

REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC)- South

MEETING MINUTES

January 2026

Type of meeting:	Quarterly South Regional QIC Meeting	Date:	01-21-2026
Location:	Microsoft Teams	Start time:	10:00 AM
		End time:	11:30 AM
Members Present:	See Table Below		
Agenda Item	Presentation and Findings	Discussion, Recommendations, and/or Needed Actions	Person(s) Responsible
I. Welcome and Introductions	Socorro Gertmenian, Ph.D., welcomed everyone and shared the meeting minutes from October 2025.	Providers should send any edits for the meeting minutes to DMHQI@dmh.lacounty.gov.	Socorro Gertmenian, Ph.D.
II. QI Updates: Consumer Perception Survey (CPS) 2025 Data	<p>Daiya Cunnane, Psy.D., announced that the Consumer Perception Survey (CPS) provider-level reports have been sent out and are now available for review. The report format has been updated from previous years and includes comparative visuals that display performance by age group against county averages, with data available by service area.</p> <p>Providers are encouraged to review their results and consider opportunities for quality improvement initiatives based on performance trends. Continued lower response rates were noted for the TAY (Transitional Age Youth) population. Programs serving TAY are encouraged to prioritize improvement efforts in this area. Providers should also review additional survey domains, including access, general satisfaction, cultural appropriateness,</p>	<p>Providers should monitor their emails for the 2025 Provider Level Report.</p> <p>Providers should mark their calendars for the May 2026 CPS administration.</p>	Daiya Cunnane, Psy.D.

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	<p>and other domain-specific measures included in the report.</p> <p>One-page handouts for community members are available online. A snapshot of satisfaction survey results is provided. These materials are currently available in several threshold languages. The full CPS report is also available online.</p> <p>The next round of the CPS will take place in May 2026. Additional information and training details will be distributed via the CPS listserv. Meeting attendees will be added to the listserv to ensure timely communication. The listserv is intended for CPS leads, managers, Quality Improvement staff, and others responsible for survey coordination and implementation.</p>		
III. Language Survey	<p>Mirtala Parada Ward shared an overview of language access requirements and reporting procedures within the Department of Mental Health. The Board of Supervisors recently implemented a countywide language access policy which requires all county departments to ensure language accessibility for clients who receive services. This policy aligns with the existing requirements under Medi-Cal language access, cultural competency planning, and countywide language access policy. These policies ensure that all clients have equitable access to language services in their preferred language, such as Spanish and other</p>	<p>LE Providers were advised to type their names in the chat or send an email to Alan Wu awu@dmh.lacounty.gov if they did not receive the survey.</p> <p>Providers were encouraged to complete the survey, and a tracking form will be provided.</p> <p>Stacey Anne Smith will share the presentation slides with providers after the meeting.</p> <p>Socorro Gertmenian, Ph.D., shared a question from the chat</p>	Mirtala Parada Ward

	<p>languages, including American Sign Language (ASL) The policy applies to Directly Operated (DO) programs and Legal Entity (LE) contracted providers. The goal is to maintain equitable, culturally responsive, and linguistically appropriate services for individuals.</p> <p>The Anti-Racism, Inclusion, Solidarity, and Empowerment (ARISE) Language Assistance Unit maintains compliance through the Departmental Language Access Plan (DLAP). The most recent DLAP report was in January, and an annual report must be submitted to the Board of Supervisors, detailing language accessibility. The ARISE Language Assistance Unit is collecting data to comply with Behavioral Health Information Notice (BHIN) 24-020. To meet this requirement, quarterly surveys are submitted to LE providers to capture language service encounters where interpreters were used. Surveys were sent out and data will be collected for October, November, and December of 2025. There are two surveys: one for face-to-face encounters and one for telehealth services. Mirtala Parada Ward shared that the submission rate is low, only receiving 28 responses on face-to-face encounters and 32 telehealth encounters. The responses are reported to the DMH Quality Assurance (QA) unit to ensure compliance with the Behavioral Health Information Notice 24-020.</p>	<p>“was there an attestation excel sheet that was sent out”? and answered that she will look into it.</p> <p>Paul Schmitt wondered if there is a list of agencies that have already submitted the language survey.</p> <p>Mirtala Parada Ward responded that Alan Wu will collect the emails that are on the chat and will send you the survey directly.</p>	
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	<p>Quarter 1 is from July 1, 2025, to September 30, 2025, and that report is due on October 31, 2025. Quarter 2 is from October 1, 2025, to December 31, 2025, and is due on January 31, 2026. Quarter 3 is from January 1, 2026, to March 31, 2026, and is due on April 30, 2026. Quarter 4 is from April 1, 2026, to June 30, 2026, and is due on July 31, 2026.</p> <p>A tracking form will be provided to collect the information and help providers complete the quarterly survey. Quarter 2 survey that was due December 31st requires providers to attest that 100% of their workforce has completed the state-required cultural competency training for the calendar year. Mirtala Parada Ward informed everyone to contact Alan Wu from the ARISE division for questions or concerns.</p> <p>The survey results from the first data pool were shared. They showed that Spanish continues to be the primary language served, followed by Mandarin, Russian, Armenian and American Sign Language (ASL). This data helps with service planning, resource allocation, and compliance reporting to the state.</p>		
<p>IV. Co-Occurring Disorders</p>	<p>Dr. Brian Hurley, M.D. presented on substance use treatment services in Los Angeles County. The National Survey on Drug Use and Health revealed that only 15% of individuals with substance use disorders (SUDs) receive any sort of treatment in any type of setting, with just under 6% receiving treatment in a specialty</p>	<p>More information related to the presentation or ASAM criteria can be found on www.SudHelpLA.org. Referral information can be obtained by contacting the Los Angeles County Mental Health and</p>	<p>Dr. Brian Hurley, M.D.</p>

	<p>outpatient. Therefore, 94% of people with SUD did not receive SUD treatment in a specialty setting, and 85% did not receive any type of treatment at all.</p> <p>Dr. Hurley raised the question of why people with substance use disorders don't receive treatment. He answered that the reason is because people don't want it.</p> <p>Substance Abuse Prevention and Control (SAPC) offers a range of treatment services, including group counseling, medications, care coordination, and service linkage. Hospitals offer withdrawal management services, where clients live and receive treatment on site. High-intensity outpatient programs, youth-focused, and early intervention programs for youth at risk are also offered. Additional services include recovery services and opioid treatment programs.</p> <p>Some programs have clinicians who can provide Co-Occurring disorder treatment for clients diagnosed with a mental health condition. These programs provide plans of care for individuals. Medi-Cal has been funding the contingency management program, which is the most effective treatment for Stimulant Use Disorder. It is currently accessible in SAPC's outpatient programs. This involves individuals receiving a voucher when they provide a negative urine sample.</p>	<p>Substance Use Services Help Line at 800-854-7771.</p> <p>Jacqueline Cleaver proposed that shame is a factor in not receiving treatment.</p> <p>Socorro Gertmenian, Ph.D. wondered if individuals don't see their substance use disorder as an issue.</p> <p>Dr. Brian Hurley, M.D. asked "what is the right amount of residential treatment?"</p> <p>Starlight Garcia stated for mental health, they will look at the 90 days and then meet with the individual when they are in a residential facility because they wanted to maintain motivation and see if they are meeting their goals.</p>	
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	<p>Pregnant, Parenting, and Family Services programs include services for parents that enable them to have their kids on site. Enriched residential services include parenting, coaching, skills, and Youth/Transitional Age Youth (TAY) programs.</p> <p>Recovery bridge housing is for patients who receive outpatient treatment in a safe environment. Housing can last up to one year. Recovery housing does not require outpatient enrollment and lasts up to 90 days.</p> <p>The American Society of Addiction Medicine (ASAM) Criteria Assessment is set by the state of California and has two parts: Level of Care Assessment and Treatment Planning Assessment. Level of Care determines what level of care a patient needs and where they should go to receive the services. This assessment asks about the recovery environment and psychological elements to curate a plan of care.</p> <p>SAPC follows the six dimensions of the multidimensional assessment. Dimension 1 explores the risk of substance use and withdrawal. Dimension 2 assesses the individual's medical conditions. Dimension 3 explores psychiatric conditions such as thoughts and emotions. Dimension 4 determines the individual's readiness to make changes. Dimension 5 assesses the risk of</p>		
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	<p>relapsing. Dimension 6 examines the recovery and living environment.</p> <p>SAPC utilizes CO-Triage, a screening tool for a provisional level of care assessment. In 2023, a new edition of the ASAM criteria was published. It requires the state to update its licensing standards and drug medical agreement with the federal government. The state of California will not be able to align with the ASAM criteria before 2027. A new ASAM criterion will be launched within the next couple of years, depending on how the drug medical program and licensing evolve. The process of the ASAM criteria begins with a level of care assessment when an individual goes into treatment. Next comes the continuum care, in which a reassessment is made to determine what's the most appropriate level of care. Questions are raised to determine the readiness to recover, such as the likelihood of an individual wanting to use or relapsing again. It is important to provide treatment for individuals rather than expecting them to fit into the 20- to 90-day window. The timeframe of a patient that is aligned with the ASAM criteria is more effective than the amount of time someone is in a contained environment.</p> <p>In Los Angeles County, Length of Stay (LOS) is authorized for up to 60 days of residential treatment. However, it is not mandatory to use all 60 days. If a treatment agency determines</p>		
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	<p>that an individual requires more, then an updated documentation of ongoing residential treatment will be submitted every 30 days. There is no cap on the duration of this treatment. When using the ASAM criteria, there is typically a 25% to 300% reduction in no-shows to the next level of care. Overall, the goal is to acquire longer treatment-not less. It is imperative to put together a program that ideally fits with the person's life.</p> <p>Dr. Hurley shared an overview of the Drug-Organized Medi-Cal Delivery System (DMC-ODS) outcomes in LA County. In 2017, residential bed counts increased by over 200%. Residential services increased by 1000%. Recovery bridge housing increased by over 700%. Outpatient services increased by 50%, while harm reduction investments increased by over 500%. Substance use prevention investments increased by over 275%.</p> <p>The Los Angeles County Mental Health and Substance Use Services Help Line is 800-854-7771. This is the number for accessing treatment for patients. Once a person has selected their preferred language, they have the option to press the number 1 for mental health services or number 2 for substance use services. Once connected to an agent, they are given an abbreviated ASAM screener to determine where they can receive services. One way to receive treatment services is to</p>		
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	<p>Speak to the substance abuse services helpline that is accessible 24/7. There is also a mobile optimized website called Recover LA that is available in 13 languages and provides a guide on substances.</p> <p>The website sudhelpla.org lists available providers with SUD treatment services and residential beds. All services are provided through contracts with legal entities in which referrals can be granted by speaking with an agent on the access line. The Service and Bed Availability Tool (SBAT) is a resource for public accessibility and supports care coordination among different programs. This filtering tool allows individuals to search for programs tailored to their needs such as youth, parental, and emotional development.</p> <p>Dr. Hurley cited evidence that adverse childhood experiences are associated with developing a substance use disorder. Therefore, substance use prevention begins with positive youth development. It focuses on emotional health, family engagement, and being able to thrive without substances. Youth substance use prevention programs are funded through grants such as Block Grant funding. Contractors provide services within schools and communities by focusing on psychoeducation on substance use recovery services step in to serve those who are ready for change. This becomes a learning experience. The stages of</p>		
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	<p>change consist of precontemplation, contemplation, preparation, action, and recovery maintenance. Providers are ethically bound to provide services that allow the patient to increase the chance of success. The language we use in discussing addiction matters. For example, the terms “drug abuse” and “relapse” are associated with stigma, whereas “recurrence of use” is appropriate. Recommendations include avoiding labelling clients and completing training to increase understanding and knowledge. Dr. Hurley encouraged everyone to become familiar with the “Your Words Matter “resources.</p> <p>The core components of substance use treatment include medication and counseling support. The eight Food and Drug Administration (FDA)-approved medications for SUD are methadone, buprenorphine, naltrexone, acamprosate, disulfiram, nicotine replacement therapies, varenicline, and bupropion.</p> <p>Dr. Hurley shared a toolkit on how to integrate pharmacotherapy for SUD at mental health clinics. This toolkit is built around individuals with co-occurring disorders. This can be found on www.rand.org.</p> <p>Dr. Hurley touched on levels of care within the Department of Mental Health and legislation related to mental health treatment Senate Bill</p>		
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	<p>43 & the Lanterman-Petris-Short (LPS) Act. Under LPS, the criteria for "grave disability" is the inability to provide for one's food, clothing, shelter, medical care, and personal safety due to having a mental illness. However, the state has updated the definition of "grave disability" to expand the criteria by also including co-occurring disorders and SUD as a reason for involuntary detention and treatment based on a person's inability to manage personal safety, basic needs, or necessary medical care. Dr. Hurley summarized his presentation with a few key take-home points. He stated that the lack of demand exceeds the lack of supply for SUD treatment. Naloxone should be readily available to everyone. Language matters when it comes to discussing addiction. It is also important to not expect individuals to stop using. Lastly, access to addiction medications should be offered.</p> <p>Dr. Hurley concluded by noting that the next ASAM annual meeting will be held in San Diego in April 2026. The California Society of Addiction Medicine's annual meeting will be held in Anaheim in October 2026.</p>		
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Next Meeting: Wednesday April 22, 2026, from 10:00 AM-11:30 AM.

Attendance List (below):

NAME	AGENCY
Stacey Anne Smith, LCSW	DMH- Quality Improvement Team
Kara Taguchi, Psy.D.	DMH- Outcomes and Quality Improvement Team
Daiya Cunnane, Ph.D.	DMH- Quality Improvement Team
Marianne Klee, Psy.D.	DMH- Quality Improvement Team
Barbara Meyer, Ph.D.	DMH- Quality Improvement Team
Laarnih De La Cruz	DMH- Quality Improvement Team
Debra DeLeon	OTTP
Katarena Harris	BHS- Hollywood
Traci Levi	SA 5- Vista Del Mar
Jacqueline Cleaver	Kedren Community Hospital
Tiffany Cooper	Exodus; Goldfield
Vi Nguyen	Sycamores
Anna Galindo	The Whole Child
Socorro Gertmenian	Wellnest L.A.
Alfaro, Jorge A	Providence Saint John's Health Center
Sherri Pierce	DMH- Harbor UCLA KIDS Medical Hub
Susan Blackwell	Star View Adolescent Center
Joanna Caysido	The People Concern
Amy Sutherland	Aspiranet
Gavin Tochiki	LA Step-Down/Telecare
Sabrina Diaz	Vista Del Mar Child & Family Services
Steven D'Antoni, LMFT	BHS, Inc.
Jaleesa Adams, Psy.D.	Drew Child Development Corporation
Laura Ramirez Rodriguez	Tarzana Treatment Centers
Sara Klausner	Child and Family Guidance Center
Sebrena Abanum	SHIELDS for Families
Guadalupe Sosa	SA 7 Roybal Family Mental Health Center
Analia Barroso	Telecare LAOA

Linda Nakamura	Masada Community Mental Health Service
Rachel Santellan	SAPC- Alhambra
Leah Gutierrez	The Guidance Center
Paul Schmitt, LCSW	Tarzana Treatment Centers
Alben Zatarain	Enki Health Services, Inc.
Kimberly Malz	CA Mentor
Marquisha Millsap	Star View Adolescent Center
Jocelyn Camacho	Shields for Families
Nikki Collier	DMH-Quality Assurance
Hyun Kyung Lee	DMH-CMMD
Carl Levinger	SFC-Wateridge
Carlisha Walker	DMH PO South
Maricris Ocampo	Dream Home Care, Inc.
Allison Hardey	Hillsides
Elizabeth Echeverria	SCHARP and Barbour & Floyd Medical Associates
Ann Lee, Ph.D.	SA 8 Administration
David Mora	Shields for Families
Jessica Meza	Dignity Health
Pastora Salazar	For the Child
Alex Elliot	DMH- Quality Improvement
Shaun Allen	Kedren
Maricela Morales	Vista Del Mar
Belinda Najera	DMH-SFC South County
Yesenia Talavera	Dangerfield Institute of Urban Problems
Jennifer Escorcia	Starview- Teammates
Alexis Garcia	Exceptional Children's Foundation
Courtney Olsen	Bayfront Youth and Family Services
David Flores	SBHG Rancho Los Amigos CRT
Kiana Bobo	DIUP

Karla Cano	St Joseph Center
Araceli Barajas	UCLA TIES for Families
Brittany Cheong	Crittenton Services
Tatyana Haddock	HYC
Starlight Garcia	SFC 7611A Vermont
Jessica Orellana	Magnolia- Children's Bureau/All for Kids
Maribel Perez-Silva	Penny Lane Commerce
Carmen Solis	Alma Family Services
Dawn-Marie	CA Mentor
Sara R. van Koningsveld	St. Joseph Center
Eilene Moronez	Enki Health Services, Inc.
Elizabeth Hernandez	Pacific Clinics
Kristal Gastelum	Tarzana Treatment Centers
Silvia Padilla	Personal Involvement Center
Hilda Sandoval	JWCH Institute, Inc
Brian Hurley, M.D.	Department of Public Health/Substance Abuse Prevention and Control
Christina Ramirez	Shields for Families
Hsiang-Ling Hsu	SSG/APCTC
Sheldon Brackett	Counseling4Kids
Alfred Sun	Spiritt Family Services
Alejandra Munoz	TCCSC
Lynette Lau	DMH at Harbor-UCLA Medical Center
Rosana Serrano	LAUSD School Mental Health
Keisha White	DMH GI building
Sumiyah Mshaka	DMH TAY Field-Based Program
Gabrielle Snead	Project Impact
Brittany White	PIC Services
Caeser Moreno	The Whole Child
Patricia Tyler	Heritage Clinic

Roberta Del Angel	Star View Community Service
Jamie Chess	Exodus Recovery, Inc.
Alan Chung Chiu Wu	DMH ARISE
Mirtala Parada Ward	DMH ARISE
Quenia Gonzalez	Star View
Adrian Estrada	1736 Family Crisis Center
Ana Mejia	The Whole Child Mental Health and Housing
Bosco Ho	Special Service for Groups - AP Recovery
Angelle Hill-Seetal	DMH-Quality Improvement Team
David Gonzalez	Step Up

Respectfully Submitted,

Quality Improvement