

Quality Improvement Committee (QIC) Meeting	10/24/2013
	11:00am-12:00pm
	Shasta Room, Health Dept.

Meeting called by: Amie Miller, QI Manager

Facilitator: Amie Miller, Ben Bunyi, Lucero Robles

Attendees: Please refer to sign-in sheet for QI Committee Meeting



Minutes

Agenda item:	Review of 2013 QI Plan and recommendations for 2014	Presenter:	Amie Miller
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Discussion:

Key Value 1: Welcome

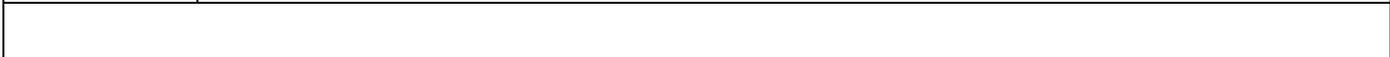
- The “Welcoming Packet” continues is in the process of being revised by QI interns.
- SHARE cards are available at all outpatient clinics; Community Providers are welcomed to participate.
- Safety Guide is partially completed, but needs revisions. The safety guide will be intended to be a “live” document which will allow for ongoing updates and input.

What services are offered to those who do not have MediCal, but come in on Walk-in Wed?

- There are resources they may be referred to back in the community; but it really depends on the person’s needs; Referrals for counseling services are made

Participant share recent experience with calling ACCESS telephone number to inquire regarding services and community resources

- The participant reports the person who picked up the telephone greeted them with a generic tone and them proceeded to inquire whether the caller had MediCal or private insurance. Upon the response being “no.” The representative did stated that unless they had insurance they could not receive support
- The need to a script for PRS’s to follow that would include good customer service with assessment of urgent needs or needs of the individual was recommended.
- QI indicated the need to ongoing training around customer care/welcoming along with asking the caller if they have an urgent need.



<p>Discussion:</p>	<p>Key Value 2:Engage underserved populations</p> <ul style="list-style-type: none"> This value includes services to the underserved population. We are underserving the Latino population. This key value also includes TDD for the hearing impaired and the use of the “Language Line.” It is noted that the Language Line at times is used with consumers in our outpatient clinics; however, we recognize the need for interpretation services and training in order to better meet the needs of this population. <p>Key Value 3: Consumer/Family driven system of care</p> <ul style="list-style-type: none"> The Consumer Advisory Council (County) joined with Recovery Task Force (Interim). This includes a shared agenda between the County and Interim. Kate Spacher has been greatly involved. The advisory council is run by consumers. Through this partnership we have ongoing discussion and input into County service delivery system. The TAY Advisory Council continues to meet monthly, however, there has been too little input from QI; QI would like to see the development of a project from this advisory council. There has not been a development of a Children’s Advisory Council <p>Suggestion was made by participants that is may be helpful to ask someone to hold the children’s perspective, when there is no representative in meetings in order to avoid loss of perspective.</p> <p>Question: What about the perspective of parents of adults with MH issues?</p> <ul style="list-style-type: none"> This is important in providing feedback on how the system is working; may be beneficial to include feedback at least quarterly. May think about using the current family support groups for input as a starting point. Invite NAMI to QIC meeting <p>How do we get people, who have received services, more involved in this committee for feedback?</p> <ul style="list-style-type: none"> It is important to work with "representatives" when we are unable to get the individuals to the table.
<p>Discussion:</p>	<p>Key Value 4:Resilience and Recovery</p> <ul style="list-style-type: none"> Access to services: Include improved relationships with community providers to improve collaboration and support We are currently working on the Primary Care Integration Grant--Bienestar <p>When is this clinic to be opened? How do we envision TAY participation/access As we look for job positions we will be looking at people who are able to work with 16 year olds and up The need to include different types of individuals in order to sustain this program past the grant Expressed need to support individuals access primary care has been a challenge; this very true with those who children in foster care. This grant will not have dental care.</p> <p>We will need to train "peer navigators" that will help navigate the system and community; they will help them to access PCP (i.e. last year 57% of beneficiaries did not see a PCP in 2012). The need to look at the interconnectedness between mental health and physical health is necessary.</p> <p>Key Value 5:Continuous quality improvement</p> <p>What about including contract providers for BHA notes writing?</p> <ul style="list-style-type: none"> Currently we encourage Providers to participate in our training, however, the feedback has been that the information is geared more toward County and needs some modifications to include Provider needs. We recognize a need for adding such a training.
<p>Conclusions:</p>	<ul style="list-style-type: none"> Some action steps noted in the Key Values will move forward to the 2014 QI Plan. Include goals for trauma informed services Include goals to add “new employee checklist” of items that include participation of trainings offered by QI.

Items Tabled	Person responsible	
✓ Policy 320 Minor Consent	QI	
<i>Other Items</i>		
Next Meeting:	December 5, 2013 (no meeting in November due to holiday)	