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

Departmental Quality Improvement Council Meeting

A G E N D A
July 8, 2019
9:00 – 10:30 a.m.
550 S. Vermont Ave., 10th Floor Conference Room
Los Angeles, CA 90020

Sandra Chang Ptasinski, Ph.D., Chair

Sai	Sandra Chang Plasinski, Ph.D., Chaii			
1.	9:00 – 9:05	Introductions & Review of Minutes	QIC Members	
II.	9:05 – 9:20	Clinical Risk Management > Inactive Accounts in Safety Intelligence	D. Benosa L. Ngo	
III.	9:20 – 9:35	Compliance, Privacy, and Audit Services Bureau Policy Updates	R. Faveau	
IV.	9:35 – 9:55	Cultural Competency Updates > 2019 Cultural Competence Plan > Language Interpretation Request for Meetings and Conferences > Cultural Competency Webpage	S. Chang Ptasinski	
V	9:55 – 10:15	QID Updates ➤ Annual Test Calls Study Updates ➤ Spring 2018 Open Ended Comments Summary Report ➤ QI Evaluation Report Summary for CY 2018	J. Regan D. Cunnane L. Shonibare	
VI	10:15 – 10:30	Announcements:		

Next Meeting August 12, 2019

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

Type of Meeting	Departmental Quality Improvement Council	Date:	July 8, 2019	
Place	550 S. Vermont Ave., 10 th Floor Conf. Rm.	Start Time:	9:00 a.m.	
Chair	Sandra Chang, Ph.D.	End Time:	10:30 a.m.	
Members Present	Angelica Fuentes; Anthony V Allen; C Vines; David Tavlin; Debi Berzon-Leite Tchakmakjian; Helena Ditko; Jennifer Ngo; LyNetta Shonibare; Mary Camac Rosalba Trias-Ruiz; Sandra Chang; S	elt; Debbie Innes-G Regan; Kalene Gil cho Fuentes; Miche	Somberg; Doris Benosa; Gassia Ek bert; Kimber Salvaggio; Kisha Thor ele Munde; Michelle Rittel; Randolp	izian; Greg mpson; Lisa Harvey; Ly
Excused/Absent Members	Alyssa Bray; Barbara Paradise; Cathy Williamson; Emilia Ramos; Erica Melbourne; Hyun Kyung Lee; Jessica Walters; Leticia Ximenez; Margaret Faye; Maria Gonzalez; Martin Hernandez; and Susan Lam			
Agenda Item & Presenter	Discussion and Finding	ngs	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Call to Order & Introductions	The meeting was called to order at 9:0	00 a.m.	QIC members attended this meeting.	S. Chang
Review of Minutes	The June minutes were reviewed.		Minutes were reviewed and approved as noted.	QIC Membership

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Clinical Risk Management Inactive Accounts in Safety Intelligence	Ms. Benosa and Ms. Ngo provided an update on Safety Intelligence (SI); they stated that Clinical Risk Management (CLRM) has recently been receiving notifications from some Contract Providers reporting that they are <u>not</u> able to access the system in spite of having had full access in the past. Upon contacting the DMH CIOB Helpdesk, said providers were informed that their account was now in an "inactive" status in the system. If the SI account is "inactive", the provider must contact the DMH CIOB Helpdesk at (213) 351-1335 to obtain a Heat Ticket requesting their account to be reactivated. The process of reactivating an SI account may take anywhere from 24 to 72 hours on an average, depending on the case. "Ms. Benosa explained that CIOB has set-up the 90-day	Please instruct your QIC members to log-in and log-out of their SI accounts every 90 days, at a minimum. If the SI system does not detect any activity on the account, such as a simple log-in and out, the system puts the account in an inactive status.	D. Benosa L. Ngo
	window for security reasons, especially for outside users trying to access DMH applications. She suggested that SI users mark a set date each month on their calendar to remind them to log-in and log-out of SI." QIC members requested participation from PRO to be	Dr. Chang stated that PRO is	S. Chang
Patients' Rights Office Updates (PRO)	present at the Departmental QIC meeting. Members have questions regarding the Change of Provider Logs report not being accurate.	committed to join the QIC meeting to present once the report is finalized.	
		Dr. Innes-Gomberg will follow- up with PRO as well.	D. Innes-Gomberg

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Compliance, Privacy, & Audit Svcs Bureau	Mr. Faveau from Compliance Privacy and Audit Services Bureau provided an update on policies and reviewed the handout.		R. Faveau
	Ms. Ditko stated that a new electronic online system would be implemented soon. The goal is to upload it by August or September, 2019. All policies will be separated by responsible parties, administrative vs. clinical. It will be very efficient and friendly to use. There is going to be two full days of training from Compliance Bridge to train staff who will be involved as users.		H. Ditko
Cultural Competency (CC) Updates:	Cultural Competence Plan Dr. Chang provided the following update on the Cultural Competency Unit (CCU) activities. The CCU unit is currently working on updating the Cultural Competence Plan: Requests for information have been sent to different programs to capture their CC activities and services. The information requested includes: Consumer utilization data, strategies to reduce disparities in mental health, CC trainings for staff the activities of Cultural Competency Committee for the year or any new initiatives that enhance cultural competency within the system are also included in the CC Plan.		S. Chang
	Language Interpretation Request for Meetings The CCU is currently working on Purchase Order/Master Agreement for language interpretation services. If you are planning SAAC meeting or will be needing interpretation services, please contact Ms. Elizabeth Ceniceros, Analyst for the Quality Improvement Division. Please allow two to three weeks for each request. If you need ASL, sign language services please refer to the Deaf and Hard or Hearing community policy for the procedure to be followed.		

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Cultural Competency (CC) Updates: cont.	Cultural Competency Webpage Dr. Chang announced that the Cultural Competency Unit (CCU) has an updated its webpage. The new page has a section specific to the CCU, Cultural Competency Committee, and information on the Health Agency Institute for Cultural and Linguistic Inclusion & Responsiveness services. The CCU webpage link will be forwarded to all QIC members for reference.		S. Chang
QID Updates	Annual Test Calls Study Updates Dr. Regan, advised the group about a discrepancy between the Test Call Survey Form paper version and the Vovici software electronic version specific to Question #9, where the paper form only lists a "Yes or No" options and the online version also lists "Not Applicable." As Question #9 is only relevant for beneficiary problems or complaints, those entering the survey data should respond to the question for beneficiary problems or compliant calls and select "Not Applicable" or leave this question blank. The QID team will revise the paper copy of the form to include a Not Applicable option as well.		J. Regan
	May 2018 Consumer Perception Survey Open-ended Comments Summary Report The May 2018 Consumer Perception Survey (CPS) Openended Comments (OEC) Summary Report is being finalized. Once finalized the report will be available on the Quality Improvement (QI) website. This report was created in the last year to review the open-ended comments noted by consumers who completed the CPS. Los Angeles County providers participating in the CPS completed the OEC report form by listing positive and negative themes and recommendations made by consumers.		D. Cunnane

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
QID Updates Cont.	The themes were reviewed by the Quality Improvement Division (QID). The May 2018 CPS OEC Summary Report includes the positive and negative themes and recommendations for each of the eight Service Areas (SAs) and Countywide. The number of surveys reviewed for OEC in the May 2018 CPS period totaled 5,409. The SA totals are as follows: SA 1 was 421, SA 2 was 1,927, SA 3 was 485, SA 4 was 786, SA 5 was 554, SA 6 was 0, SA 7 was 351, and SA 8 was 884.		D. Cunnane
	Dr. Cunnane provided detailed information on the OEC received. She shared the positive and negative themes for all eight SAs.		
	QIC members had a discussion regarding survey data not being shared by some of the providers.	Dr. Shonibare suggested eliminating the questions and possible doing a short survey.	L. Shonibare
	 Some QIC members suggested that field base should be take into consideration for the survey period. Another member suggested that this possibly be a good SA pilot project. 	Ms. Rittel recommended doing outpatient in house one period, and field base the second period.	M. Rittel
	Dr. Innes-Gomberg liked the idea of the online portal. She also stated that QID staff would work on how to address the field base issue.	Dr. Innes-Gomberg will contact CIOB regarding the online portal. She also recommended working with parks and libraries as this is a centralized convenient place for consumers to complete the surveys.	D. Innes-Gomberg

Agenda Item &	Discussion & Findings	Decisions, Recommendations, Person
Presenter		Actions, & Scheduled Tasks Responsible
Presenter QID Updates Cont.	QI Evaluation Report Summary for CY 2018 Dr. Shonibare provided a summary of the QI Work Plan Evaluation report. The QI Work Plan Evaluation report details the progress DMH has made with respect to the CY 2018 annual QI Work Plan goals. For CY 2018, 13 out of 18 of the QI Work Plan goals were met, three were partially met, two were not met, and one goal was not rated. In addition to the analysis of unmet needs via penetration rates, trending analysis of data for the last three years was used to further understand and assess the Department's progress towards addressing the mental health service needs of the population. Service Delivery Capacity Work Plan goals are developed and evaluated based on the population living at or below 138% Federal Poverty Level. The following penetration rates' trends by race/ethnicity was discussed: • The penetration rates for the African American group decreased from 129% in FY 15-16 to 78.7% in FY 17-18. • The penetration rates for the Asian Pacific Islander group increased from 35.6% in FY 15-16 to 52.0% in FY 17-18. • The penetration rates for the Latino group decreased from 53.2% FY 15-16 to 50.0% in FY 17-18. The members discussed social contributors that may have affected the Latino group's comfort with seeking DMH services. • The penetration rates for the White group increased from 31.9% in FY 15-16 to 157.3% in FY 17-18. The African American and Latino groups were among the most underserved. Service delivery capacity goals were developed for these groups. The group acknowledged the lack of involvement from QIC membership and providers in the development of the Work Plan as an opportunity for	The QIC membership will discuss further developments to the QI Work Plan including broader contributions. The QI Work Plan 9Goals for CY 2019 will be reviewed on a later date.
	improvement.	

Dept. QIC Meeting July 8, 2019 Page 7

Agenda Item & Presenter	Discussion & Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	
Handouts:	Policy/Procedure Update July 8, 2019		

Respectfully Submitted,

Sandra Chang, Ph.D.