

County of Los Angeles – Department of Mental Health
Service Area 3

Quality Improvement Committee Meeting

July 19, 2017

9:30 am – 11:30 am

AGENDA

- | | | |
|-----|---------------------------|--|
| I | Welcome and Introductions | Stacey Fonseca |
| II | Review of the Minutes | Stacey Fonseca |
| III | QI/QA Process | Gassia Ekizian – Foothill
Family Services |

Quality Improvement

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| I | Clinical QI: OMD Report | Gassia Ekizian |
| II | Patients' Rights Update | Stacey Fonseca |
| III | Cultural Competence Updates | Stacey Fonseca |
| IV | Policy Update | Gassia Ekizian |

Quality Assurance Liaison Meeting

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| I | State DHCS: Waivers | Gassia Ekizian |
| II | Schedule of Trainings and Presentations | Stacey Fonseca |
| III | QA Bulletins | Stacey Fonseca |
| IV | Service Verification | Gassia Ekizian |

Other Issues

- | | | |
|----|-------------------|-----|
| I | Announcements | All |
| II | Future QIC topics | All |

**Next Meeting: September 20, 2017 at Enki, 3208 Rosemead Blvd , 2nd Floor,
El Monte, CA 91731**

Parking at lower level only.

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION**

Type of Meeting	Service Area 3 QIC	Date	7/19/2017	
Place	ENKI - 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.	Start Time:	9:30 am	
Chairperson Co-Chairs	Dr. Stacey Fonseca Mrs. Gassia Ekizian Dr. Margaret Faye	End Time:	10:35 am	
Members Present	<i>Shianne Torales</i>	<i>Alma</i>	<i>Gassia Ekizian</i>	<i>Foothill Family Services</i>
	<i>Cynthia Concepcion</i>	<i>Almanson</i>	<i>Janet Yang</i>	<i>Heritage Clinic</i>
	<i>Mark Rodriguez</i>	<i>Bridges</i>	<i>Laura Jimenez</i>	<i>Hillsides</i>
	<i>Scott Rodriguez</i>	<i>CA Mentor</i>	<i>Gerry Bonilla</i>	<i>Homes for Life Foundation</i>
	<i>Caitlin Staveley</i>	<i>Center for Integrated Family and Health Services</i>	<i>Karen Sammon</i>	<i>Maryvale</i>
	<i>Leslie Shrager</i>	<i>Children’s Bureau of So. Cal</i>	<i>Sally Bermudez</i>	<i>McKinley Children’s Center</i>
	<i>Estera Borea</i>	<i>Crittenton Services</i>	<i>Todd Wiegand</i>	<i>NAMI-ESGV</i>
	<i>Stacey Fonseca</i>	<i>DMH</i>	<i>Yvonne Hogan</i>	<i>NAMI-ESGV</i>
	<i>Robin Washington</i>	<i>DMH</i>	<i>Vivian Chung Easton</i>	<i>Prototypes</i>
	<i>Emma Cong</i>	<i>DMH</i>	<i>Natasha Stebbins</i>	<i>PUSD</i>
	<i>Zerri Gross</i>	<i>D’Veal</i>	<i>Janice Garcia</i>	<i>Rosemary Children’s Services</i>
	<i>Michael Olsen</i>	<i>ENKI</i>	<i>Rebecca deKeyser</i>	<i>San Gabriel Children’s Center</i>
	<i>Tiffany Tran</i>	<i>Five Acres Boys and Girls Society</i>	<i>Dawn Dades</i>	<i>Social Model Recovery Systems, Inc.</i>
	<i>David Felix</i>	<i>Five Acres Boys and Girls Society</i>	<i>Nancy Othman</i>	<i>SPIRITT Family Services</i>
	<i>Raquel Neidhold</i>	<i>Five Acres Boys and Girls Society</i>	<i>Rocio Bedoy</i>	<i>Tri-City MH</i>
			<i>Keri Zehm</i>	<i>Tri-City MH</i>
			<i>Joe Bologna</i>	<i>Trinity-El Monte</i>

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Call to Order & Introductions	The meeting was called to order and followed with self-introductions.		
Review of Minutes	Motion to approve the minutes by Laura Jimenez and seconded by Rebecca DeKeyser.		
QI/QA Process	<p>Gassia Ekizian presented from Foothill Family Services. There are six sites, four that bill to Medi Cal. The QA/QI team consists of the QA/QI Director, Training Manager, QI Manager, QA Specialist, 1 Lead Compliance specialists and 4 Compliance Specialists at each site. They have a case review process involving the supervisor, program manager, and therapist. A random pull of active cases is done that includes 20-60% of each therapist's cases and includes terminated cases too. They use an audit tool that is embedded in the EHR. Reports can be ran for average scores by site, supervisor and individual therapist and outstanding audit tools and that is sent to supervisors and is also used to identify training needs. They do monthly webinars with new information and memos in between the webinars. The lead Compliance Specialists coordinates Data Submission and all EBP certifications and the four compliance specialists at the sites administer outcome measures to the clients, then score it and provide it to the therapist and do data submission. There is a PQI committee that is implementing an infrastructure to be used agency wide. All programs have an annual planning meeting where they develop measureable goals for the program and individually.</p>	See Handout	

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Clinical QI: OMD Report	There is a memo coming about sharing information among family members. Consent of services--#7 explains that we can share information to DMH providers. Please use the provider communication form rather than the release of information process.	See Handouts.	
Patients' Rights Updates	Any logs are sent to the DMH email, Office of the medical director currently assisting in recording the data and completing the 2016-2017 report.		
Cultural Competency Updates	A memo will be going out regarding the protection of immigrant rights and how certain information can be obtained. Website is being updated. OA.lacounty.gov		
Policy Update	Please review the changes.	See Handout	
State DHCS: Waivers	Agencies need to obtain waivers for unlicensed psychologists. Please review 10-03. Make sure both sides of the form need to be completed. Contact person is Diane Gilroy.		
Schedule of Trainings and Presentations	New trainings have been added, please review. The new COS manual was released in early July and there will be upcoming trainings.	See Handout	
QA Bulletins	Bulletin number 17-12 discussed the changes to COS manual. Number 17-13 goes over medical necessity and the documentation. Number 17-15 reviews changes to adding roles to certain procedure codes.	See Handouts	
Service Verification	There is a form being sent out to clients as a confirmation of services. If there are any issues, then the resolution form is used. Fill out what services your agency provided so it can be clarified with the client. Please complete in two weeks.	See Handout	

Agenda Item & Presenter	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible & Due Date
Announcements	<ul style="list-style-type: none"> -There is DMH QA documentation review with contract providers. -SA3 QIC Meeting will be dark in August -SA3 EQRO in September – QA Liaison will be in contact with agencies about focus groups that will take place -PERM audit is complete. -Maryvale is hiring. -PUSD’s dashboard was approved and implement after working with Practicewise and clinictrak. 		
Handouts	<ol style="list-style-type: none"> 1. Agenda 2. Meeting Minutes: June 21, 2017 3. Handout from Foothill Family Services 4. SHIG handouts 5. Policy Update 6. Documentation Training Schedule 7/10/17 7. Quality Assurance Bulletins No. 17-12, 17-13, 17-14, and 17-15 8. Service Verification Resolution Form 9. Clinical Forms Bulletin NO 17-02 		
Next Meeting	<p>Next Meeting is 9/20/17 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2nd Floor, El Monte, CA 91731.</p>		

Respectfully Submitted, Dr. Keri Zehm, Tri-City Mental Health