

REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC) - South

MEETING MINUTES

April 2026

Type of meeting:	Quarterly South Regional QIC Meeting	Date:	04-22-2026
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	Dr. Socorro Gertmenian welcomed everyone and reminded everyone to sign in on the link in the chat. A moment of silence was held to acknowledge Armenian Genocide Remembrance Day, which is to reflect on the impact of historical atrocities and on the groups that found refuge in California.	Any edits needed for the meeting minutes should be emailed to DMHQL@dmh.lacounty.gov	Socorro Gertmenian, Ph.D.
II. Portrait of Los Angeles	Kristen Lewis thanked the funders of this project, including the Los Angeles County Department of Mental Health, and two advisory committees. One advisory committee was comprised of county representatives from many different departments and offices. The other was made up of civil society partners. Measure of America is a product of the Social Science Research Council. It provides reports and tools focused on well-being and access to opportunity in the United States. The human development approach focuses on individuals' improvement in their well-being and opportunities in life. It is people-centered, and rather than asking how the economy is doing, it examines how well people are doing. This approach was introduced in 1990 at the United Nations. The three core	Alex Elliott voiced his concern about using the American Community Survey (ACS) 6 census measure as a proxy for Angelenos with disabilities. Dr. Kara Taguchi wondered how community mental health providers should think about the data on service planning. Dr. Socorro Gertmenian asked if there was a plan to gather new data again.	Measure of America

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	capabilities are: a long and healthy life, access to knowledge, and a decent standard of living. The proxy measure for a long and healthy life is life expectancy at birth. This is calculated by data reported from the Department of Public Health. Access to knowledge is measured by educational degree attainment for adults (age 25+) and school enrollment (age 3-24). A decent standard of living is measured by median personal earnings. The Human Development Index (HDI) was first applied to well-being in Los Angeles County and the Portrait of Los Angeles in 2017. The Department of Mental Health utilized it for needs assessment and planning in which it served as the model for the Anti-Racism Diversity and Inclusion Initiative's (ARDI's) State of Black Los Angeles (LA) report series. The analysis provides a current snapshot and an assessment of progress since the 2017 report. Groups of individuals and geographical locations were identified to examine higher levels of well-being, as well as those groups who fall behind. Kristen Lewis stated that it was important to keep in mind that there's nothing natural or inevitable about the inequity seen in these scores for Los Angeles County. Rather, they are the result of policy choices and investments that favored some groups and excluded others. She also stated that different policy choices can create more equity and a different future, one in which all Angelenos cannot just survive, but thrive. Community Data Walks were held in-person, and online meetings of Angelenos also were held in which		
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	preliminary report findings were displayed on posters. Community members were able to discuss their opinions on the data and offer recommendations for change and areas of improvement. Walks were held in five communities: Antelope Valley, Long Beach, East LA, South LA, and Pacoima. Virtual gatherings were organized as well. This project worked with the LA Opportunity Youth Collaborative, LGBTQ Center, and Department of Mental Health. Data walk takeaways included the following: rising housing costs, mental health needs, childcare affordability, unreliable public transportation, benefits for older Angelenos, and pathways to career opportunities. An online portal was created to allow Angelenos to voice their concerns. There were 10 key themes revealed, with over 200 conversational snippets included that users of the portal can listen to. The HDI combines health, education, and earnings indicators. Scores are calculated between 0 and 10 for men and women. There are score calculations for different racial and ethnic groups, including immigrants and U.S.-born citizens. Data from 2023 showed that the countywide HDI score was 5.64, which is a useful anchor for understanding the scores of different groups. The HDI also allows tracking of change over time. The last report from 2015 yielded an HDI of 5.43 countywide. The small increase in 2023 fell short of the goal from the last report, which was to demonstrate a one-point change.		
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	In comparing groups, women had a slightly higher HDI than men (5.91 vs. 5.40). Asian Angelenos had the highest HDI (7.68), followed by White Angelenos at 7.37. In contrast, Native Hawaiian/Other Pacific Islander (NHOPI) Angelenos had the lowest HDI (4.01), followed by Latino Angelenos (4.45) and Black Angelenos (4.70). U.S.-born Angelenos had an HDI of 6.06, while that of foreign-born Angelenos was 4.95. Alex Powers then presented data showing the countywide life expectancy was 80.5 years. NHOPI men had the lowest life expectancy at 65.9 years, with Black males following at 69.1 years. In contrast, Asian women had the highest life expectancy at 88.6 years. Latino and Black Angelenos had the sharpest drop in life expectancy between 2011-2015 and 2019-2023. The HDI allows tracking change over time. The main reason for the lack of progress toward the expected increase of one point in the overall HDI score was that COVID-19 had a disproportionate impact on different groups. Over the last eight to nine years, data showed that women gained more ground than men, and White and Asian Angelenos had more progress than Black and Latino Angelenos. HOPI and foreign-born Angelenos lost ground since 2015. Slides presented showed a map of Los Angeles County to indicate HDI disparities by location. The HDI score of Brentwood Pacific Palisades residents was 9.58. Palos Verdes Estates scored 9.49 and Bel-Air/Beverly Crest had an HDI of 9.20. In contrast,		
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	Southeast Los Angeles had an HDI of 3.03, Florence-Graham 3.08, and Cudahy was at 3.18. The typical worker in Palos Verdes earned \$120,200, while the typical worker in Cudahy earned \$28,300. These are median earnings. There is a relationship between well-being scores by race and ethnicity, as well as by location. Ms. Lewis stated that this relationship is a product of segregation by race and ethnicity and by income. In Southeast Los Angeles, 50% of adults had less than a high school education compared to 1% of individuals in Brentwood. About 50% of adults in Southeast Los Angeles had less than a high school education, and 7% had a bachelor's degree. In contrast, just 1% of residents in Brentwood/Pacific Palisades had less than a high school education, and 80% had a bachelor's degree or higher. Six places in Los Angeles County had an HDI increase of more than one point from 2015-2023, while some areas had decreases. A one-point change translates to the following: 2 ½ years of life expectancy, approximately \$7,000 in yearly income, and a change of 10 percentage points in the share of residents with a bachelor's degree or higher. The analysis suggested that race and ethnicity played a major role in these scores. Alex Powers then took over the presentation and offered data from the California Department of Public Health showing that women live about six years longer than men on average (83.6 years compared to 77.5 years). Men are most likely to die from "deaths of		
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	despair” such as suicide, alcoholism, unintentional injuries, and substance use. They also are less likely to seek medical care. Latino and Black individuals living in Los Angeles experienced the sharpest life expectancy decrease between 2011-2015 and 2019-2023. Disparities among racial and ethnic groups can be attributed to many preventable factors, such as neighborhood conditions, availability of healthy food, access to health care, and exposure to chronic stress and weathering. Data is separated by Asian subgroups. Life expectancy for Angelenos of Cambodian descent is 79.4 years, while for those of Vietnamese descent, life expectancy is 89.6 years. This difference shows the importance of disaggregating by groups to indicate disparities. The highest life expectancy was in Westwood at 88.1 years, followed by Brentwood/Pacific Palisades at 88.0 years and Beverly Hills at 87.1 years. In contrast, the lowest life expectancy was in Sun Valley at 71.8 years, followed by Lake Los Angeles at 72.3 years and West Rancho Dominguez at 73.1 years. Again, there is nothing natural or inevitable about these gaps, and it is necessary to address the social determinants of health. The education index is built from educational attainment indicators and school enrollment for individuals ages 3 to 24 years old. The education index for Los Angeles was 5.46. White residents had the highest education index at 7.62, driven by high levels of school		
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	enrollment and degree attainment. In contrast, Latino residents had the lowest educational index. Their score was affected by the large share of foreign-born Latino adults that did not attain a high school diploma, an effect of the lack of educational opportunities in their home countries. For U.S.-born Latinos, they were on par with the rest of Los Angeles County as a whole. The highest scores by location were Westwood (9.91), Sierra Madre (9.76), and La Canada-Flintridge (9.75). The lowest scores were Maywood (1.67), Southeast Los Angeles (1.78), and East Rancho Dominguez (1.82). The decent standard of living is measured by median personal earnings. Data showed the LA County median was \$44,600, with White men earning more than other groups. Again, these are personal earnings, not household earnings. The median earnings for White men are \$80,300, while Latina women's median earnings are \$31,800, the lowest. The gap is striking, with a difference of \$48,500 per year. Overall, comparing genders on earnings, men earn \$9,000 more per year than do women, and this gap grew from the last report. Alex Powers stated that we can close the gender pay gap by supporting girls and young women to study subjects that lead to higher paying jobs. Enacting and enforcing laws around wage discrimination would address occupational segregation. Changing norms around who takes the second shift, as well as expectations on unpaid caregiving and housework at home, and making high-quality childcare more affordable would also help. Data on		
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	median personal earnings by neighborhood was presented, showing a range from \$120,200 in Palos Verdes to \$28,300 in Cudahy. Next, disconnections in people ages 16 to 24 was examined, as defined by those not working or in school. It's not part of the index but is important to look at, as it shows who has access to opportunity. There was a wide range on this measure in the county. The highest rates of youth disconnection were in Lancaster (20.8%) and the lowest were in West Los Angeles/Century City/Palms (3.4%). In Los Angeles County, the disconnection rate was 11.9%. Boys and young men were more disconnected than girls and young women. The rates of disconnection were as follows: one in five Black young people in Los Angeles were disconnected from school; one in five young people in households below the poverty line; one in three young mothers; one in four disabled young people; and one in three older individuals with less than a high school diploma. Two advisory committees that were made up of county representatives and civil society partners assisted in reviewing data and providing solutions to prepare the agenda for action. Different policy choices can create a better future. Three cross-cutting imperatives emerged. One was using the HDI to identify and address disparities across groups in well-being. The second one involved prioritizing places where low scores in well-being indicated that children and families were at risk. The third was to implement prevention programs and services,		
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	since addressing preventable problems before they become huge is more humane and cost-effective. Recommendations included improvements in health, education, and standard of living. Recommendations for health were to address premature mortality, especially among Black and NHOPI groups and among males, as well as to increase access to behavioral health services. Education recommendations included investing in early childhood education and helping young people lay the groundwork for successful adulthoods. For standard of living, recommendations were for expanding economic security to those earning the least, particularly Latinos and women, and keeping people housed. Finally, multisectoral recommendations included the following: supporting threatened communities, including immigrants, LGBTQ, and the unhoused; decreasing justice involvement; and supporting disaster recovery and prevention efforts. Attendees were encouraged to visit the online portal. Alex Powers urged providers to learn more about occupational segregation and gender discrimination.		
III. Quality Assessment and Performance Improvement (QAPI) Work Plan Goals 2026-2027	Stacey Smith stated the QAPI Work Plan Goals for January 2026- June 2027 have been posted on the QI website. The Work Plan is shifting from calendar year to fiscal year in order to be aligned with Behavioral Health Services Act (BHSA) requirements. Goals include reducing 7- and 30-day rehospitalization rates, increasing our rates for FUM and timely access for children, 100% of outpatient adult providers utilizing the Level of Care		Stacey Smith

	Utilization System (LOCUS), and increasing the number of Consumer Perception Surveys (CPS) surveys by 5% and increasing CPS domain scores for social connectedness and perception of functioning.		
IV. Consumer Perception Survey (CPS)	Dr. Daiya Cunnane shared completed surveys from clients in 2025 totaled 13,181. The QI team's goal is to increase the number by 5% in 2026 with particular focus on increasing the number of Youth surveys. There is also a goal to increase domain scores for social connectedness and perception of functioning. There was a study that occurred at Olive View, a DMH clinic, where they observed why clients return to the hospital frequently. Many adults suggested that social connectedness plays a major role. All links to recordings of the CPS trainings for 2026 were placed in the chat. There was a CPS Frequently Asked Questions (FAQ) handout created for this year's CPS period that is available on the QI website. Dr. Daiya Cunnane advised providers to have a backup plan in case anything goes wrong with the surveys and to keep in contact with their Service Area (SA) Liaison. Angela Novata from Wellnest shared how Wellnest ensures a successful CPS week each year. Support staff begin by having all the papers to activate their C numbers completed. In April, all the information from meetings is gathered into one email with the help of support staff. This allows for easy access, as all the information is in one		Daiya Cunnane, Supervising Psychologist Angela Novata, Wellnest Dr. Tiffany Harvey, Alafia Mental Health Institute

	area. It is imperative for staff to attend both the paper and online survey trainings. In May, we meet with the support staff to ensure proper setup for the week of the survey. Everyone receives a tablet to access the correct format of the survey on the DMH website. There is a group chat that is available to communicate any issues or provide updates. The administrative assistant advised that the best workflow is providing the paper format to clients. Clients tend to have trouble using the tablet. Surveys are collected and entered. The workflow is to ensure that everything is set up and to help the support staff. Dr. Tiffany Harvey from Alafia Mental Health Institute shared how their agency ensures a successful survey week each year. They inform their clinical director that they are getting prepared for the CPS surveys. Flyers are sent out to the clinicians and are shared with their clients. We also send out an Excel spreadsheet called the “CPS caseload” on May 1st. The clinicians ask their clients if they would like to participate. Once the survey is filled out, we go into the DMH electronic portal and enter the information. A survey over the phone is offered to those who experience a hard time with the electronic version. The Spanish-speaking support staff assist in translating for the Spanish-speaking clients. Staff will call the clients and complete the surveys with them via phone. The survey is then entered into the electronic portal. We also monitor the open-ended comments daily for any safety or other types of concerns and inform supervisors of the need for		
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	clinicians to follow up with clients if there are issues.		
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Next Meeting: Wednesday July 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
Jenita Raksanoh	DMH- Quality Improvement Team
Alben Zatarain	Enki Health Services, Inc.
Alex Elliot	DMH- Quality Improvement Team
Alex Powers	Measure of America
Alexandra Cifuentes	Penny Lane
Alexandra Llamas	Stars Inc.
Alexis Garcia	Exceptional Children's Foundation
Analia Barroso	Telecare LAOA
Andreani, Martha	SA 5- Providence
Angela Navata	Wellnest
Angelle Hill-Seetal	DMH- Quality Improvement Team
Angelina Palma-Williams	TGCLB
Ann Lee	SA 8 Administration
Anna Galindo	The Whole Child
Annie Jackson	SA 6
Belinda Najera	DMH-SFC South County
Belen Williams	San Pedro Mental Health Center
Bill Pitkin	Measure of America
Bosco Ho	Special Service for Groups - AP Recovery
Brenda Moreno	Dignity Health - California Behavioral Health Clinic
Brittany Cheong	Crittenton Services
Brittany Oliver	
Brittany White	PIC Services
Caesar Moreno	The Whole Child
Caitlyn O'Hara	Alcott Center
Cara Jenson	CHC

Carlos Zacarias	UCLA TIES
Catherine Wong	Spiritt
Charlotte Bautista	Gateways Hospital
Christy Beaudin	Health Right 360
Cinthya Beltran Soto	Children's Institute
Claudia Morales	Pacific Asian Counseling Services
Courtney Olsen	Bayfront Youth and Family Services
Cristal Mejia	Stars Behavioral Health Group
Cynthia Arias	SA 8
David Gonzalez	Step Up
Debbie DeLeon	OTTP
Deborah Bradley	Drew CDC
Della Clayburg	DMH- Children's
Ebony Reado	Long Beach Child and Adolescent Program/ 1926
Edith Cruz	Amanecer CCS 7104
Eilene Moronez	Enki Health Services, Inc.
Emma Hernandez	Heritage Clinic
Erica Villalpando	Pasadena Unified School District
Evelyn Zarabia	TGCLB
Gavin Tochiki	LA Step-Down/Telecare
Greg Tchakmakjian	SA 7
Gwen Lo	Community Family Guidance Center
Hsiang-Ling Hsu	SSG/APCTC
Ito Udoeyop	SA 2 Didi Hirsch
Jacqueline Cleaver	Kedren Community Hospital
Jaleesa Adams	Drew Child Development Corporation
Jamie Chess	Exodus Recovery, Inc.
Jennifer Butler	Alcott Center
Jennifer Escorcía	Starview- Teammates
Jennifer Hallman	DMH- Quality Assurance
Jennifer Wong	Children's Institute
Jessica Conway	Didi Hirsch
Joanna Caysido	The People Concern
Jocelyn Bush Spurlin	Umma Clinic
Jocelyn Camacho	Shields for Families
Karla Cano	St Joseph Center
Kate Harvey	SSRC
Kathy Saucedo	PACSLA
Kathryn Aguenza	Pacific Asian Counseling Services
Kiana Bobo	DIUP

Kimberly Malz	CA Mentor
Kristen Lewis	Measure of America
Laura Aquino	Amanecer CCS
Leah Gutierrez	The Guidance Center
Lizbeth Alvarado	SSG/Weber Community Center
Lummy Galbusera	CIHSS Inc.
Lydee Marchman	Stars Inc.
Malissa Torres	Amanecer
Maria Llamas	FortheChild
Mariana Villegas	Stars Inc.
Maricela Morales	Vista Del Mar
Martin McDermott	New Concept STRTP/Humanistic Foundation, Inc.
Meghan E. Shannon	DCFS
Misook Nierodzik	KFAMLA
Misty Aronoff	StepUp
Nadine Moreno-Fimbres	Homes for Life Foundation
Nikki Collier	DMH-Quality Assurance
Norma Yoguez	Spiritt
Osborne, Susan	Mental Health America of Los Angeles
Pastora Salazar	For the Child
Patty Melendrez	
Quenia Gonzalez	Star View
Ria Rodrick	SFC SA6 Parkview
Robin Moten	SCHARP & Barbour and Floyd Medical Associates
Rosa Torres	School Mental Health
Rozell Robinson	All4Kids
Ruth Wunderley	6859 and 7738
Sabrina Diaz	Vista Del Mar Child & Family Services
Sacha Dovick	Augustus Hawkins Mental Health Center
Sally Bermudez	Crittenton SoCal
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- Quality Improvement Team
Sherrie Yu-Nunez	TGCLB
Sirarotoga Solomona	SCHARP
Socorro Gertmenian	Wellnest L.A.
Stephanie Alvarez	LBCAP 1926y
Stephanie Villatoro	WayFinderFamily

Stuart Jackson	CII
Tatyana Haddock	HYC
Tiffany Harvey	Alafia Mental Health Institute
Tiffani Miller	For The Child
Tina Clark	Telecare
Traci Levi	SA 5
Veronica Macias	DMH- Forensic
Vi Nguyen	Sycamores
Vy Tran	Telecare
Windy Luna-Perez	SA 3
Yesenia Talavera	Dangerfield Institute of Urban Problems
Zoila Beltran	Kedren Community Health

Respectfully Submitted,

Quality Improvement Team