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

MEETING MINUTES
February 2025

Type of meeting:	Monthly QIC Meeting	Date:	2-10-2025
Location:	Microsoft Teams	Start time:	9:00 AM
		End time:	10:00 AM
Recording:	Countywide QI Committee Meeting-20250210 - Feb 19th, 2025		
Members Present:	See Table Below		

Agenda Item	Presentation and Findings	Discussion, Recommendations, and/or Needed Actions	Person(s) Responsible
I. Welcome and Introductions	Dr. Taguchi welcomed everyone and reviewed the meeting agenda and January 2025 meeting minutes. Dr. Taguchi reviewed the purpose of the QIC and acknowledged SAPC's presence as we move towards integrating.		Dr. Kara Taguchi
II. Language Assistance Services	Dr. Sandra Chang reviewed DMH policies around language translation and interpreter services. Legal entities (LE)/ contracted providers are responsible to have a procedure and procurement process related to language assistance services per their contractual agreement with the department. We cannot exclude persons on the basis of language from our services. The expectation that family members or clients will provide their own	A question was posed in the chat if there are satisfaction surveys for vendors for non ASL language services. Dr. Chang shared there is an ASL services satisfaction form for all services provided to hear directly from our consumers and/or family members and to be able to	Dr. Sandra Chang

[Type here]

	interpreter services is prohibited and the use of minor children is not permitted. Dr. Chang shared we do not work with LE/ contracted providers to secure translation or language interpreter services for their operations. DMH can provide listing of vendors with whom we have worked with, and LE/contracted providers can find the translation or interpreter vendor of their choice and get cost estimates. If they decide to pursue a particular vendor, they can schedule their language services with that vendor and ensure that everything related to connections, platforms, and in person logistics is taken care of. American Sign Language (ASL) clinical services is the only service for which the ARISE Division would coordinate bookings for both DOs and LE/ contracted providers. We advise to not contact the vendor to arrange service to avoid confusion and budgetary issues. ARISE will notify the requesting program once booked. We encourage early and timely requests. It is important to note that our role in the department ends once we book the ASL appointment and everything else in terms of logistics, parking, etc. is the responsibility of the requester.	address any areas of improvement needed. Jennifer Hallman asked how we could start tracking language line utilization for our contractors and was interested in the committee's thoughts. Dr. Chang stated she was interested in the data Jennifer Hallman asked about for DMH's Cultural Competence Plan. Dr. Taguchi wondered if SAPC has done this or if it's a requirement for them. Rachel Santellan from SAPC stated that she will look into it and report back. Jennifer Hallman stated we need to report language line utilization to the State including services provided to our clients where we used the language line and how many were provided through telehealth. Dr. Taguchi suggested sharing this information in the Regional QIC meetings where there are LE/ contracted providers present.	

| | | Dr. Taguchi shared the timelines mentioned for requesting ASL exceed some of the Access to Care timelines.

Dr. Chang shared they are aware of the mandates of timeliness of care, but they are limited to vendor availability. There is a shortage of ASL interpreters. Access to Care improved when a Sign Language Specialist was hired. ARISE is currently hiring a second one. | |
| **III. Revisiting Service Equity Data Analysis Continued** | Dr. Rosa Franco reviewed the data for the Service Equity Report and the analysis that was presented in last month's meeting. She continued with her discussion on prescription medications. She demonstrated comparing the rates of all prescribed medication to the rates of each specific class of medication to identify possible disparities in how medications are being prescribed to different Racial and Ethnic groups. Looking at Asian clients, you can compare the percent of Asian clients prescribed medications to the percent of Asian clients prescribed each different class of medication. This shows that Asian clients make up 3% of all clients prescribed medication and the percentage for the three different classes of medications seems to be around 3%. It does not seem like there is a disparity there, but for Black clients, antidepressant rate of 14.8% | Jennifer Hallman asked in the chat if meds prescribed is taking into account the diagnosis of the clients.

Dr. Kara Taguchi stated this is something that the team will be looking at but it wasn't done for this initial analysis.

Dr. Suzanne Wilson asked in the chat what are the other classes of medications in the data.

Dr. Kara Taguchi stated we get the information from Dr. Lisa Benson and her team and will get that information and definitions to everyone. | Dr. Rosa Franco |

matches the 14.8% rate of Black clients that were prescribed any medication. Black clients are being prescribed antipsychotic medications at a rate that is 3.8% higher than the overall rate. This could mean that Black clients are being disproportionately prescribed antipsychotics. As for Hispanic clients, they make up 33.8% of all clients prescribed medication but the rates of all classes of medication are lower than the percentage of Hispanic clients prescribed medication. This could show that Hispanic clients might be disproportionately not being prescribed all three different classes of medication. What stood out on the graph is White clients make up 12.2% of clients prescribed medication and have slightly higher rates for the three different classes of medication. White clients are also prescribed anti-anxiety medications at a rate that's 5.5% higher than the rest on meds in general. She asked if anyone on the committee noticed anything else in the data.

Dr. Rosa Franco moved on to analyzing hospital data for disparities looking at clients served, clients hospitalized, and clients who are readmitted within 30 days by race/ethnicity. Largest group served tends to be Latinos and smallest group is Native Americans. There is a large percentage of unreported ethnicity for clients that are hospitalized and readmitted. Hispanic clients make up the largest

Dr. Susana Ka Wai Sou asked how mood stabilizers are classified.

Dr. Kara Taguchi stated we can gather that information from Dr. Lisa Benson and her team and provide an update.

Dr. Kara Taguchi shared Latinos make up the largest percentage of clients that are served that have hospitalizations but it's not surprising because they make up the largest population that we serve. We should have Ns when talking about percentages to know how big or small these populations and numbers are. We will discuss further with Clinical Informatics the unreported numbers and hospital data. We are also discussing internally how we track collection of demographics and missing demographics. When there is a large percentage of unreported it is hard to determine what categories, clients fall into.

Jennifer Hallman asked if the data was for September or if was it pulled in September. She wondered if the numbers fluctuate

| | percentage of DMH clients served but the rates of hospitalizations and readmissions are lower. The unreported data may be skewing the numbers.

She thanked everyone for participating and helping with contributing to the dialogue around the data. | year to year or if they stay consistent

Dr. Rosa Franco shared the data was pulled in September. We haven't looked at this on a trend.

Dr. Kara Taguchi shared in smaller populations each person accounts for a larger percentage.

Jennifer Hallman wondered if the clients we are seeing who are Native American tend to be more acute versus some others where we do see the non-specialty population. Having the service break out for the different types of services by Race and Ethnicity is something that QA has been working with Clinical Informatics on.

Dr. Kara Taguchi shared we have looked at data separately, but we need to look at things much more systemically to understand how one set of data is flowing into another.

Dr. Suzanne Wilson wondered about the unreported category having high rates. She asked how the demographic data is collected | |

		and if it can be updated throughout treatment.	
		Dr. Kara Taguchi shared that the information is pulled from the client's chart in IBHIS and any updates will be reflected in the data at the time that we pull it.	
Next Meeting:		**March 17, 2025, from 9:00 AM to 10:30 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
Robin Ramirez	DMH	MHSA
Renee Lee	DMH	Quality Assurance
Kimber Salvaggio	DMH	SA 2
Greg Tchakmakjian	DMH	SA 7
Allison Kato	DMH	HAI: Managed Care Ops
Rachel Santellan	DPH	SAPC
Kalene Gilbert	DMH	MHSA
Socorro Gertmenian	Wellnest LA	SA 6
Alan Chung Chiu Wu	DMH	ARISE
Victoria Lee	DMH	Training Unit
Keisha White	DMH	SA 5
Carrie Helgeson	DMH	Child Welfare

Michelle Rittel	DMH	SA 2
Sonia Zubiate	DMH	Quality Assurance
Armen Yekyazarian	DMH	Quality Assurance
Zhena McCullom	DMH	Quality Assurance
Erin Steponovich	DMH	Training Unit
Lauren Nakano	DMH	HAI
Rosalba Trias-Ruiz	DMH	SA 3
Wanta Yu	DMH	Quality Assurance
Suzanne Lopez Wilson	DMH	Forensic Psychiatry - Juvenile Justice QA
Kim T. Nguyen Pierce	DMH	SA 8
Tiana Mondaca	DMH	LAC Juvenile Justice QA
Misty Aronoff	Step Up on Second	SA 4-5
Maria Moreno (CLESGV)	DMH	SA 3
Therese Gabra	DMH	QA Unit – Provider Support & Review
Haydouk Zakarian	DMH	SA 4, 5
Helena Ditko	DMH	Policy Unit
Rhonda Higgins	DMH	CWE
Sandra Chang	DMH	ARISE Division
Elizabeth Powers	DMH	CMMD
Jeremy Winn	DMH	Child Welfare
Susana Ka Wai Sou	DMH	Pharmacy
Angela Shields	DMH	Specialized Foster Care North
Robin Washinton	DMH	Quality Assurance
Jeaqueline Monroy	DMH	CWD-Case Review Unit
Anh Tran	DMH	Veteran & Military Family Services
Elida Lambrechts	DMH	Specialized Foster Care North
Brian Hurley	DPH	SAPC

Linda Nakamura	Masada Homes	SA 8
Engelbert Salinas	DMH	Quality Improvement
Nikki Collier	DMH	Quality Assurance
Marc Borkheim	DMH	Quality Assurance
Angelica Fuentes	DMH	OCS South County Admin SA 5-8 & Countywide Specialty Programs
Susan Blackwell	DMH	HAI
Jennifer Hallman	DMH	Quality Assurance
Karen Bernstein	DMH	Housing and Job Development Division
Sylvia Heins	DMH	Specialized Foster Care North
Yvonne Phung	DMH	Quality Assurance
Venezia Mojarro	DMH	Compliance Program
Sharon Chapman	DMH	Outcomes
Carrie Helgeson	DMH	CCR
Berteil Eishoei	DMH	Quality Assurance
Jeff Gorsuch	DMH	Training Department
Therese Gabra	DMH	Quality Assurance
Gwen Okagu	DMH	Quality Assurance

Respectfully Submitted,

Dr. Kara Taguchi