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

MEETING MINUTES
May 2025

Type of meeting:	Monthly QIC Meeting	**Date:**	5-19-2025
Location:	Microsoft Teams	**Start time:**	9:30 AM
		End time:	10:30 AM
Recording:	Countywide QI Committee Meeting-20250519 - Jun 3rd, 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. Kara Taguchi shared last month's meeting minutes and today's meeting agenda and reminded everyone that this week is the Consumer Perception Survey (CPS).	Please email any edits regarding minutes from last month's meeting to DMHQI@dmh.lacounty.gov	Dr. Kara Taguchi
II. QI Update	Stacey Smith shared as Dr. Taguchi mentioned, this week is the Consumer Perception Survey. Technical Assistance Calls for CPS are 9:00am to 9:30am and 1:30pm to 2:00pm Monday-Friday this week. There have been some technical issues this year already. Please let us know if you encounter any issues with the surveys. Stacey Smith shared BH-CONNECT (Behavioral Health Community-Based Organized Networks of Equitable Care) Incentive Program is an opportunity for counties to receive up to $1.9 billion in incentives over	Dr. Kara Taguchi shared that this is the first opportunity for payment for the incentives. DHCS picked standards that they want us to focus on to earn the incentives. Quality Improvement gaps as part of the implementation of BH-CONNECT and IMD waiver are all tied in. We need to have a robust QI system to be able to provide solid coordinated care and work in real time data exchange to be able to track patterns and demographics to develop action	Stacey Smith

	the next five years from 2025- 2030. DMH completed the National Committee for Quality Assurance (NCQA) Manage Behavioral Healthcare Organization (MBHO) self-assessment and submitted a letter of intent to participate. Our first submission is due June 30, 2025. It is up to $50 million across all participating counties. We will need to submit a MBHO reassessment of 6 standards around care coordination and quality improvement next year by June 30, 2026. Stacey Smith shared next month we will be going further into detail on these standards and will be restructuring the CW QIC to be focused on improvement in these areas.	plans. We have some alerts and notifications in place to track how well our medical clients are doing as far as Emergency Room follow up.	
III. Alternative Crisis Response (ACR)	Reuben Wilson shared overview of ACR, a program initiated by the Board several years ago as a movement to shift the responsibility for helping individuals who are experiencing behavior health crisis away from the 911 system and law enforcement to instead be helped by trained Mental Health professionals. Our goal with ACR is to leverage the expertise and resources DMH has in crisis response into a countrywide 24/7 field operation that can quickly respond to individuals in crisis. Individuals who are experiencing a behavioral health crisis in LA County are treated quickly, effectively, and meet their short- and long-term needs in the mental health system appropriately. We also have integrated the 988 call centers which is the national number for	Dr. Kara Taguchi shared the 25% unreported data for race is a little bit lower than what we had seen in some of our missing data prior. We have been actively trying to improve the data collection for Race/Ethnicity, Sexual Orientation, Gender Identity, and Veteran status. We may see some setbacks due to upper levels of administration in place within the government. Sexual orientation, gender identity, birthplace, race and ethnicity data we are expecting to not be disclosed for fears of negative consequences.	Reuben Wilson / Michelle Thomassian

	Mental Health support. We are making sure that we have field intervention teams to provide in person support 24/7 accessible through our access helpline and having follow up teams to make sure clients are connected to ongoing treatment. It is important that in building this system, equity is a central focus as this was initiated by the Board to shift crisis care away from law enforcement. We have seen increased police encounters with people experiencing behavioral health crises, higher rates of hospitalization, higher rates of negative encounters with law enforcement and arrests. We are building an alternative system to make sure that we are expanding services to those communities that are most impacted. Michelle Thomassian stated she is part of the Equitable Outcomes Team, an in-house consulting group, who has primarily supported implementation efforts of ACR this past year. Equitable Outcomes started with supporting efforts in developing an equity review process, by looking at what is the vision for equity for ACR and ensuring that it was tied with the ARISE mission, ARDI vision, and ACR's aspiration. The vision for equity for ACR is that all LA County residents have equitable access to Mental Health crisis care, receive equitable quality of care, and experience equitable outcomes of care. We began working with CIOB to pull a year's worth of data and look at three ACR service metrics Field Intervention Team	Dr. Kara Taguchi wondered if data was for an initial hold for a child. Depending on the details, it might be a different kind of quality improvement strategy. Michelle Thomassian shared to her understanding its initial holds, but this is something that we could check. The other question that has come up is what percentage are DCFS youth? So that's another data point that we want to look at. Dr. Socorro Gertmenian shared for her agency, we've gone through every single one of our programs and our intake teams, and said we need you to collect this data and we worked with them on what to do if there is resistance when clients say "I don't want tell you my ethnicity" by educating our staff who aren't data driven as they are clinicians, case managers and their focus is healing the individual. But helping them see the value in it and educating them, we are seeing an improvement. Dr. Kara Taguchi wondered if that allows you as an Agency to really look at your own data to identify disparities.	

	Dispatches, Average Minutes to Dispatch, and Percent of 5150/5585 Initiated by Race, Gender, Language, and Age. Data showed Spanish speaking residents had lower dispatch rates than the overall population, Black residents had higher dispatch rates than LA population, Children and Youth had the highest number of holds written among all age groups, and incomplete data for race where 25% is unreported. Michelle Thomassian compared Q4 2024 data to last year and noted there was an increase in the unreported race data and a decrease in calls from Hispanic and Latino clients. As Dr. Taguchi mentioned this may be due to some clients not being comfortable in sharing that information. The ARISE Division shared that clients are much less likely to disclose out of fear, as we see a continued decrease from Hispanic and Latino clients. Also, more current data is that Youth continue to have more holds written than other age groups did. We have been working with Prevention and Child Welfare, as well as EOTD and ARISE to develop a youth referral toolkit FAQ document, not only for families, but also for schools and other systems. The main issue is around the fear of liability. ACR equity review process requires stakeholder engagement, resource allocation, quarterly data reviews with Dr. Taguchi and team, and then discussions with ARISE. Findings are reported and translated	Dr. Socorro Gertmenian shared that the data is available, and a lot of organizations may not have the time or know that the data is there. The numbers do help because we know who's coming in the door and then how to best train our staff. We have also been monitoring very closely DCFS reporting and collect data to go back to the programs. Dr. Kara Taguchi shared it is hard for us to understand when looking at the data if we are following up less with Latinos or if they are less likely to come in for example with hospitalizations. Lisa Benson shared I think we are heading in that direction. We are thinking about who is missing in the numerator and why. Dr. Kara Taguchi shared maybe this is for us to pay attention to, to the denominator and the distribution within the denominator, and by the denominator, the people who are getting those hospitalizations, and maybe there is a disparity in that denominator. These are the kind of discussions that we want to have around QI,	

	into planning and policy and process development.	how are people looking at their data?	
IV. External Quality Review Organization (EQRO) Performance Improvement Projects (PIP) Validation	Dr. Daiya Cunnane shared the External Quality Review is federally required that a third party review our organization to make sure that our services are up to par and that we meet the needs of clients. In 2024, EQRO was changed to Health Services Advisory Group Inc. (HSAG). This process is different as reviews are held virtually. For PIP validation, the clinical and non-clinical PIPs have been done primarily through email communication. Our PIP submission has eight steps. Steps 1-6 are due July 14, 2025: ➢ PIP topic ➢ Defined Aim statement ➢ Identify population ➢ Sound Sampling Method ➢ Selected Performance Indicator ➢ Data Collection Procedure Dr. Rosa Franco shared the clinical PIP is focused on the Follow-Up After Emergency Department Visits for Mental Illness or Self-Harm (FUM). This topic is State mandated. The pre- baseline measurement period will for calendar year 2024 and is pending from clinical informatics. The aim statement for this PIP is 'Do targeted interventions increase the percentage of emergency department visits for members ages 6+ years with a principal diagnosis of mental illness or intentional self-	Rachel Santellan shared for next year are SAPC and DMH required to submit a total of 2 PIPs together, versus 2 each. Stacey Smith shared I believe we would still be separate. Dr. Kara Taguchi shared if we are not an integrated department, we still need to do separate. We can follow up on that.	Dr. Daiya Cunnane/ Dr. Rosa Franco

	harm who had a follow up visit for mental illness within 30 days during the remeasurement period'. The population follows the HEDIS measure. FUM data is captured through Current Procedural Terminology (CPT) codes, revenue, and Systematized Nomenclature of Medicine (SNOMED) codes with a diagnosis of mental illness or intentional self-harm on the same day as the ED visit code. Follow up visit data is captured by revenue, CPT, Healthcare Common Procedure Coding System (HCPCS), and Place of Service (POS) codes within 7 or 30 days of the ED visit including visits that occur on the same date of the ED visit. We will be doing this PIP for the next three years. For this PIP, we are only going to focus on required 30-day rate. Some of the possible interventions that have come up in discussions are potentially using hospital liaisons, health information exchanges which we are currently using and maybe expanding, and centralized scheduling as a possibility. Currently QA is working on a bulletin that provides additional information around what services are counted towards the FUM and FUH. Dr. Daiya Cunnane shared non-clinical PIP is also State mandated, improve access from first contact from any referral source to first offered appointment for any Outpatient, non-urgent, non-psychiatry, Specialty Mental Health Services (SMHS) and will focus on children. Our pre- baseline data dates are the same as		

	the Clinical PIP that Dr. Franco mentioned and we are also waiting for those numbers to be calculated. Aim Statement is 'Do targeted interventions increase the percentage of timely access to 1st offered appointments within 10 business days for children ages 0-20 years outpatient, non-urgent, non-psychiatry, Specialty Mental Health Services'. Our population includes those with Medi-Cal and who are within any race/ethnicity, gender, or language seeking these first-time appointments. We are not using sampling as the PIP is systemwide. Our numerator is the number of appointments within the ten business days and our denominator is the total number of requests that result in a routine appointment. Our data sources include IBHIS and the timely access data tool (TADT). Potential interventions include child provider workgroups for those who have low timely access rates and for providers not accepting new clients.		

Next Meeting: June 16, 2025, from 9:00 AM to 10:30 AM

ATTENDANCE

NAME	AGENCY
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
Laarnih De La Cruz	DMH-Quality Improvement
Alben Zatarain (External)	Enki, SA 3, SA 4, SA 7
Alex Elliott	DMH-Quality Improvement/Outcomes
Alicia Gonzalez (External)	Foothill Family
Allison Kato	DMH-HAI Managed Care Ops
Armen Yekyazarian	DMH-Quality Assurance
Berteil Eishoei	SA 1
Carrie Helgeson	DMH-Child Welfare
Colleen Blodgett	Specialized Foster Care
Douglas Cacialli	Clinical Informatics
Eilene Moronez (External)	Enki
Elizabeth Powers	CMMD
Engelbert Salinas	DMH-Quality Improvement/Outcomes
Greg Tchakmakjian	SA 7
Gwen Okagu	DMH-Quality Assurance
Haydouk Zakarian	DMH- SA 4, 5
Helena Ditko	Policy Unit
Ignacia Salas	Specialized Foster Care South
Jennifer Hallman	DMH-Quality Assurance
Kalene Gilbert	DMH- MHSA
Karen Bernstein	DMH-Housing and Job Development Division
Keisha White	SA 5
Kimber Salvaggio	DMH-SA 2
Linda Nakamura	SA 8
Lisa Benson	Clinical Informatics
Lisa Leon	Specialized Foster Care
Ly Ngo	Clinical Risk Management
Marc Borkheim	DMH-Quality Assurance
Maria Moreno (CLESGV)	SA 3

Mayra Garcia	Quality Assurance
Michelle Rittel	SA 2
Michelle Thomassian	DMH- Equitable Outcomes Team / ACR
Misty Aronoff	Step Up on Second- SA 4, 5
Nikki Collier	DMH-Quality Assurance
Paul Arns	DMH- Clinical Informatics
Rachel Santellan	SAPC
Renee Lee	DMH Quality Assurance
Reuben Wilson	DMH- Equitable Outcomes Team / ACR
Rosalba Trias-Ruiz	SA 3
Sandra Chang	ARISE Division
Sharon Chapman	DMH-Outcomes
Socorro Gertmenian (External)	SA 6
Sonia Zubiate	DMH-Quality Assurance
Stephanie Canales (External)	STARS Behavioral Health Group
Stephanie Johnson	CWD- WRAP
Susan Blackwell	HAI
Suzanne Wilson	Forensic Psychiatry Liaison
Theodore W. Wilson	Patients' Rights
Therese Gabra	DMH-Quality Assurance
Toni Robinson	Peers Services
Venezia Mojarro	DMH- Compliance Program
Yen-Jui Ray Lin	DMH-Clinical Informatics
Zhena McCullom	DMH-Quality Assurance

Respectfully Submitted,

Dr. Kara Taguchi