

LOS ANGELES COUNTY- DEPARTMENT OF MENTAL HEALTH  
QUALITY IMPROVEMENT PROGRAM

A. REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC)

1. The Regional QIC provides an opportunity to identify improvement issues and projects within the region.
2. Regional QICs will encompass 2 regions: North (Service Areas 1-4) and South (Service Areas 5-8).
3. The purpose of the Regional QIC 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.
4. Each directly operated and contract agency within a region shall participate in the Regional QIC and appoint a staff person who has responsibility for quality management/improvement activities at the agency to attend. It is important that the same person attend the Regional QIC from each service provider to maintain consistency and continuity of QIC activities.
5. The Regional QIC meets at least quarterly. The determination of how often a Regional QIC will meet is a decision made by the Countywide QIC and the Regional QIC members. It should reflect consensus with consideration to the length of the meeting, need for business to be conducted. etc.
6. The Regional QIC meeting content should include progress toward regional goals, review of the 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 Regional QIC may utilize sub-committees/teams that work outside of the Regional QIC 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, retention, referrals, and hospital linkage and the tracking of urgent vs. routine appointments.
  - c. Clinical Issues: Activities may include medication monitoring issues, hospitalization utilization, and coordination of care among agencies.
  - d. Consumer Satisfaction: Monitors the review of client satisfaction survey results and request for change of clinicians.

B. REGIONAL CHAIRS/CO-CHAIRS

1. Each Regional QIC shall elect a Chair and Co-Chair/s from its membership.

2. The Regional QIC determines the process and frequency for the election of the Chairpersons. It is recommended that each chair hold the position as a committee chair for at least one year and that chairs and co-chairs serve staggered terms so that continuity of Regional QIC activities is maintained.
3. The chairperson provides necessary support by:
  - a. Facilitating the Regional QIC meeting including preparation of the agenda;
  - b. Conducting Regional QIC meetings at least quarterly;
  - c. Ensuring that issues related to quality are the primary focus of the meetings;
  - d. Participating as a liaison to Countywide QIC meeting;
  - e. Ensuring issues related to utilization review are covered;
  - f. 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 completed suicide;
    - Frequent crisis/ emergency room visits;
    - Violent behavior; and
    - Non-compliance cases.
  - g. Overseeing or appointing someone for activities of recording, preparation and distribution of minutes.

C. REGIONAL MEMBERS FUNCTIONS AND RESPONSIBILITIES

1. Regional QIC membership shall include liaisons from each of the 8 service areas.
2. The Regional QIC 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 Managers;
  - f. Monitoring effectiveness of corrective actions;
  - g. Problem evaluation and reassessment; and
  - h. Dissemination of information from the Regional QIC meetings to managers and staff at their programs/agencies and providing information to the Regional QIC regarding special issues and/or communications from their program.
3. The Regional 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.

4. The Regional QIC develops and implements feedback loops to staff regarding quality of care and problem issues resolutions discussed at the Regional QIC.
5. The Regional QIC develops service benchmark/thresholds relative to the provider's quality indicators.
6. The Regional QIC recommends QI decisions based on an on-going review of clinical and service activities, processes, and outcomes.

**D. REGIONAL MEETING AGENDA AND MINUTES**

1. An agenda should be prepared in advance of each meeting and distributed to the members before the meeting with specified time allotted for each agenda item.
2. The agenda should cover such topics as:
  - a. Introduction
  - b. Review of last meetings minutes
  - c. Update from Countywide QIC meeting
  - d. Sub-committee reports
  - e. Special reports/presentations
  - f. Scheduling of meetings
  - g. Occasional case presentation
  - h. Suggestion of items for the agenda of the next meeting
3. Meeting Minutes of the Regional QIC are documented and distributed to members by the next meeting.
4. Each Regional QIC will determine who will maintain the meeting agenda, minutes, recordings, and attendance records. Such records should be retained for three years. Meeting minutes will be given to QI Unit for posting on public facing website <https://dmh.lacounty.gov/qid/>. It is recommended that each local mental health provider also maintain QIC minutes on site. Minutes are subject to audit by State review items.