QI CONNECT

Happy (belated) New Year, Valentine's, and President's Day to all!

The QI Team got off to a busy start at the beginning of the year with responding to and facilititating California ("CA") Department of Health Care Services ("DHCS") – Mental Health site certification and CA Alcohol and Drug Program (ADP) site audit visits. The good news is that the visits from these two state departments went relatively well. The not-so-good news is that we were unable to get all of you a January QI Connect newsletter!

Before we move on to other topics, the QI Team wants to welcome its newest clinical staff member, Jackie Townsend, LMFT! Jackie previously worked in both Adult System of Care and ACCESS before joining QI. Jackie will be conducting internal audits on both MCBH and contract provider cases.

Although we are now well into the 2nd month of 2014, this is our first newsletter of the year. Although there are only a few new items in this month's newsletters, they are significant as they discuss the *__new__* **Psychosocial Assessment**, **CANS/ANSA**, and **Onset of Services** forms in MyAvatar. We also wanted to take the opportunity with this first newsletter of the year to recap and highlight some of the significant content from last year's newsletters. These are items that we featured in the newsletter through out 2013 but will continue to be important as we move through 2014.

NEW MATERIAL

New Psychosocial Assessment Scheduled to Launch March 3rd!

After a few months of discussing the matter in newsletters and in trainings, the new Psychosocial Assessment arrives on March 3rd! Staff returning to work on Monday, March 3rd, will be greeted in MyAvatar by a heavily revised Psychosocial Assessment that is more narrative focused and the CANS/ANSA tool contained in its own independent form.

The previous version of the Psychosocial Assessment MC will be unavailable beginning 5pm on Friday, February 28th. The new version and the CANS ANSA Assessment become available for use Monday, March 3rd at 8am. Once the new form is available, staff will continue to search for "Psychosocial Assessment MC" in the MyAvatar Forms&Data widget to utilize the new Psychosocial Assessment. The Psychosocial Assessment MC form saved in individual staff's My Forms in the Forms&Data widget should continue to work. In order to access the new CANS/ANSA form, staff should search for "CANS ANSA Assessment" in the MyAvatar Forms&Data widget.

Previews of the new forms are located under the EMR User Guide section of the QI Website. For a preview of the revised Psychosocial Assessment, click here. For a preview of the revised CANS ANSA Assessment, click here.

New Onset of Services Form Launching March 3rd!

Also launching March 3rd is the new Onset of Services form that QI previously discussed in newsletters and trainings. This will replace the Consent for Behavioral Health Services form. The new Onset of Services form is a multi-section form that incorporates Informed Consent, Client Rights, and Notice of Privacy Practices among other important client documentation.

The Consent for Behavioral Health Services form will be deactivated on 5pm on Friday, February 28th. On March 3rd, search for "Onset of Services" in the MyAvatar Forms&Data widget to access it. A preview of the new Onset of Services form is available in the EMR User Guide section of the QI Website. Click here for a preview of the Onset of Services form.

New Authorization to Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information Form Launching March 3rd!

The other part of QI's comprehensive revamp of client documenation launching on March 3rd is the Authorization to Use, Exchange, and/or Disclosure of Confidential Behavioral Health Information form. This is another form that we have discussed previously and will replace the Release of Information form in order to bring our documentation in line with the most current statutes and regulations.

The Release of Information form will be deactivated on 5pm on Friday, February 28th. On March 3rd, search for "Authorization to use, exchange, or disclose confidential BH information" in the MyAvatar Forms&Data widget to access it. A preview of the new form is available in the EMR User Guide section of the QI Website. Click here for a preview of the Authorization form.

Important Information Regarding the Launch of New Avatar Forms on March 3rd

- MyAvatar will continue to be accessible through the weekend except for the forms being deactivated and the forms launching in their place.
- If you continue to have access to the Consent for Behavioral Health Services, Release of Inforamtion and the previous version of the Psychosocial Assessment after March 3rd, please do not utilize these forms and contact QI at 831-755-4545 immediately!
- We will provide an update regarding how these changes will affect the different bundles available in MyAvatar and the Utilization Review form…stay tuned!

Interim, Inc. Special Needs Trusts Seminar

Interim, Inc., a long-time MCBH community partner, is holding a free seminar regarding Special Needs Trusts. According to the event flyer:

Providing for people with mental illness or other disabilities can be challenging for family members, friends and professionals.
Special Needs Trusts can provide additional income and improve the quality of life for those with disabilities, without jeopardizing public benefits.

The seminar is scheduled for Thursday, March 13th, 7:00pm to 9:00pm. To view the training flyer and for sign-up information, click here.

Interim, Inc. OMNI Resource Center

The Interim, Inc. OMNI Resource Center provides a safe and welcoming environment for our young adult and adult beneficiaries/clients looking to engage in positive and meaningful activities.

For additional information regarding the OMNI Resource Center, visit their website at http://www.interiminc.org/omni. You can also view their calendar of activities for beneficiaries/clients by clicking here.

RECAP and HIGHLIGHTS FROM PREVIOUS NEWSLETTERS

New Service Codes
(from the December 2013 newsletter)
The new year brings new service codes. View all the new service codes and their specific uses by clicking here.

There were several reasons for the creation of the new service codes. These new codes were in response to feedback from MCBH staff and contract providers that the existing set of service codes did not accurately or adequately represent the activities they were engaged in. The expanded set of service codes will hopefully alleviate this issue and also make it easier for providers to match the content of their clinical documentation with the appropriate service code.

The new codes also serve to help with data collection since the new codes are more specific in their use. This in turn will help MCBH better understand the frequency, intensity, and nature of the services provided by its staff and contract providers. The net result is that MCBH can better convey this information to different stakeholders (i.e. the community, the State, the Federal government, etc.) regarding MCBH services.

The new service codes will become effective for a particular program after the program has participated in the Quality Improvement Team Based Training. Again, view the new service codes by clicking here.

Scheduling Calendar vs. Appointment Scheduling Form
(from the December 2013 newsletter)
This became a very significant issue for several Avatar users recently. This is a reminder to use the *Scheduling Calendar* form in MyAvatar in order to enter information into the MyAvatar calendar (i.e. appointments, activities requiring 800 codes).

Do not use the Appointment Scheduling form. This was the original form that allowed access to the MyAvatar calendar but this form has been deactivated. Although this form is inactive, it may become occassionally accessible to a limited amount of users due to MyAvatar system errors. Again, do not use this form to access the MyAvatar calendar even if it is available.

View a video guide on how to use the *Scheduling Calendar* by clicking here.

Covered California
(from the October 2013 newsletter)
In response to the Affordable Care Act, the State of California developed Covered California (https://www.coveredca.com). Covered California is an online insurance marketplace where Californians can compare and purchase health insurance coverage. It also offers an opportunity for Californians to see if they are eligible for MediCal.

For additional information regarding Covered California, read the fact sheet by clicking here or visit the website by clicking here.

Service Verifications + Satisfaction Surveys
(from the July 2013 newsletter)
In response to a State mandate to verify claimed mental health services, QI staff will be conducting telephone surveys of beneficiaries who received services within the past 7 days of the survey date. A random sample of 1% of all services rendered and billed (including those billed by contract providers) in a given day will trigger a service verification telephone survey within 7 days of the service. Surveys will emphasize the service verification first and foremost per the State mandate. Clients or their parent/guardian will be provided an opportunity to give additional feedback related to services if desired.

Informational posters are being placed by QI staff in all of the Behavioral Health clinics in both English and Spanish to notify clients about these calls. These posters also notify client about other ways they could provide feedback in order for Behavioral Health to continue improving services. QI is also requesting that Behavioral Health and contract provider staff educate clients about these opportunities to provide client input in Behavioral Health's ongoing efforts to improve services.

Click here to see the English version of these posters. Click here to see the Spanish version of these posters.

QI Action Request
(from the June 2013 newsletter)
The QI Action Request (QI AR) will be a way for the QI Team to communicate with direct service staff, teams, and programs regarding consistent patterns or issues of non-compliance with MCBH policies and State/Federal regulations regarding clinical service delivery and documentation. The intent of the QI AR is to collaboratively correct these patterns in order to positively improve our clinical service delivery and documentation.

To read the MCBH Policy 493, which outlines the intent and procedure regarding QI ARs, click here.

Unusual Incident Reporting
(from the June 13 newsletter)
The Unusual Incident Reporting Policy (MCBH Policy 123) was updated on May 23, 2013. Due to the ever growing complexities of the needs of our clients and the services we provide in response, it is more critical than ever to make sure we take appropriate steps to ensure the safety of our clients and staff. The immediate and timely reporting of unusual incidents is part of MCBH's strategy to maintain safety by staying informed of all the unusual incidents encountered by MCBH staff.

As part of the changes, the Unusual Incident Reports must now also be faxed to the QI Team and sent to the MCBH Director's office.

To read the updated Unusual Incident Reporting Policy, click here.

Encountering a High Risk and/or Complex Case?
(from the May 2013 newsletter)
In addition to supervision and peer consultation, support is also available in the form of Collaborative Case Conferences (CCC). CCC bring together the program manager, supervisor, assigned medical staff, assigned direct service provider(s), administrative support staff (if applicable), and contract partners that work directly with the client along with members of the QI Team and leadership from other teams. The purpose is to have as many perspectives as possible in order to analyze the situation and develop cohesive strategies to provide best care for the client. Any staff member can initiate a CCC.

Click here to read for more information regarding CCCs.

Requests for Records
(from the April 2013 newsletter)
If a client requests a copy of their Behavioral Health Records, please refer them to the QI Team Office located at **1611 Bunker Hill Way, Ste. 120, Salinas, CA 93906**. You could also direct them to the **QI Helpline** at **831-755-4545** if they have additional questions.

Law and Ethics

Although the 2013 Law and Ethics training has passed, this section of the QI Newsletter will remain to hold responses to questions and concerns raised as a result of the training.

Minor Consent Policy
(from the December 2013 newsletter)
The Quality Improvement Committee reviewed and adopted Policy 320 – Minor Consent. Policy 320 specifies MCBH's policy and procedures for both minors receiving treatment through parental consent and minors who are legally able to consent for their own services. Click here to read the full policy.

Minors generally require the consent of a parent for services. However:
a)   certain minors are recognized by the law as capable of providing their own consent (i.e. emancipated minors and self-sufficient minors); and
b)   minors 12 years or older can consent to *sensitive services*.

Minor consent for sensitive services was previously limited to certain presenting issues (i.e. services for sexual abuse or rape; substance abuse treatment). However, recent changes to the law expanded the definition of sensitive services to include all outpatient mental health services (i.e. therapy, rehabilitive counseling, case management) regardless of the presenting issue except for psychotropic medication management.

In addition, even if the parent is bringing in a minor who falls under category a) and b) above, the minor still has to consent to these services by completing the Minor Consent form (click here to preview the English print version; a MyAvatar version will become available January 1st). Although not necessary, the parents should review the Informed Consent form (click here to preview the English print version). The parents can also complete and sign this form if they wish to do so. The print versions (in English and Spanish) of the both forms are available in the Onset of Services Materials section of the QI Website.

Minor Client's Authorization to Release Information
(from the December 2013 newsletter)
Since the law recognizes that a)certain minors can consent to their own services and that b) minors 12 years or older can consent to sensitive services, the law also holds that these minors hold the right to authorize the use, exchange, or disclosure of their confidential behavioral health information. This is true even if their parents bring the minor in and consent to services along with the minor.

On a practical level, this means Authorizations to Use, Exchange, and/or Disclose Confidential Behavioral Health Information must be obtained from minors who fall under category a) and b) even to share information with the minor's parents or guardians.

February/March Trainings

Workforce Education & Training (WE&T) Integration with QI

At the beginning of February, the Workforce Education & Training (WE&T) team integrated with the QI Team. The goal of the integration is to have a synergetic relationship between the trainings offered through W&ET and addressing the areas of improvement in clinical service delivery identified by ongoing Quality Improvement analysis of key performance indicators. As part of this integration, we would like to welcome Carlos Walker to QI.

Some of the most immediate changes resulting from the integration is that W&ET trainings will now be featured in the QI Connect newsletters. Occasional email reminders regard upcoming W&ET trainings will continue to appear but the QI Connect newsletters will become the primary home for announcing W&ET trainings.

Another change on the horizon resulting from the integration is a gradual transition away from the use of the County Learning Development Network (LDN) for signing up for W&ET trainings towards the web based sign up system currently utilized by QI for their Staff Training Academy Trainings. This is in response to the fact that the LDN was limited to County employees only and provided no access to our community contract partners to directly sign up for trainings. The change will hopefully ease the training sign-up process for non-County employees while allowing Carlos Walker to focus on other aspects of training preparation. We will keep you updated about the progress of this transition so stay tuned!

Aggression Replacement Therapy (ART)
Facilitator: Elizabeth Tyler, MFT

This 14 hour training will provide staff with the skills to implement ART, a violence prevention program for youth. The ART curriculum will help the youth replace aggressive behavior with socially acceptable responses. Skill-streaming teaches appropriate interpersonal skills to be used in a variety of social situations. Anger control training teaches self-control strategies. Moral reasoning training promotes sociomoral reasoning through social decision-making meeting, a feature distinguishing ART from other violence prevention programs.

The training will be on March 4-5, 2014 from 8:30am to 4:30pm. at the Integrated Health Care Service facility at 299 12th St., Marina, CA 93933. For additional information (i.e., availability of CEUs, seat availability), please view the training flyer by clicking here.

To enroll, County employees should got to the County Learning Development Network (click here) and search for ART. For non-County employees, please contact Carlos Walker at WalkerCJ@co.monterey.ca.us.

WRAP Training

This training is an introduction to the concept of the WRAP (Wellness Recovery Action Plan). It is a system that was developed by a group of individuals who were trying to find their own ways of effectively dealing with their mental health issues. WRAP is described as a structured system that helps individuals track uncomfortable feelings and behaviors and develop planned responses to reduce, modify or eliminate these feelings and behaviors. It also acts as a plan that can tell others what an individual needs when the individual feels so badly that they cannot make decisions for themselves and need support to stay safe. WRAP is based on empowerment and personal responsibility and it takes a holistic approach to recovery which encourages a focus on wellness and strengths rather than on what is not going well. This training will teach attendees how to develop a WRAP plan with their own clients.

WRAP Training will be offered on Monday, March 10th from 1:00pm to 4:00pm. Click here to sign up!

Client Centered Treatment Planning

This lecture/discussion explores the connection between the information in the psychosocial assessment and the content of the treatment plan. More specifically, this training provides an overview regarding how to formulate the clinical summary component of the psychosocial assessments and then how to translate the information into writing a client-centered treatment plan.   This course will involve participants developing clinical summaries and using them to create treatment plans.

Client Centered Treatment Planning will be offered on Monday, March 17th from 1:00pm to 5:00pm. Click here to sign up!

MyAvatar User Training

This course is an introduction on how to navigate and use the MyAvatar Electronic Health Records system. Organized in a way that follows a client from admission to discharge, the course offers training on how to log in to Avatar, search for clients, search for the various forms and reports available and enter pertinent clinical information into the various forms in MyAvatar.

MyAvatar User Training will be offered on Friday, March 21st. Click here to sign up.

Please note that the location for the MyAvatar User Training is now **1200 Aguajito Road, Monterey, CA 93940**. It will be at the former MCBH Monterey Peninsula offices by the Monterey Court house.   Also be aware that the training **starts at 9am.**

MCBH Quality Improvement	Tel: 831-755-4545	Fax: 831-755-4350	www.mtyhd.org/QI