

LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH
Service Area II Program Administration
Adult Quality Improvement Committee
July 18, 2019
San Fernando Mental Health Center
10:00 am-12:00 pm
Agenda

Welcome- Introductions & Agency Updates	All
Review and Adoption of May 2019 Minutes*	All

Quality Improvement

Clinical Quality Improvement	Office of Clinical Risk Management
Inactive Accounts in Safety Intelligence**	Office of Compliance
Policy Updates*	Office of Pt's Rights
PRO	Cultural Competency Unit
Cultural Competency Committee*	Jennifer Regan, Ph.D.
Consumer Perception Survey Reports*	Countywide QID
Provider Level Data 2018**	
Spring 2019 CPS Preliminary Returns	
Spring Open-Ended Comments Summary	
QI Updates/Announcements	Countywide QID/All
QI Evaluation Report Summary CY 2018*	

Quality Assurance

Audits	All
State DHCS Info Notice 19-026	Countywide QA Policy & Tech Dev
Training & Operations	Countywide QA Train'g & Ops
Documentation Trainings**	
LE Chart Review Process Forms	
QA Knowledge Assmt*	Countywide QA Train'g & Ops
QA Policy Updates & Technical Asst	Countywide QA Policy & Tech Dev
NACT Data	
CANS & PCS	
Final CFB 19-04/Updates to Codes Manual*	

QA Announcements	All
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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: September 19, 2019 at 10-12 pm

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

Type of Meeting	Service Area 2 Adult Quality Improvement Committee	Date:	July 18, 2019	
Place	10605 Balboa Ave 2nd fl Conference Room	Start Time:	10:00 a.m.	
Chair	Kimber Salvaggio	End Time:	12:00 p.m.	
Co-Chair	None			
Members Present	<p>APCTC - Tiger Doan Child & Family Ctr – Jennifer Roecklein Didi Hirsch – Aminah Ofumbi for Marina Eckart DMH PSB Cert – David Lee DMH PSB Countywide QA – Patricia Lopez DMH PSB Countywide QID – Jennifer Regan DMH SB 82 - Ramona Casupang DMH SCVMHC - Sabrina Barscheski for Katy Ihrig DMH WVMHC – Denisa Suciu DMH Urgent Care – Amy Kress ECDA – Angie Sanchez El Dorado – Bryan Goldberg for Anthony Sykes Hillview MHC – Cheryl Driscoll for Julie Jones JFS - Dora Escalante Rancho San Antonio – Zeena Burse SFVCMHC, Inc. - Angela Khan Tarzana Tx Ctr - Karry Friedman Tarzana Tx Ctr – Sherry Winston Topanga West Guest Home/ ACT Wellness Ctr – Megan McDonald</p>			
Absent Members	<p>Child & Family Ctr – Michelle Chitel DMH PRO - DMH PSB Cultural Competency Unit – DMH SFMHC – Diana Garcia IMCES –James Pelk Pacific Clinics – PACS-LA - SFVCMHC, Inc. - Leslie Di Mascio TCPI – DMH – Alissa Nelson</p>			
Agenda Item & Presenter	Discussion and Findings	Decisions Recommendations Actions Tasks	Person Responsible	
Call to Order & Introductions	The meeting was called to order at 10:00 a.m.	Introductions were made	K. Salvaggio	

Review of Minutes	Review and Adoption of May 2019 Minutes		All
Agenda Item & Presenter	Discussion & Findings	Decisions Recommendations Actions Tasks	Person Responsible
<p>CLINICAL QUALITY IMPROVEMENT</p> <p>Compliance, Privacy & Audit SVCS Bureau</p> <p>Pt's Rights</p> <p>Cultural Competency</p> <p>QI Updates & Announcements</p>	<p align="center"><u>QUALITY IMPROVEMENT</u></p> <p><u>Safety Intelligence</u></p> <ul style="list-style-type: none"> • Inactive accts • No log-in for 90 days results in lock out • Sent out email to all with agenda to this mtg <p><u>Policy Updates</u></p> <ul style="list-style-type: none"> • See handouts <p>No Report</p> <p><u>Cultural Competency Report</u></p> <ul style="list-style-type: none"> • 2019 cultural competency plan – most efforts around this rn • Language interpretation request for mtgs & conference – contact Elizabeth Cenicerros because we are btwn vendors need at least 2 weeks' notice – ASL not included • Cultural competency webpage – link sent via email – section specific to unit and to committee and health agency <p><u>QI Announcements/QID Updates</u></p> <p><u>Test Calls</u></p> <ul style="list-style-type: none"> • SA 2 is due in September • Email announcement coming for volunteers <p><u>Provider Level CPS Data for CY 2018</u></p> <ul style="list-style-type: none"> • consistent rating across CY 2017 and 2018 • 7 domains • clients feel they can complain • integrating behavioral health into their everyday lives 	<p align="center"><u>QUALITY IMPROVEMENT</u></p>	<p>Provided by L.Ngo- Reported by Kimber</p> <p>Provided by Compliance Unit-Reported by Kimber/All</p> <p>Provided by CC Unit- Reported by Kimber</p> <p>Reported by Countywide QID/All</p> <p>Presentation by Jen Regan, Ph.D. of QID</p>

	<ul style="list-style-type: none"> • participation in tx for adults had 2% point decline • improved functioning • quality and appropriateness is highest rated <p><u>Spring 2019 CPS return Rate</u></p> <ul style="list-style-type: none"> • preliminary numbers - turned in 17,095 across all SA's • increase of 4000 • refused 2,787 consistent with last survey • adult 7,973 46% • youth family survey 5,443 at 31% • 2,681 youth surveys 15% • OA 998 5% <p><u>Spring 2018 open ended comments summary report</u></p> <ul style="list-style-type: none"> • being finalized avail soon • internal report • SA 2 received 1927 36% of countywide – some noted comments: <ul style="list-style-type: none"> ➢ Clients feel well supported by staff ➢ tx is success ➢ negative limited pkg ➢ difficulty accessing svcs ➢ bad hours ➢ limited number of staff due to staff turnover ➢ sat svcs needed ➢ more sites needed ➢ increase sessions ➢ academic support ➢ groups for children during vacation ○ grand total for all SA's 5409 • QI eval report summary for CY 2018 <ul style="list-style-type: none"> ○ review – this is what we've accomplished ○ Latino is trending downward – did not reach goal 		
<p>Audits</p> <p>Medi-Cal Certification</p>	<p style="text-align: center;"><u>QUALITY ASSURANCE</u></p> <p>None noted or reported</p> <p>No Report</p>	<p style="text-align: center;"><u>QUALITY ASSURANCE</u></p>	

<p>State DHCS Updates</p>	<p><u>State Info Notice: Authorization of Specialty MH Svcs</u></p> <ul style="list-style-type: none"> • In-pt changes • Out-Pt concurrent review of crisis residential and adult residential services no pre-auth • No pre-auth on CI, CS, MSS, MHS – where do PHF's fall? hospital • Pre-auth: IHBS, DTI, DR, TBS, TFC • Is a referral from MHP (DMH) considered an auth? • can't refer to own program • pending the State for clarification 	<p>Provided by Brad Bryant/PSB-QA staff reported by Kimber</p>
<p>Training & Operations</p>	<p><u>Training & Operations</u> Trainings – see handout LE Chart Review Process Forms</p> <ul style="list-style-type: none"> • chart review tool significant changes for LE's • biggest change reduction is size • supplement if DTI or DR • organized similar to tool for DO's • when we have new QA site the form will be avail for LE's to view • working on chging the format of summary review reports from narrative to a structured form • will still have a cover letter • same people will get the reports <p>QA knowledge assmt</p> <ul style="list-style-type: none"> • surveys ready to be sent at the end of this week • initial process • link to QA contact • they can send the link to the staff they choose • in 1 month the survey will close completely • anonymous but agency has a code to review agency's results 	<p>Provided PSB QA – reported by Kimber</p>
<p>QA Policy Updates & Technical Asst.</p>	<p><u>QA Policy and Technical Development*</u> Network adequacy</p> <ul style="list-style-type: none"> • submitted 177 LE and 870 provider sites 68% • reported 3 months of access to care data • 26440 requests for service 	<p>Provided PSB QA – reported by Kimber</p>

