REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC)- SOUTH

MEETING MINUTES

October 2025

Type of meeting:	Regional QIC	**Date:**	10-23-2025
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	Stacey Smith shared meeting minutes from July 2025. Dr. Daiya Cunnane introduced two new Clinical Psychologists in the LACDMH Quality Improvement (QI) Unit Dr. Barbara Meyer and Dr. Marianne Klee. Dr. Klee will be leading the South Regional QIC, and Dr. Meyer will be leading the North Regional QIC.	Please email edits to DMHQI@dmh.lacounty.gov	Stacey Smith/ Dr. Daiya Cunnane

II. Land Acknowledgement	Dr. Socorro Gertmenian shared the Land Acknowledgement and asked if anyone would like to volunteer to read it. Amberlee Ayala volunteered to read the Land Acknowledgement slide.		Dr. Socorro Gertmenian
III. Announcement- Fire Clearance for school-based providers	Joel Solis, Service Area 7 liaison from the Medi-Cal Certification unit, shared an important announcement affecting school-based providers. The state of California is now requiring a submitted fire clearance for us to certify or recertify school-based providers. The unit is still working with the State to continue with the exemption, but currently the State is requesting fire clearances for school-based providers. This may cause inconvenience for a lot of the schools. If there are any questions, information is on the Department's bulletin or let the Certification unit know so that questions can be answered during the Research Certification process. The Certification unit is notifying providers well in advance for them to get ready for the recertification and to get the fire clearance.	Iling Wang shared that for anyone who is not familiar with obtaining fire clearances, they are valid for the year that recertification is due. More details will be provided via e-mail as the time frame arrives. Dr. Ann Lee expressed gratitude for this information and noted it was helpful. She inquired if there is any guidance for the school-based providers. Joel Solis replied that providers will be notified ahead of time at least six months in advance to have them prepare. It should be noted that each district or each school-based program might be different in terms of getting a fire clearance,	Joel Solis

		depending on which site it is. Fire departments may have different jurisdictions. Margaret Faye shared that Sycamores has been struggling with reaching the right person at LAUSD and was told by DMH that an attestation could be signed stating that they had fire clearance within the year. However, some schools are reluctant to sign. She requested that DMH help providers get in contact with someone, since they have been unsuccessful in reaching anyone on this for the past two months. Joel Solis shared that DMH Administration and their unit's Program Manager are working very hard with the State to try to continue with exemptions and are getting weekly updates.	

		Traci Levi shared on the chat that she was told that the new fire clearance requirement to re-certify Medi-Cal only applies to schools that already have Medi-Cal certification. She inquired if sites currently not requiring certification still need to apply for clearance. Amberlee Ayala shared that the new fire clearance requirement from the state is just for currently certified providers or for those that are needing re-certification, not for schools that do not have Medi-Cal certification. Dr. Socorro Gertmenian inquired if the fire clearance being requested is for the actual school where the services are being done or the agency provider. Iling Wang stated that it is for the actual school site.	

IV. Metabolic Monitoring Quality Improvement Project (QIP)	Dr. Susana Sou from DMH Pharmacy shared information on the 2025 HEDIS Measures Quality Improvement Project (QIP). The QIP aims to improve the performance of behavioral health-related quality measures to avoid sanctions, but more importantly it aims to provide safe and high-quality care to our clients. Her unit has been working with Supervising Psychiatrists and Program Managers in the Directly Operated (DO) clinics this past year on some projects to improve these outcomes. Their project's goal was to target three HEDIS measures: Antidepressant Medication Management (AMM), Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA), and Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E). The lab monitoring QI project pilot was located at Long Beach MHC and aimed to improve lab monitoring adherence for the adult population. The study design consisted of four parts during the preparation phase, in which clinical	Stacey Smith thanked Dr. Susana Sou and noted that what she presented is extremely important. SAA is tied to possible sanctions for the County, (a loss of money), but it also is tied to incentives, representing a possible gain of a lot of money for our Department. It is important that Legal Entities, Directly Operated programs, and DMH Administration all work together to ensure that clients adhere to their medications and that labs are being completed. Stacey Smith shared a question from the chat, "Is the booklet/playbook created just for Directly Operated providers, or is that also available for Legal Entity providers?" Dr. Susana Sou shared that it was created only for Directly Operated providers, due to familiarity with	Dr. Susana Sou

	pharmacists were assigned to review each chart for lab results of 1,095 cases. It was important to standardize which labs that were looked at and ordered. A table was shown that summarized clinical guidelines, drug manufacturers, recommendations, and psychiatrists' and clinical pharmacists' consensus on what labs to monitor for. The black checkmarks indicated minimum parameters for each medication class. The red plus signs indicated labs that are not strictly required for each medication but can provide valuable information to support overall clinical decision making. Lab orders and lab results were reviewed in Order Connect, LANES in scanned external documents, and in the Primex portal. Intervention One focused on placing orders for any tests that have not yet been ordered or for which results were not received. If the minimum lab parameters were already fulfilled, nothing had to be done, but if any minimum labs were not ordered or results not received,	their workflow, so it's tailored to their clinical practices.	

	missing labs were ordered. Assistance was provided in ordering labs, and psychiatrists would review the results with the clients. Intervention Two focused on calling clients to provide reminders and identify barriers to getting labs done. If the client was not opposed, their team would attempt up to three reminder calls depending on what was relevant to client. The team explained the importance of lab monitoring for medication safety and effectiveness, and if the clients had any questions about lab logistics or fasting requirements, the team would answer them. This created a teaching opportunity for both clients and providers. The team also found that scheduling a lab draw appointment was appreciated by clients and allowed for better coordination of phlebotomy resources. The team addressed schedule conflicts and offered alternate lab draw sites or times. For transportation issues, the team coordinated with clients' case managers for bus tokens and Access services. In many cases, the team		

	found that motivational interviewing was effective for validating clients' lab-related anxieties and tipping the scale of ambivalence in favor of completing labs. Lastly, Intervention Three focused on facilitating lab draws through close coordination with the clinic front desk, nursing, and phlebotomy staff to troubleshoot issues on the day of the lab draw. Reviewing the data, the team found that for lab orders, half the clients met minimum monitoring parameters at baseline--either they had pending lab orders, or they had the corresponding lab results. After the team placed orders for around 520 clients, the adherence rate increased to 100%. After three rounds of outreach calls totaling about 1,900 calls over the course of three months, there was significant increase in the lab completion rate from 35% to 61%. Pre-intervention, 24% of clients completed labs through DMH versus 11% through an external provider. Post-Intervention, 53% of clients completed labs		

	through DMH versus 9% through an external provider. Raising the lab ordering rate to 100% was both achievable and critical because it gave us the closest to true denominator for Intervention Two. There was a significant increase at the end of the pilot, but there is still room for improvement. The team then conducted a survey. Of 468 survey respondents, approximately 55% identified no barriers and suggested that having an order in place and clear instructions was enough to support their follow-through. Meanwhile,18% of survey respondents identified barriers that were addressed by outreach and support processes, and 4% identified limited lab hours and schedule conflicts as a barrier. The team was able to accommodate them by temporarily increasing phlebotomy hours and staffing. Approximately 19% of respondents reported having completed outside lab work. Of those who reported barriers to lab completion, 48% went on to complete labs through DMH post-intervention.		

	Based on this project, the team has developed a recipe for achieving these outcomes at both our Directly Operated and Legal Entity Outpatient clinics. The five “ingredients” are: Order, Motivate, Remind, Facilitate, and Review. When ordering labs, providers should identify all necessary labs that have been ordered within the calendar year, consolidate them, and enter them in one order. This minimizes the risk of missed printouts or lab draws when the front desk staff and phlebotomist are coordinating. Next, to motivate clients, it is recommended to spend time addressing barriers and educating them on the importance of lab monitoring for the specific regimen that they are on. The team also encourages clients to complete labs even if they have not fasted. Next, assign trained outreach staff to: (1) schedule lab appointments, which the project’s clients preferred over walk-ins; and (2) remind clients of their appointments, which provides an opportunity to address any remaining barriers.		

	On the day of the appointment, front desk staff should coordinate all outstanding lab order printouts and hand those to the phlebotomist. Clients should not be turned away if there is difficulty locating an order, and there should be an established escalation pathway for the front desk staff, phlebotomist, and nursing staff to get help from prescribers. It is important to ensure that the results are reviewed in a timely manner with clients. If there are any issues or delays with results transmission, report to DMH Pharmacy so that the team can triage and optimize processes with the lab vendor and CIOB. For the Child and Adolescent population, the Lab Monitoring QI Intervention Project aimed to improve metabolic monitoring in Child and Adolescent clients. The graph depicts one-month preliminary data from the Lab QI intervention with the Child and Adolescent population. The team started this project in July 2025 during the summer break period to facilitate children coming into the clinics and		

	getting labs done. Results are shown for pre- and post-intervention for glucose and cholesterol monitoring. Even in the short period of six weeks, there was an increase in the number of labs that were both ordered and for which results were given. This intervention is still ongoing, as providers have until the end of the year to get all the clients to complete their labs. This project shows the effectiveness of this type of intervention. The team developed a lab monitoring playbook that provides steps and tools to streamline lab monitoring and strategies to support frontline staff in the improvement of HEDIS performance across Directly Operated clinics in DMH. The team also distributed HEDIS lab monitoring client lists to each clinic. These lists identify all clients prescribed antipsychotic medications, track completion of required labs, and flag clients who either need lab orders or have missing results. Each Supervising Psychiatrist receives a set that includes both staff lists, and prescriber specifics lists for their team. These reports help clinics		

	target clients who are due for labs or require reminders or other support to complete labs. To support the medication adherence QI initiative, our team will create an electronic survey for medical staff to use with clients who are non-adherent to their medications. Once the survey is shared, the process involves monitoring adherence, including assessing clients' refill history and observing signs of non-adherence. For clients with identified barriers, medical staff will complete the survey to determine the specific reasons for non-adherence, and staff will tailor strategies to address these barriers and improve adherence based on the survey responses. If a client is non-adherent due to memory or cognitive barriers, interventions may include simplifying the regimen, setting up reminders, or using medication management aids, linking medication to daily routines, or providing clear and easy to follow instructions. If the barriers are related to access and logistics, interventions may include providing		

	transportation support, offering telehealth or virtual visits, arranging mail order or pharmacy delivery, selecting formulary or generic medications to reduce costs, and supporting medication access through prior authorizations or patient assistance programs. If the barriers are internal, intervention may include building a therapeutic alliance, individual licensing medication selection to clients' preferences, managing and minimizing side effects, providing clear medication education, and using motivational interviewing and community resources to enhance engagement and support. Regarding barriers on laboratory monitoring, effectively managing non-adherence requires a thorough assessment of the client's barriers and the implementation of targeted interventions to mitigate them. The team is working on implementing these interventions, but the results will not be as easily measurable as the lab monitoring projects, because the team does not have access to prescription-filled data directly.		

	As part of the adherence support strategy, pillboxes were distributed to prescribers, which allows them to immediately provide a pill box when they identify a client who is non-adherent. It's a simple and low-effort approach that reinforces medication routines, promotes consistency, and helps address common barriers like forgetfulness or difficulty organizing medications. The team has concluded that these interventions are simple and executable. They may require a few more steps to tighten up current processes, but together psychiatrists and clients can be supported better by putting these insights into action, driving real positive change in our clients' care. For any questions send email to Dr. Susana Sou at SKSou@dmh.lacounty.gov		
V. Feedback on QI Policy and Procedure 1100.01	Stacey Smith shared QI 1100.01 policy and procedures are up for renewal and due by the end of November. Providers are required per their contract to follow this policy. The link to the policy and procedures was shared in the chat.		Stacey Smith

	Providers' input is important. Please provide any feedback on needed changes to the policy and procedures by 11/7/2025.		
VI. Provider Evaluation of 2025 Consumer Perception Survey (CPS)	Dr. Daiya Cunnane shared information on the Consumer Perception Survey and the Provider Evaluation Survey. For anyone who is unfamiliar with this, our annual Consumer Perception Survey is a collection of information from clients and caregivers on their satisfaction with the services we provide. QI ends the survey process with an evaluation for the providers about what it was like, considering training, resources, and responses from QI to see how improvements on QI processes might be made. The survey is a federal requirement that providers are asked during a one-week period in May to give clients and caregivers that are enrolled in outpatient services. Because the department receives funds to support services for clients as a result of participating, all outpatient providers are asked to participate.	Dr. Socorro Gertmenian shared a question in the chat, "How does our county utilize the data collected from the CPS surveys to make improvements in our system? Also, is data specific to providers shared so they are aware and can make improvements?" Stacey Smith emphasized the importance of getting providers' feedback if the Training Environment is to continue, as it is a lot of work to create it and onboard everybody. QI needs to know if providers are still interested and if so, if we need to change it and not onboard	Dr. Daiya Cunnane

	Please mark it in your schedule for May next year. The provider evaluation survey had about 24% of responses are from Directly Operated providers responding to the survey, and about 76% from our Legal Entity providers. This is a good representation of how the services are divided. There were 107 respondents, with 106 indicating that they participated in the CPS. Dr. Daiya Cunnane will be following up with some of the providers to check in on any challenges during the CPS period. Many providers were able to report challenges in this survey. This feedback is appreciated so that improvements in our processes can be made. Thank you to everyone for participating, and especially to Service Areas 2, 3, 6, and 8 for having the highest participation rates. About 67% of participating providers used the DMH electronic survey. The paper survey is still preferred by many clients. However, it would be best to shift to electronic surveys for ease of gathering information. There were also a couple of	everybody, just having it on an “as needed” basis. Dr. Socorro Gertmenian shared a comment in the chat: “It was helpful and we did not create many records, but with the few that we created, there were issues with the text reminders going through.” Dr. Daiya Cunnane shared that, in the training environment, those texts should not actually go out to clients—it is for practice. When texts are created during this period, we recommend that you send them to your own phone number or e-mail address. She inquired if this is true for everyone in the training environment. Gabrielle Snead shared, “The one thing I do recall is when CPS went live and I was entering the text message or the e-mail, it was a lot	

	respondents from the MyHealthPointe client portal for DOs, which was piloted. About 37% of providers used more than one type of survey. This is acceptable and a good thing to practice, as this way providers are meeting the needs of clients and giving them options. Some feedback indicates that the survey is long, suggesting that the number of questions be reduced and the language simplified. However, since the survey is federal and evidence based, it is not possible to change the questions or length. Regarding the request to simplify the survey language, it was suggested that the language is not supportive of clients who have lower reading levels. We can advocate for this but again making those big changes to the survey is done federally. Feedback is shared with UCLA, which is the contractor managing the survey for all counties in California. Feedback to UCLA will continue to be provided.	of work having to go out once I made the record and then went back in to send it. Can that option be updated to where once I submit it, I do not have to go back to that client afterward to hit send? During the survey it was the same two steps-put them in, go out, then go back and hit “send.” Dr. Daiya Cunnane shared there is a way to do that and maybe that needs to be emphasized in our training. If providers plan to prepare them ahead of time, they would have to go back in to send it but if providers create them during the week of the survey, they can just send them out right then. That is something QI will address in our training. Thank you for sharing. Dr. Socorro Gertmenian shared in the chat: “Most staff at our facility	

	There is consideration of making changes to the survey period next year. One of the most common concerns heard was a problem with the DMH electronic survey sent out via text. The electronic survey is sent to a client's phone, with a link where the client or caregiver can click on it and complete the survey. DMH's application team was able to check for a problem but could not find anything. There was also a request to provide the survey on one page rather than having to click through it for the electronic survey. There was something prepared to pilot in one provider site, but there were some access issues which could not be addressed prior to the survey period. It is possible for next year that QI is considering displaying all the open-ended comments on a Power BI page, which would be very useful for providers to have next year. There were some requests for other things such as different size fonts and different functions	are familiar with the process, but it would be useful for our new staff to administer the survey." This makes it a good idea to keep the testing environment. Dr. Daiya Cunnane shared it is sounding more like it might be a good idea to keep the training environment on an optional or "as needed" basis. We can discuss it with our application development team and see if that is possible. Pastora Salazar shared, "I did not learn about these issues until after the fact, but a lot of therapists reported that their clients told them that they did not get the e-mail and text messages or the reminder text messages that were supposed to go out around noon every day until the survey was completed. We went back to ensure that all the e-	

	that providers would like. This information is very helpful and was shared with UCLA. Feedback also came from MyHealthPointe pilot providers. MyHealthPointe is a patient portal available for Directly Operated programs. Clients can access the portal and get information about appointments and other things. Feedback suggested that there needs to be more work in promoting this portal: providing training for providers, supporting clients using that version of the survey, getting them engaged, and understanding the features being used. Peers are being used for this purpose. QI is working with the MyHealthPointe team on improvements for the whole system, as it is important to make the patient portal more user-friendly, both for clients and providers. Providers also reported needing more time to prepare and to help clients get familiar with the functions. Some suggested using groups to help assist clients, and there was a suggestion to have tablets available so that clients could do the survey on them. This feedback was helpful	mail and phone information was entered correctly" Dr. Daiya Cunnane thanked her for sharing, noting that other similar experiences were reported. She inquired if there was a particular cell phone provider that clients or caregivers were using. She noted that a couple of years ago, there were issues with T-Mobile as the carrier, but it was due to a change in the FCC rules, and QI was able to figure that out and address it the following year. DMH's Application Development team suggested issues could arise if clients were out of their service area, their phone was not turned on, or they had spam blocking on their phone. Dr. Daiya Cunnane invited anyone to share any other problems or solutions.	

	to make the portal more functional across the system, not just for the survey. Dr. Daiya Cunnane shared that it was reportedly easier when providers were asked to enter information on declined surveys into a UCLA link, except for those using the DMH electronic survey. We have been doing this for a couple of years, and we will see if we will continue for the next survey period. Dr. Daiya Cunnane also shared feedback on training that QI provided on each of the survey versions. Training included differences between the survey formats and why one version might be chosen over the other. Feedback indicated that providers were generally pleased with the paper survey training and the training for Legal Entities (LEs). There are still some improvements to be made, and providers are encouraged to attend the training again or listen to the recordings because there are updates every year. QI received great recommendations overall on improving the	Dr. Gertmenian shared from the chat, “Some of the challenges caregivers are not understanding is that the text they receive is not spam. What if we send a copy of what the text will look like or post it in the flyers and say you will receive a text?” Dr. Cunnane noted that a picture of it is shared in our training materials, but it sounds like it might be useful to have that visual available directly for clients. Dr. Gertmenian shared from the chat, “We did provide the picture to our clinicians so they could give their clients a heads-up, but we are not sure if the picture was then shared with clients. It would be helpful if HIPPA allowed us to have a text and some information on what the text is for.”	

	trainings, which will be considered, including: 1) updating the training handout to include deadlines and e-mail contacts; and 2) scheduling the training sooner if possible. The survey strategy should be revisited on serving clients who show up for their intake during the survey period. Positive feedback was received on training flyers, frequently asked questions, and training slides. QI will continue to work on letter templates that are utilized with the UCLA electronic survey. In addition, training recordings will continue to be available. Technical assistance calls during the week of the survey will continue, with suggestions to increase them from 30 minutes to one hour. As the QI team has expanded, there will be more team members to improve the level of communication, The QI team is appreciative of the positive feedback given on its support to providers. Please sign up for the Listserv	Dr. Daiya Cunnane acknowledged that is one of our challenges. To comply with HIPAA, we try to make it a neutral text, and in years past we put the initials of the survey ("CPS") in the text, but that was concerning for some people, as it can be interpreted as "Child Protective Services." If you have any recommendations, please feel free to e-mail them to QI at the address in the chat. Dr. Daiya Cunnane noted that she will contact some providers who might have had problems this year in order to troubleshoot prior to next year's survey.	

	system, which will be used to communicate information and announcements. Feedback and recommendations from clients and caregivers were also very useful. Clients' feedback included the following: 1) the survey is too long; 2) many clients prefer paper surveys; and 3) clients may need more support using electronic versions. Feedback is appreciated because it's an opportunity to make the survey experience better for clients and caregivers. Feedback on translations also is very helpful. Last year improvements to the Spanish survey were made by sending feedback to UCLA. In addition, feedback was shared on the Vietnamese translation that also needed work. UCLA is working on this and hopefully we will have updates next year. Some feedback was site-specific. In the next couple of months, QI will contact providers who mentioned these issues to troubleshoot.		

	Dr. Cunnane emphasized the importance of participating in the survey process, as the department receives a significant amount of money for participation. The last couple of years QI has been receiving open-ended comments and sharing this information with our Outpatient Services Administrative team. Annual work plan goals have been developed based on some of the issues that clients bring up, such as recommendations on expanding treatment hours and improving customer service. QI will send the open-ended comments to the Outpatient Services Administrative team for 2025 and will also provide a provider level report addressing satisfaction in seven different domains, including general satisfaction, access to services, engagement, and treatment planning. The 2024 provider level reports are under review at this time and will be sent out to providers as soon as possible. 2025 data is not going to be available until maybe the end of the year or beginning of next year, as the		

	Department of Health Care Services (DHCS) sends us the data. Once received, the data will be processed and shared with providers. Next year there will be discussion of some changes in the utilization of the satisfaction data, as DHCS plans to focus on how all counties and providers score on the satisfaction measures. Los Angeles County usually scores high as a whole system, but next year we will pay attention to how providers are scoring individually. QI will track that and provide more information as it is available. QI is already sharing information with the MyHealthPointe team to make improvements through the portal globally. QI is sharing information with DMH's application development team so they can make changes to our electronic survey and incorporate information on how we will send out and develop our training materials. The next survey period will be in May 2026.		

	Dr. Daiya Cunnane shared a poll in the meeting chat regarding the Electronic Training environment, which is a feature for providers who are using our DMH Electronic survey for Legal Entities and Directly Operated providers. QI noticed that there did not seem to be much activity in the training environment. The training environment opened a few weeks before the survey period began to allow providers to practice using the functions and become familiar with the system. DMH's application development team noted that there were very few survey records created this year in that training environment (approximately 14). QI wanted to check in and see if providers are still using it and, if not, what are the reasons for not using it. Dr. Cunnane shared another poll question in the chat regarding issues with texting in the CPS link, asking if providers experienced any issues sending the CPS using the text option		

	during the last survey period. QI had many reports on that, although we could not identify an issue on our end. QI would like to hear more about that. Looking at the poll, about half report having issues with the text. Is there anyone who would like to share? Dr. Daiya Cunnane shared the next poll question regarding the text message function of the survey. For those who used the text function in the DMH electronic survey, did you have issues with clients and caregivers receiving texts? QI really appreciates everyone sharing this feedback. If providers think of anything else to share with us, please e-mail or contact us. The e-mail address is in the chat. QI is really trying to figure out this texting challenge because it is a convenient feature and we want it to work for everyone.		
Next Meeting: Wednesday January 21, 2026, from 10:00AM-11:30AM			

Attendance	
NAME	**AGENCY**
Stacey Anne Smith	DMH- Quality Improvement
Daiya Cunnane	DMH- Quality Improvement
Socorro Gertmenian	SA 4, 6, 7
Marianne Klee	DMH- Quality Improvement
Barbara Meyer	DMH- Quality Improvement
Laarnih De La Cruz	DMH- Quality Improvement
Abby Chappell	Edelman MHC Adult 1906
Adrian Estrada	SA 6
Alejandra Munoz	TCCSC
Alex Elliott	DMH- Quality Improvement
Alexis Garcia	Exceptional Children's Foundation
Alfaro, Jorge A	Providence Saint John's
Allex Pak	DMH-QOTD QA/ Medi-Cal Cert
Allison Hardey	Hillsides
Amberlee Ayala	QOTD-Medi-Cal re/certification
Ana Gomez-Rodriguez	Crittenton
Ana Solares	
Analia Barroso	Telecare LAOA
Andreani, Martha	SA 5- Providence

Angela Alarid	Jacqueline Avant medical Hub/MLK
Angela Lee	DMH-TIES for Families
Angela Trenado	QA Provider Support & Review
Ann Lee	SA 8
Anna Galindo	The Whole Child
Annie Jackson	SA 6
Araceli Barajas	UCLA TIES for Families
Armen Yekyazarian	LACDMH QA
Belinda Najera	DMH-SFC South County
Berenise Noblecilla	SA 7
Berteil Eishoei	PS&R- QA
Bethlehem Assefa	Specialized Foster Care
Brenda Moreno	Dignity Health - California Behavioral Health Clinic
Caesar Moreno	The Whole Child
Caitlyn O'Hara	Alcott Center
Carl Levinger	SFC-Wateridge
Carmen Solis	Alma Family Services
Carmen Vargas-Sullivan	DMH-QA
Caryl Lark	Safe Haven, LA CADA
Cassandra Jones	Haynes Family of Programs
Celeste Rix	SA 7
Christina Auer-Arriaga	West Central Family MHC 1908 & 7955

Claudia Morales	Pacific Asian Counseling Services
Courtney Olsen	Bayfront Youth and Family Services
Cristal Mejia	Stars Behavioral Health Group
Cristina Magarin	DMH-CMMD
Cynthia Arias	SA 8
David Mora	SHIELDS for Families
Ebony Reado	Long Beach Child and Adolescent Program/ 1926
Eilene Moronez	ENKI Health Services, Inc.
Elizabeth Echeverria	Scharpca
Elizabeth Hernandez	Pacific Clinics
Fulviu M. Fodoreanu	Center for Integrated Family and Health Services
Gabrielle Snead	Project IMPACT
Greg Tchakmakjian	SA 7
Guadalupe Sosa	SA 7 Roybal Family Mental Health Center
Gwen Okagu	Quality Assurance
Gwendolyn Lo	Community Family Guidance Center
Hsiang Ling Hsu	SSG/APCTC
Hyun Kyung Lee	DMH-CMMD
Iling Wang	SA 6
Jaclyn Rivera	Counseling4kids
Jazmin Gonzalez	1736 Family Crisis Center
Jennifer Escorcia	Starview

Jessica Conway	Didi Hirsch
Joanne Chen	DMH-CMMD
Jocelyn Camacho	Shields for Families
Joe Ford	Sycamores
Joel Solis	QA- Medi-Cal Certification Unit
Jorge Alfaro	Providence Saint John's Health Center
Jose Franco	SSG/Weber Community Center
Karla Cano	St Joseph Center
Katarena Harris	BHS-Hollywood
Kathryn Aguenza Louie	Pacific Asian Counseling Services
Kayla Luhm	The People Concern
Keisha White	SA 5
Kenya Rodriguez	Alcott Center
Kim Blackmon	SA 3
Kirsten Pouri	Alafia Mental Health Institute
Kristal Gastelum	Tarzana Treatment Center
Kristen Tanji	Tessie Cleveland Community Services Corp.
Leah Gutierrez	The Guidance Center
Lisbeth Vazquez	DMH-Women's Well-being Center (WWC)
Lizbeth Alvarado	SSG/Weber Community Center
Lynette Lau	DMH Adult at Harbor-UCLA
Margaret Faye	Sycamores

Maria Herrera	CRT Rancho Los Amigos - Downey
Maricela Morales	Vista Del Mar
Maricris Ocampo	Dream Home Care, Inc.
Martin McDermott	New Concept STRTP/Humanistic Foundation, Inc.
Mary Camacho-Fuentes	DMH-SA1
Mayra Garcia	DMH-Quality Assurance
Michael Willis	
Nadine Moreno-Fimbres	Homes for Life Foundation
Nicole Watson	DMH-Law Enforcement Teams
Nikki Collier	DMH-Quality Assurance
Osborne, Susan	Mental Health America of Los Angeles
Pastora Salazar	For the Child
Patricia Tyler	Heritage Clinic
Peter Sung Baek	The LGBTQ Center Long Beach
Quenia Gonzalez	Starview
Rebecca Hadar	SA 4, 5, 6, 8
Renee Lee	DMH-QA PSR
Ria Rodrick	SFC SA6 Parkview
Robin Moten	SCHARP & Barbour and Floyd Medical Associates
Robin Washington	DMH-Quality Assurance
Rochelle Montgomery	Compton Family MHC
Rosa Franco	DMH-CalWorks

Ruth Wunderley	6859 and 7738
Sara Klausner	Child and Family Guidance Center
Sara R. van Koningsveld	St. Joseph Center
Sarah Monson	ChildNet Youth & Family Services, Inc.
Sebrena Abanum	SHIELDS for Families
Sharon Chapman	DMH-Outcomes
Sheldon Brackett	Counseling4Kids
Sherri Pierce	DMH-Harbor UCLA
Sonia Zubiate	DMH-Quality Assurance
Stephanie Alvarez	LBCAP 1926y
Stephanie Canales	Star View Behavioral Health
Stuart Jackson	CII
Susan Blackwell	Star View Adolescent Center in Torrance, Ca.
Susan Osborne	MHALA
Susana Ka Wai Sou	DMH-Pharmacy
Sybil Chacko	Maryvale
Tatyana Haddock	
Tennille Hill	Vista del Mar
Therese Gabra	Quality Assurance
Tiffani Miller	For The Child
Traci Levi	SA 5- Vista Del Mar
Wanta Yu	LACDMH QA

Wyahee Tucrkile	DMH-Quality Assurance
Yivette Odell	
Yvonne Phung	DMH-Quality Assurance
Zhena McCullom	DMH-Quality Assurance
Zoila Beltran	Kedren Community Health

Respectfully,

Quality Improvement