

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

MEETING MINUTES  
April 2025

<b>Type of meeting:</b>	Monthly QIC Meeting	<b>Date:</b>	4-21-2025
<b>Location:</b>	Microsoft Teams	<b>Start time:</b>	9:00 AM
		<b>End time:</b>	10:30 AM
<b>Recording:</b>	<a href="#">Countywide QI Committee Meeting-20250421 090420 4-21-2025 - May 7th, 2025</a>		
<b>Members Present:</b>	See table below.		
<b>Agenda Item</b>	<b>Presentation and Findings</b>	<b>Discussion, Recommendations, and/or Needed Actions</b>	<b>Person(s) Responsible</b>
<b>I. Welcome and Introductions</b>	<p>Stacey Smith welcomed everyone and went over the meeting Agenda and meeting minutes from March 2025.</p> <p>The next month's CW QIC meeting will be from 9:30am-10:30am as there will be a technical assistance call for Consumer Perception Survey (CPS) from 9- 9:30am that day.</p>	<p>Please email any edits to meeting minutes to <a href="mailto:DMHQI@dmh.lacounty.gov">DMHQI@dmh.lacounty.gov</a></p>	Stacey Smith
<b>II. Work Plan 2025</b>	<p>Stacey Smith shared every year we create a work plan that's submitted to the state at the end of March. Work Plan goals are created around seven domains:</p> <ul style="list-style-type: none"> <li>➤ Service Delivery Capacity</li> <li>➤ Accessibility of Services</li> <li>➤ Member Satisfaction</li> <li>➤ Clinical Care</li> <li>➤ Continuity of Care</li> </ul>	<p>Dr. Lisa Benson shared our vision and the reason for calculating HEDIS scores ourselves is that we are moving in the direction of getting data more often than once a year and we want to make sure these numbers are available. We want to get to the point where you can see your numbers quarterly or</p>	Stacey Smith

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	<ul style="list-style-type: none"> <li>➤ Provider Appeals</li> <li>➤ Performance Improvement Projects</li> </ul> <p>Work Plan goals look at areas that are needed to improve in our system. We have objectives that we develop interventions and have specific time frame, specific people that are responsible for the goals, and two goals are always around our Clinical and Non-clinical Performance Improvement Projects (PIPs).</p> <p>Stacey Smith reviewed work plan goals for 2025 including reducing 7- and 30-day rehospitalization rates, behavioral health transformation (BHT) integrated plan/ needs assessment for LA County and continue to further develop a mechanism to measure and track HEDIS measures. HEDIS is important to take note of as starting with measurement year 2023, the state can impose sanctions if we as a department have two or more measures below the minimum performance level or the measures do not achieve at least a 5% increase over baseline. Clinical informatics is working hard on getting our rates for 2023 and 2024.</p> <p>Stacey Smith stated our Clinical PIP is being led by Dr. Rosa Franco and is to improve our rate on HEDIS measure follow- up after emergency department visits for mental illness (FUM). Once we have the rates for FUM, we can start looking at how we can improve our</p>	<p>maybe even monthly throughout the year.</p> <p>Dr. Lynetta Shonibare stated we have been using 20% for overall hospitalizations and wondered what is the benchmark for the 7 and 30 days.</p> <p>Dr. Lisa Benson shared if you are thinking of clients who are already connected to your program and go into the ER, we do not have exact numbers, but we should try to make that high. Unfortunately, there are so many individuals getting admitted to the ER across the county who are not established with outpatient in any way. We are partnering with emergency departments, but it is challenging.</p> <p>Dr. Kara Taguchi shared the State sets minimum performance levels for counties, and if we are below that minimum performance level, we are required to improve by at least 5% every year. I put in the chat that this is an issue for all of HEDIS measures. How do we track or how do we know when our clients that we're treating go to an emergency room or go to a</p>	
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	<p>numbers and meet the minimum Performance Level. Any thoughts or ideas that you may have are appreciated. We will also bring this up in the Regional QICs.</p> <p>The Non-clinical PIP on access to care for children is being led by Dr. Daiya Cunnane. She will be working with Quality Assurance (QA) to look at improving access from first contact from any referral source to first offered appointment for any outpatient non urgent, non-psychiatry mental health service for 0- to 20-year-olds. DMH already has a Corrective Action Plan around this. QA is working hard with Legal Entity and Directly Operated providers to increase timely appointments for children.</p>	<p>psychiatric hospital and how do we ensure that there's adequate follow up after discharge? Lisa and the Clinical Informatics team are working on understanding the data behind it.</p> <p>Dr. Debbie Innes-Gomberg shared that Access to Care Leadership in December and January discussed strategies. The State is going to hold us to the benchmarks that Kara discussed. They are very serious about sanctions or penalties for not achieving 5 percentage points from last calendar year's calculations. At the clinic level, service area level, and administratively, how do we work collectively to understand who is in the hospital, particularly for the clients that you have open cases for.</p> <p>Dr. Kara Taguchi shared that we will discuss Behavioral Health Transformation more in the coming months.</p> <p>Sarah Schwartz inquired now that DMH is not leading us in the manual collection of HEDIS measures, how are our agencies</p>	
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		<p>going about obtaining all of this information?</p> <p>Dr. Debbie Innes-Gomberg shared to the degree that you can use the Health Information Exchange such as LANES is helpful. There are a variety of things that are in process, one of them is working with hospitals and emergency departments to improve the information exchange back and forth. There is an assembly bill that enhances the discharge information that is provided to a client when they get discharged from a psychiatric hospital, a movement in the department to create hospital liaisons, connections between hospitals and outpatient programming, and working with our local emergency departments and hospitals to develop relationships with them is a good path to work with on the HEDIS measures. As Stacey Smith said earlier, it is going to take all of us trying to figure out how to do this and what information we have access to and create an enhanced Continuity of Care in this area.</p>	
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<b>III. Consumer Perception Survey 2024</b>	<p>Dr. Daiya Cunnane shared 2024 CPS survey data. Majority of surveys were filled out by Adults, followed by Family. We received just over 12,000 surveys total and 87.2% of them were completed which is almost a 10% increase from last year. Looking at the five-year trend we are seeing an overall increase, which is incredible for Adult surveys and a slight increase for Family and Older Adults. We</p>	<p>Dr. Sandra Chang shared she sees a connection to the ARDI efforts at the County level in terms of better understanding our community.</p> <p>Dr. Daiya Cunnane shared we wanted to infuse service equity exploration throughout the process, so it's really been helpful</p>	Dr. Daiya Cunnane

	<p>noticed a drop in Youth surveys, which we might need to focus on increasing this year.</p> <p>This year we are looking at reasons for not completing the survey. We will be checking in with providers on this data in our Regional QICs.</p> <p>Looking at the breakdown of our online and paper surveys, we are unable to tell the difference between the UCLA and DMH online versions. We are asking UCLA if they can provide that to us in coming years. Majority of people completing the online surveys were Youth and Family. The Adults and Older Adults tend to prefer paper. This data enables providers to think ahead when making decisions about what survey might be most appropriate for their site and clients.</p> <p>We are doing a lot of surveys in English, with a smaller percentage in Spanish. We see an increase in some of our other smaller languages.</p> <p>For gender decline to answer and missing is still high. It would be interesting to see if we could get more information about sexual orientation breakdown, but it appears that consumers are choosing not to enter it. We have a good number of decline to answer or missing nearly 20%. Majority are indicating that they identify as straight or heterosexual.</p>	<p>to be able to look at some of the CPS data. We will also be bringing this information to the Regional QIC for more discussion.</p>	
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	<p>For race and ethnicity, the CPS survey has a separate question from race/ ethnicity asking if consumers identify as Mexican, Hispanic or Latino origin. A good number of our consumers completing the survey indicated that they identify with this. We are still seeing decline to answer and missing for race/ ethnicity near 20%.</p> <p>Whether or not clients are receiving services and written information in their preferred languages is a question that was changed last year. It used to be two separate questions. Although clients who are getting services in English and Spanish agree that that it was provided when requested, we are seeing some numbers within the 60s. It might be good for sites to look at and make sure that clients have materials available in languages they prefer. Armenian tends to be on the lower side, even though it's one of our larger language groups. We will bring this topic up to the Regional QIC meeting.</p> <p>We provided UCLA with some feedback last year on the quality of our language translations and updates were made this year. This year, after we had the new translations reviewed we are still having some problems with some of the languages. We hope providers will report any translation issues in our provider feedback survey.</p>		
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	<p>Overall, general satisfaction was up from 2023. We had a small increase on access for our Family and Older Adult, Participation in Treatment was down for Older Adults.</p> <p>For Telehealth questions, there is a mix of clients who appreciate the telehealth services and those who appreciate in-person visits.</p> <p>For Medication and Medical Contact on the Youth and Family surveys, most clients were able to get in and have a medical checkup in the prior year.</p> <p>Most of the Youth and Families being surveyed are within the home with one or both parents followed by with another family member.</p> <p>The majority of clients have not been arrested in the last 12 months. It asks about police contact, if it has increased, reduced, or stayed the same after treatment. Our highest numbers are reduced, which is great news about treatment.</p> <p>We are seeing an increase overall in the number of surveys that we are collecting, and we want to try to continue to increase it.</p> <p>Need to focus on increasing Youth surveys. In the last few years, Youth has been a place where satisfaction has been going down, so we might need to discuss some strategies on how to improve that.</p>		
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	<p>Family and Youth prefer online surveys versus paper. Higher number over 50% of clients completing electronic surveys.</p> <p>We are still doing most of our surveys in English and a good number of clients who are completing the surveys identify from the Mexican, Hispanic, and Latino community.</p> <p>We started to explore new data on telehealth, school attendance, and arrest history. Clients seem to have improved or remained the same with school attendance from the start of treatment and arrests and police contact seem to go down.</p> <p>Dr. Daiya Cunnane requested any thoughts or feedback.</p>		
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**Next Meeting: May 19, 2025, from 9:30 AM to 10:30 AM**

**Attendance**

<b>NAME</b>	<b>AGENCY/DEPARTMENT</b>
Kara Taguchi	DMH-Outcomes & Quality Improvement
Stacey Anne Smith	DMH-Quality Improvement
Daiya Cunnane	DMH-Quality Improvement
Rosa Franco	DMH-Quality Improvement
Volga Hovelian	DMH-Outcomes & Quality Improvement
Alben Zatarain (External)	Enki
Gwen Okagu	DMH-Quality Assurance
Suzanne Wilson	Forensic Psychiatry Liaison

Sharon Chapman	DMH-Outcomes
Zhena McCullom	DMH-Quality Assurance
Lauren Nakano	DMH-HAI
Alicia Gonzalez (External)	Foothill Family
Angela Shields	DMH-Specialized Foster Care North
Mayra Garcia	Quality Assurance
Eilene Moronez (External)	Enki
Renee Lee	DMH Quality Assurance
Robin Ramirez	DMH-MHSA
Carrie Helgeson	DMH-Child Welfare
Linda Nakamura (Unverified)	SA 8
Berteil Eishoei	SA 1
Rosalba Trias-Ruiz	SA 3
Michelle Rittel	SA 2
Lisa Benson	Clinical Informatics
Alan Chung Chiu Wu	DMH-ARISE
Wanta Yu	DMH-Quality Assurance
Greg Tchakmakjian	SA 7
Therese Gabra	DMH-Quality Assurance
Armen Yekyazarian	DMH-Quality Assurance
Kimber Salvaggio	DMH-SA 2
Karen Bernstein	DMH-Housing and Job Development Division
Allison Kato	DMH-HAI Managed Care Ops
Sandra Chang	ARISE Division
Colleen Blodgett	Specialized Foster Care
Jeaqueline Monroy	CWD-Case Review Unit
Jennifer Hallman	DMH-Quality Assurance
Ignacia Salas	Specialized Foster Care South
Theodore W. Wilson	Patients' Rights

Sarah Schwartz (External)	Penny Lane
Nikki Collier	DMH-Quality Assurance
Susan Cozolino	DMH-Quality Assurance
Engelbert Salinas	DMH-Quality Improvement
Sonia Zubiarte	DMH-Quality Assurance
Jeremy Winn	DMH- Child Welfare
Yen-Jui Ray Lin	Clinical Informatics
Ly Ngo	Clinical Risk Management
Susana Ka Wai Sou	Pharmacy
Elizabeth Powers	CMMD
Helena Ditko	Policy Unit
Angelia Ridgway	Specialized Foster Care
Keisha White	SA 5
Elida Lambrechts	DMH- Specialized Foster Care North
Haydouk Zakarian	DMH- SA 4, 5
Andrew Nguyen	Pharmacy
Venezia Mojarro	DMH- Compliance Program
Robin Washington	DMH- Quality Assurance
Rhonda Higgins	CWE
Lynetta Shonibare	DMH- Olive View
Socorro Gertmenian	SA 6
Lisa Leon	Specialized Foster Care
Debbie Innes-Gomberg	DMH QI/Outcomes/Training Division
Paul Arns	DMH- Clinical Informatics
Kalene Gilbert	DMH- MHSA
Beatriz Negrete	Specialized Foster Care
Taylor Docter (Unverified)	DHS
Misty Aronoff (External)	Step Up on Second- SA 4, 5

Respectfully Submitted, Dr. Kara Taguchi