LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 6 QUALITY IMPROVEMENT COUNCIL (QIC) MEETING

Date:06.22.2023
Time: 10am-12pm

Type of meeting:	Virtual meeting
Meeting Link:	Join Microsoft Teams Meeting
Members Present:	*Dr. Socorro Gertmenian, Jasmine Boyden, Andy Vigil, Annie Jackson, Dr. Armen Yekyazarian, Carl Levinger, Caitlyn O'Hara, Chloe Gomez, Colette Harvey, Dr. Daiya Cunnane, Elizabeth Luevano, Geralyn La Fleur, Hilda Rodriguez, Jamie Campos, Jamie Chess, Jamie Langford, Jessica Palma, Jocelyn Bush Spurlin, Karla Cano, Laura Aquino, Liz Echeverria, Mandy Sommers, Mariana Villegas, Martin McDermott, Robin Moten, Sacha Dovick, Sara Van Koningsveld, "Coco" Satoko Luce, Shaun Allen, Stacy Tang, Stephanie Castillo, Stuart Jackson, Dr. Tiffany Harvey, Vannessa Martin, Yolanda Robles, Yoshado Lang, Zonia K. Mijangos- Alonso.*

AGENDA ITEMS	DECISIONS AND ACTIONS	RESPONSIBLE UNIT/STAFF	DUE DATE
Welcome & Introductions	Dr. Gertmenian welcomed everyone and called the meeting to order at 10:00a.m.		
Minutes	Minutes from then May 2023 QIC meeting were emailed to members by Dr. Gertmenian.		
Quality Assurance ➤ **Legal Entity Contract Provider Chart Reviews Highlights of Observations** – **Armen Yekyazarian, Psy.D.**	Dr. Armen Yekyarzarian from the QA unit presented on the Legal Entity Contract Provider Chart Reviews and the highlights of the observations. Over the last 12-month period, the QA Unit's Training and Operations Team has conducted chart reviews of 10 Legal Entity Contract Providers representing approximately 35 individual provider sites. **Overall strengths observed from these reviews were:** • Documentation reflected a high quality of care being provided by some practitioners with strong clinical skills.		

- Assessments covered the 7 required domains and supported that clients met criteria to enter the LA County Specialty Mental Health system.
- STRTPs included all required elements for treatment plans and provided ICC and IHBS which are apart of the core services for STRTPs.

Key themes observed regarding the assessments were:
- ➤ Issues with Consistency/ Accuracy of Information
  - Diagnosis, Symptoms
  - Psychosocial Information
- ➤ Lack of thoroughness to provide full picture of client
  - Current Social and Life Circumstances
  - Family History/ Information
  - Trauma
  - Risk
- ➤ EHR technical issues with signatures and dates

Key themes observed regarding the Problem List
- ➤ Providers were in varying stages of implementing the Problem List
- ➤ Learning curve for providers in utilizing the Problem List and understanding how it should function within the clinical record
- ➤ Confusion among some STRTPs regarding need to implement the Problem List
  - Inaccurate assumption that they did not need to have a Problem List due to formal treatment plans still being required for STRTPs

Key themes observed regarding Care/Treatment Plans
- ➤ Some providers were adjusting to the transition away from formal treatment plans
  - Care plan documentation for some providers seemed to be structured similarly to formal treatment plan documentation
  - Some non-STRTP providers were still utilizing formal Treatment Plans that were in place prior to 7/1/22 if still relevant and recent
- ➤ High-risk behaviors often not being addressed in the plan for treatment

> ➢ Documentation of what client will be working on and how client's needs will be addressed could be more clearly documented

Key themes observed regarding Progress Notes
> ➢ Documentation not clearly reflecting medically necessary services provided
>> • Vague documentation of interventions and services provided- use of jargon
>> • Not addressing mental health or being clear why a mental health person needed to provide the service
>> • Not individualized
> ➢ Claiming issues
>> • Incorrect procedure code selection
>> • Billing for non-billable activities
>> • A few situations where practitioners used an allowable code but described interventions that appeared to be out of their scope of practice
> ➢ Some timeliness issues
>> • Willing concise notes and use of Collaborative Documentation can assist with improving timeliness
> ➢ Some staff signature issues most likely due to EHR technical issues

Key themes observed regarding Medication Consents
> ➢ Missing Medication Consents in the chart
> ➢ Missing required Medication Consent elements
>> • Primarily the following:
>>> - Potential side effects after 3 months
>>> - Reasonable alternatives treatment available, if any
>>> - Frequency, Dosage, Method of Administration, and Duration
> ➢ Medication Consents that were not current
>> • Informed Consent for medications must be completed…
>>> ✓ When a new psychiatric medication is prescribed
>>> ✓ At least annually, even in the absence of medication changes and

       ✓ When the client resumes taking psychiatric medication following documented withdrawal of consent for treatment

➤ Issues related to JV 220s/223s
- Does not include all required elements for medication consent
- 223s often not in chart

Overall Takeaways Based on Observations from Reviews

➤ Documentation should be concise, and the information should be dense
- Each sentence should advance the reader's knowledge
- Less is more
- Capture the critical information
- Efficiency is important

➤ Make sure the diagnoses and other statements are supported by the information in the clinical record

➤ It should be clear from the documentation that…
- Client's mental health needs are being addressed
- Services provided are medically necessary

Examples of the kind of follow-up recommended
- Share with LACDMH their existing process or develop a process that includes training to ensure that client risks are addressed, and clients are receiving the appropriate services to meet their mental health needs.
- Enhance or develop mechanism for monitoring appropriate selection of procedure codes including consistency between the procedure code selected and documentation in the progress note
- Enhance or develop mechanism for monitoring timely submission and finalization of progress notes
- Review agency's existing medication consent form and update if needed to ensure that all required elements are included
- Have staff review and utilize the online training resources that can be accessed through the LACDMH QA Website's main training page, https://dmh.lacounty.gov/qa/qa-training/

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| Quality Improvement
➢ **Dr. Daiya Cunnane** | LACDMH will:
• Review current QA/QI Process and provide recommendations and feedback
• Review training process and materials and provide recommendations
• Provide direct consultation and technical assistance to the LE as needed to support provider in:
   - Balancing meeting the documentation and claiming requirements associated with the provision of Medi-Cal, SMHS with programmatic requirements for specific programs such as Wraparound
   - Implementing new (CalAIM related) requirements (including those related to documentation of care planning) in a way that allows them to take advantage of opportunities to reduce self-burden.

Dr. Daiya Cunnane from the QA unit mentioned that her team has developed a survey to allow QIC members to make suggestions for improvement and give feedback on the QIC meetings. The survey will be open until the end of June and the link to the survey was placed in the chat.

Dr. Cunnane shared the Spring 2023 Consumer Perception Survey and Preliminary Response Data with members.

Dr. Cunnane thanked everyone for their effort and hard work.

The electronic surveys combined were the most commonly used method but tended to have lower overall response rates.

Received the majority of surveys via the paper method of the three options available.

Dr. Cunnane mentioned that the CPS survey totals had a great increase of 45.7% since 2021. | | |

Paper Survey Responses by Providers:
- 167 providers returned paper surveys.
- Some providers opted to enter paper surveys into LACDMH portals.
- SA2 had the most providers that returned paper surveys with n=45.

LACDMH Electronic Survey Responses:
- 19,000+ survey invitations were sent out
- 3,532 surveys had responses.
    - Working with development team and CIOB to obtain a more accurate count.
- Older Adults had the highest response rate (39.8%) whereas Youth had the lowest (11.7%)
    - Adults (23.0%) and Family (15.8%)
    - Similar findings to 2022

LACDMH Electronic Survey Responses by Type:
- Increase in number of responses from 2022-2023 among all age groups.
- Overall response rate from 2022-2023 showed a 5% increase.

UCLA Electronic Survey
- Total UCLA surveys received for 2023, N=1,519.
- Decrease of 29% from 2022. In 2022, N=2,139
- Majority of UCLA surveys received from Family.

UCLA Electronic Survey Response Rates:
- Response Rates (based upon tally sheet)
    - Adult: 91.4%
    - Older Adult: 100%
    - Family: 39.4%
    - Youth: 48.5%
- Tally sheet is likely an undercount of links sent out.
- Most surveys completed Wednesday and Thursday of Survey week.

Reminders:
- Continue to clean data to finalize and validate numbers.
- Paper surveys and LACDMH survey data provided to UCLA.

	• Review feedback survey data from providers to make improvements for next survey period.
	• Plan strategies for CPS 2024- targeting client response after receiving a survey.
	   - Adding reminder texts/ emails during survey week.
	   - Reactivating the declined survey function in LACDMH portals.
	   - Exploring use of client portals to deliver surveys.
	Dr. Cunnane shared the Spring 2022Countywide Consumer Perception Surveys and highlights with members.
	• Total Surveys Complete = 7225
	   - 25.8% increase from Spring 2021
	   - Adults completed the majority of surveys (40.9)
	• Survey Format:
	   - Families & Youth completed the majority of surveys using online formats.
	   - Older Adults & Adults completed the majority using the paper format.
	   - 63% of the surveys were completed using the electronic formats.
	• Length of Enrollment:
	   - Majority of Older Adult and over half of Adults in service 1+ year.
	   - Families and Youth: Majority in services 1+ year or 6 months to 1 year.
	• Language: 80% of surveys completed in English.
	• Domain Satisfaction:
	   - Families & Older Adults had the highest satisfaction for the Quality and Cultural Appropriateness domains.
	   - Families had the highest satisfaction in Social Connectedness, Access and Improved Functioning domain.
	   - Older Adults had the highest satisfaction in the Perception of Outcomes, Participation in Treatment Planning, and General Satisfaction.		

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- **QIC Members discussion and review of the recent slide deck by the DMH QA** – **Access to Care: Delays in linking SFC clients to providers. How best communicate when we can accept clients?**	- Youth demonstrated the lowest scores among the four age groups across most domains except for social connectedness and Quality and Cultural Appropriateness. If you have any questions about the CPS data, please contact: myle@dmh.lacounty.gov QIC members were given the opportunity to ask questions and provide feedback. QA Supervisor, Stacy Tang answered questions regarding billing and coding.		
Questions/ Announcements	If you're having any trouble locating information, please email: Socorrog@wellnestla.org Quality Assurance Mailbox: ► QualityAssurance@dmh.lacounty.gov General Policy & Technical Development: ► QAPolicy@dmh.lacounty.gov ►IBHIS Error Connection: IBHISErrorCorrection@dmh.lacounty.gov ►Training Inquiries for Directly Operated Programs: QADOTraining@dmh.lacounty.gov ►Network Adequacy & Access to Care: NetworkAdequacy@dmh.lacounty.gov		

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	►Professional Waivers: Waivers@dmh.lacounty.gov ►Service Request Tracking System: SRTS@dmh.lacounty.gov For any questions that may come up before the next meeting, please send an email for a timely response. Dr. Socorro Gertmenian, Co-Chair. socorrog@wellnestla.org **NEXT MEETING**: Date: Thursday, July 27, 2023, Time: 10am-12pm, via Microsoft Teams		

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