

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

MEETING MINUTES  
October 2024

<b>Type of meeting:</b>	Monthly QIC Meeting	<b>Date:</b>	10/21/2024
<b>Location:</b>	Microsoft Teams	<b>Start time:</b>	9:00 AM
		<b>End time:</b>	10:50 AM
<b>Recording:</b>	<a href="#">Countywide QI Council Meeting-20241021 - Oct 28th, 2024</a>		
<b>Members Present:</b>	See Table Below		
<b>Agenda Item</b>	<b>Presentation and Findings</b>	<b>Discussion, Recommendations, and/or Needed Actions</b>	<b>Person(s) Responsible</b>
<b>I. Welcome and Introductions</b>	Dr. Kara Taguchi welcomed everyone and shared the agenda and meeting minutes from September 2024.	If there are any edits needed for last month’s meeting minutes, please email DMHQI@dmh.lacounty.gov	Dr. Kara Taguchi
<b>II. Quality Improvement Updates</b>	<p>Stacey Smith shared that next week the new EQRO provider Health Services Advisory Group Inc. (HSAG) will provide trainings on Performance Measure Validation (PMV), Network Adequacy Validation (NAV), and PIP validation.</p> <p>Stacey Smith shared the North Regional QIC’s first meeting launched last Thursday and the South Regional QIC is this coming Thursday. She thanked the leads and chairs for their participation in executing the Regional QICs.</p>	<p>Dr. Taguchi shared LA County participated in Regional Technical Support with DHCS along with San Diego and Orange County. EQRO will be starting fresh. Counites will be notified on what to focus on this year. More to come.</p> <p>Kimber Salvaggio shared the level of support in the Regional QIC was amazing with great participation and overall, the meeting was well received. She was hopeful from this positive experience that the</p>	Stacey Smith

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		<p>reduced meeting schedule will place less burden on providers.</p> <p>Dr. Kara Taguchi shared Jennifer Hallman, Nikki Collier, and herself discussed trying to attend these meetings as much as possible and to be able to answer questions directly. Meeting went very well. She thanked the leads for doing an amazing job leading the meeting together.</p> <p>Dr. Daiya Cunnane shared it was a great meeting and there was good attendance. Thank you to Nicole Gutman from Hollywood Mental Health who reported that Service Area 4 has been receiving an increase of Russian speaking clients requesting services and they need support as there are not enough Russian speaking therapists.</p> <p>Dr. Kara Taguchi shared the more issues shared in this meeting can enable us to have more robust and valuable meetings. Participants who voice their issues will help guide us on what is needed to present and follow-up on.</p> <p>Dr. Rosa Franco shared Kimber Salvaggio and Daiya Cunnane did</p>	
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		<p>a great job and she was happy to see the level of participation. Since the meeting is being held quarterly hopefully issues that arose in previous meetings will be addressed in the following meeting. A question came up if QA/QI will be a dual role and it is nice that Kimber Salvaggio asked for feedback from other Service Areas.</p> <p>Stacey Smith asked for clarification if Legal Entities now have SOGI and Veteran data available?</p> <p>Dr. Taguchi stated the companion guide is only available but SOGI and Veteran data are not yet available for collection from legal entities.</p>	
<p><b>III. Enhance Provider Understanding of Medi-Cal Requirements Work Plan Goal CY 2024 Update</b></p>	<p>Nikki Collier presented on goal to enhance provider understanding of Medi-Cal Requirements by refining mechanisms of support as well as collaborative monitoring for providers, to ensure the delivery of efficient, quality Specialty Mental Health Services that meet federal, State and County requirements.</p> <p>The objectives are as follows:</p> <ol style="list-style-type: none"> <li>1. Within one year, 30% of LACDMH contracted outpatient treatment providers will participate in the QA</li> </ol>		<p>Nikki Collier</p>

	<p>Knowledge Assessment Surveys. This year QA conducted 2 surveys, 13% of providers participated in survey #8 and 18% participated in survey #9.</p> <ol style="list-style-type: none"><li>2. Continue implementing and refining communication strategies with providers aimed at avoiding waste in claiming and service delivery practices in order to enhance countywide capacity. There were 18 QA Information sessions held.</li><li>3. Revise QA Review Process with focus on the simplification of documentation requirements as emphasized by CalAIM. QA Review Process was redesigned to incorporate CalAIM's simplified documentation requirements and launched in January of 2024. Approximately 13 reviews are either completed or currently in process representing approximately 90 provider sites.</li></ol> <p>QA is working on efforts to increase provider engagement in the QA Knowledge Assessment Survey process. We will be eliciting more feedback in monthly meetings and working on re-structuring mechanisms for tracking provider participation in QA Information sessions such as sign in sheets. We are also working on technical refinement of the chart review tool to</p>		
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	<p>improve capturing both quantitative and qualitative data regarding adherence to requirements (particularly for contracted providers). We have our tool but made technical changes. Lastly, developing mechanisms for obtaining qualitative feedback from providers on the effectiveness and efficiency of these processes focused on feedback/ recommendations during QA Information Sessions, Post QA-Review surveys, and focus group style meetings.</p> <p>Please refer to attachment October 2024 Countywide QI Council - QI Work Plan 2024 - Goal 4E Progress - v2.PDF</p>		
<p><b>IV. Outcomes Work Plan Goals CY 2024 Updates</b></p>	<p>Dr. Kara Taguchi shared presentation on Outcomes Work Plan Goals updates.</p> <p>The first goal is to rollout CANS and PSC-35 aggregate reporting. These are required tools that need to be administered to children receiving outpatient services. There are five objectives:</p> <ol style="list-style-type: none"> <li>1. Providers will have access to client-level aggregate reports. CANS client level report is being moved to production for providers to access. PSC aggregate report was presented at CANS/PSC webinar on 5/16/2024. Providers gave a lot of feedback in the webinar. These reports will help show progress. By looking at the PSC report when grouped by either foster care, intensive programs,</li> </ol>		<p>Dr. Kara Taguchi</p>

	<p>or outpatient we were able to see improvement versus looking at the report for our entire system. This is our first attempt.</p> <ol style="list-style-type: none"><li>2. Develop program level reports based on input from provider network. Based on provider feedback from webinar presentation, additional reports will be created on comparing initial and discharge CANS and PSC scores as well as demographic breakdowns of data, and provider level data with countywide and service area averages for benchmarks.</li><li>3. Validate reports with sample of providers. We worked with supervisors in Directly Operated programs and received some information about what would be useful.</li><li>4. Increase clinical utility training for supervisors and create training to include line staff. CEU credits were available for those who took live virtual trainings. Recordings of the trainings are still available but they will not give CEUs. We held a webinar for CANS analysis in September and 85 people attended. Line staff training is in development and will be scheduled for early 2025.</li><li>5. Implement pilot of using CANS as a Level of Care tool by working with clinicians to validate structured decision-making tool. This was delayed as we</li></ol>		
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	<p>were working with multiple counties on the decision-making model. Data did not match up and we are making a second run focusing on types of services clients are receiving and looking at their CANS scores. Pilot is being delayed due to plan for second analysis.</p> <p>Dr. Taguchi presented on roll out Level of Care Utilization System (LOCUS) as Adult Level of Care Tool. There are 4 objectives:</p> <ol style="list-style-type: none"><li>1. Develop training and communication plan for administering LOCUS and derived recommendation of adult level of care. Contract is solidified with AACP for a five-hour online training for the LOCUS. It only needs to be taken once. QA bulletin is drafted and will be shared at the next QA On Air.</li><li>2. Fully define all DMH levels of care for adults and test fit with LOCUS recommended levels of outpatient care. Levels of Care 1-5 are defined. The LOCUS will not be used for level 6.</li><li>3. Work with contracted providers and CIOB to develop mechanisms for data collection and submission of results to DMH. CIOB is working on development of API for contractors. It will allow them to input information and receive back recommended level of care through an algorithm. Planned date of production for API is February 2025.</li></ol>		
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	<p>4. Start data collection for Directly Operated clinics utilizing Netsmart built tool for LOCUS. The phase 1 providers have been selected to start training with AACP. LOCUS is currently available in test environment.</p> <p>Please refer to attachment CW QIC Presentation 10_21_2024. PDF</p>		
<p><b>V. Quarter 3 Policy Bulletin</b></p>	<p>Helena Ditko presented on Policy Bulletin updates for Quarter 3. The policy on policies is still being finalized.</p> <p>Please refer to attachment Q3-24 Policy Bulletin for specific details about New, Revised, and Sunset policies for this quarter.</p>		<p>Helena Ditko</p>
<p><b>VI. Suicide Prevention</b></p>	<p>Franklin Romero from Partners in Suicide Prevention (PSP) presented on data related to suicides in LA County. He informed the committee about PSP trainings that are available. The most recent data available is from 2022 as our department relies on MOUs with Public Health, the Medical Examiner's Office, and other LA County departments to obtain data on suicides. There are quarterly meetings within DMH to review negative outcomes.</p> <p>DMH receives data of all deaths in LA County not just suicides that go through the Medical Examiner's office first. Based on death certificates, males and the White/Caucasian race/ethnicity have the highest rates of suicide.</p>	<p>Robin Washington asked what the department uses suicide data for.</p> <p>Franklin Romero shared in collaboration with the Department of Public Health and Medical Examiner's Office the data is used for prevention and postvention strategies to best help individuals and communities where there is a lot of stigma and barriers in connecting people to services. It is not just DMH who is responsible for services. It takes a community and all of us to doing our part in preventing suicide deaths.</p>	<p>Franklin Romero</p>



	<p>However, it's important to note that suicide does not discriminate based on race, age, ethnicity, or sexual orientation.</p> <p>Based on 2022 data from Office of Prevention, Department of Public Health, suicide in LA County is the 18<sup>th</sup> leading cause of premature death. There were 3399 non-fatal suicide attempts. Of deaths caused by suicide, 33% or 270 involved firearms.</p> <p>Data from 2022 identified:</p> <ul style="list-style-type: none"><li>• For ages 10-24 suicide is 3<sup>rd</sup> leading cause of death. There were 102 youth suicide deaths and 1502 non-fatal suicide attempts in 2022. There are 19 people that died using firearms.</li><li>• Suicide is highest amongst White group at 12.1 per 100,000 and lowest amongst Latinos at 5.5 per 100,000.</li><li>• 78% of suicides were males and 53% were over 44 years old. Rates were highest among ages 55-64 years and then 65+ years. PSP works with specialized programs such as GENESIS who work with older adults.</li><li>• Service Area 1 has smallest population but has highest rate of suicide per 100,000 residents. Service Area 6 has the lowest suicide rate with 5.9 per 100,000.</li></ul>	<p>Robin Washington wondered if this is followed year by year to better understand why rates go up and down.</p> <p>Franklin Romero discussed that suicide is complex but the data is reviewed each year.</p> <p>Dr. Daiya Cunnane asked if there is a way that data can be available in a timelier manner.</p> <p>Frankling Romero responded that it takes about 1.5 years to collect and compile the data because of back and forth between Department of Public Health and Medical Examiner's Office. The unit is very small and understaffed in comparison with the number of deaths.</p> <p>Marc Borkheim asked if there is more fine-grained analysis of specific ethnic/ cultural groups with this data.</p> <p>Frankling Romero shared with the MOUs we have with other departments we try to develop interventions to target specific populations when indicated.</p> <p>Dr. Daiya Cunnane wondered if there are increased suicide</p>	
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	<ul style="list-style-type: none"> <li>• Suffocation, hanging, and firearms are most common cause of suicide.</li> </ul> <p>Anyone is welcome to join the LA Suicide Prevention Network (LASPN). If interested, you can include your name on the list at <a href="mailto:info@lasuicidepreventionnetwork.org">info@lasuicidepreventionnetwork.org</a></p> <p>LASPN meets quarterly and publishes a report card with latest suicide death data along with reasons adults and children call hotlines. The most recent reports are found at LASPN website.</p> <p>Please refer to attachment QI Meeting Presentation 10.21.24.PDF</p>	<p>prevention efforts for Service Area 1 or those with high rates.</p> <p>Franklin Romero shared that starting in the new calendar year we will be recruiting for general grief and loss facilitator trainers. An email will be either be coming from himself or from suicide prevention recruiting individuals to run support groups for suicide loss survivor, grief, and general loss. We provide books for the participants and facilitators to go through training and parameters to keep participants safe.</p> <p>Dr. Kara Taguchi shared we have been having conversations with Clinical Risk Management and we are also trying to figure out how we can learn from individuals who are involved without risking the confidentiality and delay of data coming through.</p> <p>Frankling Romero shared it is important to dig and investigate further what type of means the individual may use for suicide.</p>	
<p><b>VII. Access to Care Work Plan Goals CY 2024 Update</b></p>	<p>Susan Cozolino discussed Access to Care Work Plan 2024 update. We have two goals.</p>	<p>Helena Ditko asked if existing ACCESS staff will be getting trained.</p>	<p>Susan Cozolino</p>

	<p>We hope to expand pilot and we'll be reaching out to Service Area 2 sometime in March 2025.</p> <ol style="list-style-type: none"><li>1. Improve timely access to care.<ul style="list-style-type: none"><li>• Maintain 80% benchmark for appointments. We are tracking our own metrics and noted we are struggling with ages 0-20 but consistent with meeting benchmark for ages 21+.</li><li>• Reduce range of days to routine appointments. Working with providers to reduce the range of days.</li><li>• Expansion of centralized scheduling for hospital discharge and PMRT. Timeline included initial pilot by 2/1/2021, expansion to PMRT by 9/5/2023, expanding pilot 24/7 in Service Area 3 by 10/30/2024 which is in progress, and expanding to LET/MET/SMART/RAMP/CAMP by 11/13/2024 which is in progress. QA is seeing improvements in provider capacity. There is still a 50% no show rate from hospitals. A PIP may be considered for this.</li></ul></li><li>2. Develop protocols for access to care monitoring. Doug Cacialli from Clinical Informatics was thanked for his hard work.</li></ol>	<p>Susan Cozolino shared that Centralized Scheduling training is only for specific staff receiving calls for the pilot on a separate line. ACCESS staff on the main line will not receive training.</p> <p>Dr. Kara Taguchi asked about NAPPA and identifying slots for pilot.</p> <p>Susan Cozolino shared the ACCESS agents when they look for slots for LE providers, will fill a slot if it's there.</p>	
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	<ul style="list-style-type: none"><li>• Revising quarterly monitoring reports to gather data for psychiatry and treatment services. Report includes first offered non-psychiatry treatment for both DO and LE providers and first psychiatry services for DO providers.</li><li>• Establishing workflow for data submission for LE providers for first offered psychiatry service. LE providers will enter first offered psychiatry service on the CSI Assessment to be submitted via WebService. Thank you to Jennifer Hallman. This is currently in test environment and the LE providers have 3-6 months to implement.</li><li>• Establishing written protocols for monitoring process of providers not accepting new clients. LE providers are allowed to say they are unable to receive new clients. Created request form where providers can request to not receive new clients and there is also CAP template. If CMMD approves it, the provider can go to NAPPA and update “not accepting”. We are monitoring and</li></ul>	<p>Jennifer Hallman shared QA will send email as not everyone was aware this was posted earlier this month. This will allow QA to have initial psychiatry data from our contracted providers.</p>	
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	<p>tracking in NAPPA providers who are not accepting new clients.</p> <p>Link to the Companion Guide regarding LE providers also shared.</p> <p>Please refer to attachment Countywide QI Council Meeting.PDF</p>		
<b>VIII. Patients' Right update</b>	<p>Theodore W. Wilson shared new change of provider report for this last fiscal quarter July to September. He will be sending this out today. The most significant thing is a lot of people are using the new application but there may be some workflow issues, will be working on these issues and making sure everything is done on a regular monthly basis.</p>	<p>Dr. Kara Taguchi shared once SB-929 data is compiled we would like to look at it and present on it.</p> <p>Theodore W. Wilson shared this will include a lot of data. It may be another couple quarters until its ready but will share.</p>	Theodore W. Wilson
<b>IX. Service Area Updates (below):</b>			
SA 1	No updates at this time. Regional QIC was fabulous.		Jennifer Mize
SA 2	Last QIC meeting was 9-19-2024 and discussed how providers were utilizing data to inform their services.		Michelle Rittel
SA 3	No updates at this time. Final SA QIC meeting was 9-18-2024.		Maria Moreno
SA 4	We had our last meeting last month. We heard good feedback from staff.		Carmen Solis
SA 5	Misty Aronoff introduced Keisha White as new Chair for SA 5.	Keisha White shared she started end of September 2024 and is excited to attend future meetings.	Misty Aronoff

SA 6	We had our last SA QIC last month seems like staff are excited about attending upcoming Regional QIC meeting. Words are getting around of having less meetings.		Socorro Gertmenian
SA 7	No update at this time.		Greg Tchakmakjian
SA 8	N/A	N/A	No representative present
<b>Next Meeting:</b>		November 18, 2024, from 9:00 AM to 10:00 AM	

NAME	AGENCY	DMH PROGRAM
Kara Taguchi	DMH	Outcomes & Quality Improvement
Stacey Anne Smith	DMH	Quality Improvement
Daiya Cunnane	DMH	Quality Improvement
Rosa Franco	DMH	Quality Improvement
Laarnih De La Cruz	DMH	Quality Improvement
Volga Hovelian	DMH	Outcomes & Quality Improvement
Maria Moreno (CLESGV)	DMH	SA 3
Angelica Sanchez Enriquez	DMH	SA 4
Michelle Rittel	DMH	SA 2
Venezia Mojarro	DMH	Compliance Program
Helena Ditko	DMH	CPAS Policy Unit
Rosalba Trias-Ruiz	DMH	SA 3
Socorro Gertmenian	Wellnest LA	SA 6
Carmen Solis	Alma Family Services	SA 4, 7, and 8
Tonica Robinson	DMH	Peer Services
Nikki Collier	DMH	Quality Assurance
Greg Tchakmakjian	DMH	SA 7
Armen Yekyazarian	DMH	Quality Assurance

Ly Ngo	DMH	Clinical Risk Management
Lynetta Shonibare	DMH OVMC	SA 2
Marc Borkheim	DMH	Quality Assurance
Jennifer Mize	DMH	SA 1
Jennifer Hallman	DMH	Quality Assurance
Kimber Salvaggio	DMH	SA 2
Keisha White	DMH	SA 5
Franklin Romero	DMH	Partners in Suicide Prevention
Robin Washington	DMH	Quality Assurance
Susan Cozolino	DMH	Quality Assurance
Keisha White	DMH	SA 5
Theodore W. Wilson	DMH	Patients' Rights Office
Misty Aronoff	Step Up on Second	SA 5
Courtney Stephen	MHALA.ORG	SA 1, 2, and 8
Wanta Yu	DMH	Quality Assurance
Anna Galindo	The Whole Child	SA 7
Alicia Gonzalez	Foothill Family	SA 3
Venezia Mojarro	DMH	CPAS
Emilia Ramos	LBMH	SA 8
Susana Lutz	DTMHC	SA 4
Angelica Fuentes	DMH	SA 5, 6, 7, and 8
Eilene Moronez	Enki	SA 3
Edgar Alvarado	DMH	Clinical Standards Office of CMO
Alben Zatarian	Enki Health Services	SA 3, 4, and 7
Paul Arns	DMH	CIOB
Berteil Eishoei	DMH	Quality Assurance
Eric Ji	DMH	Outcomes & Quality Improvement
Linda Nakamura	Masada	SA 8

Respectfully Submitted,

Dr. Kara Taguchi