Los Angeles County Department of Mental Health
Office of Administrative Operations
Quality, Outcomes, and Training Division
Quality Improvement Unit

Quality Assessment and Performance Improvement Work Plan 2023

Lisa H. Wong, Psy.D.
Director

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
hope. recovery. wellbeing.

Contents

Introduction

The Los Angeles County Department of Mental Health (LACDMH, Department) authorizes inpatient and outpatient specialty mental health services (SMHS) for Medi-Cal beneficiaries. LACDMH is the country's largest county mental health plan (MHP). The Department directly operates more than 35 programs, maintains approximately 300 co-located sites, and contracts with 1,000 organizations. More than 250,000 Los Angeles County residents are under the care of LACDMH staff, non-governmental agencies (NGA), and individual practitioners who provide a wide variety of services. With a $2.4 billion budget, LACDMH aims to provide *hope*, *recovery*, *and well-being* to Los Angeles County at large.

MISSION

- Our mission is to optimize the hope, wellbeing, and life trajectory of Los Angeles County's most vunerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.

VISION

- We envision a Los Angeles County unified by shared intention and cross-sector collaboration that helps those suffering from serious mental illness heal, grow, and flourish by providing easy access to the right services and the right oppurtunities at the right time, in the right place, and from the right people.

SERVICES

- Mental health services provided include assessments, case management, crisis intervention, medication support, peer support, psychotherapy and other rehabilitative services. Services are provided in a variety of settings including residential facilities, clinics, schools, hospitals, juvenile halls and camps, mental health courts, board and care homes, in the field and in people's homes. We also provide counseling to victims of natural and man-made disasters, their families and emergency first responders.
- The Director of Mental Health is responsible for protecting patients rights in all public and private hospitals, programs providing voluntary mental health care and treatment, and all contracted community-based programs. The Director also serves as the public guardian for individuals gravely disabled by mental illness, and is the conservatorship investigation officer for the County.

SERVICE RECIPIENTS

- Our services to adults and older adults are focused on those who meet Speciality Mental Health Criteria, inlcuidng wards or dependents of the juvenile court, children in psychiatric inpatient facilities, seriously emotionally disturbed youth in the community, and special education students referred by educational institutions.

Purpose and Intent

The California Code of Regulations (CCR), Title 9, Section 1810.440, requires all county MHPs to establish a Quality Management Program as defined by their contract with the Department of Health Care Services (DHCS). The Department's contract with DHCS also requires establishing a Quality Assessment and Performance Improvement (QAPI) Work Plan (WP) that contains goals and needs identified by triennial oversight reviews and the LACDMH system. The Department evaluates the QAPI WP annually and with the involvement of LACDMH staff, providers, and consumers/families. The QAPI evaluation report and WP reflect countywide partnerships and shared intentions to support individuals who meet criteria for Specialty Mental Health Services to heal, grow, and flourish.

At LACDMH, the Quality Improvement (QI) Unit facilitates the planning, design, and execution of the QAPI WP and publishes a summary of these activities annually. Upon request, a summary of prior QAPI activities and findings is available via the QI website at https://dmh.lacounty.gov/qid/.

Structure of Report

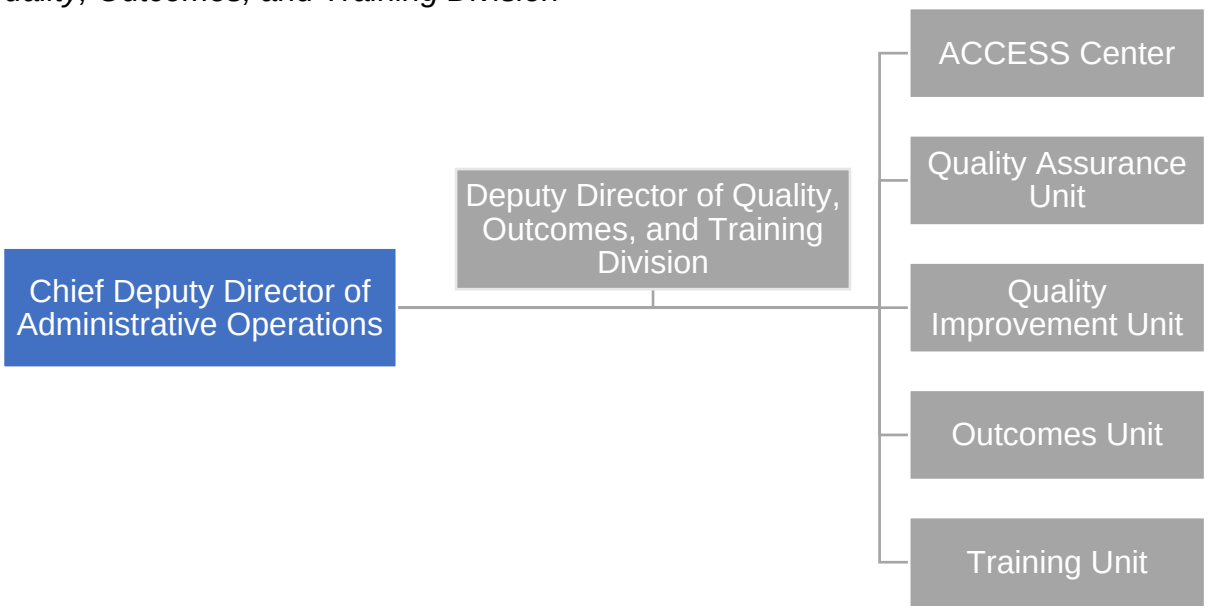
There are two sections in the following report. Section I provides a detailed overview of the QI Unit within the Quality, Outcomes, and Training Division. The QI Unit is responsible for reviewing the quality of SMHS provided to LACDMH consumers. This section describes the Unit's organizational structure and elements. Section II contains the Department's annual QAPI WP. This section details LACDMH's work plan goals for CY2023.

Section I. Organizational Structure of the Quality, Outcomes, and Training Division

The reorganization of LACDMH and State mandates on access and timeliness has offered multiple opportunities to highlight the value of QI practices in our collaborative work. The QI Unit has reporting responsibilities to the LACDMH Director, the Chief Deputy Director of Administrative Operations, and the Quality, Outcomes, and Training Division (QOTD; Figure 1). The Division combines four units: Quality Assurance (QA), QI, Outcomes, and Training. The Deputy Director of QOTD oversees the quality of the Department's services, coordinates training as indicated for continuous quality improvement (CQI), and conducts ongoing assessments of countywide performance outcomes. The QOTD's organizational structure facilitates a downward and upward communication loop between SMHS providers countywide, the centralized, SA, and internal QI programs, Cultural Competency Unit, and LACDMH executive management.

Figure

1. *Quality, Outcomes, and Training Division*



Note: QOTD launched in January 2020.

Los Angeles County Department of Mental Health's ACCESS Center

LACDMH's ACCESS Center operates 24/7 and serves as the entry point for mental health services in Los Angeles County. While the majority of calls to the ACCESS Center are for information and referral, the line also facilitates the deployment of Field Intervention Teams, has a dedicated emotional support line and serves as the gatekeeper for acute inpatient psychiatric beds, interpreter services, and emergency client transportation to psychiatric emergency rooms.

Quality Assurance Unit

The QA Unit ensures the adherence of the County MHP's directly operated (DO) and contracted providers to federal, state, and local laws, regulations, and requirements associated with the provision, documentation, and claiming of Medi-Cal SMHS. The QA Unit develops policies and guidelines; monitors adherence to governmental mandates; provides training and technical support; certifies the MHP's SMHS providers; supports the clinical functions of the Department's electronic health record (EHR) system; oversees the integrity, retention, and release of the Department's clinical records; acts as a liaison between the MHP and the State DHCS including during the DHCS Triennial System/Chart review and Short/Doyle Medi-Cal Hospital audits; and advocates for the MHP's position on SMHS-related issues with DHCS, the County Behavioral Health Director's Association (CBHDA), and other entities. In addition, the QA Unit is also responsible for the credentialing of clinical staff across the Specialty Mental Health System and manages the electronic data platforms that track and report on timely access and Network Adequacy.

Outcomes Unit

The Outcomes Unit is responsible for selecting, developing, disseminating, training, collecting, and reporting outcome measures associated with the Department's mental health programs, including mandated ones. The Outcomes Unit provides operational elements and business rules to the Chief Information Office Bureau (CIOB) to develop or customize data collection and reporting systems. The Outcomes Unit conducts data queries and creates dashboards to display outcomes and other data elements.

Training Unit

The Training Unit is responsible for workforce development, ensuring a diverse workforce reflective of the clients served, education, and providing training and technical assistance for the clinical and non-clinical public mental health workforce.

Quality Improvement Unit

The QI Unit strives to coordinate program development and QI activities that effectively measure, assess, and continuously improve access to and quality of care provided to LACDMH clients. The QI Unit's vision is to promote a QI culture and increase the professional use of QI practices within the Department by partnering and consulting more closely with departmental improvement efforts where they occur. The QI Unit is client/family-focused and supports the Department's culture of CQI and total organizational involvement. QI and QA collaboration is a priority as QA focuses on testing and implementing State mandates. At LACDMH, the QA and QI Units maintain a collaborative approach to CQI work, including but not limited to efforts to improve access to our services.

Continuous Quality Improvement

CQI is a concept that incorporates quality assurance, problem resolution, and quality improvement. At LACDMH, CQI is the science of provisioning services to meet local, State, or Federal standards, engaging countywide programs and service providers in QI work; and coordinating improvement activities involving all LACDMH levels. The departmental QI Unit's design and implementation aim to ensure an organizational culture of continuous self-monitoring through practical strategies, best practices, and collaborative QI activities. The Department's annual QAPI serves as our primary tool for CQI.

Most Salient Quality Improvement Collaborations

The QAPI Work Plan fosters opportunities for input and active involvement of clients/families, licensed and paraprofessional LACDMH staff, contracted providers, and stakeholders. The Department's Quality Improvement Council (QI Council) is centralized with countywide representation and QA/QI liaisons who are heavily involved in providing oversight on QI efforts. Active and ongoing data-driven QI partnerships promote CQI efforts countywide through stakeholder engagement, Plan-Do-Study-Act (PDSA) cycles, and lessons learned.

Annual Test Calls Study

The Department's Annual Test Calls Study identifies potential areas for QI and strengths in the ACCESS Center's 24/7-line responsiveness. The LACDMH Test Calls Study supports the ACCESS Center and the QI Unit in their collaborative efforts to improve cultural and linguistic responsiveness, customer service, referrals to SMHS, tracking/monitoring, and adequate documentation of call information. ACCESS Center management and staff collaborate with the QA Unit, the QI Unit and QI Council on this project and disseminate findings.

Access to Care Leadership Committee

The Access to Care Leadership committee comprises core managers from various sectors of LACDMH's outpatient system of care. The committee meets bimonthly, with system-wide data review occurring at least monthly. The committee members work collaboratively to address the external (systemic) factors contributing to timely access challenges seen in the data or identified by providers. The Access to Care Leadership committee's developers ensured QI Unit presence early to bring QI strategies to the workgroup. This inclusion was part of an effort to promote a culture of quality improvement within the Department. This collaboration has evolved, beginning with developing a Performance Improvement Project focused on timeliness. The Access to Care Leadership committee has also become a platform for presenting data, exchanging feedback from external quality reviewers (EQRs), and gaining leadership and input on QI projects related to access and timeliness. The group meets regularly to tackle access and timeliness needs across the Department.

All Programs of Excellence (APEX)

APEX is a forum that brings together supervisors, managers, and multiple divisions to address areas of the Outpatient Services Division (OSD) Performance Dashboard indicators where improvement is needed. OSD organizes APEX meetings by SA. The QI Unit provides SA, diagnosis, and homelessness data at the start of each session. Qualitative data, such as that retrieved from programs via post-APEX participation surveys, are analyzed by QI and shared as a resource tool in brochure and presentation format. The APEX process is grounded in the following values: maintain a problem-solving approach, support positive change, remove systemic challenges, enhance coordination and communication between divisions, share evolving procedures, scale best practices, and provide excellent customer service (internal/external).

California Advancing and Innovating Medi-Cal (CalAIM) Implementation

DHCS released a multilayer approach to simplifying and streamlining the Medi-Cal program, including county specialty mental health services, county social services eligibility functions, and initiatives focused on children, foster youth, and those currently experiencing homelessness or incarceration.

Chief Information Office Bureau (CIOB)

A large portion of the Department's CQI work requires ongoing coordination with CIOB, namely:

- Compiling countywide information on clients served and beneficiary populations; and
- Developing an internal application to collect and report annual client satisfaction data electronically in multiple languages.

CIOB's Clinical Informatics team holds essential roles in both PIPs, from aggregating timeliness data on clients seeking routine, urgent, and follow-up appointments from outpatient providers or offering technical assistance to the clinical PIP lead tasked with analyzing client data within the EHR.

Cultural Competency Unit (CCU)

The Department's Ethnic Services Manager (ESM) oversees the CCU, provides technical assistance to the Cultural Competency Committee (CCC), and is a standing member of the Departmental QI Council. This structure facilitates communication and collaboration for attaining the goals outlined in the QAPI WP and CC Plan to reduce disparities, increase capacity, and improve the quality and availability of services. Additional information on the CCU and its functions, the CCC, the Institute for Cultural Linguistic Inclusion and Responsiveness (ICLIR), a tri-Countywide Cultural and Linguistic Competency workgroup, and our most recent CC Plan is available via the CCU website at https://dmh.lacounty.gov/ccu/.

Performance Improvement Project (PIP) Teams

The Department conducts PIPs to review selected administrative and clinical processes designed to improve performance outcomes. The QI Unit engages and supports QI Council members in QI processes related to the QAPI WP, specific PIP activities, and other QI projects conducted at the SA level. The QI Unit collaborates and coordinates related QI activities with many Divisions, Programs, and Units within DMH. The QI Unit and the QA Unit, ACCESS Center, Access to Care Leadership committee, APEX, OSD, and the Outcomes Unit contribute to meaningful change in access to care and

clinical outcomes for LACDMH beneficiaries. LACDMH strives for PIP teams that are diverse and inclusive. Each committee member participates on a volunteer basis due to special interests.

Quality Assurance

QA and QI collaboration is a priority as QA oversees the implementation of State mandates, and QI monitors the impact of change on client care and outcomes. The QA and QI Units co-facilitate the Centralized QA/QI Liaisons' broadcast monthly to integrate departmental QA goals alongside discussions of QI practices.

Stakeholder Engagement

The QI Council encourages stakeholder involvement in all QI activities. More recently, LACDMH QI engaged staff, providers, clients, and family members in a project to improve the Department's Consumer Perception Survey (CPS) data reports. Via in-person focus groups with Service Area Leadership Teams (SALTs) and a brief survey, stakeholders helped the QI Unit identify barriers to more user-friendly and accessible client satisfaction data. The QI Council will seek help from stakeholders to evaluate summarized data whenever possible and identify opportunities to design meaningful administrative or clinical improvement projects.

Summary

The QI Unit executes mandated performance outcome studies, evaluations, and research targeting the effectiveness of LACDMH services. In conformance with Federal, State, and local QI requirements, the QI Unit oversees technical reporting related to the annual QAPI WP and Evaluation Report, LACDMH Help Line's Test Calls Study, client/family satisfaction data, PIPs, and collaborative efforts with other programs. The QI Unit also ensures adherence to prescribed site review protocols and timelines, such as those assigned during triennial oversight reviews and CalEQRO visits. QI staff must maintain up-to-date knowledge of QI concepts and provide technical assistance, consultation, and training for Departmental QI Council and SA Quality Improvement Committees (QICs), SALTs, and other community organizations/agencies. Effective communication and collaboration with other LACDMH divisions, programs, and providers support the Department's accelerated use of CQI countywide.

Quality Improvement Council Charter

Statement of Purpose

The purpose of the QI Unit is to ensure and improve the quality and appropriateness of SMHS in conformance with established local, State, and Federal service standards. The Departmental QI Council and SA QICs provide opportunities to:

- Identify QI issues and projects.
- Foster an environment where stakeholders can discuss QI activities.
- Identify possible best practices.
- Ensure performance standards align with the Department's mission and strategic plan.

The QI Unit is responsible for maintaining and improving its service and delivery infrastructure with its providers.

Council Membership

LACDMH has tasked the Departmental QI Council with evaluating the appropriateness and quality of services provided to LACDMH clients/families. Council membership reflects the diverse perspectives of members from centralized administrative programs and provider locations countywide. The QI Council includes representatives from:

- Compliance, Privacy, and Audit Services;
- Clinical Policy and Standards;
- Cultural Competency Unit;
- Patient's Rights Office;
- LACDMH's Peer Resource Center;
- LACDMH's Help Line;
- Quality Assurance Unit;
- Quality Improvement Unit; and
- DO and LE/Contracted programs.

Authority

A licensed mental health professional supervises the QI Unit and serves as the Departmental QI Council Chair. The QI Council Chair is responsible for chairing and facilitating meetings and ensuring members receive timely and relevant information. Each SA QIC has a Chair representing DO providers, and most have a Co-Chair representing the LE/Contracted providers.

Meetings

Providers are required to participate in their local SA QICs. Each SA convenes for a SA QIC meeting at least quarterly. The Departmental QI Council meets monthly and co-hosts a monthly QA/QI meeting with QA. This approach fosters integrative discussions of departmental QA goals in concert with QI practices. Each committee meeting provides a structured forum for identifying QI opportunities to address challenges and barriers unique to their respective SAs. The Chair/Co-Chairs for the council and committee meetings are responsible for the agenda/minutes and steering members through the plan. Meeting minutes and recordings (when applicable) are posted online at https://dmh.lacounty.gov/qid/sa/ for public review.

Responsibilities

The QI Council, QI Unit, and LACDMH staff collaborate on measurable QAPI WP goals to evaluate annual performance management activities. The annual QAPI WP goals mirror State and Federal requirements (Service Delivery Capacity, Accessibility of Services, Beneficiary Satisfaction, Clinical Care, Continuity of Care, Provider Appeals, and PIPs). The QI Council collaborates and coordinates related QAPI WP activities with multiple DMH Divisions and programs. Besides providing QOTD and CCU updates, the monthly agendas may reflect performance and outcomes management discussions led by various partners and programs across the Department.

Summary

The QI Council charter further supports LACDMH in maintaining a culture of CQI. The QI Council and SA QICs foster the ideal environments to discuss QI activities, identify possible best practices, and maintain performance standards aligned with the Department's mission and DHCS contract. The CCU supervisor is a standing member of the QI Council and supports cultural competency integration into QI Unit roles and responsibilities.

Section II. Quality Improvement Work Plan, Calendar Year 2023

Date Last Revised: 3/27/23

The QI Unit coordinates the Department's performance-monitoring activities countywide. The Department's Continuous Quality Improvement (CQI) and data-driven activities include utilization review, monitoring and resolution of beneficiary grievances, fair hearings and provider appeals, assessment of beneficiary satisfaction, Performance Improvement Projects (PIPs), and timely access to Specialty Mental Health Services (SMHS). The QAPI Work Plan activities for CY 2023 provide a blueprint of QI actions to ensure the overall quality of services. Through practical QI activities, data-driven decision-making, and collaboration amongst staff and clients/families, LACDMH meets State regulations for evaluating the appropriateness and quality of services.

The QAPI Work Plan is the foundation of LACDMH's efforts to improve services delivered to potential and existing clients focusing on access to services, timeliness, and improved outcomes for all those we serve. The Department's QAPI Work Plan is organized into seven domains: Service Delivery Capacity, Accessibility of Services, Beneficiary Satisfaction, Clinical Care, Continuity of Care, Provider Appeals, and Performance Improvement Projects. Each domain is designed to address service needs and service quality. Table 1 summarizes QAPI Work Plan goals and their domain.

The QAPI Work Plan is a living document. The Department's QI Council will review QAPI Work Plan goals and related progress at least bi-annually to ensure coverage of all components of the QAPI Work Plan. Moreover, the QA/QI liaisons will be tasked with reviewing and assessing the results of QAPI Work Plan activities, recommending policy decisions, and monitoring the progress of the clinical and non-clinical PIPs. Stakeholders can use the following QAPI Work Plan as a resource for informed decision-making and planning.

Table 1.
Summary of QAPI Work Plan Goals and Comparable Domain(s), Calendar Year 2023

Domain	No.	Goal
Service Delivery Capacity	Ia.	Analyze root causes in the underrepresentation of self-identified Asian Pacific Islanders, and Communities with Physical Disabilities receiving DMH services.
	Ib.	Share findings on the Department's capacity to deliver culture-specific services.
	Ic.	Ensure telemental health services, for those who choose to access services in that manner, are delivered with high quality.
Accessibility of Services	II.	DMH will meet or exceed the benchmark of 80% of initial requests for outpatient SMHS with a timely appointment.
Beneficiary Satisfaction	IIIa.	Evaluate Consumer Perception Survey (CPS) findings and develop data-driven improvement strategies at the Service-Area level.
	IIIb.	Monitor grievances, appeals, and requests for a Change of Provider.
Clinical Care	IVa.	Rollout Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist-35 (PSC-35) aggregate reporting to support children and youth program operations.
	IVb.	Develop and refine processes to enhance provider knowledge surrounding documentation and claiming-related requirements associated with the provision of Medi-Cal SMHS.
	IVc.	Develop a mechanism to measure and track HEDIS Measures for children and youth.
	IVd.	Roll out an Adult Level of Care Tool.
Continuity of Care	V.	Develop a systemwide strategy to reduce seven- and 30-day rehospitalization rates.
Provider Appeals	VI.	Monitor Provider Appeals.
Performance Improvement Projects	VIIa.	Clinical PIP for FY22-23 focuses on improving quality of care for clients with Eating Disorders (ED) by implementing best practices and training clinicians to feel more comfortable working with this population
	VIIb.	Develop and implement an administrative data-driven performance improvement project for FY 22-23 to improve follow up mental health services after presenting in an emergency room (ER) with mental health issues (BHQIP-FUM)

Note: Reporting periods will vary by objective.

Monitoring Service Delivery Capacity, Calendar Year 2023

Service Equity

Goal Ia.	Analyze root causes in the underrepresentation of self-identified Asian Pacific Islanders, and Communities with Physical Disabilities receiving DMH services.
Objective(s)	1. Through participation in the Solano County ICCTM Learning Collaborative work with LACDMH stakeholders to develop a plan addressing barriers for engagement of Asian Pacific Islanders and communities with physical disabilities. • Prioritize unique community needs, current affairs (i.e., community violence and accessibility issues), and fluid resources. 2. Identify and address barriers to seeking mental health services for these populations. 3. Improve data collection for persons with disabilities to be able to better assess level of participation in DMH services.
Population	LACDMH and Legal Entity (LE)/Contracted programs providing outreach and outpatient SMHS to LACDMH clients and the Los Angeles County community at large.
Performance Indicator(s)	1. Unique Client Counts by Race/Ethnicity and physical disabilities 2. Penetration Rates for Medi-Cal Enrolled Beneficiaries by Race/Ethnicity 3. Service Equity Analysis Report Findings
Frequency of Collection	Annually
Responsible Entity	Quality, Outcomes, and Training Division – QA and QI Units

Delivering Culture-Specific Services

Goal Ib.	Share findings on the Department's capacity to deliver culture-specific services.
Objective(s)	Evaluate client satisfaction with American Sign Language (ASL) interpretation services, identify areas for improvement, and review findings with providers.
Population	Los Angeles County's deaf and hard of hearing communities, specifically, LACDMH DO clients and families receiving outpatient SMHS in ASL.
Performance Indicator(s)	Client satisfaction with ASL interpretation
Frequency of Collection	Annually
Responsible Entity	Cultural Competency Unit (CCU)

Telemental Health

Goal Ic.	Ensure telemental health services, for those who choose to access services in that manner, are delivered with high quality.
Objective(s)	1. Utilize telemental health platforms as a way to deliver quality mental health services Deliver telemental health services when a client requests it or prefers it.
Population	DO and LE/Contracted clients/families receiving outpatient SMHS.
Performance Indicator(s)	1. Number and percent of telehealth encounters by delivery type 2. Client satisfaction with telehealth services
Frequency of Collection	Annually
Responsible Entity	Chief Information Office Bureau (CIOB), Clinical Informatics Team

Alternative Crisis Response

Goal Id.	Create a robust, reliable, and timely 24/7 mental health alternative to law enforcement response for individuals in crisis
Objective(s)	1. Utilize the 988 Call Center for individuals experiencing a mental health crisis 2. Establish criteria for 911 operators to transfer mental health crisis calls to 988 vs. initiating a law enforcement response 3. Increase the availability of Field Intervention Teams to respond 24/7 when needed and improve response time.
Population	Persons in LA county experiencing a mental health crisis
Performance Indicator(s)	1. Number of Field Intervention Teams operating 2 Field Intervention Team time from deployment to responding on scene 3 988 Calls per month, including disposition and timely answering of calls.
Frequency of Collection	Monthly
Responsible Entity	Alternative Crisis Response Office, Chief Information Office Bureau (CIOB)

Monitoring Accessibility of Services, Calendar Year 2023

Timely Access to Services

Goal II.	DMH will meet 80% of initial requests for outpatient SMHS with a timely appointment.
Objective(s)	1. Monitor time to first offered appointment. • Providers should offer routine (non-urgent) appointments within ten business days (not including weekends and holidays) of the initial request. • Providers should offer urgent appointments within 48 hours (including weekends and county holidays) of the initial request. • Providers should offer follow-up hospital discharge or jail release appointments within five business days (not including weekends and holidays) of the initial request. 2. Monitor wait times to initial medication evaluation appointments.
Population	Any individual requesting outpatient SMHS from DMH as a client, potential client or on behalf of someone. This also includes Los Angeles County DMH clients receiving inpatient psychiatric services from the Department of Health Service (DHS), Fee-for-Service (FFS) Contracted, Non-Contracted, Non-Governmental Agency (NGA), and Contracted IMD Exclusion Hospitals seeking outpatient SMHS from a DMH provider
Performance Indicator(s)	1. Rates of timeliness by service request type (routine, urgent, and hospital discharge/jail release) 2. Wait times to initial medication evaluation appointments 3. Documentation and dissemination of best practices amongst providers with highest rates of timeliness
Frequency of Collection	Quarterly
Responsible Entity	Quality Assurance Unit

Monitoring Beneficiary Satisfaction, Calendar Year 2023

Client/Family Satisfaction

Goal IIIa.	Evaluate findings and develop data-driven improvement strategies at the Service-Area level.
Objective(s)	1. Review the data on different manners in which CPS surveys were collected 2. Increase data collection of Sexual Orientation and Gender Identity (SOGI) related demographics to assess the quality and delivery of affirming care 3. Roll out a Power BI portal to evaluate and report out provider-level performance trends 4. Monitor response rates and review the mechanism for tracking participation history and program types 5. Share successful strategies to increase data collection and best practices to increase consumer satisfaction
Population	DO and LE/Contracted clients/families receiving outpatient SMHS
Performance Indicator(s)	1. Number of returned surveys/respondents by CPS form and administration method 2. Percentage of SOGI data collected vs Declined to Answer 3. Publication of Power BI report with accessible provider level reports 4. Increase in response rates and satisfaction ratings from year to year
Frequency of Collection	Annually
Responsible Entity	QI Unit

Client Grievances, Appeals, and Change of Provider Requests

Goal IIIb.	Monitor grievances, appeals, and requests for a Change of Provider.
Objective(s)	1. Automate data collection processes to eliminate waste and improve the availability of real-time data. • Implement a public-facing portal to receive client grievances and complaints. • Develop a provider application to track monthly submissions of COP requests. 2. Review the nature of complaints, resolutions, and COP requests for significant trends that may warrant policy recommendations or system-level improvement strategies.
Population	Los Angeles County residents engaging in DMH services (outpatient, inpatient, FFS)
Performance Indicator(s)	1. Total beneficiary complaints and resolutions by type in FY 2022-23 2. COP requests by type in FY 2022-23
Frequency of Collection	Annually
Responsible Entity	Patient's Rights Office

Monitoring Clinical Care, Calendar Year 2023

Clinical Reporting

Goal IVa.	Rollout Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist-35 (PSC-35) aggregate reporting to support children and youth program operations.
Objective(s)	1. Providers will have access to client-level aggregate reports. 2. Develop program-level reports based on input from provider network. 3. Run tests with a sample of providers. 4. Make clinical utility training available to more supervisors through publishing a recording of training and track attendance. 5. Expand training to LE staff and supervisors. 6. Research and explore relevant and user-friendly reporting elements to include on an LACDMH public-facing dashboard. 7. Research and explore developing algorithm for using CANS as a level of care tool for children and plan pilot to implement.
Population	DMH Directly Operated (DO) and LE/Contracted programs providing SMHS to children and youth between ages 3 and 21 years.
Performance Indicator(s)	1. One client-level report 2. One provider-level report 3. Clinical utility training with supporting materials
Frequency of Collection	Annually
Responsible Entity	Outcomes Unit and Outpatient Care Services

Provider-Level Improvement

Goal IVb.	Develop and refine processes to enhance provider knowledge surrounding documentation and claiming-related requirements associated with the provision of Medi-Cal SMHS.
Objective(s)	1. Within one year, 50% of LACDMH outpatient treatment providers will participate in the QA Knowledge Assessment Surveys. 2. Create a communication strategy around changes related to documentation and claiming requirements related to CalAIM implementation. 3. Revise tools to align with revised documentation requirements.
Population	Outpatient programs providing outpatient SMHS to LACDMH clients/families.
Performance Indicator(s)	1. Number and percent of providers completing the QA Knowledge Assessment Surveys; 2. Number and percent of providers attending QA information sessions and evidence of communication plan being implemented 3. Compliance rates concerning required documentation (average compliance rate per item in CY 2023); and 4. Qualitative data from providers on the effectiveness and efficiency of these processes.
Frequency of Collection	• QA will collect QA Knowledge Assessment Survey data quarterly. • At least 20 LE/Contracted chart reviews are completed annually.
Responsible Entity	Quality Assurance Unit

Healthcare Effectiveness Data and Information Set (HEDIS) Elements

Goal IVc.	Develop a mechanism to measure and track HEDIS Measures for children and youth.
Objective(s)	Identify and pilot a data collection process for dependent foster Child/Youth HEDIS data.
Population	Dependent foster youth
Performance Indicator(s)	Summarize results in an Annual Findings Report
Frequency of Collection	Ongoing, as medications are prescribed
Responsible Entity	Chief Medical Director, Psychiatry Services

Level of Care

Goal IVd.	Roll out an Adult Level of Care Tool.
Objective(s)	Review common clinical tools and identify modifications that would best meet the needs of LACDMH's adult population.
Population	Adult clients
Performance Indicator(s)	1. Select a level of care tool to use for adults 2. Adopt an algorithm to use to recommend a level of care based on information gathered on the tool
Frequency of Collection	Annual
Responsible Entity	Outpatient Services

Monitoring Continuity of Care, Calendar Year 2023

Goal V.	Develop a systemwide strategy to reduce seven- and 30-day rehospitalization rates.
Objective(s)	1. Establish a committee to review data monthly. 2. Identify and implement at least one intervention targeting systemwide readmission rates. 3. Development of a Power BI dashboard to examine rates of rehospitalization and identify any patterns to address.
Population	LACDMH clients receiving outpatient SMHS
Performance Indicator(s)	Rates of rehospitalization at seven- and 30-day post-inpatient discharge
Frequency of Collection	Monthly
Responsible Entity	Intensive Care Division, Outpatient Services, Clinical Informatics

Monitoring Provider Appeals, Calendar Year 2023

Goal VI.	Monitor Provider Appeals.
Objective(s)	1. Review the Provider Appeal Tracking Log for trends and share findings with appropriate entities. 2. Concurrent authorization will be operational at all hospitals.
Population	LACDMH clients receiving inpatient psychiatric services from the Department of Health Service (DHS), Fee-for-Service (FFS) Contracted, Non-Contracted, Non-Governmental Agency (NGA), and Contracted IMD Exclusion Hospitals.
Performance Indicator(s)	Number of Notice of Adverse Benefits Determinations (NOABDs) issued, including the percentage of upheld or overturned appeals.
Frequency of Collection	Monthly
Responsible Entity	Intensive Care Division – Treatment Authorization Requests Unit

Monitoring Performance Improvement Projects, Calendar Year 2023

Goal VIIa.	Clinical PIP for FY22-23 focuses on improving quality of care for clients with Eating Disorders (ED) by implementing best practices and training clinicians to feel more comfortable working with this population
Objective	1. Continue to convene PIP committee. 2. Develop an ED Practice Network. 3. Develop and conduct overview training (ED 101) and CBT specific training with consultation. 4. Create place to share information related to service delivery and best practices for ED clients.
Population	Clients receiving SMHS
Performance Indicator(s)	1. The number of clinicians receiving training 2. Rate of diagnosis of clients with eating disorders pre and post training 3. Number of users of MS Teams website used for consultation and information dissemination 4. ED best practice toolkit is compiled and can be accessed
Frequency of Collection	Quarterly through June of 2023
Responsible Entity	Quality, Outcomes, and Training Division - Quality Improvement Unit

Goal VIIb.	Develop and implement an administrative data-driven performance improvement project for FY 22-23 to improve follow up mental health services after presenting in an emergency room (ER) with mental health issues (BHQIP-FUM)
Objective	1. Gain insight to clients with mental health issues that visit emergency rooms to improve post ER follow up for mental health services by creating timely exchange of data between ERs and LACDMH. 2. Connect identified beneficiaries in ERs back to their mental health provider or provide linkage to needed mental health services.
Population	Beneficiaries that receive care from ERs that are existing SMHS clients or potential clients
Performance Indicator(s)	1. Access to real time data on clients served in ERs with mental health issues 2. Reduction in percentage of clients not receiving any follow up mental health care 3. Increased percentage of clients receiving more than one SMHS claim post ER visit
Frequency of Collection	To be determined
Responsible Entity	Quality Improvement Unit, Enhanced Care Management, Chief Information Office Bureau