

# SPA 6 QIC 10/26/17

## Introductions

## Review and Approval of Minutes

## QI

**Bertrand reviewed the following Agenda Items as Socorro Gertmenian was unable to be present.**

1. Consumer Surveys (MHSIP) review of the following information:
  - a. A training for the Consumer Surveys is taking place on **November 1**. I will need to know who is interested in going. I suggest that if you have never participated in these surveys you send a representative.
  - b. **Dates and Times:** Nov 1st a Wednesday. Two sessions – 9 am -10.30 am and 11 am – 12.30 pm. You only need to attend one.
  - c. **Location:** 550 Vermont Ave 2nd floor Conference room.
2. Patient's Rights Update: (Reminder)
  - a. Change of Provider Process – ([DMHCOP@dmh.lacounty.gov](mailto:DMHCOP@dmh.lacounty.gov))
3. Cultural Competency Updates (Reminder)
  - a. Reminder of Cultural Competency Training Requirement (100% of staff)
4. Provider Directory – make sure your agency information is current
  - a. New Contact person: **Zosima Mar**
    - i. Email: Zmar@dmh.lacounty.gov
    - ii. Phone: (213) 251-6748

## QA

1. Bertrand and Jen Hallman reviewed how to take an Assessment Diagnostic Summary and create a Treatment Plan.
  2. Please review the new changes to the Org Manual. An email went out.
  3. QA Contacts per LE (David Crain: [dcrain@dmh.lacounty.gov](mailto:dcrain@dmh.lacounty.gov))
    - a. Send him the Name, Phone Number, Email Address or one QA point person at your LE with two additional contacts as back-ups.
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## November meeting got cancelled

Next Meeting: December 20<sup>th</sup> at 10am (Typically the 4<sup>th</sup> Thursday of every month)

## Here are some of the notes around the treatment planning process:

### Planning a treatment

- Does the conceptualization meet what it needs? Do you have all the information you need to create treatment?

### Clinical Formulation - Conceptualizing what's going on and how does that affect client

### What problems need to be addressed in this scenario?

### Process of Treatment Planning (3 key questions to keep in mind)

1. Does it address the client's mental health needs (as documented in the assessment)
2. Is it measurable?
3. Does it make sense to the client?

### Problem: Tantrum

**Goal:** 3/5 words. (Focus on the most impairing problem)

**Stop/reduce tantrums or intensity of tantrums.**

**Objective:** way that we're going to measure/know if tantrums have stopped

0x a day (this is completely a clinical discussion, QA is NOT involved in deciding)

Do not want to create barriers to what's meaningful for creative tx plan. All QA asks is that it meets certain criteria:

Duration, frequency, modality. That it's measurable. Decrease sounds like a 0.

Reduce allows flexibility.

Clt tantruming 9x a day

**Decrease from 9x to 0x a day**

What does the client need? What makes sense to them? Keep it simple.

**\*NO MORE SMART GOALS.** As long as it's specific and measurable; makes sense to you, makes sense to client. Doesn't require to be realistic.\*

The objective might not be realistic, but it's okay because it gives a client motivation, as long as the client agrees and wants to do it.

For case managers, "linking to resources" is not an objective

### Interventions (the catch-all is in your intervention):

Rehab and therapy

Work on identifying triggers

In what modality? Individual, Family, etc?

### Good solid assessments set up the Treatment Plan.

- If it's not in the assessment, don't talk about it in treatment.
- Need to create an addendum
- With children, you don't have to show impairment

- Without treatment, they will deteriorate, the fact that they're emotionally ill/mentally ill, will not develop appropriately is the impairment
- Symptoms show functional impairment or children

**Interventions must be separated.**

- With modality, type of service, and frequency.
- Explain what you're doing in your intervention
- Why separate?
  - Because all interventions are different and you're doing different things.

In the Objective, the key is **measurement**

\*Caution: do not mix objective and intervention TOGETHER.\*