REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC)- NORTH

MEETING MINUTES
July 2025

Type of meeting:	Regional QIC	**Date:**	7-30-2025
Location:	Microsoft Teams	**Start time:**	10:00AM
		End time:	11:30AM
Members Present:	See Table Below		

Agenda Item	Presentation and Findings	Discussion, Recommendations, and/or Needed Actions	Person(s) Responsible
I. Welcome and Introductions	Kimber Salvaggio welcomed everyone and shared meeting agenda.	Please send any edits for the meeting minutes to DMHQI@dmh.lacounty.gov	Kimber Salvaggio
II. Performance Improvement Project (PIP) Update	Dr. Daiya Cunnane shared brief update on our PIPs. Our Clinical PIP Follow-Up After Emergency Department Visit for Mental Illness (FUM) rate for calendar year (CY) 2024 was above the 50th percentile at 65.91%. The Non-clinical PIP Access to Care for Children/Youth, ages 0-20 years old for non-psychiatry, non-urgent appointments had a rate of 70.41% in CY 2024. The State benchmark is 80%. Stacey Smith shared Access to Care for Children is now at around 80% in 2025 due to the efforts made by QA. QA will continue with this PIP to ensure the numbers stay stable over the next couple of years. For the FUM, we are going to bring the data we've been analyzing		Stacey Smith/ Dr. Daiya Cunnane

	here to get your input on what we are seeing and possible interventions to improve our rates.		
III. Clinical Risk Management	Vanessa Dinsay shared overview of the Clinical Event Report Factors and Interventions (2022-2023). The objective for today is to understand the data that is collected annually, learn about the identified clinical event factors, and the implemented interventions within the County. Our information is collected by using the online reporting system Safety Intelligence (SI) which is utilized by all LA County departments. We have Directly Operated (DO) and Legal Entity (LE) or Contract Providers (CP) who submit Clinical Event Reports (CER). In our CER's there are two halves of the report, frontline report and a manager review for events. Vanessa Dinsay shared in Year 2022, we had a total of 789 reports and of those reports 466 are from the CPs and 323 are from the DOs. The top 5 Event Categories reported for the full year are Death & Unknown Cause at 272, Death-Suspected or Known Cause Other Than Suicide at 270, Death- Suspected or Known Suicide at 32, Suspected or Known Suicide Attempt Requiring EMT at 111, and Client Self-Injury Requiring EMT at 36. For Year 2023 we had 817 reports and for Year 2024 we had 807 reports.	Dr. Daiya Cunnane wondered who is expected to implement the interventions, the provider with the incident or is it more of a departmentwide implementation and are these created by the providers. Vanessa Dinsay shared that all the interventions are implemented by the providers who have submitted incident or event reports in LA County. We investigate potential issues that may have happened and interventions that we can do moving forward to mitigate the risks for future events. Interventions are created by teams and providers. We selected inventions that were unique and best to share with everyone. Dr. Daiya Cunnane wondered if providers are encouraged to look at research or evidence-based practices to support their interventions. Vanessa Dinsay shared as mentioned we have training such as the Assessing and Managing	Vanessa Dinsay/ Ly Ngo

	Ly Ngo shared the most significant and unique interventions for 2022 that were reviewed and submitted to Clinical Risk Management on a quarterly basis. 1st Quarter for Year 2022- Increase field-based outreach, visibility, and direct engagement with clients in the community. The increase of visibility of services for underserved and trauma exposed communities reduces stigma, builds trust, and validates lived experiences through direct human connection. The outcome of this intervention provides engagement and safer trauma sensitive environments for our clients. Incorporate telemedicine options to remove barriers to care and improve service and flexibility that helps boost clients access to care while offering privacy. This improves continuity of care, reduces missed appointments, and increases therapeutic reach. Obtaining release of information (ROI) which enhances collaboration, coordination, and strengthens the client relationships with the treatment team and their support system that centers transparency and shared decision making to empower the client during their healing process. Linking individuals to familiar and trusted drop-in centers to foster consistency and reduce	Suicide Risk (AMSR) and CAM. These are evidence-based practices that are utilized to help with assessments. We address if there are reoccurring events happening frequently in a program where we need to revisit what we can change moving forward. We ask, “What is it that might have been done differently?” Dr. Kara Taguchi shared the data that you have from Safety Intelligence and the follow-up work that your team does are so critical for the providers. This emphasizes that Quality Improvement lens where we can learn from these events. As you collect the data from the incidents and categorize them maybe there is a way that we can put these into a clinical best practice that would be great to give providers as a guide. Vanessa Dinsay shared one of the things that Risk Management focuses on is how do we get these interventions out there so that people are aware of them, so we can potentially implement them in similar situations. For our trends, most of them always fall under five	

	isolation that promotes routine and need for love and belonging that also fosters safety by connecting clients to trusted spaces, which is crucial for those impacted by instability, neglect and or loss. 2nd Quarter for Year 2022- Coordinated care with hospital staff. This is to ensure smoother transition to reduce rehospitalization, reduce risks, and helps clients feel safe in critical warm hand offs and transitions of care. Refer to Dialectical Behavior Therapy (DBT) for higher levels of care which is beneficial for clients who have complex emotional regulations. The outcome to DBT improves treatment, increases retention and deeper emotional healing for those navigating through intensive needs. Linkage to In- Home Support Services (IHSS) or increased Regional Center services for clients needing more intensive or supportive resources. Clients in need of high-level support should be successfully connected to these programs as they provide connection, stability, and practical assistance, especially for those with disabilities or support needs. Prioritizing thoughtful and warm transition of care between programs or divisions to preserve trust and momentum in the treatment. The	categories. We must consider when we are collecting this data how we can help our clients who are in outpatient because most of the time a lot of the focus is on inpatient care. Dr. Kara Taguchi shared an area for improvement is working collaboratively between our Mental Health Plan and Managed Care Plans around complex care cases. Kimber Salvaggio asked what age groups is the data reflecting. Ly Ngo shared they are from around 5 years old and above. Kimber Salvaggio shared there is interest in the chat from DOs and LEs who want to know more about the Safety Intelligence Report and the entire process. Vanessa Dinsay shared we have a PowerPoint step by step guide for both the Manager Review and Frontline Reports. If programs are interested in having group training (5 or more attendees), they can reach out to us via e-mail, and we will schedule a training. We also suggest that when we have the	

	outcome of these transitions reduces the client's feelings of disruption, anxiety, and dropout risk. 3rd Quarter for Year 2022- Assigned treatment team during indication of self-harm risk to ensure comprehensive support and timely interventions. The impact ensures a quick response to implementing interventions of self-harm when thoughts or behaviors emerge. The outcome decreases acute incidents and enhances safety plans and improves stability at their home. Initiate structured meetings with support system and caregivers upon hospital release. This supports structure from day one and allows smoother transitions, reduces readmission rates and strengthens care coordination. We also explored underlying barriers for lack of client engagement and outreach strategies. The outcome increases program participation, improves therapeutic alliance and client engagement rates. We have consistently engaged and assessed wellness to enhance participation in family focused treatment, and it promotes readiness for deeper therapeutic work. The outcome allows greater support system involvement, measurable progress and relational dynamics, and stronger clinical outcomes.	trainings, you have somebody who is considered your superuser within your program who can teach new employees, how to get on, how to get a C-number, how to effectively manage the system, etc. and know who to contact. Kimber Salvaggio shared a question in the chat if Legal Entity providers are required to complete the Safety Intelligence Report if a client's death is reported before discharge documents are completed but the services already ended in the last billable date was prior to the notice of death. Vanessa Dinsay shared yes, they are considered an active client within 180 days or six months and it still needs to be reported to us. Carol Sagusti shared due to making multiple reports for attempted suicide their program established a plan that when the clinicians were out on a visit, they had to do some type of risk management assessment and document it. It was reenforced in meetings and supervisions.	

	4th Quarter for Year 2022- Refer to Functional Family Therapy (FFT) for adolescents with substance use needs in outpatient settings to promote family driven recovery. The FFT enables holistic recovery centered on family dynamics, reduces substance use, enhances communication, and sustains behavioral improvements. Strengthened linkage to gang intervention and substance abuse programs by prioritizing early engagement with specialized services to interrupt high risk trajectories. The outcome increases protective factors such as stronger community ties and reducing recidivism. Utilize evidence-based approaches like Coping and Awareness Model (CAM) and Assessing and Managing Suicide Risk (AMSR) to enhance clinical decision making and client safety. Engage dependency attorneys to advocate for expanded home program support reinforcing services for high-risk youth and families. Legal partnership allows the client's voice in obtaining allocated resources for those in a vulnerable population and some outcome expands access to housing stabilization services, improves retention, and strengthens permanent outcomes. Vanessa Dinsay shared interventions for the Year 2023. There was a total of 817 reports,	Dr. Kara Taguchi shared we were talking about using alerts from Health Information Exchanges (HIE) when someone goes to an emergency room or hospital to provide a jump start on a 7-day or 30-day follow-up. Dr. Daiya Cunnane shared in our previous performance improvement project, GENESIS was notified when their clients had interactions at the Emergency Department. Having information on what medications that the client might be using or where they might be located is very helpful. The HIE we have regionally is called the Los Angeles Network for Enhanced Services (LANES). Not every hospital or provider is connected to it though.	

	the highest number of reports for the three years collected. There were 471 contract providers and 346 DOs who submitted event reports. Our highest category for 2023 was Death- Suspected or Known Cause Other Than a Suicide at 266 reports, followed by Death of Unknown Cause (252). This is very sensitive. When our providers are called, they are informed the client passed away and are not able to collect information on what might have caused the clients death due to the caller hanging up quickly. The last categories are Suspected or Known Suicide Requiring Emergency Medica Treatment (EMT) at 133 reported, Client Self-Injuring Requiring EMT (54), and Death Suspected Known as Suicide (26). Ly Ngo shared interventions for Year 2023. 1st Quarter of Year 2023- Screen for non-suicidal risk factors. Early detection of critical behaviors beyond suicide such as self-harm, and emotional volatility or substance use enables targeted interventions, reduces escalation, and supports a safer care pathway. Standardized medication orders and communication streamlining around medication changes reduces errors, promotes accountability, and builds trust and treatment plans because consistent care is safe care.		

	Medication safety training for all staff. Educate licensed and unlicensed staff on proper handling and documentation practices. This increases vigilance, fewer medication related incidents and elevated client safety. Assess client needs for emotional regulation, techniques such as sensory tools and mindfulness. This enhances autonomy, reduces behavioral outbursts, and improves engagement and services. 2nd Quarter for Year 2023- Conduct chain analysis, map out antecedents and vulnerability factors that lead to high-risk behaviors. The analysis helps deliver personalized treatment plans that address root causes and not just the symptoms. Support for loved ones and hospital-based referrals to IOP (Intensive Outpatient Program) actively involves families in the care journey and routes clients to the appropriate intensive services. This strengthens relational support and ensures continuity of care. Increase structure, supervision, and review home environments to identify risks and create stability. The outcome improves safety, reduces incidents, and empowers caregivers to be proactive. Human connection, focused on relationships with staff, peers, family and community.		

	Connection is important because it decreases isolation, increases client engagement, and restores trust in the care system. 3rd Quarter for Year 2023- Building a strong client and family support network elevates the role of families as allies in a care journey, strengthens treatment, and continuity and relational bonds that anchor client through instability. Tools to improve safety and mitigate risks at home, create safety plans and environmental strategies with families or support system. By developing these tools reduces critical incidents, empowers households with clarity, and lowers caregiver burnout. Empowers caregivers by offering training, support group and one-on-one guidance to elevate confidence and skill that helps the caregiver with resiliency, proactive support, and build trust between the service providers. Fatherhood group referrals are important and provide guidance, stability, and emotional support. By boosting paternal engagement, this can enhance family functioning and strengthen the internal support connection within their household. 4th Quarter for Year 2023-		

	Trauma informed approaches foster sensitivity, safer therapeutic relationships, reduce re-traumatization, improve consistency and client engagement. Psychoeducation for foster parents and identifying red flags equips foster families with tools to spot early signs of distress and respond with compassion. This can also minimize placement disruption and improve trauma recovery outcomes. Youth client empowerment and control over their appointments allows youth the ability to choose their own timing, location, and methods of engagement and care. This also increases the buy in to maintain their engagement, boost self-regulation, and make services feel more collaborative instead of being imposed. Vanessa Dinsay shared clinical event reports for Year 2024. This is the second leading year of our top number of reports at a total of 807. We received 477 reports from LEs and 330 reports from DOs. Death & Unknown Cause was the highest category at 245, followed by Death-Suspected or Known Cause Other Than Suicide (242), Suspected or Known Suicide Attempt Requiring EMT (137), Client Self-Injury Requiring EMT (46) and Death- Suspected or Known Suicide (34). Ly Ngo shared interventions for Year 2024.		

	1st Quarter of Year 2024- Implement welfare check protocol to build a standardized response system for when client safety is uncertain and the outcome reduces risk, faster intervention, and stronger cross team coordination. Explore additional supportive services in schools partnered with educational teams assisting to identify mental health gaps and resources and the outcome increases access to school-based counseling, crisis support, and IEP related advocacy. Engage frontline staff to identify areas of improvement. The outcome will boost morale, improve workflow efficiency and foster collaborative culture. Provide training on secondary traumatic stress, acknowledging the emotional toll on staff. Provide language and tools to manage stress. This outcome increases staff retention, wellness awareness, and peer support practices. When we care for the caregivers, everyone wins. 2nd Quarter for Year 2024- Medication packaging, refine delivery systems to minimize errors and improve client adherence. The outcome has fewer medication		

	related incidents and improves therapeutic outcomes. Incorporate virtual training components that will provide better access to clinical education for time-constrained staff that are geographically dispersed. It will increase participation, encourage faster onboarding of staff, and provide more flexible continuing education. Utilize Cognitive Remediation Therapy (CRT). CRT supports clients with cognitive deficits impacting daily functioning, helps boost attention, memory, and emotional regulation especially in youth, and those with developmental challenges. Offer staff resources for wellness. Create spaces for decompression, reflection, and self-care to reduce burnout, enhance job satisfaction, and cultivate a healing center workplace. 3rd Quarter for Year 2024- Culture connection by increasing client trust. The outcome builds a stronger therapeutic alliance, peer engagement, and improves peer-to-peer group dynamics. Medication administration protocol to improve medication safety by training and auditing. The outcome encourages compliance, safer delivery, and improves documentation.		

	Placement preservation increases family collaboration and reduces disruptions. The outcome will have higher family trust and youth stability. Behavioral expectations by reviewing non-negotiables and training youth and staff with classifying rules offers consistency. 4th Quarter for Year 2024- Explore bullying trauma and utilize assessment discussions to identify trauma on a personal level. Bathroom supervision, especially during nighttime. This enhances safety and secure support when using the bathroom at night with staff sitting in a hallway. Helping parents manage their reactions from client's behaviors by assisting with emotional coaching and response strategies that will produce smoother family dynamics and reduce escalation. Sponsor support and recovery connection. This encourages and connects clients with rehab, a sponsor or someone with experience in recovery and relapses. This outcome will encourage steps towards recovery and prevent relapses. Vanessa Dinsay shared for any questions/issues, please send an e-mail. We		

	encourage questions and are here if you need assistance anytime of the day. We normally schedule a call or do face to face conversations so that we get a better understanding of the issue that you might be having.		
IV. Consumer Perception Survey (CPS)	Dr. Daiya Cunnane thanked LE and DO providers and everyone who supported this year's CPS survey period implementation. Dr. Daiya Cunnane shared there were a number of challenges this year such as the Microsoft outage the very first day of our CPS survey, issues with our DMH Electronic survey where providers had permissions for other DMH programs, Older Adult survey was unavailable for a few hours and challenges with the MyHealthPointe patient portal. Dr. Daiya Cunnane shared preliminary counts for CPS 2025. These numbers will decrease when DHCS sends them back due to data cleaning. We received 4,984 comments this year which is incredible. We received 4,071 in English, 896 in Spanish, 15 in Korean, 1 in Chinese, and 1 in Farsi. Youth and Family survey respondents had the most endorsement for being of a Mexican/Hispanic/Latino origin. Other and White racial categories had the highest percentage of respondents. We still have a high number of decline to answer or missing responses for racial categories. Providers this	Kim Savaggio responded to comments in the chat that stated challenges with cancellations and no shows due to CPS being close to Memorial Day weekend that we are told the dates by the Feds. Countywide QI was able to advocate in past years on how often surveys are distributed and were able to change it to once a year instead of two times a year. It is always important to let us know what the challenges are so that QI can advocate for changes. Dr. Daiya Cunnane shared there are some things that we do not have control over such as the date, time frame, and the length of the survey, but we always share suggestions we receive for improvements with UCLA each year.	Dr. Daiya Cunnane

	year sent out over 20,000 electronic surveys and we received over 4,500, which is still amazing and more than in previous years. UCLA electronic surveys had more than 500 more surveys than in the last two years. As for MyHealthPointe, six clinics participated in the expanded pilot. We received 55 surveys back with around an 11% response rate. We will be thinking in the future if this is the right format or platform for our survey. Looking at our totals and trends over the last few years, we see that the surveys that we have received and numbers we get back are lower. In 2023 there was a drop of a couple of thousand surveys and in 2024 we did a big push to try to decrease errors, especially in our paper survey so we saw the gap closing.		

Next Meeting: Wednesday, October 29th, 2025, from 10:00am-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
Kimber Salvaggio	DMH- SA 2 /Training Unit

Abigail Fonseca	DMH-SA 2
Adik Parsekhian	SA 2 Child
Alejandra Lopez Mercado	D'Veal Family and Youth Services
Alex Elliott	DMH-Quality Improvement/Outcomes
Alexis Orens	Telecare LA4
Alfred Sun	Spiritt Family Services
Alrayes, Rami	SA 4
Amani Sassia Khalifa	The Children's Center of the Antelope Valley
Amber Anderson	Antelope Valley Mental Health Center /Antelope Valley Full-Service Partnership
Andreani, Martha	SA 5- Providence
Angela Trenado	QA - Provider Support & Review
Anna Belle Guillen	Counseling 4 Kids
Anna Guillen	Counseling 4 Kids
Annet Flores	Child & Family Center
Armen Yekyazarian	DMH-Quality Assurance
Barbara Audoma	El Centro Del Pueblo
Belinda Williams	Tessie Cleveland Community Services Corp
Berteil Eishoei	DMH-Quality Assurance
Beth Foster	Hillsides
Bianca Ramos	Northeast Mental Health Center-Outpatient
Brandi McCarroll	
Brenda Miranda	Alma family services
Brenda Moreno	SA 8
Brittany Cheong	Crittenton
Brittany White	Personal Involvement Center, Inc.
Brooke Love	D'Veal Family and Youth Services
Camille Larkins	Optimist Youth Homes & Family Services
Carlisha Walker	SA 3 DMH
Carmen Chacon	SA 4

Carol Sagusti	SA 4 DMH
Carrie Valentine	Tarzana treatment centers
Catherine Wong	Spiritt Family Services
Catrina Rodriguez	PENNY LANE CENTERS
Christen Westberry	Quality Management/Sycamores
Christina Lloyd	DMH-High Desert Regional Medical Center
Cindy Luna	Bridges Inc
Cindy Torres	SA 4- Vista Del Mar
Claudia Morales	PACS LA
Colleen Blodgett	DMH-CWD SFC SA 2
Cristina Sandoval	CHLA-QueensCare Health Alliance
Crystal Chaidez	SA 4 DMH
Cynthia Ruvalcaba	
Daisy Rosales	El Centro de Amistad
David Lee	Medi-Cal Certification
Dawnn Brown-Bryant	Tobin World
Dora Escalante	Jewish Family Service
Edith Cruz	SA 4
Eilene Moronez	Enki Health Services, Inc.
Elidia Olmos	SCVMHC-1905V
Elizabeth Boerkoel	SA 3
Elizabeth Helm Marsh	SA 1 DMH
Emily Dual	Spiritt Family Services
Emma Mendez	
Erica Cardenas	PUSD Mental Health Services
Estefania Orelo	Amanecer CCS
Faith Oluwadare	Optimist Youth Homes and Family Services
Frances Liese	SA 3 DMH
Fulviu M. Fodoreanu	Center for Integrated Family and Health Services

Gassia Ekizian	SA 3 Foothill Family
Gwen Okagu	DMH-Quality Assurance
Gwen Thomas	SA 2 Rancho San Antonio
Heather Bowen	Children's Hospital Los Angeles
Heather Hays	Bright Horizon STRTP
Hope Kinney	SA 4 The People Concern
Iling Wang	SA 6 DMH
Isis Ruiz	Ettie Lee Outpatient
Itoro Udoeyop	SA 2 Didi Hirsrch
Jaime Nunnenkamp	MHALA-Antelope Valley
James Walters	SA 2 DMH
Janelle Dent	Children's Institute, Inc.
Janet Lester	Institute for the Redesign of Learning
Javier Serna	SA 4 DMH
Jeffrey Lumaya	SCVMHC
Jennifer Escorcia	Starview
Jennifer Hallman	DMH-Quality Assurance
Jennifer Mitzner	Olive Crest
Jennifer Mize	SA 1
Jennifer Palma	SA 2- Pacific Clinic
Jennifer Ray	Eggleston Youth Centers, Inc.
Jerty Rellosa	Stirling Behavioral Health Institute
Jessica Estrada	SA 4
Jessica Guzman	Wellnest
Jessica Orellana	Children’s Bureau/All For Kids
Jesus Romero Jr.	SA 2 Adult- DMH
Joanne Chen	DMH-CMMD
John Catania	Social Model Recovery Systems, Inc.
Julie Jones	Hillview Mental Health Center, Inc.

Karina Krynsky	DMH- SFC Santa Clarita
Karina Sandoval	Optimist Youth Homes and Family Services
Karla Cano	SA 3- Social Model
Katy Ihrig	SCVMHC
Keisha Blackshear	Institute for the Redesign of Learning (formerly Almansor Clinical Services)
Keisha White	DMH-SA 5
Khashi Khosravi	Exodus Recovery
Kim Blackmon	SA 3
Kirsten Pouri	Alafia Mental Health Institute
Kristin Gray	SA 3
Laura Aquino	Amanecer CCS
Laura Padrino	SA 2
Laura Ramirez-Rodriguez	Tarzana Treatment Centers
Laurie Garza	ASC Treatment Group dba Anne Sippi Clinics
Leonel Hernandez	Jewish Family Service of Los Angeles
Letha Beverly	
Linda Santiman	Los Angeles LGBT Center
Lisa Dang	Tri City Mental Health Authority
Lizette Ayala	D'Veal Family and Youth Services
Ly Ngo	DMH-Clinical Risk Management
Maggie Cooper	
Malissa Torres	
Marc Borkheim	DMH-Quality Assurance
Maria Moreno	SA 3
Mariana Villegas	SVCS
Mark Rodriguez	Bridges Inc
Marlene Pierce-Funckes	Luvlee's Residential Care, Inc.
Martha Andreani	Providence Saint John’s Health Ctr
Mary Camacho-Fuentes	SA 1- DMH

Megan Gravenstein	Wellnest
Megan McDonald	Topanga West Guest Home/ACT Health and Wellness
Melissa Rodriguez	Boys Republic
Michele Burton	The Help Group
Michelle Bilotta-Smith	Rio Hondo MHC SA7
Michelle Garcia	Aviva Family and Children's Services
Michelle Rittel	SA 2
Myra Smith	Eggleston Youth
Nadia Ziglari	SA 3
Nancy Flores	DMH-Olive View Medical Hub
Nancy Trinh	SSG Alliance 7619, SSG Florence House CRTP 19JD
Nassim Harrison	The Village Family Services
Nicholas Jones	SPIRITT Family Services
Nicole Cuevas	Amanecer CCS
Nicole Fowler	DMH-Clinical Risk Management
Nicole Gutman	Hollywood MHC
Nikki Collier	DMH-Quality Assurance
Nunnenkamp, Jaime	SA 1- MHALA
Oscar Leclere	SA 2 Adult- DMH
Patricia Tyler	Heritage Clinic
Perla Campos Ruiz	Amanecer Community Counseling Service
Quenia Gonzalez	Star View
Rachel Villa	Haynes Family of Programs - 7565
Rafael Santoya	All For Kids
Rami Alrayes	Children's Hospital Los Angeles
Raul Velasquez	JWCH
Rejeana Jones	SA 1-McKinley
Renee Yu	SSG Alliance 7619, SSG Florence House 19JD
Robert Swartz	SA 2- Pacific Hospital

Robin Washington	DMH-Quality Assurance
Roman Shain	SFV CMHC inc.
Rosalba Trias-Ruiz	SA 3
Sandi Long	SA 4- Gateways Hospital
Sara Klausner	Child and family guidance center
Sarah Sullivan	East San Gabriel Valley FSP
Sarah Won	KYCC
Seth Phillips	SA 1-DMH
Sharon Chapman	DMH-Outcomes
Sherrie Yu-Nunez	The Guidance Center
Sherry Winston	SA 2 Adult- Tarzana
Silva Hakopyan	SA 2 Adult- DMH
Silvia Sanchez	San Gabriel Children's Center
Simone Beri	DMH-Performance Oversight
Sonia Zubiate	DMH-Quality Assurance
Stacy Park	SSG SILVER
Stephanie Ochoa	Star View Teammates
Suejin An	SSG/APCTC
Sumiyah Mshaka	DMH TAY Field Based Program
Susana Gomez	Pacific Clinics
Sybil Chacko	Maryvale
Therese Gabra	DMH-Quality Assurance
Tracie Andrews	SA 2 Adult- DMH
Valentina Murray	Phoenix House California
Vanessa Dinsay	DMH- Clinical Risk Management
Vanessa Tudela	SA 4-DMH
Vicken Kabakian	SA 2 Adult- The Help Group
Vicky Rivera	Starview- community service
Viola Guzman	SA 3- Social Model

Windy Luna-Perez	Ettie Lee - Outpatient
Wyahee Tucrkile	DMH- Quality Assurance
Xin Kang	ESGVMHC
Xochitl Corona	SA 2 Adult- Stars Inc
Y Thanh Lam	SA 4- DMH
Yvonne Phung	DMH-Quality Assurance
Zeena Burse	SA 2- Rancho San Antonio
Zhena McCullom	DMH- Quality Assurance

Respectfully,
Quality Improvement

Performance Improvement Projects (PIP) Update

- Follow-Up After Emergency Department Visit for Mental Illness (FUM) clinical PIP
  - Goal: >50th percentile (or 5% increase over baseline if <50th percentile)
  - Calendar Year 2024: 7,038/ 10,679= 65.91%

- Access to Care for Child/Youth (0-20 year olds) non-psychiatry, non-urgent appointments non-clinical PIP
  - Goal: 80%
  - Calendar Year 2024: 20,682/ 29,375= 70.41%

Clinical Event Report Factors & Interventions (2022-2024)

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Clinical Risk Management (CLRM)

Objectives:

1. Understand how data & information are collected annually.
2. Learn about identified clinical event factors.
3. Learn about implemented interventions.

How Information Is Collected

- Online Reporting System
  - Safety Intelligence (SI)
- Directly Operated & Contracted Providers/Legal Entities (LE)
  - Frontline Report & Manager Review for Event

Purpose Of Safety Intelligence

- Boards of Supervisors (BOS) require that all County Depts. providing care to patients must have a reporting system that can:
  - Enter
  - Track
  - Trend

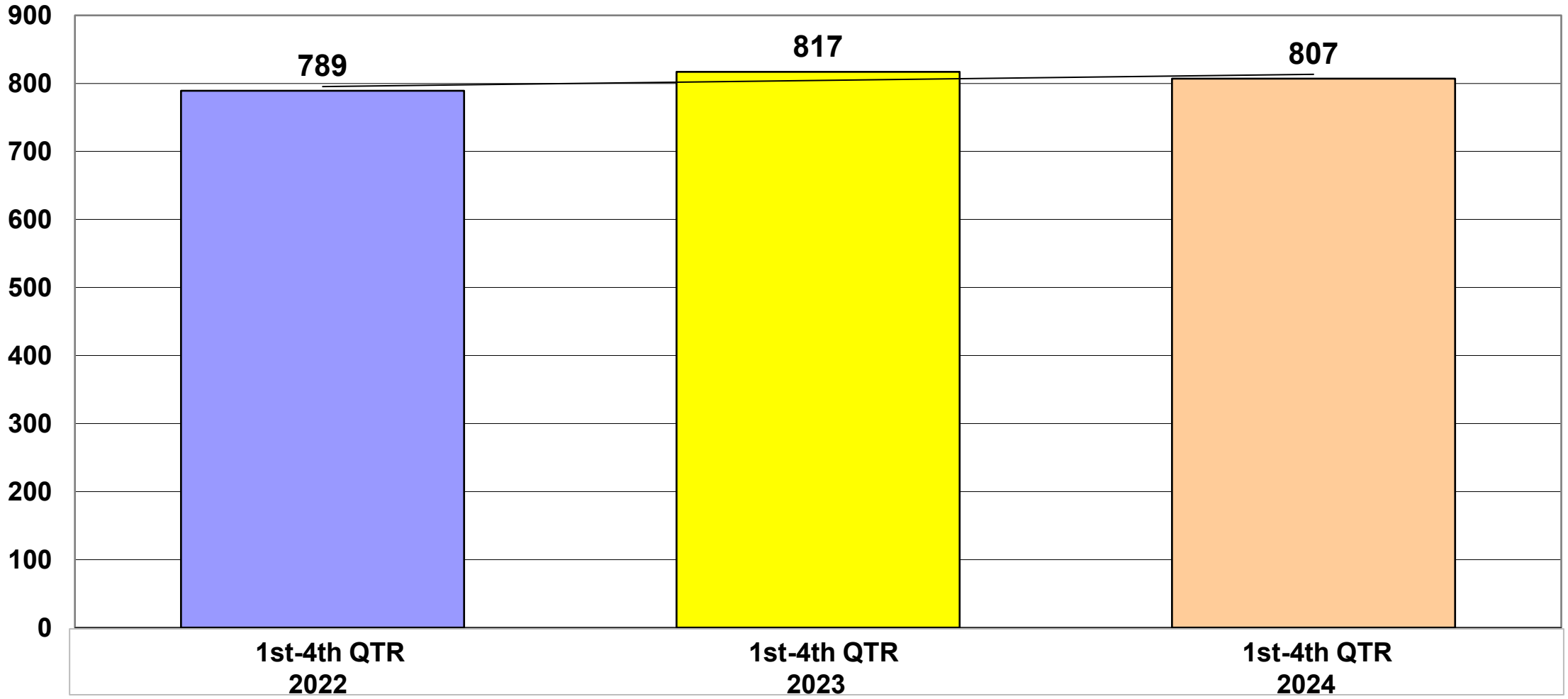
- Since 2008, DHS successfully utilizes an online reporting system (SI) to implement systematic changes identified by adverse events
  - Initially networked of 120 reporting providers
  - Improves strategy, policy, & safe clinical practice

About Safety Intelligence

- **Vizient**- performance improvement company
  - Provides access to PSES
  - Federal protections from discovery through the PSO
- **Datix**- patient safety software
- **CHPSO**- federally designated PSO to eliminate harm & improve care

- Web-based report & data collection software
- Monitors & reports adverse events
  - Frontline reporting
  - Manager review
- Explore patterns & trends
- Establishes best practices
  - QI
  - Risk mitigation process

NUMBER OF CLINICAL EVENT REPORTS (CERS)
2022- 2024



Identified Factors: 2022

- **Clinical Event Reports Total:** 789
- **Top 5 Event Categories reported for the full year:**
  - ***1- Death & Unknown Cause:*** 272
  - ***2- Death- Suspected or Known Cause Other Than Suicide:*** 270
  - ***3- Death- Suspected or Known Suicide:*** 32
  - ***4- Suspected or Known Suicide Attempt Requiring EMT:*** 111
  - ***5- Client Self-Injury Requiring EMT:*** 36

Interventions: 2022

1st QTR

- Increase field-based outreach
- Incorporate telemedicine
- Obtain ROI to collaborate w/clients support system
- Link to social support systems or a familiar & trusted drop-in center

2nd QTR

- Coordinate care with hospital staff
- Refer to DBT for higher level of care
- Linkage to In-Home Supportive Services (IHSS) or increased regional center services
- Thoughtful & warm transition to other programs/divisions

Interventions: 2022

3rd QTR

- Assign a full team during indication of risk for self-harm
- Implement meetings w/ support system(s) and caregiver(s) upon hospital release
- Explore reasons for lack of engagement
- Actively engage & assess wellness to increase family tx

4th QTR

- Refer to Functional Family Therapy (FFT) for outpatient adolescent substance use
- Linkage to gang interventions & substance abuse programs
- CAM & AMSR
- Dependency attorney to advocate for more home support

Identified Factors: 2023

- **Clinical Event Reports Total:** 817
- **Top 5 Event Categories reported for the full year:**
  - ***1- Death & Unknown Cause:*** *252*
  - ***2- Death- Suspected or Known Cause Other Than Suicide:*** 266
  - ***3- Death- Suspected or Known Suicide:*** 26
  - ***4- Suspected or Known Suicide Attempt Requiring EMT:*** *133*
  - ***5- Client Self-Injury Requiring EMT:*** *54*

Interventions: 2023

1st QTR

- Screen for non-suicidal risk factors
- Standardize medication orders & communication r/t medication changes
- Provide medication safety training to licensed & unlicensed staff
- Identify interventions to help client self-regulate

2nd QTR

- Conduct a chain analysis to determine antecedents & vulnerability factors
- Assist loved ones & refer to Intensive outpatient program (IOP) through the hospital setting
- Identify ways to increase structure & supervision in homes & review red flags
- Cultivate human connection

Interventions: 2023

3rd QTR

- Build a strong client & family support network
- Help support families at home by developing tools to improve safety & mitigate risks
- Empower the caregiver(s)
- Fatherhood group referral

4th QTR

- Trauma-informed approaches
- Psycho education for foster parents & explore warning signs
- Youth client empowerment & control over appointments

Identified Factors: 2024

- **Clinical Event Reports Total:** 807
- **Top 5 Event Categories reported for the full year:**
  - ***1- Death & Unknown Cause:*** *245*
  - ***2- Death- Suspected or Known Cause Other Than Suicide:*** 242
  - ***3- Death- Suspected or Known Suicide:*** *34*
  - ***4- Suspected or Known Suicide Attempt Requiring EMT:*** *137*
  - ***5- Client Self-Injury Requiring EMT:*** *46*

Interventions: 2024

1st QTR

- Welfare check protocol
- Explore additional supportive services in school
- Engage frontline staff by identifying opportunities for areas of improvement
- Provide training on secondary traumatic stress

2nd QTR

- Medication packaging
- Incorporate virtual training components
- Utilize Cognitive Remediation Therapy (CRT)
- Offer staff resources for wellness

Interventions: 2024

3rd QTR

- Culture connection
- Medication administration protocol (oral & injectable)
- Placement preservation child & family team meeting
- Review non-negotiables & behavioral expectations

4th QTR

- Explore bullying trauma
- Supervise & monitor bathroom usage during sleeping hours in adolescent residential units
- Help parent(s) manage own reactions from clients' behaviors
- Encourage & connect client w/ rehab, a sponsor/someone w/experience in recovery & relapse

"When we show up with compassion and consistency, we don't just change lives—we light the path for healing."

-Anonymous

ANY QUESTIONS

For assistance with Safety Intelligence (SI) contact:
dmhsafetyintelligence@dmh.lacounty.gov

	SI REPORTING CATEGORIES	SI EVENT TYPE	SI EVENT CATEGORY	SI SELECT OPTION	SI EVENT SUBCATEGORY
1.	**Death - Unknown Cause**	Other/ miscellaneous	Other (Other/misc)	Death - unknown cause	Not applicable
2.	**Death - Suspected or Known Cause Other Than Suicide**	Other/ miscellaneous	Other (Other/misc)	Death - suspected or known cause other than suicide	Not applicable
3.	**Death - Suspected or Known Suicide**	Behavioral event	Suicide or suicide attempt	Completed Suicide	Not applicable
4.	**Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment (EMT)**	Behavioral event	Suicide or suicide attempt	Suicide Attempt	Not applicable
5.	**Client Self-injury Requiring Emergency Medical Treatment (not suicide attempt)**	Behavioral event	Client self-injury requiring EMT (not suicide attempt/ gesture)	Field not present	Not applicable
6.	**Client Injured Another Person Who Required Emergency Medical Treatment**	Behavioral event	Assault	Field not present	Assault by client - victim required EMT
7.	**Suspected or Alleged Homicide by Client**	Behavioral event	Assault	Field not present	Assault by client - resulting in death of victim (alleged or suspected homicide)
8.	**Medication Error**	Medication Related	Choose response from dropdown	Chose response from dropdown	Field not present
9.	**Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff**	Behavioral event	Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff	Field not present	Field not present
10.	**Threat of Legal Action**	Other/ miscellaneous	Other (Other/misc)	Threat of Legal Action	Not applicable
11.	**Client Assaulted By Another Client Requiring Emergency Medical Treatment**	Behavioral event	Client assaulted by another client requiring EMT	Field not present	Not applicable
12.	**Adverse Drug Reaction Requiring Emergency Medical Treatment**	Adverse Reaction	Adverse drug reaction requiring EMT (not med error /not preventable)	Field not present	Not applicable
13.	**Alleged Assault by Staff Member To Client**	Behavioral event	Assault	Field not present	Assault by staff member to a client
14.	**Inaccurate, Absent, or Unchecked Laboratory Data Resulting in a Client Requiring Emergency Medical Treatment.**	Laboratory Test	Inaccurate/Absent/Unchecked Laboratory Data Resulting in a Client Requiring EMT	Field not present	Not applicable

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH

Policy 303.05 Reporting Clinical Events Involving Clients

Policy Category: Clinical
Distribution Level: Directly Operated and Contractors
Responsible Party: Clinical Risk Management

Approved by Curley L. Bonds, MD, Chief Medical Officer, on April 4, 2022

I. PURPOSE

To establish uniform protocols for promptly reporting clinical events involving clients to Los Angeles County Department of Mental Health (DMH/Department) Clinical Risk Management (CLRM) through the online Safety Intelligence (SI) Event Reporting System.

Clinical Event Reports (CERs) shall be used by DMH for evaluating and recommending improvements to the quality of mental health services rendered in DMH directly operated programs and contracted mental health agencies.

Contracted agencies shall develop an internal policy and associated procedures that are consistent with their organizational practices and meet the requirements set forth in this policy.

II. DEFINITIONS

Client*:* An existing client with activity in the past 180 days.

Critical Clinical Event: An event that has generated or may generate governmental and/or immediate community-wide attention and may require a notification by DMH to the Board of Supervisors.

Clinical Event: An event involving a client, whether or not the event occurred while receiving services.

- Clinical event categories reportable to CLRM include the following:

    1. Death – Unknown Cause;
    2. Death – Suspected or Known Cause Other than Suicide;
    3. Death – Suspected or Known Suicide;
    4. Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment (EMT);
    5. Client Self-Injury Requiring EMT (Not Suicide Attempt);
    6. Client Injured Another Person Who Required EMT;
    7. Suspected or Alleged Homicide by Client;
    8. Medication Error/Medication-related Event;
    9. Suspected or Alleged Inappropriate Interpersonal Relationships with Client by Staff;
    10. Threat of Legal Action;
    11. Client Assault by another Client Requiring EMT;
    12. Adverse Drug Reaction Requiring EMT;
    13. Alleged Assault by Staff Member to Client; and
    14. Inaccurate, Absent, or Unchecked Laboratory Data Resulting in a Client Requiring EMT.

- Clinical event categories reportable to Intensive Care Division (ICD) by its providers include all of the 14 event categories reportable to CLRM plus the following additional event categories:

    1. Fire-setting;

2. Absence Without Leave (AWOL) or attempt to AWOL; and
3. Emergency transfer for medical or psychiatric reasons to an acute care hospital.

- Clinical event categories reportable to the Community Reintegration Program for Assembly Bill 109 clients (CRP-AB109) include all of the 14 categories reportable to CLRM.

III. POLICY

All directly operated programs and contracted agencies shall report clinical events identified in the Clinical Event definition through the online SI Event Reporting System.

Clinical Program Managers/Directors shall review clinical event reports for potential improvements following the protocol described in Procedures Section B.

IV. PROCEDURES

Procedure - Reporting Clinical Events Involving Clients

V. AUTHORITIES

California Evidence Code Section 1157(e)
California Government Code Section 6254(c)
California Welfare and Institutions Code Section 5328
Los Angeles County Board of Supervisors Policy 8.040
Patient Safety and Quality Improvement Act 2005

VI. ATTACHMENT

Safety Intelligence Event Report

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH

Policy 303.05 Reporting Clinical Events Involving Clients

PROCEDURES

A. Reporting Clinical Events

1. If a clinical event, as defined in this policy, occurs at a program site or during delivery of clinical service at any location, the physical well-being and safety of persons involved shall be the primary consideration. Referrals shall be made immediately to appropriate life-saving and/or safety agencies (e.g., paramedics and/or law enforcement).

    a. If an event occurs that is not defined as a clinical event in this policy, do not enter the event into the Safety Intelligence (SI) Reporting System. Clinical Risk Management (CLRM), Intensive Care Division (ICD) if an ICD provider, or Community Reintegration Program (CRP-AB109) may be contacted for consultation at the telephone numbers listed on the first page of the Vizient/UHC Safety Intelligence: Event Report (Frontline Report page).

    b. Should there be further questions, contact CLRM via email at DMHSafetyIntelligence@dmh.lacounty.gov.

B. Staff shall immediately report clinical events to their manager or supervisor and enter the event in SI within two (2) business days.

    a. A Clinical Event Report (CER) can be entered by staff or managers.

    b. A CER may be entered anonymously.

C. Critical clinical events shall be entered immediately into SI once an event has occurred.

    a. The Clinical Program Director/Manager or designee shall notify CLRM, ICD, or CRP-AB109 of the critical clinical event and when the event report is entered into SI.

    b. CLRM, ICD, or CRP-AB109 staff shall determine appropriate notification to the DMH Director or designee.

    c. Upon receiving the notification of a critical event report from CLRM, ICD or CRP-AB109, the DMH Director or designee will determine appropriate notification to the Board of Supervisors.

D. Manager Review of Clinical Events

1. Clinical Program Directors/Managers shall review clinical events reported online within three (3) business days from the report date and take immediate action(s) as indicated. Within 10 business days from the report date, the manager shall enter into SI the results of the managerial review, any corrective actions planned or taken, and recommendations for Department-wide systems revisions or additions that may prevent the reoccurrence of a similar clinical event.

    a. Program Directors/Managers shall notify CLRM, ICD, or CRP-AB109 if additional time is needed to complete a CER or managerial review that exceeds the timeframes stated above.

E. Maintaining the Confidentiality of Clinical Event Reporting

1. CERs, or information regarding the existence of a CER, shall not be entered into a client record, printed, copied, distributed, emailed, or faxed to preserve the confidentiality of the report from discovery in the event of a legal

matter.

2. The Frontline Reporter page is federally protected and, therefore, shall not be printed.

3. CERs and related correspondence shall be treated as privileged, confidential communication between DMH, Los Angeles County's third party administrator, County Counsel, and contracted legal counsel in areas of risk management and medical malpractice in preparation for litigation. CERs shall not be made available to anyone other than CLRM, ICD, CRP-AB109 staff, or County agents.

4. CERs entered into SI are a component of the DMH Patient Safety Evaluation System (PSES), a safe space for reporting, deliberation, and analysis of system quality improvements and for reporting into the associated Patient Safety Organization (PSO), as outlined in the Los Angeles County Board of Supervisors Policy 8.040.

F. Clinical event reporting does not preclude reporting required by other bureaus or regulations within DMH, such as to:

1. Health Information Management Director/staff for events related to clinical records (for DMH workforce);

2. Administrative Support Bureau through Accident Investigative Reporting for client/visitor injuries on County property or property damage (for DMH workforce);

3. DMH Human Resources Leave Management staff through Accident Investigative Reporting for work-related employee illnesses or injuries (for DMH workforce);

4. Patients' Rights Office (PRO) for events involving patients' rights issues;

5. DMH Compliance for potential compliance violations/billing improprieties;

6. DMH Designation Coordinator and PRO for events occurring at Lanterman-Petris-Short (LPS) designated facilities; or

7. Appropriate licensing agency for facilities according to their respective reporting requirements.

G. Quality Improvement

1. CLRM, ICD, CRP-AB109, and designated staff with managerial responsibility for the reporting area shall review CERs for risk mitigation and quality improvement purposes, which includes, but is not limited to, the following processes:

    a. CLRM, ICD, and CRP-AB109 staff shall conduct regular reviews of selected clinical events, claims, lawsuits, and trends of reported clinical events with members of DMH Quarterly Clinical Risk Management Committee (QICDC) and selected programs for the purpose of risk mitigation for current or potential claims or lawsuits. They will also seek to improve mental health care by reviewing and recommending necessary system changes.

H. Confidentiality

1. All CERs and related materials submitted to and reviewed by CLRM, ICD, and CRP-AB109 staff, including those presented or discussed at QICDC meetings, are privileged and strictly confidential under state law (WIC 5328(a), EVID 1157(a), and GOV 6254(c)) in preparation for litigation and under federal law if reported in the SI Event Reporting System. (Patient Safety and Quality Improvement Act of 2005)

Safety Intelligence (SI)®
MANAGER REVIEW (MR)

Contract Provider Version

vizient Safety Intelligence™
Powered By Datix

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*Last updated: 05/20/2025

SI® MANAGER REVIEW (MR)
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Questions & Feedback…….. slide 37-38

SI® MANAGER REVIEW
What is Manager Review (MR) for Event?

- **Manager Review (MR) for Event(s):**
  i. are **only** for Managers/Higher/Consultant(s)
  ii. must have authenticated Manager/Higher/Consultant(s) to receive, review, revise, & update the "Vizient/UHC Event Report" aka frontline reporting page of the SI reporting system
  iii. are for Manager/Higher/Consultant(s) that oversee clinic(s) and have provided CLRM with the correct & updated provider number(s) *(ex: 7771, 7119B, etc.)*
  iv. are completed and revised by the Manager/Higher/Consultant(s)
  v. are completed within ten (10) business days upon submission of the "Vizient/UHC Event Report" are received from an SI email notification ***Slide 4: Automated Email***

- Review DMH **Policy & Procedure 303.05 - Reporting Clinical Events Involving Clients**:
  i. POLICY 303.05
  ii. PROCEDURES 303.05

SI® MANAGER REVIEW Automated Email

EXAMPLE:

-----Original Message-----

From: DMHSafetyIntelligenceAlert@dmh.lacounty.gov

Sent: Tuesday, February 1, 2023 11:11 PM

To: Program Manager/Director/CEO <ProgramManager@dmh.lacounty.gov>

Subject: UHC Safety Intelligence Event Report Number SI-1111

An event report was submitted and is available on your manager page.

The details are:
Reference number: SI-1111
Location: 1111- HOPE Clinic
Event Type: Behavioral event
Level of harm: 1

Please go to
https://safetyintelligence.lacounty.gov/DMH/index.php?action=incident&recordid=2021
to view this record.

PLEASE DO NOT REPLY TO THIS MESSAGE

This is a system generated message, and is for information only. For questions relating to this event report, please contact your QR Manager.

- Authenticated PMs/higher, and/or consultant(s) must login to DMH secure SSL VPN/Microsoft MFA to review Clinical Event Reports (CERs) in the SI reporting system

USE HYPERLINK BELOW:

https://era.lacounty.gov/dmh/contractor/mfa

- Notify CLRM if PMs/higher, and/or consultant has received an email notification by error

***NOTE:**
HYPERLINK sent from SI automated email notification **WILL NOT** work

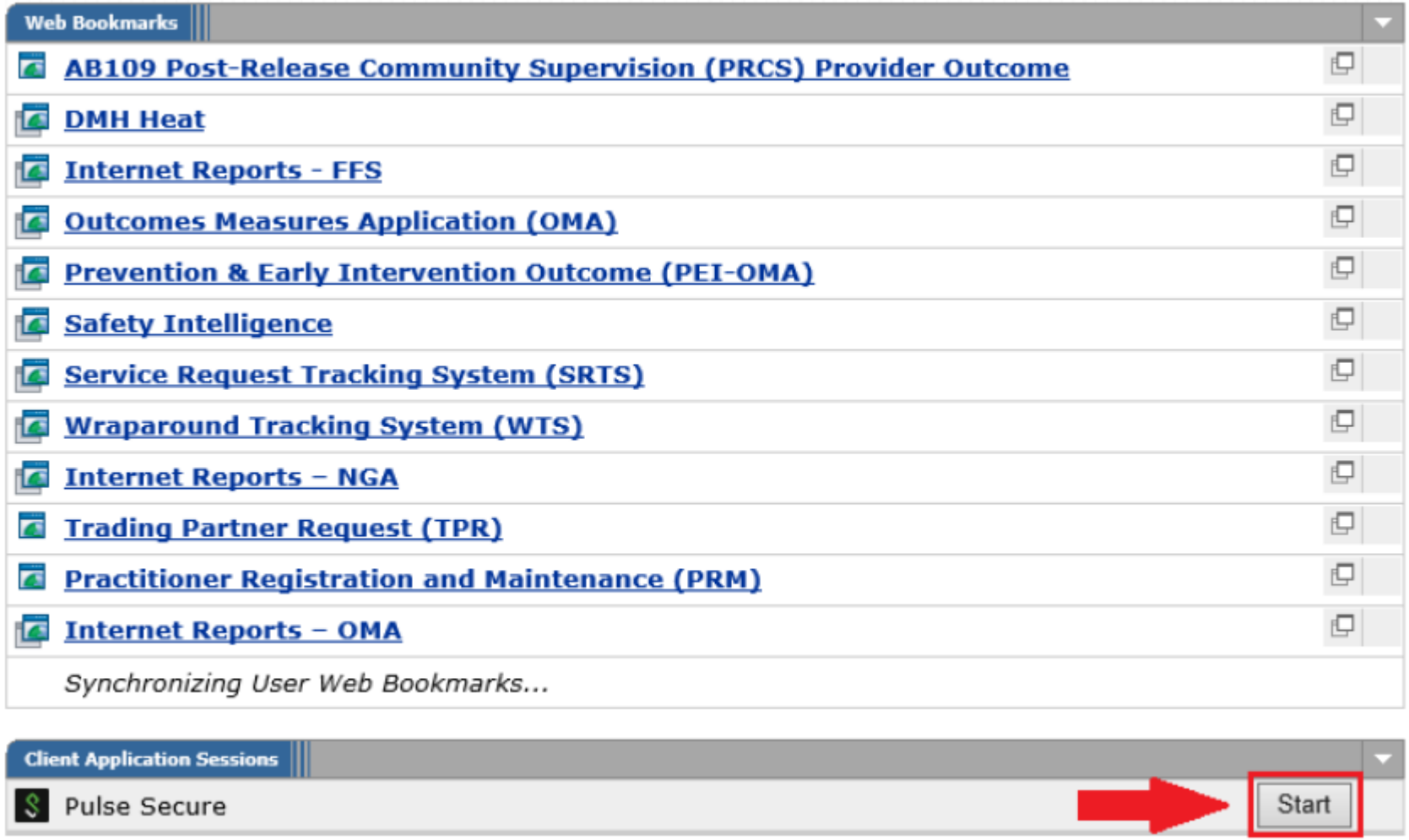
SI® MANAGER REVIEW
Access to SI Reporting System

- Access to SI reporting system:
  i. **Supported web browsers:** Google Chrome & Microsoft Edge
  ii. **Unsupported web browsers:** Internet Explorer & Firefox

- Frontline reporter will type/enter hyperlink https://era.lacounty.gov/dmh/contractor/mfa using a supported web browser in incognito mode
  i. If reporter receives an **error code** using the hyperlink above, type/enter https://www.dmh.lacounty.gov into supported web browser skip to ***Slide 9-11: DMH Homepage Login***
  ii. If reporter has set-up "*Microsoft MFA*" proceed to ***Slide 13-26***
  iii. If reporter does not have a C-Number or has **not** set-up "*Microsoft MFA*" refer to ppt "***Safety Intelligence (SI)® Access Guide"***

- If SI reporting system is down, for user support visit **"Contractor Providers"** website: https://dmh.lacounty.gov/cp

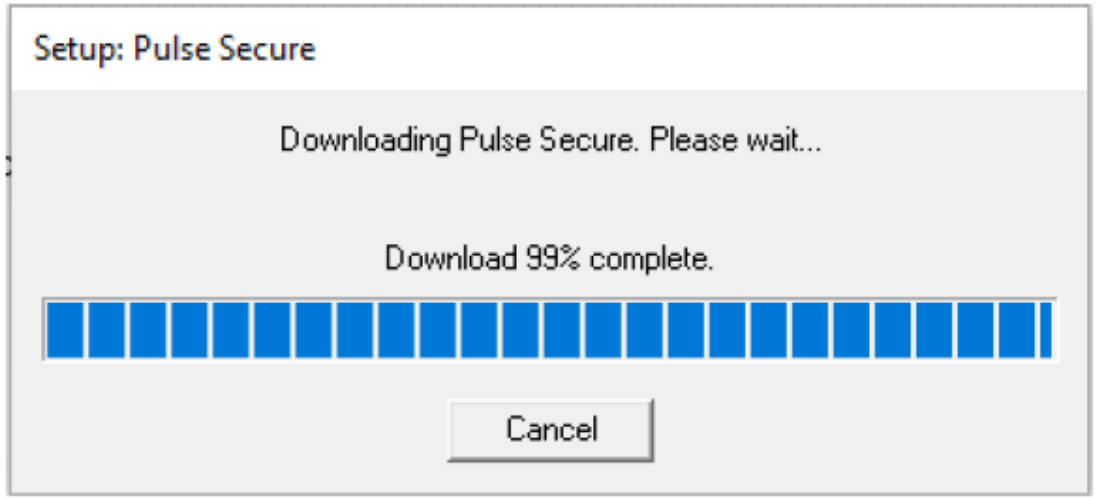
SI® MANAGER REVIEW
Pulse Secure

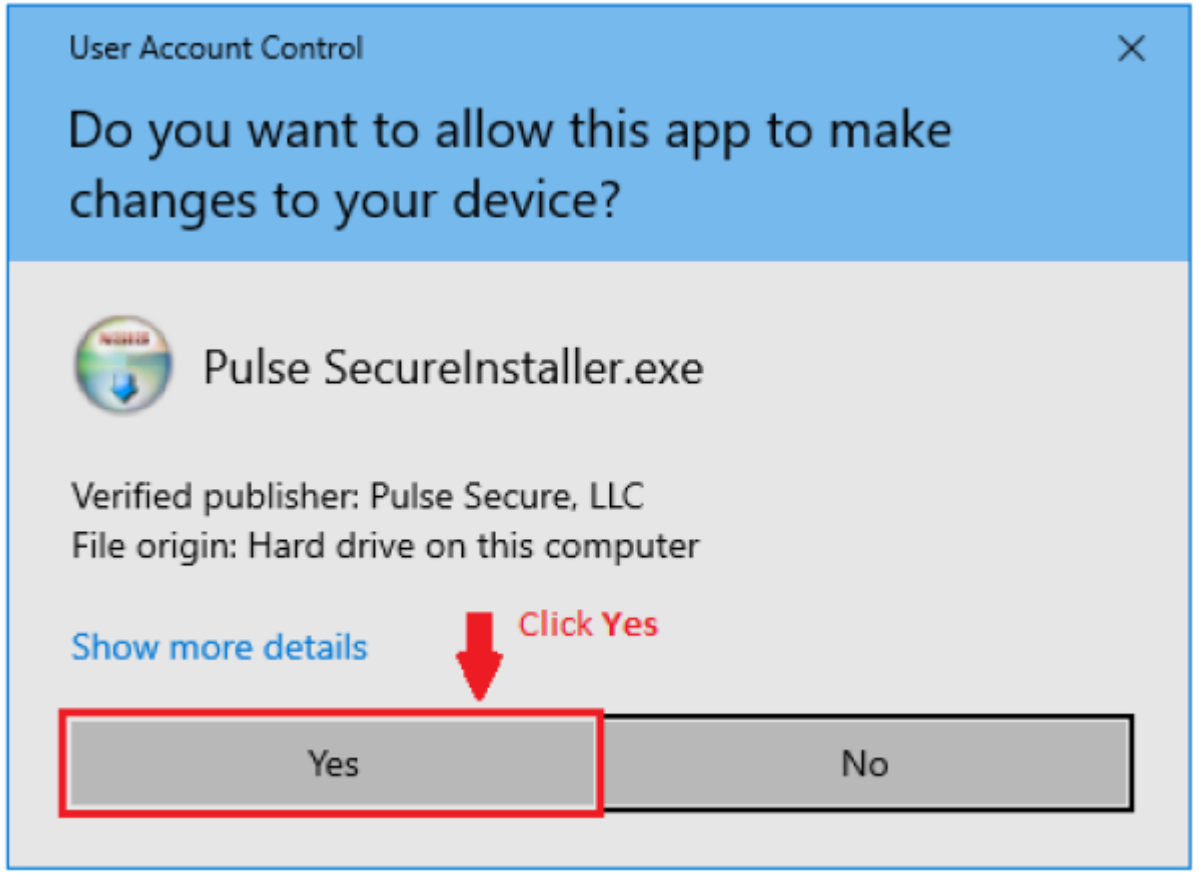


NOTE: Ensure "Pulse Secure" remains up-to-date

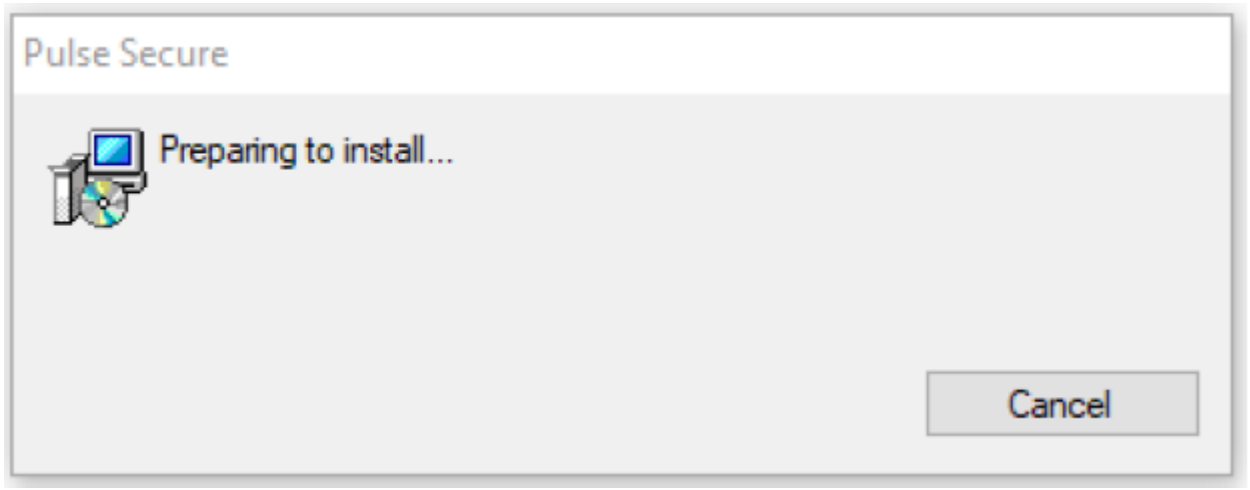
SI® MANAGER REVIEW
Pulse Secure cont.

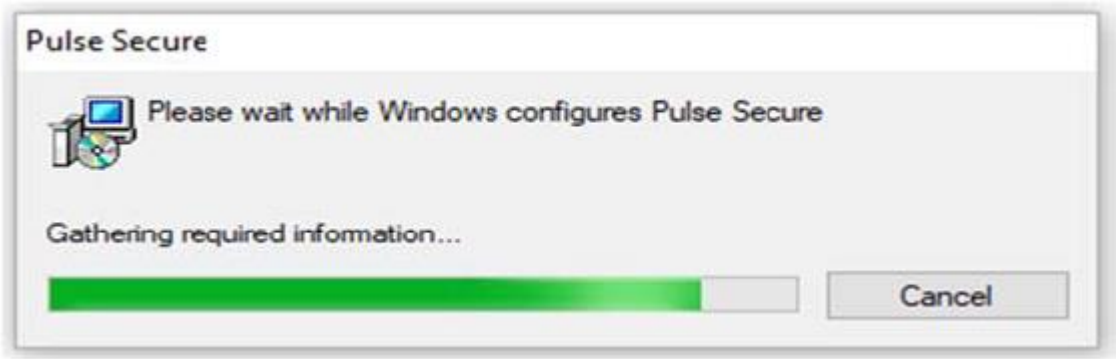
SI® MANAGER REVIEW
Pulse Secure cont.





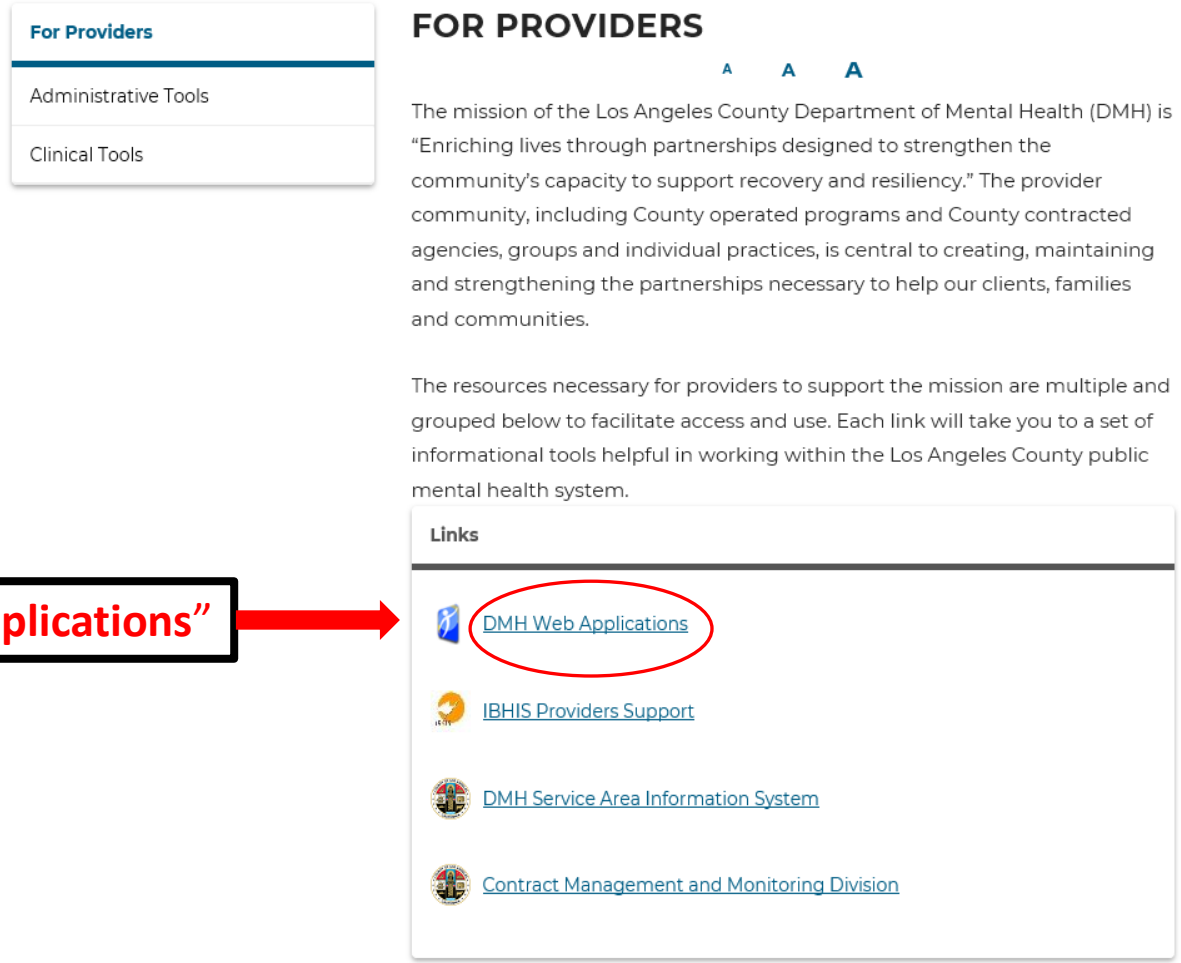
SI® MANAGER REVIEW
Pulse Secure cont.





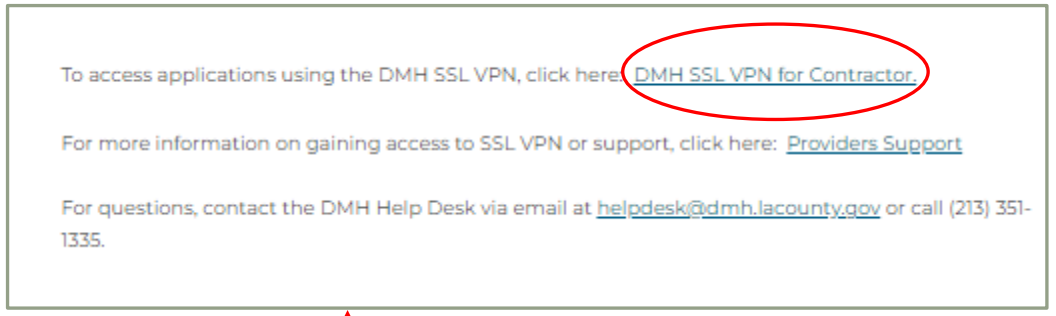
SI® MANAGER REVIEW
DMH Homepage Login

SI® MANAGER REVIEW
DMH Homepage Login



Click **"DMH Web Applications"**

SI® MANAGER REVIEW
DMH Homepage Login



Click **"DMH SSL VPN for Contractor"**

SI® MANAGER REVIEW
Access & Forgotten Password

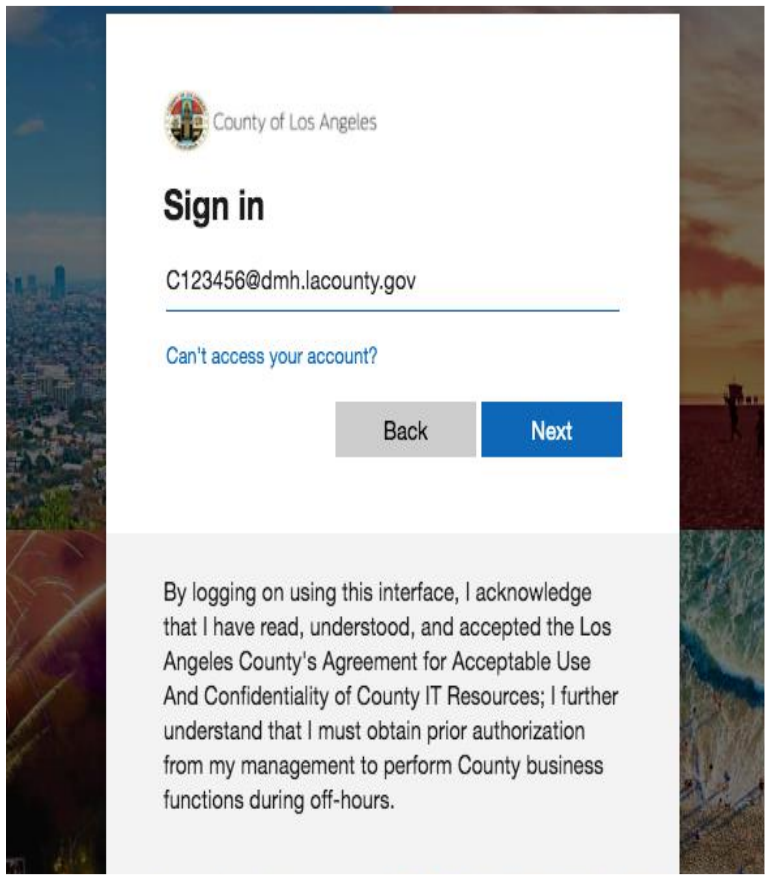
CIOB Helpdesk
(213) 351-1335

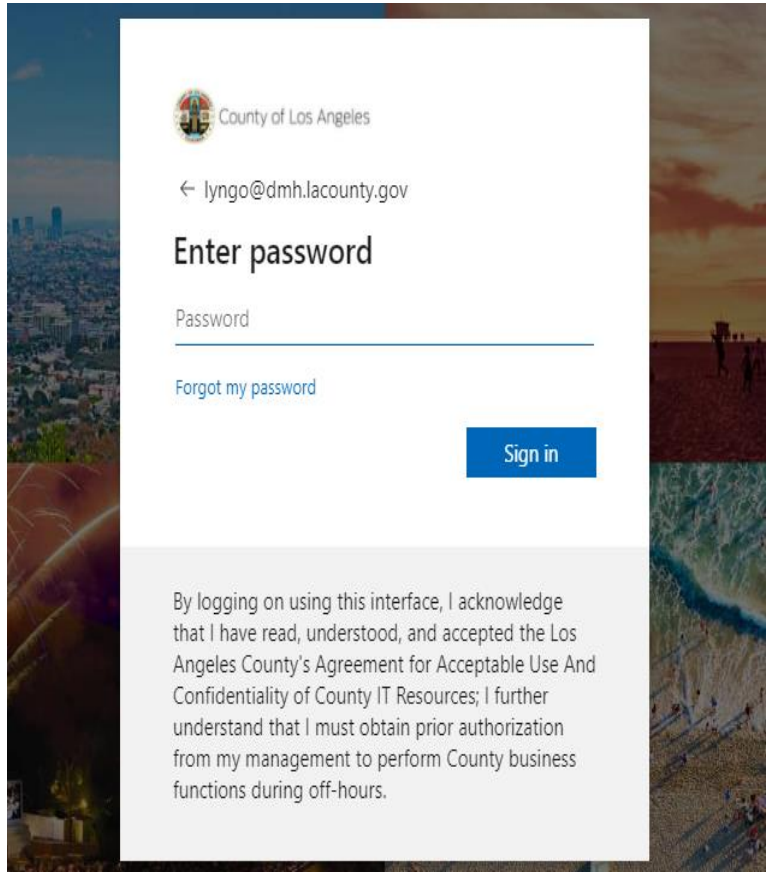
- Contact if user:
  - has not logged into SSL VPN DMH/ Microsoft MFA/SI for 90 days
  - is receiving a link error message when attempting to login to SSL VPN DMH/Microsoft MFA/SI
  - has other technical issues

ISD Helpdesk
(562) 940-3305/heldesk@dmh.lacounty.gov

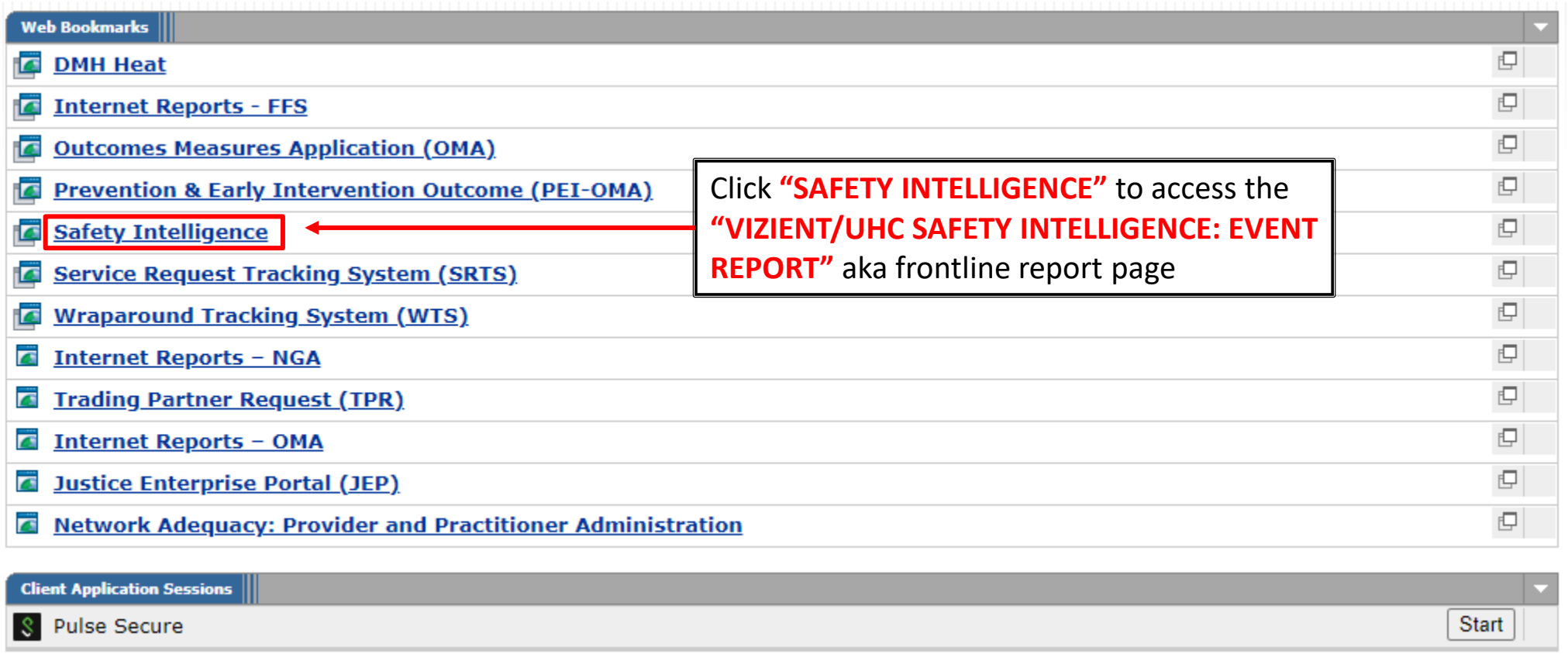
- Microsoft MFA Password:
  - can be reset from the Microsoft MFA hyperlink: https://aka.ms/mysecurityinfo
  - must be renewed every 90 days

SI® MANAGER REVIEW
SSL VPN-DMH Contractor Login



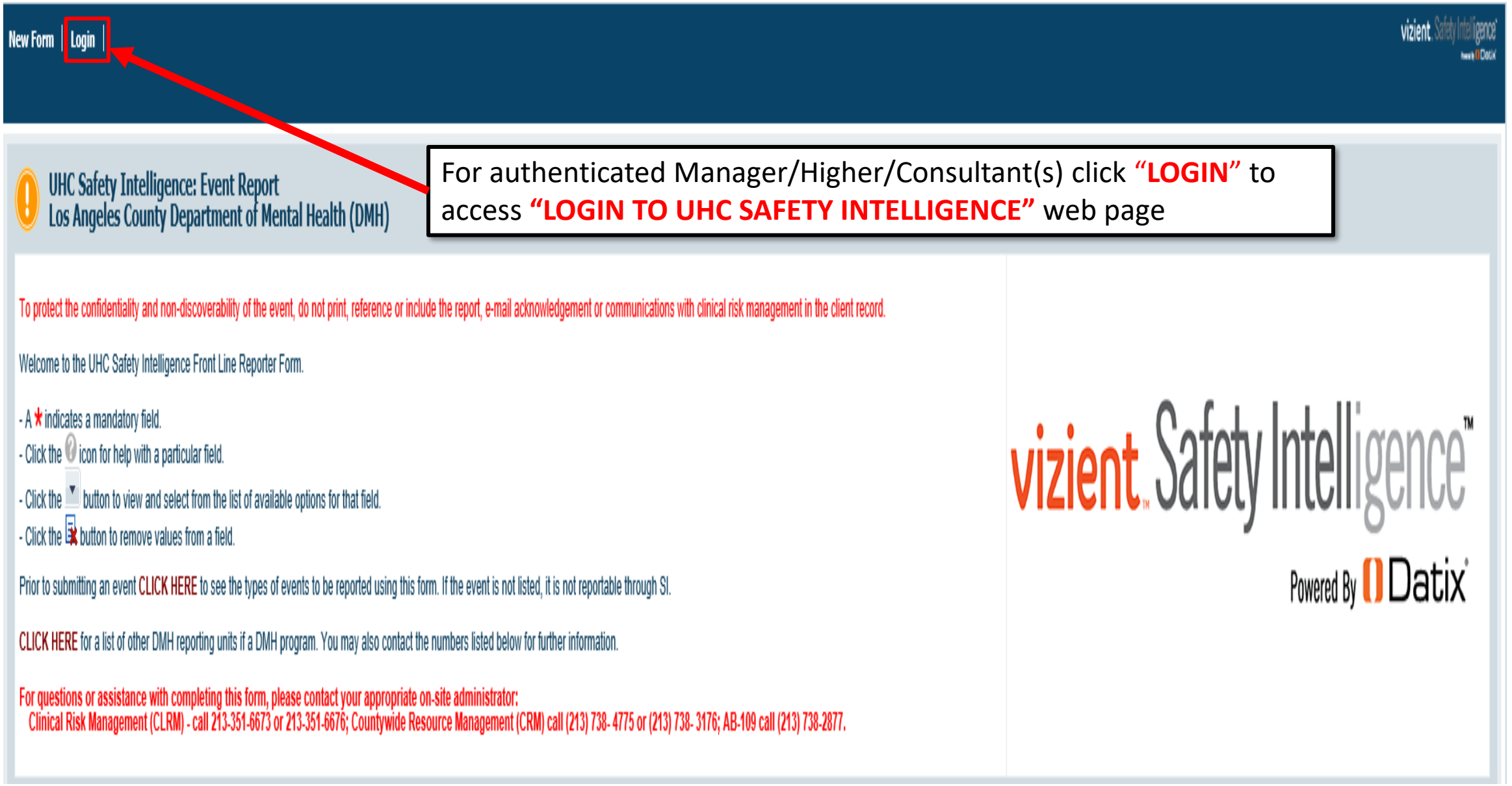


SI® MANAGER REVIEW
SSL VPN Web Bookmarks

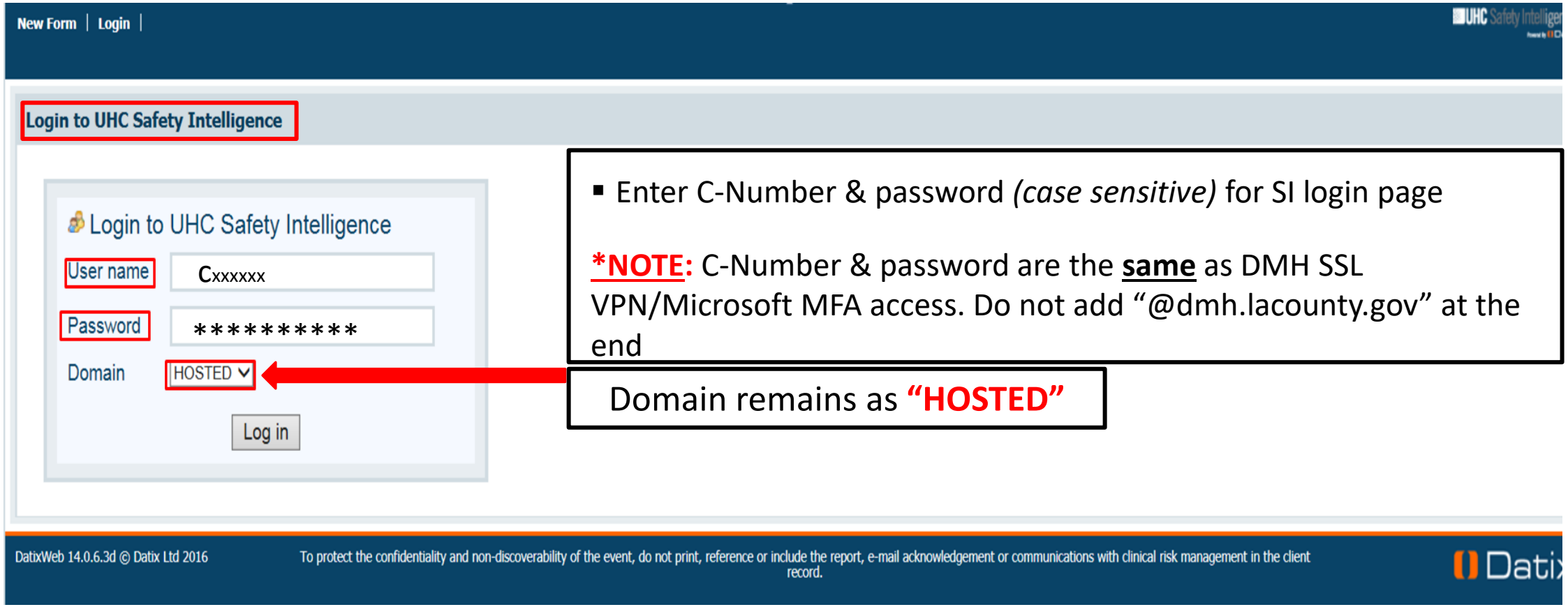


Click **"SAFETY INTELLIGENCE"** to access the **"VIZIENT/UHC SAFETY INTELLIGENCE: EVENT REPORT"** aka frontline report page

***NOTE:** Contact CIOB Helpdesk at (213) 351- 1335 if "Safety Intelligence" hyperlink is missing*


New Form
Login
vizient. Safety Intelligence
UHC Safety Intelligence: Event Report
Los Angeles County Department of Mental Health (DMH)
For authenticated Manager/Higher/Consultant(s) click "LOGIN" to access "LOGIN TO UHC SAFETY INTELLIGENCE" web page
To protect the confidentiality and non-discoverability of the event, do not print, reference or include the report, e-mail acknowledgement or communications with clinical risk management in the client record.
Welcome to the UHC Safety Intelligence Front Line Reporter Form.
- A * indicates a mandatory field.
- Click the icon for help with a particular field.
- Click the button to view and select from the list of available options for that field.
- Click the button to remove values from a field.
Prior to submitting an event CLICK HERE to see the types of events to be reported using this form. If the event is not listed, it is not reportable through SI.
CLICK HERE for a list of other DMH reporting units if a DMH program. You may also contact the numbers listed below for further information.
For questions or assistance with completing this form, please contact your appropriate on-site administrator:
Clinical Risk Management (CLRM) - call 213-351-6673 or 213-351-6676; Countywide Resource Management (CRM) call (213) 738- 4775 or (213) 738- 3176; AB-109 call (213) 738-2877.
vizient. Safety Intelligence™
Powered By Datix

SI® MANAGER REVIEW
SI MR for Event Login

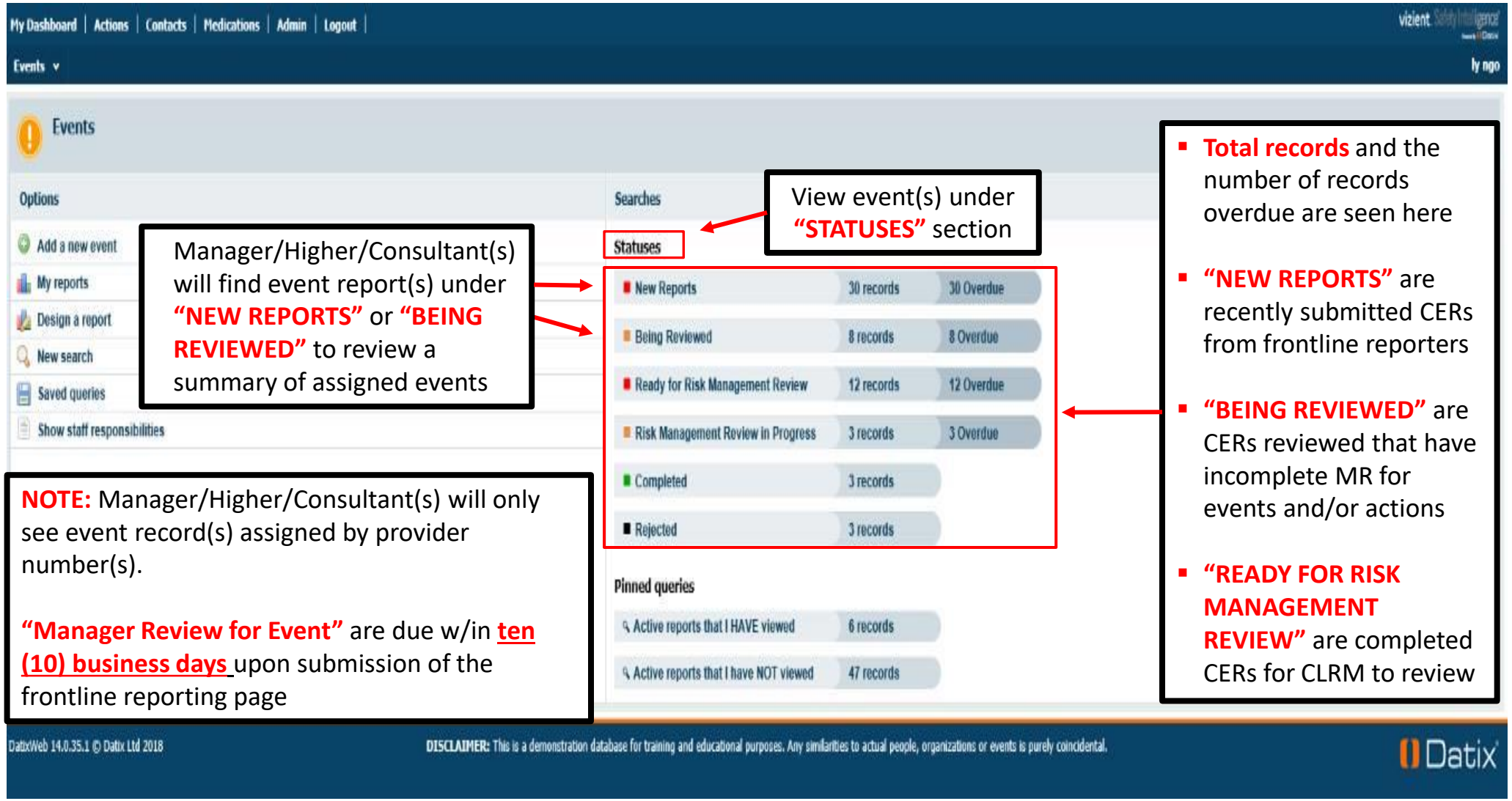


- Enter C-Number & password *(case sensitive)* for SI login page

***NOTE:** C-Number & password are the **same** as DMH SSL VPN/Microsoft MFA access. Do not add "@dmh.lacounty.gov" at the end

Domain remains as **"HOSTED"**

EXAMPLE: Manager/Higher/Consultant(s) SI "**Homepage**"



Manager/Higher/Consultant(s) will find event report(s) under **"NEW REPORTS"** or **"BEING REVIEWED"** to review a summary of assigned events

View event(s) under **"STATUSES"** section

- **Total records** and the number of records overdue are seen here
- **"NEW REPORTS"** are recently submitted CERs from frontline reporters
- **"BEING REVIEWED"** are CERs reviewed that have incomplete MR for events and/or actions
- **"READY FOR RISK MANAGEMENT REVIEW"** are completed CERs for CLRM to review

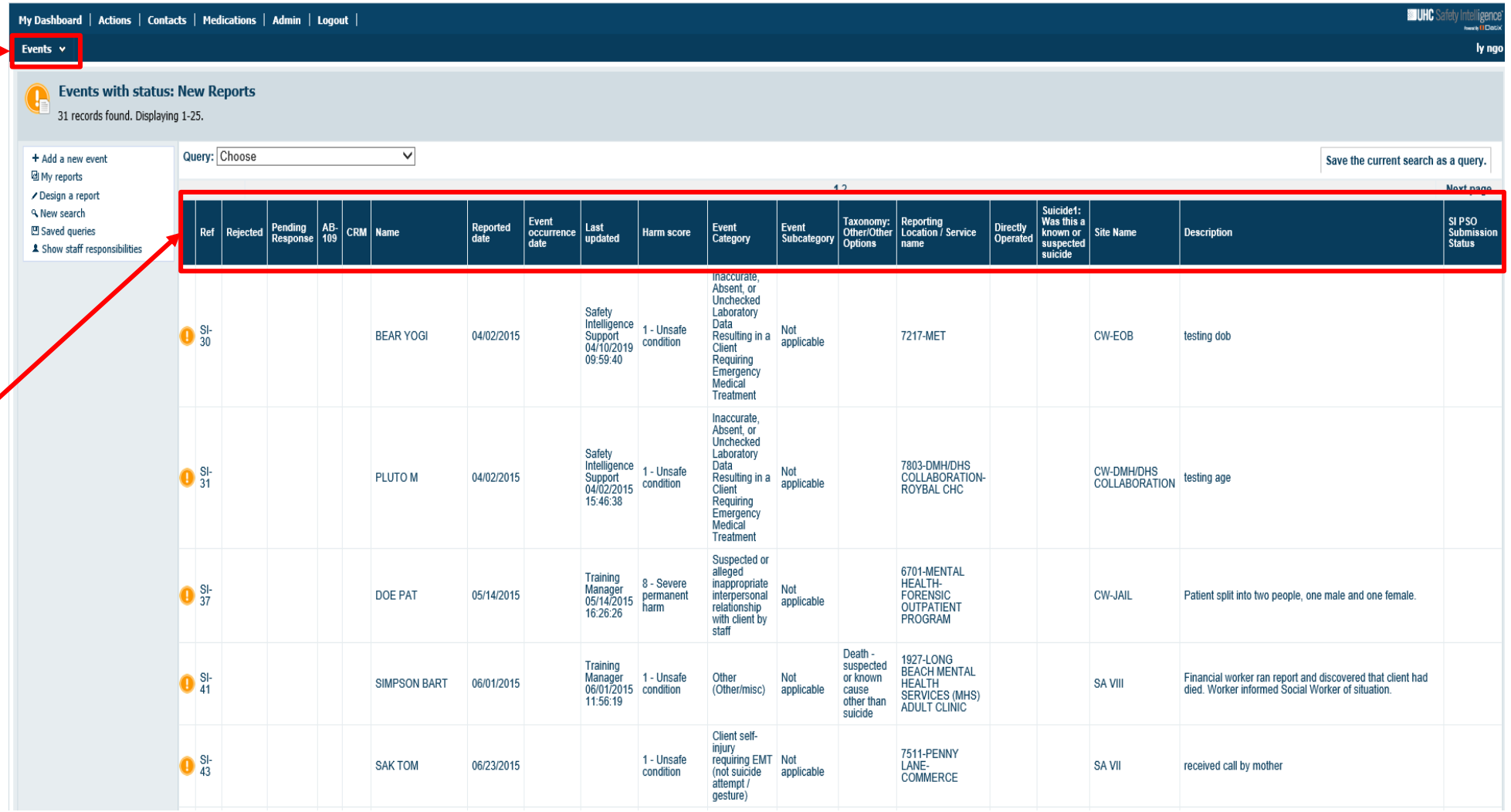
NOTE: Manager/Higher/Consultant(s) will only see event record(s) assigned by provider number(s).

"Manager Review for Event" are due w/in **ten (10) business days** upon submission of the frontline reporting page

EXAMPLE: Clinical Event Reports (CERs) Summary Page

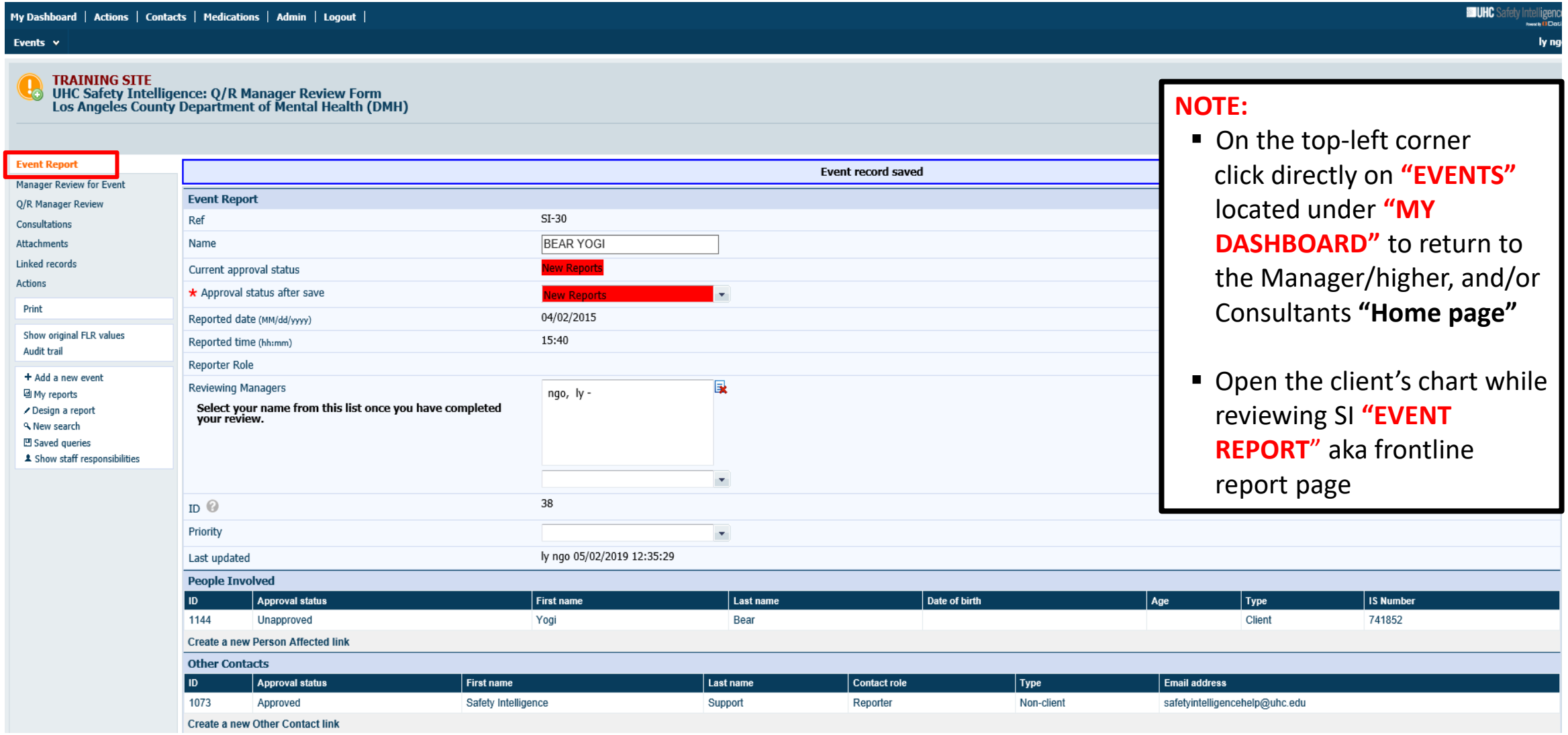
Click directly on **"EVENTS"** to return to Manager/Higher/ Consultant(s) "**Homepage**"

Click on **any** column heading to reorder CER listings



Ref	Rejected	Pending Response	AB-109	CRM	Name	Reported date	Event occurrence date	Last updated	Harm score	Event Category	Event Subcategory	Taxonomy: Other/Other Options	Reporting Location / Service name	Directly Operated	Suicide1: Was this a known or suspected suicide	Site Name	Description	SI PSO Submission Status
SI-30					BEAR YOGI	04/02/2015		Safety Intelligence Support 04/10/2019 09:59:40	1 - Unsafe condition	Inaccurate, Absent, or Unchecked Laboratory Data Resulting in a Client Requiring Emergency Medical Treatment	Not applicable		7217-MET			CW-EOB	testing dob	
SI-31					PLUTO M	04/02/2015		Safety Intelligence Support 04/02/2015 15:46:38	1 - Unsafe condition	Inaccurate, Absent, or Unchecked Laboratory Data Resulting in a Client Requiring Emergency Medical Treatment	Not applicable		7803-DMH/DHS COLLABORATION-ROYBAL CHC			CW-DMH/DHS COLLABORATION	testing age	
SI-37					DOE PAT	05/14/2015		Training Manager 05/14/2015 16:26:26	8 - Severe permanent harm	Suspected or alleged inappropriate interpersonal relationship with client by staff	Not applicable		6701-MENTAL HEALTH-FORENSIC OUTPATIENT PROGRAM			CW-JAIL	Patient split into two people, one male and one female.	
SI-41					SIMPSON BART	06/01/2015		Training Manager 06/01/2015 11:56:19	1 - Unsafe condition	Other (Other/misc)	Not applicable	Death - suspected or known cause other than suicide	1927-LONG BEACH MENTAL HEALTH SERVICES (MHS) ADULT CLINIC			SA VIII	Financial worker ran report and discovered that client had died. Worker informed Social Worker of situation.	
SI-43					SAK TOM	06/23/2015			1 - Unsafe condition	Client self-injury requiring EMT (not suicide attempt / gesture)	Not applicable		7511-PENNY LANE-COMMERCE			SA VII	received call by mother	

EXAMPLE: Clinical "**Event Report**" (CER)



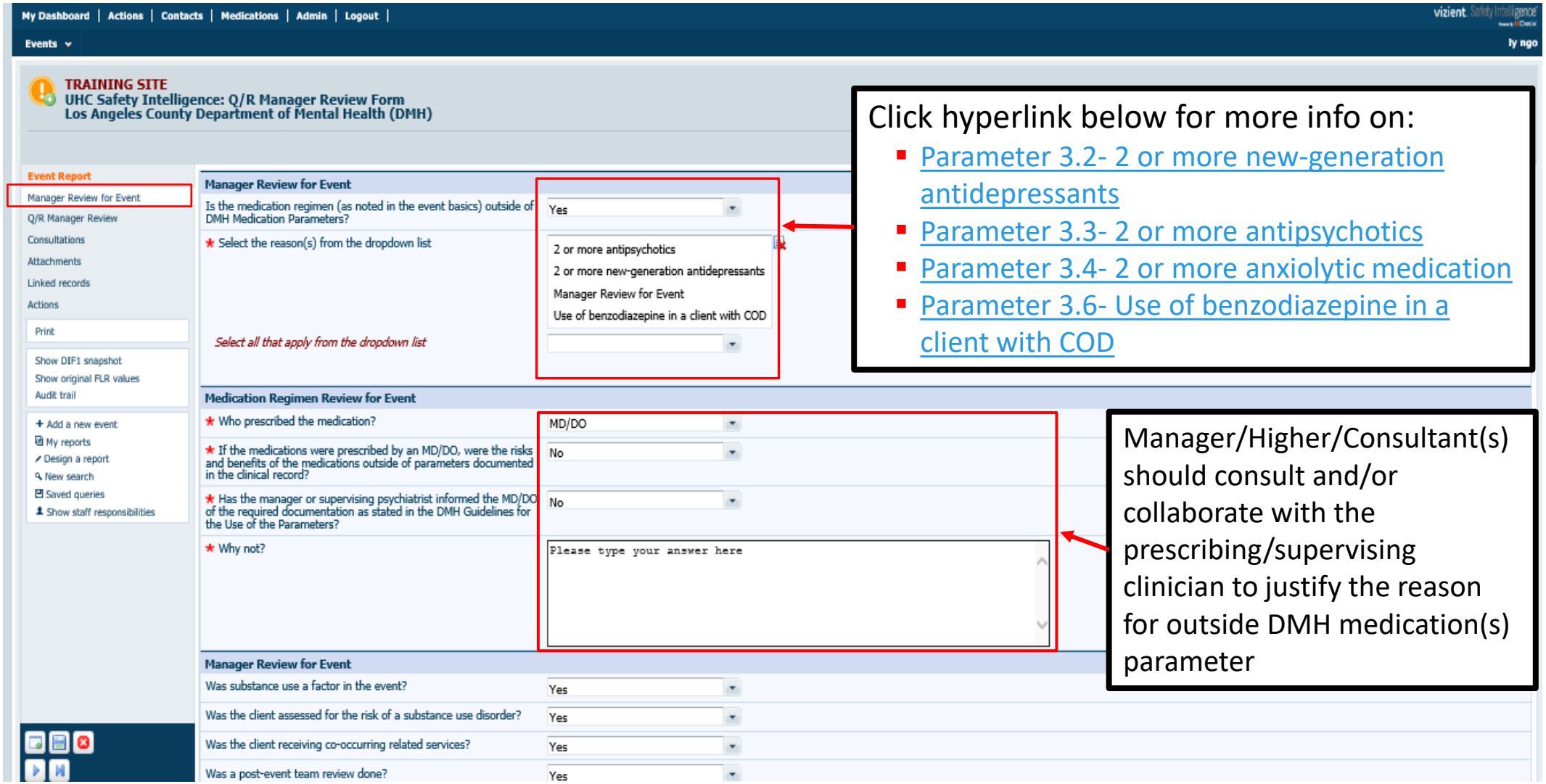
NOTE:

- On the top-left corner click directly on **"EVENTS"** located under **"MY DASHBOARD"** to return to the Manager/higher, and/or Consultants **"Home page"**

- Open the client's chart while reviewing SI **"EVENT REPORT"** aka frontline report page

EXAMPLE: "Manager Review for Event" Page

Under **"EVENT REPORT,"** click **"MANAGER REVIEW FOR EVENT"** to view this page

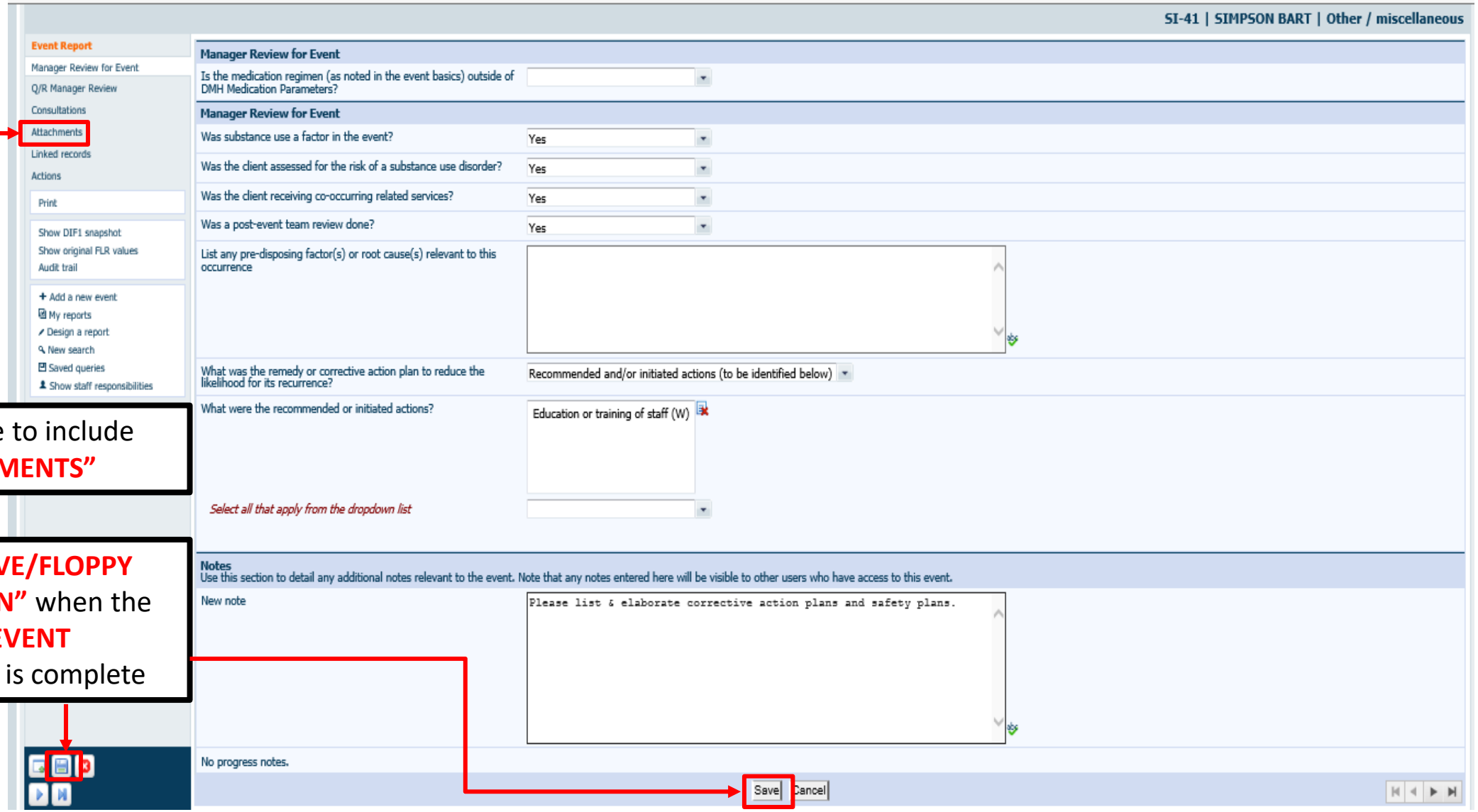


Click hyperlink below for more info on:

- Parameter 3.2- 2 or more new-generation antidepressants
- Parameter 3.3- 2 or more antipsychotics
- Parameter 3.4- 2 or more anxiolytic medication
- Parameter 3.6- Use of benzodiazepine in a client with COD

Manager/Higher/Consultant(s) should consult and/or collaborate with the prescribing/supervising clinician to justify the reason for outside DMH medication(s) parameter

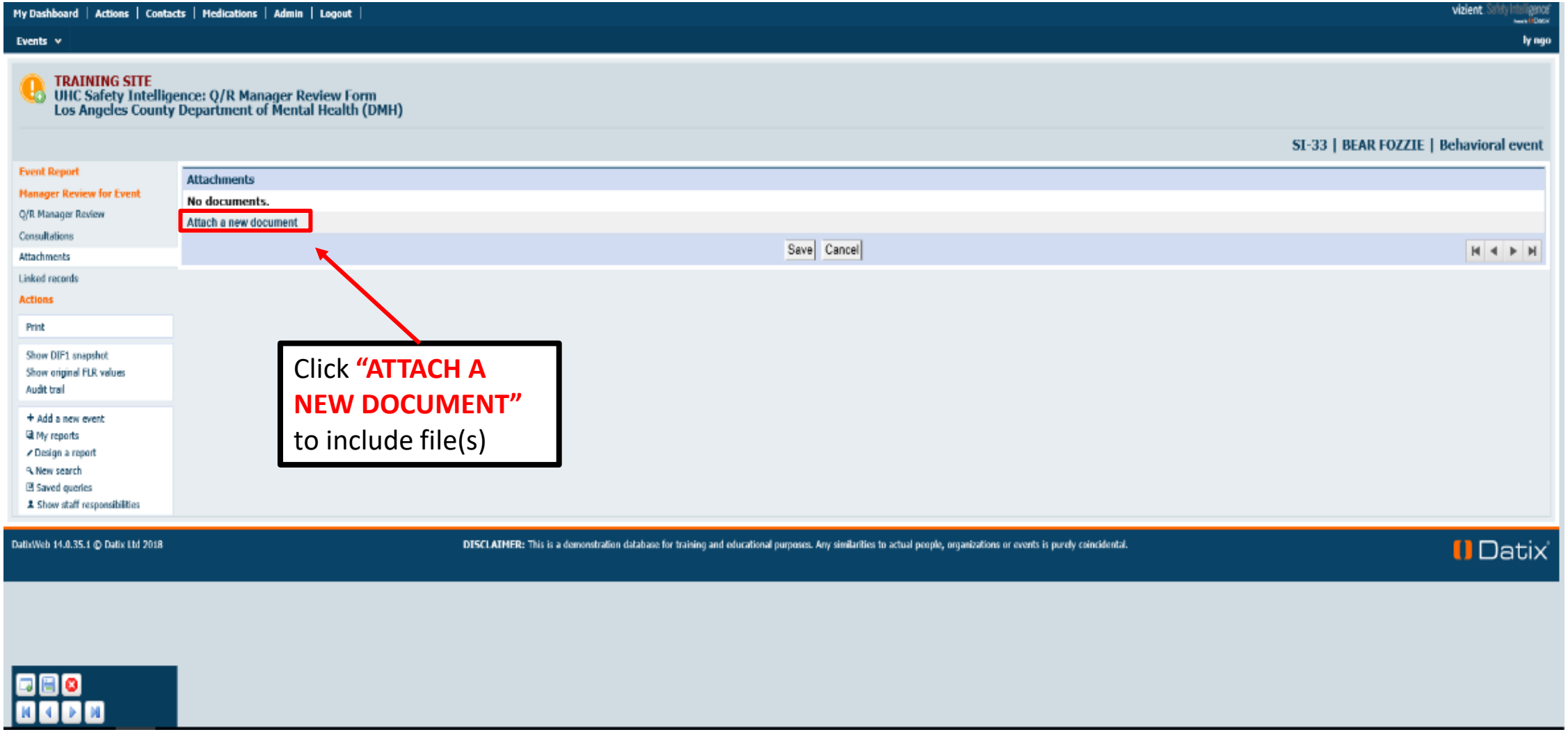
EXAMPLE: Completed "Manager Review for Event"



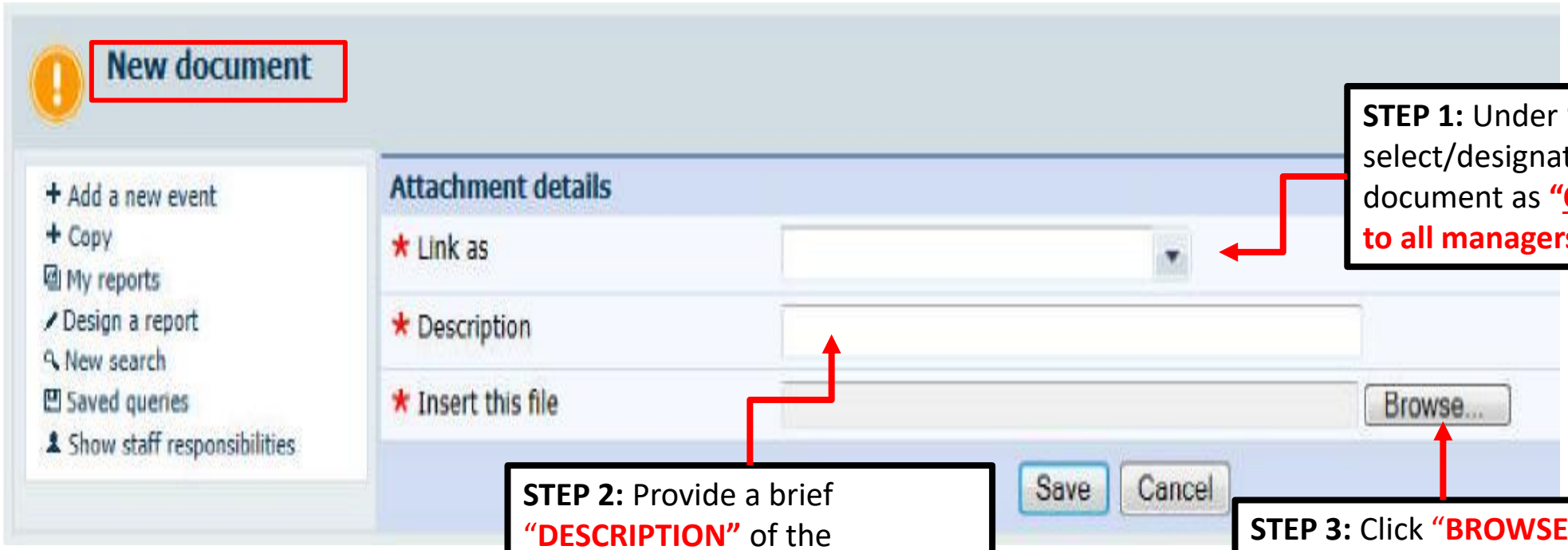
Click here to include **"ATTACHMENTS"**

Click **"SAVE/FLOPPY DISK ICON"** when the clinical "**EVENT REPORT**" is complete

EXAMPLE: "Attachments" Page



EXAMPLE: How to Attach a "NEW DOCUMENT"



STEP 1: Under **"LINK AS"**, select/designate the document as **"OPEN-(visible to all managers)"**

STEP 2: Provide a brief **"DESCRIPTION"** of the information contained in the attachment in order for Manager/Higher/consultant(s) to describe what is uploaded

STEP 3: Click **"BROWSE"** to navigate and upload the document at the **"INSERT THIS FILE"** section

NOTE: Larger documents will take time to upload and will fill-up server space

SI® MANAGER REVIEW

"ACTIONS"

"ACTIONS":

- is a feature that enables CLRM to communicate with Manager/Higher/Consultant(s) in the SI reporting system
- can be utilized within CPs authenticated PMs/higher, and/or consultant(s)
- request task(s) be done by PMs/higher, and/or consultant(s) to complete and/or clarify CER sections

How will Manager/Higher/Consultant(s) receive "ACTIONS" & when is the deadline to complete it?

- DMHSafetyIntelligenceAlert@dmh.lacounty.gov will send an automated email to the authenticated user with a hyperlink to the **"ACTIONS"**
- Deadline for **"ACTIONS"** are typically 3-7 business days

***NOTE:** An email will be generated the day an **"ACTION"** has been requested. Daily automated email notifications will be sent to the designated Manager/Higher/Consultant(s) when **"ACTIONS"** are overdue

SI® MANAGER REVIEW

"ACTIONS" cont.

Why are "ACTIONS" request sent?

Manager(s):

- additional information required (ex: is number, DOB, date of initial intake, event date
- correction(s) required (ex: type of event, detail of event, DOB, date of initial intake, occurrence date
- should review/revise corrective action plan (ex: arranging for suicide prevention training, review related P&P

Medical Director(s)/ Pharmacist(s)/ Regional Medical Director(s):

- review medication parameter(s)
- unusual medication regimen for diagnosis
- explain medication absence for diagnosis

Consultant(s):

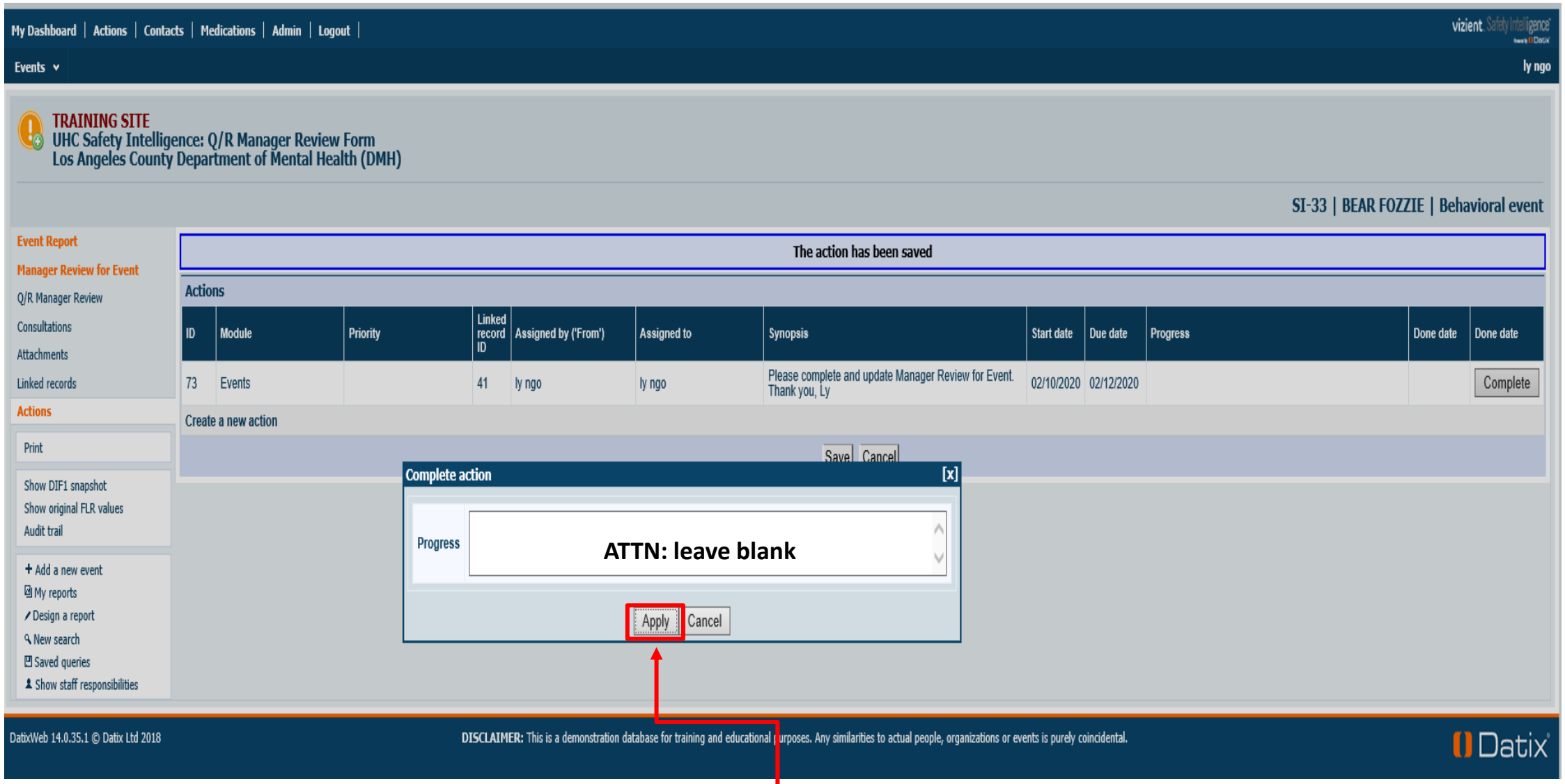
- provides professional expertise on scopes and practices of interdisciplinary roles

EXAMPLE: How to View & Complete an **"ACTIONS"** Page

STEP 1: Click **"ACTIONS"** to view this page

STEP 2: Click **"COMPLETE"** once **"EVENT REPORT"** & **"MR FOR EVENT"** are completed. The completion date will be automatically stamped under the **"DONE DATE"** column

***NOTE:** Automated emails are sent daily to notify the Manager/Higher/Consultant(s) of **"ACTIONS"** that are overdue/not date stamped by the **"COMPLETE"** button



STEP 3: A **"COMPLETE ACTION"** box will appear, disregard the prompt to respond and click **"APPLY"**

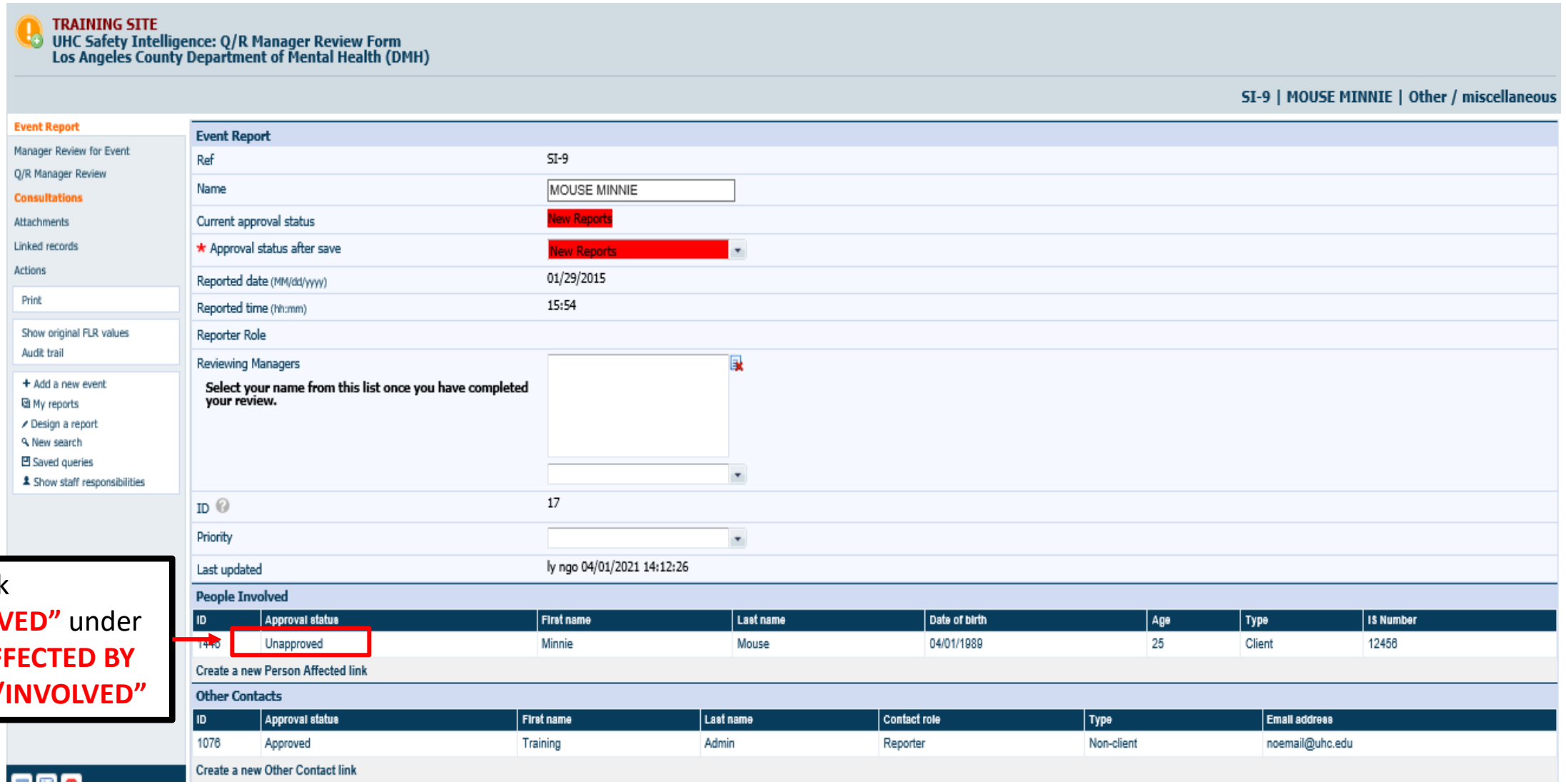
SI® MANAGER REVIEW

"APPROVAL STATUS"

"APPROVAL STATUS":

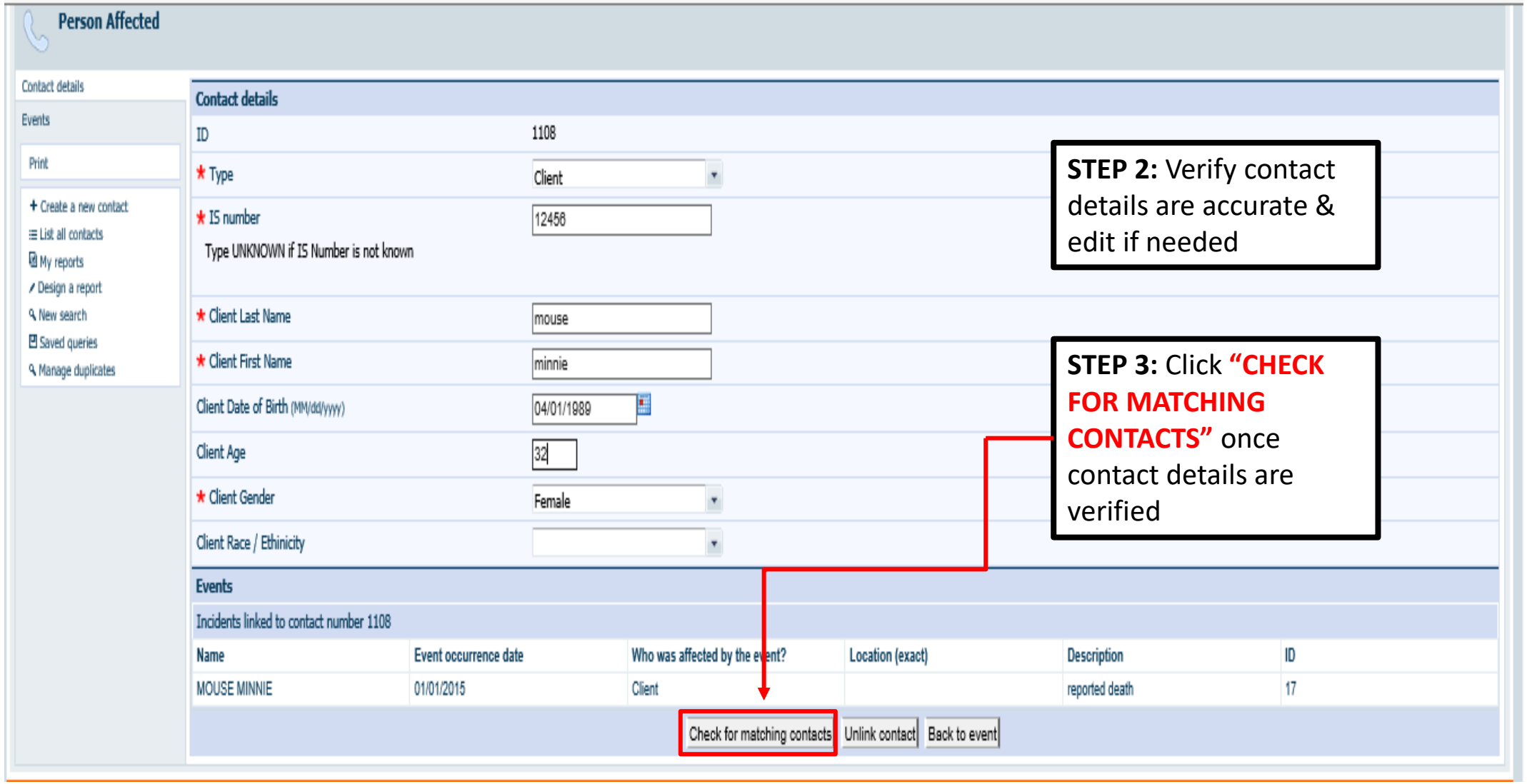
- a feature that enables the SI reporting system to identify if the client & reporter are involved in other CERs
- requires that **"PEOPLE AFFECTED/INVOLVED"** & **"OTHER CONTACT"** are **approved** in the SI reporting system
- allows the Manager/Higher/Consultant(s) to search clients' CER records once status is changed from **"UNAPPROVED"** to **"APPROVED"**

SI® MANAGER REVIEW Approval Status cont.



STEP 1: Click **"UNAPPROVED"** under **"PEOPLE AFFECTED BY THE EVENT/INVOLVED"**

SI® MANAGER REVIEW Approval Status cont.



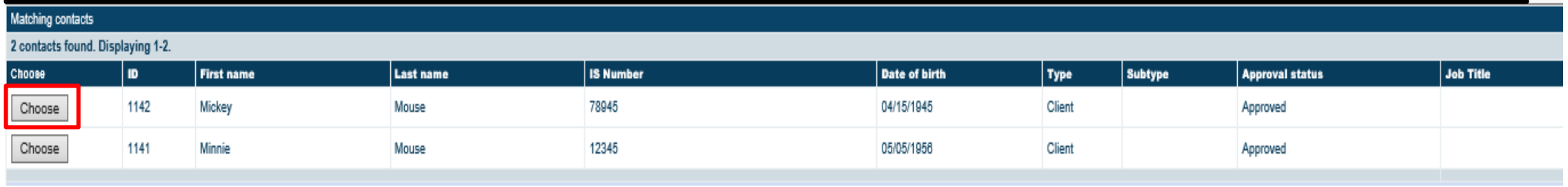
SI® MANAGER REVIEW "Approval Status" cont.

STEP 4: Under **"PEOPLE AFFECTED BY THE EVENT/INVOLVED"** section, the following options may appear:

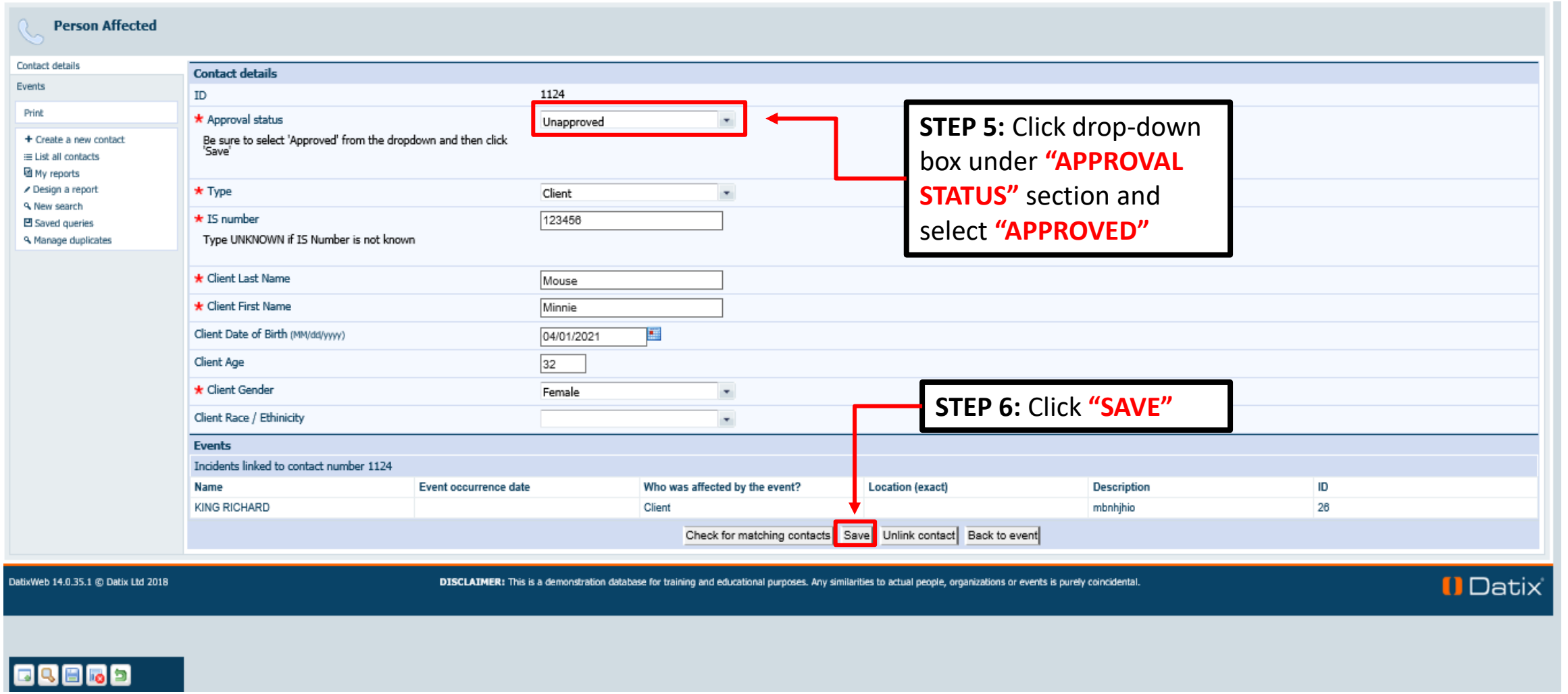
OPTION 1 – Click **"CANCEL"** to return and refer to ***slide 33: Approval Status***

-OR-

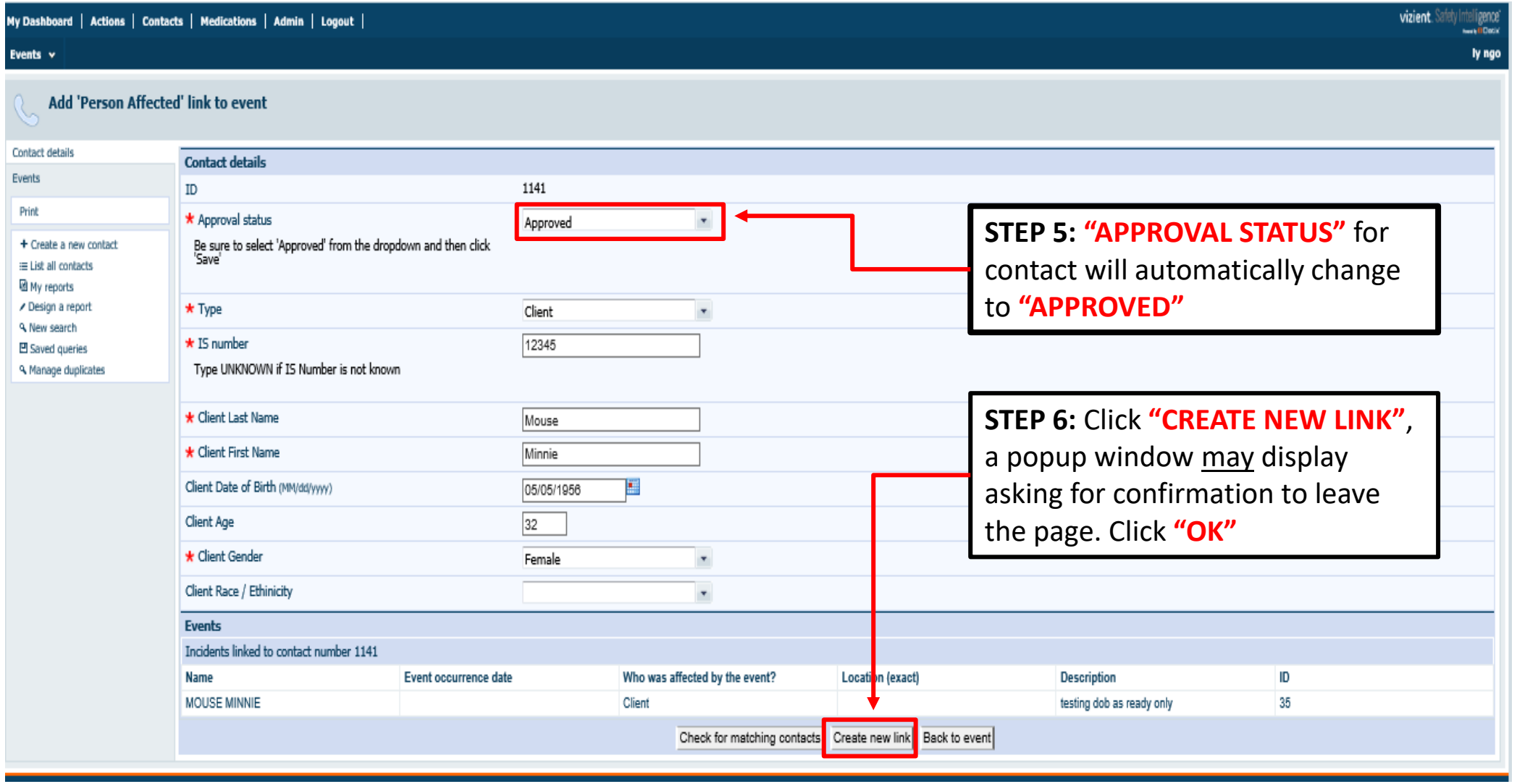
OPTION 2- Click **"CHOOSE"** for the correct client if several individuals are listed see ***slide 34: Approval Status***



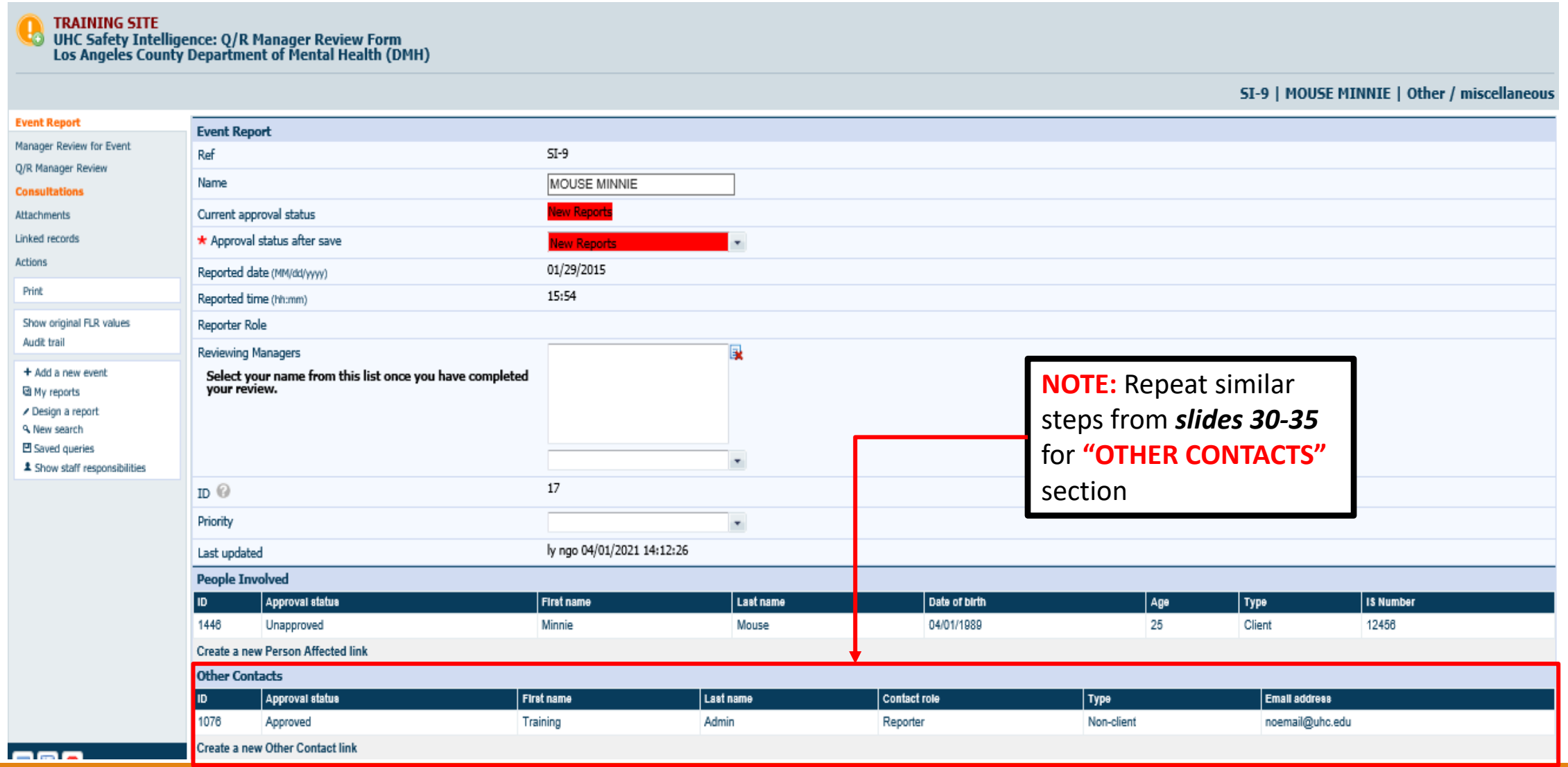
SI® MANAGER REVIEW Approval Status cont.



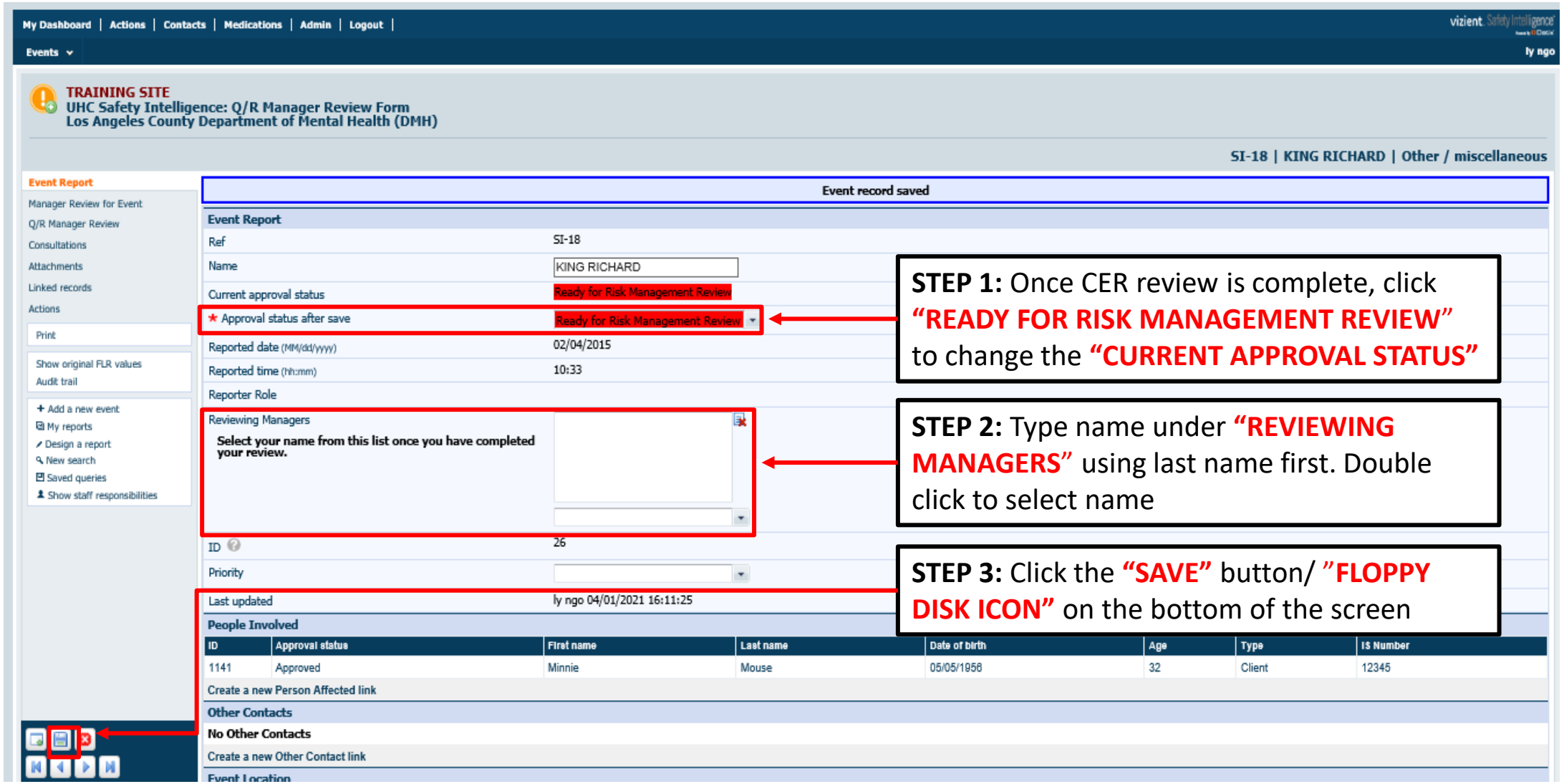
SI® MANAGER REVIEW Approval Status cont.



SI® MANAGER REVIEW Approval Status cont.



SI® MANAGER REVIEW SAVING CER



SI REPORTING FAQs

Can I print out CERs on the online system?

- CLRM request that the SI report **not** be printed. The report should not be referenced in clinical records.

What is the value of the online reporting system?

- Reporters and reports in SI are federally protected from discovery. Therefore, in the event of a lawsuit, **only** the event detail section of the CER can be obtained. Any other findings needed for disclosure will be kept confidential. Reporters submitting event details should refrain from using names and be straight to the point. PMs/higher, and/or consultants can document detailed statements/opinions under MR for event section.

What do you mean by "discovery"?

- Discovery refers to the ability to find information in CERs.

What if I need to share the report with providers/programs?

- Information for reporting elsewhere, such as another regulatory agency, may be summarized on a separate document.

Can the clinic/program receive training on the online reporting system?

- CLRM provides training to those who request it.

What if my C-Number has been deactivated and I need more time to submit a report?

- Contact/notify CLRM, the department will work with the reporter to identify a plan for submission.

Thank you for improving clinical quality and lessening risk through the use of Safety Intelligence.

Any questions?

We appreciate feedback. Please contact us at:

Ly Ngo BSN, RN
Email: LyNgo@dmh.lacounty.gov
*Cell: (213) 408- 6340
Office:(213) 947- 6638

Vanessa Dinsay MSN,RN,PMH-BC,PHN
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Office: (213) 947-6602

Safety Intelligence (SI)®
FRONTLINE GUIDE

Contract Provider Version

vizient Safety Intelligence™
Powered By Datix

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SI® FRONTLINE GUIDE
Frontline Report & SI Report

- Frontline Reporters:
  i. are individuals with a C-number (C123456) who completes and submits Safety Intelligence (SI) reports
  ii. are **not** authenticated by Clinical Risk Management (CLRM) in the SI reporting system
  iii. submit SI reports within two (2) business days from the clinical event occurrence date

- SI report(s) are referred to as:
  i. **CERs**-Clinical Event Report(s)
  ii. **Critical CERs-** Generate governmental and/or immediate community-wide attention

- SI report(s) are **not** referred to as:
  i. **SIRs**-Safety Intelligence Report
  ii. **CIRs-** Clinical Incident Report
  iii. **Critical Incident Report**

- Review DMH **Policy & Procedure 303.05 - Reporting Clinical Events Involving Clients**:
  i. POLICY 303.05
  ii. PROCEDURES 303.05

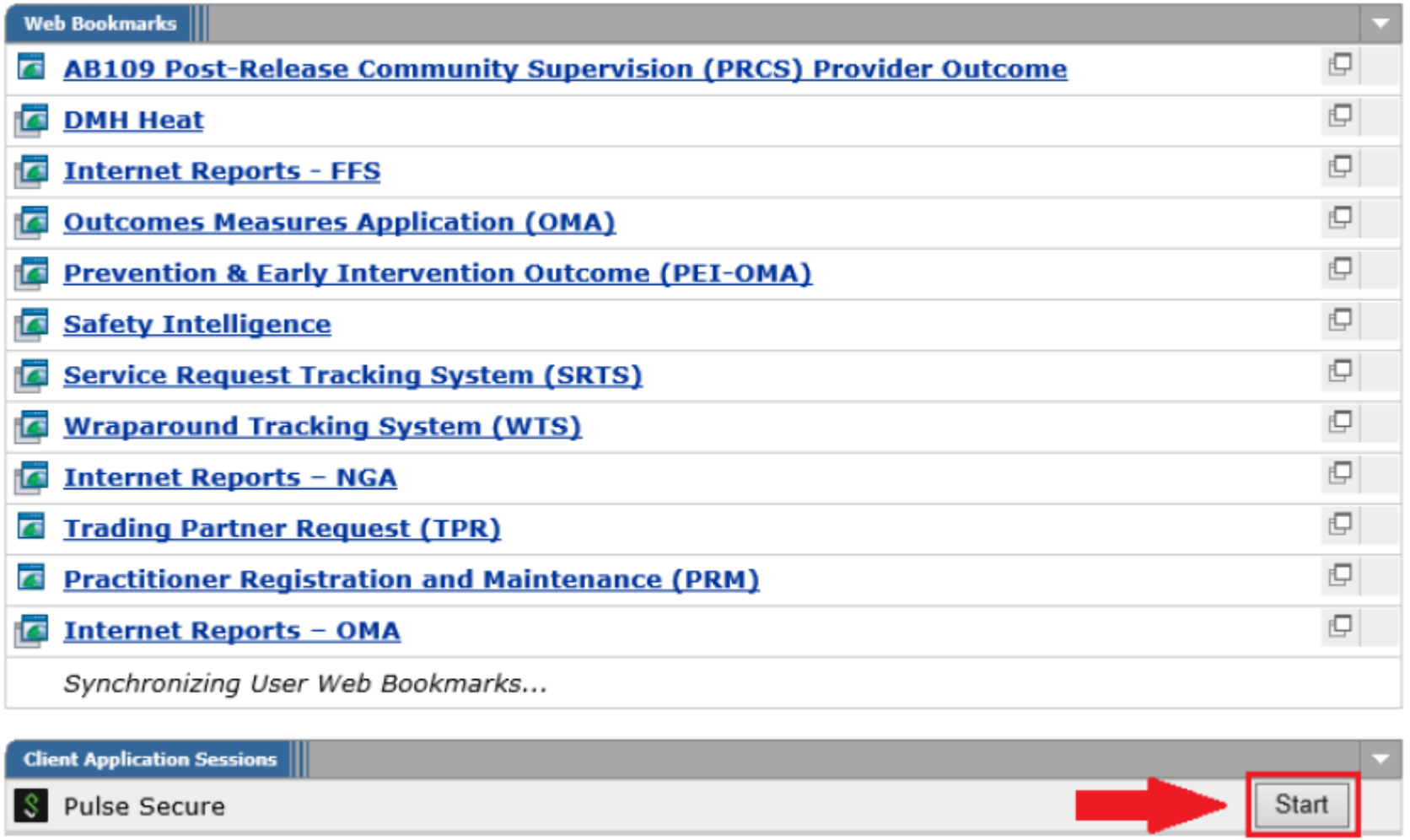
SI® FRONTLINE GUIDE
Access to Reporting System

- Access to SI reporting system:
  i. **Supported web browsers:** Google Chrome & Microsoft Edge
  ii. **Unsupported web browsers:** Internet Explorer & Firefox

- Frontline reporter will type/enter hyperlink https://era.lacounty.gov/dmh/contractor/mfa using a supported web browser in incognito mode
  i. If reporter receives an **error code** using the hyperlink above, type/enter https://www.dmh.lacounty.gov into supported web browser skip to ***Slide 9-11: DMH Homepage Login***
  ii. If reporter has set-up "*Microsoft MFA*" proceed to ***Slide 13-26***
  iii. If reporter has **not** set-up "*Microsoft MFA*" refer to ppt "***Safety Intelligence (SI)® Access Guide"***

- If SI reporting system is down, for user support visit **"Contractor Providers"** website: https://dmh.lacounty.gov/cp

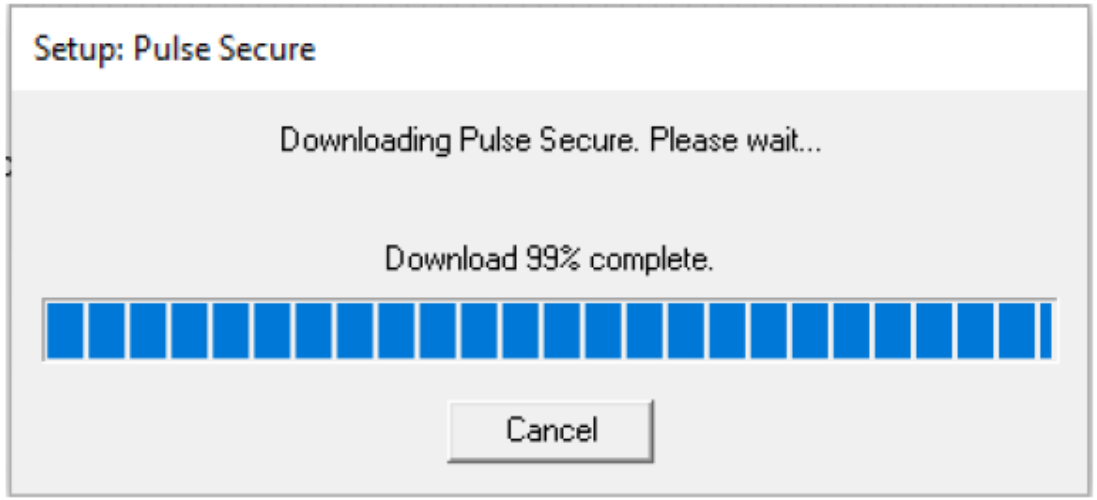
SI® FRONTLINE GUIDE
Pulse Secure

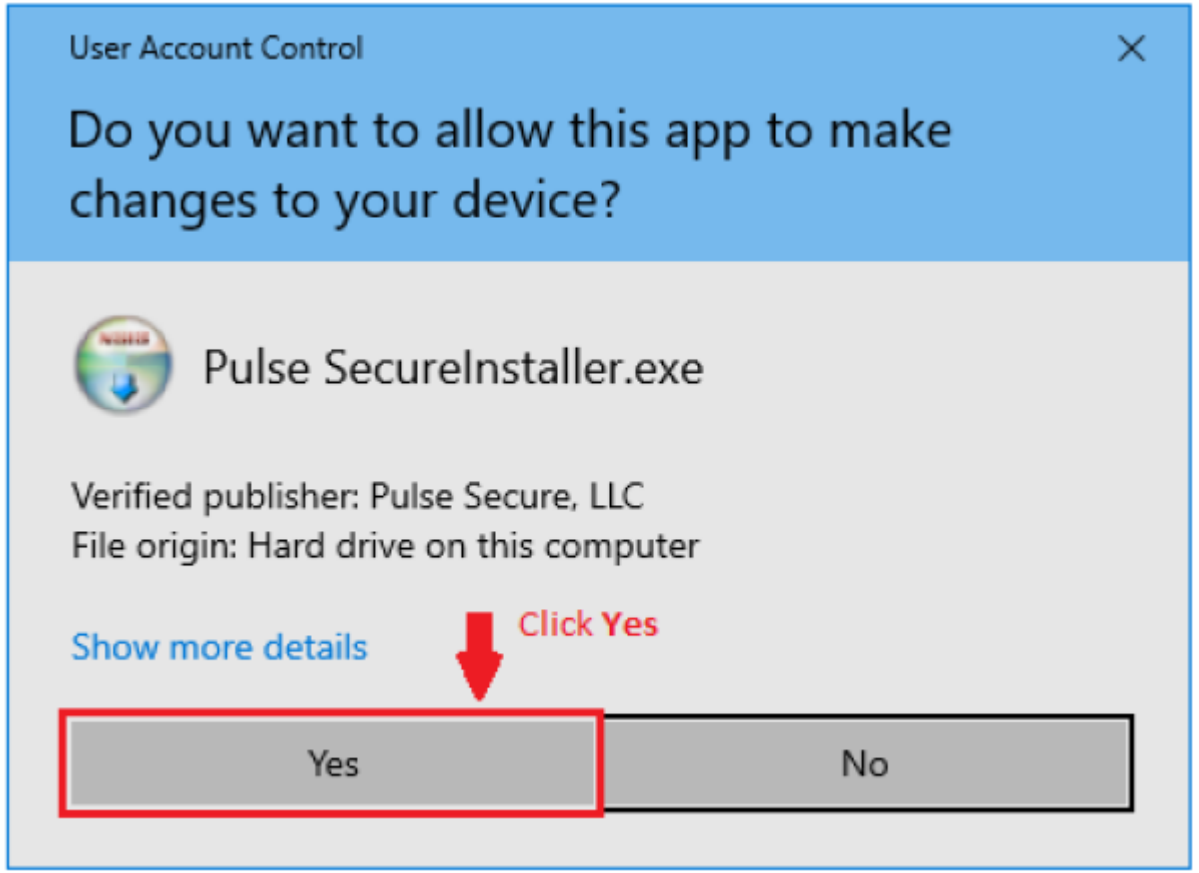


NOTE: Ensure "Pulse Secure" remains up-to-date

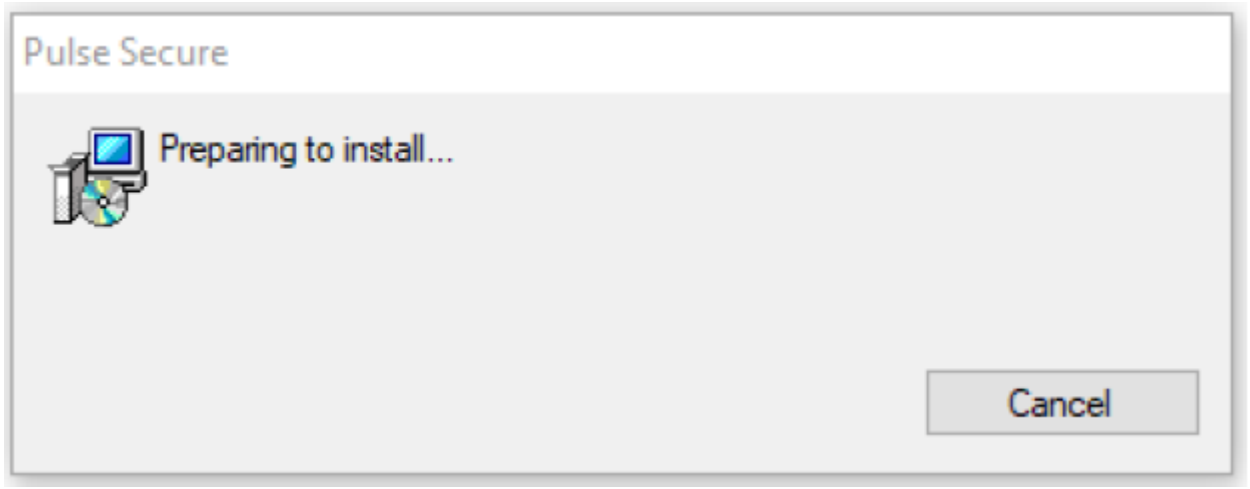
SI® FRONTLINE GUIDE
Pulse Secure cont.

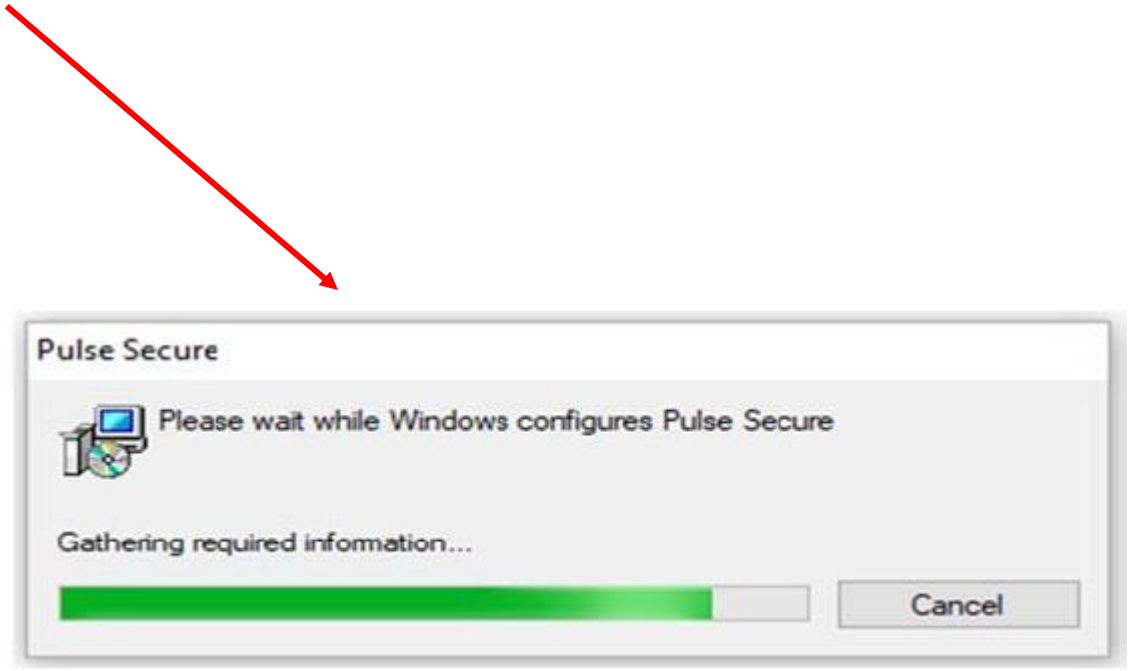
SI® FRONTLINE GUIDE
Pulse Secure cont.





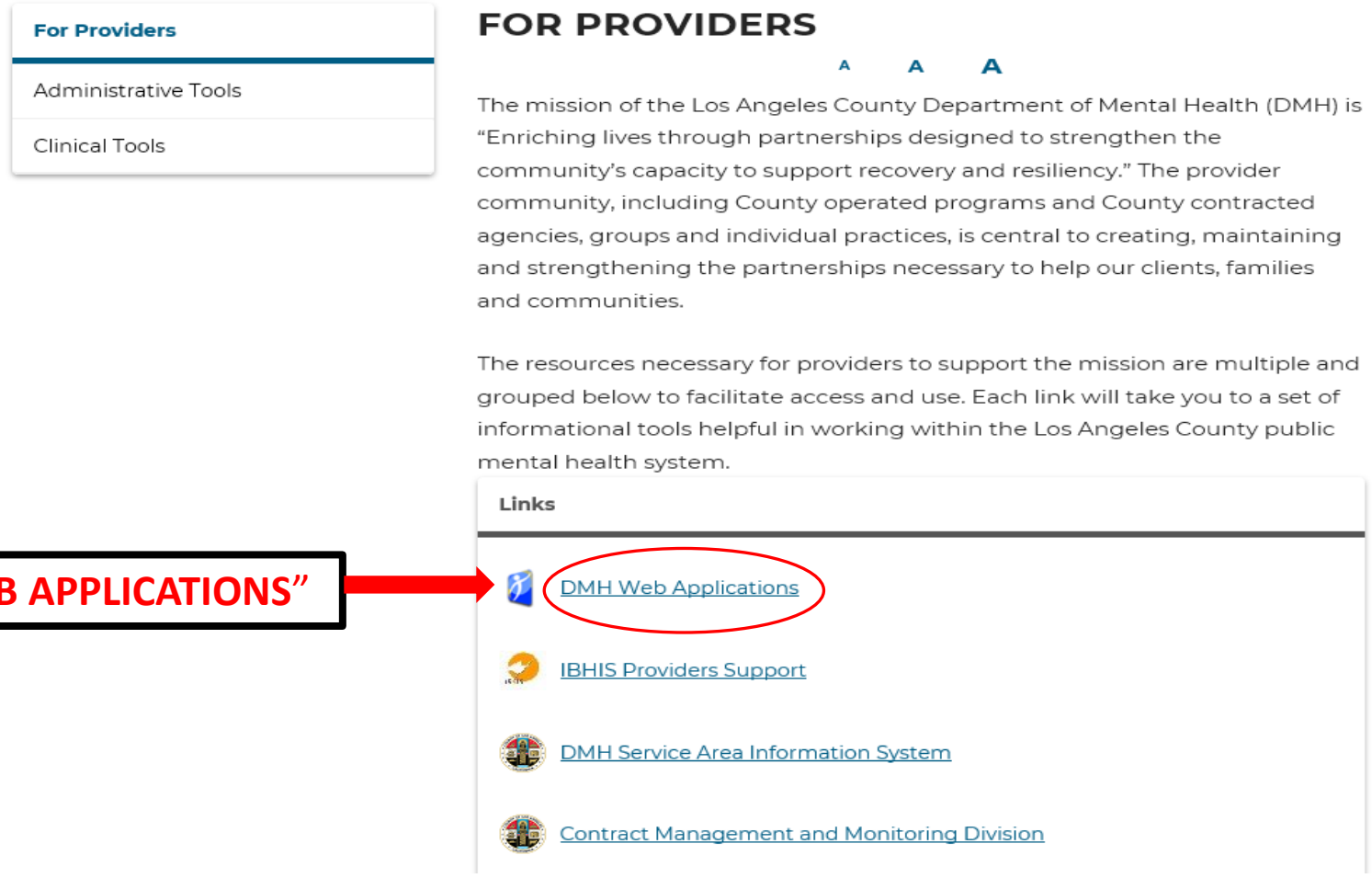
SI® FRONTLINE GUIDE
Pulse Secure cont.





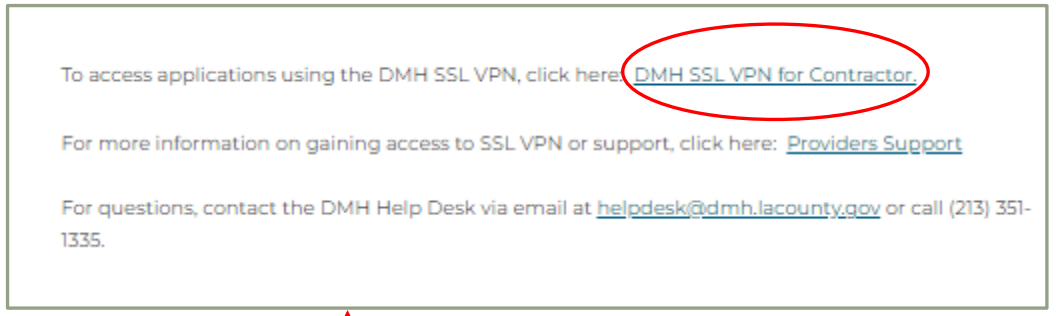
SI® FRONTLINE GUIDE
DMH Homepage Login

SI® FRONTLINE GUIDE
DMH Homepage Login cont.



Click "**DMH WEB APPLICATIONS**"

SI® FRONTLINE GUIDE
DMH Homepage Login



Click **“DMH SSL VPN for Contractor”**

SI® FRONTLINE GUIDE
Access & Forgotten Password

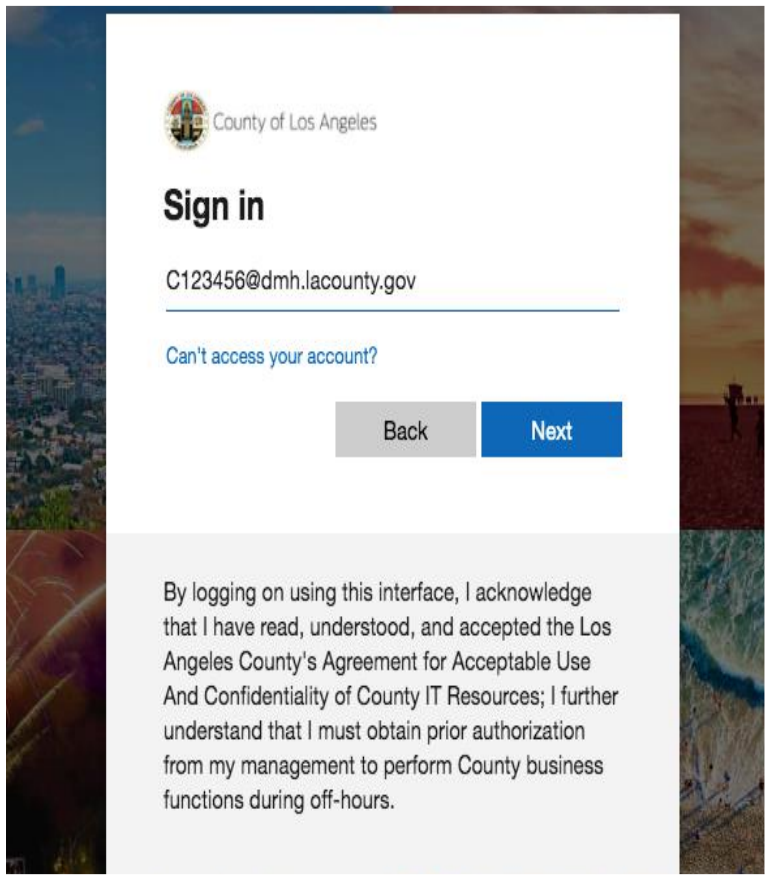
CIOB Helpdesk
(213) 351-1335

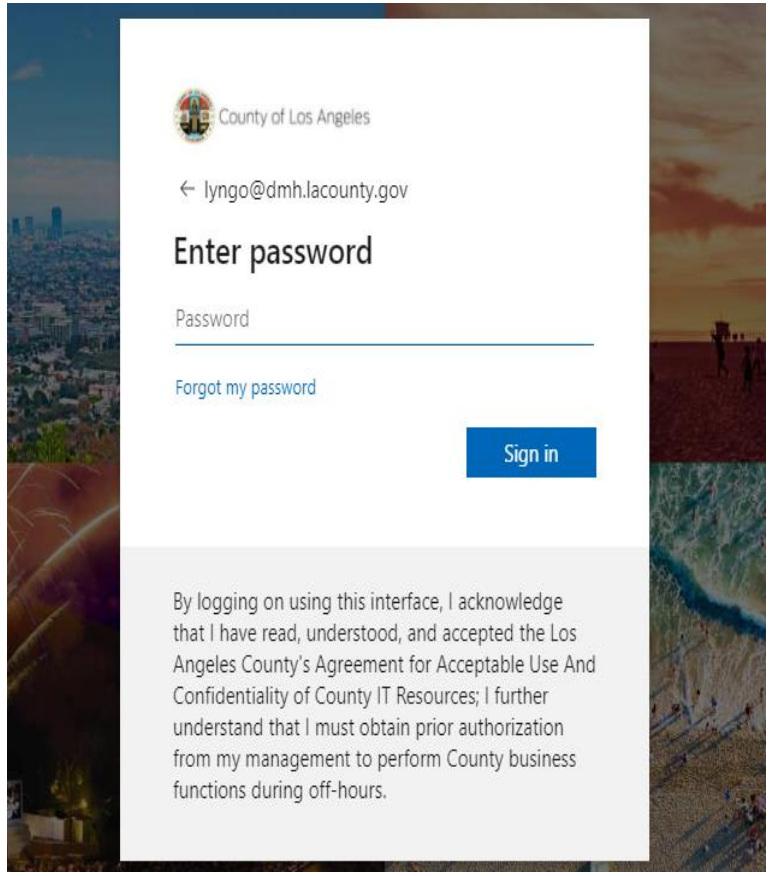
- Contact if user:
  - has not logged into SSL VPN-DMH/ Microsoft MFA/SI for 90 days
  - is receiving a link error message when attempting to login to SSL VPN-DMH/Microsoft MFA/SI
  - has other technical issues

ISD Helpdesk
(562) 940-3305/heldesk@dmh.lacounty.gov

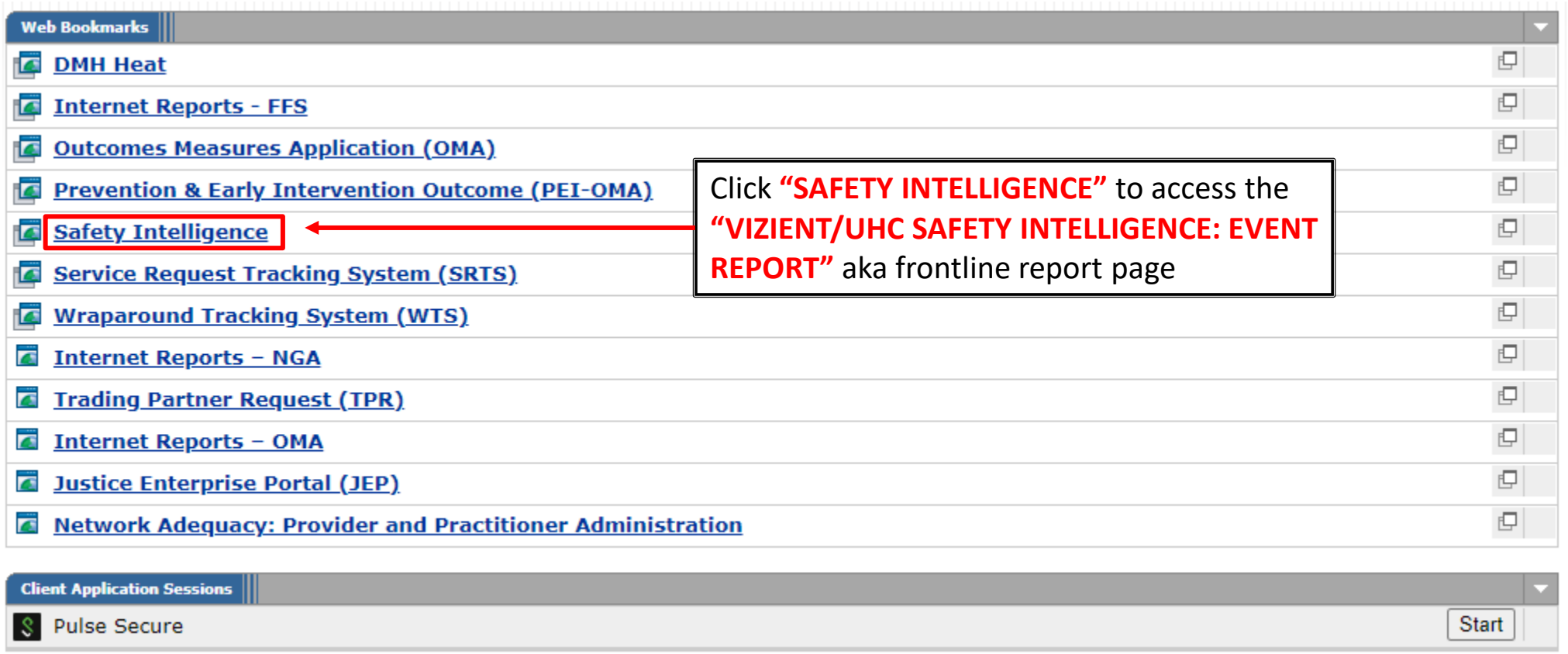
- Microsoft MFA Password:
  - can be reset from the Microsoft MFA hyperlink: https://aka.ms/mysecurityinfo
  - must be renewed every 90 days

SI® FRONTLINE GUIDE
SSL VPN-DMH Contractor Login





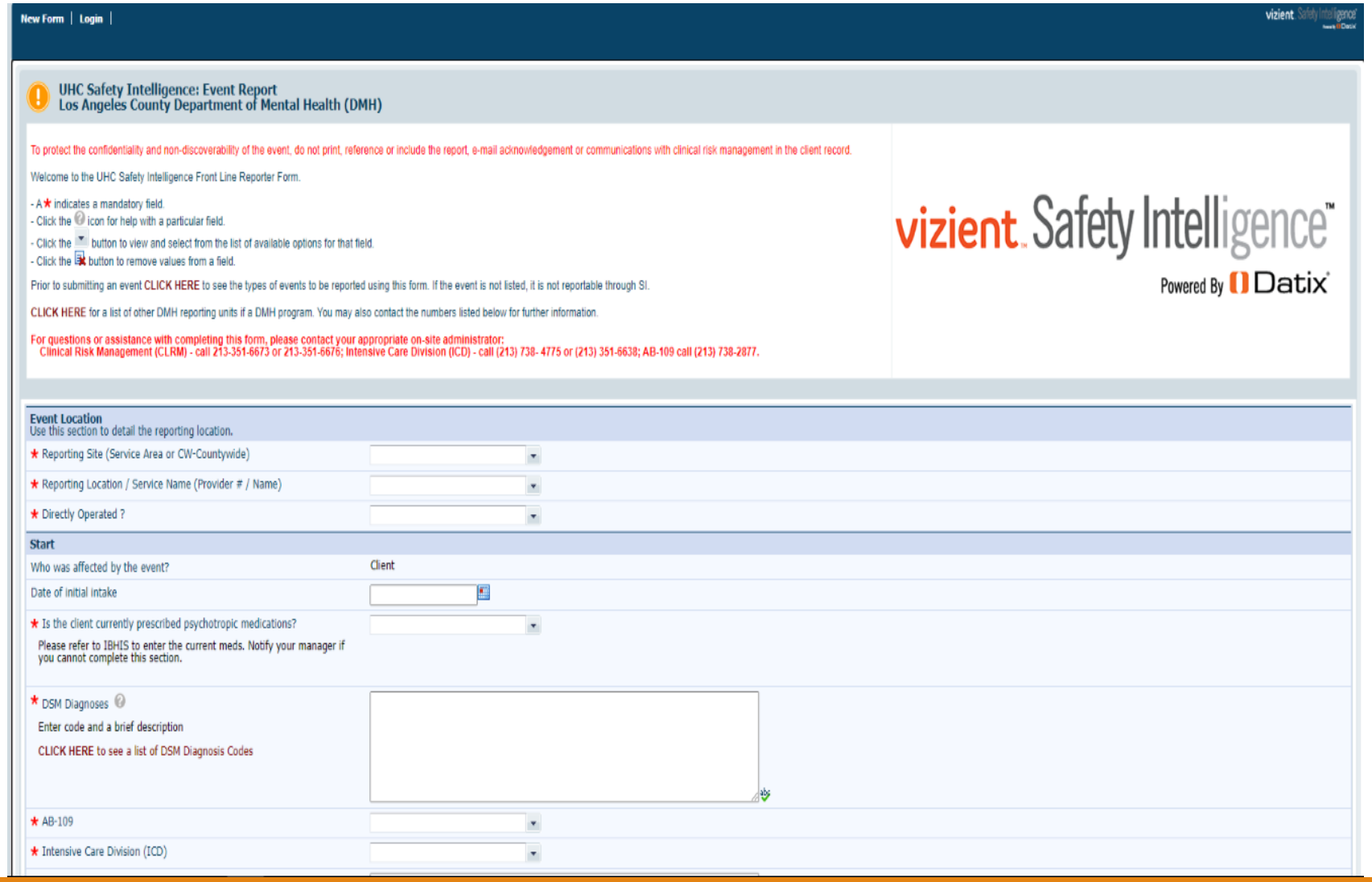
SI® FRONTLINE GUIDE
SSL VPN Web Bookmarks



Click **"SAFETY INTELLIGENCE"** to access the **"VIZIENT/UHC SAFETY INTELLIGENCE: EVENT REPORT"** aka frontline report page

***NOTE:** Contact CIOB Helpdesk at (213) 351- 1335 if "Safety Intelligence" hyperlink is missing*

SI® FRONTLINE GUIDE
Event Report Page



***NOTE:* Form will timeout after 60 minutes of inactivity**

- Open clients' chart while completing **"VIZIENT/UHC SAFETY INTELLIGENCE: EVENT REPORT"** aka frontline report page
- Click on a text box/select a drop down to reset the time for user activity
- Initial submission of frontline report require all asterisks to be answered. However, all fields with/without asterisks must be answered upon manager review for event

***REMINDER:** Enter all answers & submit the frontline reporting page before walking away

SI® FRONTLINE GUIDE

14 Event Category Crosswalk

	SI REPORTING CATEGORIES	SI EVENT TYPE	SI EVENT CATEGORY	SI SELECT OPTION	SI EVENT SUBCATEGORY
1.	**Death - Unknown Cause**	Other/ miscellaneous	Other (Other/misc)	Death - unknown cause	Not applicable
2.	**Death - Suspected or Known Cause Other Than Suicide**	Other/ miscellaneous	Other (Other/misc)	Death - suspected or known cause other than suicide	Not applicable
3.	**Death - Suspected or Known Suicide**	Behavioral event	Suicide or suicide attempt	Completed Suicide	Not applicable
4.	**Suspected or Known Suicide Attempt Requiring Emergency Medical Treatment (EMT)**	Behavioral event	Suicide or suicide attempt	Suicide Attempt	Not applicable
5.	**Client Self-injury Requiring Emergency Medical Treatment (not suicide attempt)**	Behavioral event	Client self-injury requiring EMT (not suicide attempt/ gesture)	Field not present	Not applicable
6.	**Client Injured Another Person Who Required Emergency Medical Treatment**	Behavioral event	Assault	Field not present	Assault by client - victim required EMT
7.	**Suspected or Alleged Homicide by Client**	Behavioral event	Assault	Field not present	Assault by client - resulting in death of victim (alleged or suspected homicide)
8.	**Medication Error**	Medication Related	Choose response from dropdown	Chose response from dropdown	Field not present
9.	**Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff**	Behavioral event	Suspected or Alleged Inappropriate Interpersonal Relationship With Client by Staff	Field not present	Field not present
10.	**Threat of Legal Action**	Other/ miscellaneous	Other (Other/misc)	Threat of Legal Action	Not applicable
11.	**Client Assaulted By Another Client Requiring Emergency Medical Treatment**	Behavioral event	Client assaulted by another client requiring EMT	Field not present	Not applicable
12.	**Adverse Drug Reaction Requiring Emergency Medical Treatment**	Adverse Reaction	Adverse drug reaction requiring EMT (not med error /not preventable)	Field not present	Not applicable
13.	**Alleged Assault by Staff Member To Client**	Behavioral event	Assault	Field not present	Assault by staff member to a client
14.	**Inaccurate, Absent, or Unchecked Laboratory Data Resulting in a Client Requiring Emergency Medical Treatment.**	Laboratory Test	Inaccurate/Absent/Unchecked Laboratory Data Resulting in a Client Requiring EMT	Field not present	Not applicable

SI® FRONTLINE GUIDE
Common Reporting Categories

2. Death- Suspected or Known Cause Other Than Suicide

- Applies if event is related to medical reason(s)
- List medical reason(s) (i.e. heart attack, diabetes, etc.)

4. Suicide or known Suicide Attempt Requiring Emergency Medical Treatment (EMT)

- If suicide/known suicide attempt required EMT at an ER/Urgent care (i.e. charcoaling, stitches, wound care, IV)
- If no EMT is provided at an ER/Urgent, event is not reportable

5. Client Self-injury Requiring Emergency Medical Treatment (EMT) (not suicide attempt)

- Drug overdose w/o intent to kill self
- Unintentional self-injury r/t anger or release of tension w/o intent to kill self
- Cutting self w/o intent to kill self

8. Medication Errors

- Medication prescribed to the wrong client
- Medication administered to the wrong client
- Medication dispensed by pharmacy to the wrong client
- Incorrect transcription of doctors orders by clinical staff
- Incorrect dosage prescribed, administered, or dispensed to a client
- Incorrect route of medication administration
- Incorrect medication administration of additional dose d/t clinical staff not checking the medication administration record (MAR)

SI® FRONTLINE GUIDE
Common Reporting Categories

10. Threat of Legal Action

- Threat to clinic/programs employee(s) or contractor provider(s) being named/alleged in lawsuit
- Threat to DMH employee(s) or clinic/program being named/alleged in lawsuit

11. Client Assaulted by Another Client Requiring EMT

- Fill out two CERs (one for the perpetrator & one for the victim):
  - Reported as *event categories:*
    - # 6- Client Injured Another Person Who Required EMT (Perpetrator)
    - # 11- Client Assaulted by Another Client Requiring EMT (Victim)

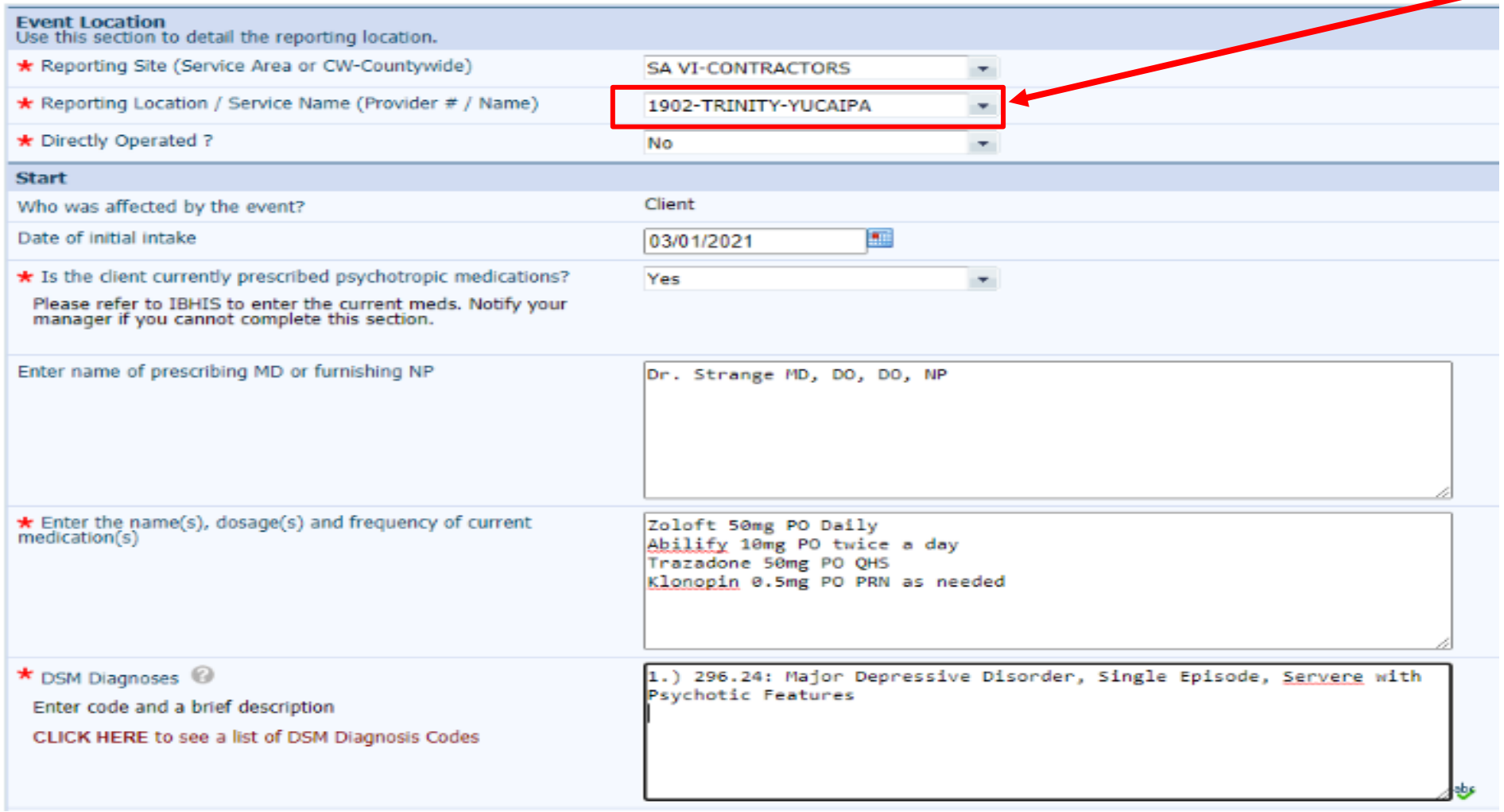
12. Adverse Drug Reaction Requiring EMT

- Applies to any prescribed psych medication by MD, DO, and/or PMH-NP
- Not considered a medication error
- Unintended effect of a medication that is harmful and/or unpleasant
- Not a preventable drug reaction
- Life threatening

14. Inaccurate, Absent, or Unchecked Laboratory Data Resulting in a Client Requiring EMT

- Lab result(s) that do not appear on a computerized system and/or would routinely appear as a timely report
- Incorrect/Absent/Unchecked lab(s) ordered by MD, DO, and/or PMH-NP causing an adverse reaction requiring EMT
- Incorrect/Absent/Unchecked lab ordered by MD,DO, and/or PMH-NP to the **wrong** client causing an adverse reaction requiring EMT

SI® FRONTLINE GUIDE
Event Location & Start



- Select the correct **"REPORTING LOCATION"**
- "*Reporting location*" determines which Manager/Higher receives the CER

Contact CLRM if:

1. Clinic/program has new provider number(s) (PN#)/no longer in existence
2. PN# cannot be located
3. employee no longer works at the clinic/program
4. manager has been promoted to a new position

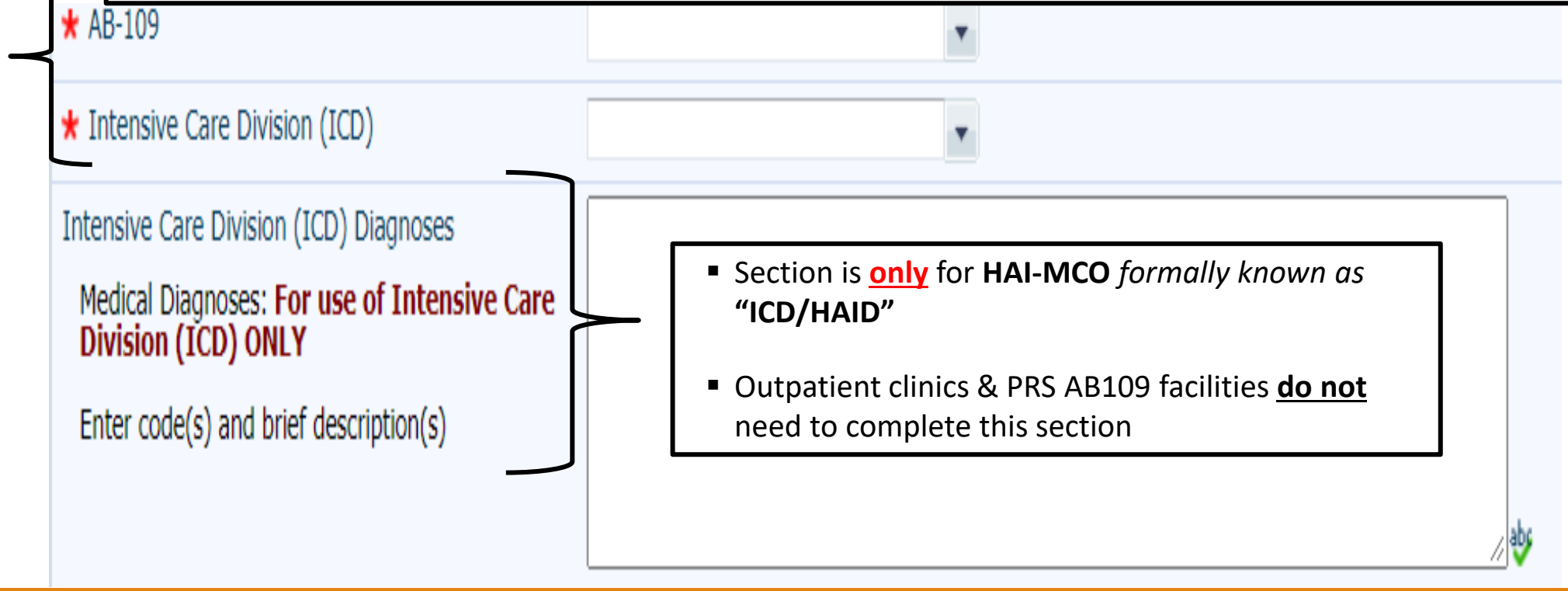
SI® FRONTLINE GUIDE
CLRM/HAID/AB-109

- **Outpatient Clinic:** must select **"NO"** for PRS *AB109 & HAI-MCO section*
- **PRS AB109 Facilities:** must select **"YES"** for *PRS AB109 section* & **"NO"** for *HAI-MCO section*
- **HAI-MCO Facilities:** must select **"YES"** for HAI-MCO section & **"NO"** for PRS AB109 section

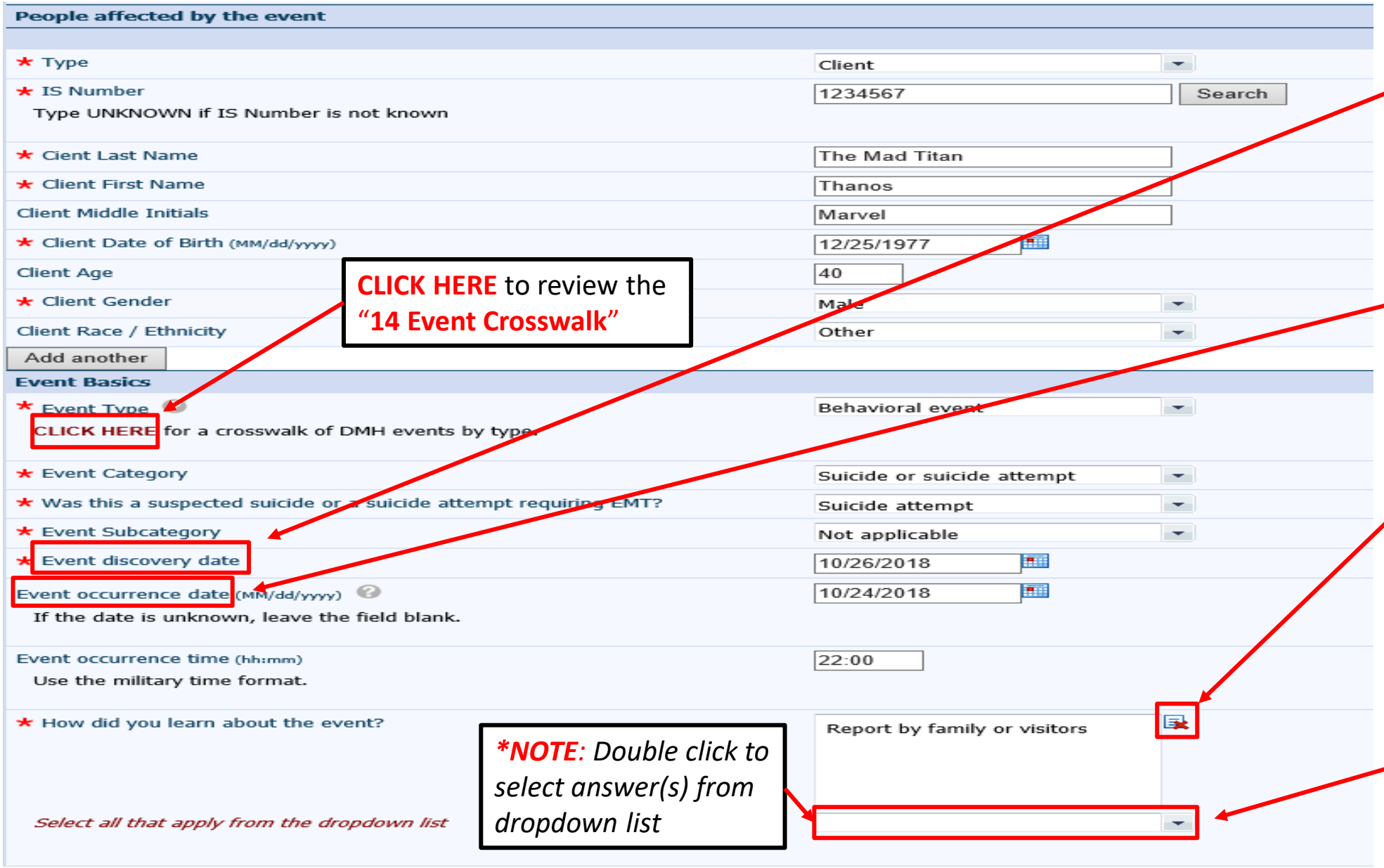
NOTE: *The following selections will determine where the CER will be delivered*

Safety Intelligence (SI) reporting system is utilized by three (3) Divisions:

- **Clinical Risk Management (CLRM):** *(Outpatient Clinics)*
- **Health Access & Integration – Managed Care Operations (HAI-MCO):** *(Residential Facilities)* (213) 738- 4775
- **Post Release Services (PRS) AB-109:** *(Probations)* (213) 738- 2877



- Section is **only** for **HAI-MCO** *formally known as* **"ICD/HAID"**
- Outpatient clinics & PRS AB109 facilities **do not** need to complete this section



CLICK HERE to review the **"14 Event Crosswalk"**

***NOTE:** Double click to select answer(s) from dropdown list*

"EVENT DISCOVERY DATE" is the date reporter learned about the event

***NOTE:** All fields should be completed*

"EVENT OCCURRENCE DATE" is the date the event transpired

To unselect/delete a choice, highlight the selected incorrect answer & click on the **delete icon** with the **red X**

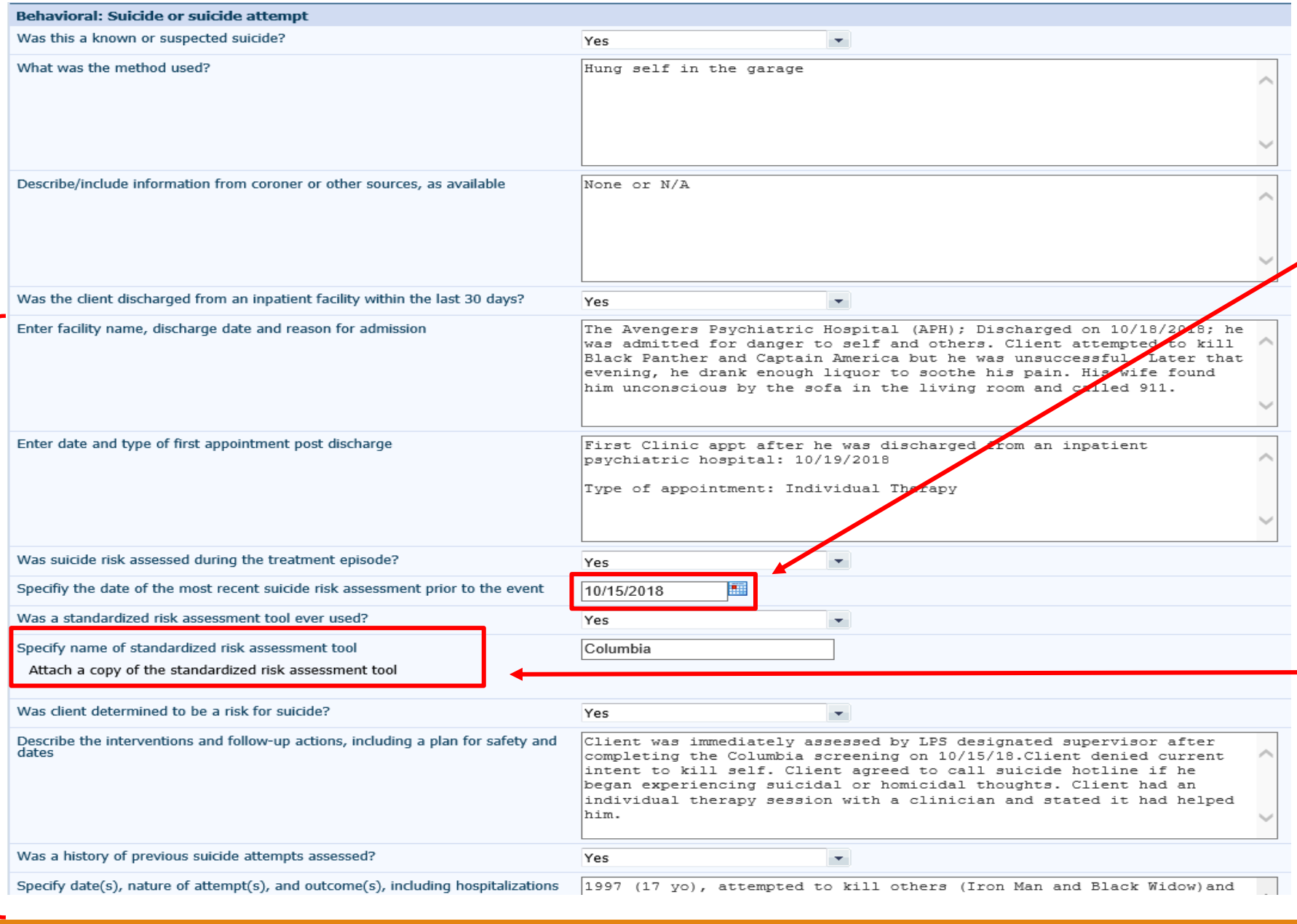
To select one or more choices click on a the dropdown box for choices to appear in the square above

List/elaborate type & amount of pills/drugs if suicide attempt was an overdose

List facts & documents information that led to the event occurrence

***NOTE:** Questions in this section pertain to events that may have occurred **PRIOR** to the suicide/suicide attempt occurrence date*

List **only** locked inpatient facilities/units & not medical facilities/units



***NOTE:**
*Questions in this section pertain to events that have occurred **PRIOR** to the suicide/suicide attempt occurrence date*

The **"date of the most recent suicide risk assessment"** should be **PRIOR** to the event occurrence date

Manager/Higher will need to attach a copy of a standardized risk assessment tool for the Frontline Reporter

***NOTE:** Questions in this section pertain to events that have occurred **PRIOR** to the suicide/suicide attempt occurrence date*

"DURATION OF SERVICE" is the amount of time per session. For multiple sessions give a range of time *(ex: 30-60 minutes: Med Support & Targeted Case Management etc.)*

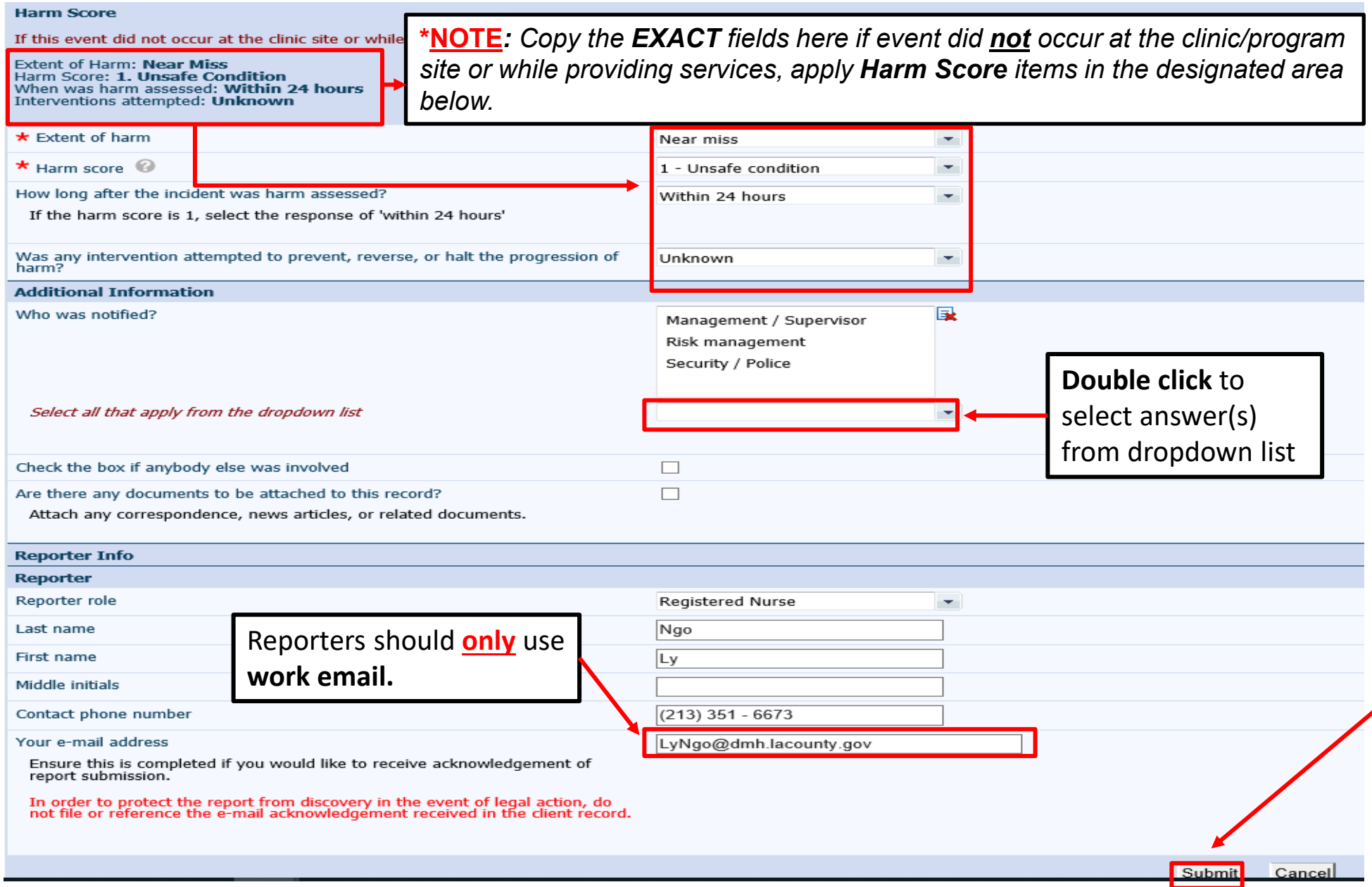
Documented goals and **responses** to treatments are ALL **PRIOR** to the event occurrence date

Was a history of previous suicide attempts assessed?	Yes
Specify date(s), nature of attempt(s), and outcome(s), including hospitalizations	1997 (17 yo), attempted to kill others (Iron Man and Black Widow)and was placed on a 5150. This later led to the clients second attempt to now kill self by overdosing on cocaine. He was hospitalized at APH for a month. 2007 (30 yo), attempted to kill self by overdosing on alcohol, was hospitalized at The Avengers Psychiatric Hospital for 2 weeks.
Was a family history of suicide assessed?	Yes
Specify date(s), relationship of family member(s), and nature of suicide(s)	Client stated he has no family member.
Describe type(s) of service provided	Individual therapy, medication support, Targeted Case Management
Describe frequency of services	Individual therapy (1x/week for 60-90mins), medications support (1x/month for 30 mins), Targeted Case Management (Every 2 weeks for 90-120mins)
Describe duration of service	See Above
What were the documented goals of treatment?	1.) Decrease symptoms of Depression 2.) Decrease feelings to kill others 3.) Decrease paranoid thoughts 4.) Decrease thoughts of suicide 5.) Medication compliance 6.) Decrease drug & alcohol use from daily to 3x a week.
What was the client's response to treatment for each goal?	Goal met or not met prior to suicide attempt date: 10/24/2018? 1.) No 2.) No 3.) No 4.) No 5.) No 6.) No

Was the client sufficiently engaged in TX for managing the suicide risk?	No
Did client keep appointments?	No
Explain, include interventions, if any	Client only kept his appointment with the case manager which he would see every 2 weeks because it's less time consuming. Otherwise, he was insufficiently engaged in individual therapy and medication support. He would go to some of the appointments but missed most of the appointments for medications and individual therapy that were provided.
Did client refuse any treatment recommendations?	Yes
Explain, include interventions, if any	1.)Collateral session with step-daughter to form a relationship was offered but client refused. He said he feels like his step-daughter doesn't want be part of his life and she tried to kill him once. 2.) Substance Abuse Treatment- Client refused and denied having any issues with abusing drugs or alcohol. He said he has sobered up.
Were there other signs of lack of engagement?	Yes
Explain, include interventions if any	Client was resistant with treatment. He is denying he's having any problems. He feels uncomfortable speaking to a therapist or opening up. He doesn't like talking about himself to others. Engaged client with a therapist and encouraged client to attend AA meetings, and to find friends with similar stories.
Were any acute stressors identified immediately prior to the suicide?	Yes
Specify	Lost his job, his wife, and doesn't speak to step-daughter or friends. He started using methamphetamine and has occasionally smoked marijuana. He has been abusing cocaine since the 80s and reports drinking alcohol after work to ease the pain. He feels hopeless and helpless with his situation and can't see a light at the end of a tunnel. At this time, client does not have a support system.

NOTE:

- *Reporters should be descriptive and elaborate all answers*
- *Double click to select answer(s) from the dropdown lists*



NOTE:

- *If the CER requires revision, **only** authenticated Manager/Higher have access to the submitted reports*
- *SI protects the confidentiality & non-discoverability of CERs*

- The report may not be retrieved after the **"SUBMIT"** button has been selected
- Manager/Higher assigned to PN# will be notified of submission(s)

Thank you for improving clinical quality and lessening risk through the use of Safety Intelligence.

Any questions?

We appreciate feedback. Please contact us at:

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Regional Quality Improvement Committee (RQIC)

Quality, Outcomes, and Training Division

July 2025

LOS ANGELES COUNTY
DEPARTMENT OF
MENTAL HEALTH
hope. recovery. wellbeing.

Meeting Attendance- Northern RQIC

Please complete the following Microsoft Forms survey to confirm your attendance for today's meeting:

https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgd3PzpIfIShOkZg0l_tGS49UNUxYUlhLQUtLSUY1T0I3RFYwSVBOR0dNNC4u

Happy National Ice Cream Month!

CLINICAL RISK MANAGEMENT

CONSUMER PERCEPTION SURVEY

2025 Consumer Perception Survey-Preliminary Count

Thank You!

- Providers
- Service Area Liaisons
- MyHealthPointe Pilot Clinics
- Chief Information Office Bureau (CIOB) Teams
  - Application Development
  - MyHealthPointe
  - System Access
  - Data
  - HelpDesk
- Bilingual Staff
- QI/Outcomes Unit
- Peer Support

Challenges

- Microsoft outage
- Provider permissions
  - LACDMH providers seeing all providers on their landing page
  - Inability to give the pilot clinic access to the LACDMH electronic survey PowerBI Comment Report
- LACDMH Older Adult survey briefly unavailable
- MyHealthPointe
  - Moving edits from testing to application
  - Limited translation features
  - Less than user friendly survey features
  - Challenging data reports

2025 CPS Preliminary Count

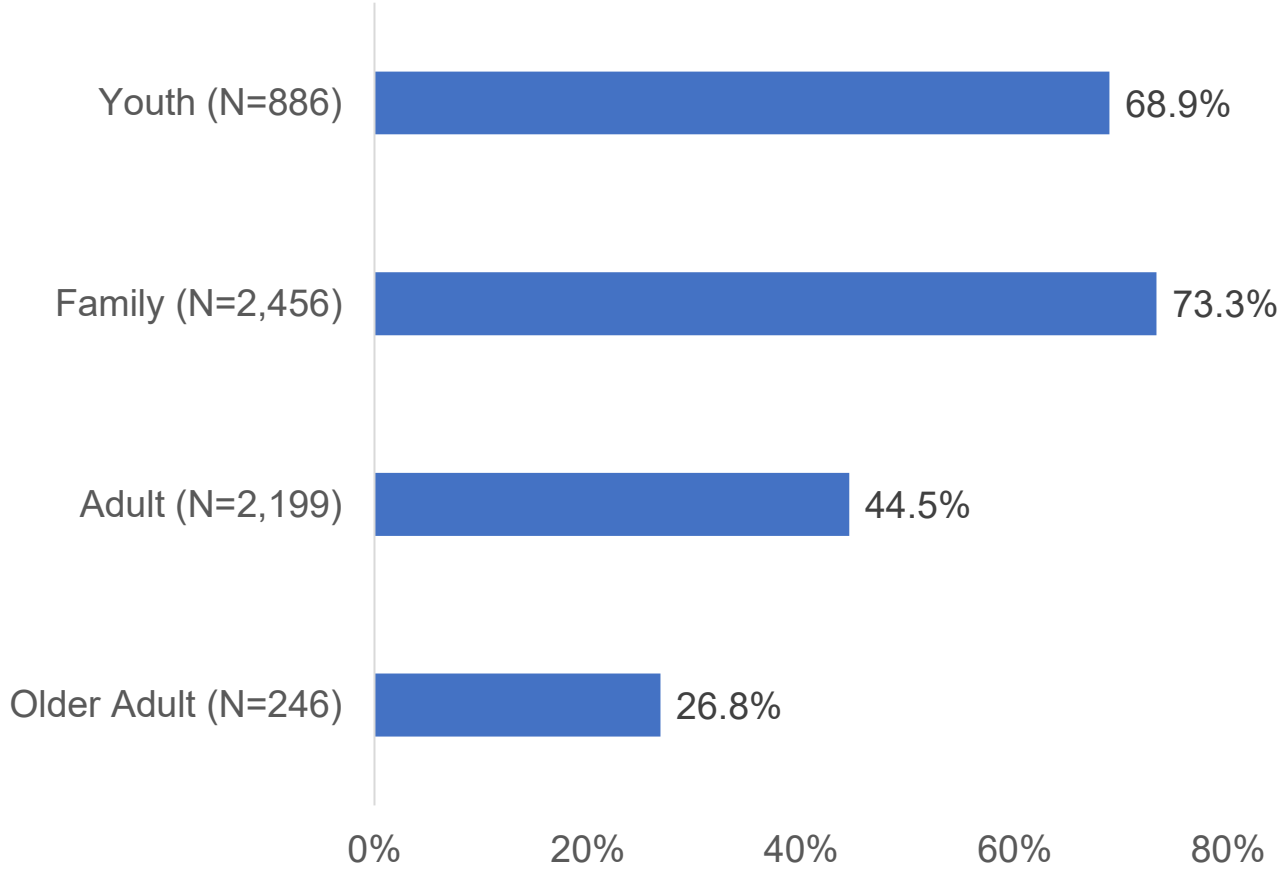
Paper Survey Total	6,737
LACDMH E-survey Total	4,533
UCLA E-survey Total	2,048
MyHealthPointe Total	55
Preliminary Total	13,373

- Completed survey – usable survey data
- Totals will decrease with LACDMH and UCLA data cleaning

2025 Open Ended Comments

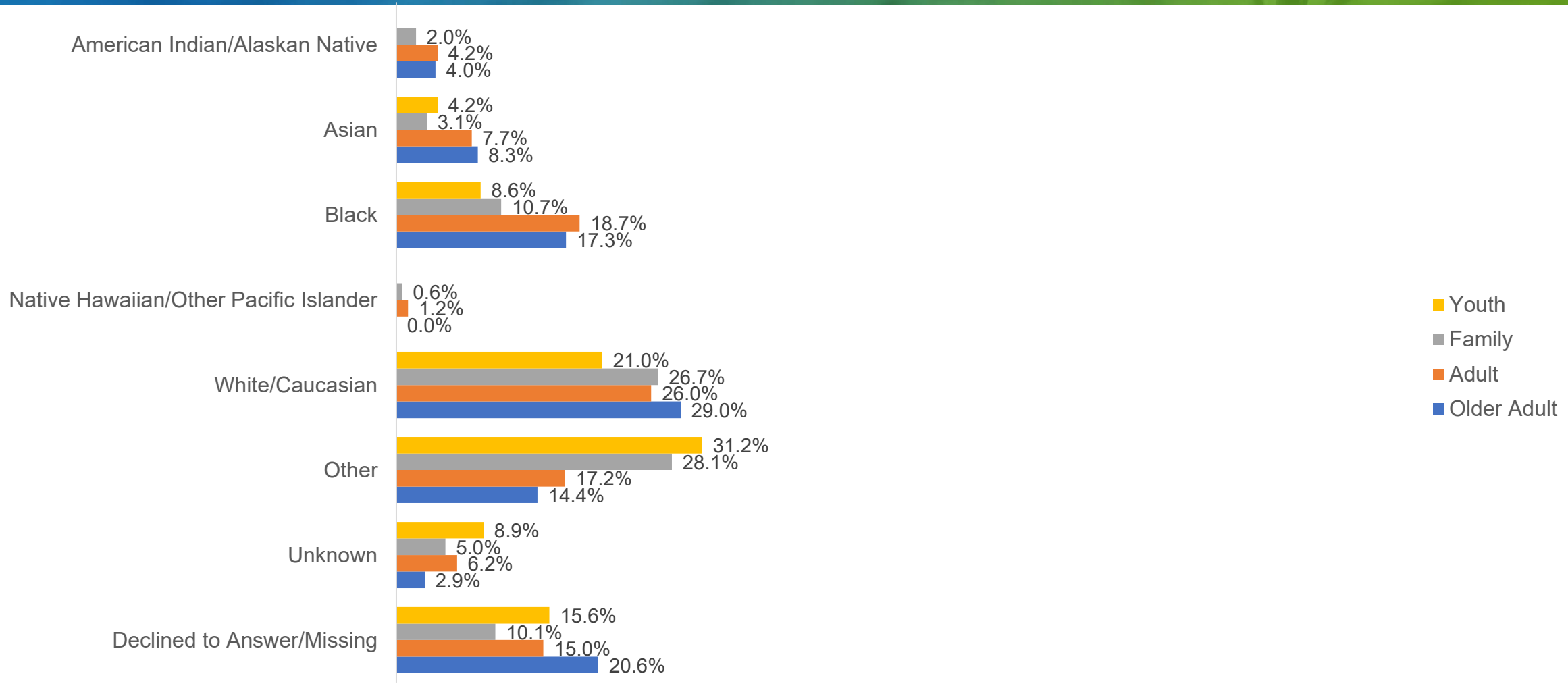
- 4,984 Open-ended Comments received
  - Comment Languages:
    - 4,071 English
    - 896 Spanish
    - 15 Korean
    - 1 Chinese
    - 1 Farsi

Mexican/Hispanic/Latino–Preliminary Counts

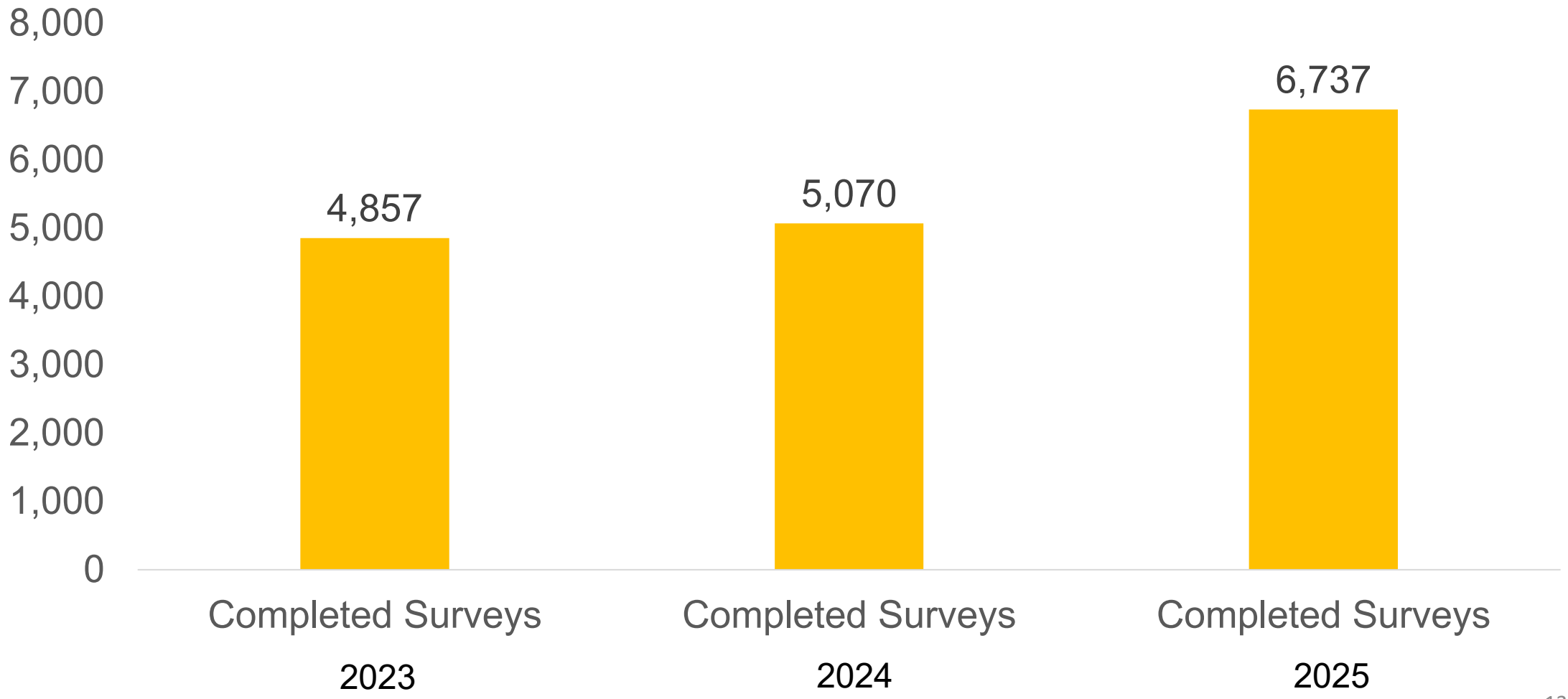


- Separate question on the CPS
- State and federal mandated survey, so we are unable to change it
- It will change next year with the Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity (SPD 15)

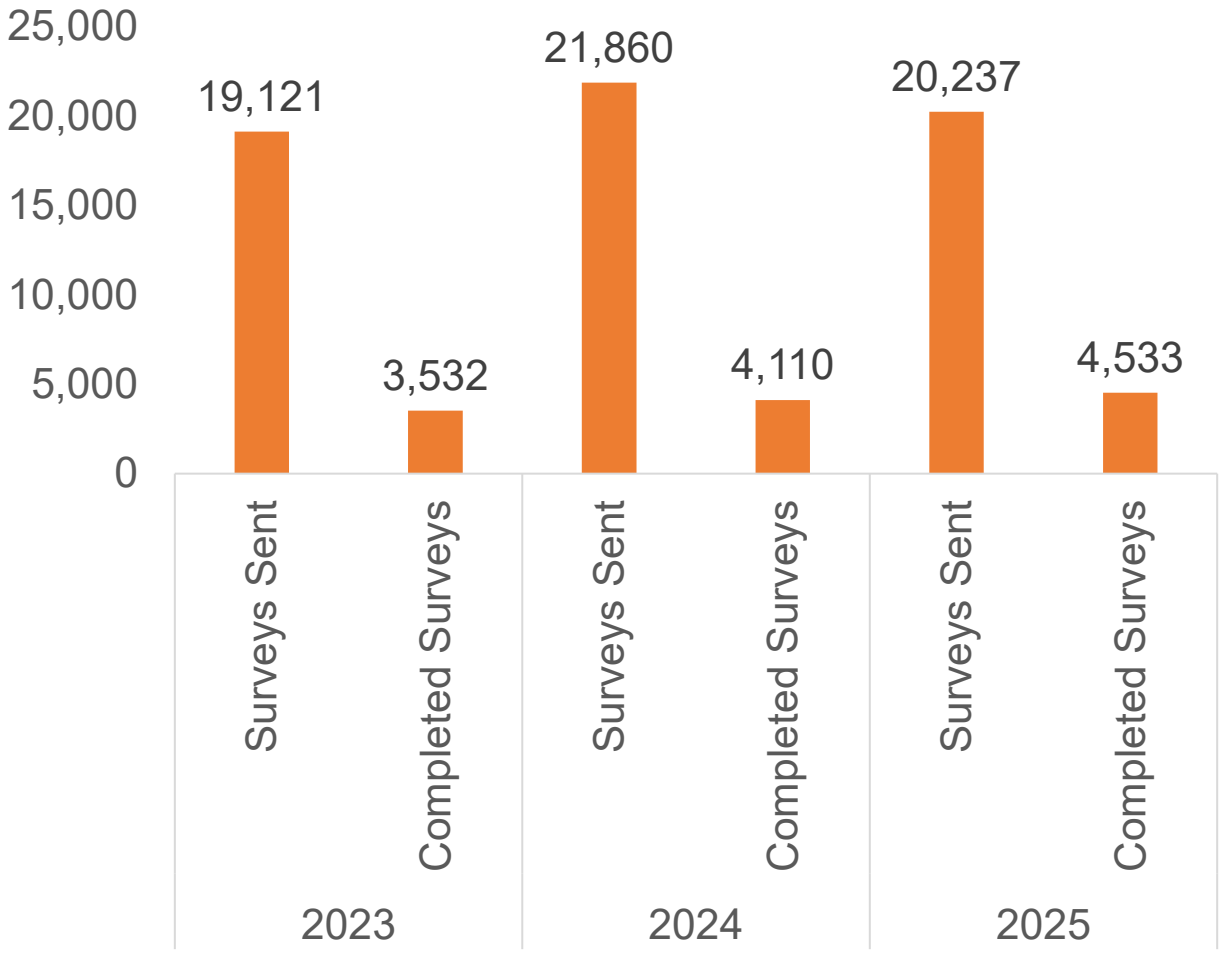
Race/Ethnicity Distribution –Preliminary Counts

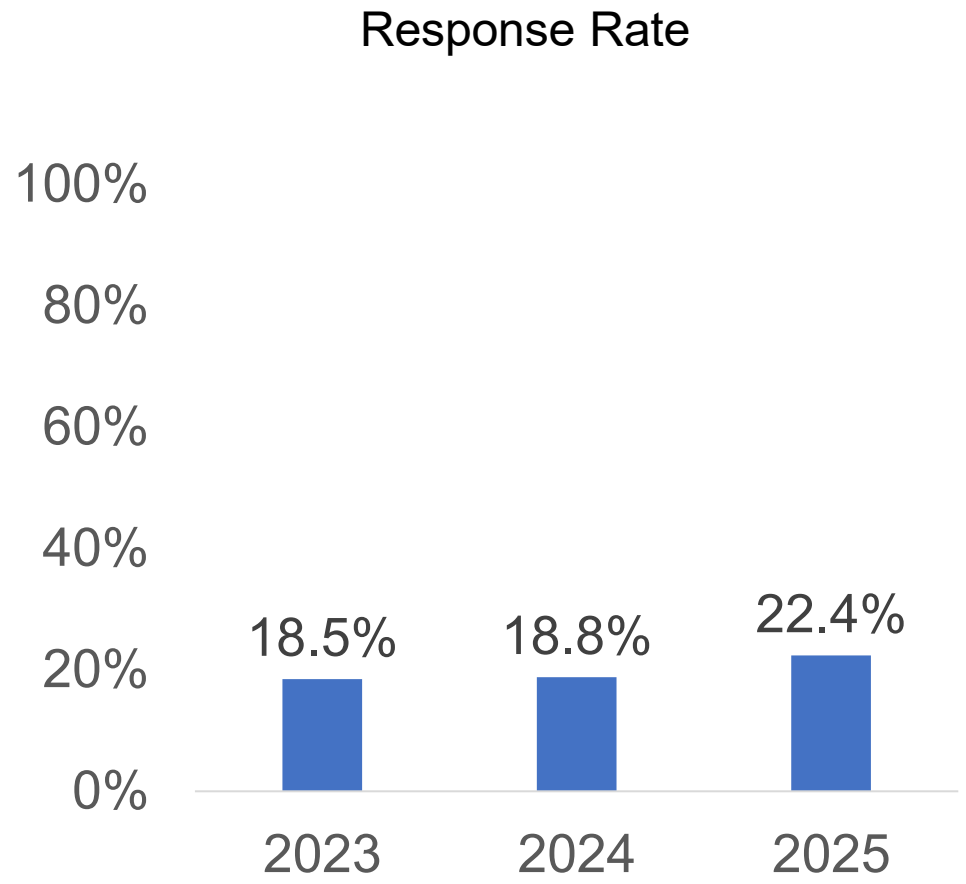


Paper Survey Trends – Preliminary Counts

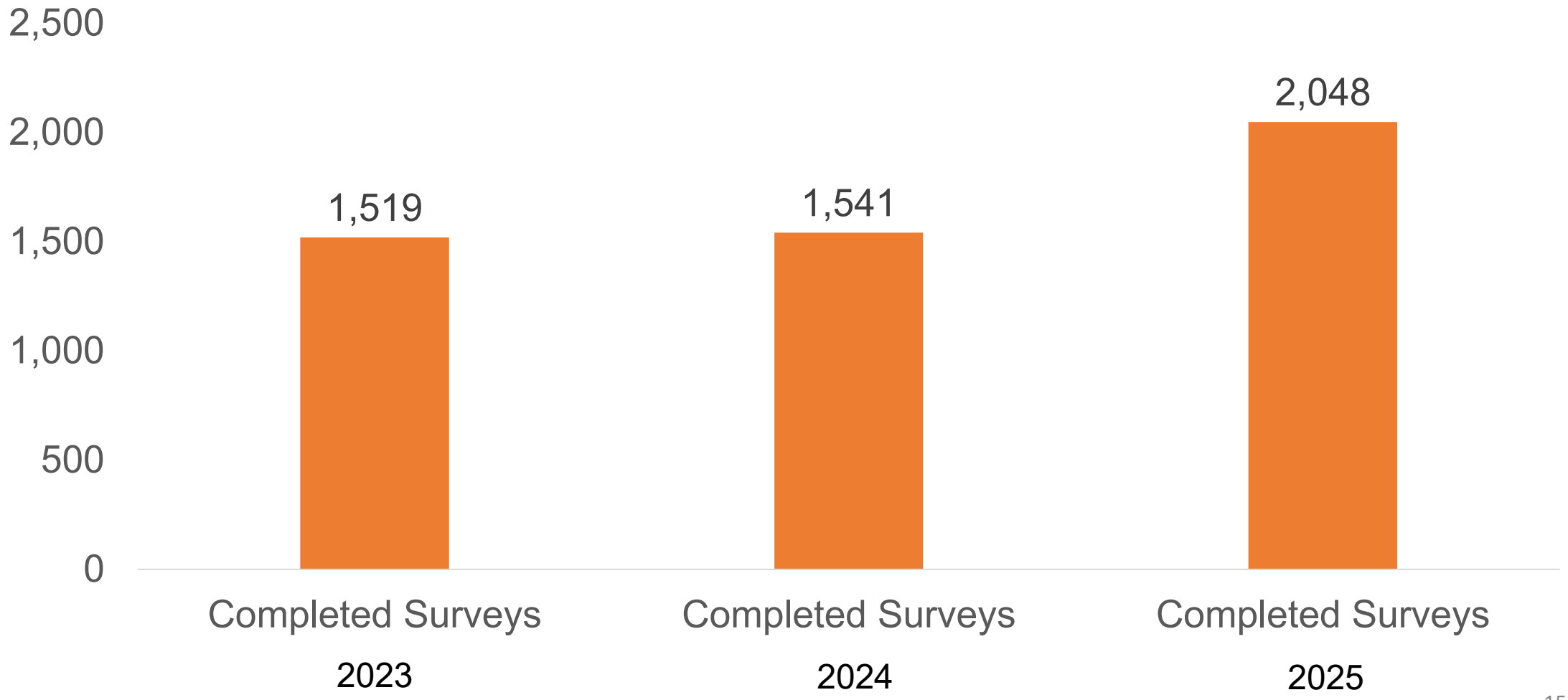


LACDMH Electronic Survey Trends - Preliminary Counts

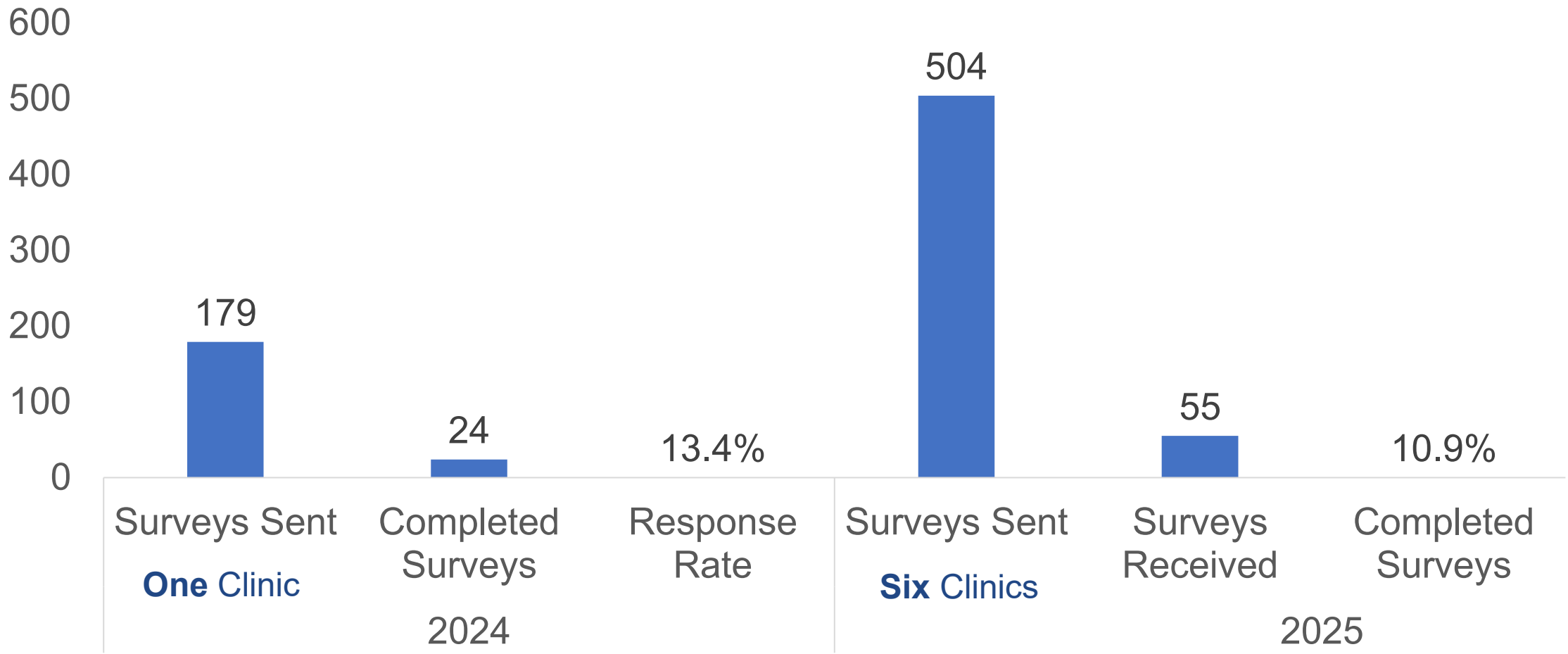




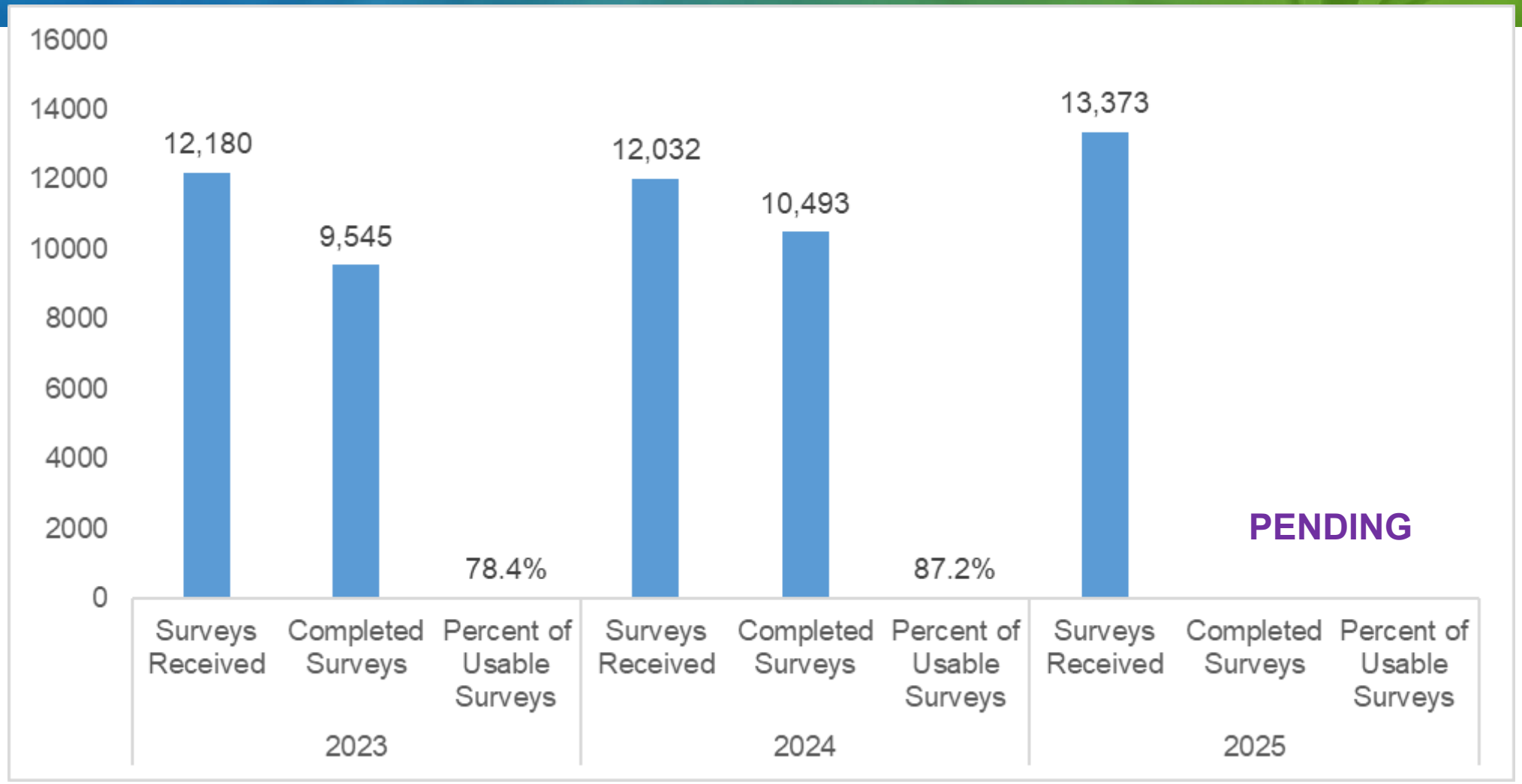
UCLA Electronic Survey Trends - Preliminary Counts



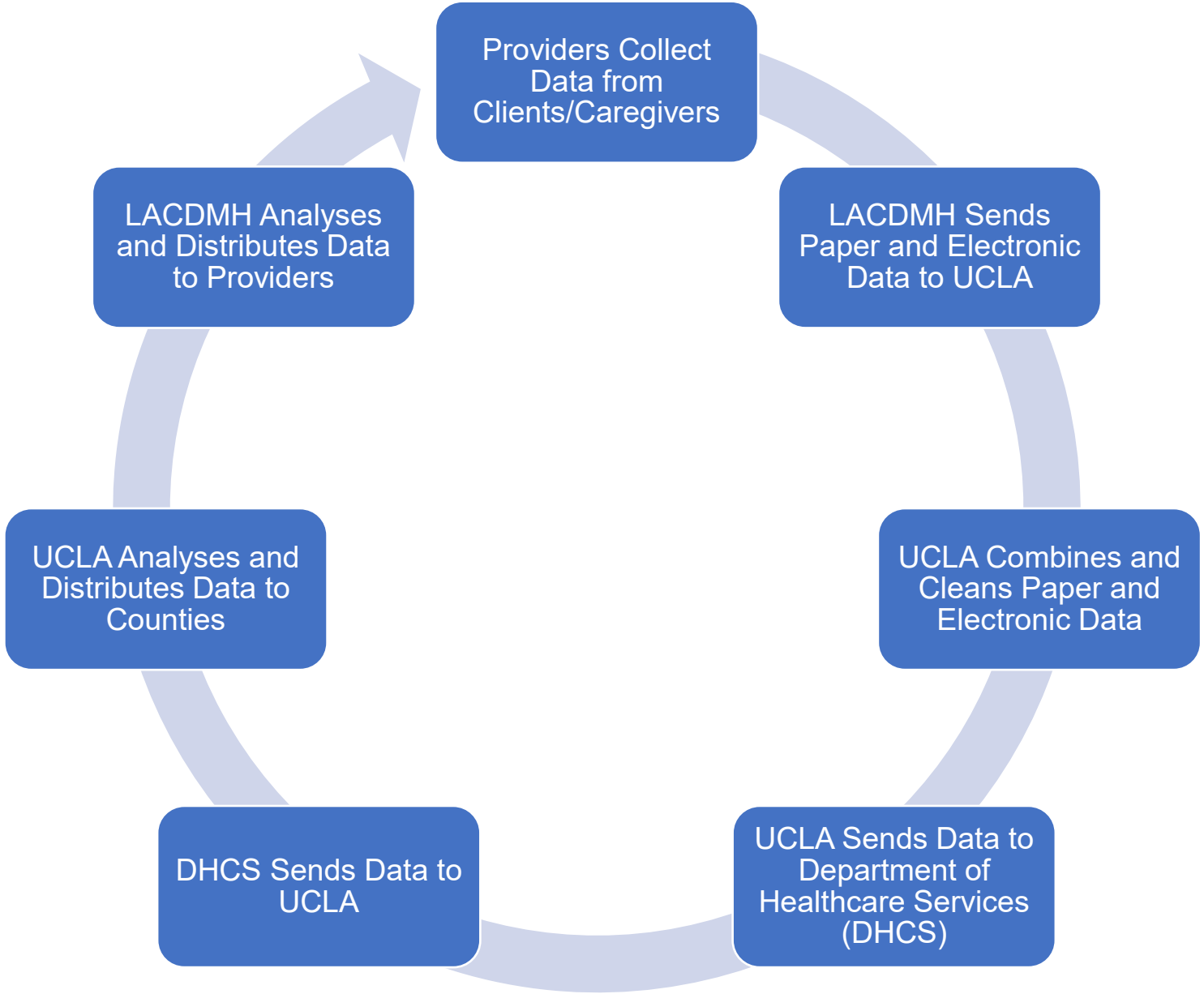
MyHealthPointe Survey Trends - Preliminary Counts



Total Survey Trends - Preliminary Counts



CPS Data Cycle



Summary

- Survey collection numbers are improving!
- Family and Youth survey participants seem to prefer electronic surveys. Adult and Older Adult survey participants prefer paper surveys.
- Response rates to the LACDMH electronic survey are improving.
- The QI team shared recommendations for improvement of the MyHealthPointe client portal with Netsmart.
- The QI team will work to incorporate feedback from providers and clients for the 2026 CPS.
  - Work with CIOB on text receipt issues
  - Open-ended Comment report for LACDMH electronic surveys
  - Handout for clients that provides information about the CPS
  - Contact providers who expressed need for additional support for brainstorming and planning

Next RQIC will be in October 2025

Thank You!

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