

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

**Adult Quality Improvement Committee Meeting  
September 20, 2018  
San Fernando Mental Health Center  
10:00 am-12:00 pm  
Agenda**

Welcome- Introductions & Agency Updates All  
Review and Adoption of July 2018 Minutes\* All

**Quality Improvement**

Clinical Quality Improvement Office of the Medical Director  
Policy Updates\* Office of Compliance  
PRO Office of Pt's Rights  
Cultural Competency Update Cultural Competency Unit  
Language Interpreter Services for LE's\*  
Cultural Competency Plan Annual Requirements  
Organizational Assessment  
QI Updates/Announcements Countywide QID/All  
ACCESS Updates\*  
PMRT Data\*  
QI Work Plan Goals Evaluation – CY 2017 & QI Work Plan 2018 Goals\*  
Timeliness Self-Assessment Survey/EQRO\*

**Quality Assurance**

Audits All  
Training & Operations Kimber/All  
Documentation Trainings\*\*  
QA Policy Updates & Technical Asst Kimber/All  
Co-Occurring D/O Discussion  
Network Adequacy  
Access to Care  
QA Announcements All  
Countywide QA Reviews  
New CW QA Distribution Method\*

**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: November 15, 2018 at 10-12 pm**



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

<b>Type of Meeting</b>	<b>Service Area 2 Adult Quality Improvement Committee</b>	<b>Date:</b>	<b>September 20, 2018</b>	
<b>Place</b>	<b>10605 Balboa Ave 2<sup>nd</sup> fl Conference Room</b>	<b>Start Time:</b>	<b>10:00 a.m.</b>	
<b>Chair</b>	<b>Kimber Salvaggio</b>	<b>End Time:</b>	<b>12:00 p.m.</b>	
<b>Co-Chair</b>	<b>None</b>			
<b>Members Present</b>	<b>Child &amp; Family Ctr – Jennifer Roecklein</b> <b>Didi Hirsch – Aminah Ofumbi</b> <b>DMH PSB Countywide QA – Patricia Lopez</b> <b>DMH SCVMHC - Sabrina Barscheski</b> <b>DMH SFMHC – Diana Garcia</b> <b>DMH Urgent Care – Amy Kress</b> <b>DMH WVMHC – Denisa Suciu</b> <b>ECDA – Angie Sanchez</b> <b>El Dorado – Anthony Sykes</b> <b>JFS - Dora Escalante</b> <b>SFVCMHC, Inc. - Leslie Di Mascio</b> <b>Tarzana Tx Ctr - Karry Friedman</b> <b>Tarzana Tx Ctr – Sherry Winston</b> <b>Topanga West Guest Home/ ACT Wellness Ctr – Megan McDonald</b>			
<b>Absent Members</b>	<b>APCTC - Tiger Doan</b> <b>DMH PRO -</b> <b>DMH PSB Countywide QID - LyNetta Shonibare</b> <b>DMH PSB Cert –</b> <b>DMH PSB Cultural Competency Unit –</b> <b>DMH SB 82 - Ramona Casupang</b> <b>Hillview MHC – Julie Jones</b> <b>IMCES –James Pelk</b> <b>Pacific Clinics – Danielle Norman</b> <b>SFVCMHC, Inc. - Angela Khan</b> <b>PACS-LA -</b>			
<b>Agenda Item &amp; Presenter</b>	<b>Discussion and Findings</b>	<b>Decisions Recommendations Actions Tasks</b>	<b>Person Responsible</b>	
<b>Call to Order &amp; Introductions</b>	The meeting was called to order at 10:00 a.m.	Introductions were made	K. Salvaggio	
<b>Review of Minutes</b>	Review and Adoption of July 2018 Minutes		All	
<b>Agenda Item &amp; Presenter</b>	<b>Discussion &amp; Findings</b>	<b>Decisions Recommendations Actions Tasks</b>	<b>Person Responsible</b>	

	<u>QUALITY IMPROVEMENT</u>	<u>QUALITY IMPROVEMENT</u>	
<p><b>Quality Improvement</b></p>	<p><b><u>Tabled Items from July – EQRO context</u></b>  <b>Clinical PIP - reducing hospitalizations</b></p> <ul style="list-style-type: none"> <li>• COD groups training for all SA's</li> <li>• Crisis Residential Treatment programs - priority access to ten beds each month managed by CRM; reviewed at every ISR PIP meeting. Minimal use of the resource. Being addressed in the PIP. Referrals not resulting in admissions. Timely problem-solving intervention implemented with DO.</li> </ul> <p><b>Non-clinical pip (front desk customer service survey)</b></p> <ul style="list-style-type: none"> <li>• client exp workshop welcoming training</li> <li>• 442 trained in 20 sessions in May and June</li> <li>• general knowledge of clinic ops needed 5 question satisfaction survey admin in feb 2018               <ul style="list-style-type: none"> <li>○ strongly agree or disagree</li> <li>○ helpful</li> <li>○ flexible</li> <li>○ tx'd with dignity and respect</li> <li>○ I am welcomed when I arrive</li> </ul> </li> <li>• generally positive but some negative               <ul style="list-style-type: none"> <li>○ need to listen</li> <li>○ wrong info</li> <li>○ work for \$ staff are like robots</li> <li>○ still has theme of negative comments</li> <li>○ created additional session (7<sup>th</sup>) for 121 participants</li> <li>○ created knowledge database for staff on dx'd</li> </ul> </li> <li>• 2<sup>nd</sup> phase is for contracted providers</li> </ul>		<p>Provided by PSB QI Staff-reported by Kimber</p>
<p><b>Compliance, Privacy &amp; Audit SVCS Bureau</b></p>	<p><b><u>Policy Updates *</u></b></p> <ul style="list-style-type: none"> <li>• See the handout</li> </ul>		<p>Provided by Compliance Unit</p>
<p><b>Pt's Rights</b></p>	<p>No Report</p>		

<p><b>Cultural Competency</b></p>	<p><b><u>Language interpreter services for LE's</u></b></p> <ul style="list-style-type: none"> <li>• See handout of vendors</li> <li>• ISD cannot set these calls up</li> <li>• ASL 200.02 sign language for LE's and DO's</li> <li>• Plan ahead before you need the service</li> <li>• the CCC is recommending that the term hearing impaired be change to persons who are deaf or hard of hearing</li> <li>• UREP subcommittee for persons with physical disabilities             <ul style="list-style-type: none"> <li>○ yet to be named</li> <li>○ funding from capacity building</li> <li>○ services accessibility is the goal of this subcommittee</li> </ul> </li> <li>• Tracking of Completed CC Training Reports             <ul style="list-style-type: none"> <li>○ Not new requirement</li> <li>○ Previously here 2016 – liked the variety of trainings, the availability of particular trainings, negative on how we track</li> <li>○ DMH has an attestation to be completed – only rec'd 300 from the entire dept.</li> <li>○ Will provide report to DC's and QIC's SA specific with provider number</li> <li>○ What about new hires? Answer: document</li> </ul> </li> <li>• CC Organizational Assmt Project             <ul style="list-style-type: none"> <li>○ Required</li> <li>○ Hired consultants Davis and associates</li> <li>○ Tool developed for DO's and LE's that gathers info on staff perspectives on CC</li> <li>○ Electronic survey</li> <li>○ Likert scale</li> <li>○ 20 minutes to complete</li> <li>○ questions on future trainings or needs &amp; gaps</li> </ul> </li> </ul>		<p>Provided by CC Staff-reported by Kimber</p>
<p><b>QI Updates &amp; Announcements</b></p>	<p><b><u>Access Updates</u></b></p> <ul style="list-style-type: none"> <li>• priority slots not urgent slot – dhs routine and managed care</li> <li>• access attaches a copy of the medi-cal info to the priority appt</li> </ul>		<p>Provided by PSB QI Staff-reported by Kimber</p>

	<ul style="list-style-type: none"> <li>• still experiencing problems with clts in these categories</li> </ul> <p><b><u>PMRT Data</u></b></p> <ul style="list-style-type: none"> <li>• see handout</li> <li>• data in the context of EQRO</li> </ul> <p><b><u>EQRO 9/24-27</u></b></p> <ul style="list-style-type: none"> <li>• SA 1 &amp; 4 will have SA focus groups</li> <li>• SA 1 Latino adult and parent caregiver's prescriber session and alternate resource (ARC)</li> <li>• SA 4 Korean caregiver group and adult African Americans             <ul style="list-style-type: none"> <li>• Centralized sessions                 <ul style="list-style-type: none"> <li>○ nonclinical front desk customer satisfaction 1-2:30 9/24</li> <li>○ Clinical performance 9/24 9-10:30 intensive service recipients</li> </ul> </li> </ul> </li> </ul> <p><b><u>QI Work Plan Goals CY 2017 &amp; QI Work Plan 2018 Goals*</u></b></p> <ul style="list-style-type: none"> <li>• Of the 20 goals we met 19</li> <li>• Previously we have struggled with first 2 goals</li> <li>• Latino pop went down</li> <li>• More individuals are reporting more than one race or dual races</li> <li>• Consumer served went up</li> <li>• Service delivery capacity will remain the same</li> </ul> <p><b><u>Timeliness Self-Assessment Survey – see handout*</u></b></p>		
<p><b>Audits</b></p> <p><b>Medi-Cal Certification</b></p> <p><b>State DHCS Updates</b></p>	<p style="text-align: center;"><b><u>QUALITY ASSURANCE</u></b></p> <p>No Report</p> <p>No Report</p> <p><b><u>Waiver Reminder</u></b></p> <ul style="list-style-type: none"> <li>• Employees who have graduated but not registered may not provide services under the psychotherapy scope until they get their registration.</li> <li>• Waivers required for psychologists who have 48 hours/72 trimester hours. Practicum hours do count. Intern and</li> </ul>	<p style="text-align: center;"><b><u>QUALITY ASSURANCE</u></b></p>	<p>Provided PSB QA – reported by Kimber</p>

<p><b>Training &amp; Operations*</b></p>	<p>dissertation hours don't. Look at how you're calculating hours, especially for staff who have attended different universities, including when they include both semester and trimester units. Need to be collecting transcripts for your students.</p> <ul style="list-style-type: none"> <li>• Diane following up with agencies to see if they are attending SA QICs to ensure information flow.</li> </ul> <p><b><u>Training &amp; Operations*</u></b></p> <ul style="list-style-type: none"> <li>• See handout for training opportunities*</li> </ul> <p><b><u>New trainings in development</u></b></p> <ul style="list-style-type: none"> <li>• <i>short version of understanding doc</i> <ul style="list-style-type: none"> <li>○ 2-3 hours</li> <li>○ target audience some familiarity of smhs</li> </ul> </li> <li>• <i>TCM/rehab</i> <ul style="list-style-type: none"> <li>○ abt 3 hours</li> </ul> </li> <li>• <i>navigating QA resources</i> <ul style="list-style-type: none"> <li>○ will be video format 15 min</li> </ul> </li> </ul> <p><b><u>Need training venues</u></b> 50 or more with good parking**</p>		<p>Provided by PSB-QA staff reported by Kimber</p>
<p><b>QA Policy Updates &amp; Technical Asst.</b></p>	<p><b><u>Access to care and svc request log</u></b></p> <ul style="list-style-type: none"> <li>• July 1, 2018 timelines chg'd</li> <li>• what are the requirements around access to care</li> <li>• medication appts – if there is an rx need known, best practice is to have them get their rx on the clinical day</li> <li>• if while doing the assessment it becomes known that an rx need there must be an appt within 15 days</li> <li>• FAQ's coming</li> <li>• then comes the monitoring piece</li> <li>• <u>2 parts</u> <ul style="list-style-type: none"> <li>○ the individual provider-what does the data look like</li> <li>○ the overall system</li> </ul> </li> <li>• access to care incorporated into the program report card and into the chart review           <ul style="list-style-type: none"> <li>○ if over the timeframe, where's the documentation this this will</li> </ul> </li> </ul>		<p>Provided by PSB-QA staff reported by Kimber</p>

not be detrimental to the health of the client.

- o November is when dmh will start looking at the data
- o Audit tool pending – how to track if rx need is found in assessment – probably in assessment or a survey or random
- o Webinar 9/11 and 9/12

**Co-occurring d/o f/u discussion**

- o CWQA reviewed cases where the services were related to substance use
- o CWQA is shadowing COD groups
- o QA bulletin pending
- o CWQA is seeing Clt is put in COD or substance groups but the assessment or tx plan doesn't have identified need (this is not specific to COD groups but groups in general) and PN focus on ??
- o DMH is not paid for tx'g sub use we are not a sub use provider
- o There are privacy issues (42 cfr part 2)
- o not just reviewing the documentation
- o thinking of substance like a medical issue
  - I'm not treating diabetes
  - I may talk about it but am not treating it

**Network Adequacy Updates**

- update and keep up to date as caseloads chg
  - getting new practitioners
  - losing practitioners
- DMH updated the NAC and incorporated provider directory updates
  - o Deadline Sept 24<sup>th\*\*</sup>
  - o We send info to state on 10-01
  - o Added fields:
    - for Email address and CC attestations (hopefully) % of staff that have been trained to eliminate the attestation – train anybody who may come in contact with a client even if not paid by dmh \$
    - New ASCO LPCC, ASOC MFT, ASOC MSW – move them to the associate field



	<ul style="list-style-type: none"> <li>• For provider directory at practitioner level – accepting new beneficiaries – check box yes or no will be defaulted to yes and uncheck if needed – do the best they can- will try to connect provider directory &amp; NAC &amp; access to care</li> <li>• Cultural capability generic list co-occurring, gender identity, vets, spirituality, trauma, etc.</li> </ul> <p><b><u>Access to care webinar</u></b></p> <ul style="list-style-type: none"> <li>• recorded</li> <li>• Stress the education piece – housing or adult seeking svc at a child clinic – educate the person and provide the linkage</li> </ul>		
	<p><b><u>QA Announcements</u></b></p> <ul style="list-style-type: none"> <li>• QA Reviews           <ul style="list-style-type: none"> <li>○ no longer program review</li> <li>○ QA may go out with contracts - EVA to reduce the burden on the provider</li> </ul> </li> <li>• New QA distribution method *           <ul style="list-style-type: none"> <li>○ will look like from LAC</li> <li>○ subject line will very clear QA update</li> <li>○ won't do QA bulletins on everything e.g. Network Adequacy reminders</li> <li>○ will take the existing distribution list to this new method of distribution</li> <li>○ if not getting QAB's or CFB's currently – send info to David Crain</li> <li>○ for DO's for QA check-in's will be on the upcoming reviews in this mtg as well</li> </ul> </li> </ul>		
<b>Announcements</b>	<ul style="list-style-type: none"> <li>• None</li> </ul>		
<b>Handouts</b>	<ul style="list-style-type: none"> <li>➤ Draft of July 2018 Minutes</li> <li>➤ August 2018 &amp; September 2018 Policy Updates</li> <li>➤ Language Interpreter Services for LE's</li> <li>➤ Access Ctr Report (FY 2017-2018)</li> <li>➤ QI Work Plan Evaluation Summary CY 2017</li> <li>➤ QI Work Plan Goals Summary CY 2018</li> </ul>		

	<ul style="list-style-type: none"><li>➤ 2018 EQRO Timeliness Self-Assessment</li><li>➤ QA Notification Update Sample</li></ul>
<b>Next Meeting</b>	<b>➤ November 15, 2018</b>

Respectfully Submitted,

Kimber Salvaggio

