

# REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC)- SOUTH

## MEETING MINUTES January 2025

<b>Type of meeting:</b>	Regional QIC	<b>Date:</b>	1/30/2025
<b>Location:</b>	Microsoft Teams	<b>Start time:</b>	10:00AM
		<b>End time:</b>	11:30AM
<b>Members Present:</b>	See Table Below		
<b>Agenda Item</b>	<b>Presentation and Findings</b>	<b>Discussion, Recommendations, and/or Needed Actions</b>	<b>Person(s) Responsible</b>
<b>Welcome and Introductions</b>	Dr. Socorro Gertmenian welcomed everyone to South Regional QIC meeting, shared meeting minutes from the last meeting, and reminded everyone to attend either the North or South meeting.		Dr. Socorro Gertmenian/ Dr. Rosa Franco
<b>Lunar New Year &amp; Labor Acknowledgement</b>	Dr. Socorro Gertmenian stated Happy Lunar New Year to everybody. The year of the snake represents transforming and adapting.  Stacey Smith wished everyone a Happy Lunar New Year.  Nikkie Collier shared Labor Acknowledgement.		Dr. Socorro Gertmenian
<b>Consumer Perception Survey (CPS) Update</b>	Dr. Daiya Cunnane stated the Consumer Perception Survey (CPS) is a nationwide survey that happens once a year in the month of May. There are four different versions of the survey that clients and their caregivers can complete, based on the client's age. It is important that we get surveys out to as many people as possible so that we can hear back about the good things		Dr. Daiya Cunnane

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	<p>that we are doing and hear about the ways that we can improve services and make changes. It is State and Federally mandated and through our participation we receive millions of dollars.</p> <p>Dr. Daiya Cunnane shared we will not find out the exact date of the survey until around March 2025, but we advise that you send reminders and mark your calendars since the month of May is a busy month as it is also May is Mental Health month. We have a CPS distribution list that piloted last year. It is how we will be communicating information and materials to everyone. Please make sure you get on the distribution list. There will be a general overview recording that reviews each of the types of surveys and some small details about how to utilize them so that you can start thinking about which type of survey you prefer to use. You can choose multiple formats of the surveys, electronic versions or paper.</p> <p>Legal Entity providers must have C numbers ready and active to participate in the CPS survey. The C number is the number you use to access the system for example, if you're going into SRTS or any DMH systems, you need a C number. You will also need C numbers to use electronic versions of the survey.</p>		
<b>CPS 2023 Open Ended Comments Analysis</b>	<p>Dr. Daiya Cunnane shared the 2023 open-ended comments analysis is complete. Although it is outdated, we see trends in some of the remarks that our clients and caregivers</p>		<p>Dr. Daiya Cunnane</p>

	<p>have. It allows clients and caregivers to get to say in their own words concerns or experiences they have had. There were 9,500 completed surveys and 120 providers reported comments. Approximately 1,700 comments were received.</p> <ul style="list-style-type: none"><li>• Positive feedback is very important and there is so much gratitude and acknowledgement of the impact of our services, and comments such as we saved their lives which was mentioned multiple times, how impactful our services are, and providing useful quality services that they feel are really impacting their lives. Great remarks about Cultural Competency and Cultural appropriateness. There was a lot of gratitude for having therapists that speak the same language. These are things that you want to share with your staff, it helps them keep doing good work. There are specific staff names mentioned which is great to acknowledge who is doing positive/ wonderful things.</li><li>• We do of course get negative comments and some of the important ones were feeling that the communication was poor, processes were inefficient, feeling like they were being judged and not helped, difficulty contacting staff, poor customer service across the board for staff, calling out a client's weight in public, saying negative and derogatory things to clients, concern about appointment times were interfering with school and school activities, a need for both telehealth and in person services,</li></ul>		
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	<p>and mostly impact of turnover and losing their therapist.</p> <p>Some comments include suggestions such as need for new programming, different kind of groups and educational opportunities, having nutritionists available, and having a chaplain available. We also received recommendations on how to improve access and options for snacks like having vending machines available.</p> <p>We need to emphasize the need for Customer Service training and that includes all staff, front office, security, even cleaning staff, and therapists, nurses and psychiatrists.</p>		
<b>CPS 2024 Open Ended Comments Analysis</b>	<p>Dr. Rosa Franco shared 168 providers reported that they received open-ended comments from their clients. The total number of comments that we reviewed for 2024 was a little over 2,600. We used Rapid Qualitative Analysis and took a little bit of what we learned from reviewing the 2023 comments to broaden the number of thematic categories to 14. We ended up having a pretty good level of agreement across all the comments it was 80% amongst all the reviewers. Most of the comments that we received were positive.</p> <ul style="list-style-type: none"> <li>Positive comments included impact of treatment, staff related experience, comments about specific staff (therapist, case manager, psychiatrist, etc.). Some of the things that were mentioned were skills that they learned in their treatment,</li> </ul>	<p>Dr. Socorro Gertmenian shared there's so much work that goes into this, from the planning to the collection, to the reviewing. I appreciate everyone's work on it. We want to open it up to everyone to talk about the different recommendations that we just heard about and what your thoughts are.</p> <p>Yolanda Hernandez asked a question in the chat if agencies were notified? Clinics have different workflows and it's important that managers are notified since open-ended</p>	Dr. Rosa Franco

	<p>the positive changes they saw in their life because of treatment, decrease in symptoms, and improved relationships. The comment that really came up a lot is just having someone to talk to and this helps so many who are alone. This shows you have great staff working at your sites and it's reflected in the comments that we received.</p> <ul style="list-style-type: none"><li>• The recommended improvements are similar to what Dr. Cunnane mentioned a moment ago. Comments include a lot of staff turnover, need for more groups, more flexibility with the scheduling, more availability on the evenings and weekends, more frequent sessions, family sessions, reduce wait times for services, better communication, phone calls not being returned, and customer service. Front desk staff being rude, insensitive, or unsupported comments by their practitioners were some negative comments. Also, having to wait in the clinic past their appointment time for their therapist to come out or their session was cut short. Other comments included their therapist missed or canceled a session short of notice and weren't given sooner appointment when rescheduling. There were comments about wanting to go back to in person sessions.</li></ul>	<p>comments are handled in different ways by different staff.</p> <p>Dr. Socorro Gertmenian shared she can speak to and encouraged everyone else to chime in. We go through our comments from our clients and bring them back to our leadership, our front desk, and security staff. If there is anything that pertains to specific staff, we make sure we highlight it and address those areas.</p> <p>Dr. Daiya Cunnane shared the QI team recommends that the comments are reviewed daily by a supervisor in case there are high risk comments that needs to be addressed right away. Everyone will need to revise their workflow for the Open-Ended Comments this year as we have made some changes.</p> <p>Dr. Socorro Gertmenian shared first impressions when clients walk into our organization matters. Our clients see security guards at almost all our buildings and so is there a way that we can train security guards on trauma, understand certain levels of cultural competency and humility</p>	
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	<p>To summarize, most of the comments received were positive. We made recommendations based on improvement/suggestions for new programming, and negative comments on impact of services and staff. Issues to address include staff retention and decreasing staff turnover.</p>	<p>when interacting with the population that we treat and see people are coming to a place of need and support. Also, training our front desk staff whether it be from a cultural competency standpoint, making sure we have the right languages spoken, informed knowledge background so staff will have skills or a procedure in place to deescalate any situation. Please share what your organizations have done in the past after receiving feedback from consumers. Going back to the bullet point providers should ensure that all staff are aware of the appropriate workflows for communicating messages to treating providers and that there is a standard response time, being set up for grievances as to having someone available to express concerns or feedbacks to, and turnaround time to address those concerns, in our organization, we have suggestion boxes in all lobbies. It is important to know that its being reviewed, how frequent are they checked, and what is being done with that information. My organization does a survey after six months of a client being</p>	
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		<p>discharged to see how clients are doing, how their experience was, and if they need anything. This has given us so much information. Even though we may only get 20% to 30%, the responses are incredibly powerful. It is important that we provide that information back to our staff to help them continue building efficacy and realizing what they're doing is truly making a difference. This is not just about serving our community, but also helping our staff reduce burnout and lift them up to really show them that they are shining and doing amazing work.</p> <p>Dr. Rosa Franco shared this is our effort of letting you all know what we found in the open-ended comments. We are asking you to consider looking at this information to review with your leadership to see what applies to you and which areas you are able to address. Hopefully this will help with staff retention. If staff feel like they are making a difference, being recognized for the good work that they are doing and they are happy at their organization, they are more likely to stay.</p>	
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		<p>Dr. Socorro Gertmenian shared that this is what we do in our organization as well, sharing to all our staff client feedback, what people are saying about them, and really lifting them up.</p> <p>Jacqueline Cleaver shared asking your frontline staff questions about how they can improve and involving them is a good idea as it gives them opportunity to suggest new ways or approaches to deal with patients and have more of a positive outcome. Also, how much time is ideal for a provider to spend with each patient? Sometimes providers have a big patient load but have a lot of other patients to see and they're not able to give the desired time which creates a problem. I know we need more providers, but at the same time the patients also do deserve quality time.</p> <p>Dr. Socorro Gertmenian shared if your organization feels like your staff are feeling like the standard of care based on time isn't enough for that service, then it's something that they need to adjust.</p>	
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		<p>Paul Schmitt shared in the chat that it is more about the need than having set time and it is important to indicate that the session may not be 60 minutes, but the length needed to address issues to help the client reach the treatment goals.</p> <p>Dr. Rosa Franco shared setting up the appropriate expectations for clients in the beginning regarding time is important.</p> <p>Jacqueline Cleaver posed when patients miss their appointments, and we have walk in appointments, is it ideal to switch them to someone that is available for walk ins, or is it better for them to see their own therapist?</p> <p>Dr. Socorro Gertmenian stated if they are in crisis, anyone can see them but if it's a pattern and they're just missing appointments, then there's something else that needs to be addressed or requires a clinical intervention to help understand what's going on for that individual. Having stable appointments and standard meetings helps build a foundation</p>	
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		<p>of structure and support, setting healthy boundaries for them and modeling.</p> <p>Dr. Daiya Cunnane shared on the chat flexible scheduling, evening and weekend hours is something that has come up repeatedly over the years in the surveys. Considering the schedule change would be a great improvement project as it may also assist with staffing by expanding to providers who need nontraditional hours.</p> <p>Dr. Socorro Gertmenian shared it's almost like you have to start at hiring for evening or weekend therapists rather than changing current staff's schedules.</p> <p>Guadalupe Sosa shared at Roybal they utilize a trauma informed lens. We have created support groups for parents because they need so much support. We are getting parents to attend but challenges that we face are needing evening appointments or they want to come in early. We are listening to our community and our families. It is great to hear that we are having a lot of positive comments.</p>	
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<b>QA Update- Access to Care</b>	<p>Jennifer Hallman shared presentation on Access to Care data. DMH is currently on a corrective action plan related to our Child Access to Care and Psychiatry Access to Care. New requests for services are between 14,000 and 18,000 new requests per month. We are currently working on getting November and December data. In September there are over 18,000 requests and about 55% of those requests result in an appointment. Good news is timeliness has been on an upward trend, but we are under a Corrective Action Plan. We are expected to be over 80%. It is good to see that over the years we are at 86% for our entire system. We want to try to find pockets where we are struggling. Data compares 0-20 years old and 21 years and over. Our access to care for kids tend to be lower. For adults we're hitting upwards of over 90% timely access. Overall adults are impressive. Great job to our adult providers at SA 1 as they are at 90%. SA 6 is the lowest at 82% but, they are still above 80% which is great. For kids we are struggling to get to the 80% benchmark. We are receiving data slower from our contracted providers and as that data comes in, it drops down the percentage, so we need to do some improvements there. The service areas for kids that we want to target to improve access are SA 6 who was at 71% in October, SA 8 at 73%, and SA 2 at 77%. We do understand that there can be impacts on the different Service Areas such as number of providers, the number of</p>	<p>Delia Barreto asked if we attest and we've given client the paper notice, is that sufficient or do we also need to scan that paper notice?</p> <p>Jennifer Hallman shared that it is sufficient.</p> <p>Carlo Diaz asked in the chat if this is both DOs and LEs combined?</p> <p>Jennifer Hallman shared that yes, it is.</p>	Jennifer Hallman
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	<p>FTEs, maybe providers are not accepting clients at this time, and of course more staff needed. We are open to any thoughts that anybody might have and feel free to put it in the chat or reach out to me directly.</p> <p>We started looking at some of our FSP data around timeliness. We were looking at the days from request to appointment and you will see longer times to appointment for FSP because you have that outreach and engagement phase that is included. The average time from request to appointment is 19 business days, 41% were given an appointment within 10 business days of the request and almost 70% were given an appointment within 30 business days of their request which is impressive.</p> <p>Some of the things that we are working on in Access to Care key initiatives are:</p> <ul style="list-style-type: none"><li>➤ Universal Entry which is single access point for online referrals to determine the most appropriate program for the referral</li><li>➤ Centralized Scheduling is the ability to centrally schedule appointments at any directly operated or contracted clinics. We are currently doing this in Service Area 3 and thank you to providers who have been participating. We found this has been working well for our clients. We are hoping to expand this to all</li></ul>		
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	<p>Service Areas and the rest of the County.</p> <p>Monitoring where we can step in and identify gaps. We recently updated our service request log in our CSI web service so that you can send us data. It is important to make sure you are working with your vendors and staff to capture and send to us the data. This is our tracking for Psychiatry timeliness over the next year. We were unable to report this to the state for our entire system.</p>		
<b>Next Meeting: April 24<sup>th</sup>, 2025, 10:00AM-11:30AM</b>			
<b>Attendance</b>			
NAME		AGENCY	
Stacey Anne Smith		DMH- Quality Improvement	
Daiya Cunnane		DMH- Quality Improvement	
Rosa Franco		DMH- Quality Improvement	
Laarnih De La Cruz		DMH- Quality Improvement	
Jennifer Hallman		DMH-Quality Assurance	
Nikki Collier		DMH-Quality Assurance	
Satoko luce		West Central MH -DMH	
Abby Chappell		Edelman Mental Health Center - Adult Clinic	
Alben Zatarain		Enki Health Services, Inc	
Alejandra Munoz		TCCSC	
Alfred Sun		Spiritt Family Services	
Ali Jazayeri		IMCES	
Amanda Montelongo		Telecare ATLAS FSP	
Amy Sutherland		Aspiranet	
Analia Barroso		Telecare LAOA	

Angel Cardenas	SCHARP (Southern California Health and Rehabilitation Program)
Angela Alarid	Jacqueline Avant Medical Hub
Angela Lu	API Long Beach
Angelina Palma-Williams	The Guidance Center
Ann Lee	DMH SA 8 Admin
Anna Galindo	The Whole Child
Anthony Thai	Telecare LA HOP
Araceli Barajas	UCLA TIES for Families
Armen Yekyazarian	DMH QA
Bosco Ho	Special Service for Groups - AP Recovery
Brenda Moreno	Dignity Health - California Behavioral Health Clinic
Brittany Cheong	Helpline Youth Counseling
Brittany White	Personal Involvement Center Inc.
Caesar Moreno	Didi Hirsch
Caitlyn O'Hara	Alcott Center
Carl Levinger	SFC-Wateridge
Carlo Diaz	Edelman Child and Family Services
Carmen Solis, LCSW	Alma Family Services
Catherine Bermudez	
Claudia Angel	Exceptional Children's Foundation
Claudia Morales	Pacific Asian Counseling Services
Courtney Olsen	Bayfront Youth and Family Services
Cristina Magarin	DMH CMMD
Daphne King	South Bay Children's Health Center
Debra DeLeon	SSG-OTTP
Dee Dattaray	Telecare LA Step Down ERS
Delia Barreto	DMH Rio Hondo Centro de Bienestar
Della Clayburg	DMH SFC South County
Destiny Jones	Helpline Youth Counseling
Ebony Redo	Long Beach Child and Adolescent Program
Elizabeth Echeverria	SCHARP and Barbour & Floyd Medica Associates
Elizabeth Hernandez	Pacific Clinics
Gilbert Morquecho, Ph.D.	Institute for Multicultural Counseling and Education Services
Greg Tchakmakjian	DMH SA 7 ADM

Guadalupe Sosa	DMH - Roybal Family MHC
Gwendolyn Lo	Community Family Guidance Center
Helen Chang	DMH-Coastal API Family MHC
Herbert Wright	FSS- Los Angeles/Mentor
Iling Wang	LACDMH Certification Unit
Jacqueline Cleaver	Kedren Community Hospital area 6
Jairo Peralta	The Children's Center of the Antelope Valley
Jaleesa Adams, Psy.D.	Drew Child Development Corporation
James B. Pelk	IMCES
Jamie Chess	Exodus Recovery, Inc.
Jazmin Gonzalez	1736 Family Crisis Center
Jennifer Escorcia	Starview- Teammates
Jennifer Mitzner	Olive Crest
Jesica Sandoval	AADAP, Inc
Joanna Caysido	7961/7847 The People Concern
Jocelyn Bush Spurlin	University Muslim Medical Association, INC. (UMMA)
Jocelyn Camacho	Shields for Families
Joel Solis	QA Medi-Cal certification unit
Jonathan Gonzalez	L.A. CADA/Safe Haven
Jorge Alfaro	Providence Saint John's
Joshua Freeman	The Whole Child
Joyce Kwon	API long beach
Kaela Alvarado	Pheonix House CA, Venice
Karla Cano	At Joseph center
Katarena Harris	BHS
Katya Davila	HYC
Keisha Blackshear	Institute for the Redesign of Learning / Formerly Almansor Clinical Services
Keisha C White	DMH SA 5
Keisha C. White	Service Area 5 QA/QI/Network Adequacy Lead
Kendra Wilson	Penny Lane Centers
Kim Nguyen Pierce	SFC SA 8 Admin
Kristal Gastelum	Tarzana Treatment Centers
Kristen Tanji	Tessie Cleveland Community Services Corp.
Lesley Adams	JWCH

Lisa Leon	Specialized Foster Care Santa Fe Springs, Beleveder, Carson
Lisbeth Vazquez	WWC-Women's Wellbeing Center DMH
Luis Cordova	IMCES
Lynette Lau	Harbor-UCLA AOP
Mandy Sommers	St. Joseph Center
Mariana Villegas	SVCS
Maricris Ocampo	Dream Home Care, Inc
MarQuisha Harris	Star View Adolescent Center
Martha Andreani	Providence Saint Johns Health Ctr
Martin Alvarez	Telecare LAOA
Mashrouteh Pirhekayati	4 IMCES
Michele Burton	The Help Group
Mireya Badillo-Vasquez	Penny Lane Center
Myra Smith	Eggleston Youth Centers, Inc.
Nikki Collier	DMH - QA Unit
Noemi Urgiles	San Pedro Mental Health Center / DMH
Omaro Abdelrahim	IMCES
Pastora Salazar	For The Child
Paul Schmitt	Tarzana
Paula Valencia	SBHG - Rancho Los Amigos CRT Programs
Prabhjot Sidhu	SCHARP/BAFMA
Rachel Sanchez	ChildNet Youth and Family Services
Rebecca Farazian	CA Mentor SPA 8
Rene Antonio Barrios	Didi Hirsch
Renee Lee	DMH Provider Support & Review
Ria Rodrick	SFC SA6 Parkview
Rocio O. Luevano	Roybal Family Mental Health Center
Ruth Wunderley	6859 and 7738
Sacha M Dovick, PsyD	LAC DMH / Augustus F Hawkins
Sara Klausner	Child and Family Guidance Center
Sarah Monson	ChildNet Youth & Family Services
Sebrena Abanum (Thurton)	SHIELDS for Families
Sherry Winston	Tarzana Treatment Centers

Simone Beri	DMH
Sirarotoga Solomona	SCHARP/BAFMA
Socorro Gertmenian	Wellnest
Solange Petrosspour	IMCES
Sonia Zubiarte	DMH QA unit
Starlight Garcia	7611ASFC
Steven D'Antoni, LMFT	Behavioral Health Services, Inc
Stuart Jackson	CII
Suejin An	SSG/APCTC
Susan Blackwell	Star View Adolescent Center
Susan Osborne	Mental Health America of Los Angeles
Tania Pineda	Masada Community Mental Health Services
Tara Pir	IMCES
Tiger Doan	SSG - APCTC - SFV
Tora Miller	Edelman MHC Child and Family
Ulyssa Benavides	Counseling4Kids
Valentina Murray	Phoenix House California
Victoria Kim	Women's Wellbeing Center
Wanta Yu	LACDMH QA
Yolanda Hernandez	Roybal Family MHC
Zhena McCullom	DMH / QA & QI

Respectfully,

Quality Improvement