



**LACDMH Service Area 7 Administration
Quality Improvement / Quality Assurance Committee**

**September 18, 2018
2:00 to 4:00 p.m.**

- 1. Welcome/Introductions Caesar Moreno, LCSW
- 2. Review & Approval of July 2018 Minutes Caesar Moreno, LCSW
- 3. Announcements Greg Tchakmakjian Ph.D.
- 4. **Quality Improvement: 2:00 to 3:00 pm**

Feedback on Safety Intelligence

- a. Cultural Competency Updates
 - i. Completion of Annual CC Training
 - ii. Tracking of Completed CC Training Reports
 - iii. CC Organizational Assessment Project
- b. Policy updates
- c. ACCESS Updates/PMRT Data
- d. QI Division Updates:
 - i. Work Plan Goals Evaluation – CY 2017 and QI Work Plan 2018 Goals
 - ii. Timeliness Self-Assessment Survey

5. **Quality Assurance: 3:00 pm to 4:00 pm**

- a. Medi-Cal Certification Updates Joel Solis, RN
- b. Training and Operations
- i. Schedule of Trainings and Presentations
- c. Policy and Technical Development
- i. Network Adequacy Updates
 - ii. Access to Care webinar
 - iii. Service Request Log Revisions (LMAFT)
- d. SPA 7 QA : Updates Robin Washington
- e. QA Division : Updates
 - i. QA Reviews
 - ii. QA Distribution Method (coming soon)

Next Quality Improvement/Quality Assurance Meeting
October 16, 2018

Greg Tchakmakjian Ph.D.- Chair	(213) 639-6733	gtchakmakjian@dmh.lacounty.gov
Caesar Moreno, LCSW – Co Chair	(562) 692-0383 x 236	cmoreno@thewholechild.info
Susan Lam, LMFT, PPSC – Co Chair	(323) 526-4016 x 217	susanl@almfamilyservices.org

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

Type of Meeting:	SA 7 QIC	Date:	09/18/2018
Place:	Gus Velasco Neighborhood Center 9255 S. Pioneer Boulevard Santa Fe Springs, California 90670	Start Time:	2:06PM
Chairpersons:	Greg Tchakmakjian (Chair) Caesar Moreno (Co-Chair) Susan Lam (Co-Chair)	End Time:	3:35PM
Members Present:	Melanie Cain, Laura Solis, Hsiang-Ling Hsu, Michelle Barajas-Sanchez, Cara Jenson, Gwen Lo, Wendy Mielke, Joel Solis, Michael Olsen, Nichole Santamaria, Raul H. Velasquez, Mike Ford, Jennifer Mitzer, Arlene Contreras, Irene Jauregui, Marcel Mendoza, Robin Washington, Javier Nevarez, Annie Choe, Yolanda Hernandez-Lara, Silvia Rowe, Lisa Leon, Quenia Gonzalez, Amanda Menteingo, Shivani Patel Escamilla		
Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, & Scheduled Tasks	Person Responsible
Welcome/Introductions	Meetig was called to order at 2:06PM	Introductions were made and new members welcomed.	Caesar Moreno
Chair Updates			
Review & Approval of Minutes	Minutes from July 2018 were reviewed	Corrections: Arlene Contreras was here in July Approval of Minutes: Wendy & Javier	Susan Lam

<p>Quality Improvement</p>	<p>Safety intelligence – everyone is online but there are some providers that are not online</p> <ul style="list-style-type: none"> - Call CIOB to create a heat ticket - Paper document will not be accepted - Contact : Ly Ngo 213-351-6673 lyngo@dmh.lacounty.gov, <ul style="list-style-type: none"> o Vanessa 213-351-6676 o Dorris 213-351-6677 <p>Cultural Competency</p> <ul style="list-style-type: none"> - Tracking mechanism to ensure all staff trained - PowerPoint utilize to train staff - Any training that has the components can be used Implicit basis on cultural bias training - Document how agencies are tracking staff going through the training – may be asked to show proof of the training - The provider directors should update every 30 days - How long the training should be? → They never gave a specific time as long as it fits the lines of the cultural competency it can count – 1.5 hours for the one online. - The training certificate will have the “cultural competency” check box - Update the provider directory on a monthly basis and update the network adequacy - Tacking the CC training report – added the cultural competency has trained 100% of staff and get 100% get back and very few LE check it off, so it has been difficult for them to access if it has been tracking it - As long the staff is trained within 12 months from when they are hired - CC organizational assessment project <ul style="list-style-type: none"> o Survey o Narrative o In process of finalizing the tool to implement to all LE and DO o Likert scale 		<p>Susan/Caesar</p>
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	<ul style="list-style-type: none"> ○ Once we hear more will keep you updated <p>Policy</p> <ul style="list-style-type: none"> - Policy (see handout) - Working on changing the format – working on finalizing how it should look like <p>ACCESS Updates/PMRT</p> <ul style="list-style-type: none"> - 75% achieved - Clients were being referred back to ACCESS - Educate the services on what type of services they do offer and allow the client to make the decision on if they want to come or not and let them know where they can go - Link the client to another agency to see if another agency has that available service - Jessica from Access – to discuss about the ACCESS on what she is hearing? - Access the phone calls and outcomes – unable to meet the comments explain why <p>QI Division Updates</p> <ul style="list-style-type: none"> - Goals 2017 – goals that were met - Goals 2018 – goals for this year - October meeting will review the goals in detail next meeting - QI division rep to go into detail about the goals <p>Clinical Improvement Project - Feedback</p> <ul style="list-style-type: none"> - Lack of communication with hospital and providers - Hospital are referring to providers and agencies are not accepting the clients - Problem and issue we need to know about - Telecare – age requirement – so we accept individual 26-59 = if there is a violent history they are not able to accept the client and they do not want the services <ul style="list-style-type: none"> ○ We are able to coordinate the services ○ If they meet the criteria - Hospital release and we get the name and hospital are not providing the name, specific details they 	<p>Invite Jessica from Access to discuss about updates.</p>	<p>Susan/Caesar</p>
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	<p>just fax the information – send the whole packet of information – they are not clear on disseminating information so you can offer services. They are not following through with the proper referral procedures</p> <ul style="list-style-type: none">o LE Contact the hospital and try to follow upo LE would follow up with the hospital to let them know the proper procedureo We cannot take the client we would call themo Expectation is to have the 5 day appointment <ul style="list-style-type: none">- What are the barriers that they are not able to take the case- Can call the hotline (i.e. ENKI) to get services- What are the plan of actions and what- Lack of communication from the hospital – hospital CSW- Level of care and service needs is sometimes the problem – find a place for the client – who is responsible for the client during this time? <div data-bbox="596 906 1255 976" style="border: 1px solid black; padding: 2px;"><p>Medical center – College Kara J – College hospital → 562-924-9581x237</p></div> <p>Getting discharge information without the referral Issue of the procedure of how it is getting done and it is not following</p>	<p>QI Piece – questions regarding webinar → send to Jennifer Hallman Questions in the meeting – send to Robin</p>	
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<p>Quality Assurance</p>	<p>Medical Certification Updates → reminder → 8-10 months contacted for Fire Clearance to get the certification before it is due to keep up with the system review that comes up next year. Need to provide the Fire Clearance for now Training and Operations – schedule of Training and presentations – see handouts</p> <ul style="list-style-type: none"> - Having a training at the agency that has 50+ and have parking - Will hold spots for your staff - Contact Nikki Collier if they are able to do it <p>Network Adequacy submit updates Howard Washington</p> <ul style="list-style-type: none"> - Difficulty logging in contact Howard - Due Sept 26th - FSP slots questions – follow up – - Do you best and get the information <p>Project – Robin - information will be sent out</p> <p>QA reviews QA reviews and reps from contract monitoring will be going out as well Instead of two reviews will partner and have 1 whole reviews – where we are going is okay as long as what was found Set up is still pending</p>		<p>Greg Tchakmakjian</p>
<p>Adjournment</p>	<p>Meeting was adjourned at 3:45pm</p> <p>Respectfully Submitted,</p> <p>Susan Lam, LMFT SPA 7 QIC Chair</p>	<p>Next Meeting:</p> <p>TBD</p>	