

REGIONAL QUALITY IMPROVEMENT COUNCIL (QIC)- NORTH

MEETING MINUTES

October 2024

Type of meeting:	Regional QIC Meeting	Date:	10/17/2024
Location:	Microsoft Teams	Start time:	1:30 PM
		End time:	3:00 PM
Members Present:	See Table Below		
Agenda Item	Presentation and Findings	Discussion, Recommendations, and/or Needed Actions	Person(s) Responsible
I. Welcome and Introductions	Kimber Salvaggio welcomed everyone to the first North Regional QIC meeting. Attendance link and QR code were shared. She thanked everyone for participating.		Kimber Salvaggio
II. Land Acknowledgement	<p>Kimber Salvaggio asked if anyone would like to read the Land Acknowledgement.</p> <p>Kimber Salvaggio thanked Lynetta Hale for the beautiful reading and commented there were a lot of reactions shared in the chat, applause and hearts.</p> <p>Dr. Daiya Cunnane shared the importance of this message.</p>	Lynetta Hale volunteered to read the Land Acknowledgement and stated that she was thankful for the message presented and it made her feel hopeful for all of us.	QIC Members
III. Quality Improvement Overview	Dr. Daiya Cunnane welcomed everyone. She shared QI responsibilities that are required in our contract with the Department of Health Care		Dr. Daiya Cunnane

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	<p>Services (DHCS) who reviews us every 3 years. Requirements include:</p> <ul style="list-style-type: none">• Quality Improvement Committee• Quality Assessment and Performance Improvement (QAPI) Work Plan & Evaluation that is reviewed and posted annually.• Work Plan Goals that are identified through triennial oversight reviews, External Quality Review Organization (EQRO), and other efforts to identify compliance issues.• Annual Performance Improvement Projects (PIPs). A new process will be coming with new EQRO.• Consumer Perception Surveys (CPS). <p>The QI Unit shares responsibilities with other divisions throughout DMH to work on quality improvement. QI works to ensure quality and appropriateness of care for our beneficiaries and focuses on reducing disparities.</p> <p>It is required that providers participate in QI and QA meetings. We have a North and a South Regional QIC. You are only required to attend one of these meetings that are held quarterly. North Region includes Service Areas 1-4 and South Region includes Service Areas 5-8.</p>		
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	<p>QI gives the opportunity for us to grow and provide the best services we can. It gives us pathways for making improvements both in the lives of our clients and in our processes with our employees.</p> <p>Dr. Daiya Cunnane shared the differences between Quality Improvement and Quality Assurance. QA focuses on policies, rules, and licensing that we are required to do. QI focuses on using data to identify areas of improvement in our services/system and creating goals and interventions to implement and then measuring their effectiveness. A handout is available on the QI website if you wish to get more information or would like to share with your staff https://dmh.lacounty.gov/qid/</p> <p>The Regional QICs will create feedback loops between Central Administration and Providers and Practitioners. Areas of improvement in our services/system will be identified through the review of data as well as if there are existing quality improvement projects in place that can be shared with the QIC.</p> <p>Dr. Daiya Cunnane shared QAPI Work Plan Goals which are created to address areas in need of improvement. She made a connection as to why providers and practitioners should pay attention to these goals. Work Plan Goals have specific objectives, develop interventions with timeframes, and identify who monitors</p>	<p>Jennifer Hallman shared that QA also focuses on standard of care. QA on the Air that is scheduled next week will focus on LOCUS implementation. We will be reviewing the draft bulletin,</p>	
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	<p>progress. They can be focused on many topics such as access to care. Your participation in their development is crucial as the outcomes of our work plan goals can have a direct impact on providers. Feedback provided can help with how interventions are implemented and strategies are taken. The Roll out of LOCUS as an Adult Level of Care tool is an example of a goal that will directly impact providers.</p>	<p>answering questions, and then issuing the bulletin.</p> <p>Barbara Baudoma asked if QA/QI can be a dual role.</p> <p>Sara Pineda shared that in smaller agencies staff do carry dual roles, as there is not enough funding to hire two people for each role.</p> <p>Kimber Salvaggio shared smaller agencies having multiple roles is one of the challenges. In having dual roles, it is important to remember which role is which.</p> <p>Dr. Daiya Cunnane shared that at times both roles do work together.</p>	
<p>IV. Disparity Data</p>	<p>Dr. Daiya Cunnane stated that the QAPI is how QI was previously sharing disparity data findings. QI has been working with Mental Health Services Act (MHSA) and Anti-Racism Inclusion, Solidarity, and Empowerment (ARISE) Division to figure out how to organize our population data and working on the same set so there is more data quality. We are working on sharing this data with our stakeholders and providers.</p> <p>Dr. Daiya Cunnane shared live demonstration on new comprehensive demographic table to view data all at once. It's an easier way to view</p>	<p>Antonio Banuelos asked on the chat if the data reports will be tailored to the Service Area and or the Clinics.</p> <p>Dr. Daiya Cunnane shared for larger reports we have historically reported on Service Areas.</p> <p>Dr. Kara Taguchi shared that it is in the works. The one piece that is missing is Medi-Cal eligibles being broken down by Service Area. CIOB is working with us on obtaining this data. We have</p>	<p>Dr. Daiya Cunnane</p>

	<p>and make comparisons compared to our previous way of viewing data.</p> <p>Dr. Daiya Cunnane shared demographic data collected is needed to understand disparities. For the last couple of years, we have struggled with unreported data. We need your help on how to get information in so that we can include and understand who we are serving and who needs services. Examples of missing data were presented. The ARISE Division piloted a project with 4 DMH programs to see if providing trainings on Sexual Orientation and Gender Identity (SOGI) data collection would help increase the number of SOGI demographics entered in their programs. The results shared within 6 months were exceptional.</p> <p>Dr. Daiya Cunnane shared that this is a good time to start thinking what is your strategy? How will you start monitoring demographics entered at your clinic/program?</p>	<p>everything else broken down by Service Areas.</p> <p>Barbara Baudoma shared IBHIS number are in the surveys, is the demographic something that can be accessed for those missing? That when clients enter the clinics that their demographic information is not being entered.</p> <p>Dr. Kara Taguchi shared this is not reflected on CPS survey, the percentage for unreported has been decreasing. Once SOGI and Veterans data fields are released from testing to live, those will be new fields and need to be updated. It is important to find the balance, inform planning and inform where things are needed and if data is missing and there are many reasons why data is missing, we still want to present that this helps us.</p> <p>Tiffany Harvey wondered for gender identity, if there are issues if pulling preferred gender as opposed to their biological.</p> <p>Jennifer Hallman shared that links are shared on the chat. It</p>	
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		separates sex at birth from gender identity.	
V. Quality Assurance	<p>Jennifer Hallman reviewed various QA webinars/meetings including who should attend and what their purpose is:</p> <ul style="list-style-type: none"> • QA/QI Central Meeting- For DOs and LEs, Managers and Supervisors, and QA/QI Leads. Provide information and updates regarding QA/QI requirements. Meeting is held on 2nd Monday of the month at 10:30am. • Network Adequacy and Access to Care- For DOs and LEs, supervisors, and staff responsible for NAPPA. Meeting is held on 1st Tuesday of the month at 9am. • QA on Air-For DOs and LEs. Attendance is based on the topic which is announced during QA/QI Central Meeting. Meetings is held on 4th Wednesday of the month at 9am. Next week will be discussing LOCUS. • QA/Error Correction (EC) Webinar- This meeting is for DOs only and supervisors. Meeting is held on 4th Thursday of the month. • Keeper of Records- This meeting is for DOs only, keeper of records and anyone who releases PHI. Meeting is held once every two months. • IBHIS Super User Call- Provides updates regarding IBHIS. For DOs only, 	<p>Victoria Shabanzadeh asked if more information could be provided regarding the provided data collection field that Jennifer Hallman placed on the chat.</p> <p>Jennifer Hallman shared for contractors, in order to create clients in IBHIS, there is web service that goes from your EHR to IBHIS. In the chat is the update that accounts for SOGI data and other changes and updates. Please share with your IT department and they will check if you need to update your EHR.</p>	<p>Jennifer Hallman</p>

	<p>staff who are responsible for sharing/distributing IBHIS related information. Meeting is held on 3rd Wednesday of the month at 9am.</p> <p>If you need to be added to the meeting invitations, send email to Joshua Lozada.</p>		
<p>VI. SA Needs/Updates</p>	<p>Dr. Daiya Cunnane shared its important to receive feedback from those that attend the Service Area Leadership Teams (SALTS), MHSA Stakeholder meetings, and Underserved Cultural Community (UsCC) meetings. We would like to hear information, concerns, areas of improvement, and work on strategy for resolution based on stakeholder feedback.</p>	<p>Nicole Gutman shared SA 4 has an increased number of Russian speaking clients and they do not have enough Russian speaking clinicians in their clinics nor the County. Where can we convey this information or possibly get support?</p> <p>Dr. Kara Taguchi shared this is great place to bring this up and thanked Nicole Gutman for expressing this issue in their Service Area. We would not have known this is happening until we had compiled and seen the data maybe a year from now. Everyone in this meeting is critical as your role is being the front-line staff and providing the County/Department a head start. We will inquire and cross report with the ARISE Division for other support we can get for Russian speaking interpreters.</p>	<p>QIC Members</p>

VII. Next Meeting	<p>Dr. Daiya Cunnane asked for North Regional QIC Meeting Schedule survey to be completed by next week. The dates of the QICs will be determined off of the survey results for preferred dates and times.</p> <p>Next meeting will be held January 2025 and will be focused on Annual Work Plan Goals for the year.</p>		
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Next Meeting: January 29th, 2025, 10:00AM- 11:30AM

Attendance

NAME	AGENCY
Kara Taguchi	DMH- Quality Improvement/Outcomes
Daiya Cunnane	DMH- Quality Improvement
Rosa Franco	DMH- Quality Improvement
Laarnih De La Cruz	DMH- Quality Improvement
Kimber Salvaggio	DMH- SA 2
Lynetta Hale	Social Model Recovery Systems, Inc.
Jennifer Hallman	DMH
Margaret Faye	Sycamores
Sara Pineda	El Centro De Amistad
Tiffany Harvey	Alafia Mental Health Institute
Gina Leggio	Optimist
Michelle Rittel	DMH- SA 2
Nicole Gutman	Hollywood MHC
Victoria Shabanzadeh	Stirling Academy Inc. (DBA: Stirling Behavioral Health Institute)
Gassia Ekizian	Foothill Family

Sybil Chacko	Maryvale
Sara Klauser	Child and Family Guidance Center
Jasminder Chahal	TAY Navigation Team
Michelle Garcia	Aviva Family and Children's Services
Misook Nierodzik	KFAM
Melissa Rodriguez	Boys Republic
Jairo Peralta	The Children's Center Antelope Valley
Kliena U. Cruz	Star View Olive View CRTP
Marlene Pierce-Funckes	Luvlee's Residential Care, Inc.
Jennifer Mize	DMH- SA 1
Kristin Gray	DMH- SA 3
Ruth Sigala	San Gabriel Children's Center
Estefania Orelo	Amanecer CCS
Misty Aronoff	Step Up on Second
Esther Lee	DMH- Care Court
Megan McDonald	Topanga West Guest Home/ACT Health and Wellness
Beth Foster	Hillsides
Misty Farber	Tarzana Treatment Centers
Jonathan Figueroa	Exodus Recovery Inc.
Janelle Dent	Children's Institute, Inc.
Rachel Villa	Haynes Family of Programs
Jeanine Caro-Delville	Child & Family Center
David Lee	DMH- Medi-Cal Certification
Renee Lee	DMH- Medi-Cal Certification
Kayla McCondichie	All for Kids
Janet Lester	Institute for Redesign of Learning/ ACT Health and Wellness
Barbara Audoma	El Centro del Pueblo
Tiffany Tran	Five Acres
Katy Ihrig	SCVMHC

Viola Guzman	Social Model Recovery Systems
Rejeana Jones	McKinley Services
Jennifer Palma	Pacific Clinics
Sherry Winston	Tarzana Treatment Centers
Brenda Moreno	Dignity Health- California Behavioral Health Clinic
Sharon Scott	CalWORKs Programs Administration
Esmeralda Puente	The Children's Center of the Antelope Valley
Sandi Long	Gateways Homeless Services and Wellness Center
Renee Yu	SSG Alliance
Kim Blackmon	D'Veal Family and Youth Services
John Catania	Social Model Recovery System, Inc.
Suzy Donabedian	Pacific Clinics
Wanta Yu	DMH- Quality Assurance
Brandy Nestroyl	HealthRight 360
Tatevik Abaryan	CalWORKs Programs Administration
Windy Luna-Perez	Ettie Lee Outpatient-Pomona
Jaclyn Rivera	Counseling4Kids
Cheryl Driscoll	Hillview MHC, Inc.
Lesley Adams	JWCH
Keshia Bell	Children's Center of the Antelope Valley
Lisa Harvey	Para Los Ninos
Cristina Sandoval	CHLA-QueensCare
Virginia Casimiro	Victor Treatment Centers Pomona
Douglas Corrigan	Children's Center of AV
Grace Florentin	Pacifica Hospital of the Valley Behavioral Health Urgent Care Center
Annet Flores	Child & Family Center
Mashrouteh Pirhekayati	IMCES
Simone Beri	DMH
Lucine Khachtourians	CA Mentor

Rosa Diaz	Alma Family Services
Jenny Rodriguez	Tessie Cleveland Community Services Corp
Berteil Eishoei	DMH- Quality Assurance
Alben Zatarian	Enki Health Services
Suejin An	SSG/APCTC
Darlene Olmedo	Child and Family Guidance Center
Jessica Estrada	KYCC
Chelsea Clifton	Haynes Family of Programs
Alejandra Munoz	TCCSC
Mary Camacho Fuentes	Palmdale Mental Health Center
Gina Leggio	Optimist
Cinthya Lopez	El Centro de Amistad
Tiger Doan	SSA-APCTC SFV
Kellie Noyes	Wellnest
Tara Pir	Institute for Multicultural Counseling & Education Services
Alexis Pascarella	Bourne Family Services, Inc.
Silvia Sanchez	San Gabriel Children's Center
Eilene Moronez	Enki
Roxana Bermudez	All For Kids/Long Beach-QA Department
Kimberly Cheam	Gateways Hospital and Mental Health Center - Percy Village
Jesus Romero, Jr.	DMH- Outpatient Services
Hannah Chuapoco	Trinity Youth Services
Armen Yekyazarian	DMH- Quality Assurance
Natalie Pederson	Institute for Multicultural Counseling & Education Services
Claudia Morales	PACS LA
Kimberly Guajardo	Gateways Hospital
Robin Moten	SCHARP 7242 and 7409 and Barbour and Floyd Medical Associates 7218
Vicky Rivera	Starview Community Services
Gabriela Morquecho	Penny Lane Centers

Quenia Gonzalez	Star View
Analysa Chavez	California Mentor
Jennifer Ray	Eggleston Youth Centers, Inc.
Erica Villalpando	Pasadena Unified School District
Hope Kinney	The People Concern
Maria Bhattachan	OYHFS
Abigail Fonseca	Olive View MHC
Cindy Luna	Bridges TruStart
Nancy Velasquez	San Fernando Child and Family Center
Jennifer Rodriguez Flores	Didi Hirsch Mental Health Services
Laura Ramirez-Rodriguez	Tarzana Treatment Centers
Azad Galustian	SFCFC
Charles Spahn	Northeast MHC
Sheryl Lesner Kramer	Child and Family Guidance Center
Rebecca Schaal	Haynes Family of Programs
Ito Udoeyop	Didi Hirsch
Ann Lee	DMH- SA 8
Linda Santiman	Los Angeles LGBT Center
Faith Oluwadare	Optimist Youth Homes and Family Services
Sarah Pineda	El Centro De Amistad
Roberta Del Angel	Star View Community Services
Tatiana Van Beeck	Tri-City MH
Nikki Collier	DMH- Quality Assurance
Marrisa Noori	St. Annes Family Services
Britney Umamoto	CA Mentor
Jaime Nunnenkamp	MHALA-AV
Gwendolyn Thomas	Rancho San Antonio
Lorena Pardo	The Teen Project
Vickie	DMH

Maribel Najjar-Vargas	Hillview Mental Health Center, Inc.
Brenda Miranda	Alma Family Services
Isis A. Ruiz	Ettie Lee Outpatient Pomona
R. Lawrence Franklin	ZOE Home for Youth
Catherine Wong	Spiritt Family Services
Jim Adams	Trinity Youth Services
Valentina Murray	Phoenix House California
Leslie A. DiMascio	San Fernando Valley Community Mental Health Center, Inc.
Evelyn McDonough	Alma Family Services
Antonio Banuelos	DMH- SA 2
Xiomara Leal-Reyes	Hillview Mental Health Center
Alejandra Lopez Mercado	D'Veal Family and Youth Services
Cindy Ferguson	DMH- SA 1
Joanne Chen	CMMD
Laura Aquino	Amanecer CCS
Rosalba Trias-Ruiz	DMH- SA 3
Nassim Harrison	The Village Family Services
Mihai Fodoreanu	CIFHS
Leana Olague	Pacific Clinics
Elizabeth Mota	CMMD-LACDMH
Alexis Orena	Telecare corp. LA4 FSP and OCS
Angela Navata	Wellnest
Stephanie Ochoa	Star View
Grace Park	KYCC
Allison Foster	VIP CMHC
Heather Hays	Bright Horizon STRTP
Tatiana Van Beeck	Tri-City MH
Tracie Andrews	San Fernando Child and Family Services
Sauntrie Abellera	DMH- Compliance

Sara Stevens	UAII Behavioral Health
Emma Hernandez	Heritage Clinic
Zeena Burse	Rancho San Antonio
Elizabeth Marsh	1904 Antelope Valley Mental Health Center
Sally Barragan	McKinley
Joanna Caysido	The People Concern
Cheri Noone	Five Acres
Keisha White	DMH- SA 5
Carmen Solis	Alma Family Services
Nicole Tracy	Tarzana Treatment Services
Allison Hardey	Hillsides
Ana Ochoa	Alma Family Services
Tora Miller	Edelman MHC Child and Family Services
Elidia Olmos	DMH- Santa Clarita Valley MHC
Lesley Adams	JWCH
Jennifer Mitzner	Olive Crest
Kristen Tanji	Tessie Cleveland Community Services Corp.
Alben Zatarian	Enki Health Services, Inc.
Elizabeth Echeverria	SCHARP and Barbour & Floyd Medical Associates
Jane Park-Aspe	Children's Institute, Inc.
Wanta Yu	DMH- Quality Assurance
Martha Andreani	Providence Saint John's Health Center
Mandy Sommers	St. Joseph Center
Brittany Cheong	Helpline Youth Counseling
Sarah Monson	ChildNet
Socorro Gertmenian	Wellnest
Cristal Mejia	SBHG
Britney Evans	Five Acres
Carl Levinger	SFC-Wateridge

Abby Chappell	Edelman Mental Health Center-Adult
Maria Moreno	DMH- SA 3
Hope Kinney	The People Concern
Michele Munde	Star View Behavioral Health
Emma Hernande	Heritage Clinic
Sebrena Thurton	Shields for Families
Angela Lee	Ties for Families
Ebony Reado	Long Beach child and Adolescent Program
Katya Davila	HYC
Tiffany Harvey	Alafia Mental Health Institute (7655 and 7540)
Chad Brinderson	DMH- SFC
Jenny Rodriguez	Tessie Cleveland Community Services
Susan Osborne	MHALA
Courtney Stephens	MHALA
Eilene Moronez	Enki
Araceli Barajas	UCLA TIES for Families
Estafania Orelo	Amanecer CCS
Roberta Del Angel	Star View Community Service
Belinda Najera	SFC South County
Debra DeLeon	SSG-OTTP
Kenya Rodriguez	ALCOTT CENTER
Gwendolyn Lo	Community Family Guidance Center
Aminah Ofumbi	Didi Hirsch MHS
Susan Blackwell	Star View Adolescent Center- SBHG
Mina Gerges	Project Impact
Martin Alvarez	Telecare LAOA
Cristina Magarin	DMH- CMMD
Jennifer Escorcia	Starview-Teammates
Rebecca Farazian	CA Mentor

Anna Galindo	The Whole Child
Esmeralda Zaragoza	Aspiranet
Renee Lee	DMH- Medi-Cal Certification
Rachel Villa	Haynes Family of Programs 7565
Joanne Chen	DMH- CMMD
Silvia Yan	SSG-Asian Pacific Counseling & Treatment Centers
Maria Castro	South Bay Mental Health Center
Anna Gomez-Rodriguez	Crittenton
Kimberly Rowerdink	Dimondale
Maria Llamas	For The Child
Hsiang Ling Hsu	SSG/APCTC
Iling Wang	DMH- Certification Unit
Lisbeth Vazquez	DMH- Women's Wellbeing Center
Stuart Jackson	CII
David Mora	SHIELDS for Families
Linda Nakamura	Masada
Cynthia Sarmiento	Bayfront Youth and Family Services
Greg Tchakmakjian	DMH- SA 7
Lummy Galbusera	CIHSS-Alafia Mental Health Institute
Jennifer Palma	Pacific Clinics
Jazmin Gonzalez	1736 Family Crisis Center
Ann Lee	DMH- SA 8
Quine Jones	The Help Group
Robin Washington	DMH- Quality Assurance
Kamika Mason	Telecare- L.A. Step Down 185
Quenia Gonzalez	Star View
Paul Schmitt	Tarzana Treatment Center
Brenda Moreno	Dignity Health - California Behavioral Health Clinic
Tony Figueroa	PACS

Lila Jihanian	Hillsides
Alejandra Munoz	TCCSC
Melinda Kuoch	DMH- SA 8
Vicky Rivera	Starview Community Services
Britney Umemoto	CA Mentor
Karla Cano	St. Joseph Center
Jaleesa Adams	Drew CDC
Misty Aronoff	Step Up on Second
Ulyssa Benavides	Counseling4kids
Hyun Kyung Lee	DMH- CMMD
Elizabeth Hernandez	Pacific Clinics
Michele Burton	The Help Group
Katarena Harris	BHS, Inc.
Elizabeth Mota	DMH- CMMD
Jocelyn Bush Spurlin	University Muslim Medical Association, INC. (UMMA)
Maria Herrera	Rancho Los Amigos Crisis Residential - Downey
Prabhjot Sidhu	SCHARP
Lizbeth Alvarado	SSG/Weber Community Center
Martin McDermott	New Concept STRTP/Humanistic Foundation, Inc.
Zoila Beltran	Kedren Health
Maricris Ocampo	Dream Home Care, Inc.
Bosco Ho	SSG-AP Recovery
Brittany White	Personal Involvement Center, Inc.
John Catania	Social Model Recovery System, Inc.
Janet Lester	Institute for the Redesign of Learning
Jasmine Boyden	AUGUSTUS F. HAWKINS MHC - ADMINISTRATION
Patricia Tyler	Heritage Clinic

Respectfully,
 QI Unit



▶▶ Regional Quality Improvement Committee (RQIC)

Quality, Outcomes, and Training Division

October 2024



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.

Meeting Attendance- Northern RQIC

Please complete the following
Microsoft Forms survey to
confirm your attendance for
today's meeting:

https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgd3PzplfIShOkZg0l_tGS49UNUxYUIhLQUtLSUY1T0I3RFYwSVBOR0dNNC4u



Thank you to the SA QIC Chairs and Co-Chairs for Years of Hard Work and Dedication to the SA QICs and helping to develop the Regional QICs! DMH is lucky to have all of you!



LAND ACKNOWLEDGMENT

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples. We honor and pay respect to their elders and descendants — past, present, and emerging — as they continue their stewardship of these lands and waters. We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma. This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County. We are grateful to have the opportunity to live and work on these ancestral lands. We are dedicated to growing and sustaining relationships with Native peoples and local tribal governments, including (in no particular order)

The Fernandeano Tataviam Band of Mission Indians
Gabrielino Tongva Indians of California Tribal Council
Gabrieleno/Tongva San Gabriel Band of Mission Indians
Gabrieleño Band of Mission Indians – Kizh Nation
San Manuel Band of Mission Indians
San Fernando Band of Mission Indians

To learn more about the First Peoples of Los Angeles County, please visit the Los Angeles City/County Native American Indian Commission website at anaic.lacounty.gov.



▶▶ Quality Improvement Requirements

The California Code of Regulations (CCR), Title 9, Section 1810.440, requires all county MHPs to establish a Quality Management Program as defined by their contract with the Department of Health Care Services (DHCS).

Requirements include:

- Quality Improvement Committee
- Quality Assessment and Performance Improvement (QAPI) Work Plan & Evaluation
 - Goals are identified through triennial oversight reviews, External Quality Review Organization (EQRO), and other efforts to identify compliance issues.
 - Encompasses quality improvement and evaluation activities designed to advance access to and delivery of quality specialty mental health services.
 - Reviewed annually and requires active involvement by DMH Staff, providers, beneficiaries and families through participation in the QI Committee.
- Performance Improvement Projects
- Consumer Perception of Satisfaction

▶▶ Quality Improvement

The Quality Outcomes and Training Division (QOTD) Quality Improvement (QI) Unit, other departmental divisions, and providers share the responsibility to evaluate and improve the quality of services and the service delivery infrastructure.

Our work is to ensure that the quality and appropriateness of care delivered to consumers meets or exceeds local, State, and Federal service standards.

The QI Unit supports an organizational culture of Continuous Quality Improvement (CQI) that:

- Fosters hope, wellbeing, resilience, and recovery
- Reduces disparities
- Promotes consumer and family involvement
- Enhances cultural competency
- Integrates the treatment of mental health and substance use disorders with physical healthcare

Accomplished through continuous self-monitoring, use of best practices and practical strategies, as well as collaboration at all levels of the system.

▶▶ Contractual Obligation

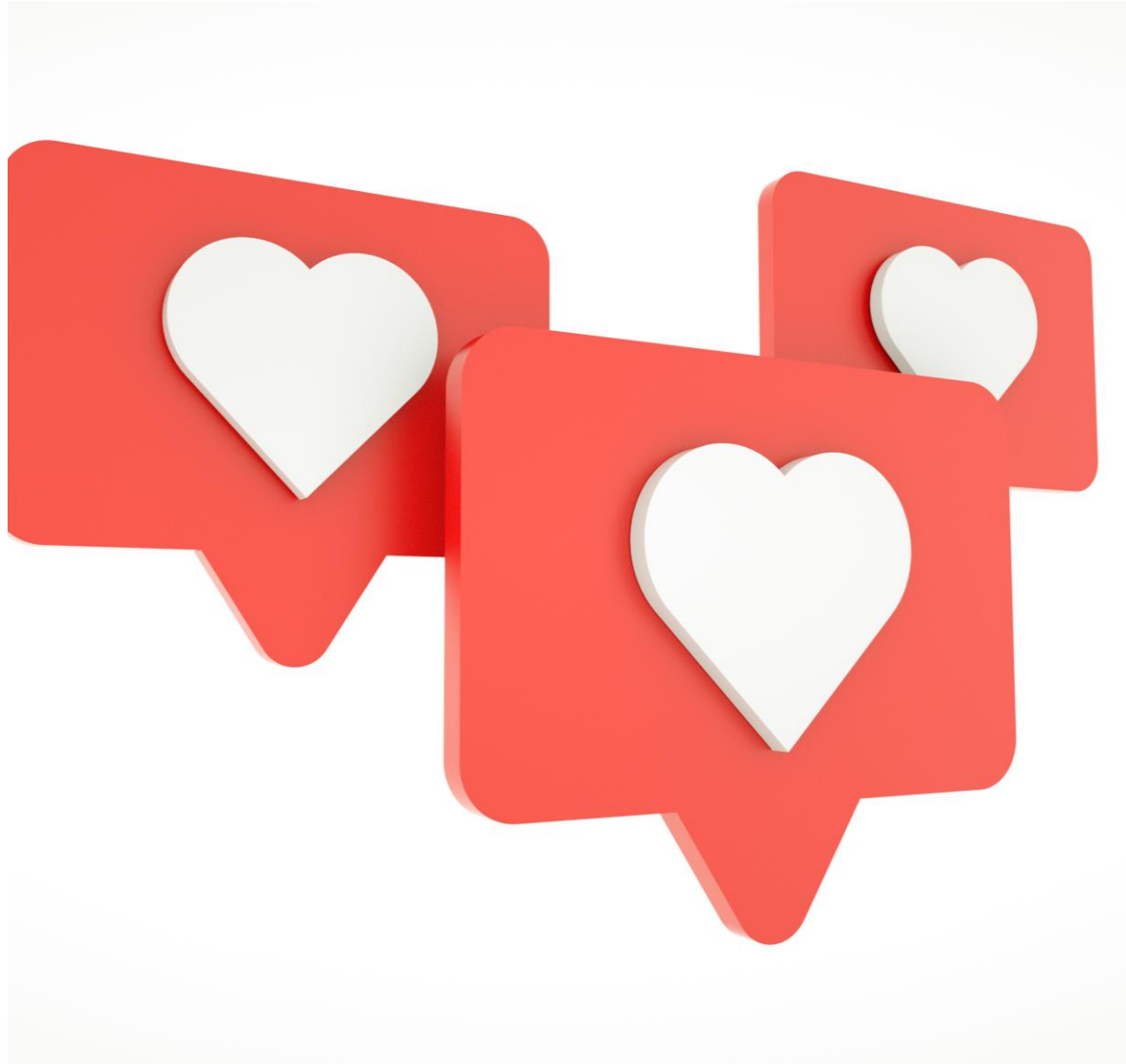
Legal Entity Provider Contracts Section 8.15 Quality Assurance Plan

8.15.1

Contractor shall establish and maintain a Quality Management Program. Contractor's written Quality Management Program shall describe its quality assurance, quality improvement and utilization review structure, process, decisions, actions and monitoring, in accordance with the Department's Quality Improvement Program Policy No. 1100.1, to ensure that the quality and appropriateness of care delivered to clients of the mental health system meets or exceeds the established County, State, and federal service standards and complies with the standards set by the DHCS through the Performance Contract and/or Mental Health Plan Contract.

8.15.2

The Contractor's Quality Management Program shall be consistent with Department's Quality Improvement Program Policy No. 1100.1 including the Department's Quality Improvement Work Plan and participation in Quality Assurance and Quality Improvement Committee meetings as outlined in Policy No. 1100.1.



QI Has Hope!

Just as Clinicians hold Hope for our consumers. QI and the QICs are the holders of Hope that DMH can grow and improve for the better and be the best version of itself possible.

▶▶ QA vs. QI: What's the Difference?



Quality Assurance, or QA, is associated with **ensuring and maintaining adherence to rules, regulations, and policies**. QA provides a minimum standard for services and practices that comply with State and federal standards including documentation, licensing, and access to services. QA monitors these activities and participates in Departmental reviews. [Click here for the QA website](#)



Quality Improvement, or QI, is associated with **continuous quality improvement of mental health services beyond the minimum**. QI is about setting goals in collaboration with stakeholders, creating performance measures to determine change, and collecting qualitative or quantitative data on performance. The results are presented to make sustained improvements to programs and services. [Click here for the QI website](#)



[QA vs. QI Handout](#)

▶▶ Purpose of the Regional QIC

- Policy Updates
- Share Quality Improvement Activities we are engaged in such as Work Plan Goals and Performance Improvement Projects
- Create feedback loops between Central Admin, Providers, and Practitioners about quality improvement activities/efforts
- Identify areas in need of improvement in our system through the review of data



Attending QICs is required in contracts



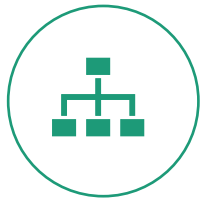
Designated Quality Improvement staff, or a manager or supervisor should attend



One meeting must be attended. If you have sites in both regions, you can attend just one meeting



Provider presentations about QI activities at their agencies



Possible subcommittee meetings for Service Area (SA) or specific topics etc.

QI Activity Annual Cycles



Work Plan Goals including Performance Improvement Projects (PIPs)- submitted to the State in March



Consumer Perception Surveys- conducted in May



Quality Assurance Performance Improvement (QAPI) submitted with the Department of Public Health Substance Abuse Prevention and Control (SAPC) in December



External Quality Review Organization (EQRO)- New Process with Health Services Advisory Group (HSAG)



<https://dmh.lacounty.gov/qid/>

▶▶ QAPI Work Plan Goals

Work Plan Goals are created to address areas in need of improvement in each of the following domains to address service needs and service quality

Service
Delivery
Capacity

Accessibility
of Services

Beneficiary
Satisfaction

Clinical Care

Continuity of
Care

Provider
Appeals

Performance
Improvement
Projects

▶▶ What Does the Work Plan and QAPI Have to do with Me?

- DMH has many areas that we can improve in
 - ◀ Work Plan Goals look at the areas that need improvement, set goals with specific objectives, develop interventions with specific timeframes, and identify who monitors progress. These goals are around client care and can include why our rehospitalization rates are higher than the state averages, how we can make our services more accessible, and staff retention.

▶▶ What Does the Work Plan and QAPI Have to do with Me?

- ◀ The QAPI shows the outcomes of our Work Plan Goals but also provides a detailed data analysis of our consumers and providers that aids in growing a diverse workforce that matches our clients needs. Disparity data is essential in identifying areas of improvement.
- ◀ PIPs and Quality Improvement Projects (QIPs) are often used as smaller more targeted efforts to try out interventions. If interventions are successful, they can be expanded systemwide to make improvements for DO and LE/Contracted providers.

▶▶ What Does the Work Plan and QAPI Have to do with Me?

- ◁ Providers are an integral part of the mental health system and your input/feedback on the work we are doing is essential.
- ◁ Providers are responsible for ensuring that quality and timely services are being delivered to beneficiaries.
- ◁ Providers are in the best position to identify and inform the committee about the needs of the clients you serve and of the processes that are not working.
- ◁ As a Quality Improvement Committee member, you can hold DMH accountable for ensuring everyone in our county receives the best clinical care possible.
- ◁ Being informed of the areas that DMH is trying to improve can help you:
 - Identify areas to monitor and interventions to implement at your agency.

▶▶ Monitoring Clinical Care, Calendar Year 2024

Goal IVd.	Roll out Level of Care Utilization System (LOCUS) as Adult Level of Care Tool.
Objective(s)	1. Develop training and communication plan for administering LOCUS and derived recommendation of adult Level of Care. 2. Fully define all DMH Levels of Care for adults and test fit with LOCUS recommended levels of care. 3. Work with contracted providers and CIOB to develop mechanisms for data collection and submission of results to DMH. 4. Start data collection for Directly Operated clinics utilizing Netsmart built tool for LOCUS.
Population	Adult clients receiving outpatient services
Performance Indicator(s)	1. Number of staff trained to administer LOCUS 2. Monitor progress of data collection readiness and needs for support 3. Evaluate early concordance rates with derived level of care from LOCUS with types and level of services clients receive
Frequency of Collection	Annually
Responsible Entity	Outpatient Care Services, Outcomes, QI, QA, CIOB, Clinical Informatics

▶▶ QAPI: Needs Assessment

The QI Unit has been working with Mental Health Services Act (MHSA) and Anti-Racism, Inclusion, Solidarity, and Empowerment (ARISE) Divisions to discuss how to best organize data to identify disparities.

We must be able to share data in ways that are easier for stakeholders to understand.

▶▶ How We Look at the Data: From Old to New

Previously we looked at the demographics below in multiple tables that made it challenging to see disparities.

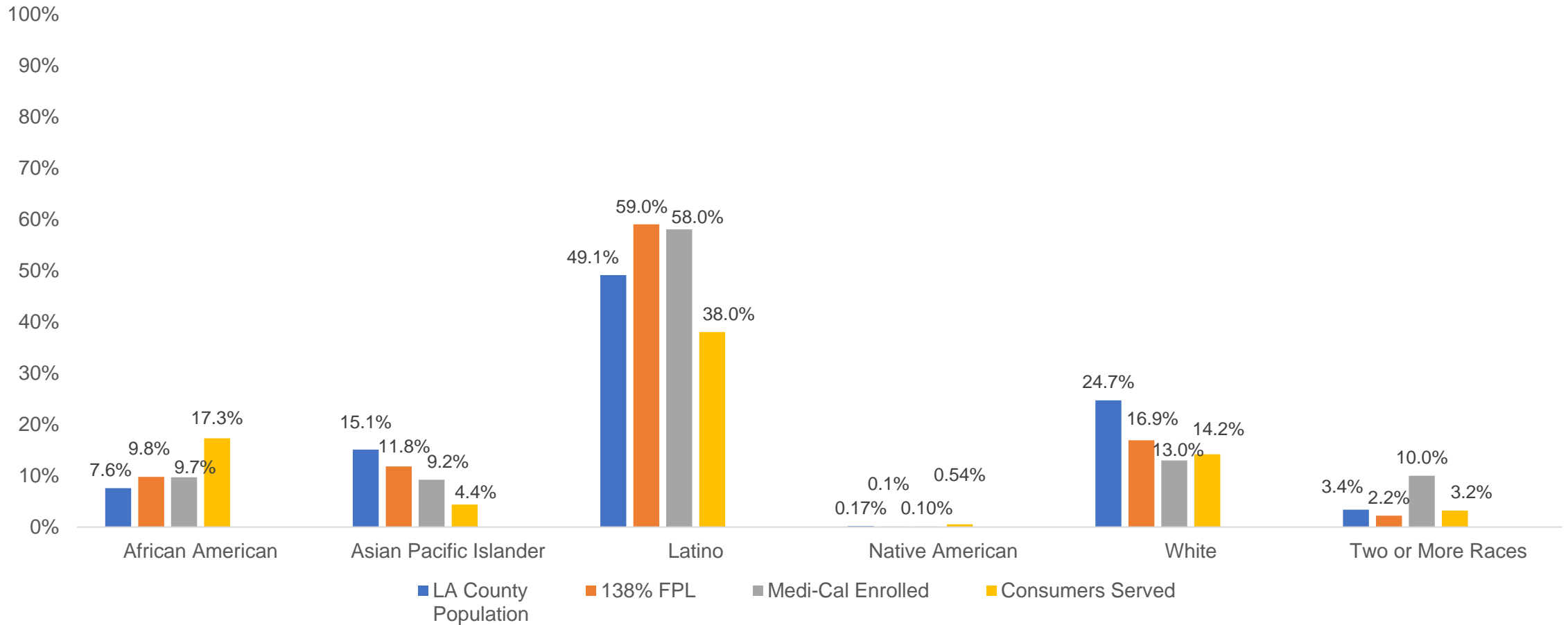
- ◀ Race/Ethnicity
- ◀ Age [MHSA, Affordable Care Act (ACA), Medi-Cal]
- ◀ Gender
- ◀ Primary Language
- ◀ Total Population
- ◀ Population Living at or below 138% Federal Poverty Level
- ◀ Medi-Cal Enrolled
- ◀ Consumers Served
- ◀ Prevalence Rates for Severe Emotional Disturbance (SED)/Serious Mental Illness (SMI)

A Whole New Look

A New Comprehensive Demographic Table was created to view the data all at once. From this new ways of organizing and looking at the data are being developed that show us and our stakeholders a more accurate story of what is going on with DMH.- *Live Demo*



Los Angeles County Population and Demographic Profile, CY 2023



This Graph is for demonstration purpose only.

▶▶ Chart 2 Los Angeles County Population and Demographic Profile, CY 2023

Race/Ethnicity	LA County Population	138% FPL	Medi-Cal Enrolled	Consumers Served
African American	7.6%	9.8%	9.7%	17.3%
Asian Pacific Islander	15.1%	11.8%	9.2%	4.4%
Latino	49.1%	59.0%	58.0%	38.0%
Native American	0.17%	0.1%	0.10%	0.54%
White	24.7%	16.9%	13.0%	14.2%
Two or More Races	3.4%	2.2%	10.0%	3.2%

This Graph is for demonstration purpose only.

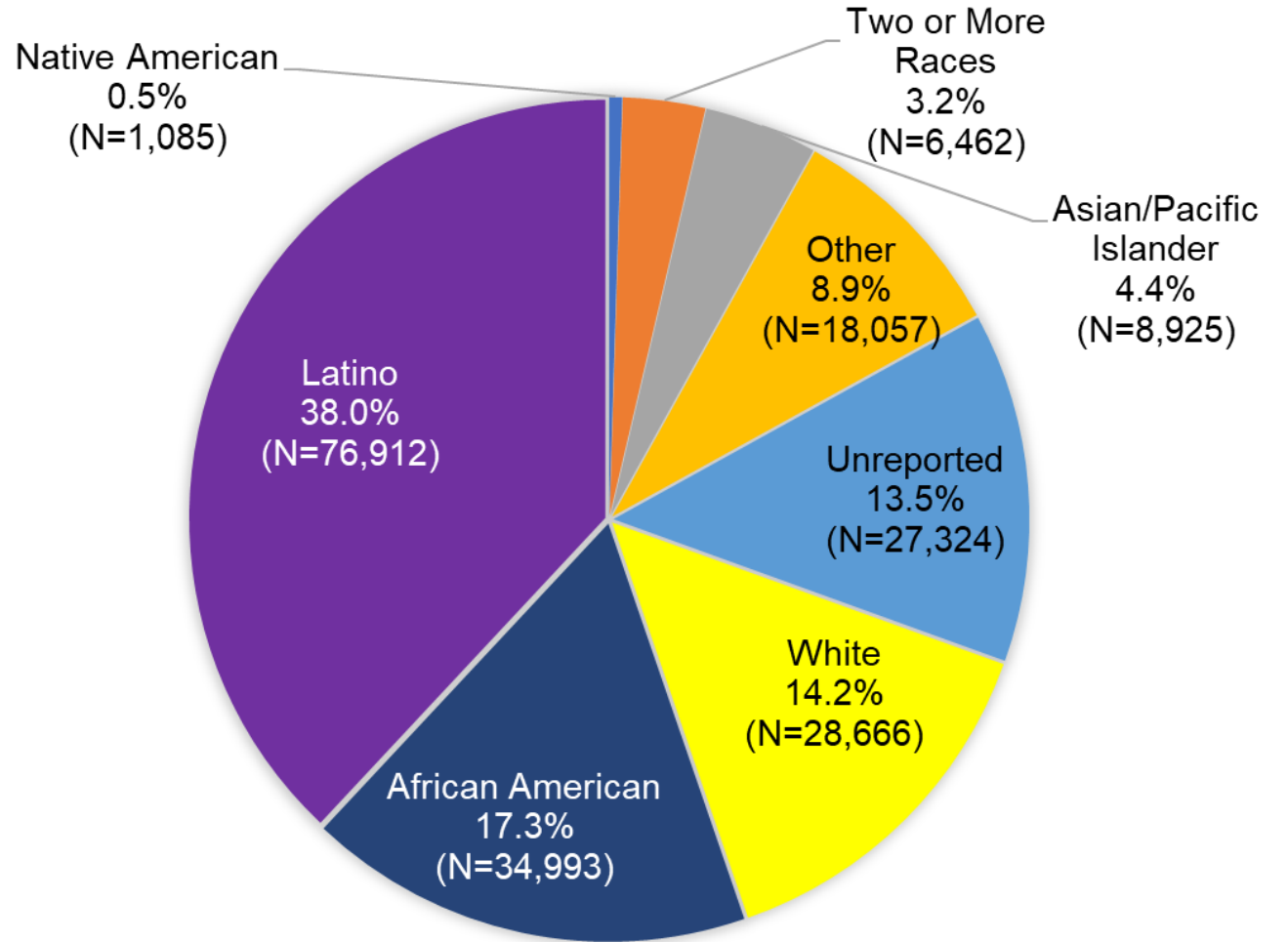
A Way To Go

This is the start of more discussions and better ways to create visualizations of where we are in terms of serving our communities and where we need to head but we have some obstacles that we need your help with!



Need to Report Demographics to Understand Disparities

Clients Served in LACDMH Outpatient Clinics by Race/Ethnicity, CY 2023

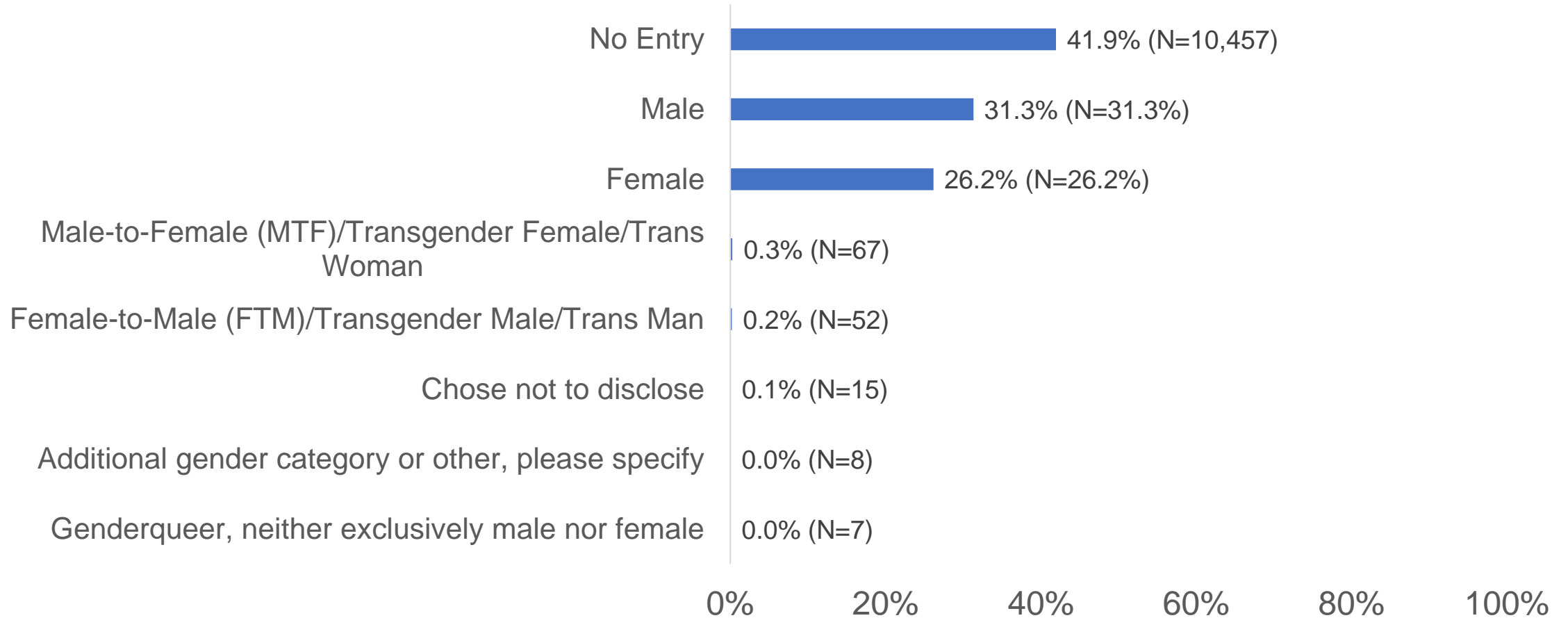


Data Source: LACDMH-IS-IBHIS, February 2024.

►► Distribution of Clients Served in LACDMH Outpatient Clinics by Primary Language, CY 2023

Language	Total	Percent
Arabic	158	0.1%
Armenian	1,187	0.6%
Cambodian	648	0.3%
Cantonese	506	0.3%
English	157,742	81.5%
Farsi	602	0.3%
Korean	728	0.4%
Mandarin	588	0.3%
Other Chinese	93	0.0%
Other Non-English	30	0.0%
Russian	315	0.2%
Spanish	27,430	14.2%
Tagalog	214	0.1%
Vietnamese	507	0.3%
Unknown/Unreported	2,900	1.5%
Total	193,648	100.0%

►► Distribution of Clients Served in LACDMH Outpatient Clinics by Gender, CY 2023



►► Distribution of Clients Served in LACDMH Outpatient Clinics by Veteran Status, CY 2023

	Veteran Status		
	Yes	No	No Entry
Clients served by both DO LE	0.2%	18.1%	81.7%
Clients served by DO Only	0.3%	25.4%	74.2%
Clients served by LE Only	0.1%	4.5%	95.5%

MISSING DATA

Efforts to Improve Demographic Data Collection

Gender Impact Assessment (GIA) Project

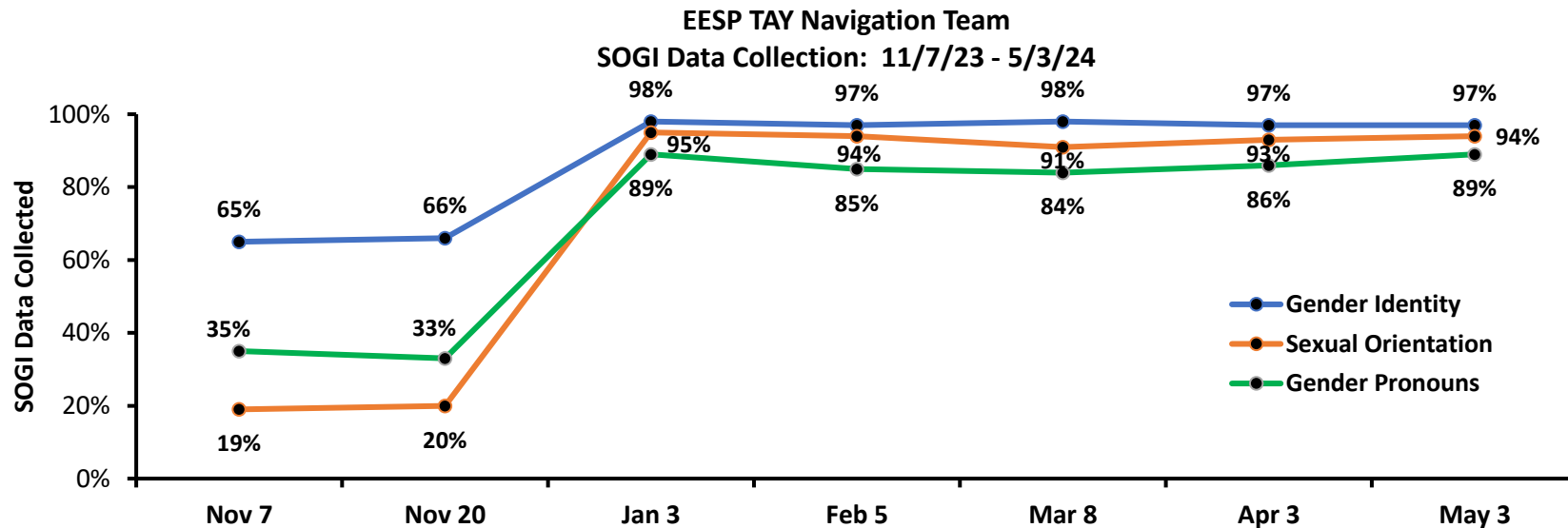
ARISE invited four DMH programs to participate in the GIA Project where trainings on SOGI were offered to staff and continued monthly monitoring of metrics were conducted. The results within 6 months were exceptional!

Participating Programs:

- Enhanced Emergency Shelter Program (EESP) TAY Navigation Team
- Enhanced Emergency Shelter Program (EESP) contracted TAY Drop-In Centers
- Men's Community Reintegration Program (MCRP)
- Women's Community Reintegration Program (WCRP)



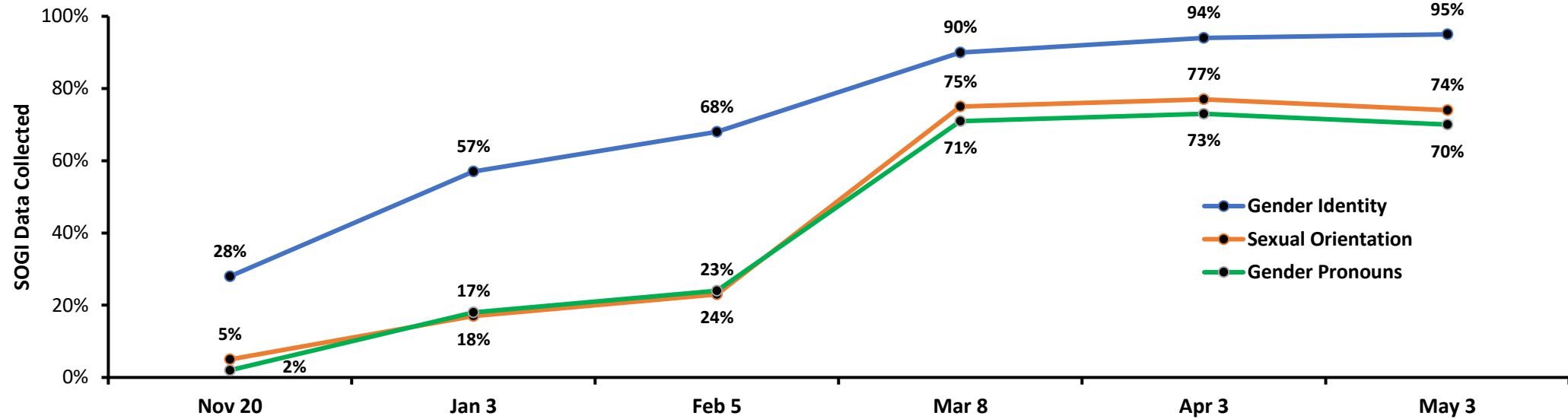
▶▶ GIA Project- EESP TAY Navigation Team



SOGI DATA COLLECTION: 11/7/23 - 5/3/24							
	Nov 7	Nov 20	Jan 3	Feb 5	Mar 8	Apr 3	May 3
Gender Identity	65%	66%	98%	97%	98%	97%	97%
Sexual Orientation	19%	20%	95%	94%	91%	93%	94%
Gender Pronouns	35%	3%	89%	85%	84%	86%	89%
Total Active Clients	107	116	114	117	125	121	96

▶▶ GIA Project- MCRP

Men's Community Reintegration Program (MCRP)
SOGI Data Collection: 11/20/23 - 5/3/24

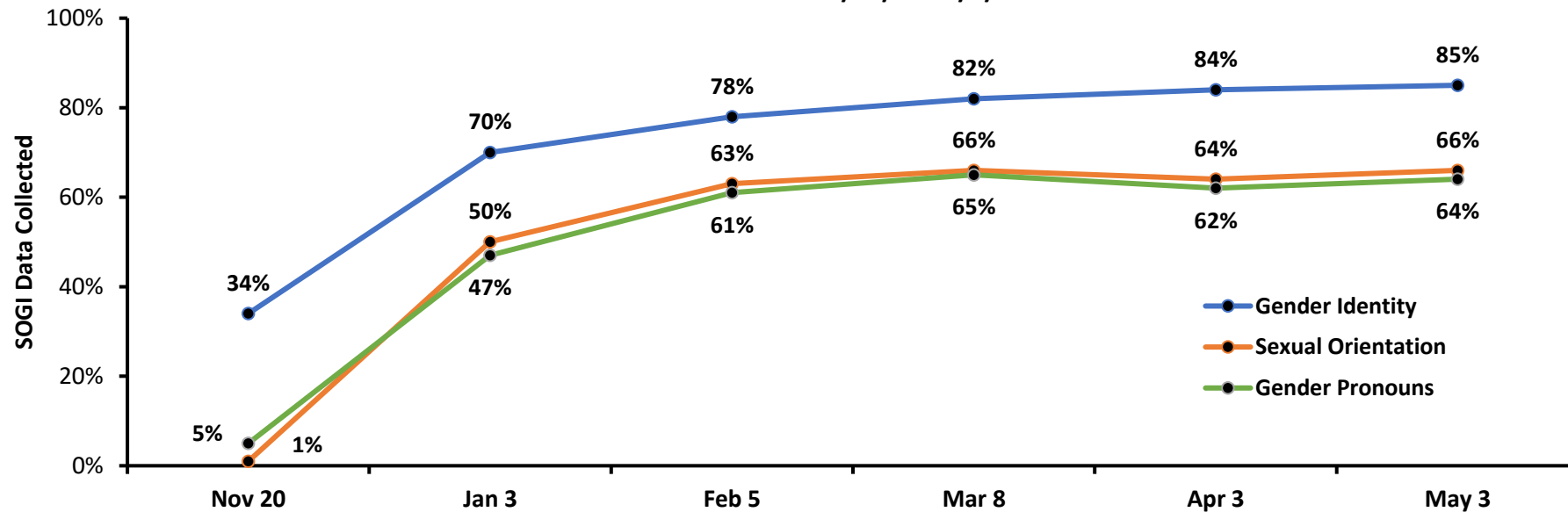


SOGI DATA COLLECTION: 11/20/23 - 5/3/24

	Nov 20	Jan 3	Feb 5	Mar 8	Apr 3	May 3
Gender Identity	28%	57%	68%	90%	94%	95%
Sexual Orientation	5%	17%	23%	75%	77%	74%
Gender Pronouns	2%	18%	24%	71%	73%	70%
Total Active Clients	129	136	145	154	160	172

▶▶ GIA Project- WCRP

Women's Community Reintegration Program (WCRP)
SOGI Data Collection: 11/20/23 - 5/3/24



SOGI DATA COLLECTION: 11/20/23 - 5/3/24						
	Nov 20	Jan 3	Feb 5	Mar 8	Apr 3	May 3
Gender Identity	34%	70%	78%	82%	84%	85%
Sexual Orientation	1%	50%	63%	66%	64%	66%
Gender Pronouns	5%	47%	61%	65%	62%	64%
Total Active Clients	148	153	147	143	152	152

SOGI Training Resources for Directly Operated Providers

Los Angeles County Talent Works Link

<https://lacounty.csod.com>

Sexual Orientation and Gender Identity (SOGI) Training Series

SOGI - Concepts and Terminology

SOGI - How to Ask About SOGI

SOGI - Pronouns and Why They Matter

SOGI Training Resources for Legal Entity/Contracted Providers

Granicus Links

Sexual Orientation and Gender Identity (SOGI) - Concepts and Terminology, Rebecca Gitlin, PhD

Url: http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10177

Sexual Orientation and Gender Identity (SOGI) - How to Ask About SOGI, Rebecca Gitlin, PhD

Url: http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10178

Sexual Orientation and Gender Identity (SOGI) - Pronouns and Why They Matter, Rebecca Gitlin, PhD

Url: http://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=10179

Next Steps

We Need Your Help!

Do you look at what percentage of your demographics are unreported or blank in your clinic/ agency?

How do you discuss with your staff the importance of entering demographic data and how it can inform programming?

What are some ideas to motivate staff to complete these fields?



QUALITY ASSURANCE (QA)

Feedback Loops with Consumers

Service Area
Leadership Teams
(SALTS)

MHSA Stakeholder
Meetings

Underserved
Cultural
Communities
(UsCCs)



▶▶ Service Area Needs

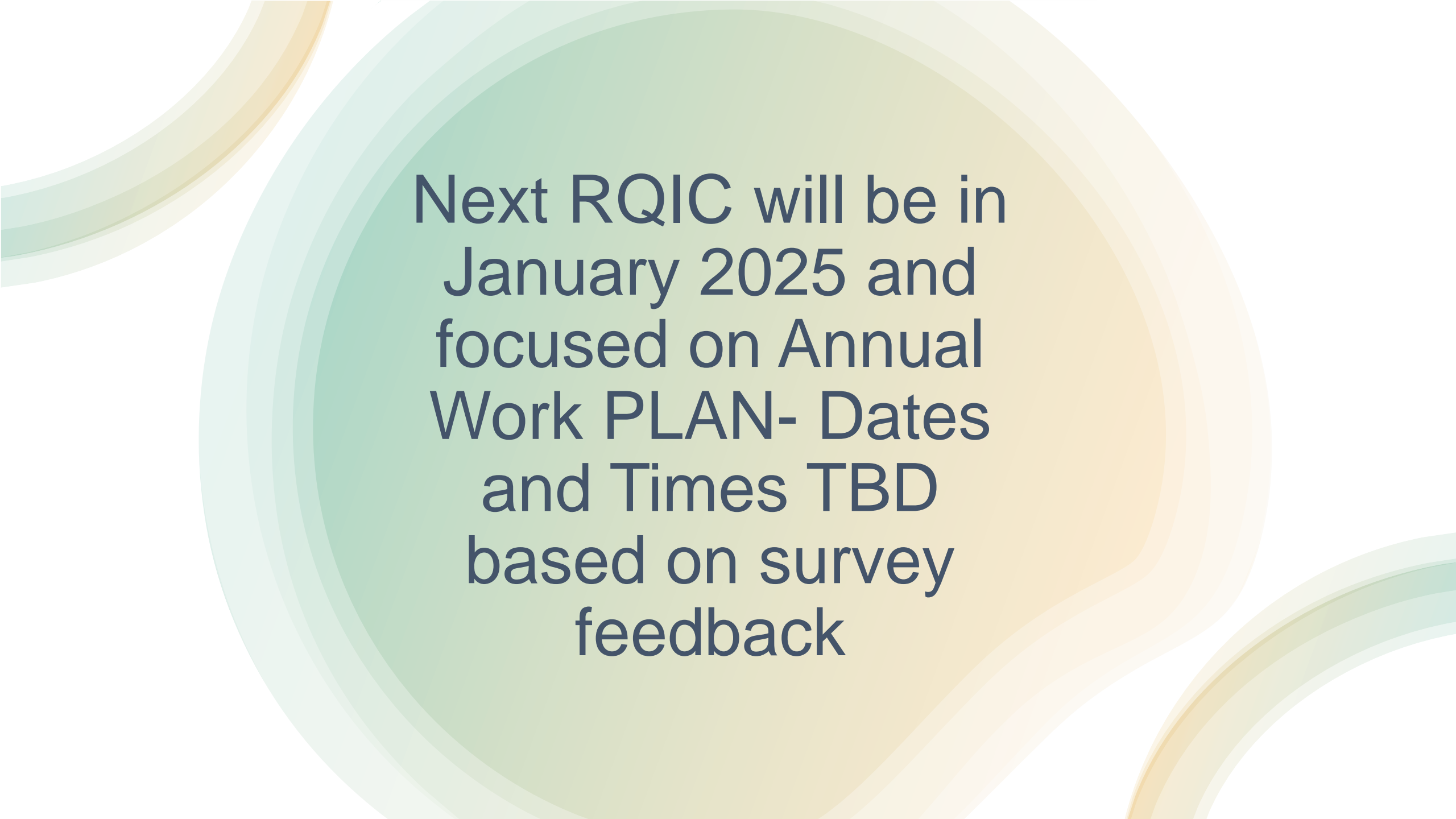
- Examples:
 - ◁ Timely access to appointments or services
 - ◁ Transportation challenges
 - ◁ Specific community needs like language, cultural, or age-related services, etc.
 - ◁ Provider needs
 - ◁ Possible subcommittees

North RQIC Meeting Schedule Survey

Please complete the following Microsoft Forms survey to indicate your preference on future North RQIC meeting dates and times **by October 24**:

https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgd3PzplfIShOkZg0I_tGS49URTNLQIJJaOE8zN1AxTEhTTEdOODhDUEIKMi4u





Next RQIC will be in
January 2025 and
focused on Annual
Work PLAN- Dates
and Times TBD
based on survey
feedback

Thank You!



CONTACT:
DMHQI@DMH.LACOUNTY.GOV



WEBSITE:
[HTTPS://DMH.LACOUNTY.GOV/QID/](https://DMH.LACOUNTY.GOV/QID/)