

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

MEETING MINUTES
November 2024

Type of meeting:	Monthly QIC Meeting	Date:	11-18-2024
Location:	Microsoft Teams	Start time:	9:00 AM
		End time:	10:00 AM
Recording:	Countywide QI Council Meeting-20241118 - Dec 3rd, 2024		
Members Present:	See Table Below		
Agenda Item	Presentation and Findings	Discussion, Recommendations, and/or Needed Actions	Person(s) Responsible
I. Welcome and Introductions	Dr. Kara Taguchi welcomed everyone and shared the meeting agenda and Meeting Minutes from October 2024.	If you have any corrections or edits for the meeting minutes, please email DMHQI@dmh.lacounty.gov	Dr. Kara Taguchi
II. Quality Improvement Updates	<p>Stacey Smith stated QI is waiting on three Work Plan Goal outcomes for 2023 but we are still on track to complete an integrated Quality Assessment Performance Improvement (QAPI) with Substance Abuse Prevention and Control (SAPC) by December 2024.</p> <p>Countywide QIC will be dark in December as QI will be meeting with various divisions and units to create Work Plan Goals for 2025. The Work Plan will be integrated with SAPC and due in March 2025.</p> <p>We would like to hear feedback on how those you attended felt that the first Northern and</p>	If you are interested in creating a Work Plan Goal for 2025, please contact QI's email.	Stacey Smith Dr. Rosa Franco

[Type here]

	<p>Southern QICs went. Stacey Smith shared that Service Area 8 chair, Ann Lee, was helpful in discussing DO attendance during a management meeting and is hopeful the DOs from SA 8 will be in attendance for the next Regional QIC.</p> <p>Dr. Rosa Franco stated that the Southern Regional QIC was quieter and seemed to have less attendance. It may be that there are less providers in the South Region or that we may not have everyone yet on the distribution list.</p> <p>Stacey Smith shared Regional QIC meeting schedules for 2025. In the QIC in January, we will be focused on getting feedback from providers on DMH's Work Plan Goals for 2025. Dr. Rosa Franco will also be sharing some of the new ways she is looking at data to identify disparities.</p> <p>Dr. Rosa Franco stated that Consumer Perception Survey (CPS) provider level reports for 2022 were sent to SA chairs to distribute to their SA providers. Stacey Smith stated the 2023 report will come out this week but it will not include State and Federal averages as we are still awaiting those numbers.</p>	<p>Dr. Socorro Gertmenian shared that the first Southern Regional QIC went fine and she received emails from providers that they like the set up. The Southern QIC was quieter than the Northern Regional QIC.</p> <p>Dr. Kara Taguchi wanted to hear from everyone if providers would prefer to wait for Federal and State averages because otherwise the County report is ready to go, to avoid delay in sharing.</p> <p>Socorro Gertmenian shared that it is more useful to receive the report sooner and they are more interested in County averages</p>	
--	---	--	--

	<p>Dr. Rosa Franco stated CPS Open Ended Comment Analysis is almost complete for 2023 and we are just waiting on a few translations before starting analysis on comments for 2024. She noted that while reviewing the comments, QI noticed comments from clients where it appeared they needed immediate assistance. Reminder to please review comments carefully as it may pertain issues that can or need to be resolved right away.</p> <p>QI met with UCLA to discuss concerns regarding translation accuracy on CPS surveys. UCLA is currently working on translation validation so hopefully we will see those changes in 2025. We are also trying to identify providers that have not participated in survey week to offer assistance in order to improve our participation for next year. We will be working with Public Information Office (PIO) to create announcements on social media and newsletters to further promote CPS.</p> <p>Dr. Rosa Franco shared Service Equity Report will be new this year and encompasses</p>	<p>rather than Federal and State averages.</p> <p>Kimber Salvaggio agreed that the sooner the better to receive the report.</p> <p>Dr. Kara Taguchi discussed the reason for Unknown Provider Report. She stated that we are working hard on improving survey numbers.</p>	
--	---	--	--

	<p>Sections II (Population Needs Assessment) and Sections IV (Service Equity) from older versions of the QAPI. Service Equity Report will analyze data to identify disparities in our system and provide recommendations for improvements.</p> <p>Stacey Smith discussed redesign of moving from a Countywide Council to a Committee. Next years CW QICs will be monthly 9:00am-10:30am on the same Monday as it is now. New invitations will be sent out shortly. The purpose of the meeting is to bring quantitative and qualitative data to discuss, identify areas of improvement and disparities, and show evidence that we're making progress towards our goals. Policy will continue to be a part of the QIC as we will need the Policy Unit to guide us in any changes that are needed based on improvement strategies identified. We are still working on to identifying who will be attending the meeting.</p>	<p>Dr. Kara Taguchi shared having a Service Area snapshot with the demographics broken down by race, ethnicity, age, gender, and primary language might be useful. The one data point we are missing is Medical Eligibles broken down at the Service Area level. We have been working with CIOB and DHCS to try to get this worked out. The next step is to have DMH use the Service Equity Report or reference it in other reports to help inform where we can improve our services such as with access to care or outreaching underserved communities.</p> <p>Dr. Kara Taguchi shared that the focus of the CW QIC will be on using data to learn.</p>	
--	--	--	--

III. HSAG-EQRO	<p>Stacey Smith shared that Health Services Advisory Group Inc. (HSAG) is the new External Quality Review Organization (EQRO). The new EQRO process will no longer have focus groups. Focus will be on Performance Measure Validation (PMV) and Network Adequacy Validation (NAV), which will be audited together and Performance Improvement Project (PIP) Validation. Review will consist of virtual meetings and submissions of data and reports throughout the year. Timeline for PMV and NAV was discussed.</p> <p>HSAG is looking at the process of how we come up with our numbers to see if they agree with the methodology. There are 5 Performance Measure they will be evaluating us on.</p> <p>How HSAG will rate performance measures and network adequacy was discussed.</p> <p>The PIP process is similar to before but we no longer get to choose what our PIPs are going to be. Our current PIPs will not be reviewed and counted for EQRO. Our current PIPs will end and be reported in our QAPI 2024 as part of work plan goals. We will also still complete the PIP tools from previous EQRO as a lot of work went into them and we gained a lot of learning from them that should be shared.</p> <p>Timeline for PIPs span over the next several years. We received an extension until January 15th, 2025, to submit our PIP selections.</p>		Stacey Smith
-----------------------	--	--	--------------

	<p>For the Non-Clinical PIP, we will be selecting improve timely access from first contact from any referral source to first offered appointment for Specialty Mental Health Service. We will be working with QA for their ideas and submission of data for measurement year 2023 to HSAG.</p> <p>For the Clinical PIP, we are looking at Follow-Up After Emergency Department Visit for Mental Illness (FUM). We would have to submit along with our selection the numerator and denominator for FUM. We have requested technical assistance from HSAG on calculating an accurate denominator for this performance measure.</p> <p>We will need to use the plan data feed to identify the denominator for FUM but the plan data feed doesn't help with interventions as it is not timely. We will continue to use Health Information Exchanges (HIEs), PointClickCare (PCC), and Los Angeles Network for Enhanced Services (LANES) to identify consumers who are going into the emergency rooms. The only issue is that not all emergency rooms use these systems.</p>	<p>Susan Cozolino shared that DMH may receive a Corrective Action Plan (CAP) around Access to Care.</p> <p>Dr. Kara Taguchi shared for the due dates for FUM.</p> <p>Dr. Kara Taguchi shared that the data feed will still be the primary source for determining our performance on the measure and this is the data feed that comes from DHCS. We needed the technical assistance as we are not able to emulate the State's numbers from CY 2022 for FUM.</p> <p>Dr. Kara Taguchi shared it is important to note there will no longer be Service Area visits and focus groups. There will not be any direct contact with our providers.</p>	
--	---	--	--

Next Meeting:		January 13, 2025, 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
Alicia Gonzalez	Foothill Family	SA 3
Armen Yekyazarian	DMH	QA, SA 2, SA 6
Maria Moreno (CLESgv)	DMH	SA 3
Linda Nakamura	Masada Homes	SA 8
Sandra Chang	DMH	Cultural Competency Unit
Michelle Rittel	DMH	SA 2
Helena Ditko	DMH	Clinical Policy
Rosalba Trias-Ruiz	DMH	SA 3
Socorro Gertmenian	Wellnest LA	SA 6
Greg Tchakmakjian	DMH	SA 7
Berteil Eishoei	DMH	Quality Assurance
Tonica Robinson	DMH	Peer Services
Brian Dow	DMH	Quality Assurance
Courtney Stephen	MHALA.ORG	SA 8
Eilene Moronez	Enki	SA 3, SA 7
Humberto Castro	DMH	CPAS Policy Unit
Jennifer Mize	DMH	SA 1
Keisha White	DMH	SA 5
Kimber Salvaggio	DMH	SA 2
Margaret Faye	Sycamore	SA 3

Susana Lutz	DMH	SA 4
Theodore (Ted) Wilson	DMH	Patients' Rights
Wanta Yu	DMH	Quality Assurance

Respectfully Submitted,

Dr. Kara Taguchi