

REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC)- SOUTH

MEETING MINUTES

October 2024

Type of meeting:	Regional QIC	Date:	10/24/2024
Location:	Microsoft Teams	Start time:	11:00 AM
		End time:	12:30 PM
Members Present:	See Table Below		
Agenda Item	Presentation and Findings	Discussion, Recommendations, and/or Needed Actions	Person(s) Responsible
I. Welcome and Introductions	Dr. Rosa Franco and Socorro Gertmenian welcomed everyone to the first South Regional QIC meeting. Attendance link and QR code were shared. She thanked everyone for participating.		Dr. Rosa Franco Dr. Socorro Gertmenian
II. Land Acknowledgement	Socorro Gertmenian asked if anyone would like to read the Land Acknowledgement. Socorro Gertmenian read Land Acknowledgement after there were no volunteers from the QIC. Socorro Gertmenian thanked everyone for taking the time for the acknowledgement.		Dr. Socorro Gertmenian
III. Quality Improvement	Dr. Rosa Franco shared QI responsibilities that are required in our contract with the Department of Health Care Services (DHCS) including: • Quality Improvement Committee		Dr. Rosa Franco

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	<ul style="list-style-type: none">• Quality Assessment and Performance Improvement (QAPI) Work Plan & Evaluation is reviewed and posted annually• Work Plan Goals 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>Dr. Rosa Franco 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>It is required that providers participate in QI and QA meetings. We have a North and a South</p>		
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	<p>Regional QIC. You are only required to attend one of these meetings that are held quarterly. 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. Rosa Franco 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 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>She paused for any questions or comments.</p>		
<p>IV. Disparity Data</p>	<p>Dr. Rosa Franco stated that QI has been working with Mental Health Services Act (MHSA) and Anti-Racism Inclusion, Solidarity, and Empowerment (ARISE) Division to</p>	<p>Dr. Kara Taguchi shared that what Dr. Rosa Franco presented is on our efforts with ARISE and MHSA to work off the same data sets</p>	<p>Dr. Rosa Franco</p>

	<p>identify disparities. She shared live demonstration on new comprehensive demographic table which allows us to view all data sets all at once. It's an easier way to make comparisons and identify disparities.</p> <p>Dr. Rosa Franco 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. Socorro Gertmenian asked the QIC for some ideas to motivate staff to complete demographic fields and wondered if providers look at what percentage of their demographics are unreported or blank. How do you discuss with staff the importance of entering this information? Any steps you are taking around collecting data?</p> <p>Socorro Gertmenian shared that ongoing conversation should be brought up on a regular basis to make sure that we are serving the</p>	<p>covering the same time periods to understand what the data is showing us. It's important for providers to look at their own data to see how they are serving the community and how the contribute to the county as whole. The one piece we are currently missing is Medi-Cal eligible data by service area.</p> <p>Tiffany Harvey brought up in North Regional QIC challenge that when entering Gender Identity, they need to enter the gender of birth not preferred gender due to billing. She wondered if a second entry could be in eHRs. She stated that staff will need training on how to approach it with youth and their caregivers.</p> <p>Cesar shared in the chat that they are looking at expanding their</p>	
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	<p>population and serving them well. Presentations and trainings are really important.</p>	<p>SOGI data collection to look at disparities.</p> <p>Jamie Chess shared in their eHR there is no way to make it a required field.</p> <p>Dr. Kara Taguchi shared that all of these are good points.</p> <p>Jennifer Hallman shared in the chat information about SOGI and Veteran data collection fields. She stated that just being asked how you identify is important. The goal is to ensure that people are represented and we understand how they move through our system. We should not collect things just to collect. ARISE Division has trainings on helpful resources. We have asked them to present at the QA/QI monthly meeting. The date is pending at this time. For SOGI questions, the more we discuss this as an organization, as a community in partnership between you all and us as a department, the better.</p>	
<p>V. Quality Assurance</p>	<p>Jennifer Hallman reviewed various QA webinars/meetings including who should attend and what their purpose is:</p>		<p>Jennifer Hallman</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 CareFor 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, staff who are responsible for sharing/distributing IBHIS related information. Meeting is held on 3rd Wednesday of the month at 9am.		
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	<p>If you need to be added to the meeting invitations, send email to Joshua Lozada jolozada@dmh.lacounty.gov</p>		
<p>VI. SA Needs/ Updates</p>	<p>Dr. Rosa Franco asked if anyone in the QICs attends the Service Area Leadership Teams (SALTS), MHSA Stakeholder, and Underserved Cultural Communities (UsCCs).</p> <p>Socorro Gertmenian asked if someone in your organization attends these meetings, do you share the information with your organization and would you be willing to share in this forum.</p> <p>Dr. Rosa Franco stated at this time we would like to hear your Service Area needs, if any and/or updates you may have. You are all very important part of this process. For example, timely access, transportation challenges, community needs such as language, cultural aged-related provider needs, and we can also use this space to identify where there might be subcommittees that we need to develop.</p>	<p>Socorro Gertmenian stated that in the chat they are asking how to get invites to the meetings mentioned and the schedule.</p> <p>Stacey Smith shared the link for all the meetings mentioned in the chat.</p> <p>Dr. Kara Taguchi shared that these meetings are all open to providers and community members. We are hoping that if you attend that you can bring feedback back to the QIC as QA/QI experts for discussion.</p> <p>Dr. Kara Taguchi stated that if you are noticing something changing in your area it's good to bring up here.</p> <p>Paul Schmitt asked if there is a list of what service area needs have already been identified to date.</p> <p>Jennifer Hallman shared in All Providers Meeting Access to Care specifically for children will be</p>	<p>QIC Members</p>

		<p>discussed. QA is analyzing specific SAs where we are seeing the largest issue. The State might refer people out of our network which is not good for any of us. Jennifer Hallman shared that there are unfortunately a lot of different issues including that in some areas we do not have DOs which act as our safety net. We are under a corrective action plan.</p> <p>Dr. Kara Taguchi shared we can look at CANS and PSC for those areas to see if there is anything there in regard to either compliance or progress that might be helpful.</p> <p>Socorro Gertmenian shared that there is comment on the chat noticing declines in staff outreaching clients in the community due to decrease in travel time allowed. In our organization we notice that clients do not want to come in and would rather do virtual or phone visits.</p> <p>Jennifer Hallman shared that corrective action is system wide not by SA because the data that the State looks at is the entire</p>	
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		<p>system. The State is only looking at first appointment.</p> <p>Jennifer Hallman stated that even though you are not claiming separately, the rate for reimbursement does account for travel time.</p> <p>Jamie Chess asked in the chat what is the reimbursement process for travel time in a group as it is difficult in an eHR.</p> <p>Jennifer Hallman asked if an email can be sent regarding this and QA will get back with a response to provide accurate information.</p>	
<p>VII. Next Meeting</p>	<p>Dr. Rosa Franco asked for South 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. She thanked everyone for attending and participating.</p> <p>If you would like to be added to our distribution list for this meeting, please email us at DMHQI@dmh.lacounty.gov</p> <p>Socorro Gertmenian thanked everyone for coming and participating. Thank you for all of your hard work and Happy Holidays.</p>	<p>Dr. Kara Taguchi shared reminder that the North and South Regional QIC meetings' contents will be the same although the discussion may be different depending on the members in the group. You only have to attend one or the other. Hopefully this is a good format. Everyone's time is of high value and we hope this will save you some time so that you can spend more time delivering service. If you have any ideas of what you want to discuss or learn about in this</p>	<p>Dr. Rosa Franco Dr. Socorro Gertmenian</p>

		meeting especially if it relates to data, please let QI know.	
Next Meeting: Thursday 1/30/2025 at 10:00 AM- 11:30AM			
Attendance			
NAME		AGENCY	
Kara Taguchi		DMH- Quality Improvement/Outcomes	
Stacey Smith		DMH- Quality Improvement	
Daiya Cunnane		DMH- Quality Improvement	
Rosa Franco		DMH- Quality Improvement	
Laarnih De La Cruz		DMH- Quality Improvement	
Abby Chappell		DMH- Edelman MHC	
Alben Zatarian		Enki Health Services, Inc.	
Alejandra Munoz		TCCSC	
Allison Hardey		Hillsides	
Aminah Ofumbi		Didi Hirsch MHS	
Ana Gomez-Rodriguez		Crittenton	
Ana Ochoa		Alma Family Services	
Angela Lee		TIES for Families	
Ann Lee		SA 8	
Anna Galindo		The Whole Child	
Araceli Barajas		UCLA TIES for Families	
Belinda Najera		SFC South County	
Bosco Ho		SSG-AP Recovery	
Brenda Moreno		Dignity Health - California Behavioral Health Clinic	
Britney Evans		Five Acres	

Britanny Cheong	Helpline Youth Counseling
Britanny White	Personal Involvement Center, Inc.
Carl Levinger	SFC-Wateridge
Carmen Solis	Alma Family Services
Chad Brinderson	DMH/SFC
Courtney Stephens	MHALA
Cristal Mejia	SBHG
Cristina Magarin	DMH CMMD
Cynthia Sarmiento	Bayfront Youth and Family Services
David Mora	Shields for Families
Debra DeLeon	SSG-OTTP
Tiffany Harvey	Alafia Mental Health Institute (7655 and 7540)
Ebony Reado	Long Beach child and Adolescent Program
Eilene Moronez	Enki
Elidia Olmos	DMH Santa Clarita Valley MHC -1905V
Elizabeth Echeverria	SCHARP and Barbour & Floyd Medical Associates
Elizabeth Hernandez	Pacific Clinics
Elizabeth Mota	CMMD-LACDMH
Emma Hernande	Heritage Clinic
Esmeralda Zaragoza	Aspiranet
Estefania Orelo	Amanecer CCS
Greg Tchakmakjian	DMH SA 7
Gwendolyn Lo	Community family guidance center
Hope Kinney	The People Concern
Hsiang Ling Hsu	SSG/APCTC
Hyun Kyung Lee	DMH CMMD
Iling Wang	LAC DMH Certification Unit
Jaleesa Adams	Drew CDC
Jamie Chess	Exodus Recovery

Jane Park-Aspe	Children's Institute, Inc
Janet Lester	Institute for the Redesign of Learning
Jasmine Boyden	SA6- AUGUSTUS F. HAWKINS MHC - ADMINISTRATION
Jazmin Gonzalez	1736 Family Crisis Center
Jennifer Escorcia	Starview-Teammates
Jennifer Mitzner	Olive Crest
Jennifer Palma	Pacific Clinics
Jenny Rodriguez	Tessie Cleveland Community Services
Joanne Chen	DMH-CMMD
Jocelyn Bush Spurlin	University Muslim Medical Association, INC. (UMMA)
John Catania	Social Model Recovery Systems, Inc.
Kamika Mason	Telecare-L.A. Step (185)
Karla Cano	St. Joseph Center
Katarena Harris	BSH, Inc.
Katya Davila	HYC
Keisha White	DMH SA 5 Admin
Kenya Rodriguez	ALCOTT CENTER
Kimberly Rowerdink	Dimondale
Kristen Tanji	Tessie Cleveland Community Services Corp.
Lesley Adams	JWCH
Lila Jihanian	Hillsides
Linda Nakamura	Masada
Lisbeth Vazquez	DMH-Women's Wellbeing Center
Lummy Galbusera	CIHSS-Alafia Mental Health Institute
Mandy Sommers	St. Joseph Center
Maria Castro	South Bay Mental Health Center
Maria Herrera	Rancho Los Amigos Crisis Residential - Downey
Maria Llamas	For The Child
Maria Moreno	SA 3

Maricris Ocampo	Dream Home Care, Inc.
Martha Andreani	Providence Saint John's Health Ctr
Martin Alvarez	Telecare LAOA
Martin McDermott	New Concept STRTP/Humanistic Foundation, Inc.
Melinda Kuoch	DMH HOME SA 8
Michele Burton	The Help Group
Michele Munde	Star View Behavioral Health
Mina Gerges	Project Impact
Misty Aronoff	Step Up on Second
Nicole Tracy	Tarzana Treatment Center
Nikki Collier	DMH QA
Patricia Tyler	Heritage Clinic
Paul Schmitt	Tarzana Treatment Center
Prabhjot Sidhu	SCHARP
Quenia Gonzalez	Star View
Quine Jones	The Help Group
Rachel Villa	Haynes Family of Programs - 7565
Rebecca Farazian	CA Mentor
Renee Lee	DMH Medi-Cal Certification
Roberta Del Angel	Star View Community Service
Robin Washington	DMH QA
Sarah Monson	ChildNet
Sebrena Thurton	Shields for Families
Silvia Yan	SSG-Asian Pacific Counseling & Treatment Centers
Socorro Gertmenian	Wellnest
Stuart Jackson	CII
Susan Blackwell	Star View Adolescent Center- SBHG
Susan Osborne	MHALA
Tony Figueroa	PACS

Tora Miller	Edelman MHC Child and Family Services
Ulyssa Benavides	Counseling4kids
Vicky Rivera	Star View Community Service
Wanta Yu	LACDMH QA
Zoila Beltran	Kedren Health
Helen Chang	API Family MHC
Alfred Sun	Spiritt Family Services

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- Southern 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 Fernandeño 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 lanaic.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

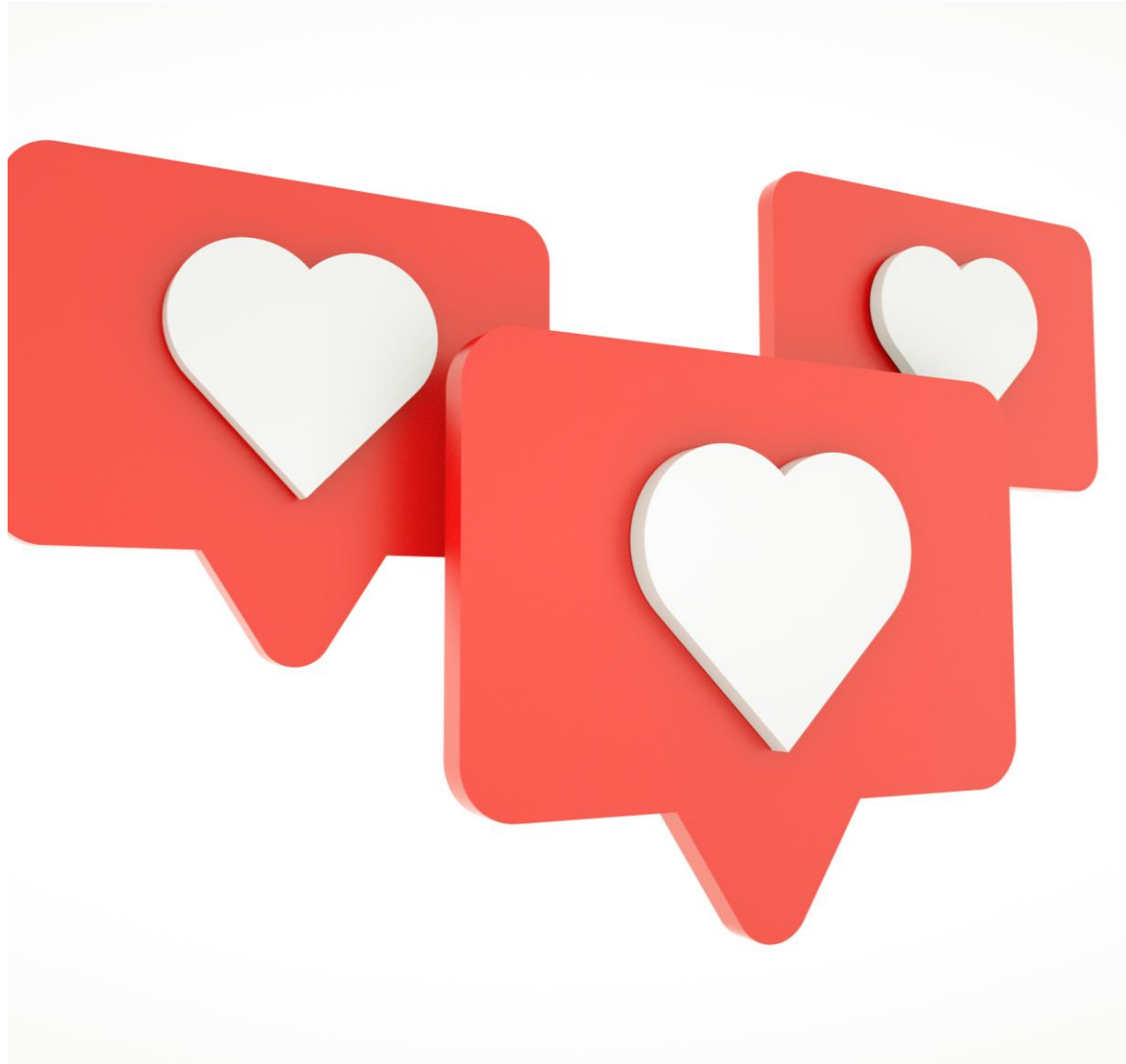
Legal Entity Provider Contracts Section 8.15 Quality Assurance Plan

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



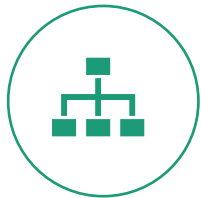
Designated Quality Improvement staff, or a manager or supervisor should attend



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.

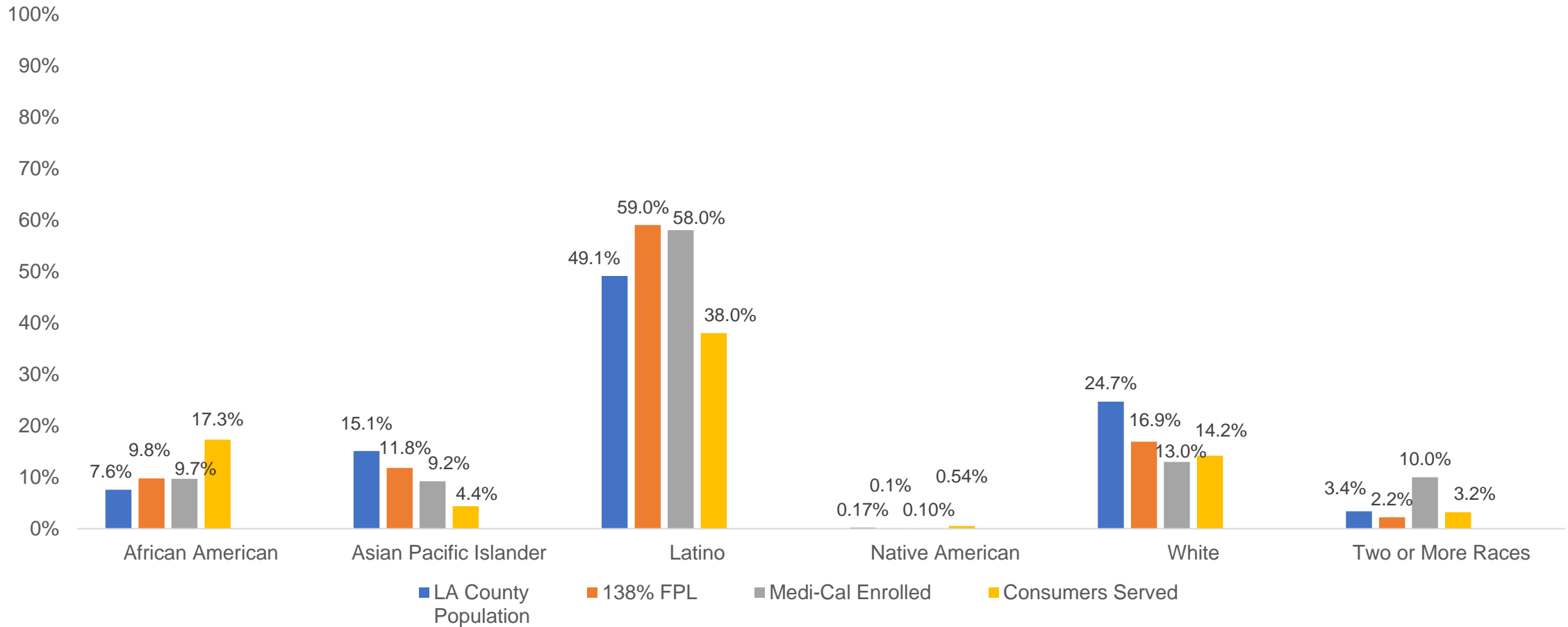
- ◀ Race/Ethnicity
- ◀ Age [MHSA, Affordable Care Act (ACA), Medi-Cal]
- ◀ Gender
- ◀ Primary Language
- ◀ Total Population
- ◀ Population Living at or below 138% Federal Poverty Level
- ◀ Medi-Cal Enrolled
- ◀ Consumers Served
- ◀ Prevalence Rates for Severe Emotional Disturbance (SED)/Serious Mental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

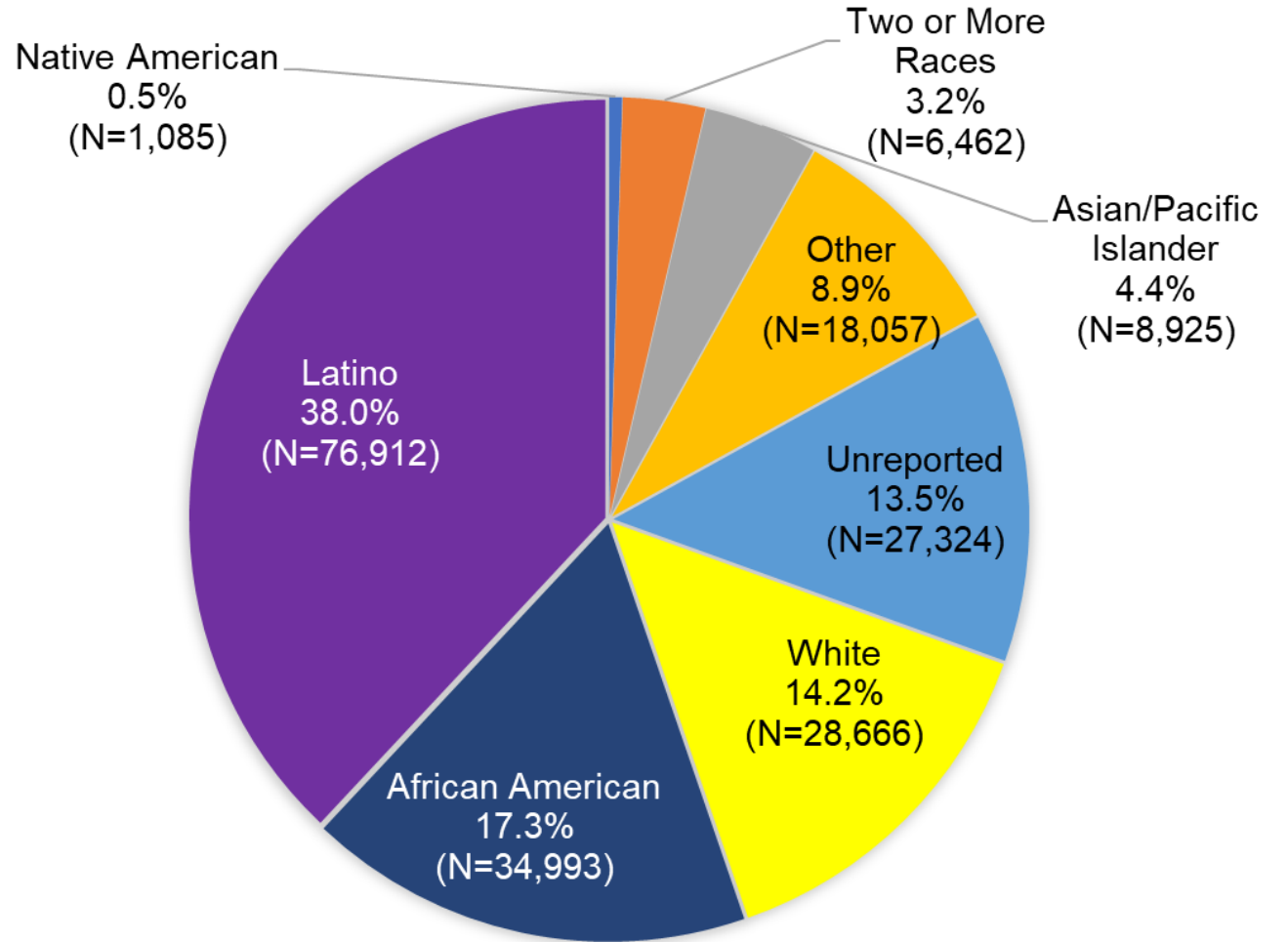
A Way To Go

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

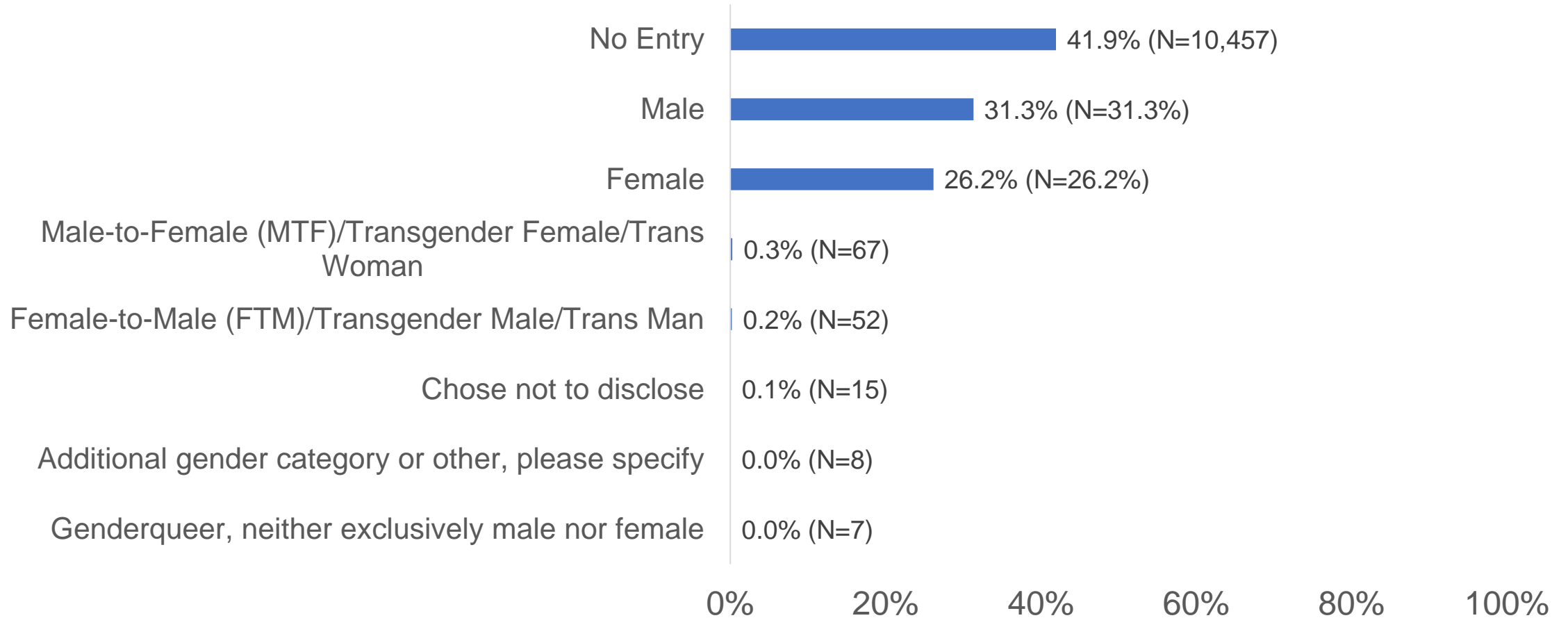


Data Source: LACDMH-IS-IBHIS, February 2024.

►► 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

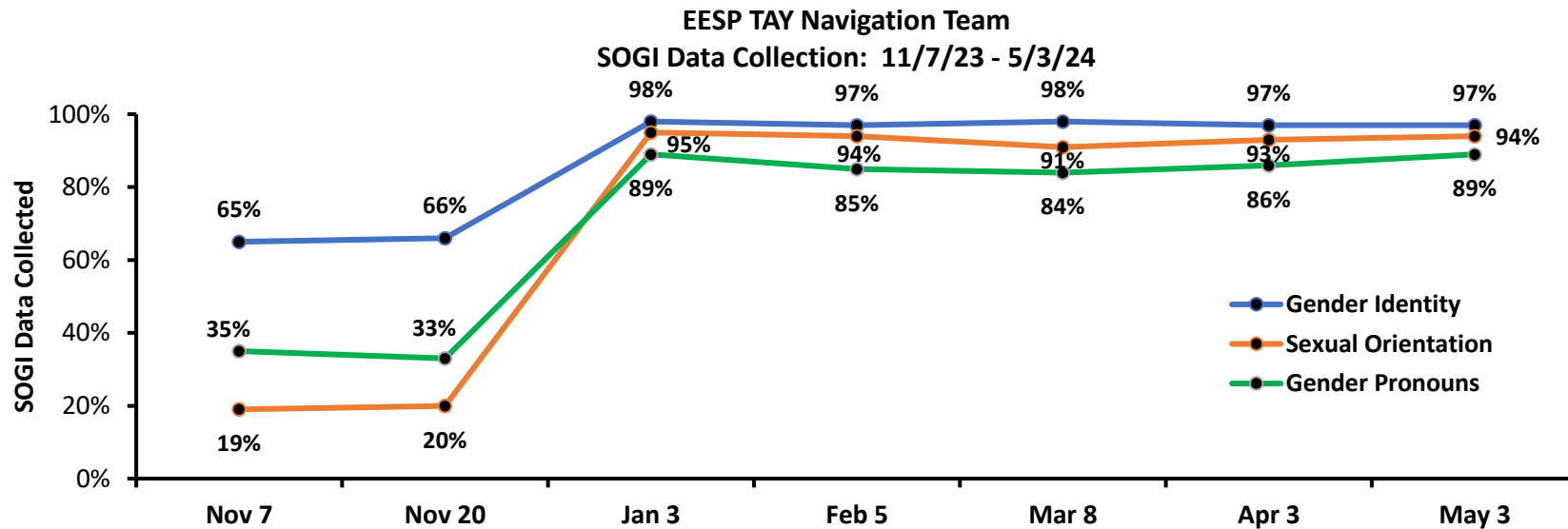
ARISE invited four DMH programs to participate in the GIA Project where trainings on SOGI were offered to staff and continued monthly monitoring of metrics were conducted. The results within 6 months were exceptional!

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)



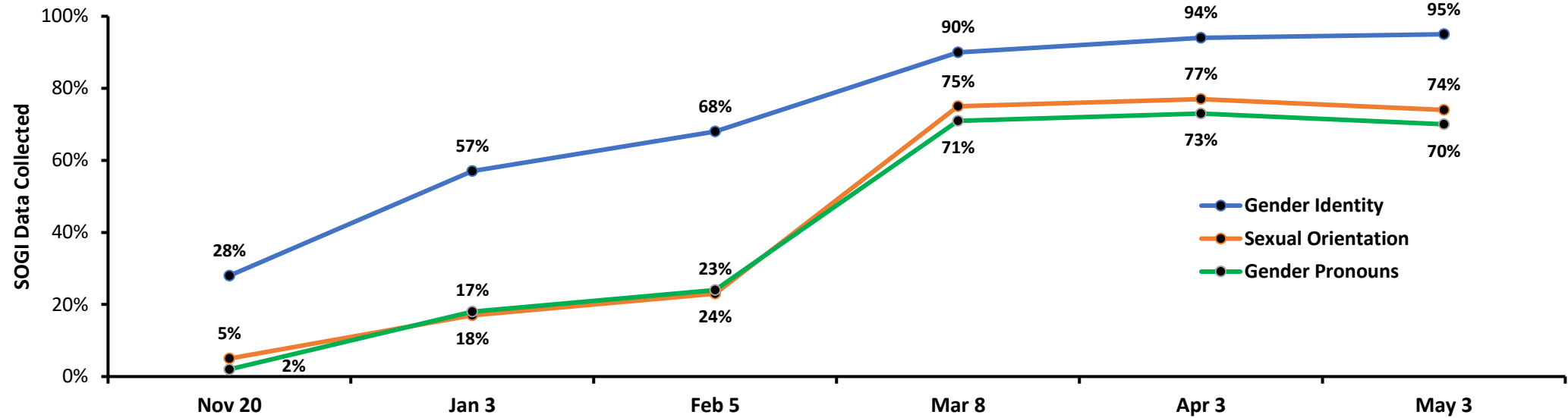
▶▶ GIA Project- EESP TAY Navigation Team



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

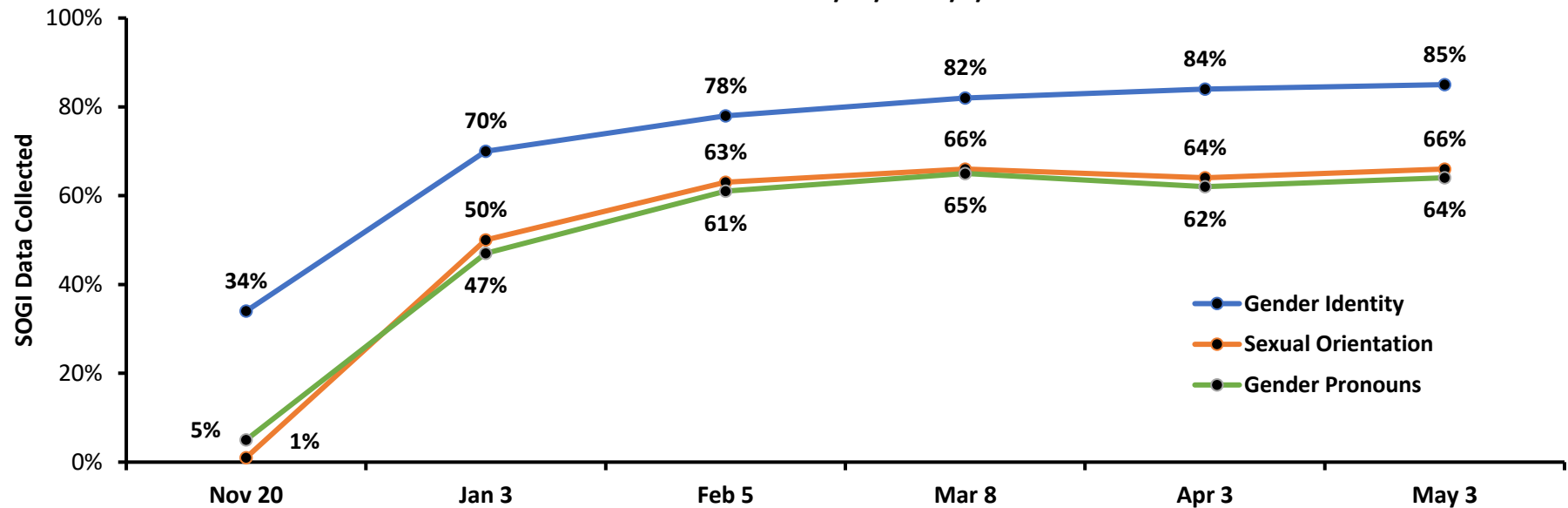


SOGI DATA COLLECTION: 11/20/23 - 5/3/24

	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

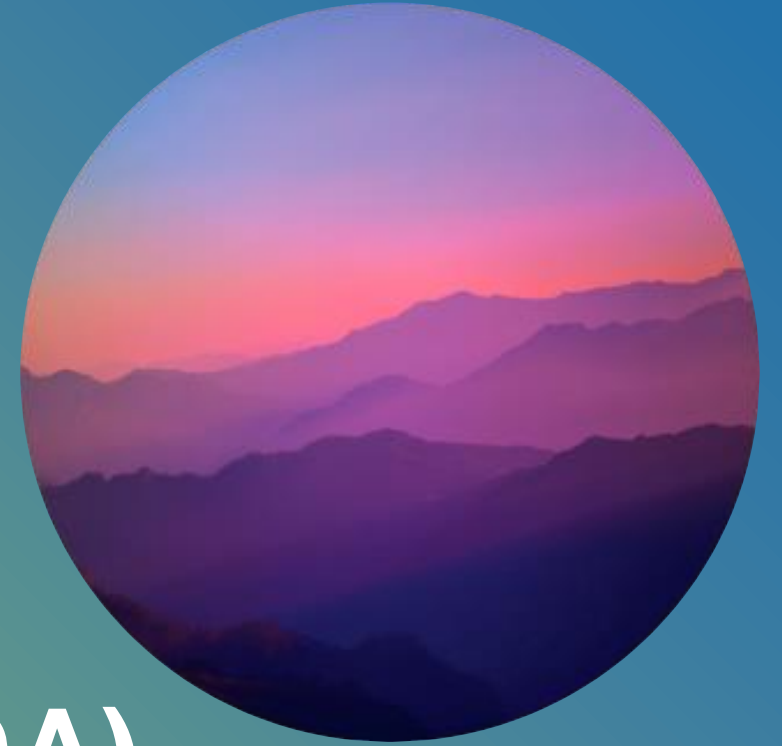
Next Steps

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

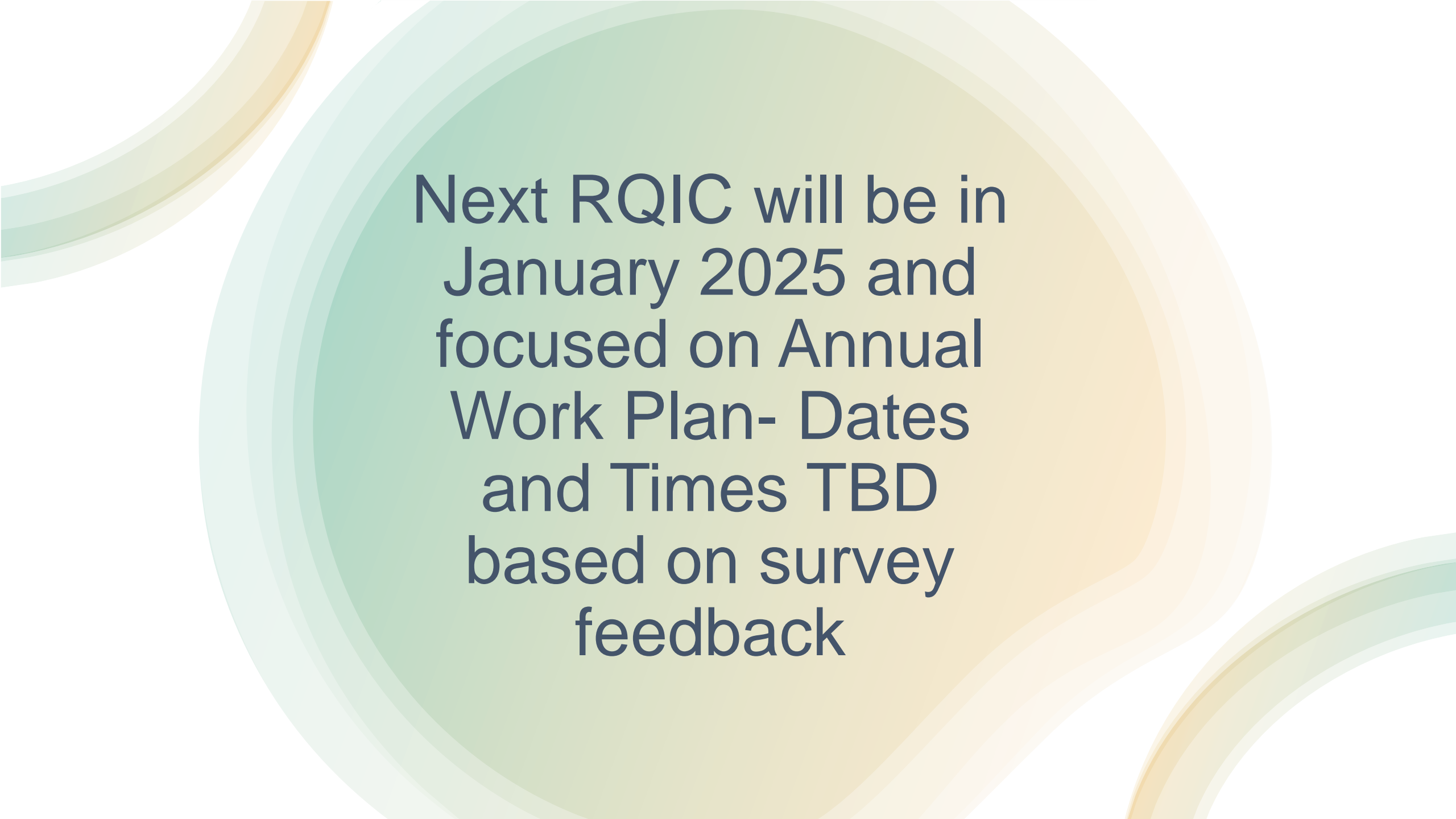
- Examples:
 - ◁ Timely access to appointments or services
 - ◁ Transportation challenges
 - ◁ Specific community needs like language, cultural, or age-related services, etc.
 - ◁ Provider needs
 - ◁ Possible subcommittees

South 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 31**:

https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgd3PzplfIShOkZg0I_tGS49UNkZNQUFaNzJIQzcxTFBJT1E5TFcyQVc1My4u





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/)