaction Training	L. Shonibare
		Announcements:	

Next Meeting

January 14, 2019

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

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

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Service Areas (SA) QIC Reports	<p>SA1: SA QI members reviewed and discussed Consumer Perception Survey (CPS) and the Open Ended Comments Summary report for Fall 2017. Members are discussing ideas for a new QI project.</p> <p>SA 2: Ms. Alissa Nelson- presented on Transforming Clinical Practice Initiative.</p> <p>SA 3: Information from previous Departmental QIC meeting was disseminated.</p> <p>SA 4: At the next meeting members will be discussing the CPS surveys. SA 4 QI members are looking for language translation services used by other providers. They received the vendor list provided by DMH-QID. SA QI members have scheduled provider presentation on their QA/QI processes. Staff are also reaching out for more trainings on ICC/IBHIS. Additionally, there has been an increase in the number of consumer advocates randomly attending SA 4 QIC meetings. Some bring their personal needs to the meeting and this presents a challenge in moving the agenda to its completion. There are also language barriers for the consumers attending and confusion to the purpose of the meeting.</p> <p>SA 5: The Policy Procedure update was reviewed in September. SA QI members went over the FAQs for the cultural competency training and requirements were discussed. The language translation list of vendors was distributed. Also SA QI members prepared for the test calls.</p> <p>SA 6: Dark October and November. Members went over the CPS. Test calls were completed. Dr. Shonibare and Dr. Cunnane presented on the QI Work Plan.</p>	<p>Next meeting: February 5, 2019.</p> <p>Next meeting: January 17, 2019.</p> <p>Next meeting: December 19, 2018.</p> <p>Dr. Chang Ptasinski said she would invite G. Hernandez to a future DMH QIC meeting to present on meetings approved for CGF funding for consumers. Next meeting: January 15, 2019.</p> <p>Next meeting: January 8, 2019.</p> <p>Next meeting: December 19, 2018.</p>	<p>B. Paradise</p> <p>K. Salvaggio</p> <p>G. Ekizian</p> <p>C. Kubojiri</p> <p>D. Vines</p> <p>S. Gertmenian</p>

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
<p>Service Areas (SA) QIC Reports Cont.</p>	<p>SA 7: Information from previous Departmental QIC meeting was disseminated.</p>	<p>Next meeting: December 18, 2018.</p>	<p>G. Tchakmakjian</p>
	<p>SA 8: CPS training was presented this was an aggregated QI/QA meeting. Information from previous Departmental QIC meeting was disseminated.</p>	<p>Next meeting: January 16, 2019.</p>	<p>M. Munde</p>
<p>Hospital Discharge Follow-Up</p>	<p>Ms. Palacios from the Intensive Services Division, provided a presentation on "Follow-Up After Hospitalization Appointments". Ms. Palacios stated that this task was taken along with Dr. Naga Kasarabada and Dr. Lynetta Shonibare from the QID, to be part of the Performance Improvement Project (PIP) to address the concerns on hospital discharges when the clients leave hospitals and need a follow-up services from providers. Additionally, Ms. Palacios stated that there have been a lot of complaints/concerns from the hospitals regarding clients not getting proper follow-up care from the providers or "falling through the cracks" and ending back in the hospitals.</p> <p>The Intensive Services Division got involved to see how the process between providers and the hospitals can be improved. She distributed a handout which was basically the fax form that was given to the hospitals asking them to fax their concerns when they encounter system issues, such as providers telling clients to come in as "walk-ins" or clients being turned away because providers do not offer new appointments. Some providers do not even answer their phone.</p> <p>Ms. Palacios mentioned that faxes were received since March and the majority are from the hospitals. The second handout she distributed shows hospital complaints between March and July 31, 2018, and what it was done to resolve these complaints. A total of 55 complaints were received. For example:</p>		<p>M. Palacios</p>

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Test Calls Annual Report CY 2017 ACCESS Center Update Issues with Test Call Script/Instructions	<p>Dr. Walters provided an update on the ACCESS Center Calls Answered within 1 minute for CY 2018. Dr. Walters stated that she did not get to see the revised test calls, but she did mention that DMH providers are creating SRTS referrals from test callers. The ACCESS Center is trying to prevent this from happening. Dr. Walters sent some changes to the test calls script and is waiting on the feedback to see what is best for the group. There was a request from the QIC members to have the Scenarios translated in other language in Spanish. Dr. Shonibare will wait on Dr. Walters' response.</p>	<p>Dr. Shonibare suggested to track the new guidelines, instructions on the survey form with highlights the selected sections where attention is most needed. Dr. Walters will send the suggestions via email.</p>	J. Walters
Compliance, Privacy, & Audit Svcs Bureau	<p>Ms. Fuentes from Compliance Privacy and Audit Services Bureau provided an update on policies and reviewed the handout.</p>		A. Fuentes
Cultural Competency (CC)Updates	<p>Dr. Chang Ptasinski provided an update on the Annual Cultural Training requirements. She mentioned that there was a memo sent to All Los Angeles County Department of Mental Health (LACDMH) Operated Contracted and Administrative Staff. Dr. Chang Ptasinski reminded the members of the CC training requirements under the Network Adequacy Certification Tool (NACT) and the Cultural Competence Plan. All MHP workforce members inclusive of clerical/support, financial, clinical/direct service, and management from Directly Operated, Legal Entities/Contracted and Administrative programs must complete annual cultural competence training, per the Cultural Competence Plan Requirements. She also stated that to meet the NACT requirements, providers need to follow the NACT app instructions provided by the LACDMH Quality Assurance Division.</p>	<p>Dr. Chang Ptasinski will send the memo and the Attestation Form to QIC members via email.</p> <p>For Administrative programs an Attestation form handout was distributed to gather membership feedback. The form is to be completed and submitted by Administrative Programs housed at DMH HQTRS, who are QIC members. For example PRO, QAD, QID, Pharmacy Services, Compliance Division and Audit Services Bureau.</p>	S. Chang Ptasinski

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<p>QI Updates Test Calls</p>	<p>Dr. Shonibare shared highlights from the Annual Test Calls Study report for CY 2017. Eighty-five test calls were completed between February 2017 and November 2017. Of the 85 completed Test Calls, 48% (N=41) were completed during business hours and 52% (N=44) were completed after-hours or on the weekends. Approximately 53% (N=45) of the Test Calls were completed in English and 33% (N=28) were completed in Spanish. The remaining 14% (N=12) of Test Calls were completed in Armenian, Farsi, Mandarin, Cambodian/Khmer, Korean, Russian, or Vietnamese languages.</p> <p>Based on the results of the test calls between CY 2016 and CY 2017, the performance indicator, "ACCESS staff providing first name to the caller" is area of improvement for ACCESS Center responsiveness. When compared to CY 2016, the percent of ACCESS Center staff providing their first name to the caller declined by 11 Percentage Points (PP), from 89% to 78% in CY 2017. However, the percent of ACCESS Center staff requesting the caller's name increased by 8 PP, from 63% in CY 2016 to 71% in CY 2017. Ninety-four percent of the test callers reported satisfaction with interpreter services in CY 2016 and this represents a 13 PP increase from 81% in CY 2016. In CY 2017, 88% of the test callers reported satisfaction with ACCESS center services. A 4 PP increase from 84% in CY 2016. Historically, logging of test calls has been an area of improvement. When compared with CY 2016, there was a 13 PP increase from 44% to 57% in CY 2017.</p>		<p>Dr. Shonibare</p>

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<p>Test Calls Cont.</p> <p>Consumer Perception Survey (CPS) November 2017</p>	<p>This improvement was in response to the PIP implemented at the ACCESS Center with the Quality Assurance (QA) Protocol, ongoing review of calls for all shifts and feedback and training related to the documentation of calls.</p> <p>QID is currently working on the Test Calls 2018 Annual report. Test Calls 2018 Annual report will be presented once it is available. Information from the CY 2017 and CY 2018 reports will be presented at ACCESS Center, so they can get feedback. The QID continues to forward Test Calls Study data to the State, on a quarterly basis.</p> <p>The test calls survey form was changed in CY 2018. To avoid confusion regarding the type of help requested, test callers were prompted to select only one type of help (Mental Health Referral, Complaint/Beneficiary Request, or Crisis Scenario). The medication Request option was eliminated. Test callers shall be reminded to follow the guidelines and instructions and ensure that the appropriate survey form is being used.</p> <p>Dr. Shonibare thanked all QIC members for their efforts during the November 2018 Consumer Perception Survey (CPS) data collection. She provided a rough estimate of returned surveys, based on tally sheets. Greater than 15,000 CPS forms were submitted to the Chief Information Office Bureau (CIOB). This is slightly higher than the 14,700 surveys that returned in November 2017. Of these, 2,800 were identified as refused or incomplete. SA 2 returned the highest number of surveys – about 3,800 surveys. Other SAs ranged between 700 and 2,100 surveys. The Adult CPS form accounted for 55.0% of all returned surveys. SA 4 returned 20% more surveys when compared to the previous year.</p>		<p>L. Shonibare</p>

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Non-clinical PIP Peer Workforce	<p>QID is currently developing a non-clinical PIP with a Peer Workforce focus. The Peer Workforce Center (PRC) is expanding to additional Service Areas, starting with SA 6. According to the project's leader, LACDMH Discipline Chief of Peer Services, Keris Myrick, greater clarity is needed regarding Transition Age Youth (TAY) and Older Adult Peers. According to her, the PRC would also benefit from standardization of the center's protocols that could be replicated or used by Legal Entity (LE) Contracted agencies. Input and feedback from the community is essential. A request for participation in a Peer workgroup was forwarded to the SA QIC earlier this month. Please send the contact information of those who are interested in attending to Daiya Cunnane by December 17, 2018.</p>		L. Shonibare
CPS Fall/November 2017 Data	<p>The Fall 2017 data was just received. CPS data is received approximately one calendar year following the survey collection period. The data will be sent out to the SA QICs soon.</p>		
Open-Ended Comments Summary Report	<p>The initial Open-Ended Comments (OEC) summary report is for the Fall/November 2017 OEC data. The report consists of a review of the CPS and OEC procedure. It separates the data collected from consumer comments into positive comment themes, negative comment themes, and recommendations by Service Area and Countywide. Several of the Action Plans are highlighted and a review of how many providers report receiving CPS data from their SA QIC and how many communicate the information back to their agency. Recommendations are to share this information with agency management and staff to develop Actions Plans for ongoing site-specific quality improvement.</p>		D. Cunnane

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Front Office Customer Service (FOCS) Updates	We have approached the final phase of the Front Office Customer Service (FOCS) non-clinical PIP. Mrs. Phyllis Griddine is creating a 90-minute training that will occur on Mondays, March 4 th and 18 th . This training will be limited to Legal Entity Front Office staff. The March 18 th training will be filmed and made available online. Twenty-five slots will be reserved for QIC members whom express interest. Additional details to follow. Please contact Daiya Cunnane at dcunnane@dmh.lacounty.gov , if there are questions.		D. Cunnane
Handouts:	Policy/Procedure Update December 10, 2018.		
Announcements:	none		

Respectfully Submitted,

Sandra Chang Ptasinski, Ph.D.