



LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

**PROGRAM SUPPORT BUREAU
QUALITY IMPROVEMENT DIVISION**

**QUALITY IMPROVEMENT WORK PLAN GOALS
CALENDAR YEAR 2017**

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**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – QUALITY IMPROVEMENT DIVISION**

QI WORK PLAN GOALS FOR CALENDAR YEAR 2017

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 1: Between 52.9% and 53.5% of Latinos estimated with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH outpatient programs in Fiscal Year (FY) 16–17.

Population: Latino population estimated with SED and SMI and living at or below 138% FPL

Indicator: Latino consumers receiving outpatient services in LACDMH outpatient programs

Measure: Unduplicated number of Latino consumers served in LACDMH outpatient programs / Latino population estimated with SED and SMI and living at or below 138% FPL multiplied by 100. The estimated goal is derived from calculating a statistically significant change for number of Latinos served at 99% Confidence Level with a .3 (+/- %) margin of error.

Source(s) of Information:

1. Prevalence: California Health Interview Survey (CHIS)
2. Consumers Served: LACDMH Integrated System (IS) and Integrated Behavioral Health Information Systems (IBHIS) approved claims data
3. Population Estimates: American Community Survey (ACS), U.S. Census Bureau and Hedderson Demographic Services.

Responsible Entity: Program Support Bureau – Quality Improvement Division (PSB-QID)

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – QUALITY IMPROVEMENT DIVISION**

QI WORK PLAN GOALS FOR CALENDAR YEAR 2017

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 2: Between 34.6% and 36.6% of Asian Pacific Islanders (API) estimated with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH outpatient programs in Fiscal Year (FY) 16–17.

Population: API population estimated with SED and SMI and living at or below 138% FPL

Indicator: API consumers receiving outpatient services in LACDMH outpatient programs

Measure: Unduplicated number of API consumers served in LACDMH outpatient programs / API population estimated with SED and SMI and living at or below 138% FPL multiplied by 100. The estimated goal is derived from calculating a statistically significant change for number of API served at 99% Confidence Level with a 1.0 (+/- %) margin of error.

Source(s) of Information:

1. Prevalence: California Health Interview Survey (CHIS)
2. Consumers Served: LACDMH Integrated System (IS) and Integrated Behavioral Health Information Systems (IBHIS) approved claims data
3. Population Estimates: American Community Survey (ACS), U.S. Census Bureau and Hedderson Demographic Services.

Responsible Entity: Program Support Bureau – Quality Improvement Division (PSB-QID)

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DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 3: Provide tele-psychiatry services to at least 1,000 clients in Calendar Year (CY) 2017.

Population: Consumers receiving mental health services through tele-psychiatry at various end points in LACDMH Directly Operated (DO) Clinics

Indicator: Service delivery capacity for psychiatry appointments via tele-psychiatry

Measure: Number of consumers receiving mental health services through tele-psychiatry appointments in CY 2017

Source(s) of Information: LACDMH Integrated System (IS) and Integrated Behavioral Health Information Systems (IBHIS) approved claims data

Responsible Entity: Office of the Medical Director (OMD), Program Support Bureau – Quality Improvement Division (PSB-QID)

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
PROGRAM SUPPORT BUREAU – QUALITY IMPROVEMENT DIVISION**

QI WORK PLAN GOALS FOR CALENDAR YEAR 2017

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 4: Improve Service Delivery Capacity for Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) youth with mental illness through providing a series of trainings to staff of both Legal Entity (LE) Contracted and/or Directly Operated (DO) agencies to improve their skills for assessment and treatment of this population with a special focus on ethnic differences, aging for the LGBTQ community and generational differences, and issues specific to transgender consumers and their families.

Population: LGBTQ youth with mental illness

Indicator: Training Protocols and Procedures to improve assessment and treatment for LGBTQ youth

Measure: Review, provision, and evaluation of Service Area LGBTQ trainings; total number of staff who completed these trainings in CY 2017, and training evaluation summaries completed for these trainings

Source(s) of Information: Program Support Bureau – Quality Improvement Division (PSB-QID), Underserved Cultural Communities (UsCC)

Responsible Entity: PSB-QID, Workforce Education and Training (WET) Division

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DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 5: Improve Service Delivery Capacity for the American Indian and Alaska Native (AI/AN) population with mental illness through providing a series of trainings to staff of both Legal Entity (LE) Contracted and/or Directly Operated (DO) agencies to improve their skills for effective screening, engagement, treatment and best practices for this population.

Population: AI/AN with mental illness

Indicator: Training Protocols and Procedures to improve screening, engagement, treatment and best practice for AI/AN

Measure: Review, provision, and evaluation of Service Area AI/AN trainings; total number of staff that completed these trainings in CY 2017, and training evaluation summaries completed for these trainings

Source(s) of Information: Program Support Bureau-Quality Improvement Division (PSB-QID), Underserved Cultural Communities (UsCC)

Responsible Entity: PSB-QID

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 1: Maintain the percentage of after-hours Psychiatric Mobile Response Teams (PMRT) responses with a response time of one hour or less at 71% for Calendar Year (CY) 2017.

Population: Consumers receiving urgent after-hours care from PMRT of LACDMH – Emergency Outreach Bureau (EOB)

Indicator: Timeliness of after-hours care

Measure: The number of after-hours PMRT responses with response times of one hour or less / the total number of after-hours PMRT responses for the CY 2017 multiplied by 100

Source(s) of Information: EOB, LACDMH Integrated System (IS) and Integrated Behavioral Health Information Systems (IBHIS) approved claims data

Responsible Entity: EOB, Program Support Bureau – Quality Improvement Division (PSB-QID)

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 2a: Seventy-five percent of after-hours calls to the toll-free hotline for Calendar Year (CY) 2017 are answered by a live agent within 1 minute from when they present to the Virtual Call Center (VCC) of the toll-free hotline.

GOAL 2b: Seventy percent of daytime calls to the toll-free hotline for CY 2017 are answered by a live agent within 1 minute from when they present to the VCC of the toll-free hotline.

Population: Callers using the ACCESS 24/7 Toll Free number: 1-800-854-7771

Indicator: Timeliness of the Mental Health Plan's (MHPs) toll free hotline

Measure: 2a. The number of after-hours calls for the CY 2017 that are answered within one minute from when they present to the VCC / the total number of after-hours calls extended to the VCC for the CY 2017 multiplied by 100.

2b. The number of daytime calls for the CY 2017 that are answered within one minute from when they present to the VCC / the total number of daytime calls extended to the VCC for the CY 2017 multiplied by 100.

Source(s) of Information: ACCESS Center Data

Responsible Entity: ACCESS Center, Program Support Bureau – Quality Improvement Division (PSB-QID)

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 3: Monitor the number of assigned appointments for hearing impaired interpreter services coordinated by the toll free hotline for Fiscal Year (FY) 16–17.

Population: Consumers who need hearing impaired interpreter services

Indicator: Cultural and Linguistic Access to Care

Measure: Number of assigned appointments for hearing impaired interpreter services coordinated by the toll free hotline for FY 16–17

Source(s) of
Information: ACCESS Center Hearing Impaired Interpreter Services Appointment Schedules

Responsible
Entity: ACCESS Center, Program Support Bureau – Quality Improvement Division (PSB-QID)

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 4: Maintain the percentage of consumers/families reporting that they are able to receive services at convenient locations between 86% and 87% for the May 2017 survey period.

Population: Consumers served in LACDMH outpatient programs

Indicator: Convenience of service locations

Measure: The number of consumers/families that agree or strongly agree on the Consumer Perception Survey form that they are able to receive services at convenient locations / the total number of consumers/families completed the survey during the survey period multiplied by 100. The estimated goal is derived from calculating the range for true population proportion of the May 2016 response rate of 86.7%. At 95% Confidence Level, the confidence interval for 86.7% response rate is a plus or minus .63, i.e., between 86.07% and 87.33%.

Source(s) of Information: Consumer Perception Surveys

Responsible Entity: Program Support Bureau – Quality Improvement Division (PSB-QID), LACDMH outpatient programs

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 5: Maintain the percentage of consumers/families reporting that they are able to receive services at convenient times between 90% and 91% for the May 2017 survey period.

Population: Consumers served in LACDMH outpatient programs

Indicator: Convenience of appointment times

Measure: The number of consumers/family members that agree or strongly agree on the Consumer Perception Survey form that they are able to receive services at convenient times / the total number of consumers/family members that completed the survey during the survey period multiplied by 100. The estimated goal is derived from calculating the range for true population proportion of the May 2016 response rate of 90.6%. At 95% Confidence Level, the confidence interval for 90.6% response rate is a plus or minus .54, i.e., between 90.06% and 91.14%.

Source(s) of Information: Consumer Perception Surveys

Responsible Entity: Program Support Bureau – Quality Improvement Division (PSB-QID), LACDMH outpatient programs

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QI WORK PLAN GOALS FOR CALENDAR YEAR 2017

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 1: Maintain the percentage of consumers/families reporting that staff was sensitive to their cultural/ethnic background between 87% and 89% for the May 2017 survey period.

Population: Consumers served in LACDMH outpatient programs

Indicator: Sensitivity of staff to consumers' cultural/ethnic backgrounds

Measure: The number of consumers/family members that agree or strongly agree that staff is sensitive to their cultural/ethnic background on the Consumer Perception Survey form / the total number of consumers/family members that completed the survey during the survey period multiplied by 100. The estimated goal is derived from calculating the range for true population proportion of the May 2016 response rate of 88.0%. At 95% Confidence Level, the confidence interval for 88.0% response rate is a plus or minus .60, i.e., between 87.4% and 88.6%.

Source(s) of Information: Consumer Perception Surveys

Responsible Entity: Program Support Bureau – Quality Improvement Division (PSB-QID), LACDMH outpatient programs

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QI WORK PLAN GOALS FOR CALENDAR YEAR 2017

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 2: Maintain the percentage of consumers/families reporting overall satisfaction with services provided between 89% and 91% for the May 2017 survey period and continue year to year trending of the data.

Population: Consumers served in LACDMH outpatient programs

Indicator: Overall satisfaction with services provided

Measure: The numbers of consumers/families that agree or strongly agree they are satisfied overall with the services they have received on the Consumer Perception Survey form / the total number of consumers/families that completed the survey during the survey period multiplied by 100. The estimated goal is derived from calculating the range for true population proportion of the May 2016 response rate of 90.05%. At 95% Confidence Level, the confidence interval for 87.3% response rate is a plus or minus .56, i.e., between 89.49% and 90.61%.

Source(s) of Information: Consumer Perception Surveys

Responsible Entity: Program Support Bureau – Quality Improvement Division (PSB-QID), LACDMH outpatient programs

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QI WORK PLAN GOALS FOR CALENDAR YEAR 2017

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

- GOAL 3:**
- a. Monitor the grievances, appeals and requests for State Fair Hearings for Fiscal Year (FY) 16–17.**
 - b. Resolve all standard appeals within 45 calendar days of receipt of appeal by Patients’ Rights Office (PRO).**
 - c. Resolve all grievances within 60 calendar days from the date the grievance was logged on the Problem Resolution Log.**

Population: Consumers/families served by LACDMH

Indicator: Resolution of beneficiary grievances, appeals, and requested State Fair Hearings

Measure: Number and type of the beneficiary grievances, appeals, and State Fair Hearings resolved and referred out, and pending for FY 16–17

Source(s) of Information: Patients’ Rights Office (PRO) Data Reports

Responsible Entity: PRO, Program Support Bureau – Quality Improvement Division (PSB-QID)

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DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 4: Monitor Beneficiary Requests for Change of Provider including reasons given by consumers for their Change of Provider requests.

Population: Consumers and their families served by LACDMH

Indicator: Number and type of Requests for Change of Provider

Measure: Number of providers reporting consumers' requests for change of provider for Calendar Year (CY) 2017

Source(s) of Information: Patients' Rights Office (PRO) Data Reports

Responsible Entity: PRO, Program Support Bureau – Quality Improvement Division (PSB-QID)

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DOMAIN IV: MONITORING CLINICAL CARE

GOAL 1: Address evolving standards and requirements associated with the use of medication in mental health programs through systemic application of DMH Medication Parameters to supervision of prescribing practices, and through provision of ongoing training by clinical experts in state-of-the-art use of medication.

Population: Consumers receiving medication support services

Indicator: Prescribing standards and parameters

Measure: Review and update of medication parameters, medication-related trainings, and supervisory structure of Mental Health Practitioners and Nurse Practitioners

Source(s) of
Information: Office of the Medical Director (OMD) Reports

Responsible
Entity: OMD, Program Support Bureau – Quality Improvement Division
(PSB-QID)

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DOMAIN V: MONITORING CONTINUITY OF CARE

GOAL 1: At least 85% of the consumers referred for urgent appointments by the Medi-Cal Managed Care Plans to the Urgent Appointment Line at the ACCESS Center will receive appointments for a Specialty Mental Health Service Assessment within 5 business days.

Population: Consumers referred for urgent appointments by the Medi-Cal Managed Care Plans

Indicator: Continuity of Care for consumers referred for specialty mental health services by primary care providers and behavioral health network providers of the Medi-Cal Managed Care Plans

Measure: Number of Urgent Appointments received within five (5) business days from the date referred by the Medi-Cal Managed Care Plans to the Urgent Appointment Line for Calendar Year (CY) 2017 divided by the Total Number of Urgent Appointment Referrals received from the Medi-Cal Managed Care Plans to the Urgent Appointment Line for the CY 2017 multiplied by 100

Source(s) of Information: ACCESS Center, Integrated Behavioral Health Information Systems (IBHIS)

Responsible Entity: ACCESS Center, IBHIS, Program Support Bureau – Quality Improvement Division (PSB-QID)

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DOMAIN VI: MONITORING PROVIDER APPEALS

GOAL 1: The Mental Health Plan (MHP) will respond in writing to 100% of all appeals from providers within 60 calendar days from the date of receipt of the appeal.

Population: Legal Entity (LE) Contracted Providers

Indicator: Timeliness of the MHP's written response to Provider Appeals

Measure: Number of MHP's responses to Provider Appeals (day treatment, inpatient, and outpatient) within 60 calendar days for Calendar Year (CY) 2017 / the total number of provider appeals for CY 2017 multiplied by 100

Source(s) of Information: Office of the Medical Director (OMD) - Managed Care Division.

Responsible Entity: OMD - Managed Care Division, Program Support Bureau – Quality Improvement Division (PSB-QID)