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

Service Area 4 Child & Adult Integrated Quality Improvement Committee

June 18, 2019 10:30am - Noon

550 S. Vermont Ave, 10th fl, Conference Room Los Angeles, CA 90005

Introductions & Minutes review

10:30 - 10:40am

Announcements:

■LACDMH QI Updates

▶ Compliance – see handout

10:41 - 11:15am

- $\blacktriangleright \ \text{Cultural Competency updates} \ \text{Multicultural conference on June 18}^{\text{th}}, \ \text{CC/implicit bias exercise}$
- ▶ QID updates Spring/Fall 2018 CPS data, Spring 2019 preliminary data Jennifer Regan, QID

■ LACDMH QA Updates

▶ D/O Check-ins schedule has been updated for 2019

11:16 - 12:00pm

- ▶ State DHCS updates
- ▶ NACT & Access to Care update
- ▶ Training Schedule see handout
- ▶ QA knowledge assessment will roll out July 1st, will include 3 questions
- ▶ CANS & PSC-35 udpates
- ▶ Payer Error Rate Measurement Audit (PERM) Review
- ▶ DRAFT Guide to Procedure code revisions
- ▶ DRAFT Adult Full Assessment revisions
- ▶ Coming soon New QA website, ICARE update, CAFA update
- ▶ Katie A. Verification form clarifications: Crisis Stabilization vs. Crisis Intervention

■ Miscellaneous/Questions

▶ Questions/Discussion

No meeting July 2019. Next meeting will be August 20, 2019

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:	June 18, 2019
Place:	550 S. Vermont Ave 10th fl Conference Room	Start Time:	10:30am
	Los Angeles, CA. 90005	Adjournment:	12:00pm
Chair & Co-Chair:	Co-Chair - Christina Kubojiri, LMFT, Children's Institut	te Inc; DMH Chair – Anthony V. Allen	12.00pm
Members Present:	 Laura Aquino Mona Sosa Lorne Leach Evelyn Gutierrez Akila Baskin Marina Eckart Sauntrie Abellera Anthony Allen Jennifer Regan Bertrand Levesque Naomi Arellano 	Christen Westberry Gilbert Morquecho Dora Escalante Jessica Estrada Hyunmi An Akilah Reynolds Linda Santiman Jeannelli Acuna MaryEllen Braaten Lisa Harvey Eton Vogt	 Adriana Gamez Jenna Ritsema Ashton Hasson Jessica Montemayor Jennifer McKirdy-Corletto Mayra Hernandez Christina Kubojiri Elizabeth Mour Reza Khosrowabadi Alma Guevara Erica Lara
	Devanne HernandezErika Frausto	Sandra Long Linda Kaye	Alexis OrensJonathan Figueroa
Members Absent:	 AIDS project LA Alma Family Services Anne Sippi Clinic Asian Pacific Counseling Child Family Guidance Center CA Hispanic Commission-CHCADA Children's Hospital Dignity Health DMH AOT DMH ASOC DMH TAY DMH CHEERD 	DMH PSB DMH SFC DMH PRO DMH VALOR Filipino American Services Group Gateways Community Mental Health Gateways Percy Village Health Research Association USC Hollywood Mental Health	 LAMP Community JWCH Institute Pacific Clinics People Concern, The Saban Free Clinic SSG Alliance SRMT SSG Silver Step up on Second Travelers Aid Society of LA United American Indian Involvement
	Members present introduced themselves.		
Minutes Approval:	No revisions indicated for June 2019 QIC minutes	S.	M. Committee of the com
Announcements:	mayan	77	

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
QI Updates Christina Kubojiri	Quality Improvement updates:		
Cilibulia Rubojiii	 Discussion brought up by SA 1 Chair: MAT discussing name change since people get confused between adult MAT (medication treatment) vs. child MAT (Assessment of needs). Not sure which MAT would change the name. Compliance updates: see handout 14 policies reviewed 5 signed and posted LAC DMH will be implementing "Compliance Bridge" which is an electronic platform for managing their policies, obtaining policy signatures, updating/revising policies, etc. Contract providers would access via external link. DMH just attended the webinar for this platform and it may go into effect sooner than later. It will also make providing postings to everyone much more real-time. Parameters are being updated on-going. They will need to vet some of the parameters through the DMH QIC meeting members in near future for feedback on content. Cultural Competency updates: Multi-cultural MH conference has sold out. They've reached max 900 participants and have to turn people away. Conference is June 18 Cultural Competence & Implicit Bias Exercise tested members' knowledge on various terminology related to CC such as Implicit Bias, gender bias, equity, intersectionality, etc. 7 multiple choice questions that can be shared with QIC meetings. 		
QI Updates Jennifer Regan	 QID (quality improvement division) updates: CY 2018 provider level data is available and comparable with 2017 data – Powerpoint presentation (will be provided to members to help share data at sites and increase QI related activities) Highest rating across service areas related to consumers feeling like services were explained well to them, they felt free to express themselves openly Lowest rating across service areas was related to Integration of treatment into everyday lives. Consumers did not feel they were able to increase independence and functioning through receiving treatment (scored in 70's meaning need for improvement) YSS-Family – improved overall in Fall of 2018 Nov 2018 – access to services improved, call were returned, and frequency of services provided was satisfactory. 		

Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
QI Updates Jennifer Regan QI Updates Christina Kubojiri	Adult participation in treatment related to Quality & Appropriateness 92% - spring May 2018 90% - Fall Nov 2018 1 This item related to whether adults felt collaborative creating goals vs. goals were created for them. More felt disconnected from treatment (goals created for them) Older Adult: Lowest rating Spring was related to social connectedness. Improved in the Fall. Survey data will be sent to QIC committee in two emails (1 for Spring data, 1 for Fall data) Members again discussed request to be able to provide CPS to field based clients and why this would make data more meaningful and allow cits/families to participate. Discussion about why Fall CPS numbers decline: holidays, survey fatigue. Recent Spring 2019 CPS preliminary numbers: 17,095 surveys completed overall. This is an increase of 4,085 from Fall 2018 2,787 Refused surveys (consistent with Fall 2018) Adult 7,973 surveys – 46,6% YSS-F surveys 5,443 surveys – 31.8% OSS-F surveys 5,443 surveys – 15.7% Older adult 998 surveys – 5.8% English 13,623 79% Spanish 3,438 21% Discussion about older adult surveys as a provider has their older adults fill out adult survey since they do not have "older adult" programs at their agency. QID corrected them and indicated the surveys are delineated by age, not by what programs a provider has. Test calls: SA 8 is occurring June 2019 Reminder that for item #10, if they mark yes or no, but correct section below should correlate. QID may add open feedback box to items and create likert scale items. May better define "knowledge" vs "helpfulness" EQRO 9/23/19 — SA 6 and SA 8 has been selected Due to reorganization, EQRO moved under Kalene Gilbert who is under Debble (last name?) since EQRO is heavily data driven	Scrieduled lasks	Due Date

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QA Updates Christina Kubojiri	D/O check-ins schedule has been updated for 2019. No longer doing 3 monthly D/O check-ins due to DMH QA staff availability. Only 2 per month moving forward. Schedule to be provided by Jennifer Hallman. State DHCS updates: The info notice is out dated May 31, 2019 19-026. "No surprises" to DMH in notice. MHP needs policies related to info notice by August 1st (DMH QA). A DMH QA bulletin will come out about the info notice. Training/Operations update: Training/Operations update: Trainings scheduled and provided through 2019. Documentation training revised for July 18. Was the 16th. New bulletin to post later this week. Email Wanta Yu for link to register now if can't wait for bulletin. QA knowledge Assessment is almost ready to roll out the pilot. Only 3 questions this round. Policy updates: NACT submission to the State upcoming July 1st LAC DMH is requesting all NACT updates to be completed by June 20. Along with Access to Care data (SRL) D/O − if SRL is up to date in EHR all is completed. Contract providers − if EHR is equipped to provide DMH SRL data prepare to send. All others need to complete excel spreadsheet and Howard Washington will review and work on compiling 1 large spreadsheet to send the State. Everyone needs to check data entry for accuracy. Only capturing 65% of county right now. DMH QA will reach out to providers not completing NACT. A QIC member requested a full list of all providers per service area to ensure all are attending their SA QIC meetings as required. Ensure all prior entered practitioners/staff have been updated to include the added fields in NACT. NACT 2.0 version to come out soon will allow delineation of NACT data for a practitioner among multiple sites. For now data applies to a person's work at all sites. CANS applies to everyone 6-21 year olds Crisis stabilization excluded		

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QA Updates Christina Kubojiri	 Will not be translated since consumers are not completing this themselves, practitioners are. PSC-35 applies to 3-19 year olds PSC will be translated to threshold languages since caregivers/cits would complete this themselves (1-2 months) Until translated for LA county, other languages can be found at Massachusetts General. Jen Hallman says the English LAC DMH version should be attached with the Mass General one if completed in another language and form was obtained by this source. DMH CANS in-person overview trainings are full, but only for people moving on to train-the-trainer. Other practitioners should take online training and then certify through PRAED. DMH is picking up the cost of the certification exams. Instructions will be provided this week via email most likely Talk of a standardized sign-in sheet that would be sent to PRAED to confirm who needs a code to take certification test. CANS-IP and PSC-35 claiming will be done in direct services through subsuming through other service (kind of like how treatment planning can be claimed) Ex: If individual therapy occurs at 6 months – can add onto this note the update to CANS for 6 mos requirement. Can claim through CFT meetings in ICC service, etc There are discussions about FSP & CalWORKS related to CANS to try to streamline the process, but for now there are no changes to outcome measures or requirements. Question about what to do if client "ages out" → is a discharge CANS completed? Jen asked the state this question already and they said to continue the CANs through the length of treatment, but LAC DMH is clarifying this further. May call it something other than "discharge", but more to come on this. There will be a 2 month window prior and after when CANs are due. Question: Does CANS have to be completed face-to-face? Jen said not necessarily Sharing of CANS discussed –		

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QA Updates Christina Kubojiri	DRAFT Assessment form updates: Draft AFA provided to QIC members. Content remains the same. Some changes include: Reason for referral is combined with the current symptoms box Strengths was moved to the end before clinical summary as often times strengths are gained throughout assessment and clearer near end of assessment. It also helps with the clinical formulation MSE was expanded to include check boxes due to requests. Forms are D/O required, but contract providers can adapt form to not include check boxes if they wish, but still contain required elements. Each section on check boxes of MSE still has a small comment area. Some members were concerned about check boxes taking away the individualization and expansion of information in assessments Substance area includes further explanations Clinical formulation – added better descriptor of what info should be included here A recommendation was made to add a "family involvement requested" area since this is important to note when working with adults. All assessment forms will be Arial font May be finalized by July 1st May be finalized by July 1st May be finalized by July 1st Still updating CAFA and ICARE (will not be ready by July 1st) May be finalized forms will be a ready by July 1st) D/O — may be adding required info for D/O staff to disposition/recommendation section to include the "next appointment date" in order to meet timeliness state requirement data This is also required of Contract providers, but how you capture info is up to them PERM review — 140 requests made by CMS All contacted by DMH. 80 received so far, but due dates are scattered out to June 19 depending on what request was received by the State. DRAFT Guide to Procedure Code updates: Reformatted the visual of the guide to be portrait instead of landscape. Removed reference to fee-for-service (network) as it was confusing people First descriptive pages were revised Pg 8 clarification related to doctors Brad and Jen are talking about whether providers will be given any period of time in orde		

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QA Updates Christina Kubojiri	 People are using crisis stabilization for clients for just being in an intensive program like FSP or IFCCS. Crisis stabilization on this form is for specific stabilization programs where special certification has been obtained. Crisis intervention applies more to the use of the procedure code. 	Scheduled Tasks	Due Date
QA Updates			
Bertrand Levesque	 Question about when TCM objective is not needed on CTP: TCM objective is not needed when still within 60 days from admit and clinician's disposition from initial assessment is to refer/link client out and not provide on-going treatment. When there was no follow thru on this linkage and clinician/staff needs to follow up and continue work on linkage/referral, a TCM objective is now needed. 		

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Next Meeting: August 20, 2019; 695 S. Vermont Ave, Los Angeles, CA 90005, 15th FI, Conference Room (July is dark)

Respectfully Submitted

Christina Kubojiri, LMFT — QA Supervisor, Children's Institute, Inc. SA4 Co-Chair