

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
SERVICE PLANNING AREA 5

QUALITY IMPROVEMENT COMMITTEE
September 3, 2019

AGENDA

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|--|------------------------|
| I. Welcome and Introductions | All |
| II. Trouble Shooter Roster, Updates | Dara Vines |
| III. Review of Minutes | All |
| IV. DMH Updates | Jacquie Wilcoxon |
| V. Quality Assurance | Dara / David |
| <ul style="list-style-type: none">• Quality Assurance Liaisons' Meeting Minutes, May 13, 2019 and July 8• Documentation Training Schedule, Revised, July 8, 2019 and August 12, 2019• Special Documentation Presentation Schedule, July 8, 2019• IBHIS Documentation Training (Directly Operated Only)• LACDMH Policy 302.07 Access to Care, July 15, 2019<ul style="list-style-type: none">○ Timely Access to Care Wait Times• LACDMH Policy 302.14 Responding to Initial Requests for Services, July 15, 2019• Access to Care – SRL web service for Contractors• Network Adequacy Tracking (NACT) 2.0• Frequently Asked Questions CANS-IP and PSC-35, Revised July 3, 2019• QA Knowledge Assessment (Update)• New QA Website• Update: COD Services – QA Bulletin coming• Update: Parolees and AB109 – QA Bulletin coming | Marc Borkheim |
| VI. Quality Improvement | Dara/David |
| <ul style="list-style-type: none">• Policy/Procedure Update, January 14, 2019 and February 11, 2019• Change of Provider Logs• "Safety Intelligence" Presentation | Doris Benosa
Ly Ngo |

VII. Next QIC Meeting

Dara/David

The next Service Area 5 Quality Improvement Committee Meeting will be held on Tuesday, November 5, 2019 from 9:00AM – 11:00AM, at 11303 W. Washington Blvd., Suite 200, Los Angeles, CA 90066.

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SA 5 Quality Improvement Committee
Minutes**

Type of Meeting	Quality Improvement Committee	Date:	September 3, 2019
Place	DMH SA5 Administration, 11303 West Washington Blvd., Suite 200, Los Angeles, CA 90066	Start Time:	9:00 AM
Chair Co-Chair	Dara Vines, DMH David Tavlin, Step Up On Second	End Time:	11:00 AM
Members Present	Dara Vines, DMH; David Tavlin, Step Up On Second; Jacquelyn Wilcoxin, DMH; Mandy Sommers, St. Joseph Center; Stephanie Yamada, PACS; Martha Andreani, Providence St. John's; Jorge Alfaro, Providence St. John's; Sherry Nourian, Vista Del Mar; Cheryl Carrington, Vista Del Mar; Jennifer Regan – DMH QI; Araceli Barajas, UCLA Ties for Families; Libby Hartigan, SHARE!; Patrice Grant, Edelman (Child); Eloisa Ramos Robles, Exceptional Children's Foundation; Matthew Lyon, St. Joseph Center; Jeanine Caro-Delvalle, The Help Group; Marc Borkheim, DMH – QA; Johanna Aguiluz, The People Concern; Caitlyn O'Hara, Alcott Center; Anahita Saadatifaïd, Homes for Life Foundation; Blair Ibarra, Exodus Recovery; Theodore M. Cannady, DMH; Ly Ngo, DMH – CLRM; Doris Benosa, DMH – CLRM.		
Excused/Absent Members	Lynetta Shonibare, DMH-QI; Misty Aronoff, Step Up on Second; Renee Lee, QA – Medi-Cal Certification Section; Steve Dobbs, Edelman Adult; Enriqueta Allred, Didi Hirsch Mental Health Center; Danielle Price, The Help Group; Wendy Coloma, The People Concern; Claudia Angel, Exceptional Children's Foundation; Filippo Forni, New Directions for Veterans; Steve Dobbs, Edelman (Adult); Ruby Quintana, DMH; Kristine Santoro, Didi Hirsch; Evelyn Leonidas, Didi Hirsch; Nataly Cohen, Didi Hirsch; Kathy Shoemaker, Exodus Recovery; David Kneip, Exodus Recovery; LeeAnn Skorohod, Exodus Recovery; Deborah Gibson, Homes For Life Foundation; Sara Nouri, Alcott Center; Kristi Rangel, Alcott Center; Aminah Ofumbi, Didi Hirsch; Camille Dennis, SHARE!; Gaby Cardenas, St. Joseph Center; Trish Burkert, Exodus Recovery; Michael Lyles, DMH; Maria Tan, DMH – OASOC; Nilsa Gallardo, Edelman – Adult; Kelly Delich, Family Service of Santa Monica; Marina Eckhart, Didi Hirsch; David Gennis, Clare/Matrix; Linda Shing, Exceptional Children's Foundation; Melissa Gibbs, Clare/Matrix;		

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Call to Order & Introductions	The meeting was called to order at 9:00 AM.	Introductions were made.	Dara QIC Membership
Review of Minutes and Handouts	Minutes were reviewed and approved for July 2, 2019.	Final approved Minutes for May 7, 2019 were distributed to providers and will post to the QI website.	QIC Membership Dara
DMH Updates	<p>The Trouble Shooter Roster was updated.</p> <p>Jacquie Wilcoxon provided SA5 and DMH updates: 1) She informed Members that the EQRO (External Quality Review) activities mandated by HHS and CMS will begin again in September. The primary focus will be on validation of Medicaid Managed Care regulations and current QI Performance Improvement Projects (PIPs). SA6 and SA8 will be the service areas principally involved in this review. 2) DMH / QA is putting a lot of effort into demonstrating "network adequacy" - i.e., documenting with the State that our LACDMH available resources are adequate to meet consumer needs. Jacquie encouraged providers to make sure that their data entry on the NACT is both current and accurate. 3) Jacquie referenced the County's "encampment to home" articles recently appearing in the LA Times, as well as recent criticism that LHSA has not met goals for homeless services and interim housing. The County continues to evaluate different strategies to assist our homeless mentally ill populations.</p>		Dara Jacquie Wilcoxon

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Quality Assurance	<ul style="list-style-type: none"> Quality Assurance Liaisons' Meeting Minutes, May 13, 2019 and July 8, 2019 Documentation Training Schedule, Revised – July 8, 2019 and August 12, 2019 Providers were given information about how to access Training Bulletins via the LACDMH website by going to For Providers – Clinical Tools – Training and Workforce Development. Special Documentation Presentation Schedule, July 8, 2019 (Directly Operated) IBHIS Documentation Training (Directly Operated Only) 	<p>Quality Assurance Liaison's Meeting Minutes, 5/13/19 and 7/8/19 were distributed to providers.</p> <p>Copies of the QA Documentation Training Schedule, Revised for 7/8/19 and 8/12/19 were distributed to providers.</p> <p>Copies of the Special Documentation Schedule for 7/8/19 were distributed to providers.</p> <p>Copies of the current IBHIS Documentation Training (Directly Operated Only) were distributed to providers</p>	<p>Providers</p> <p>Providers</p> <p>Directly Operated</p> <p>Directly Operated</p>

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Assurance	<ul style="list-style-type: none"> • LACDMH Policy 302.07 Access to Care, July 15, 2019 <ul style="list-style-type: none"> ○ Timely Access to Care Wait Times This policy provides timeframe requirements related to timely access to care throughout treatment. Reviewed key points identified by QA. • LACDMH Policy 302.14 Responding to Initial Requests for Services July 15, 2019 This policy provides requirements related to handling and recording initial requests for services as well as offers timeframe requirements related to timely access to care throughout treatment. Reviewed key points identified by QA. • Access to Care – SRL web service for Contractors Dara and David reminded LEs that they are required to use the SRL web service when sending Access to Care documentation. Excel files should only be used if their EHRs vendor has not implemented the SRL web service. • Network Adequacy Tracking (NACT) 2.0 Providers were referred to the QA Access to Care / Network Adequacy webinar dated 8/13/19 for instructions on filling out the NACT 2.0. Providers were asked to update the NACT minimally every 30 days. The next due date to complete updates for QA is 9/20/19. Questions should be addressed to hwashton@dmh.lacounty.gov 	<p>Copies of LACDMH Policy 302.07 Access to Care dated 7/15/19 and Timely Access to Care Wait Times (chart) were distributed to providers.</p> <p>Copies of LACDMH Policy 302.14 Responding to Initial Requests for Services dated 7/15/19 were distributed to providers</p> <p>Copies of the Clinical Forms Bulletin No. 19-03 were distributed to providers.</p>	<p>Providers</p> <p>Providers</p> <p>Providers</p> <p>Providers</p>

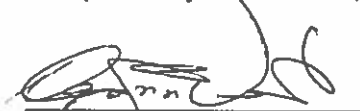
Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Assurance	<ul style="list-style-type: none"> • Frequently Asked Questions CANS-IP and PSC-35, Revised July 3, 2019 Reviewed the FAQs for the CANS-IP and PSC-35 • QA Knowledge Assessment (Update) Marc Borkheim, SA5 QA Lead, provided an update on the QA Knowledge Assessment Project pilot. A link to the first survey was emailed to primary QA contacts at LE contract provider agencies. The survey consisted of a documentation sample and four question related to the sample. Providers will be sent an email with the correct answers to the survey in the near future. • Announcement: New QA Website coming The QA Division, in collaboration with CIOB, is developing a new QA website where manuals, clinical forms, bulletins, webinar recordings and Final Rule information will be located. The website should be completed and available within the next 1-2 weeks. • Update: COD Services – QA Bulletin coming QA is working on a bulletin to clarify policy related to treatment of individuals with co-occurring disorders. 	<p>Copies of the FAQs CANS-IP and PSC-35, Revised 7/3/19 were distributed to providers.</p>	<p>Providers</p> <p>Marc Borkheim Providers</p> <p>Providers</p>


Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Improvement</p>	<ul style="list-style-type: none"> • Update: Parolees and AB109 – QA Bulletin coming QA is working on a bulletin to clarify policy regarding access to care for parolees and AB109 recipients. • Policy/Procedure Update, January 14, 2019 and February 11, 2019 • Announcement: Change of Provider Logs Jose Gallegos from the Patient’s Rights Office attended a recent Countywide QIC and addressed LE concerns that they are frequently not receiving receipts when they email forms to the COP email address. Jose indicated that he is focusing on logs that are problematic (sent on the incorrect form, missing or erroneous data, etc.) and thus LEs may not receive a receipt if “everything looks okay”. He strongly advised that LEs continue to send in their monthly logs. LEs will reportedly have an opportunity to see a revised report from FY 18/19 and make further corrections before it is submitted to the State. 	<p>Copies of the Policy/Procedure Update for 1/14/19 and 2/11/19 were distributed to providers.</p>	<p>Providers</p> <p>Providers</p> <p>Providers</p>

MLC

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Improvement</p>	<ul style="list-style-type: none"> Safety Intelligence/Clinical Risk Management Training - Contact: Doris Benosa (213) 351-6677 dbenosa@dmh.lacounty.gov and Ly Ngo (213) 351-6673 lynngo@dmh.lacounty.gov <p>Ly Ngo and Doris Benosa conducted a PowerPoint presentation on Safety Intelligence within the QI portion of the SA5 QIC meeting. The hour-long presentation addressed topics such as the types of clinical events to report, how to complete an event report, the Manager Review Process, and features of the online system. SA5 QIC members engaged the presenters in Q & A both during and following the presentation.</p>	<p>Copies of the PowerPoint presentation were emailed to providers following the presentation.</p>	<p>Ly Ngo and Doris Benosa Providers</p>
<p>Next Meeting</p>	<p>The next Service Area 5 Quality Improvement Committee meeting will be held on Tuesday, November 5, 2019 at DMH West LA SA5 Administrative Offices, 11303 W. Washington Blvd., Suite 200 in Los Angeles from 9:00AM – 11:00AM.</p>		

Respectfully Submitted,


Dara L. Vines, Ph.D.


David Tavlin, MFT