

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

**Service Area 4
Child & Adult
Integrated Quality Improvement Committee**

*January 15, 2019
10:30am - Noon*

*550 S. Vermont Ave, 9th fl, Conference Room
Los Angeles, CA 90005*

🌀 Agenda 🌀

- ❖ Introductions & Minutes review 10:30 – 10:40am
- ❖ Announcements:
 - **LACDMH QI Updates**
 - ▶ CPS Data Updates – Diaya Cunnane, QI Division 10:41-11:00 am
 - ▶ Hospital Discharge F/U-Intensive Care Division PIP 11:01-11:20 am
 - ▶ ACCESS Updates
 - ▶ Compliance Updates
 - ▶ Cultural Competency Updates: CC training requirements
 - ▶ Non-Clinical PIPs: Peer Workforce & Front Office Customer Satisfaction
 - **LACDMH QA Updates** 11:21 – Noon
 - ▶ Training Updates – See handout
 - ▶ QA Knowledge Assessment (“QA Quiz”) – Would providers find this useful?
 - ▶ Annual QA Report & Form – Email will go out from DMH to providers December 2018
 - ▶ Access to Care webinar – begins January 2019
 - ▶ ACCESS to Care Webinar will occur monthly for 6 months (questions, scenarios, issues)
 - ▶ Directly Operated Schedule for 2019 QA calls – See handout
 - ▶ State Chart Review updates – Child review chart documents were due by 12/11/18
 - ▶ 18-19 Medi-Cal Reasons for Recoupment highlights
 - ▶ Psychological Testing Codes are changing January 1, 2019. EHR's were not yet made aware as of 12/10/18 (E&M codes and CPT codes)
 - **Miscellaneous/Questions**
 - ▶ Questions/Discussion

Next meeting will be February 19, 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:	January 15, 2019
Place:	550 S. Vermont Ave 9 th fl Conference Room Los Angeles, CA. 90026	Start Time:	10:30am
		Adjournment:	12:00pm
Chair & Co-Chair:	Chair Wendy Lopez, LACDMH; Co-Chair – Christina Kubojiri, LMFT, Children's Institute Inc		
Members Present:	<ul style="list-style-type: none"> • Laura Aquino • Silvia Yan • Michele Burton • Evelyn Gutierrez • Leslie Shrager • Arleen Villanueva • Christina Kubojiri • Samuel Pina • Naomi Arellano • Rosa Ruiz • Devanne Hernandez • Rami Alrayes 	<ul style="list-style-type: none"> • Lauren Permenter • Bryant Steven • Jonathan Figueroa • Jennifer McKirdy-Corletto • Maria Rubic • Joseph Marquez • Chloe Gomez • Jessica Estrada • Rebecca Yu • Eunice Jeon • Jeannelli Acuna • Daiya Cunnane 	<ul style="list-style-type: none"> • Marietta Watson • Lisa Harvey • Cristina Sandoval • Elizabeth Mour • Jennifer Jimenez • Misty Aronoff • Allison Foster • Adriana Gamez • Christine Pina • Alma Guevara • Reza Khosrowabadi • Christina Ho • Ana Viana
Members Absent:	<ul style="list-style-type: none"> • AIDS project LA • Anne Sippi Clinic • Behavioral Health Services • CA Hispanic Commission-CHCADA • Child Family Guidance Center • Dignity Health • DMH AOT • DMH ASOC • DMH Downtown Mental Health • DMH TAY • DMH SFC • DMH PSB • DMH QA • DMH PRO 	<ul style="list-style-type: none"> • DMH Specialized Foster Care • Enki • Filipino American Services Group • Gateways Hospital • Gateways Homeless Services • Gateways Percy Village • Gateways Forensic Residential Services • Hathaway Sycamores • Health Research Association USC • Hollywood Mental Health Center • Jewish Family Services of LA • LAMP Community • LAC-USC Medical Center 	<ul style="list-style-type: none"> • LA Child Guidance Center • Los Angeles LGBT Center • Mental health America • Saban Free Clinic • SSG Alliance • SSG Project 180 LA • SRMT • SSG Silver • Telecare • Travelers Aid Society of LA • United American Indian Involvement • Uplift Family Services
Introductions:	Members present introduced themselves.		
Minutes Approval:	No revisions indicated for November 2018 QIC minutes. No QIC meeting in December 2018.		
Announcements:	Wendy Rivas will no longer be DMH Chair for SA 4 QIC as of 1/25/19. New Chair is unknown as of right now.		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, Scheduled Tasks	Responsible Person / Due Date
<p>QI Updates</p> <p>Daiya Cunnane – QI Division</p> <p>QI Updates</p> <p>Christina Kubojiri</p>	<p><u>Quality Improvement updates:</u></p> <ul style="list-style-type: none"> • Consumer Perception Survey data Spring 2017 & Fall 2017 presented to members. • Patients’ Rights Office – Nothing new regarding online grievance submissions yet. Things are still in progress. <ul style="list-style-type: none"> ○ DMH is only reporting out Medi-Cal beneficiary grievances to satisfy State request; therefore, there are less grievance submitted now, but this doesn’t mean there are any less grievances than prior. • New Chief of Pharmacy will be introduced at an upcoming QIC meeting. No updates. • Policies: Ed Soto is taking place of Marco as Compliance Officer <ul style="list-style-type: none"> ○ Pharmacy Chief has 8 policies in progress ○ 302.03 – Coordination of Care has been completed, effective date 10/5/18. Posted on LAC DMH. D/O and Contractors ○ 401.01 Clinical Records Maintenance has been completed. D/O only. ○ 308.01 The use of Tele psychiatry is being reviewed. • Cultural Competency Updates: <ul style="list-style-type: none"> ○ Organizational Assessment Survey – an email will go out again in attempt to obtain additional feedback from providers. Please provide out to captures staff perceptions of CC. Implicit bias is a strong area of focus. Hoping to find where the needs of CC are. ○ Currently they received ~1300 responses ○ Open Ended comments is recommended to suggest any requests for training topics and skill needs. ○ 2018 CC Committee updates – There was an increase in guest speakers from program/bureau (1x per month) <ul style="list-style-type: none"> ▪ Prevention Bureau discussed angle of public health and how to reach out to more of the community as a whole for inclusive services; increase outreach efforts. ○ ~25 participants per meeting ○ 200.02 is still being reviewed – Changes “Hearing Impaired” to “deaf/hard of hearing” ○ 2019 CCC meetings combined work groups & presentation format for consumers <ul style="list-style-type: none"> ▪ One area of focus for work group was Intergenerational trauma (life span/cultural groups) ○ Performance Improvement Project (PIP) – These are clinical outcomes focuses. QID is asking for input on possible upcoming PIP 		

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	<ul style="list-style-type: none"> ▪ Last year's focused on Intensive service recipients & engaging client treatment • EQRO Draft report has been received. Some highlights: <ul style="list-style-type: none"> ○ Percentage of increased spending (over \$30,000) has increased yearly. 2016-2.32% to 2.68%. Seems like a small shift, but when looking at number of clients, this is a lot. Approximately 4600→5400 clients ○ Percentage of inpatient admissions increased 7% ○ Consumer Focused Group findings for SA 1: <ul style="list-style-type: none"> ▪ Parents/caregivers/youth found it difficult to access their records ▪ Difficulty requesting Change of Provider. Felt "interrogated" or "pressured" to remain with current clinician. ▪ Consumers felt there was inability of psych emergency teams to respond which resulted in more calls to law enforcement for support ○ Consumer Focused Group findings for SA 4: <ul style="list-style-type: none"> ▪ African American Adults indicated they were not aware of what number to call for support <ul style="list-style-type: none"> • Said there should be increased communication to community of services available. ▪ Korean indicated access to contact information to access services for emergent and urgent needs would be helpful <ul style="list-style-type: none"> • Requested periodic check-ins after treatment ends EQRO draft said QIC meetings are more focused on compliance than discusses on <ul style="list-style-type: none"> ○ Quality Improvement <ul style="list-style-type: none"> ▪ Members discussed that QI is often done outside of QIC at individual agencies, through emails with providers and the QIC Chairs/Co-chairs, there are so many new requirements and changes that SA QIC members often want to hold more discussion surrounding compliance. There is a lot of information to disseminate that it makes it difficult to focus on more QI discussions when we need to update members. ▪ Last year there were 5 recommendations; this year there are 28 recommendations. ▪ EQRO will be back in Sep 2019. ▪ They would like to see more Career Paths for Peers, training for staff, and address of the negative impacts on the system related to staff turnaround • The QA website is still being updated. Trying to delineate a clear QI area of focus. • Discussion about translation related to Consumer Perception Surveys <ul style="list-style-type: none"> ○ If staff are receiving bilingual pay – the department can call upon that approved language staff anytime for support – D/O • Presentation by Mina of Countywide Activity Fund (CAF): 		

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<p style="text-align: center;">QA Updates</p> <p>Christina Kubojiri</p>	<ul style="list-style-type: none"> ○ There is an approved list of department meetings that Consumer/Family member/Caregivers can attend to receive reimbursement (\$25 per meeting, maximum 3 meetings per month). \$185 maximum pay if they participate in the three offered areas of reimbursement, such as Outreach Services also. If they go to a SA meeting, it should be their own SA. They can go to outside SA meetings, but should not be reimbursed for those. ○ Reimbursed for expenses to get to the meeting, food, etc ○ All Consumer advocates attend an initial orientation which is held 2x per year <ul style="list-style-type: none"> ▪ Mina discusses their role at meetings is to learn information that they can take back to the community or people they know that may benefit. ▪ They are asked to provide forms to staff leading meeting with minimal disruption <ul style="list-style-type: none"> • Mina suggests signed forms at end to encourage their full attendance ▪ No cap on attendees per meeting, but announce at the start the purpose of the meeting so consumers can stay if they feel it would benefit them. ▪ Their invoices are due by the 15th of the month <p>Departmental QIC members are invited to attend an orientation if interested.</p> <p><u>Quality Assurance Updates:</u></p> <ul style="list-style-type: none"> • Medi-Cal Certification updates – none <ul style="list-style-type: none"> ○ Question about fire clearances came up. Some fire stations were not taking the direct calls from providers, but asked DMH rep to contact chief. It was stated that the fire chief in SA 1 had a specific way he needed the form to be completed and worked in collaboration with DMH to streamline a protocol, but the fire chief is no longer working there. Some provider’s issue may be similar to this scenario. Fire chief/contact info should be provided to DMH and they can assist. ○ Question if school site certifications need the Janitorial Policy from school. This could be obtained or the provider adds this to their own policy on when they will contact the school (protocol) to ensure safe and clean environment is maintained. • Training Updates – <ul style="list-style-type: none"> ○ There will be follow up on whether providers wanting to attend TCM training need the Understanding Doc training if they provide their own internal documentation trainings. 		

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	<ul style="list-style-type: none"> • TCM training may increase to 2x per month for a brief while until the interest wanes. These fill up quickly. Next TCM training registration to go out is March Announcement may go out next week. <ul style="list-style-type: none"> • TCM training may start posting online around May, but there is enough registrants by just having QIC chairs/co-chairs provide it to SA QIC members. ○ There is space available in the Housing Documentation training 2/6/19 • Written QA Report for Legal Entities is due by 1/31/19 <ul style="list-style-type: none"> ○ They have received several back. DMH QA leads will begin reviewing them soon. ○ QA representatives may be contacted if questions arise or clarification is needed. ○ Please include enough details in the process write up including variances amongst different programs • QA will present at upcoming SA QIC meetings on the QA Knowledge Assessment. Marc B will record the discussions and feedback received. • QA bulletins will come out for <ul style="list-style-type: none"> ○ Coordination of Care policy ○ Reasons for Recoupment ○ Updates to access to care (pending) ○ Clinical care timeliness of documentation <ul style="list-style-type: none"> • It now includes LE's. Documentation should be completed by end of next business day. D/O – if staff go on vacation and beyond 5 days of service, they need to complete documentation before leaving on same day as service was provided. • More clarification on CURES may come out – psychiatrists check for certain meds <ul style="list-style-type: none"> ○ Not L.A./DMH rule ○ May combine with an update to JV forms information <ul style="list-style-type: none"> • DMH is getting clarity on the statement included that says “Medication Consent Form is still needed” even if you have obtained appropriate JV certification • Access to Care/NACT webinar email distribution list is new and anyone that wants to receive notifications needs to email Howard Washington <ul style="list-style-type: none"> ○ ~70% of providers are on contact list ○ Will occur 2nd Tuesday monthly ○ The QA website may post the contact list or/ have a subscriber button to sign up ○ Access to Care FAQ's are in final review ○ State originally wanted specific dates associated with clients' CTP. Now they are asking for information from initial request for an Assessment to the point of “treatment”. 		

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	<ul style="list-style-type: none"> • Service Request Logs – <ul style="list-style-type: none"> ○ Web service is up and running, but people are not sending information through their EHRs. Email Howard Washington if your EHR is not currently set up to electronically submit the SRL data. DMH is not going in to EHRs and pulling data out. Providers need to push this information through. ○ Web based defined – Example was when you enter a new client into your EHR and information is pushed through → this is web based. LE must submit the data. <ul style="list-style-type: none"> • Need to speak to your EHRs. They received notifications about this. ○ February 2018 requested SRL data was appreciated! ~7000 requests through LE's. D/O and SRTS data was also submitted. ○ Next Access to Care webinar will address this • QA Division has been instructed to send out notifications/bulletins to all contacts of providers moving forward. • DHCS State Review findings: <ul style="list-style-type: none"> ○ The list of providers chosen for audit is organized by Program Manager III they fall under the service area ○ Ensure if your chart is selected, there are no modifications/revisions/corrections made to the chart. (ex submitting notes that had been sitting in draft and are past timeliness) <ul style="list-style-type: none"> • Not even small corrections should be made ○ Ensure EHR reflects submission date of signatures (ex when note is finalized). <ul style="list-style-type: none"> • Some agencies had issues where if they added submission date in their EHR it would cause other issues. ○ There were some interesting agency co-signature rules/observations <ul style="list-style-type: none"> • Licensed staff notes being co-signed by unlicensed staff • Having person's signature twice • Think about whether situation needs a co-signature or an outside process of review that works better • It is "questionable" during audit if co-signer signs late. • DMH reviewed charts chosen and will monitor State feedback <ul style="list-style-type: none"> ○ They flagged charts when dx was questionable or not supported and will compare with State feedback → since diagnosis is a reason for recoupment when not using DSM V ○ Members brought up how DSM V doesn't always convert to ICD-10 well, for example, Conduct D/O. Documentation may support a lesser variation of dx, but your only real option within ICD 10 reflects Conduct d/o ○ Selective Mutism was found more frequently assigned as well as "heavy handed" dx for children ○ Assessment sounded like "fact gathering" and missed comprehensive picture <ul style="list-style-type: none"> • Ex: client doesn't have job. (why don't they have a job related to mental health) 		

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Leslie Shrager	<ul style="list-style-type: none"> ○ Cohesion of clinical loop missing ○ Interventions in progress notes – unclear why and how they are tying back to CTP goals/dx ○ Positive is that all documentation being present in charts has greatly improved. Can now focus more on content of the documentation. Only 1 missing assessment. No missing notes. ○ Durations was an issue on some notes (ex having to figure out when EHR has 4 duration fields on progress notes) DMH had to call providers for clarification of what each duration represented. • DRAFT Katie A Verification Form <ul style="list-style-type: none"> ○ May no longer need to do every 90 days. Just at intake to start ICC/IHBS or if client is returning to services. • Psych testing – LE’s should be holding claims. D/O can submit claims and they will be adjusted later on back end. • Presentation on Children’s Bureau’s QI/QA process 		

Next Meeting: February 19, 2019; 695 S. Vermont Ave, Los Angeles, CA 90005, 15th Fl, Conference Room

Respectfully Submitted

Christina Kubojiri, LMFT – QA Supervisor, Children’s Institute, Inc.
SA4 Co-Chair