

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

QI WORK PLAN GOALS FOR CALENDAR YEAR 2016

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 1: Between 49% and 55% of Latinos estimated with SED and SMI at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH Outpatient facilities in FY 15-16.

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 / By 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 2 (+/-%) margin of error.

Source(s) of Information:

1. Prevalence: California Health Interview Survey (CHIS)
2. Consumers Served: LACDMH Integrated System (IS)
3. Population Estimates: American Community Survey (ACS), U.S. Census Bureau

Responsible Entity: PSB-QID

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QI WORK PLAN GOALS FOR CALENDAR YEAR 2016

DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 2: Between 41.6% and 43.6% of Asian Pacific Islanders (API) estimated with SED and SMI at or below the 138% Federal Poverty Level (FPL) will be served in LACDMH Outpatient facilities in FY 15-16.

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 / By API population estimated with SED and SMI and living at or below 138% FPL multiplied by 100. The small number of API consumers served in FY 14-15 makes it statistically unreliable to calculate the change in number of consumers served at 90% or 95% Confidence Level. Therefore the estimated goal for API consumers served in FY 15-16 is based on Confidence Interval of + or - 1.01 with an estimated range of serving between 41.6% to 43.6% API consumers.

Source(s) of Information:

1. Prevalence: California Health Interview Survey (CHIS)
2. Consumers Served: LACDMH Integrated System (IS)
3. Population Estimates: American Community Survey (ACS), U.S. Census Bureau

Responsible Entity: PSB-QID

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DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 3: Maintain the number of clients served by tele-psychiatry in CY 2016 at a minimum of 650.

Population: Consumers receiving mental health services through tele-psychiatry at various end points in LACDMH Directly Operated 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 2016.

Source(s) of Information/: LACDMH IS approved claims data

Responsible Entity: Office of the Medical Director (OMD), PSB-QID

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DOMAIN I: MONITORING SERVICE DELIVERY CAPACITY

GOAL 4: Improve Service Delivery Capacity for Lesbian Gay Bi-sexual Transgender and Questioning (LGBTQ) youth with mental illness through providing a series of trainings to staff of both contracted and/or directly operated agencies to improve their skills for assessment and treatment of this population.

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 2016, and training evaluation summaries completed for these trainings

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

Responsible Entity: PSB-QID

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 1: Maintain the percentage of after-hours PMRT responses with a response time of one hour or less at 71%.

Population: Consumers receiving urgent after-hours care from Psychiatric Mobile Response Teams (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 Calendar Year 2016 multiplied by 100

Source(s) of Information: ACCESS Center Data

Responsible Entity: EOB, ACCESS Center, 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 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: Sixty-five percent of daytime calls to the toll-free hotline are answered by a live agent within 1 minute from when they present to the Virtual Call Center (VCC) of the toll-free hotline.

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

Indicator: Timeliness of the MHP's toll free hotline

Measure: 2a. The number of after-hours calls for the Calendar Year 2016 that are answered within one minute from when they present to the Virtual Call Center (VCC) / the total number of after-hours calls extended to the VCC for the Calendar Year 2016 multiplied by 100.

2b. The number of daytime calls for the Calendar Year 2016 that are answered within one minute from when they present to the Virtual Call Center (VCC) / the total number of daytime calls extended to the VCC for the Calendar Year 2016 multiplied by 100.

Source(s) of Information: ACCESS Center Data

Responsible Entity: ACCESS Center, PSB-QID

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 3: Maintain the percent of completed test calls to the toll free hotline at a minimum of 95% in CY 2016.

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

Indicator: Percent of Test Calls completed

Measure: $\text{Number of Test Calls completed} / \text{Total Number of Test Calls multiplied by } 100$

Source(s) of Information: Service Area Quality Improvement Committee (SA QIC) Test Calls

Responsible Entity: ACCESS Center, SA QICs, PSB-QID

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 4: Monitor the number of assigned appointments for hearing impaired interpreter services coordinated by the toll free hotline for FY 2015-2016.

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 2015- 2016

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

Responsible
Entity: ACCESS Center, PSB-QID

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 5: Maintain the percent of consumers/families reporting that they are able to receive services at convenient locations between 83% and 85% for the May 2016 survey period.

Population: Consumers served in Outpatient Programs

Indicator: Convenience of service locations

Measure: The number of consumers/families that agree or strongly agree on the MHSIP survey that they are able to receive services at convenient locations / by 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 2015 response rate of 84.1%. At 95% Confidence Level, the confidence interval for 84.1% response rate is plus or minus .82 which is between 83.2% to 84.9%

Source(s) of Information: Mental Health Statistics Improvement Program (MHSIP)
Consumer Survey

Responsible Entity: PSB-QID, LACDMH Outpatient Programs

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DOMAIN II: MONITORING ACCESSIBILITY OF SERVICES

GOAL 6: Maintain the percent of consumers/families reporting that they are able to receive services at convenient times between 88% and 90% for the May 2016 survey period.

Population: Consumers served in Outpatient Programs

Indicator: Convenience of appointment times

Measure: The number of consumers/family members that agree or strongly agree on the MHSIP survey that they are able to receive services at convenient times / by 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 2015 response rate of 89.3%. At 95% Confidence Level, the confidence interval for 89.3% response rate is plus or minus .64 which is between 88.6% to 89.9%.

Source(s) of Information: Mental Health Statistics Improvement Program (MHSIP)
Consumer Survey

Responsible Entity: PSB-QID, LACDMH Outpatient Programs

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QI WORK PLAN GOALS FOR CALENDAR YEAR 2016

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 1: Maintain the percent of consumers/families reporting that staff was sensitive to their cultural/ethnic background between 86% and 88% for the May 2016 survey period.

Population: Consumers served in 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 / by 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 2015 response rate of 87.3%. At 95% Confidence Level, the confidence interval for 87.3% response rate is plus or minus .74 which is between 86.6% to 88.0%.

Source(s) of Information: Mental Health Statistics Improvement Program (MHSIP)
Consumer Survey

Responsible Entity: PSB-QID, LACDMH Outpatient Programs

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DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 2: Maintain the percent of consumers/families reporting overall satisfaction with services provided between 84% and 86% for the May 2016 survey period and continue year to year trending of the data.

Population: Consumers served in Outpatient Programs

Indicator: Overall satisfaction with services provided

Measure: The number of consumers/families that agree or strongly agree they are satisfied overall with the services they have received / by 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 2015 response rate of 87.3%. At 95% Confidence Level, the confidence interval for 87.3% response rate is plus or minus .8 which is between 84.2% to 85.8%.

Source(s) of Information: Mental Health Statistics Improvement Program (MHSIP) Consumer Survey

Responsible Entity: PSB-QID, LACDMH Outpatient Programs

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QI WORK PLAN GOALS FOR CALENDAR YEAR 2016

DOMAIN III: MONITORING BENEFICIARY SATISFACTION

GOAL 3: a. Monitor the grievances, appeals and requests for State Fair Hearings for FY 2015-2016.

b. Resolve all standard appeals within 45 calendar days of receipt of appeal by Patients' Rights Office.

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 2015-2016

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

Responsible Entity: Patients' Rights Office (PRO), PSB-QID

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QI WORK PLAN GOALS FOR CALENDAR YEAR 2016

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 FY 2015-2016

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

Responsible Entity: Patients' Rights Office (PRO), 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 systematic 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: Office of the Medical Director (OMD), PSB-QID

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QI WORK PLAN GOALS FOR CALENDAR YEAR 2016

DOMAIN IV: MONITORING CLINICAL CARE

GOAL 2: Continue to improve Clinical Care for Consumers with Co-Occurring Mental Health and Substance Use Disorders (COD) through on-site and online trainings and Annual State Wide Integrated Care Conference targeting LACDMH Directly Operated and Contracted programs.

Population: Consumers receiving COD treatment services

Indicator: COD Training Protocols and Procedures to improve clinical care related to COD treatment

Measure: Review, update, and provision of COD on-site trainings and online trainings and Annual Statewide Integrated Care Conference; total number of clinicians who completed these trainings in CY 2016, and training evaluation summaries completed for these trainings

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

Responsible Entity: Office of the Medical Director (OMD), PSB-QID

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DOMAIN IV: MONITORING CLINICAL CARE

GOAL 3: Continue to improve clinical care for older adult consumers with mental illness with or at risk for involvement in the Criminal Justice System through providing a series of trainings to staff of both contracted and/or directly operated agencies.

Population: Older adults (60+) with mental illnesses receiving mental health services through LACDMH

Indicator: Clinical care for Older Adult consumers with mental illness with or at risk for involvement in the Criminal Justice System

Measure: Review and evaluate the total number of clinical and case management staff that attended each training for FY 15-16. Review and evaluate training evaluation summaries for each training.

Source(s) of Information: Older Adult System of Care Reports

Responsible Entity: Office of the Medical Director (OMD), PSB-QID

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DOMAIN V: MONITORING CONTINUITY OF CARE

GOAL 1: At least 90% 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 2016 divided by the Total Number of Urgent Appointment Referrals received from the Medi-Cal Managed Care Plans to the Urgent Appointment Line for the Calendar Year 2016 multiplied by 100

Source(s) of Information: ACCESS Center, Health Care Reform Operations Bureau, Special Projects Unit

Responsible Entity: ACCESS Center, Health Care Reform Operations Bureau, Special Projects Unit, PSB-QID

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DOMAIN V: MONITORING CONTINUITY OF CARE

GOAL 2: Improve Continuity of Care for Older Adult consumers with mental illness with or at risk for involvement in the Criminal Justice System through providing consultation on complex cases to enhance treatment planning and intervention process.

Population: Older adults (60+) with mental illnesses receiving mental health services through LACDMH

Indicator: Continuity of Care for Older Adult consumers with mental illness with or at risk for involvement in the Criminal Justice System

Measure: Review the case consultation outcomes on the cases consulted at the five consultation meetings scheduled for FY 15-16 by the Community Diversion and Re-entry Program for Seniors (CDRPS) and provide a brief report on the cases consulted and related outcomes.

Source(s) of Information: Older Adult System of Care Reports

Responsible Entity: Older Adult System of Care (OASOC), PSB-QID

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DOMAIN VI: MONITORING PROVIDER APPEALS

GOAL 1: The 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: 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 2016 / by the total number of provider appeals for Calendar Year 2016 multiplied by 100

Source(s) of Information: LACDMH OMD - Managed Care Division.

Responsible Entity: OMD - Managed Care Division, PSB-QID