

SERVICE PLANNING AREA 5
QUALITY IMPROVEMENT COMMITTEE
July 2, 2019

AGENDA

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| I. Welcome and Introductions | All |
| II. Trouble Shooter Roster, Updates | Dara Vines |
| III. Review of Minutes | All |
| IV. DMH Updates | Jacque Wilcoxon |
| V. Quality Assurance | |
| • Quality Assurance Liaisons' Meeting Minutes, April 8, 2019 and May 13, 2019 | Dara/ David |
| • Documentation Training Schedule, Revised, June 10, 2019 | |
| • Special Documentation Presentation Schedule, June 10, 2019 | |
| • LE Chart Review Coordination | |
| ○ Legal Entity (LE) Chart Review Coordination Form | |
| • QA Bulletin No. 19-02 – CANS and PSC Implementation, May 24, 2019 | |
| ○ CANS-IP LA County DMH Version | |
| ○ Pediatric Symptom Checklist (PSC-35) LA County Version | |
| • QA Bulletin No 19-03, CANS & PSC Implementation: Update #1 | |
| • Clinical Forms Bulletin No. 19-03 – <u>MH 735</u> Child and Adolescent Needs and Strengths Integrated Practice (CANS IP) LA County DMH Version; <u>MH 736</u> Pediatric Symptom Checklist (PSC 35) LA County DMH Version; <u>MH733</u> Consent for Transcranial Magnetic Stimulation; <u>MH734</u> Mobile Transcranial Magnetic Stimulation; May 31 2019 | |
| • Clinical Forms Bulletin No. 19-04 – Updated: <u>MH532</u> Adult Full Assessment, <u>MH533</u> – Child Adolescent Full Assessment; <u>MH 714</u> Child/Adolescent Re-Assessment; <u>MH713</u> Adult Re-Assessment; <u>MH720</u> Immediate/Same Day Assessment; <u>MH532A</u> Adult Assessment Addendum; <u>MH536A</u> Child/Adolescent Assessment Addendum, July 1, 2019 | |

- DRAFT QA Bulletin 19-0x: Revisions to a Guide to Procedure Codes
- DRAFT QA Bulletin 19-x: Updates to DMH Policy 401.02
 - Policy Number 401.2

VI. Quality Improvement

Dara/David

- Policy/Procedure Update, May 13, 2019
 1. 106.17 Policy Development, Review, Approval And Distribution (DO/LE)
 2. 303.05 Reporting Clinical Events Involving Clients (DO/LE)
 3. 307.01 Persons Authorized to Initiate Involuntary Lanterman-Petris-Short Detention (DO/LE)
 4. 302.13 Suicide Risk Screening, Assessment and Mitigation (DO)
 5. Transportation of Clients and Their Family Members (DO)
- Policy/Procedure Update, June 10, 2019
 1. 106.04 Contractor's Eligibility to Participate in and Secure Federally Funded Health Care Program Contracts (DO/LE)
 2. 312.02 Opening and Closing Service Episodes (DO/LE)
 3. 801.10 Urgent Care Center Cost-Based Payment (DO/LE)
 4. 306.07 Pharmaceutical Sales Representative (DO)
 5. 557.02 Appropriate Use of Email for Transmitting Protected Health Information and/or Confidential Data (DO)
- Change of Provider Report / 2018-2019
- CPS Spring 2019 – Follow Ups and Feedback
- Presentation: CPS Report Spring 2018

Jen Regan

VII. Next QIC Meeting

The next Service Area 5 Quality Improvement Committee Meeting will be held on Tuesday, September 3, 2019 from 9:00AM – 11:00AM, at 11303 W. Washington Blvd., Suite 200, Los Angeles, CA 90066.

**LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
SA 5 Quality Improvement Committee
Minutes**

Type of Meeting	Quality Improvement Committee	Date:	July 2, 2019
Place	DMH SA5 Administration, 11303 West Washington Blvd., Suite 200, Los Angeles, CA 90066	Start Time:	9:00 AM
Chair Co-Chair	Dara Vines, DMH David Tavlin, Step Up On Second	End Time:	11:00 AM
Members Present	Dara Vines, DMH; David Tavlin, Step Up On Second; Jacquelyn Wilcoxin, DMH; Mandy Sommers, St. Joseph Center; Jeanine Caro-Delvalle, The Help Group; Nilsa Gallardo, Edelman – Adult; Martha Andreani, Providence St. John's; Jorge Alfaro, Providence St. John's; Cheryl Carrington, Vista Del Mar; Caitlyn O'Hara, Alcott Center; Matthew Lyon, St. Joseph Center; Araceli Barajas, UCLA Ties for Families; Libby Hartigan, SHARE!; Kelly Delich, Family Service of Santa Monica; Sherry Nourian, Vista Del Mar; Anahita Saadatifaed, Homes for Life Foundation; Jennifer Regan – DMH QI; Marina Eckhart, Didi Hirsch; David Gennis, Clare/Matrix; Linda Shing, Exceptional Children's Foundation; Blair Ibarra, Exodus Recovery; Melissa Gibbs, Clare/Matrix.		
Excused/Absent Members	Marc Borkheim, DMH – QA; Lynetta Shonibare, DMH-QI; Misty Aronoff, Step Up on Second; Renee Lee, QA – Medical Certification Section; Steve Dobbs, Edelman Adult; Enriqueta Allred, Didi Hirsch Mental Health Center; Danielle Price, The Help Group; Jenna Ness, The People Concern; Wendy Coloma, The People Concern; Eloisa Ramos Robles, Exceptional Children's Foundation; Claudia Angel, Exceptional Children's Foundation; Filippo Forni, New Directions for Veterans; Patrice Grant, Edelman (Child); Steve Dobbs, Ruby Quintana, DMH; Kristine Santoro, Didi Hirsch; Evelyn Leonidas, Didi Hirsch; Nataly Cohen, Didi Hirsch; Kathy Shoemaker, Exodus Recovery; David Kneip, Exodus Recovery; LeeAnn Skorohod, Exodus Recovery; Deborah Gibson, Homes For Life Foundation; Sara Nouri, Alcott Center; Kristi Rangel, Alcott Center; Aminah Ofumbi, Didi Hirsch; Camille Dennis, SHARE!; Gaby Cardenas, St. Joseph Center; Trish Burkert, Exodus Recovery; Theodore M. Cannady, DMH; Michael Lyles, DMH; Maria Tan, DMH – OASOC; Stephanie Yamada, PACS.		

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Call to Order & Introductions	The meeting was called to order at 9:00 AM.	Introductions were made.	Dara QIC Membership
Review of Minutes and Handouts	Minutes were reviewed and approved for May 7, 2019.	Final approved Minutes for March 5, 2019 were distributed to providers and will post to the QI website.	QIC Membership Dara
DMH Updates	The Trouble Shooter Roster was updated.	LACDMH Memo dated July 1, 2019 entitled "Early Intervention Practices" and accompanying handout entitled "Prevention and Early Intervention (PEI) Evidence-Based Practices (EBP) Outcome Measures" (revised 7/1/19) were distributed to providers.	Dara Jacquie Wilcoxin
	Jacquie Wilcoxin provided SA5 and DMH updates: 1) Members were informed that we added two new staff to SA5 Administration – Jacqueline Finch, LCSW (Child/TAY Navigator) and Bethlehem Assefa, Psy.D. (Supervising Psychologist for Specialized Foster Care). 2) There have also been recent changes to the Countywide Organization Chart. Kalene Gilbert will be the Chief over QI and EQRO in addition to some of her current duties with PEI. David Ruskin will be over CRM and Managed Care. 3) Jacquie shared that LACDMH is making changes to the data collection protocols for Early Intervention Practices funded by MHS PEI. This is in part due to the implementation of the PSC-35 and CANS-IP for clients under the age of 21. 4) Lastly, Jacquie reminded providers that, although some providers are contracted to serve specific FSP populations (e.g., Adult, AOT, Forensic and IMHT), general FSP providers can accept cases from any of these populations, when appropriate.		

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Quality Assurance	<ul style="list-style-type: none"> • Quality Assurance Liaisons' Meeting Minutes, April 8, 2019 and May 13, 2019 • Documentation Training Schedule, Revised – June 10, 2019 Providers were informed that this Training Schedule extends through December 2019. If there are questions regarding upcoming trainings, providers should contact: Nikki Collier for Non-IBHIS and Joshua Lozada for IBHIS trainings. QA confirmed that they will post training bulletins on the LACDMH website under "Training and Workforce Development". • Special Documentation Presentation Schedule, June 10, 2019 (Directly Operated) • LE Chart Review Coordination <ul style="list-style-type: none"> ○ Legal Entity (LE) Chart Review Coordination Form – Revised 5/7/19 The QA Lead conducting a chart review will email this form to the LE contract provider's QA contact person in order to gather information for the chart review notification letter and confirm any logistical arrangements. 	<p>Quality Assurance Liaison's Meeting Minutes, 4/8/19 and 5/13/19 were distributed to providers.</p> <p>Copies of the QA Documentation Training Schedule Revised 6/10/19 were distributed to providers.</p> <p>Copies of the Special Documentation Schedule for 6/10/19 were distributed to providers.</p> <p>Copies of Legal Entity (LE) Chart Review Coordination Form (Revised 5/7/19) were distributed to providers.</p>	<p>Providers</p> <p>Providers</p> <p>Directly Operated</p> <p>Providers</p>

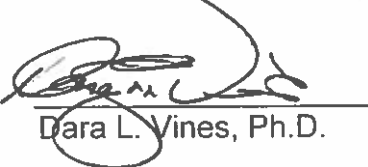
Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Assurance</p>	<ul style="list-style-type: none"> • QA Bulletin No. 19-02 - CANS and PSC Implementation, May 24, 2019 <ul style="list-style-type: none"> ○ CANS-IP LA County DMH Version ○ Pediatric Symptom Checklist (PSC-35) LA County Version <p>LACDMH selected the CANS IP and PSC 35 to measure child/youth functioning as required under WIC 14707.5. The CANS IP has added trauma/risk questions to align with DCFS. Effective 7/1, newly active clients (6-21 yo) should be given the CANS IP at initial assessment, every 6 months, and end of treatment. Practitioners must be certified by the PRAED Foundation. The PSC-35 should be completed for newly active clients (3 – 19 yo) by the client’s caregiver at initial, every 6 months, and end of treatment. For DO providers, the CANS IP will be entered in IBHIS. The PSC-35 will be completed on paper and then entered in IBHIS. LE providers will submit the data through the EPSDT Outcome Measures web application.</p> • Clinical Forms QA Bulletin No. 19-03 – <u>MH 735</u> Child and Adolescent Needs and Strengths Integrated Practice (CANS IP) LA County DMH Version; <u>MH 736</u> Pediatric Symptom Checklist (PSC 35) LA County DMH Version; <u>MH733</u> Consent for Transcranial Magnetic Stimulation; <u>MH734</u> Mobile Transcranial Magnetic Stimulation; May 31 2019 Reviewed the Clinical Forms QA Bulletin No. 19-03. 	<p>Copies of QA Bulletin 19-02, the CANS IP LA County Version and the Pediatric Symptom Checklist (PSC-35) LA County Version were distributed to providers.</p> <p>Copies of the Clinical Forms Bulletin No. 19-03 were distributed to providers.</p>	<p>Providers</p> <p>Providers</p>


Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Assurance	<ul style="list-style-type: none"> Clinical Forms QA Bulletin No. 19-04 – Updated: <u>MH532</u> Adult Full Assessment, <u>MH533</u> – Child Adolescent Full Assessment; <u>MH 714</u> Child/Adolescent Re-Assessment; <u>MH713</u> Adult Re-Assessment; <u>MH720</u> Immediate/Same Day Assessment; <u>MH532A</u> Adult Assessment Addendum; <u>MH536A</u> Child/Adolescent Assessment Addendum, July1, 2019 Reviewed the Clinical Forms QA Bulletin No. 19-04 and described contents of the assessment forms. Changes were made to the forms to improve efficiency and workflow. No changes were made to the required data elements. DRAFT QA Bulletin 19-0x: Revisions to a Guide to Procedure Codes The Guide to Procedure Codes is currently under revision. Upcoming changes will include removal of the term “authorized” for nurses, modification to the disciplines who can utilize 90791/90792, the addition of new procedure codes to gather assessment information by disciplines that are not eligible to use 90791/90792, and changes to the definition of “collateral”. DRAFT QA Bulletin 19-x: Updates to DMH Policy 401.02 Reviewed updates to DMH Policy 401.02 	<p>Copies of the Clinical Forms Bulletin No. 19-04 were distributed to providers.</p> <p>SA5 QIC members were forwarded a QA email containing Clinical Forms Bulletin No. 19-04 and pdf versions of the revised forms on July 1, 2019.</p> <p>Copies of the Draft QA Bulletin No. 19-0x were distributed to providers.</p> <p>Copies of Draft QA Bulletin 19-x and Policy 401.2 were distributed to providers.</p>	<p>Providers</p> <p>Providers</p> <p>Providers</p>

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
Quality Improvement	<ul style="list-style-type: none"> • Policy/Procedure Update, May 13, 2019 <ol style="list-style-type: none"> 1. 106.17 Policy Development, Review, Approval And Distribution (DO/LE) 2. 303.05 Reporting Clinical Events Involving Clients (DO/LE) 3. 307.01 Persons Authorized to Initiate Involuntary Lanterman-Petris-Short Detention(DO/LE) 4. 302.13 Suicide Risk Screening, Assessment and Mitigation (DO) 5. 304.04Transportation of Clients and Their Family Members (DO) <p>Reviewed (5) policies that have been signed and submitted to the DMH Policies and Procedures website.</p>	<p>Copies of the Policy/Procedure Update, 5/13/19 were distributed to providers as well as Policy Number 106.17, 303.05, 307.01, 302.13, and 304.04</p>	Providers
	<ul style="list-style-type: none"> • Policy/Procedure Update, June 10, 2019 <ol style="list-style-type: none"> 1. 106.04 Contractor's Eligibility to Participate in and Secure Federally Funded Health Care Program Contracts (DO/LE) 2. 312.02 Opening and Closing Service Episodes (DO/LE) 3. 801.10 Urgent Care Center Cost-Based Payment (DO/LE) 4. 306.07 Pharmaceutical Sales Representative (DO) 5. 557.02 Appropriate Use of Email for Transmitting Protected Health Information and/or Confidential Data (DO) <p>Reviewed and/or referenced (5) policies that have been signed and submitted to the DMH Policies and Procedures website.</p>	<p>Copies of the Policy/Procedure Update, 6/10/19 were distributed to providers as well as Policy Number 106.04, 312.02, 801.10, 306.07, and 557.02</p>	Providers

Agenda Item and Presenter	Findings and Discussion	Decisions/ and Recommendations Actions/Scheduled Task	Person Responsible/ Due Date
<p>Quality Improvement</p>	<ul style="list-style-type: none"> • Presentation: Consumer Perception Survey (CPS) SA5 Data Report - Fall 2018 and Spring 2018 <p>Dr. Jennifer Regan of the Office of Administrative Operations – Quality Improvement Division delivered a PowerPoint presentation focused on CPS service area data from the Fall and Spring 2018 CPS administrations. Dr. Regan engaged SA5 QIC members in generating hypotheses that could explain trends in the CPS data between the 2017 and 2018 administrations in an effort to make the information more meaningful.</p>	<p>Copies of the handout entitled “SA5 Grouped Subscale Domains – Percentage of Respondents who ‘Agree’ or ‘Strongly Agree’ (Spring and Fall 2018)” were distributed to providers.</p>	<p>Providers Jennifer Regan, Psy.D.</p>
<p>Next Meeting</p>	<p>The next Service Area 5 Quality Improvement Committee meeting will be held on Tuesday, September 3, 2019 at DMH West LA SA5 Administrative Offices, 11303 W. Washington Blvd., Suite 200 in Los Angeles from 9:00AM – 11:00AM.</p>		

Respectfully Submitted,


 Dara L. Vines, Ph.D.


 David Tavlin, MFT