

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

MEETING MINUTES

January 2026

Type of meeting:	Monthly QIC Meeting	Date:	1/12/2026
Location:	Microsoft Teams	Start time:	9:00 AM
		End time:	10:00 AM
Recording:	Countywide QI Committee Meeting-20260112 - Jan 27th, 2026		
Members Present:	See Table Below.		
Agenda Item	Presentation and Findings	Discussion, Recommendations, and/or Needed Actions	Person(s) Responsible
I. Welcome and Introductions	<p>Dr. Kara Taguchi welcomed everyone and shared the meeting agenda.</p> <p>Dr. Kara Taguchi shared we are hoping to come together during these meetings to look at information that is available in the Department, share observations and data that we are seeing, hopefully identify potential QI issues that we may need to address, and follow up on the progress of different QI efforts happening across the County. Active participation is needed during these meetings and data discussions.</p>	<p>Email any edits for the meeting minutes to DMHQI@dmh.lacounty.gov</p>	<p>Dr. Kara Taguchi/ Stacey Smith</p>

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II. Consumer Perception Survey 2024 Provider Level Data	<p>Dr. Daiya Cunnane shared that QI fixed an error in the Provider Level Report and released an updated version. The report has color-coded charts to show where service area (SA) client satisfaction is landing in comparison to the County average by age group. We encourage you if you find that your SA falls below the County average to please look at that data. There are Appendices at the end of the report where you can see what questions are part of each domain. We know that SA 1 typically does not have many resources and satisfaction rates indicate Access issues. There were providers that QI could not identify and were not able to match to a SA who were placed on an Unknown SA report. We also received Out of County participants this year who we do not ask to participate.</p> <p>As for our recommendations, if you are having trouble getting clients to participate, which we mostly noticed with our youth population, we would like to hear your ideas about different ways that we might be able to increase participation. We have best practices that were created to increase participation that are available on our QI website. We encourage you all to track your performance over the years for the CPS to gauge and see how you are doing and where you might be able to improve.</p> <p>Dr. Daiya Cunnane stated that we will continue to think about how to engage youth in our surveys. Any ideas or suggestions that you</p>	<p>Dr. Kara Taguchi stated we have always done well overall on consumer satisfaction surveys. It is hard to find nuances and areas where we may need to target improvements. Clients report the treatment they are getting is helping them, but they are not sure of the degree to which their life has changed as a result.</p> <p>Dr. Daiya Cunnane shared some things to think about and where to consider creating Quality Improvement Projects (QIPs) would be areas your SA or your agency falls below the County average. For access, we can check in with clients about what kind of access challenges they are experiencing or do a follow-up survey. As Dr. Kara Taguchi mentioned, perception of outcomes from services received tends to be low. Think about how providers might talk to clients about their progress in treatment and how often that is happening. For the Cultural Sensitivity domain for youth and family surveys and Quality and Appropriateness domain for adults and older adults, consider looking at the languages that you support at your site and if</p>	Dr. Daiya Cunnane
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	<p>have, please feel free to put them in the chat or you can e-mail the QI team.</p>	<p>improvement projects are needed to expand these services.</p> <p>Stacey shared that there were issues with texting CPS surveys during the survey period and the texting ability needs to be addressed. This may have contributed to lower youth surveys. There was also an interesting comment in the 2025 open ended comments where a client stated that they used the emergency room because their clinic was too far away. That is an access to care concern that needs to be addressed.</p> <p>Dr. Kara Taguchi shared that everyone comes from different areas in the department and has their own sets of information. Part of what we are trying to look at from a comprehensive QI approach is to think about this as one data point that we are getting from clients and families who are telling us how they feel about their services. General satisfaction and cultural sensitivity are two potential categories that the State may use in their Behavioral Health Transformation (BHT) Outcomes and Goals. We may want to think of the SAs where they are below</p>	
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		<p>the average in terms of how they feel about their ability to access services, proximity of services, and wait times. From a Quality Assurance (QA) perspective, how that lines up with Access to Care numbers, are there known SAs where we have a little bit more of a wait, and does this coincide with grievances and change of provider requests.</p> <p>Dr. Toni Robinson wondered if Youth was referring to children and not Transition Age Youth (TAY) or was referring to responses on behalf of youth who are under the age of 16.</p> <p>Dr. Daiya Cunnane clarified we are talking about youth who are 13 to 17 years of age when talking about the survey.</p> <p>Dr. Toni Robinson shared that there is a Peers Network Group Meeting where she can place QI on the schedule for the April meeting. In attendance are the Community Health Workers (CHWs), parent partners, and Peers who can help promote the survey.</p> <p>Dr. Greg Tchakmakjian shared on the chat that youth may have a</p>	
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		<p>tendency not to consider the importance of the survey. It may be helpful to educate the youth about the importance of surveys to improve client care.</p> <p>Dr. Daiya Cunnane shared that this is a fantastic point and we had the suggestion last year from a SA 1 Program Manager that perhaps we need a one-page handout that we can provide to clients to help them understand what the survey is.</p>	
<p>III. 2026 Behavioral Health Accreditation (BHA) Re-Assessment</p>	<p>Stacey Smith shared this year we will be completing the BHA re-assessment from the National Committee for Quality Assurance (NCQA). In 2024, we completed the Managed Behavioral Healthcare Organization (MBHO) Self-Assessment and submitted a letter of intent to participate in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Incentive Program. We received 90% score on it. In addition, in June 2025, we submitted a brief survey named Submission 1. The Incentives Program is over the course of five years, from 2020 to 2025. The amount all California Counties could earn is \$1.9 billion and LA County could earn \$490 million of that pot. In 2025, we received our first payment of \$12.9 million. The BHA re-assessment is one of the next steps in receiving the 2026 incentive payment. It also includes showing that we are</p>	<p>Dr. Kara Taguchi shared for the MBHO self-assessment that we did last year, we tried to find all areas of evidence to show we met NCQA standards. With the BHA, you will hear the word “intentional” a lot over the next year as we are reviewing data with the intention to identify where there are opportunities for improvement. An example is how Managed Plan Operations gets a list of people who were recently in the emergency room or hospital. They then provide care coordination and make sure that the client does not get lost in the mix. As we learn more, we learn as a system what we must put in place to make sure that we have improved</p>	<p>Stacey Smith</p>

	<p>utilizing Peer Services, including Forensic Peers and evidence-based practices and meeting Access to Care standards amongst other metrics. A lot of our metrics will be calculated from Medi-Cal Connect by the State and they will let us know what our scores are.</p> <p>The BHA re-assessment is due June 30th, 2026, along with a survey named Submission 2. The BHA re-assessment has a look back period of our current fiscal year. We will need to provide evidence of our care coordination improvement efforts and population health management strategy and analysis. Our work plan is due in March 2026 so we will likely add goals around elements we are missing. NCQA will do a formal review of all the documents we submit, and then between June 30th and August 3rd, they will give us feedback on how we scored.</p> <p>The departments that we have identified that we will need help in collecting evidence from for the BHA reassessment include Quality Assurance (QA), Pharmacy, Managed Plan Operations, Clinical Informatics, and Chief Information Office Bureau (CIOB). We have six standards that we will have to provide evidence for: Coordination of Behavioral Healthcare, Collaboration Between Behavioral Healthcare and Medical Care and four standards related to Population Health Management (PHM) where we will create a strategy and evaluate its effectiveness. NCQA wants to see if we are reviewing and analyzing both quantitative and</p>	<p>coordination not only within our system but also with the Managed Care Plans (MCPs).</p> <p>Dr. Kara Taguchi shared every program that we offer within DMH would be mapped to the continuity of care and to really manage these very complex clients and consider how these different needs can be addressed and how they can improve the overall health of the client and their life. Another tool we will use is Medi-Cal Connect that could help provide us with information, especially information about their medical journey. How they move in our system that may make them eligible for certain programs and how we are looking at clients and survey how we are doing comprehensive assessments, how are we employing the coordination/ collaboration of our health partners, and how are we improving with the exchange of information to better care for the clients.</p>	
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	<p>qualitative data at least annually for these standards. After analyzing the data, we will need to identify opportunities for improvement in our system based off of the data and possible interventions.</p> <p>For the MBHO, we did not score very high on Coordination of Behavioral Healthcare as we did not have data on transitions of care. At that point, we were planning on implementing the Level of Care Utilization System (LOCUS) as a level of care tool. Now that it has been implemented this can be added to the BHA.</p> <p>To evidence our efforts in Access and Follow Up with Appropriate Behavioral Healthcare Practitioners in the Network we used Eating Disorder coordination by Managed Plan Operations in the MBHO. We will work with Managed Plan Operations to see if this can still be used as evidence for the BHA.</p> <p>To evidence Appropriate use of Psychotropic Medications in the BHA, we can use Dr. Susana Sou from Pharmacy's recent presentation on her QIPs on Healthcare Effectiveness Data and Information Set (HEDIS).</p> <p>We will need Managed Plan Operations to assist us in evidencing our efforts around Collaboration between Behavioral Healthcare and Medical Care. We used meeting minutes with the Managed Care Plans (MCPs) before for collaborative efforts around Follow-Up After Emergency Department Visit for Mental Illness</p>		
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	<p>(FUM) and shared clients with Eating Disorders. Pharmacy and Clinical Informatics will be needed to help with evidence for Appropriate Use of Psychotropic Medications and for Management of Treatment Access and Follow-up for Members with Coexisting Medical and Behavioral Disorders. We previously used HEDIS measure Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP).</p> <p>Population Health Management has four areas of focus: keeping members healthy, managing members with emerging risk, patient safety or outcomes across settings, and managing multiple chronic illnesses. For the BHA, they want very prescribed goals for each area of focus that are time limited and have a specific population and interventions. These goals could go into our Work Plan.</p> <p>Our PHM strategy will need to have a map of what programs and services are available in each level of care, and how clients can enter and exit those programs. This information will need to be available to our members.</p> <p>To evidence data Integration, we will rely on CIOB. They have provided maps of all the data that they have that goes into the data warehouse.</p> <p>We have a Service Equity Report that QI does, the MHSA report, and Cultural Competency Plan that document our data and analysis of the population in LA County and those that we</p>		
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	<p>serve. After we analyze our population data we need to evidence now that we understand the population that we have, how are we going to readjust our programming and services to meet the needs of the population. We will also need to have some type of stratification of the clients within our population as well.</p> <p>We need to make sure that we can receive clients from different referral sources such as medical providers or self-referrals. Last year, we requested SRTS referral data from QA to evidence this.</p> <p>We used the Outreach Workers Portal for evidence that we use algorithms and Care Manager for evidence of automated prompts and signatures of staff in our complex case management system. We will look at these systems again.</p>		
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Next Meeting: Monday, February 9, 2025, from 9:00AM-10:00AM

Attendance (below):

NAME	AGENCY
Debbie Innes-Gomberg	DMH- QOTD
Kara Taguchi	DMH-QI/Outcomes
Stacey Anne Smith	DMH-Quality Improvement
Daiya Cunnane	DMH-Quality Improvement
Barbara Meyer	DMH-Quality Improvement
Marianne Klee	DMH-Quality Improvement

Angelle Hill-Seetal	DMH-Quality Improvement
Laarnih De La Cruz	DMH-Quality Improvement
Volga Hovelian	DMH- QI/Outcomes
Alan Chung Chiu Wu	ARISE Division
Angela Shields	Specialized Foster Care South
Ania Ahmadi	Compliance, Privacy and Audit Services
April Newman	Health Plan Operations
Carrie Helgeson	CCR
Christina Ro	Forensic Services
Elizabeth Powers	CMMD
Fady Shehatta	Health Plan Operations
Greg Tchakmakjian	SA 7
Jeanna-Marie Pollard	Health Plans Operations Unit
Julie Garcia	OCS North County
Keisha White	SA 5
Kimber Salvaggio	Training/SA 2
Lori Willis	Children's
Maria Moreno	SA3
Michele Renfrow	Hospital Liaison
Michelle Rittel	SA 2
Nikki Collier	Quality Assurance
Rachel Santellan	SAPC
Renee Lee	Provider Support & Review
Socorro Gertmenian	SA 4, 6, 7
Stephanie Johnson	CWD Wraparound
Susan Cozolino	Quality Assurance

Theodore Wilson	Patients' Rights Office
Toni Robinson	Peer Services
Venezia Mojarro	Compliance, Privacy and Audit Services
Veronica Chavez	ACCESS Helpline
Vicky Lin	PEI Admin
Wanyu Chang	PEI Admin
Yen-Jui Ray Lin	Clinical Informatics
Zhena McCullom	Quality Assurance

Respectfully Submitted,

Dr. Kara Taguchi