

LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT PROGRAM

A. ORGANIZATIONAL PROVIDERS' QUALITY IMPROVEMENT PROGRAM

1. Each Organizational Provider (directly operated and contractor) will develop and implement a QI Program.
2. The purpose of the Organizational Providers' QI Program is to:
 - a. define the scope and activities of the QI Program;
 - b. foster an environment where quality improvement activities can be discussed;
 - c. identify possible best practices to use by the local provider;
 - d. ensure that performance standards are upheld according to the Department's mission statement, philosophy, and objectives.
3. Each Organizational Provider will have a description of their QI program. The description will be reviewed annually and updated as necessary.
4. A licensed mental health staff person will have substantial involvement in the QI Program.
5. Each Organizational Provider will keep a copy of the current Departmental Quality Improvement Work Plan and Service Area's QI minutes.
6. All Organizational Providers will have a minimum of one QI member participating in its respective SAQIC, and the representative will be responsible for reporting relevant data to the SAQIC, as well as the Organizational Providers' QIC.

B. UTILIZATION REVIEW

1. Each Organizational Provider shall establish a Utilization Review (UR) process within the agency.
2. Utilization Review shall be part of the Organizational Provider's Quality Improvement Program and under the umbrella of the Quality Improvement Committee.

C. ORGANIZATIONAL PROVIDERS' QUALITY IMPROVEMENT COMMITTEE

1. Each QIC shall elect a Chair.
2. The QIC shall meet at least quarterly, or more frequently based on

agency need.

2. The QIC shall maintain minutes that reflect all decisions and actions. The minutes shall be signed and dated and be maintained for a minimum of three (3) years.
3. The QIC shall monitor the following areas to ensure quality of care:
 - service accessibility;
 - beneficiary satisfaction;
 - the service delivery system and meaningful clinical issues affecting beneficiaries;
 - coordination of care with other human service agencies; and
 - beneficiary grievances.
4. The chairperson provides necessary support by:
 - a. facilitating the QIC meetings, including preparation of the agenda;
 - b. conducting QIC meetings at least quarterly;
 - c. ensuring that issues related to quality are the primary focus of the meetings;
 - d. ensuring issues referred by the Utilization Review Committee are reviewed;
 - e. ensuring that high risk clients and/or quality of care issues referred to the QIC are discussed. Referrals of high risk individuals may include but are not limited to the following areas:
 - risk of homelessness or out of home placement;
 - attempted or contemplated suicide;
 - frequent crisis/emergency room visits;
 - violent behavior;
 - non-compliance cases;
 - multi-clinic users/clinic shoppers; and
 - f. overseeing or appointing someone for activities of recording, preparation, and distribution of minutes

C. QIC MEMBERS FUNCTIONS AND RESPONSIBILITIES

1. The QI Committee members' responsibilities include, but are not limited to the following:
 - a. regular attendance at meetings and active participation in QIC activities;
 - b. review and analysis of information from data sources;
 - c. problem assessment, identification, selection and study;

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- d. development of valid clinical criteria;
 - e. recommendation for corrective actions to the service area manager;
 - f. monitoring effectiveness of corrective actions;
 - g. problem evaluation and reassessment; and
 - h. dissemination of information from the SAQIC meetings to managers and staff at their programs and providing information to the SAQIC regarding special issues and/or communications from their program.
2. The QIC members serve as resource persons to the staff of their agency for problem assessment, identification, selection, study, corrective action, monitoring, evaluation and reassessment according to each committee member's respective area of practice.
 3. The QIC develops and implements feedback loops to staff regarding quality of care and problem resolution discussed at the SAQIC.
 4. The QIC develops service benchmark/thresholds relative to the provider's quality indicators.
 5. The QIC recommends QI decisions based on an on-going review of clinical and service activities, processes, and outcomes.

D. QIC MEETING AGENDA AND MINUTES

1. An agenda should be prepared in advance of each meeting and distributed to the members before the meeting.
2. The agenda should cover such topics as:
 - a. Introduction
 - b. Old business
 - c. Sub-committee reports
 - d. Update from QIC Chair meeting
 - e. Special reports/presentations
 - f. Scheduling of meetings
 - g. Occasional case presentation
 - h. Suggestion of items for the agenda of the next meeting
 - i. Specified time allotted for each agenda item
3. Meetings of the QIC are documented and distributed to members.
4. Each QIC will determine who will maintain the meeting agenda, minutes,

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and attendance records. Such records should be retained for three years. It is recommended that each local mental health provider also maintain QIC minutes on site. Minutes are subject to audit by State review teams.