



County of Los Angeles – Department of Mental Health

Service Area 7 Administration

Quality Assurance / Quality Improvement Committee

October 17, 2017

2:00 PM-4:00 PM

1. Welcome/Introductions Susan/Caesar
2. Review & Approval of Minutes Caesar/Susan
3. Quality Improvement
 - a. **Non-SMHS Referrals and Physical Health Referrals to HPs and BHOs** by Yvette Willock, LCSW, MA
 - b. MHSIP Fall 2017. Surveys to be administered the week of November 13-17.
4. Quality Assurance
 - a. **Using the assessment to inform the treatment plan**” by Jennifer R. Hallman, L.C.S.W./M.P.A.
 - b. *QA Bulletin 17-16: Org Manual Updates Based on DHCS Information Notice and Clinical Forms Bulletin #17-04.*

Next Quality Improvement/Quality Assurance Meeting

Alma Family Mental Health Services
9101 Whittier Blvd.
Pico Rivera, CA 90660
2-4pm

November 21, 2017

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 7
QUALITY IMPROVEMENT COMMITTEE (QIC) Minutes**

Type of Meeting:	SA 7 QIC	Date:	10/17/17
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	2:00PM
Chairpersons:	Antonio Banuelos (Interim Chair) Caesar Moreno (Co-Chair) Susan Lam (Co-Chair)	End Time:	4:00 pm
Members Present:	Laura Solis, Hsiang-Ling Hsu, Michelle Barajas-Sanchez, Sybil Chacko, Cara Jenson, Wendy Mielke, Rani Mammen, Joel Solis, Erika Frausto, Nicole Santamaria, Raul H. Velasquez, Mike Ford, Jennifer Mitzner, Ashlei Sullivan, Leana Olague, Arlene Contreras, Ester Robles, Adrine Bazikyan, Robin Washington, Stephanie Platt, Lucia Cota, George Alves, Silvia Simental, James McEwen, Gloria Guevara, Denise Garcia, Alex Balian, Anthony Thai, Vivian Lee, Ashley Phelps, Oscar Alvarez, Lily Aguirre, Maria Arroyo, Erminda Salazar, Javier Nevarez, Gabriela Villegas, Vanessa Villa, Angela Trenado		
Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome and Introductions	Meetings was called to order at 2:00 pm	Introductions made and new members welcomed	Susan Lam
Review & Approval of Minutes	Minutes from August 2017 meeting were reviewed	Minutes were approved by: Joel Solis Michelle Barajas-Sanchez	Caesar Moreno
Quality Improvement	MHSIP Fall 2017, Survey's to be administered the week of Nov 13-17	Training for MHSIP Survey on Nov 1 st from 9-10:30AM. More information to follow.	Antonio Banuelos
Quality Assurance	QA Bulletin 17-16: Org Manual Updates based on DCHS information Clnical Forms Bulletin #17-04	Handout Provided on the updates. Jennifer Hallaman answered questions regarding the Added Columbia Suicide Screening questions regarding self-harm under Reason for Referral and Chief	

		<p>Complaint and its requirement. Ms. Hallman clarified that it is not required for LE providers and LE providers are only required to answer Capitalized Bold Letters</p>	
<p>Presentation</p>	<p>Non-SMHS Referrals and Physical Health Referrals to HPs and BHOs <u>Referrals for Physical Health and Non-Speciality Mental Health Services</u> Determining which Health Plan is managing the Medi-Cal Benefit and Understanding the relationship between Health Plans and BHOs. Medi-Cal <i>Only</i>, Subcontracted Health Plans, <i>and</i> BHOs. LA CARE can decide to manage their patients health plan directly or decide to subcontract out. When LA Care directly manages the health care plan under LA care it would link to BHO/Beacon (non-SMHS) for the meds only psychiatric care. However, when it decides to subcontract out the patient can choose to go with three types of health care : Anthem, Kaiser, and Care1st. Anthem and Kaiser will manage the non-SMHS, however Care1st will link to BHO/Beacon non-SMHS. Knowing which medi-cal health plan will help in supporting clients in navigating to non-SMHS successfully. Health Net can decide to manage their patients health care plan directly or choose to subcontract out. When Health Net manages their Health Net directly it would link to MHN for non-SMHS. When Health net subcontracts out it is subcontracted to Molina. LA Care Medi-Cal <i>Only</i> Beneficiary Card has a LA Care Logo on it. <i>NOTE:</i> The Medical Group is responsible for approving Speciality Health Services. Anthem/LA Care Medi-Cal <i>Only</i> Beneficiary Card has a Anthem Logo, but will also have a LA Care logo. Kaiser/LA Care Medi-Cal <i>Only</i> Beneficiary will have a Kaiser logo, but will have a LA Care logo. Care1st/LA Care Medi-Cal <i>Only</i> Beneficiary will have a Care1st logo and a LA Care logo. Los Angeles County: Health Plans and Medi-Cal The <i>Medi-Cal Eligibility Screen</i> assists with the identification of which Health Plan is managing the client’s Medi-cal benefit. This is typically provided in the fine print in the the</p>		<p>Yvette Willock</p>

	<p>eligibility message fine print.</p> <p><u>Referrals to Non-Specialty Mental Health Services</u> Thoughtful clinical assessment that the client needs non-SMHS. Referral for Specialty Mental Health Services (SMHS) and Non-Specialty Mental Health Services (non-SMHS) must be consistent with Medi-Cal Medical Necessity Criteria for SMHS and the State definition of non-SMHS. The transitioning of the client to a new provider/system of care should be clinically addressed thoroughly with the client as with any termination. A “warm hand-off” approach between the client and provider is essential with communication occurring between providers to ensure successful referral and linkage Psy-testing needs pre-authorization. Requests to exchange and/or release information between providers must be consistent with HIPPA Privacy regulations. Complete Provider Communication MH 707 Form – the signature from the rendering provider <i>and</i> a clinical supervisor are required on all referral requests. Non-Specialty Mental Health Services Referrals: Fax completed Provider Communication to the appropriate Health Plan or Behavioral Health Organization. Also Fax a copy to DMH Managed Care Coordination Team at 213-738-4412. NOTE: Keep a copy and maintain a file for all referrals submitted.</p> <p>Using the assessment to inform the treatment plan Jennifer Hallman & Michelle Young Clinical Formulation- lacking strengths, timeframes, S/I, impairments (not a clear picture), there is not a clear understanding of what is going on and not knowing if they are isolating because it is their coping mechanism versus someone who has social anxiety. There should be a clear context in order to come up with goal and treatment. This is more of a clinical issue. As you read the clinical formulation do you think it gives an adequate presentation of the client?</p>		<p>Jennifer Hallman and Michelle Young</p>
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	<p>Treatment Plan – Starting with the development of the goal before it goes to the objective. What do we need to help the client. Problems: identification of the problem and then identifying the mental health needs – Of the problems identified which can be treated under mental health. Goal – a 3-5 word simple statement for the client. Social Anxiety – Decrease anxiety – Reduce Anxiety Objective – a way to measure it Reduce Anxiety 3x/day to 2x/day. When writing objectives 3 things to consider:</p> <ol style="list-style-type: none">1. Is it mental health related?2. Does it make sense to the client?3. Is it measurable? <p>The three 3 things are the only requirement Helping clinicians to slow down and understand the process Step by step to help clinicians build the treatment plan, so they don't get lost.</p>		
Adjournment	Respectfully Submitted, Susan Lam QIC Co-Chair	Next Meeting: November 21, 2017 Alma Family Services 9101 Whittier Blvd Pico Rivera, CA 90660	