



**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
SERVICE AREA 1 QUALITY IMPROVEMENT COUNCIL (QIC) MEETING**

Date 02/26/24
Time: 1:00-1:45 pm

Type of meeting:	Virtual Microsoft TEAMS
Meeting Link:	https://teams.microsoft.com/l/meetup-join/19%3ameeting_NDAwNTdhM2UtMDQ2MC00YTvmLWEyMjYtZmY1Y2YyYWNjNjky%40thread.v2/0?context=%7b%22Tid%22%3a%2207597248-ea38-451b-8abe-a638eddbac81%22%2c%22Oid%22%3a%224e6a9690-3822-4660-a219-e811568691e3%22%7d
Members Present:	See table below Jennifer Mize Service Area 1 QIC Chair , Nikki Collier DMH QA, Daiya Cunnane DMH QI, Kimber Salvaggio Service Area 2 QIC Chair, Margaret Faye , Belinda Williams, Mike Ford, Marta Colocho, Deborah Hansen , Rejeana Jone, Crystal Isom, Christine Tanimura , Carrie Valentine, Keshia Humphrey, Lorena Jara , Anna Morreale , Keyth Stone, Esror Mohammad, Quenia Gonzalez, Cindy Ferguson , Stephanie Ochoa, Nunnenkamp, Jaime, Tiffany Harvey, M, Armen Yekyazarian, Amber Anderson,

AGENDA ITEMS	DISCUSSIONS/RECOMMENDATIONS/ACTIONS OR SCHEDULED TASKS	RESPONSIBLE UNIT/STAFF	DUE DATE
Introductions	Name of organization, your role, Brief description of services and population served.	All providers	

<p>QI Updates</p>	<ul style="list-style-type: none"> • In 2022, DHCP mandated for all the counties in California to participate in a behavioral health quality improvement project as part of Cal AIM, • Goal with this project was to encourage middle health departments to work with managed care plans and hospitals to increase quality and coordination of care and using electronic data exchanges to facilitate the communication. • DMH selected the mental health project and we, our partners, at the stepsize, substance Abuse and prevention at the Department of Health Care Services or Department of Public Healthcare. • AIM statement that we developed was looking over the course of the program, the application of our enhanced carrier management services outreach and linkage to emergency departments, revision of emergency department workflows and connection of staff hospital staff to the Health Information exchange would hopefully increase the linkage of folks coming in for mental health concerns at the Ed and we were looking for an increase of 5% in those seven and 30 day follow UPS and specifically for our adults and older adult populations. • target of increasing by 5% between our measurement periods and we exceeded that and that might be related to the number of challenges we had to work out and implementing our interventions and just working through communication as they're such different environments. • Through this project we will be taking a shift in our interventions and we're actually going to work with our Genesis program to be more granular and see how Genesis might be able to receive flags for their folks who might be going to the Ed is more frequently because of health issues and also having those mental health diagnosis and they seem to be the population that might have more of a need • So we're going to look at setting this up and get an example of how, how might we design policies and workflows for programs who might need to be informed if their clients are having encounters. In the emergency room departments and this kind 	<p>QI /Daiya Cunnane</p>	<p>Ongoing</p>
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	<p>of leads and sets us up for DHCP's new requirements that are coming that we look at and compile, I guess follow more of the HEDIS measures such as the follow up aftercare after hospitalization, just general hospitalization and a few others.</p>		
<p>QA updates</p>	<ul style="list-style-type: none"> • December, our queue unit put out a bulletin announcing that we would be launching a new process for reviewing our providers that essentially expanded the focus of reviews to go beyond being just about meeting technical requirements and starting in 2024 included looking at other important areas of providing services such as how timely providers are getting people and to be seen and received services and how effectively and efficiently services are being provided and utilized some of the key changes with this new process include having the way we review directly operated providers versus contracted providers be the. • Same in terms of the way we notify them, the general workflow, the forms involved, and what we focus on. • Another key change was adding the adding of a data analysis piece and at least for reviews of contract providers, that's a new aspect of reviews. • But even for directly operated in this new process, we are looking at provision and utilization of services related data is fairly new and then another key change with this new process is the addition of what we're calling the pre chart review meeting . • I'm in terms of how providers are selected to be reviewed in this new process, we developed a set schedule and that schedules based on a rotation of providers based on their size. • So directly operated and contracted providers are classified by size categories of small, medium and large, and that's based on the number of clients that they serve. 	<p>QA/Nikki Collier</p>	<p>Ongoing</p>

	<ul style="list-style-type: none">• And then in the rotation there is an emphasis on prioritizing larger size providers so that with these reviews, we can make the most impact that we can.• So then then we start pulling and analyzing the providers data for the review.• The start date for the QA review process is essentially the date that we start pulling the data and that information that data is regarding the providers network adequacy. Timely access to care and then the hope is that sometime later this year we will also be able to look at data related to health services are being provided or utilized.• the data is gathered through various reports and it's reviewed and analyzed to help inform the monitoring process to identify trends and inform the discussion that we have with the provider in that pre chart review meeting, we do share the data reports with the provider prior to the pre chart review meeting so they can review it as well and prepare for the discussion with us.• And then we have the pre chart review meeting and in this meeting there are two key things that happen.• One is that the provider briefly shares an overview of their agency or programs, and that overview should include their sites of operation, the population that they serve a little bit about, their leadership team, significant initiatives for them within the last year, significant staffing or programmatic changes within their agency or programs and how they've responded to recommendations or plans of correction from previous reviews.• The other key thing that takes place during the pre-chart review meeting is going over and discussing the data that was pulled for the provider.• So it's really a as sharing of information and a discussion that gives the provider an opportunity to clarify or give more contacts to what's being reflected in the data.• The providers also able to share their own observations and their internal data and chart reviews, and how that information impacts the decisions they make.		
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	<ul style="list-style-type: none">• Then there's the chart review, and that's of course where we review clinical documentation for the selected client ID numbers and the purpose there of course, is to make sure that providers are delivering quality services that meet requirements.• The requirements of medical and and PCOS, if applicable.• Our Q unit accesses directly operated charts directly from our HR and Ibis, and for contract providers and they prepare and securely send their documentation to us.• The chart review portion of this process typically begins the next business day after the pre chart review meeting and will last about approximately 2 weeks and all of it's done.• So after the chart review, we coordinate with the provider to schedule a date to meet with them for a post QA review discussion, which is like an exit meeting.• In that meeting, the QA unit goes over a written draft report that summarizes the results of the review.• That meeting with the provider is held virtually in teams and in addition to going over the observations from the review, we also discussed any follow up recommendations that we have, including action items.• After the post review discussion, our unit finalizes those written results of the review and sends it out to the provider.• The QA unit staff that were involved in the review and the appropriate LA County Program managers.• And so if we determine that there's a need for it, then we will schedule what we call a plan of support meeting with the provider and that meeting provides an opportunity for the provider and for us to discuss the status of implementation of the action items that were outlined in the final report and also to coordinate on the details of any needed technical assistance or support that's tailored to the providers needs.		
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Monthly Meeting recaps	<p>QA on the Air QA/QI Council Meeting LE Providers Meeting ARDI CANS COP system changes HIV testing Policy MSO denial training Consumer Perception Survey Cultural Competency Plan</p>	QIC Chair / Jennifer Mize	Ongoing
Network Adequacy Meeting Recap	<ul style="list-style-type: none"> • QA is now broken into teams • QA Policy & Technicality Team • Policy and Audit Team • Network Adequacy/Access to Care Team • Screener/transitional tool updates (Kaiser) • Provider Directory updates • IBHIS Practitioner Updates (DO) • Programs Accepting new clients 	QIC Chair/ Jennifer Mize	Ongoing
Patient's Rights Recap	Change of provider Forms Due before the 10 th of the Month CC Chair on the COP forms.	QIC Chair/ Jennifer Mize	Monthly before the 10 th of the month
Open Discussion For QIC Members	Discussed ongoing issues for Service Area 1, Some QA questions and answers and billing issues	All Providers	Ongoing
CANS Presentation	<ul style="list-style-type: none"> • So the Department of Health Care Services, or DHS, selected the CANS 50 and PST35 as the tools to measure child and youth functioning. However, Los Angeles County Department of Mental Health elected to use the cans IP to best support our DCFS partners, who are required by the California Department of Social Services or CDSS to use the cans IP. 	Christine Tanimura	

	<ul style="list-style-type: none"> • So counties who already use the cans had the implementation date of July 1st, 2018 by DHCS other counties except for LA County had to implement the cans and PSE. • On October 1st, 2018 and LA County had implemented the cans and PSC. • On July 1st, 2019, where the cans and PSC must be completed for all newly active clients receiving specialty mental health services at initial assessment every six months throughout treatment and at the end of treatment. • Cans is a structured evaluation tool used for identifying youth and family needs and strengths that may form the basis for treatment It cans IP includes the cans, 50 items mandated by DHCS also includes 12 additional trauma items. • The PST 35 is a brief questionnaire that helps to identify and it says changes and emotional and behavioral problems in children. 		
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Respectfully Submitted by:

Jennifer Mize RN
SA 1 Adult QIC Chair

NEXT MEETING: Date April 22nd, Time 1:00 pm