

Foster Care QI Project Clinical Workgroup Meeting

Clinical Workgroup Agenda

Date: May 8, 2014

Time: 2 PM-3:30 PM

Training Room A (First Floor), DHCS

1500 Capitol Avenue

Sacramento, CA 95814

Toll Free Conference Call Line:

Toll Free Number: 888-324-0280

Participant passcode: 32357

Facilitators: Lori Fuller & Pauline Chan

| Action Item/Main Point of Discussion | Next Steps | Person Responsible | Time |
|---|--|--------------------------|------------|
| 1. Housekeeping Items: Scheduling of future clinical workgroups meetings. | <ol style="list-style-type: none">1. Send emails to all stakeholders to sign up/confirm participation on clinical workgroup. Attendance Tracking Records.2. Send doodle (request for availability) to workgroup participants to schedule subsequent monthly meetings, for next 3-4 months.3. Meetings are always in-person, with options for conference call/webinar.4. Google mailbox for sharing documents. | Lori Fuller | 15 minutes |
| 2. Review of 3/26/14 meeting notes | <ol style="list-style-type: none">1. edits2. changes | Lori Fuller/Pauline Chan | 15 minutes |

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| | 3. follow up: a. APSR, b. managed care participants, c. data, d. grants | | |
| <p>3. Action plan item 1 Implementation of Psychotropic Medication Oversight and Monitoring Protocol.</p> <ul style="list-style-type: none"> - Enforce and facilitate the compliance of JV 220 process. | <ol style="list-style-type: none"> 1. Define compliance of JV 220 process 2. Describe the process 3. Determine methods to facilitate compliance 4. Determine how to evaluate compliance of JV 220 | All | 30 minutes |
| <p>4. Action plan item 2 Provider engagement in practice change</p> <ul style="list-style-type: none"> - Model – data sharing with providers - Oversight - Education | <ol style="list-style-type: none"> 1. Develop a model for data sharing with providers: 2. Develop oversight mechanism to monitor practice change: <ol style="list-style-type: none"> a. Distribute New Jersey protocol submitted b. Review New Jersey Protocol submitted c. Develop a model suitable for small counties 3. Collect best practices of each practice change: <ol style="list-style-type: none"> a. Assessment (Katie A) b. Screening (Katie A) c. Emergency practices –(e.g. agreement with hospitals) d. Guidelines to be used 4. Provide education of what change is needed to effect improvement | <p>To data workgroup</p> <p>All</p> <p>Anna Johnson, Kip Thompson</p> <p>Involve small counties</p> <p>George Fouras</p> <p>All</p> | 20 minutes |

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| 5. Reference materials | 1. Create a compendium of information | George Stewart | 1 minute |
| 6. County Mental Health Protocols | 1. County Protocols collected as of 5/6/14. 2. Counties may continue to submit to share best practices using project mailbox 3. Centralize communication to mailbox QIPsychotropic (QIPsychotropic@dss.ca.gov) | Pauline Chan | 1 minute |
| 7. Dissemination of Information | 1. Create a communication plan: QIPsychotropic (QIPsychotropic@dss.ca.gov) 2. Create website(s) at DHCS and CDSS with current, historical and reference documents. | Lori Fuller/Pauline Chan | 3 minutes |
| 8. Next Steps | 1. Action Plan (continue discussion) 2. Expert Panel Review (5/29/14) of clinical workgroup recommendations 3. DHCS oversight plan | Lori Fuller/Pauline Chan | 5 minutes |