County of Los Angeles – Department of Mental Health
SA 4 Program Administration

Service Area 4
Child & Adult
Integrated Quality Improvement Committee

August 21, 2018
10:30am - Noon

St. Anne's Maternity Home
155 N. Occidental Blvd., Classroom
Los Angeles, CA. 90026
Phone #(213) 381-2931

❧ *Agenda* ❧

- ❖ Introductions & Minutes review   10:30 – 10:40am
- ❖ Announcements:

■ **LACDMH QI Updates**   10:41-11:15 am
- ‣ Office of Medical Director updates – None
- ‣ Patients' Rights Office updates – Change of Provider
- ‣ Cultural Competency – Translation Vendor list & CC Summit flier

■ **LACDMH QA Updates**   11:16 – Noon
- ‣ MR Grant audits: August-Para Los Ninos & LACGC
- ‣ State DHCS updates – None
- ‣ Training Update – See handout. New Trainings in development (TCM/Rehab, shorter version of Documentation training for refresher, webinar on navigating DMH QA manuals and resource documents)
- ‣ FINAL QA bulletin 18-08: Final Rule: Access to Care
- ‣ FINAL QA bulletin: 18-09 Medi-Cal Administrative Activities (MAA) Manual Revisions
- ‣ FINAL QA bulletin: 18-10: Co-Practitioner Updates for Directly Operated Providers
- ‣ Clinical Forms Bulletin No. 18-02: Mental Health Triage form updated and Client Contacts log

■ **Miscellaneous/Questions**
- ‣ How are agencies managing the Preventative PEI outcome measures?

Next meeting will be September 18, 2018

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH

SA 4 Quality Improvement Committee (QIC) Meeting Minutes

Type of Meeting:	SA 4 Quality Improvement Committee (QIC)		Date:	August 21, 2018
Place:	St. Anne's Maternity Home		**Start Time:**	10:30am
	155 N. Occidental Blvd., Los Angeles, CA. 90026		**Adjournment:**	11:30am
Chair & Co-Chair:	Chair Wendy Lopez, LACDMH; Co-Chair – Christina Kubojiri, LMFT, Children's Institute Inc.; Co-Chair – Yen-Jui Lin, LACDMH			
Members Present:	• Kanisha McReynolds • Evelyn Gutierrez • Arleen Villanueva • Ania Ahmadi • Naomi Arellano • Rosa Ruiz • Devanne Hernandez • Lauren Permenter • Michael Olsen • Jonathan Figueroa • Jennifer McKirdy-Corletto • Dora Escalante • Jessica Estrada • Eunice Jeon •	• Lisa Harvey • Cristina Sandoval • Carmen Chacon • Jennifer Jimenez • Reza Khosrowabadi • Misty Aronoff • Lynda Evans • Allison Foster • Lisa Thigpen • Rebecca Yu • Jessica Espinoza • Michele Burton • Elizabeth Mour • Marietta Watson		• Christina Kubojiri • Wendy Rivas • Bertrand Levesque • Yen Jui Lin	
Members Absent:	• AIDS project LA • Alma Family Services • Anne Sippi Clinic • Asian Pacific Counseling • Behavioral Health Services • Child Family Guidance Center • Children's Buruea • Dignity Health • DMH AOT • DMH ASOC • DMH TAY • DMH SFC • DMH PSB	• DMH QI Division • DMH PRO • DMH Specialized Foster Care • Filipino American Services Group • Gateways Hospital • Gateways Homeless Services • Gateways Percy Village • Health Research Association USC • Hillsides • Hollywood Mental Health Center • IMCES • JWCH Institute • LAC-USC Medical Center		• Northeast Mental Health Center • Saban Free Clinic • SSG Alliance • SSG Project 180 LA • SRMT • SSG Silver • Telecare • Travelers Aid Society of LA • LAMP Community • LA Gay & Lesbian Center • Mental Health America • Uplift	
Introductions:	Members present introduced themselves.			
Minutes Approval:	No QIC meeting held in July			
Announcements:				

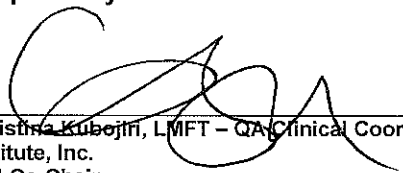| Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date

QI Updates
 	
Christina Kubojiri
	<u>**Quality Improvement updates:**</u>
	
	• **Office of Medical Director:** None
	
	• **Patients' Rights Office:** None - No DMH rep from PRO in attendance
	   o Reminder: Change of provider – Directly Operated only – Only online entries accepted for D/O only started in August.
	   o Contract providers still need to have the DMH training before expected to enter COP into online system
	
	• **Policy Updates** – Handout provided to members
	   o 24 policies in progress
	   o 302.06, 302.07, 302.14 – sent to HR for union review
	
	• **EQRO is Sept 24-27th**
	   o On-site reviews occurring in SA1 and SA4
	   o Non clinical improvement session – Day 1, 1-2:30pm
	   o Clinical Performance – Day 4, 9-10:30am, 9/27
	   o QIC Chair & Co-Chairs session – Day 4, 10:45-12pm, 9/27
	
	• **Cultural Competency:**
	   o Language Interpretation Vendors (see handout) list provided that contract with D/O
	      ▪ No representative attended to provide additional information related to the vendors. More info to follow. It is up to contract providers to identify and contract with interpretation vendors of choice
	      ▪ Relates to Policy 200.03 – Translation/Interpretation
	         • Funds from your contract CSS-Flex funds
	      ▪ Policy 200.02 –
	         • Ezekial Rindon at DMH ACCESS assists with scheduling emergency and non-emergency appts
	   o Southern Region CC Summit conference: Oct 23-24th @ Riverside Convention Center
	      ▪ Last summit was 2-3 years ago
	      ▪ Calls to action the present and future
	      ▪ 56 proposals
	      ▪ $275 cost (no discounts offered)
	      ▪ Legendary mission Inn hotel offers discounts
	   o CC DMH meeting had representation from Deaf & hard of hearing
	      ▪ There is discussion of updating Policy 200.02 –Hearing Impaired MH Access
	         • Original policy was dated 1993
	         • Representatives indicated hearing impaired is not an		

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QI Updates Christina Kubojiri	"impairment" but a cultural consideration • May change policy title also • QIC member mentioned that DMH is maintaining TTY and TTP technology, but it is outdated as you need the old phone that is compatible. Suggestion to update equipment or incorporate other methods such as video conferencing. • ACCESS and District Chief is being invited to CC meeting for inclusion in revision		

Quality Assurance updates
 	
Christina Kubojiri
	Quality Assurance Updates:
	
	○ **Medi-Cal Certification** – none
	○ **DHCS update**
	   ○ Feb 4-8th, 2019
	   ○ Have EHR updated and have printing capabilities
	   ○ Training about the tool DHCS will use will be in September 2017 – for those involved most likely
	   ○ 80-81 charts will be called from LA county – a letter will go to agencies ~2 weeks prior with instructions on how to prepare the information
	   ○ What timeframe will be called for records is unknown
	○ **Training/Operations**
	   ○ Training schedule is set thru Dec 2018
	   ○ New upcoming DMH trainings offered:
	      ▪ Shorter version of Understanding Documentation – refresher (2-3 hours);
	      ▪ Targeted Case Management & Rehabilitation training
	      ▪ Short video on how to navigate DMH QA manuals and resources
	      ▪ Member requested adding MAA (D/O only) portion of training to COS training
	○ **QA Bulletin 18-10 for Directly Operated only**
	   ○ DMH is not claiming for co-practitioners until they can update IBHIS
	      ▪ One reason is that they send service verifications and it would confuse families to receive 2 just because to staff wrote a group note for example
	      ▪ Continuity of clinical record would be jeopardized
	      ▪ DMH QA asks practitioners to think about whether a co-practitioner is necessary in providing any service
	      ▪ Co-practitioner interventions need to be clearly documented
	      ▪ On D/O progress notes they are only removing the time fields for co-practitioners		

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Quality Assurance updates
 	
Christina Kubojiri
	■ DMH QA recommends that if you were not writing 2 notes before, don't start now.
	  o Clinical Forms 18-02:
	     o **Mental Health Triage form finalized**
	       ■ Effective 8/13/18 for D/O; Required concept for Contract Providers (can use any similar type form)
	       ■ No longer separate forms for child or adult
	       ■ Added questions
	       ■ Included 0-5 collaboration
	       ■ Focus on risk. Does the person need an immediate appt sooner than the 10 days
	         • If you determine the client is high risk (ex suicidal), you do not have to finish completing the entire triage form since a comprehensive assessment will commence.
	  o **Access to Care**
	  a. Education of the Requirements of Access to care
	     a. DMH led webinars scheduled for 9/11 & 9/12 (one for D/O and one for LE's)
	     b. Recommend someone technical and program related attend
	     c. SRL
	     d. Access issues
	     e. Questions can be submitted so we can provide them to DMH to address during webinars
	     f. Ex. If medication need is known → initial appointment determines need appt → have 15 days to medication appt (business days). Best practice would be same day as initial assessment.
	       i. Emergent needs (referring to ER is one of the dispositions)
	     g. Request for services from school starts the request timeframe since school is requesting on client's behalf. There are guidelines on how much time you have to contact clt representative
	     h. EHR consideration: The service request opens client under contractors EHR in many cases. D/O have a pre-admit option prior to assigning to program.
	     i. Indigent clients have same Access to Care requirements
	     j. SRL doesn't require a clt ID
	     k. Agencies need to look at workflows
	     l. DMH QA recommends incorporating access issues/requirements into trainings to increase awareness of Access issues to staff
	     m. SA 2 is piloting Access to Care Meetings/discussions. May expand to other SA meetings
	  b. Monitoring Requirements for ACCESS
	     a. DMH needs to monitor individual provider/data
	     b. Need to monitor at system level
	     c. D/O data has been collected. Sept. data will go out in a "program		

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Quality Assurance Updates
 	
Christina Kubojiri
	report card". Chart review requirements – the reviews will look at the initial request and disposition. If request went beyond timeframe, need to have documentation justifying this or it's a red flag.
	   d. DMH will collect data from Contractors in November 2018. The technical specs were released June 2018 to agencies.
	         i. End of October contractor data is due.
	   e. Audit tool is not developed yet
	   f. Still unclear how they will track medication mid-treatment
	         i. For now focus is on assessment and right after
	        ii. May just be chart review for contractors
	○ **Network Adequacy Tool:**
	   ○ DMH just received the state ratio expectations. They updated more areas that were missing to help with the lacking child psychiatrist numbers. Psychiatrists need a caseload entered also.
	   ○ October 1st report is due to the State again
	   ○ Sept all data will need to be updated by all D/O and L/Es
	   ○ "NACT" is the shorter acronym referring to the Network Adequacy tool
	   ○ Agencies need to upkeep the app on an on-going basis
	○ **DMH QA chart review findings related to substance:**
	   ○ Clients are put in co-occurring groups without documentation of assessed need in the assessment that ties the substance to the mental health related issues
	   ○ Notes only focused on substance use. Specialty Mental Health does not pay to treat substance use.
	   ○ 42 CFR part 2 applies which indicates you will look like a substance provider (even if you provide services but are not paid).
	   ○ DMH QA is shadowing some co-occurring groups and making recommendations
	   ○ Consider Substance use and treatment as you would a medical issue
	       ■ You are not going to treat diabetes directly. Same as substance.
	   ○ MHS objective would be on CTP and intervention would be co-occurring group.
	   ○ Notes need to address mental health. Not just the substance use.
	   ○ Members asked to send in real life examples that come up with this to DMH QA to incorporate in their trainings.
	○ Co-Chair Ray contribution related to PEI stepped care:
	   ○ Code to use related to stepped care is 4U.
	   ○ If you are in IBHIS: you can only select one or the other – EBP or SS
	   ○ If you are still in IS: you can select both.		

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Next Meeting: October 16, 2018; 695 S. Vermont Ave, Los Angeles, CA 90005 RM 712
Respectfully Submitted

Christina Kubojiri, LMFT – QA/Clinical Coordinator, Children's
Institute, Inc.
SA4 Co-Chair