

**LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration**

**Adult Quality Improvement Committee Meeting
January 18, 2017
San Fernando Mental Health Center
10:00 am-12:00 pm
Agenda**

Welcome- Introductions & Agency Updates	All
Review and Adoption of November 2017 Minutes*	All
LAC-DMH Cultural Competency Plan	Susan Park, Ph.D. DMH PSB- QID-CC

Quality Improvement

Clinical Quality Improvement	Office of the Medical Director
Clinical Policy/Parameter Update*	
Safety Intelligence*	
Access Center – Capacity*	Kimber
Policy Updates*	Office of Compliance
Nov 2017 MHSIP	Kimber
PRO	Office of Pt's Rights
QI Announcements	All

Quality Assurance

Audits	All
Medi-cal Certification	Kimber
State DHCS Updates – Intern Title Chgs*	Kimber/All
Training & Operations	Kimber/All
Documentation Trainings*	
LE Annual/DO Quarterly Monitoring Rpts	
LE Chart Reviews	
QA Policy Updates & Technical Asst	Kimber
Clinical Forms & Quality Assurance Bulletins**	Kimber
QA Announcements	All

Other

How is this information disseminated in your agency	All
Future Agenda Items & Adjournment	All

Handout*
Sent Via Email**

Next Meeting for SA 2 Adult QIC: March 15, 2018 at 10-12 pm

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
Service Area 2 Adult
QUALITY IMPROVEMENT COUNCIL (QIC) Minutes

Type of Meeting	Service Area 2 Adult Quality Improvement Committee	Date:	January 18, 2017	
Place	10605 Balboa Ave 2nd fl Conference Room	Start Time:	10:00 a.m.	
Chair	Kimber Salvaggio	End Time:	12:00 p.m.	
Co-Chair	None			
Members Present	APCTC - Tiger Doan Child & Family Ctr - Karen Lee Didi Hirsch – Samuel Pina DMH PSB Countywide QID - LyNetta Shonibare DMH PSB Cultural Competency Unit – Susan Park DMH SCVMHC - Sabrina Barscheski DMH SFMHC – Diana Garcia DMH Urgent Care – Amy Kress DMH WVMHC – Denisa Suciu ECDA – Angie Sanchez Hillview MHC - Julie Jones IMCES - James Pelk SFVCMHC, Inc. - Leslie Di Mascio Tarzana Tx Ctr - Karry Friedman Tarzana Tx Ctr – Sherry Winston Topanga West Guest Home/ ACT Wellness Ctr - Michelle Logvinsky			
Absent Members	DMH PRO - DMH PSB Countywide QA - Allen Pouravanes DMH PSB Cert – DMH SB 82 - Ramona Casupang El Dorado – Lisa Alfonso JFS - Dora Escalante PACS-LA - SFVCMHC, Inc. - Angela Khan Tarzana Tx Ctr – Lorraine Ragosta			
Agenda Item & Presenter	Discussion and Findings	Decisions Recommendations Actions Tasks	Person Responsible	
Call to Order & Introductions	The meeting was called to order at 10:00 a.m.	Introductions were made	K. Salvaggio	
Review of Minutes	Review and Adoption of November 2017 Minutes		All	

Agenda Item & Presenter	Discussion & Findings	Decisions Recommendations Actions Tasks	Person Responsible
Susan Park-DMH PSB Cultural Competency Unit	Presented the LAC-DMH Cultural Competency Plan and facilitated Q & A		Dr. Park/All
Clinical Quality Improvement	<p style="text-align: center;"><u>QUALITY IMPROVEMENT</u></p> <p>Safety Intelligence</p> <ul style="list-style-type: none"> ○ Reviewed safety intelligence procedures for contractors ○ 2 reporters- front line reporter and mgr review of the report ○ 2 c numbers needed ○ Jan 18 2-3 next webinar ○ Front line reporter doesn't need to log in or out ○ mgrs. or higher need to log in ○ problems – contact Ly have c number, pswrd, PN & SA locations ○ reminder to update info on staff that have left the system, currently no form- contact OMD (Doris &/or Ly) <ul style="list-style-type: none"> ● Contract providers (aka legal entities) frontline reporters, managers or higher should have applied for a C – number by Thursday <u>February 15th, 2018</u>. All clinical event reports should be submitted via the Safety Intelligence online reporting system ● Starting Monday <u>April 2nd, 2018</u>. Please note, the Dept. will NOT be accepting paper reports after Monday <u>April 2nd, 2018</u>. ● Next webinar will be held on Thursday <u>January 18th, 2018</u> from 2:00- 3:00 via skype. ● For assistance on safety intelligence, call Doris Benosa at (213) 738-2716 or email DBenosa@dmh.lacounty.gov for any questions. ● For trouble with skype set up, call John Flynn at (213) 251- 6404 or email him at JFlynn@dmh.lacounty.gov. 	<p style="text-align: center;"><u>QUALITY IMPROVEMENT</u></p>	Provided by Office of the Medical Director staff reported by Kimber

<p>Access Ctr Update</p>	<p>Parameter update</p> <p>Capacity discussion</p> <ul style="list-style-type: none"> • 140,000 calls – 13,000 calls a month • Answer within 1 min at 75% day and 70% after hours • Referrals and access to care- first problem: <ul style="list-style-type: none"> ○ List of clinics that have a ‘no accepting clients list’ is forwarded to Terri Boykins ○ Refer a clt to a provider then the client is told can’t be seen & is sent back to access ctr- clt upset- needs to go to SA navigator not the access ctr see access to care policy • Terri Boykins rec’d list –Jessica’s handout • 2nd Problem: on referral/appt line • Client assessed then needs higher level of care and sent to appt line not navigator • if not able to handle referral back to DC/navigator • access & referrals what to do if no capacity 	<p>See handout</p> <p>See handout-will continue discussion during March mtg</p>	<p>Kimber/All</p> <p>Provided by Access Ctr Staff- reported by Kimber</p>
<p>Compliance, Privacy & Audit SVCS Bureau</p>	<p>Policy Updates *</p> <p>See handout</p>		<p>Provided by Compliance Unit</p>
<p>MHSIP</p>	<p>Nov 2017</p> <ul style="list-style-type: none"> • Rec’d 14669 • Refused and incomplete-2773 • May 2017 data started <p>Nov 2016*</p> <p>Dr. Shonibare presented and facilitated discussion on provider level data</p>	<p>See handouts</p>	<p>Provided by QID Staff- reported by Kimber</p> <p>LyNetta Shonibare- DMH PSB Countywide QID</p>
<p>Pt’s Rights</p>	<ul style="list-style-type: none"> • Change of Provider public facing database • 2 phases – DO’s 1st then contractors 	<p>Kimber reminded all that all info needed for logs has been</p>	<p>Kimber/All</p>

<p>QI Announcements</p>	<ul style="list-style-type: none"> • Eta –within 2 months • Can enter data directly into website • Can generate own reports • on the calendar <p>None</p>	<p>placed on outlook as a recurring mtg invitation with forms and impt info</p>	
<p>Audits</p> <p>Medi-Cal Certification</p> <p>State DHCS Updates</p> <p>Training & Operations*</p>	<p style="text-align: center;"><u>QUALITY ASSURANCE</u></p> <p>C & F states that A/C S. Day will be the auditor</p> <p>No Report</p> <p><u>MFT/PCC intern title chgs*</u></p> <ul style="list-style-type: none"> • Effective Jan 1st no more intern now called 'associates' to be in line with social work • Change your signature lines A/O Jan 1, 2018 • For DO- anyone currently listed as MFTI – chg'd their info internally • See handout <ul style="list-style-type: none"> • See handout for future opportunities • need more venues for trainings • <u>LE Chart Reviews</u> <ul style="list-style-type: none"> ○ before review providers get a notification ltr for the review – the QA lead contacts the QA person at the LE- ask for dates to complete the review the LE number, PN's, the CEO and main admin people credentials & contact info ○ <u>assessment</u> not enough strengths & risk factors ○ sx noted but didn't explain the behavioral manifestation ○ <u>CTP</u> – catch all, or too general ○ <u>PN</u> over use of H0032; H2015 skills bldg. not clearly identified <ul style="list-style-type: none"> ▪ Document risks and strengths – what to do about the risk 	<p style="text-align: center;"><u>QUALITY ASSURANCE</u></p>	<p>Karen Lee/All</p> <p>Provided by PSB-QA staff reported by Kimber</p> <p>Provided by PSB-QA staff reported by Kimber</p>

<p>QA Policy Updates & Technical Asst.</p> <p>HIM</p>	<ul style="list-style-type: none"> ▪ Repeating the diagnosis in the Dx summary • <u>Annual LE QA Report/DO Quarterly Monitoring Report</u> <ul style="list-style-type: none"> ○ For DO's 4th quarter of 2017 due this Friday ○ Questions re: cc attestations contact cultural competency unit- contact Sandra Chang ○ Possible Next SSR Jan/Feb 2019 – contractors must be able to show evidence of system of CC training may be highly scrutinized <p>Contact Kimber for questions on the latest QAB's & CFB's</p> <ul style="list-style-type: none"> • Scanning from existing charts into IBHIS-there are no current docs that can be scanned only outside docs, consents, etc • PHI status of materials-lock boxes requested-if info is de-identified then no lockbox is needed • Incident reports in the clinical record-keep in separate folder-don't even mention incident reports in PN • Subpoenas & requests for disclosures – request for clinical personnel-when a clx has been properly named the clx needs to be personally served – requests for disclosure – any person can accept • Is client ID PHI-can a reasonable person identify the client? If so, then its PHI 		<p>Provided by PSB-QA staff reported by Kimber</p> <p>Provided by PSB-QA staff reported by Kimber</p> <p>Provided by PSB-HIM staff reported by Kimber</p>
<p>Announcements</p>	<p>None at this time</p>		
<p>Handouts</p>	<ul style="list-style-type: none"> ➤ Draft of January 2017 Minutes ➤ LAC DMH CCP FY 15-16 PPT & Handouts ➤ Clinical Policy/Parameter Update 12/17 ➤ January 8, 2018 Clinical Risk Mgmt ➤ SA 2 QIC Safety Intelligence Information 		

	<ul style="list-style-type: none">➤ Access Ctr Calls CY 2017➤ December 2017 & January 2018 Policy Updates➤ MHSIP Domains & Scoring Instructions➤ MHSIP Fall 2016 YSS-F, Adult, Older Adult➤ January 2018 Documentation Training Sch'd➤ Implementation of Title Change
Next Meeting	➤ March 15, 2018

Respectfully Submitted,

Kimber Salvaggio