



OFFICE OF ADMINISTRATIVE OPERATIONS
 QUALITY, OUTCOMES, AND TRAINING DIVISION – QUALITY IMPROVEMENT UNIT
 COUNTYWIDE QUALITY IMPROVEMENT COUNCIL (QIC)

MEETING MINUTES
February 2024

Type of meeting:	Monthly QIC Meeting	Date:	February 26, 2024
Location:	Microsoft Teams	Start time:	9:00 AM
		End time:	10:50 AM
Recording:	Countywide QI Council Meeting 2-26-2024 v3 - Mar 14th, 2024 (granicus.com)		
Members Present:	See Table Below		
Agenda Item	Discussion and Findings	Decisions, Recommendations, Actions, and/or Scheduled Tasks	Person(s) Responsible
I. Welcome and Introductions	Review of Minutes from the Last Meeting	<p>Dr. Taguchi greets the Quality Improvement Council (QIC), introduces the speakers, and provides a brief overview on meeting Agenda items. The January 2024 Countywide QIC Meeting Minutes were discussed and have been distributed. Request for changes and/or recommendations can be emailed.</p> <p>Dr. Taguchi introduced new hires under QI, Dr. Moses Adegbola, Chief Research Analyst and Laarnih De La Cruz, Staff Assistant I as well as her new Secretary III Volga Hovelian.</p>	Dr. Kara Taguchi
II. Quality Improvement Updates	Behavioral Health Quality Improvement Program (BHQIP) Update	<p>Dr. Cunnane provided update on BHQIP/ Non-Clinical Performance Improvement Project (PIP).</p> <p>BHQIP is for Follow- Up after an Emergency Department Visit for Mental Illness (FUM). DHCS</p>	Dr. Daiya Cunnane

		<p>provided baseline data from 2020 and 2021 that showed older adults and adults had low rates of follow-up care in a timely manner after an emergency department (ED) visit.</p> <p>BHQIP included partnering with multiple DMH units and two regional hospitals. Enhanced Care Management (ECM) team was chosen to provide outreach and linkage to DMH clients in EDs. The data reviewed for BHQIP from June-December 2023 showed ECM completed 26 referrals. There was improvement in adults for 7- and 30-day follow-up after ED visit.</p> <p>GENESIS agreed to participate in FUM PIP in 2024. Interventions are still being developed. QA will work with getting GENESIS alerts when someone is in the ED using PointClickCare (PCC).</p> <p>Dr. Taguchi stated the goal for every County is to be at least at the minimum performance level with expectation of 5% improvement after that. The earlier notifications are received that someone is in the ED the better to reach 7-day mark. Challenges in the ED include the client is there for only a short amount of time.</p> <p>Dr. Debbie Innes-Gomberg suggested discussing five HEDIS measures that we are responsible for collecting, reporting, and performing on in upcoming meetings.</p>	
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	<p>Consumer Perception Survey (CPS) Updates</p>	<p>Dr. Cunnane shared that CPS is a Federally mandated survey that all counties implement at the same time.</p> <p>CPS will be Monday 5/20/2024 through Friday 5/24/2024. QI will send out resource materials and will be sending CPS distribution lists to service area Chairs. Updates to the lists can be sent to Dr. Moses Adegbola. Chairs were asked to mark the date in their calendar. Once provider lists are ready, invites will be sent out to providers.</p> <p>Dr. Taguchi suggested around March/April to recap strategies of getting larger survey responses and expressed the importance of getting as much satisfaction data as we can from clients to reflect the amount of services we provide through our Medicaid programs.</p> <p>Dr. Cunnane mentioned application development team is working to improve DMH's electronic survey including making sure reminder emails work and improving user friendliness of surveys for providers. Pilot with Rio Hondo is moving forward. Will be providing updates in the next month.</p> <p>Dr. Taguchi stated it was considered to eliminate the UCLA electronic survey as some of the provider and client numbers were incorrect but due to provider feedback this will still be an option. QI's goal is to make our system as least cumbersome as possible and remove barriers to data collection with quality.</p>	
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		Please see attachment BHQIP FUM PIP Non-clinical PIP Data 2.20.2024 FINAL.pdf	
III. Cultural Competency Unit Updates	Cultural Competency Unit's (CCU) Revision of Policy and Procedure 200.09	<p>Dr. Chang shared policy titled Culturally and Linguistically Inclusive Services.</p> <p>Policy added definitions for Gender Identity, Gender Expression, Inclusion, and Language Assistance Services.</p> <p>New content added included spelling out how culture impacts service delivery, how to work with language interpreters, and other considerations such as sexual identity, work environment for consumer/ family members and workforce members, and cross- cultural supervision of staff.</p> <p>Dr. Chang expressed importance of collecting demographic information for clients.</p> <p>Revision was presented to the CCC and their feedback was incorporated. Following Dr. Robinson's input/expertise, consumer/clients was used in policy and procedure language.</p> <p>Dr. Chang welcomed feedback on new policy and procedures.</p>	Dr. Sandra Chang
IV. Quality Assurance Updates	Update-Payment Reform and impact on Data Analysis	Jennifer Hallman shared focus at this time is getting claims out. Please hold student claims. QA is looking at denials and working with State with challenges, request for changes and clarification in the system. Focusing on the learning of the current processes/rules and then adjusting. Looking at data to better understand how staff are spending their time and documentation.	Jennifer Hallman

	<p>Preview of QA SA process What to expect as a provider</p>	<p>In the next couple of months, QA will work on being able to bring more data into QA process reviews beyond access to care and network adequacy.</p> <p>Next QA on the Air will discuss student claims. QA needs and will be collecting every students' supervisors' names.</p> <p>Nikki Collier shared that during mid December 2023 QA Unit posted bulletin announcing launching of a new process for reviewing providers and starting in 2024 will be looking at how efficiently and effectively providers are providing services and how timely they are getting people to be seen.</p> <p>QA will reach out to providers 1-3 months prior to review by phone or email to schedule it. Review Coordination form will be sent to the provider during this time.</p> <p>Review Notification Letter sent to provider at least 1 month prior to start of review.</p> <p>Data is gathered through various reports to help identify trends. The data is shared with provider prior to pre- chart review meeting so they can also prepare for the discussion.</p> <p>Pre- chart review meeting is to share information and give the provider a chance to clarify and give context for the data.</p> <p>Chart review is where clinical documentation is reviewed to ensure providers provide quality services. QA Unit accesses documentation directly from IBHIS and contracted providers prepare and</p>	<p>Nikki Collier</p>
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		<p>securely send review documents. Review lasts about 2 weeks and is done remotely.</p> <p>After review is complete, a date to meet for post QA review discussion or exit meeting is coordinated. The QA unit goes over summarized review and observation, action items, recommendations, and follow up process that action items are addressed/met. The QA Unit then finalizes the written results and sends it out to the provider, QA Unit staff involved in the review and appropriate LA County DMH program managers.</p> <p>If QA Unit determines a Plan of Support Meeting is needed, it will be scheduled with the provider to provide opportunity for both the provider and QA to discuss the status of implementation of the action items that tailors to the provider’s needs.</p> <p>Providers will receive the report at the end.</p> <p>Please see attachment February 2024-Countywide QI Council-New QA Review Process</p>	
<p>V.</p>	<p>Impact of Unresponsive Demographic and strategies for improvement</p>	<p>Dr. Taguchi presented on need to improve the amount of data reported related to race, ethnicity, sexual orientation, and gender identity. There is a need to understand why demographics are not being reported and how we can ask for them from clients in a sensitive way.</p> <p>Dr. Innes-Gomberg: If we are not making an effort to track race and ethnicity in key demographic fields, we are missing out on the opportunity to better understand who we are reaching and not</p>	<p>Dr. Kara Taguchi</p>

		<p>reaching. This information has become increasingly important.</p> <p>Dr. Shonibare suggested training may be needed for front end staff. Clinics have challenges with some clients not wanting to complete admission forms.</p> <p>Dr. Chang brought up the concern that some staff may be assuming a client's identity rather than asking them how they identify their race/ethnicity and how this can be even more of concern when it comes to multiracial individuals.</p> <p>Dr. Taguchi reiterated that this information can be collected at intake, but it would be best to double check demographics have been completed for all clients.</p> <p>It was suggested having flags in IBHIS if demographics are not inputted and adding client declined to answer to demographic sections.</p> <p>Please see attachment Demographics QIC.pdf</p>	
<p>VI.</p>	<p>Change Provider Portal Update</p>	<p>Mr. Wilson shared update and walk through on the change of provider portal. Reports will come through Mr. Wilson.</p> <p>Please see attachments CHANGE OF PROVIDER FY 23-24 QUARTER TWO- ALL SERVICE AREA.pdf</p>	<p>Theodore W. Wilson</p>

		Please see attachment CHANGE OF PROVIDER FY 23-24 QUARTER TWO-ALL SERVICE AREAS-SUMMARY.pdf	
VII. Service Area Updates	SA 1 SA 2 SA 3 SA 4 SA 5 SA 6 SA 7 SA 8	No update reported. No update reported. No update reported. No update reported. No update reported. No update reported. No update reported. No update reported.	SA QIC Chairs and Co-chairs
Next Meeting:		March 18, 2024, from 9:00 AM to 10:50 AM	

NAME	AGENCY	DMH PROGRAM
Kara Taguchi	DMH	Outcomes & Quality Improvement
Kimber Salvaggio	DMH	SA 2
Angelica Sanchez	DMH	SA 4
Robin Washington	DMH	Quality Assurance
Laarnih De La Cruz	DMH	Quality Improvement
Venezia Mojarro	DMH	Compliance Program
Maria Moreno (CLESGV)	DMH	SA 3
Christina Andrade	ENKI Health Services, Inc.	
Socorro Gertmenian	Wellnest LA	SA 6
Volga Hovelian	DMH	Outcomes & Quality Improvement
Greg Tchakmakjian	DMH	SA 7
Linda Nakamura	Masada Homes	SA 8
Miguel A. Velasco-Ceja	CAL State ELA EDU	
Michael Olsen	Enki Health Services, Inc.	SA 3, SA 4, and SA 7
Wanta Yu	DMH	Quality Assurance

Rosalba Trias-Ruiz	DMH	SA 3
Helena Ditko	DMH	Clinical Policy
Shant Khachturian	DMH	Quality Assurance
Stacey Anne Smith	DMH	Quality Improvement
Elisabeth Gildemontes	DMH	Patient's Rights Office
Daiya Cunnane	DMH	Quality Improvement
Sandra Chang	DMH	Cultural Competency Unit
Emilia Ramos	DMH	SA 8
Alicia Gonzalez	Foothill Family	
Jennifer Mize	DMH	SA 1
Armen Yekyazarian	DMH	Quality Assurance
Nikki Collier	DMH	Quality Assurance
Moses Adegbola	DMH	Quality Improvement
Christina Nairn	DMH	SA 4
Theodore W. Wilson	DMH	Patients' Rights Office
Lynetta Shonibare	DMH	Olive View
Debbie Innes-Gomberg	DMH	QOTD
Tonica Robinson	DMH	Peer Services
Ly Ngo	DMH	Clinical Risk Management
Yvonne Phung	DMH	Quality Assurance
Caesar Moreno	The Whole Child	SA 7
Brian Dow	DMH	Quality Assurance
Irma Martinez - DMHADAS	DMH	
Paul Arns	DMH	Chief Information Office Bureau
Courtney Stephens	MHALA.ORG	SA 8
Jennifer Hallman	DMH	Quality Assurance
Bradley Bryant	DMH	Quality Assurance

James Coomes	DMH	
Misty Aronoff	Step Up on Second	SA 4-5

Respectfully Submitted,
Dr. Kara Taguchi