

**LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH**  
**Service Area II Program Administration**  
**Adult Quality Improvement Committee**  
**March 21, 2019**  
**San Fernando Mental Health Center**  
**10:00 am-12:00 pm**  
**Agenda**

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

**Quality Improvement**

Clinical Quality Improvement Office of the Medical Director  
SI Presentations\*  
Policy Updates\* Office of Compliance  
PRO Office of Pt's Rights  
Cultural Competency Committee Update Cultural Competency Unit  
Integrated Health Conference  
CCU Careers in MH  
Quality Improvement Work Plan Summary 2018\* Countywide QID  
Test Calls/Access Ctr Calls 2019 Countywide QID/Access Ctr  
Surveys – Fall 2017 Countywide QID  
Trends in CPS\*  
QI Updates/Announcements Countywide QID/All  
Front Ofc Customer Svc Training

**Quality Assurance**

Audits All  
Training & Operations Countywide QA Train'g & Ops  
Documentation Trainings\*\*  
State DHCS Updates – SSR Countywide QA Policy & Tech Dev  
QA Policy Updates & Technical Asst Countywide QA Policy & Tech Dev  
NACT  
Proposed Updates to Codes Manual  
Assessment Forms Changes  
Med Consent Requirements  
Psychiatric Residents  
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: May 16, 2019 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>March 21, 2019</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>APCTC - Tiger Doan</b> <b>Child &amp; Family Ctr – Lorena Chavez</b> <b>Didi Hirsch – Marina Eckart</b> <b>DMH PSB Countywide QID - LyNetta Shonibare</b> <b>DMH SB 82 - Ramona Casupang</b> <b>DMH SCVMHC - Sabrina Barscheski</b> <b>DMH SFMHC – Diana Garcia</b> <b>DMH WVMHC – Denisa Suciu</b> <b>ECDA – Giselly Castillo</b> <b>EI Dorado – Anthony Sykes</b> <b>JFS - Dora Escalante</b> <b>Rancho San Antonio – Zeena Burse</b> <b>SFVCMHC, Inc. - Angela Khan</b> <b>Tarzana Tx Ctr - Karry Friedman</b> <b>Tarzana Tx Ctr – Sherry Winston</b> <b>TCPI – DMH – Alissa Nelson</b> <b>Topanga West Guest Home/ ACT Wellness Ctr – Megan McDonald</b>		
<b>Absent Members</b>	<b>DMH PRO -</b> <b>DMH PSB Cert – David Lee</b> <b>DMH PSB Countywide QA – Patricia Lopez</b> <b>DMH PSB Cultural Competency Unit –</b> <b>DMH Urgent Care – Amy Kress</b> <b>Hillview MHC – Julie Jones</b> <b>IMCES –James Pelk</b> <b>Pacific Clinics – Danielle Norman</b> <b>PACS-LA -</b> <b>SFVCMHC, Inc. - Leslie Di Mascio</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 Jan 2019 Minutes		All

Agenda Item & Presenter	Discussion & Findings	Decisions Recommendations Actions Tasks	Person Responsible
<p><b>CLINICAL QUALITY IMPROVEMENT</b></p> <p><b>Compliance, Privacy &amp; Audit SVCS Bureau</b></p> <p><b>Pt's Rights</b></p> <p><b>Cultural Competency</b></p>	<p style="text-align: center;"><b><u>QUALITY IMPROVEMENT</u></b></p> <p><b><u>Safety Intelligence</u></b></p> <ul style="list-style-type: none"> <li>• If you would like a presentation on SI contact info was provided to the group</li> <li>• Angela Kahn spoke about the presentation at her agency for her managers &amp; encouraged attendees to have the presentation at their respective agencies as it was very informative and helpful</li> </ul> <p><b><u>Policy Updates</u></b></p> <ul style="list-style-type: none"> <li>• See Feb 2019 &amp; Mar 2019 handouts</li> <li>• Brief discussion on Coordination of Care Policy 302.03</li> <li>• Fed Reg tied to this – client knows who to contact if a need arises</li> <li>• The State wants to know how do WE know that the client know who is the primary contact</li> <li>• Best practices sharing: <ul style="list-style-type: none"> <li>○ client is made aware when safety plan is created with client</li> <li>○ contact is on appt slip given to client at the time appt is made</li> <li>○ info is on 'Welcome Letter' from PH at DO's</li> <li>○ practice to assist placing clinic and identified team member's phone number in client's phone 7 this is documented in PN</li> </ul> </li> </ul> <p>No Report</p> <p><b><u>Integrated health multicultural conference</u></b></p> <ul style="list-style-type: none"> <li>• Lead in planning June 18</li> <li>• Different models of health integration – veterans, foster care, community re-integration, homeless, recent immigrants, asylum seekers</li> <li>• Open to all county depts.</li> </ul>	<p style="text-align: center;"><b><u>QUALITY IMPROVEMENT</u></b></p>	<p>Provided by OMD – reported by Angela Kahn &amp; Kimber</p> <p>Provided by Compliance Unit-Reported by Kimber/All</p> <p>Provided by CC Unit-Reported by Kimber</p>

<p><b>QI Updates &amp; Announcements</b></p>	<p><b><u>New CCU Project Careers in MH</u></b></p> <ul style="list-style-type: none"> <li>• partner with DEPT of public health</li> <li>• pre-selected some schools</li> <li>• looking at barriers in pursuing education from students and parents</li> <li>• create mentoring program and then a scholarships</li> </ul> <p><b><u>Quality Improvement Work Plan Summary*</u></b></p> <ul style="list-style-type: none"> <li>• See the handout</li> </ul> <p><b><u>Test Calls</u></b></p> <ul style="list-style-type: none"> <li>• Ours will be in sept.</li> </ul> <p><b><u>Surveys Fall 2017*</u></b></p> <ul style="list-style-type: none"> <li>• Trends in consumer perception surveys</li> <li>• SA 2 info noted on report</li> <li>• <b>PLEASE SHARE WITH THE PEOPLE AT YOUR CLINIC(S) THAT ADMINISTERED – THIS IS THEIR SUCCESS</b></li> </ul> <p><b><u>QI Announcements/QID Updates</u></b></p> <ul style="list-style-type: none"> <li>• Front office customer service training revised</li> <li>• Skype option available</li> <li>• Next training April 22</li> </ul>		<p>LyNetta Shonibare – Countywide QID/All</p>
<p><b>Audits</b></p> <p><b>Medi-Cal Certification</b></p> <p><b>State DHCS* Updates</b></p> <p><b>Training &amp; Operations*</b></p>	<p style="text-align: center;"><b><u>QUALITY ASSURANCE</u></b></p> <p>MR Grant renewed 1-year contract</p> <p>No Report</p> <p><b><u>State system review comments</u></b></p> <ul style="list-style-type: none"> <li>• Hybrid review</li> <li>• Brad states it was successful</li> <li>• Watching moving forward</li> </ul> <p><b><u>Training &amp; Operations*</u></b></p> <ul style="list-style-type: none"> <li>• Trainings – see handout*</li> </ul>	<p style="text-align: center;"><b><u>QUALITY ASSURANCE</u></b></p>	<p>Provided PSB QA – reported by Kimber</p> <p>Provided by PSB-Cert staff reported by Kimber</p> <p>Provided by Brad Bryant/PSB-QA staff reported by Kimber</p> <p>Provided PSB QA – reported</p>

<b>QA Policy Updates &amp; Technical Asst.</b>	<p><b><u>Side bar SU</u></b></p> <ul style="list-style-type: none"><li>• running groups – even when we tie that groups and what’s achieved back to a MH issue = is still a SU service</li><li>• state says no SU groups</li><li>• if you have groups that have both issues addressed we are on stronger ground with a standard MH clinician providing std MH tx in that group with a co-lead to provide SU expertise</li><li>• primary purpose of SU practitioner is SME in a MH group</li></ul> <p><b><u>Upcoming Assessment Form Changes</u></b></p> <ul style="list-style-type: none"><li>• effort to simplify forms</li><li>• combining fields</li></ul> <p><b><u>Access to Care/Network Adequacy</u></b></p> <ul style="list-style-type: none"><li>• April is a certification month</li></ul> <p><b><u>RN Changes</u></b></p> <ul style="list-style-type: none"><li>• removing the “authorized”</li><li>• advanced practice nurses, CNS &amp; NP’s can claim assessment see policy 302.06</li></ul> <p><b><u>Final QAB 19-01 Psych Test</u></b></p> <p><b><u>Proposed guide to pro codes updates</u></b></p> <ul style="list-style-type: none"><li>• chgs to collateral and assessment for collateral<ul style="list-style-type: none"><li>▪ currently significant support person limited to family but will be expanded to teachers, etc.</li><li>▪ code will be consistent with state definition of providing service to a support person – even if getting paid</li></ul></li><li>• assessment face to face time expanded to all informants for gathering info for assessment 90791 sc<ul style="list-style-type: none"><li>▪ expanded beyond face to face</li></ul></li><li>• will have a nursing assessment code<ul style="list-style-type: none"><li>▪ instead of h2015 they will have their own nursing code</li></ul></li><li>• collateral with the teacher (how to help the teacher to deal with MH issues of</li></ul>		by Kimber  Provided by Brad Bryant- reported by Kimber
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<p><b><u>HIM</u></b></p>	<p>the client=collateral – service driven vs person driven) vs tx plan</p> <ul style="list-style-type: none"> <li>• Medication consent requirements             <ul style="list-style-type: none"> <li>▪ Clarification on exact dosage?</li> <li>▪ acceptable to attest that the prescriber went over all the specifics</li> <li>▪ specific dosage and frequency is not necessary if attestation</li> <li>▪ this will spare the prescriber of new med consent (page 39 of org manual)</li> </ul> </li> <li>• Psychiatry residents providing E &amp; M MSS             <ul style="list-style-type: none"> <li>▪ still students can they still provide?</li> <li>▪ yes they can within their residency programs</li> <li>▪ some are moonlighting outside their residency programs</li> <li>▪ rules for rx services must be a psychiatry residence</li> <li>▪ no longer need to be board eligible</li> <li>▪ must have completed a psychiatry residency</li> <li>▪ this both restricts and liberalizes</li> <li>▪ no longer requires board eligible or board certified – still in residency</li> <li>▪ eligible for lic after 3<sup>rd</sup> year</li> </ul> </li> </ul> <p><b><u>Proactive efforts to minimize duplicate records</u></b></p> <ul style="list-style-type: none"> <li>• aggressive monitoring of staff that provide intake</li> <li>• using front line verification model</li> </ul> <p><b><u>Record retention</u></b></p> <ul style="list-style-type: none"> <li>• EHR same as paper world</li> </ul> <p><b><u>HIM clinical record mgmt. &amp; process training</u></b></p> <ul style="list-style-type: none"> <li>• monthly for DO's</li> </ul> <p><b><u>Subpoena/collection of statutory witness</u></b></p> <ul style="list-style-type: none"> <li>• appearance deposition subpoena different than std subpoena</li> <li>• county counsel will help practitioner thru depo</li> <li>• When subpoena is presented - esq</li> </ul>		<p>Provided by Charles Onunkwo-reported by Kimber</p>
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	<p>should also provide \$275 – mileage and witness fee</p> <p><b><u>Photocopy Fees</u></b> LAC DMH .25 per page</p>		
<b>Announcements</b>	<ul style="list-style-type: none"> <li>• LAPD Duty Warn Line 213/996-1300</li> </ul>		
<b>Handouts</b>	<ul style="list-style-type: none"> <li>➤ Draft of January 2018 Meeting Minutes</li> <li>➤ Contact info for Safety Intelligence Presentation</li> <li>➤ Feb 2019 &amp; Mar 2019 Policy Updates</li> <li>➤ QI Work Plans Goals Summary CY 2018</li> <li>➤ Navigating State Performance Outcomes &amp; County Performance Outcomes Reports Nov 2017</li> </ul>		
<b>Next Meeting</b>	<ul style="list-style-type: none"> <li>➤ <b>May 16, 2019</b></li> </ul>		

Respectfully Submitted,

Kimber Salvaggio