LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 2 QUALITY IMPROVEMENT COUNCIL (QIC) MEETING

September 16, 2021
10 am – 11:30am

Type of meeting:	Virtual Microsoft TEAMs	
Meeting Link:	https://web.microsoftstream.com/video/2432781f-3b0c-4445-92d5-d22b7d36b8de?list=studio	
Members Present:	Bilhan Hernandez	El Centro de Amistad
	Cheryl Driscoll	Hillview Mental Health Center
	David Mende	Rancho San Antonio
	Donetta Jackson	Anne Sippi Clinic
	Harmandeep Hira	LACDMH
	Ilda Aharonian	LACDMH QA Training & Operations Team
	Jennifer Roecklein	Child & Family Center
	Julie Jones	Hillview Mental Health Center, Inc.
	Katy Ihrig	SCVMHC
	Leslie A DiMascio	SFVCMHS, Inc.
	LyNetta Shonibare	Quality Improvement Unit
	Marilou Joguilon	DMH TAR Unit
	Megan McDonald	Topanga West Guest Home/ACT Health and Wellness
	Michelle Rittel	DMH SA2 Administration
	Oscar Leclere	SFMHC/FSP
	Sherry Winston	Tarzana Treatment Center
	Tiger Doan	SSG - APCTC - SFV

AGENDA ITEMS	DISCUSSIONS/RECOMMENDATIONS/ACTIONS OR SCHEDULED TASKS	RESPONSIBLE UNIT/STAFF	DUE DATE
SA 2 CPS DATA		Jen Regan. Ph.D.- Office of Admn Ops - QI	none
QIC Cert/QA/QI Updates	Honey provided a brief update on certifications	H. Honey Hira, MPH, MSN, RN, PHN – QA Cert Ilda Aharonian, Ph.D.- QA Unit	
Quality Improvement	**Quality Improvement**	**Quality Improvement**	**Quality Improvement**
Electronic CPS Updates & DMH Work Plan	Dr. Shonibare provided an overview of the DMH Work plan and presented updates on the Electronic CPS	LyNetta Shonibare, Psy.D. – QI Unit	
Client Wellbeing Survey	**BACKGROUND** Selecting a Tool: • Effectively measures aspects of wellbeing including having a safe place to live, someone to love, and something productive to do • Seeking to administer to all adults 18+ receiving outpatient services • Minimize burden to already overworked service providers • Need for quick and timely reports to provide feedback **Five Areas of Wellbeing** Purpose –Do you like what you do every day? Do you have something to look forward to? Social –Do you have strong relationships and love in your life? Community –Do you like where you live? Physical –Do you have good health and enough energy to do what you want every day? Financial –Do you have enough money to do the things you want to do in life?	Provided by K. Taguchi- Reported by Kimber	

	Results from May Survey in LA County Data collection period from May 18-July 11, 2021 Clients with >1 service in prior 6 months with an **active email address** Invitations sent to 13,507 total clients, 469 completed (3.5% response rate) Roughly 4 in 5 clients report stress (82%) or worry (79%) during a lot of the previous day. **This is nearly double the amount in recent national estimates** Nearly half of the clients reported their general health as fair or poor, only 20% reported it as excellent or very good. **The percentage of fair/poor is 3x greater than other local or national samples** **More Results from May Survey in LA County** Clients are more likely to report being bothered nearly every day by having little interest or pleasure in doing things (24%) compared to general adult population in LA County (6%) 63% of clients surveyed agree that they have too much stress in their lives vs 35% of general adult population in LA County Only 1 in 4 agrees they always feel safe and secure compared to 65% of adults nationally and 55% of LA county adults Clients are more likely to be obese, based on self reported height and weight and more likely to report experiencing significant physical pain the day before **Next Fielding Begins September 30th** **How can I help?** ◦1) Tell clients about the survey. Assure them that their responses will be kept confidential and will only be shared with their provider in aggregate form.		

	◦2) Make sure clients have an email address on file and that its current and updated. **What will be done with the information?** ◦Countywide Adult Client Wellbeing report will be provided to DMH leadership. ◦Provider Level Scorecards will also be provided twice per year. **Addressing Low Response Rate** Feedback ◦Didn't get the word out in time ◦Consumers not sure if email was legitimate Suggestions for Increasing number of respondents *asocebp@dmh.lacounty.gov*		
EQRO	**EQRO Sept 27-30** • Will be ONLY 3 days • SA 1 and 7 are the focus • timeliness major focus • Some sessions will be streamlined – for example the supervisor and line staff session will be combined • The consumer focus group will remain intact as previously done	Provided by K. Gilbert – Reported by Kimber	
Quality Assurance	**Quality Assurance**	**Quality Assurance**	**Quality Assurance**
QA Announcements **Federal/State Updates** **HIM Reminder**	 CalAIM Implementation dates were provided Staff names, areas of responsibility & their contact info was provided to the membership	Provided by QA Staff (Provided by Brad Bryant, Jen Hallman, Nikki Collier) – reported by Kimber	**Begins Jan 1, 2022-July 2023**

Training & Operations	**<u>Legal Entity Chart Reviews</u>** Updates to version of the chart review tool used by QA Unit Reviewers and Summary Report format aimed at • Employing a more qualitative approach, and • Ensuring that key observations and areas where technical assistance and other support are indicated are clearly identified. **<u>Collaborative Documentation Training Update</u>** • Upcoming General & Train the Trainer Collaborative Documentation Trainings • General Collaborative Documentation -**October 12th** • Train the Trainer –**October 25th** • Training Bulletin/Registration Information for October trainings will go out this week • Further information regarding November dates soon to come • Collaborative Documentation Resource Webpage anticipated to be available by the end of September **<u>Online Training Updates Update</u>** • Online Community Outreach Services (COS) Training currently in development • >Will be available on the QA Training Page under General Training for Legal Entities and Juvenile Justice Halls/Camps **<u>QA Knowledge Assessment Survey</u>** • Survey #4 link was sent out on **August 19th** • Will remain open through the end of September • Shortly after survey closes, the answers and countywide results will be sent out and made available on the Knowledge Assessment page of the QA Website	Provided by Nikki Collier – Reported by Kimber	

	• https://dmh.lacounty.gov/qa/knowledge-assessment-surveys/		
Policy & Tech Development	**<u>QA BULLETIN 21-0X UPDATES TO PRACTICE ARISING FROM THE COVID-19 PUBLIC HEALTH EMERGENCY</u>** **Will verbal consent for services continue to be allowed? How about other intake forms (e.g. acknowledgement of receipt)?** *Yes. Verbal consent for services will continue to be allowed. The QA Unit is in the process of having DMH Policy 312.02 (Opening and Closing of Episodes) updated to clearly allow for capturing verbal agreement for services. In addition, the Consent for Services form will be updated to clearly document when verbal consent has been obtained. All other intake paperwork (e.g., Medi-Cal Required Informing Materials Beneficiary Acknowledgement, Notice to Psychotherapy Clients) may include verbal agreement/consent.* **Will documentation of inability to sign continue to be allowed on HIPAA related forms?** *It depends. For the Acknowledgement of Receipt for the Notice of Privacy Practices (NPP), Directly-Operated providers can continue to complete the receipt for the client by completing the "Inability to Obtain Acknowledgement" section by signing and dating the form as well as checking off "Other Reasons or Comments" and entering the reason for the absence of in-person signature. Providers can also add that the NPP was either emailed or mailed to the client. However, specifically for Authorization for Release of Information, HIPAA requires a signature in order for the Authorization to be valid per 45 CFR 164.508. There is no indication from the federal Office of Civil Rights, Health and Human Services that they have waived this requirement due*		

	to COVID or any other reason. The signature may be electronic, if a HIPAA compliant application is available to obtain the electronic signature of the client (DHCS IN 21-046). **Will verbal consent for services continue to be allowed? How about other intake forms (e.g. acknowledgement of receipt)?** *Yes. Verbal consent for services will continue to be allowed. The QA Unit is in the process of having DMH Policy 312.02 (Opening and Closing of Episodes) updated to clearly allow for capturing verbal agreement for services. In addition, the Consent for Services form will be updated to clearly document when verbal consent has been obtained. All other intake paperwork (e.g., Medi-Cal Required Informing Materials Beneficiary Acknowledgement, Notice to Psychotherapy Clients) may include verbal agreement/consent.* **Will documentation of inability to sign continue to be allowed on HIPAA related forms?** *It depends. For the Acknowledgement of Receipt for the Notice of Privacy Practices (NPP), Directly-Operated providers can continue to complete the receipt for the client by completing the "Inability to Obtain Acknowledgement" section by signing and dating the form as well as checking off "Other Reasons or Comments" and entering the reason for the absence of in-person signature. Providers can also add that the NPP was either emailed or mailed to the client. However, specifically for Authorization for Release of Information, HIPAA requires a signature in order for the Authorization to be valid per 45 CFR 164.508. There is no indication from the federal Office of Civil Rights, Health and Human Services that they have waived this requirement due to COVID or any other reason. The signature may be*		

	electronic, if a HIPAA compliant application is available to obtain the electronic signature of the client (DHCS IN 21-046). **Do financial forms need to be signed in-person?** *For all questions related to financial forms, please email the Central Business Office (cbo@dmh.lacounty.gov).* **Should progress notes continue to state that services will be delivered in a non-standard manner due to COVID-19?** *It depends. If the service is only provided via telehealth or telephone due to COVID-19 related issues (e.g. Client has a cold and cannot receive in-person services or provider site is not seeing clients in-person), there should be a statement in the progress note to state the service was delivered in a non-standard manner due to COVID-19. If the service is provided via telehealth or telephone because that is the "new" way of providing services, no statement is needed.* **Is there any requirement to obtain consent to provide services via telephone or telehealth?** *Yes. Per DHCS, CA Law requires a client's consent to receive services via telehealth or telephone to be documented in the chart but does not specify frequency of obtaining consent nor that the consent requires a signature. While it would be acceptable to document in an initial progress note that the client has agreed to telehealth and/or telephone services, LACDMH will incorporate a statement about telehealth and telephone services into the Consent for Services for use by Directly-Operated providers. Due to the frequency of providing telehealth and/or telephone services, the QA Unit determined a statement in the Consent for Services would be the most efficient and effective way of documenting consent for telephone and telehealth services.*		

	Can verbal consent for medications continue to be obtained? *Yes. The DHCS flexibility of not requiring a signature on the consent for medication ends on September 30, 2021. As was the case prior to the DHCS flexibility, if the client chooses not to sign the consent for medications, the provider shall document that the client understands the nature and effect of the psychiatric medications and consents to receive the medications but does not want to sign (DHCS IN 21-046). Therefore, LACDMH will continue to allow for verbal consent for medications if the client is unavailable to sign due to services being provided via telehealth or telephone. In these situations, practitioners should at least offer to send the consent for medications to the client for signature and document if the client declined.* **Can an assessment continue to be finalized/completed over the telephone?** *Yes. At this time, there are no Medi-Cal requirements that prohibit completing an assessment over the telephone (or via telehealth). Practitioners should use their clinical judgment and standards of practice within their provider/agency as applicable on the appropriateness of finalizing the assessment without seeing the client in-person. DMH Policy 312.02 (Opening and Closing of Episodes) will be updated to clearly indicate this guidance.* **Can initial medication evaluations continue to be conducted over the telephone?** *Yes. At this time, there are no Medi-Cal requirements that prohibit completing an initial medication evaluation over the telephone (or via telehealth). Practitioners should use their clinical judgment and standards of practice within their provider/agency as applicable on the appropriateness of conducting the initial medication evaluation without seeing*		

	the client in-person. For Directly-Operated providers, practitioners should continue to discuss these situations with their supervising psychiatrist. **For telehealth services, does a practitioner need to be present with the client?** *No. Prior to the COVID-19 Public Health Emergency, there was a requirement to have a practitioner physically present with the client for telehealth services. During COVID-19, this requirement was waived. The LACDMH will be updating DMH Policy 308.01 to allow for unsupervised client settings using telehealth. It is critical to continue to discuss and document how to handle crisis situations in the event of a crisis while providing telehealth services.* **What place of service should be used for services provided from the practitioner's home?** *LACDMH has requested clarification from DHCS. In the meantime, the office place of service can continue to be used when telehealth/telephone services are provided from the practitioner's home.* **Can 5150/5151 continue to be done by telehealth?** *Yes.* **MAT FAQ's** **Q: If a MAT assessor has not met with the child or caregiver face to face yet but needs to participate in the Staff Engagement Meeting, can they use that meeting to gather assessment information from DCFS?** **A:** *As long as the legal representative for the child has already been informed of the assessment and has agreed to start the assessment process, the MAT assessor may begin gathering information from DCFS and claim for those assessment services. The first assessment contact does not need to be face to face with the child, but the legal*		

	representative should be informed about the nature and purpose of the assessment, and agree to those services (Refer to LACDMH Policy 312.02 Opening and Closing of Service Episodes). **Q: Is a Client Treatment Plan (CTP) required for the MAT Assessment?** A: *No. A CTP is only required prior to initiating treatment services with a client. Treatment services are services that address a client's mental health needs (e.g. therapy to address depression) and are not for the purpose of assessment, plan development, crisis intervention, or emergent linkage. A CTP is not needed for MAT since only assessment and linkage services are being provided to a client. MAT providers should clearly document the plan to provide linkage to ongoing mental health treatment within the progress note(s).* **Q: Can you provide clarification on when to bill Plan development? What should providers claim when they are participating in the MAT/CFT process?** A: *In general, Mental Health Services -Plan Development (procedure code H0032) would be claimed when providers are beginning to develop a client's treatment plan focusing on planning for the specific interventions that will be provided during treatment. However, in most MAT cases, since MAT providers are working within a CFT to coordinate an array of services, and clients are involved with more than one child serving agency (e.g. DCFS and DMH), ICC (T1017HK) will likely be used instead of plan development for these activities.* **Q: If linking a client to ongoing services exceeds 60 days, can MAT practitioners continue to claim ICC? Will a treatment plan need to be developed for this?**		

	A: *MAT providers can continue to provide and claim for care coordination for the client even if it exceeds 60 days. A formal Client Treatment Plan would not be needed as MAT providers are not providing treatment services, but MAT practitioners should be documenting the ongoing plan for the client's care and clearly state why linkage has been taking a long time.*		

Electronically Signed & Respectfully Submitted by:
Kimber Salvaggio
SA 2 Adult QIC Chair
NEXT MEETING: November 18, 2021
10 am Via Teams