REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC)- NORTH

MEETING MINUTES

October 2025

Type of meeting:	Regional QIC	**Date:**	10-29-2025
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	Dr. Daiya Cunnane and Kimber Salvaggio welcomed everyone and shared agenda and meeting minutes from July 2025. The attendance link and QR code were shared. Kimber Salvaggio shared if providers were present at the last meeting and do not see their name, they should send an email to QI. Dr. Daiya Cunnane welcomed new QI staff Dr. Barbara Meyer and Dr. Marianne Klee.	Providers should send any edits for the meeting minutes to DMHQI@dmh.lacounty.gov	Dr. Daiya Cunnane/ Kimber Salvaggio

II. Land Acknowledgement	Kimber Salvaggio shared the Land Acknowledgement slide and asked for a volunteer to read it.	Sherry Winston read the Land Acknowledgement slide.	Kimber Salvaggio
III. Metabolic Monitoring Quality Improvement Project (QIP)	Dr. Susana Sou, from the Pharmacy Unit, presented the 2025 HEDIS Measures Quality Improvement Project (QIP) on improving the performance of behavioral health related quality measures to avoid sanctions and provide high-quality care to LACDMH clients. Dr. Susana Sou 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. The QIP team decided to target three quality 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 QIP pilot was located at Long Beach Mental Health Center (MHC) and	Provider question in the chat: “As providers, we need guidance on how to replicate the lab project within our own agency without extensive resources that DMH has, how do we do this at a provider level?” and “What electronic systems are used for the tracking?” They would also like to hear more about Dr. Sou’s work at Long Beach. Dr. Susana Sou stated their team created a one-page quick user guide, the lab playbook, which can be shared with everyone. The system for tracking was a spreadsheet that pulled data from LACDMH Electronic Health Record (EHR) system. The team queried	Dr. Susana Ka Wai Sou

	aimed to improve lab monitoring adherence for the adult population. The study design consisted of four parts during the preparation phase where clinical pharmacists were assigned to review each chart for lab results of 1,095 cases. It was important to standardize which labs the clinical pharmacists would be looking for and ordering. Intervention 1 focused on placing orders for any tests that have not yet been ordered or resulted. If the minimum lab parameters were already fulfilled, nothing was done. If any minimum labs were not ordered or not resulted, the team ordered the missing labs. The client's psychiatrist reviewed the results with the clients. Intervention 2 focused on calling clients to provide reminders and identify barriers. If the client was not opposed, the team would attempt up to three reminder calls depending on what was relevant to client. The team explained to the client the importance of lab monitoring for	the lab ordering and results of all the Long Beach MHC clients. Then the pharmacy resident and clinical pharmacist worked off that list to review the patient's chart. From Intervention 1, the team reviewed the charts to see lab orders and documented them in one of the columns created on the spreadsheet. Then the resident and clinical pharmacist did the ordering and reached out to clients to remind them to come to the lab. They created several more columns in the spreadsheet to track the phone calls for up to three attempts. After completing those two steps they ran the data again to see the improvement both from ordering and from blood test results. Dr. Susana Sou thanked the attendees for the positive	

	medication safety and effectiveness and if the client had any questions about lab logistics or fasting requirements, the team answered them as this created a teaching opportunity for both clients and providers. Scheduling a lab draw appointment was appreciated by clients and allowed for better coordination of phlebotomy resources. The team addressed schedule conflicts, offered alternate lab draw sites or times, and for transportation issues they coordinated with the case managers for bus tokens and Access services. In many cases, the team found that motivational interviewing was applicable for validating client's lab related anxieties and tipping the scale of ambivalence in favor of completing labs. Lastly, Intervention 3 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 ordering half the clients met minimum	comments and shared: "I will pass it on to my team, and I cannot take all the credit as they put in a lot of hard work into this project." There was a lot learned through the process. For staff who were not prescribers, they needed a lot of support from the clinic administrators because the phlebotomist and front desk staff called in lab orders and clients to ask them to come in for labs. These calls can be scripted and taught to non-medical staff on how to encourage clients to come in. There is room to modify workflows to suit the staff. Dr. Susana Sou is willing to open forums where this can be explored further. Provider question in the chat: "If possible, a pilot program between LACDMH and a community outpatient program is needed."	

	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 an increase in the lab completion rate from 35% to 61%, which was nearly double. Many clients completed labs through LACDMH. Pre-intervention, 24% of clients completed labs through LACDMH versus 11% through an external provider. Post-intervention, 53% of clients completed labs through LACDMH versus 9% through an external provider. Raising the lab ordering rate to 100% was both achievable and critical to give the most accurate denominator for Intervention 2. The team saw a significant increase in the rate of ordering at the end of the pilot, but there is still room for improvement. The team then conducted a survey of 468 clients. Approximately 55% of clients identified	This would be something that LEs would love, and LEs need support in this area. Working in the service areas (SAs), providers are used to getting information as a disclaimer, a pilot, or a draft. Dr. Kara Taguchi stated if providers have questions or requests for technical assistance around the QIP to reach out to the QI mailbox that is provided in the chat. The QI Unit would assist with making the connection. Also, Department of Health Care Services (DHCS) is preparing to roll out a system called Medi-Cal Connect for County Behavioral Health Programs (BHPs) to make it easier to see progress on some of the quality measures. County BHPs will also be able to look at dashboards and progress on Quality Metrics. The rollout will	

	no barriers and suggested that having an order in place and clear instructions is enough to support follow-through. Eighteen percent of clients identified barriers that were addressed by outreach and support processes, 4% identified limited lab hours and schedule conflicts as a barrier, which the team was able to accommodate by temporarily increasing phlebotomy hours and staffing, and approximately 19% of clients reported having completed outside lab work. Of those who reported barriers to lab completion, 48% went on to complete labs through LACDMH after the QIP interventions. Based on our learning, the QIP team has developed a recipe for achieving these outcomes at both DO and LE outpatient clinics. The five ingredients are: Order, Motivate, Remind, Facilitate, and Review. Although they are not new, the way they are applied makes the difference, and by implementing these steps, each clinic can replicate this result. When ordering labs, the providers should	take place around November 2025. Stacey Smith stated the QIP was extremely important for client care. SAA, adherence for clients who are diagnosed with schizophrenia to their medication is tied to both sanctions for the County and possible incentives. It is important to pay attention to clients, assisting them in getting their labs done, and adhering to their medications. Provider question in the chat: “To confirm, is tracking and monitoring of lab requests and orders a required process for recommended Quality Improvement measure for LEs?” Stacey Smith shared that LEs are all subject to the same HEDIS measures as LACDMH because we are an entire system. A copy of	

	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 our clients, spend time educating them on the importance of lab monitoring for the specific regimen that they are on, and address barriers. Clients should also be encouraged to complete labs even if they have not fasted. Next, the team will assign trained outreach staff to schedule lab appointments, which the clients preferred over walk-ins, remind the clients, and provide an opportunity to address any remaining barriers. On the day, front desk staff should be coordinating all outstanding lab order printouts and handing them 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	the 2025 HEDIS measures was shared in the chat. Provider question in the chat: "What I am aware of are Psychiatric Best Practices which requires labs and then the Annual QA Report for LE ask about some of the measures that Dr. Sou reviewed"	

	that lab results are reviewed timely with clients. If there are any issues or delays with results transmission, report them to the LACDMH Pharmacy so the team can triage and optimize processes with the lab vendor and the Chief Information Office Bureau (CIOB). For the Child and Adolescent population, the Lab Monitoring QIP aimed to improve metabolic monitoring in child and adolescent clients. The project started in July 2025 during summer break, so it was easier for the kids to come to the DO clinics and get labs done. The QIP looked at pre and post intervention for glucose monitoring and for cholesterol monitoring. Even in the short period of six weeks, there was an increase in labs that were both ordered and resulted. This intervention is still ongoing, and the team has until the end of the year to get all the clients to complete their labs. The QIP showed that this method of intervention is effective in improving our outcomes. 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 DO clinics. We also distributed a HEDIS lab monitoring client list to each clinic, that identified all clients of prescribed antipsychotic medications, tracked completion of the required labs, and flagged clients who either needed lab orders or had missing results. Each supervising psychiatrist received a set that included both a staff list and a prescriber specific list. These reports helped clinics target clients who were due for labs or required reminders or other support to complete labs. To support the medication adherence QIP, the team created an electronic survey for medical staff to use with clients who were non-adherent to their medications. Once the survey was shared, the process involved monitoring adherence including assessing clients' refill history and observing signs of non-adherence. For clients with identified barriers, medical staff completed the survey to determine the specific reasons for non-adherence, and		

	staff tailored strategies to address these barriers and improve adherence based on the survey responses. If a client was non-adherent due to memory or cognitive barriers, interventions included simplifying the regimen, setting up reminders, or using medication management aides, linking medication taking to daily routines, or providing clear and easy to follow instructions. If the barriers were related to access and logistics, interventions included providing transportation support, offering telehealth or virtual visits, arranging mail order or pharmacy delivery, selecting formulary or generic medications to reduce cost, and supporting medication access through prior authorizations or patient assistance programs. If the barriers were internal, the interventions included 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. Like addressing laboratory monitoring barriers, effectively managing non-adherence required 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, and the results will not be as easily measurable as the lab monitoring projects, because prescription-filled data is not directly accessible. As part of the adherence support strategy, pillboxes were distributed to prescribers and during appointments, which allowed them to immediately provide a pill box when they identified a client who was non-adherent. It's a simple and low effort approach that reinforces medication, routines, promotes consistence, and helps address common barriers like forgetfulness or difficulty organizing medications.		

IV. Feedback on QI Policy and Procedure 1100.01	Stacey Smith shared QI Policy 1100.01 that is in provider contracts. It is up for renewal and is due by the end of November 2025. Providers are required to follow the policy. If elements of the policy are not clear, or elements need editing, send feedback to Stacey Smith by next Friday 11/7/2025. The QI Unit will review it and make changes as needed. The main change so far will be the addition of language around looking at co-occurring disorders in some of our clients.	Links to the policy and procedure were shared in the chat.	Stacey Smith
V. Provider Evaluation of 2025 Consumer Perception Survey (CPS)	Dr. Daiya Cunnane shared the 2025 Consumer Perception Survey (CPS) Provider Evaluation. The CPS is an annual survey that collects satisfaction information from clients and caregivers on the services LACDMH provides. The QI Unit ends the survey period with an evaluation from the providers on CPS training, resources, and response to see how the QI Unit can improve our processes. This survey is federally administered across the nation to clients and caregivers that are enrolled in	One attendee shared: “Yes we used it, but it may be that the link this past year to the training environment is different than the regular environment?” Dr. Daiya Cunnane shared usually in the link there is something saying “Train” and then in the survey link it has a term like “Prod”.	Dr. Daiya Cunnane

	outpatient services during one week in May. LACDMH receives funding to support client services because of participating. One hundred percent of outpatient providers are asked to participate. Providers are encouraged to mark this in their schedule for May next year. QI reviewed provider feedback data that was provided for the 2025 survey period. Out of 107 respondents,106 indicated that they participated in the CPS. QI will follow up with some of the providers to check in on any challenges they might have had during the CPS period. Many providers used the LACDMH electronic survey. Paper surveys were still preferred by many clients. There were a few respondents that used the MyHealthPointe client portal for DOs, which we piloted. About 37% of providers used more than one type of survey. Feedback included that the surveys are too long, it takes a long time, and	Dr. Kara Taguchi shared QI changed it a few years ago so that both do not run concurrently and cause confusion. The worst thing would be that the providers go on the site thinking that they are creating all these things in production, but it's really the training environment. QI would like provider feedback if it's not necessary for the training environment to be available. QI is trying to come at it from all angles to improve provider response rates with CPS and maximize the opportunity to get as much feedback on the LACDMH system as possible. Another attendee shared: "We were lucky this year to be able to bring in additional admin staff to help with the process, but it was very difficult and confusing. The	

	requests to reduce the number of questions and simplify the survey language. Unfortunately, QI does not have control over how the survey is created as it is developed federally, but QI does share this feedback with UCLA, who is the contractor that manages the survey for all California counties. QI heard there was a problem with the LACDMH electronic survey sent out via text. This is a function to send out the survey to a client's phone, and it has a link where the client or caregiver can click on the link to complete the survey. Our Application team was able to investigate the system for a problem, but no problem was found. There was a request to provide the survey with open-ended comments on one page rather than having to click into each record for the electronic survey. QI did have something prepared to pilot at one of our sites but there were access issues. It was not able to be resolved before the survey period. QI will	training might have changed as it was just tough to navigate training as opposed to the live survey. As we have new staff, it is difficult and confusing to know what the real location looks like versus the training, and to get to the right website. Can there be a way to link it from the main, so we do not have to just go through a completely different website?" Dr. Daiya Cunnane thanked the providers for their feedback. In the training materials there is a slide with the link where the training environment is and where the production environment is. This can be confusing, and the links are also different for DOs and LEs. If providers are not looking at the right material, they might click on the wrong link.	

	attempt to roll it out in 2026 to display all the open-ended comments received in the LACDMH electronic system on a Power BI page. There were some requests for different size fonts and different functions. There was feedback received from the MyHealthPointe pilot providers. MyHealthPointe is a patient portal available for DO clinics where clients can log in and obtain information about appointments and other information. QI piloted the survey in MyHealthPointe for a second year and heard there needs to be more work on promoting the patient portal, offering training for providers, supporting clients using that version of the survey, getting clients engaged and understanding the features. LACDMH could consider using peers to assist. The feedback was helpful in making the portal functional in a better way across the system, and not just for the survey.	Dr. Kara Taguchi shared this is good feedback for QI. QI produces one set of materials as much as they can but struggles to make it clear what pertains to DO versus what pertains to LEs. QI can also discuss strategies with CIOB. One attendee shared: “Before when we were taking the Live training, we did not have access to the testing environment yet, there was a delay for us to be able to access it.” Dr. Daiya Cunnane stated there were some challenges last year on trying to get it going in time and may have used the admin link that QI has for the training. Dr. Kara Taguchi stated that the QI Team also tried to be proactive in doing trainings ahead of time and get everything prepared as early	

	QI also reviewed feedback on the CPS training provided on each of the survey versions and a general overview recording which highlighted the differences between the types of survey formats, and why you might choose one over the other. Survey results showed providers were generally pleased with the paper survey training, LE training, and the General Overview. QI does have some work to do on some of the other trainings and will continue to provide updates and revisions. Providers should attend these trainings or listen to the recordings even if they are familiar with the survey because there are updates every year. QI received recommendations on improving the trainings and will take them into account to improve resources such as updating the QI handout with links, deadlines, and e-mail contacts. QI received feedback on materials such as flyers and frequently asked question documents, which seem to be very useful, and folks appreciate the training slides. QI will continue to do some work on the letter	as possible, and this year when UCLA provided their final forms, it required QI to make some last-minute adjustments. It may make sense to delay the training until the training link is ready, even if it is closer to the implementation. Dr. Kara Taguchi wondered if providers feel comfortable saying why they did not use it or if there is a systemic reason why providers did not use text, or if the clients just did not want it? Dr. Daiya Cunnane reported from the chat that someone shared they only had trouble on Monday, and it was very slow the rest of the week. Someone mentioned some clients said they did not receive it. Does anyone want to describe and share the problems that you had with text?	

	templates that are utilized for the UCLA electronic survey. Trainings recordings will be ongoing. There were a few recommendations that the flyers be more eye-catching and include useful information for clients. QI will continue Technical Assistance (TA) calls to help support providers during the week of the CPS survey. Providers appreciated the calls, and there were requests to make them longer. The calls are during the week of the survey to provide assistance from the QI team with issues and troubleshooting. QI will improve the level of communication as our QI team has expanded to include more team members. QI is now using a Listserv system to communicate information and announcements. QI has also received feedback from clients and caregivers with some recommendations. Clients' feedback included that the survey is too long, many clients prefer paper surveys, and clients may need more support using electronic versions. Family and youth do prefer electronic	One attendee shared that families requested to send it, and the provider sent it, but the problem is never hearing back from the clients. Providers would have to stay on the phone and confirm the clients received it and encourage them to do it at that moment. This provider has been overseeing the surveys for the past four or five years, and each year they are going to do this differently and tackle it this way but every year it changes, and as the collector of all the data, it is a lot of work. Collecting the declined, doing, making sure they click on all the links and get all the tallies, and click on all the dates to make sure they are in line with what is being requested. Dr. Kara Taguchi stated this might be a good lesson to replicate for	

	surveys while adults and older adults prefer paper surveys. We will continue working on increasing the response rates and addressing these challenges that were reported. Providers gave feedback received from clients/caregivers on translations. Last year QI was able to make improvements to the Spanish survey by sending feedback to UCLA. QI shared the feedback for Vietnamese translation that needed improvement with UCLA. Dr. Daiya Cunnane shared a poll in the meeting chat. The Application Development team noted that this year during the training environment, which opened a few weeks before the actual survey period, so providers can practice utilizing the functions and get familiar with the system there were very few survey records created, approximately 14. QI wanted to check in and see if providers are still using it. If providers did not use it, QI would like to know why and if anybody would be willing to speak on that.Dr. Daiya Cunnane shared the next poll	others and this attendee if they are okay with sharing and anything QI can do to help. This is once a year, but it is a lot of work, and QI receives a lot of surveys, but even just these little things as the families or clients get the message, it is better practice to do the link so providers can confirm that the clients got it while they are at the site, and whether it works or it allows them to open it. All this learning is useful, and that is what QI is problem solving, how to put together best practices and tips and not overwhelm both staff, clients, and families.	

	question about the text message function of the survey. For those who used text function in the LACDMH electronic survey, did you have experience(s) with clients and caregivers receiving that? QI appreciates everyone sharing this feedback. Any additional feedback can be shared by emailing or contacting QI. QI is working towards overcoming this texting challenge because it is a convenient feature, but it needs to work for everyone.		
Announcement	If providers would like to be added to the Regional QIC distribution list, please send an inquiry email to DMHQI@dmh.lacounty.gov		
Next Meeting: January 28, 2026, from 10:00AM-11:30AM			

Attendance

NAME	AGENCY
Kara Taguchi	DMH- Quality Improvement/Outcomes
Stacey Smith	DMH- Quality Improvement

Daiya Cunnane	DMH- Quality Improvement
Barbara Meyer	DMH- Quality Improvement
Marianne Klee	DMH- Quality Improvement
Kimber Salvaggio	DMH- SA 2
Laarnih De La Cruz	DMH- Quality Improvement
Abigail Fonseca	Olive view MHC
Adik Parsekhian	The Village Family Services
Alben Zatarain	Enki Health Services, Inc.
Alejandra Lopez Mercado	D'Veal Family and Youth Services
Alex Elliott	LACDMH
Alexis Nava	QueensCare
Alexis Orens LCSW	Telecare LA4 FSP
Allex Pak	DMH/ QOTD QA/ Medi-Cal Cert
Allison Foster	VIP CMHC
Allison Hardey	Hillsides
Alrayes, Rami	Children's Hospital Los Angeles
Amanda Zybala	Luvlee's New Dawn STRTP
Amber Anderson	Antelope Valley MHC
Aminah Ofumbi	Didi Hirsch
Amy Sutherland	Aspiranet
Analysa Chavez	California Mentor
Angela Kahn	Sfvcmhc Inc.

Anna Belle Guillen	Counseling 4 Kids
Annet Flores	Child & Family Center
Audra Hindes	Child & Family Center
Azad Galustian	SFCFC
Barbara Meyer	LAC-DMH QI
Berteil Eishoei	DMH- Quality Assurance
Bianca Ramos	NEMHC
Brenda Moreno	Dignity Health - California Behavioral Health Clinic
Brittany Cheong	Crittenton Services
Brooke Love	D'Veal Family and Youth Services
Candice Clayton	Bourne, Inc.
Carlisha Walker	SA 3
Carmen Chacon	SA 4
Carmen M. Vargas-Sullivan	DMH-QA
Carol Sagusti	SA 4
Catherine Wong	Spiritt Family Services
Catrina Rodriguez	PENNY LANE CENTERS
Cheri Noone	Five Acres
Claudia Martinez	Wellnest
Claudia Morales	SA 2
Crystal Chaidez	SFC Metro North
Daisy Rosales	El Centro de Amistad

David Gonzalez	Step Up
Debra DeLeon	SSG-OTTP
Diana Dawson	SA 2
Dora Escalante	Jewish Family Service
Edith Cruz	Amanecer CCS 7104
Eilene Moronez	Enki Health Services, Inc.
Elidia Olmos	SCVMHC-1905V
Elizabeth Boerkoel	SA 3
Elizabeth Helm Marsh	SA 1
Emma Hernandez	Heritage Clinic
Emma Mendez	
Erica Villalpando	Pasadena Unified School District
Estefania Orelo	Amanecer CCS
Evelyn Ramos	SA 2
Gabriela Hernandez Trujillo	Star View Community Services
Gabriela Villagomes	Optimist Youth Homes and Family Services/Highland Park
Gwendolyn Thomas	Rancho San Antonio
Heather Bowen	Children's Hospital Los Angeles
Heather Hays	Bright Horizon STRTP
Hyun Kyung Lee	DMH CMMD
James Walters	SA 2
Janelle Dent	Children's Institute, Inc.

Jasmin Velasco	Tarzana Treatment Centers - Mental Health
Jeanet Hernandez	Child & Family Guidance Center
Jeanine Caro-Delvaille	Child & Family Center
Jennifer Mitzner	Olive Crest
Jennifer Mize	1904A/QA/QI liaison service area 1
Jennifer Palma	Pacific Clinics
Jennifer Ray	Eggleston Youth Centers, Inc.
Jennifer Wong	Children's Institute Inc.
Jessica Estrada	KYCC
Jessica Guzman	Wellnest
Joanne Chen	DMH- CMMD
John Catania	Social Model Recovery System, Inc.
Judy Morales	Rancho San Antonio
Julie Jones	Hillview Mental Health Center
Katy Ihrig	SCVMHC
Khashi Khosravi	Exodus Recovery
Kim Blackmon	Dveal
Kimber Salvaggio	TCU/SA 2 Admin
La Nita Holder	
Laura Aquino	Amanecer CCS
Laura Padrino	CA Mentor
Laura Ramirez Rodriguez	Tarzana Treatment Centers

Laurie Garza	ASC Treatment Group
Leo Hernandez	Jewish Family Service of LA
Linda Nakamura	Masada Community Mental Health Services & SA8 QA/QI Co-chair
Lisa Harvey	Para Los Ninos
Lizette Ayala	DFYS
Malissa Torres	
Maria Bhattachan	OYHFS, all sites
Maria Isabel Vazquez	SA 4
Maria Moreno	SA 3 Admin
Maria Vazquez	St Anne’s Family Services
Maribel Najar-Vargas	Hillview Mental Health Center Inc.
Marisol Barrientos	Victor Treatment Centers Pomona
Marisol Guzman	Hillview Mental Health Center
Marlene Sandoval	VIP Community Mental Health Center
Martha Berber	Aspiranet
Mary Camacho Fuentes	Palmdale Mental Health Clinic/SA 1
Megan McDonald	Topanga Roscoe Corp
Melissa Rodriguez	Boys Republic
Michele Burton	the help group
Michelle Garcia	Aviva Family and Children's Services
Mike Ford	SA 7
Misty Aronoff	Step Up on Second

Misty Furbush	SA 1
Nancy Flores	Olive View Medical Hub - DMH
Nancy Trinh	SSG Alliance 7619, Florence House CRTP 19JD
Nicole Gutman	Hollywood MHC
Nikki Collier	LACDMH
Patricia Tyler	Heritage Clinic
Perla Campos Ruiz	
Quenia Gonzalez	Star View
Rafael Santoya	All for kids
Rami Alrayes	Children's Hospital Los Angeles
Rebecca Fahey	Gateways Percy Village
Rejeana Jones	McKinley Services
Renee Yu	SSG Alliance 7619, Florence House CRTP 19JD
Robert Swartz	Pacifica Behavioral Health Urgent Care Center
Roberta Del Angel	Star View Community Service
Roman Shain	SFVCMHC Inc.
Rosa Gutierrez	QueensCare Health Alliance
Sandi Long	Gateways
Sara R. van Koningsveld	St. Joseph Center
Sarah Sullivan	East San Gabriel Valley FSP
Sarah Won	KYCC
Shain, Roman	SA 2

Sharon Chapman	DMH-Outcomes
Shawn Kim	SA 3
Sherry Winston	Tarzana Treatment Centers
Silva Hakopyan	SA 2
Silvia Sanchez	SA 3
Silvia Padilla	Personal Involvement Center
Silvia Sanchez	San Gabriel Children's Center
Siri Donlea	SA 4
Stacy Park	SSG SILVER
Steonée Laskey	SA 3
Stephanie Ochoa	Star View Teammates
Susan Osborne	Mental Health America of Los Angeles
Susana Gomez	Pacific Clinics
Susana Ka Wai Sou	DMH-Pharmacy
Suzy Donabedian	Pacific clinics
Sylver M. Guerrero	SA 4
Tiffani Tran	Five Acres
Valentina Murray	Phoenix House California
Vanessa Tudela	SA 4
Vicken Kabakian	SA 2
Victoria Shabanzadeh	Stirling Academy, Inc. (DBA: Stirling Behavioral Health Institute)
Viola Guzman	Social Model Recovery Systems

Windy Luna-Perez	SA 3
Xin Kang	ESGVMHC
Xiomara Leal-Reyes	Hillview Mental Health Center, Inc.
Xochitl Corona	SA 2
Y Thanh Lam	SA 4
Yuri Cardona	Telecare
Yvonne Lozano	Stars Behavioral Health Group - LA County CRTs
Zeena Burse	SA 2

Respectfully,

Quality Improvement