

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
OFFICE OF ADMINISTRATIVE OPERATIONS – QUALITY IMPROVEMENT DIVISION**

QI WORK PLAN GOALS FOR CALENDAR YEAR 2018

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) living at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH outpatient programs in Fiscal Year (FY) 17-18.

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: Office of Administrative Operations – Quality Improvement Division

**LOS ANGELES DEPARTMENT OF MENTAL HEALTH
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QI WORK PLAN GOALS FOR CALENDAR YEAR 2018

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 2: Between 34.8% and 36.4% of Asian Pacific Islanders (API) estimated with Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) living at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH outpatient programs in Fiscal Year (FY) 17-18.

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: Office of Administrative Operations – Quality Improvement Division

**LOS ANGELES DEPARTMENT OF MENTAL HEALTH
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DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 3: Develop and implement a Community Mental Health Needs Assessment in order to assess the mental health needs of the deaf, hard of hearing, and blind communities as well as people who have physical disabilities and identify gaps in service delivery for Calendar Year (CY) 2018.

Population: Deaf, hard of hearing, and blind communities as well as people who have physical disabilities

Indicator: Community Mental Health Needs

Measure: Unmet needs of the deaf, hard of hearing and blind communities and people with physical disabilities as identified by the Mental Health Needs Assessment

Source(s) of Information: Office of Administrative Operations – Quality Improvement Division (OAO-QID), Underserved Cultural Communities (UsCC)

Responsible Entity: OAO-QID

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DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 4: Provide Telemental Health (TMH) services to at least 500 clients in Calendar Year (CY) 2018.

Population: Consumers receiving TMH services at various end points in LACDMH Directly Operated (DO) Clinics

Indicator: Service delivery capacity for psychiatry appointments via the TMH program

Measure: Number of consumers receiving mental health services through the TMH program in CY 2018

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, Office of Administrative Operations – Quality Improvement Division

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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 60% for Calendar Year (CY) 2018.

Population: Consumers receiving urgent after-hours care from PMRT of LACDMH – Emergency Outreach and Triage Division (EOTD)

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 2018 multiplied by 100

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

Responsible Entity: EOTD, Office of Administrative Operations – Quality Improvement Division

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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) 2018 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-five percent of business hours calls to the toll-free hotline for CY 2018 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 2018 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 2018 multiplied by 100.

2b. The number of business hours calls for the CY 2018 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 2018 multiplied by 100.

Source(s) of Information: ACCESS Center Data

Responsible Entity: ACCESS Center, Office of Administrative Operations – Quality Improvement Division

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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) 17-18.

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 17-18

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

Responsible Entity: ACCESS Center, Office of Administrative Operations – Quality Improvement Division

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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 88% for the May 2018 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 (CPS) forms 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 2017 response rate of 87.0%. At 95% Confidence Level, the Clopper-Pearson (or exact) confidence interval for a 86.99% response rate is between 86.18% and 87.77%.

Source(s) of Information: CPS forms

Responsible Entity: Office of Administrative Operations – Quality Improvement Division, 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 2018 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 (CPS) forms 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 2017 response rate of 90.8%. At 95% Confidence Level, the Clopper-Pearson (or exact) confidence interval for a 90.83% response rate is between 90.13% and 91.49%.

Source(s) of Information: CPS forms

Responsible Entity: Office of Administrative Operations – Quality Improvement Division, LACDMH outpatient programs

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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 2018 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 (CPS) forms / 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 2017 response rate of 88.2%. At 95% Confidence Level, the Clopper-Pearson (or exact) confidence interval for an 88.20% response rate is between 87.39% and 88.97%.

Source(s) of Information: CPS forms

Responsible Entity: Office of Administrative Operations – Quality Improvement Division
LACDMH outpatient programs

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DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 2: Maintain the percentage of consumers/families reporting overall satisfaction with services provided between 89% and 90% for the May 2018 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 (CPS) forms / 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 2017 response rate of 89.6%. At 95% Confidence Level, the Clopper-Pearson (or exact) confidence interval for 89.55% response rate is between 88.83% and 90.25%.

Source(s) of Information: CPS forms

Responsible Entity: Office of Administrative Operations – Quality Improvement Division
LACDMH outpatient programs

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DOMAIN III: MONITORING BENEFICIARY SATISFACTION

- GOAL 3:**
- a. Monitor the grievances, appeals and requests for State Fair Hearings for Fiscal Year (FY) 17-18.**
 - b. Resolve all standard appeals within 30 calendar days and all expedited appeals within 72 hours of receipt of appeal by Patients' Rights Office (PRO) for FY 17-18.**
 - c. Resolve all grievances within 90 calendar days from the date the grievance was logged on the Problem Resolution Log for FY 17-18.**

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 17-18

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

Responsible Entity: PRO, Office of Administrative Operations – Quality Improvement Division

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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 in FY 17-18.

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 Fiscal Year (FY) 17-18

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

Responsible Entity: PRO, Office of Administrative Operations – Quality Improvement Division

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DOMAIN IV: MONITORING CLINICAL CARE

GOAL 1: Monitor the number and reasons for approved, denied, and returned Prescription Drug Prior Authorization (PA) Requests in FY 17-18.

Population: Consumers receiving Pharmacy Benefits Management (PBM) services

Indicator: Prescribing standards and parameters

Measure: Monthly PA Summary Reports

Source(s) of Information: Clinical Operations Bureau – Pharmacy Services Data Reports

Responsible Entity: Clinical Operations Bureau – Pharmacy Services,
Office of Administrative Operations – Quality Improvement Division

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DOMAIN V: MONITORING CONTINUITY OF CARE

GOAL 1: At least 94% of the consumers referred to the Urgent Appointment Line at the ACCESS Center for Calendar Year (CY) 2018 will receive urgent appointments for a Specialty Mental Health Service Assessment within 5 business days.

Population: Consumers referred for urgent appointments by LACDMH Collaboration programs, Department of Health Services (DHS) eConsult, Medi-Cal Managed Care Plans, and Psychiatric Emergency Services (PES)

Indicator: Continuity of Care for consumers referred for specialty mental health services by primary care providers and behavioral health network providers of the LACDMH Collaboration programs, DHS eConsult, Medi-Cal Managed Care Plans, and PES

Measure: $\frac{\text{Number of Urgent Appointments received within five (5) business days from the date referred by the LACDMH Collaboration programs, DHS eConsult, Medi-Cal Managed Care Plans, and PES to the Urgent Appointment Line for Calendar Year (CY) 2018}}{\text{Total Number of Urgent Appointment Referrals received from the LACDMH Collaboration programs, DHS eConsult, Medi-Cal Managed Care Plans, and PES to the Urgent Appointment Line for the CY 2018}} \times 100$

Source(s) of Information: ACCESS Center, Integrated Behavioral Health Information Systems (IBHIS), Service Request Tracking System (SRTS)

Responsible Entity: ACCESS Center, IBHIS, Office of Administrative Operations – Quality Improvement Division, SRTS

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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 in Calendar Year (CY) 2018 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 CY 2018 / the total number of provider appeals for CY 2018 multiplied by 100

Source(s) of Information: Office of the Medical Director (OMD) – Intensive Care Division.

Responsible Entity: OMD - Intensive Care Division, Office of Administrative Operations – Quality Improvement Division