LOS ANGELES COUNTY – DEPARTMENT OF MENTAL HEALTH
QUALITY IMPROVEMENT PROGRAM

A. SERVICE AREA QUALITY IMPROVEMENT COMMITTEE

1. The Service Area Quality Improvement Committee (SAQIC) provides an opportunity to identify quality improvement issues and projects within the service area.

2. The purpose of the SAQIC is to:
   a. foster an environment where quality improvement activities can be discussed;
   b. identify possible best practices; and
   c. ensure performance standards are upheld according to the Department's mission statement, philosophy, and objectives.

3. Each directly operated and contract agency within a service area is encouraged to participate in the SAQIC. Generally, a staff person should be appointed who has responsibility for quality management/ improvement activities at the program. It is important that the same person attend SAQIC meetings from each local service provider to maintain consistency and continuity of QIC activities.

4. Each SAQIC is encouraged to actively recruit consumers and family members to participate in the QIC. **NOTE**: Before active participation, consumers and family members must contact the DMH Human Resources Bureau to complete necessary volunteer paperwork and have a picture identification prepared.

5. The SAQIC meets at least quarterly. The determination of how often a SAQIC will meet is a decision made by the SAQIC members and should reflect local consensus with consideration to length of the meeting, need for business to be conducted, etc.

6. The SAQIC meeting content should include progress toward SAQIC goals, review of relevant data, and other issues of concern to members related to the quality of mental health services being provided or planned in the area.

7. The SAQIC may utilize sub-committees/teams that work outside of the SAQIC meeting to resolve issues and report back to the larger group. Suggested areas may include:

   a. **Utilization Review**: Identifies trends in documentation to be used for best practices or specific training needs.

b. **Access to Services**: Monitors access to services, waiting lists, retention, referrals, and hospital linkage.

c. **Clinical Issues**: Activities may include medication issues, hospitalization utilization, coordination of care among agencies, relationship with other agencies with whom the DMH has MOU's and the tracking of the use of U and X codes.

d. **Consumer Satisfaction**: Monitors the conduct and review of clients satisfaction survey results, requests for change of clinicians, and the tracking of urgent vs. routine appointments.

B. SAQIC CHAIRS/CO-CHAIRS

1. Each SAQIC shall elect a Chair and Co-Chair from its membership.

2. The SAQIC determines the process and frequency for the election of the Chairpersons. It is recommended that each chair hold the position as committee chair for one year. It may be helpful for chairs and co-chairs to serve staggered terms so that continuity of SAQIC activities is maintained.

3. The chairperson provides necessary support by:
   a. facilitating the SAQIC meetings including preparation of the agenda;
   b. providing interface between the SAQIC and PEQIC;
   c. conducting SAQIC meetings at least quarterly;
   d. ensuring that issues related to quality are the primary focus of the meetings;
   e. participating as a liaison to the Department's QIC Chairs' meeting;
   f. ensuring issues referred by the Utilization Review Committee are reviewed;
   g. 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
   h. overseeing or appointing someone for activities of recording, preparation, and distribution of minutes

C. SAQIC MEMBERS FUNCTIONS AND RESPONSIBILITIES

1. The SAQI Committee members' responsibilities include, but are not limited to the following:
   a. regular attendance at the meetings and active participation in QIC activities;
   b. review and analysis of information from data sources;
   c. problem assessment, identification, selection and study;
   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 SAQIC 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 SAQIC develops and implements feedback loops to staff regarding quality of care and problem issues resolutons discussed at the SAQIC.

4. The SAQIC develops service benchmark/thresholds relative to the provider's quality indicators.

5. The SAQIC recommends QI decisions based on an on-going review of clinical and service activities, processes, and outcomes.

C. SAQIC 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 SAQIC are documented and distributed to members.

4. Each SAQIC will determine who will maintain the meeting agenda, minutes, 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.