

## **2020 Quality Improvement Work Plan**

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

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LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
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## Executive Summary

The Los Angeles County – Department of Mental Health (DMH) is the largest county mental health department in the country. The Department directly operates more than 35 programs, maintains approximately 300 co-located sites, and contracts with close to 1,000 organizations. There are greater than 250,000 Los Angeles County residents under the care of DMH staff, non-governmental agencies (NGA), and individual practitioners whom provide a wide variety of services.

The Department's annual Quality Improvement (QI) Work Plan is organized into seven major domains, which include: 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 the quality of services provided. The QI program is dedicated to fostering consumer/family member-focused and culturally and linguistically competent services in addition to improving access to underserved populations.

Los Angeles County is the most populated county in the nation with an estimated population of 10,278,834 in Calendar Year (CY) 2018. The estimated distribution by race/ethnicity for the six designated categories includes: Latinos representing 48.8%, Whites 26.5%, Asian/Pacific Islanders 14.2%, African Americans 8.1%, Two or More Races 2.2%, and Native Americans representing 0.23%. During Fiscal Year (FY) 2018-19, a full array of mental health services were provided to children and youth with Serious Emotional Disturbance and adults and older adults with Serious Mental Illness in jails, juvenile halls, 24 hour acute psychiatric care or residential facilities, Directly-Operated (DO) and Legal Entities (LE)/Contracted outpatient programs and by Fee For-Service outpatient network providers. The Work Plan goals focused on the DO and LE/Contracted outpatient programs that served approximately 236,834 persons Countywide.

The QI Work Plan goals for CY 2020 are set by the Office of Administrative Operations – Quality, Outcomes, and Training Division under the authorization of the Department's executive management team and in collaboration with various Divisions and programs including: ACCESS Center, Emergency Outreach and Triage Division, DO and LE/Contracted outpatient programs, Office of Clinical Operations, Patients' Rights Office, Service Area Quality Improvement Committees, and the multidisciplinary PIP teams who have all contributed to this report. The CY 2020 QI Work Plan goals focus on increasing services for individuals from underserved groups, including pregnant women and recent mothers, expanding telemental health care, using consumer feedback to drive satisfaction outcome priorities, developing new and ongoing PIPs, improving tracking mechanisms for important topics like access to care, beneficiary grievances, and medication monitoring.

The Quality, Outcomes, and Training Division was launched in January of 2020. The reorganization of DMH along with State mandates on access and timeliness has provided opportunity to highlight the value of QI practices. The vision for the QI unit is to promote a QI culture and increase skilled use of QI practices within the Department by partnering and consulting more closely with departmental improvement efforts where they occur.

## Executive Summary

Collaboration with our Quality Assurance (QA) unit is a priority as they test and implement State mandates. Work towards this goal has already begun with the development and implementation of the Access to Care Leadership workgroup and collaborative facilitation of the QI and QA countywide meetings with providers to integrate discussions of departmental QA goals alongside discussions of QI practices which can be used to attain those goals. We look forward to our future reporting on these coordinated efforts.

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## Quality Improvement Work Plan Calendar Year 2020

The QI Program coordinates countywide performance-monitoring activities that include but are not limited to: utilization review, monitoring and resolution of beneficiary grievances, fair hearings and provider appeals, assessment of beneficiary satisfaction, PIPs, and timely access to SMHS.

The QI Work Plan functions as the foundation of DMH efforts to improve the quality of services delivered to consumers. The QI Work Plan activities for CY 2020 will serve to reinforce an organizational culture of CQI through effective strategies, best practices, and activities at all levels of the system. Work Plan goals and related progress will be reviewed every six months to ensure all components of the QI Work Plan are addressed.

DMH QI Work Plan goals are structured and organized according to the following domains:

- I. Monitoring Service Delivery Capacity;
- II. Monitoring Accessibility of Services;
- III. Monitoring Beneficiary Satisfaction;
- IV. Monitoring Clinical Care;
- V. Monitoring Continuity of Care;
- VI. Monitoring Provider Appeals; and
- VII. Monitoring Performance Improvement Projects.

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### 2020 Quality Improvement Work Plan Goals Summary

<b>Domain</b>	<b>No.</b>	<b>Goal</b>
<b>Service Delivery Capacity</b>	I.1.	DMH will increase the number of beneficiaries served from the Hispanic/LatinX and API communities by 1%.
	I.2.	DMH's Telemental Health (TMH) program will deliver real-time psychiatric care and consultations via secure audio and visual communications.
<b>Accessibility of Services</b>	II.1.	DMH will monitor timely access to care and services.
<b>Beneficiary Satisfaction</b>	III.1.	DMH will assess beneficiary satisfaction via Consumer Perception Surveys (CPS) twice a year.
	III.2.	DMH PRO will track beneficiary grievances, appeals, requests for change of providers and fair hearings.
<b>Clinical Care</b>	IV.1.	DMH will continue to support LA County in its efforts to provide timely, high quality, and easily accessible mental health care for pregnant women and women up to one year after delivering a baby.
<b>Continuity of Care</b>	V.1.	DMH will develop medication monitoring protocols for DO and LE/Contracted providers.
<b>Provider Appeals</b>	VI.1.	DMH will conduct concurrent review of treatment authorizations for all psychiatric inpatient hospital services and psychiatric health facility services.
<b>Performance Improvement Projects</b>	VII.1.	DMH will continue to develop and implement meaningful clinical PIP interventions targeting COD and trauma issues.
	VII.2.	DMH will develop and implement a meaningful non-clinical PIP aimed at improving timely access to SMHS for the entire outpatient system of care.

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### Monitoring Service Delivery Capacity

Goal I.1.:	<b>DMH will increase the number of beneficiaries served from the Hispanic/LatinX and API communities by 1%.</b>
Objectives:	Establish no fewer than one Community and Services Supports (CSS)-based capacity project aimed at increasing service delivery capacity for these communities.
Population:	Medi-Cal eligible youth, adults, and older adults from the Hispanic/LatinX and API communities.
Performance Indicators:	<ul style="list-style-type: none"> <li>• Number of beneficiaries served from Hispanic/LatinX communities</li> <li>• Number of beneficiaries served from API communities</li> </ul>
Frequency of Collection:	Annual
Sources of Data:	<ul style="list-style-type: none"> <li>• CalEQRO report, <i>Medi-Cal Approved Claims Data for Los Angeles County MHP</i>, September 2020</li> <li>• Annual data on DMH Consumers Served, March 2021</li> <li>• CSS project updates and annual reports</li> </ul>

Goal I.2.:	<b>DMH's Telemental Health (TMH) program will deliver real-time psychiatric care and consultations via secure audio and visual communications.</b>
Objectives:	<ol style="list-style-type: none"> <li>1. Increase the number of consumers receiving TMH services by 10%.</li> <li>2. Conduct a TMH psychiatry needs assessment to determine the DO clinics with the greatest need.</li> <li>3. Track medication appointment wait times for clinics with psychiatry registry items/hours and establish a baseline.</li> </ol>
Population:	DMH clients receiving outpatient psychiatry services in DO clinics.
Performance Indicator:	Stratify TMH needs assessment data by: <ul style="list-style-type: none"> <li>• Estimated number of patient hours needed;</li> <li>• Average wait time for new client medication evaluation;</li> <li>• Average wait time for established client follow-up; and</li> <li>• Ratio of full time employee (FTE) psychiatrists to number of open clients.</li> </ul>
Frequency of Collection:	Annual
Sources of Data:	DMH TMH program summary report, CY 2020

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### Monitoring Accessibility of Services

Goal II.1.:	<b>DMH will monitor timely access to care and services.</b>
Objective:	Monitor and track the percent of non-urgent child and adult SMHS appointments offered within 10 business days of the initial request.
Population:	DMH clients receiving SMHS from DO and LE/Contracted providers.
Performance Indicators:	Stratify timeliness data by: <ul style="list-style-type: none"> <li>• Number of appointments offered within 1-10 days of the request;</li> <li>• Number of appointments offered within 11+ days of the request; and</li> <li>• Percent of offered appointments that met the 10 business day target.</li> </ul>
Frequency of Collection	Monthly
Sources of Data:	System wide access to care reporting, CY 2020

Note: "Offered" = date an appointment time is offered, not the date of the appointment.



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**Monitoring Beneficiary Satisfaction**

Goal III.1.:	<b>DMH will assess beneficiary satisfaction via Consumer Perception Surveys (CPS) twice a year.</b>
Objectives:	<ol style="list-style-type: none"> <li>1. To ensure greater representation from field-based consumers/families, DMH will explore revisions to current administration protocols.</li> <li>2. Re-establish key domains/performance indicators.</li> </ol>
Population:	DMH clients receiving SMHS from DO and LE/Contracted providers.
Performance Indicator:	To be developed.
Frequency of Collection	Annual
Sources of Data:	Spring 2020 CPS data report

Goal III.2.:	<b>DMH PRO will track beneficiary grievances, appeals, requests for change of providers and fair hearings.</b>
Objectives:	<ol style="list-style-type: none"> <li>1. DMH will maintain a grievance and appeal log and record grievances, appeals, and expedited appeals.</li> <li>2. DMH will continue to track COP requests and reasons.</li> <li>3. DMH will evaluate for trends.</li> </ol>
Population:	Medi-Cal beneficiaries receiving DMH services.
Performance Indicators:	Stratify PRO data by: <ul style="list-style-type: none"> <li>• Number of grievances;</li> <li>• Number of appeals;</li> <li>• Number of expedited appeals</li> <li>• Number of COP requests; and</li> <li>• Reasons for COP requests.</li> </ul>
Frequency of Collection:	Annual
Sources of Data:	<ul style="list-style-type: none"> <li>• Annual Medi-Cal Beneficiary and Grievance and Appeal Report form, FY 2019-20</li> <li>• PRO data reports</li> </ul>

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Monitoring Clinical Care

Goal IV.1.:	<p><b>DMH will continue to support LA County in its efforts to provide timely, high quality, and easily accessible mental health care for pregnant women and women up to one year after delivering a baby.</b></p> <p>As of July 1, 2019, all prenatal providers must screen for depression in pregnancy and the postpartum (CA AB 2193).</p>
Objectives:	<ol style="list-style-type: none"> <li>1. Explore strategies to track clients that meet criteria for maternal mental health services.</li> <li>2. Establish eight Maternal Mental Health specialty clinics in SAs across Los Angeles County.             <ol style="list-style-type: none"> <li>a. Each clinic will develop a protocol for treating clients who become pregnant or who have had a baby.</li> </ol> </li> </ol>
Population:	DMH clients (Female) receiving outpatient SMHS at DO programs.
Performance Indicators:	Number of women identified to be pregnant or recently having had a baby.
Frequency of Collection:	Annual
Data Sources:	DMH Maternal Mental Health services data reports, CY 2020

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### Monitoring Continuity of Care

Goal V.1.:	<b>DMH will develop medication monitoring protocols for DO and LE/Contracted providers.</b>
Objectives:	<ol style="list-style-type: none"> <li>1. Identify performance indicators and metrics to include in a dashboard.</li> <li>2. Establish peer review protocols for DO and LE/Contracted providers.</li> </ol>
Population:	DMH clients receiving outpatient medication support services from DO and LE/Contracted providers.
Performance Indicators:	Number of peer reviews completed.
Frequency of Collection:	Annual
Data Sources:	DMH Pharmacy Services data reports, CY 2020

### Monitoring Provider Appeals

Goal VI.1.:	<b>DMH will conduct concurrent review of treatment authorizations for all psychiatric inpatient hospital services and psychiatric health facility services.</b>
Objective:	Starting Feb 1, 2020, DMH will establish a baseline for the NOABD denials.
Population:	DMH clients receiving inpatient psychiatric services.
Performance Indicators:	Stratify DMH treatment authorization data by: <ul style="list-style-type: none"> <li>• Denials for acute and administrative days;</li> <li>• Concurrent versus retrospective; and</li> <li>• Reasons for denials.</li> </ul>
Frequency of Collection:	Monthly
Data Sources:	Central Authorization Unit (CAU) – Intensive Services Division data reports, CY 2020

Note: Baseline data/metrics to be developed.

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**Monitoring Performance Improvement Projects**

Goal VII.1.:	<b>DMH will continue to develop and implement meaningful clinical PIP interventions targeting COD and trauma issues.</b>
Objectives:	<ol style="list-style-type: none"> <li>1. Increase the number of consumers receiving Seeking Safety in group or individual format.</li> <li>2. Establish protocols for Integr8Recovery groups in select DO clinics and actively recruit group participants.</li> </ol>
Population:	DMH clients receiving outpatient COD services.
Performance Indicators:	Hospitalization (7-day and 30-day readmission rates) and engagement/retention (number of visits within 30 and 90 days) data for DMH clients with co-occurring mental health and substance use disorders.
Frequency of Collection:	Quarterly
Data Sources:	<ul style="list-style-type: none"> <li>• PIP Development Tool FY 2020-21, <i>Improving Quality of Services for Consumers with Co-Occurring Disorders (COD)</i></li> <li>• CalEQRO report, <i>Los Angeles County MHP CalEQRO Report, FY 2019-20</i></li> </ul>

Goal VII.2.:	<b>DMH will develop and implement a meaningful non-clinical PIP aimed at improving timely access to SMHS for the entire outpatient system of care.</b>
Objective:	Establish an Access to Care Leadership committee to discuss and review system wide access to care issues.
Population:	LA County residents seeking DMH outpatient SMHS.
Performance Indicators:	To be developed by the PIP.
Frequency of Collection:	To be developed by the PIP.
Data Sources:	<ul style="list-style-type: none"> <li>• PIP Development Tool FY 2020-21, <i>Timely Access</i></li> <li>• CalEQRO report, <i>Los Angeles County MHP CalEQRO Report, FY 2019-20</i></li> </ul>