

# REGIONAL QUALITY IMPROVEMENT COMMITTEE (QIC)- NORTH

## MEETING MINUTES

April 2025

| <b>Type of meeting:</b>                             | Regional QIC  | <b>Date:</b>   | 4-30-2025                            |
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| <b>Location:</b>                                    | Microsoft Teams   | <b>Start time:</b>   | 10:00AM                              |
|   |   | <b>End time:</b>   | 11:30AM                              |
| <b>Members Present:</b>                             | See Table Below   |  |                                      |
| <b>Agenda Item</b>                                  | <b>Presentation and Findings</b>  | <b>Discussion, Recommendations, and/or Needed Actions</b>  | <b>Person(s) Responsible</b>         |
| <b>I. Welcome and Introductions</b>                 | Dr. Rosa Franco reviewed the meeting agenda.<br><br>Kimber Salvaggio reviewed meeting minutes from January's RQIC. She took a moment and shared remembrance of Armenian Genocide.   | Please email any edits regarding minutes from last meeting to <a href="mailto:DMHQI@dmh.lacounty.gov">DMHQI@dmh.lacounty.gov</a>   | Dr. Rosa Franco/<br>Kimber Salvaggio |
| <b>II. Departmental Language Access Plan (DLAP)</b> | Mirtala Parada Ward shared DLAP is a new board motion for a countywide language access policy to ensure all residents in Los Angeles County have equitable access to language services in their language of preference. All departments must create their own language plan in collaboration and coordination by the Office of Immigrant Affairs (OIA).<br><br>There are three specific objectives the departments will be incorporating into their overall activities around language access including empowering the county workforce to continue to consistently deliver linguistically and culturally responsive services, integrate language access, equity, and inclusion in every aspect of county work and supporting the | Kimber Salvaggio confirmed that Legal Entities are required to have a Clinical Policy and Procedure for language access.<br><br>Mirtala Parada Ward shared the LA County Language Access Policy was released by the Board. It includes LA County vendors, Legal Entity providers, and anyone that does business with the County.<br><br>Kimber Salvaggio asked what D stands for in DLAP.<br><br>Mirtala Parada Ward shared D stands for Departmental. Every | Mirtala Parada Ward                  |

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|  | <p>county in having a flexible and efficient administrative, technological, and physical infrastructure to help meet the linguistic needs of county residents.</p> <p>This plan is a live document where it will continue to evolve as the different departments go through the process of becoming more mindful and more active around language. The plan will be reviewed and revised every two years and posted to our website.</p> <p>Mirtala Parada Ward shared the DLAP includes 11 sections. Legal Entity (LE) providers are an extension of our service delivery and our partners, and they are to adhere to all State, Federal and local requirements. The DLAP applies to everyone, it applies to both Directly Operated (DO)s and LEs. For Legal Entities this is in your contract, and you are obligated to provide language accessibility services. There is only one service that DMH provides for both DOs and LEs and that service is Clinical American Sign Language (ASL). For all other language services, LEs are responsible for providing those services under their contract.</p> <p>Over the phone interpretation services are available only for Directly Operated programs. This is through our contract with ISD. DOs will need to provide the name of their department, full employee name, employee number, and the Call Center number for your facility. If Legal</p> | <p>County department is required to have one by June 30<sup>th</sup>, including Parking Enforcement.</p> <p>Megan McDonald wondered if scheduling an appointment for three to four weeks out for ASL needs to be considered for a notice of action. The routine is 10 business days but if it is an emergency or urgent, it's up to 3 business days or even 48 hours.</p> <p>Mirtala Parada Ward shared once you are aware of the need for an ASL interpreter make the request right away.</p> <p>Patricia Tyler wondered if anyone had suggestions on how the Legal Entity providers should confirm appointments if ASL service assistance is needed within 3 days.</p> <p>Mirtala Parada Ward stated send an e-mail to the ARISE accessibility mailbox and we will elevate it to Dr. Sandra Chang, who is the manager of the Language Assistance Services (LAS) unit, then we will start</p> |  |
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|  | <p>Entity providers would like to use the same vendors that we use, you must go into a contractual agreement with the vendor and your Agency.</p> <p>For ASL services please send an e-mail to the <a href="mailto:ARISEaccessibility@dmh.lacounty.gov">ARISEaccessibility@dmh.lacounty.gov</a> at least 15 days in advance but ideally the day that you know of the appointment due to a shortage of ASL interpreters in LA County. Please reach out to us within 72 hours for any cancellations. After 72 hours DMH accrues the cost for services not rendered.</p> <p>Reminder Clinical appointments are as follows:</p> <ul style="list-style-type: none"><li>➤ Therapy</li><li>➤ Assessment</li><li>➤ Medication support</li><li>➤ Nurse support</li></ul> <p>The only other service available for Directly Operated programs is if you need interpretation for Community Stakeholders meetings, LA Board of Supervisors meetings, and any meeting that is open to the public. If you are going to request an ASL interpreter for a community meeting, you must have “still audience” which means that during your event, everybody is sitting down in the same room. We are unable to accommodate big open events such as Mental Health events where people navigate a park. Also, due to the shortage of ASL interpreters, we have two in-house ASL</p> | <p>problem solving and we will be in contact with you.</p> <p>Nicholas Jones wondered if requests are made a month in advance, how would this process work when LEs such as ours receive referrals (including clients and/or families in ASL community) and must schedule intake/assessment within a matter of 2-3 business days.</p> <p>Mirtala Parada Ward shared some LEs might have an ASL therapist. In DMH, we do have ASL therapist and what we do is call our LCSW therapist who is also ASL proficient. For LEs, the only way we can help you is to see if one of our DMH in-house ASL interpreters are available.</p> <p>Patricia Tyler wondered if there are any recommendations if LE providers choose to use a client's family member or support person for oral or sign language interpretation.</p> <p>Mirtala Parada Ward shared under the Medi-Cal regulations and the Cultural Competency Plan; we should not be using family</p> |  |
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|                                  | <p>interpreters hired and are part of the ARISE workforce. They do most of the clinical interpretations.</p> <p>Mirtala Parada Ward shared we are working with QA and we send reports on language access for the entire system on an annual basis for the Culture Competency Plan requirements. The DLAP has the same requirements and starting July 1<sup>st</sup> all Legal Entity providers will need to report this out to DMH. Legal Entity providers will receive a survey quarterly to report the services that they are providing to clients in languages other than English.</p> <p>Send any questions to ARISE Division email address <a href="mailto:ARISELAS@dmh.lacounty.gov">ARISELAS@dmh.lacounty.gov</a></p> | <p>members to provide interpretation services and ASL. Also, DLAP specifically has language that we should not be using family members for interpretation services.</p>   |                     |
| <b>III. Work Plan Goals 2025</b> | <p>Stacey Smith shared Work Plan Goals for 2025. Work Plan Goals are posted on our QI website. This was our first attempt at integrating the Work Plan with SAPC. Goals encompass seven domains:</p> <ul style="list-style-type: none"> <li>➤ Service Delivery Capacity</li> <li>➤ Accessibility of Services</li> <li>➤ Member Satisfaction</li> <li>➤ Clinical Care</li> <li>➤ Continuity of Care</li> <li>➤ Provider Appeals</li> <li>➤ Performance Improvement Projects (PIP)</li> </ul> <p>In the past EQRO would evaluate our system and provide a list of what we are doing well in</p>  | <p>Shelly Hsu shared we are using the planned data feed and noticed that there is a data lag. We are working with the State to make sure that we are calculating HEDIS correctly.</p> <p>Dr. Kara Taguchi shared Ray from Clinical Informatics is working on a dashboard on some of the HEDIS measure data to enable pharmacy to do some of the same kind of monitoring that they did before.</p> <p>Patricia Tyler wondered if HEDIS is for child/youth or adults.</p> | <p>Stacey Smith</p> |

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|  | <p>and things we need to focus on. This year we did not get that feedback, so we utilized our Consumer Perception Survey open-ended comments to guide what our consumers felt we needed to focus on for systemwide improvements.</p> <p>We have 16 goals this year. The ARISE Division will continue to focus on language accessibility and decreasing mental health stigma in underserved cultural communities. Peer Services will work on increasing quality and quantity of Peer services. The QI Unit will continue to work on improving the Consumer Perception Surveys (CPS), Performance Improvement Projects (PIPs), and evaluating the QI program for improvements. Patients' Rights will work with the QI Unit to create a Power BI dashboard to more easily analyze their data around change of providers and grievances. The Outcomes Unit will work on publishing data reports for DMH, internal use and LE providers, Care Court data reporting requirements, and continuing to roll out the LOCUS. Outpatient Care Services will work on developing a systemwide robust customer service program. Health Access and Integration (HAI) has an ongoing goal to monitor provider appeals and reduce rehospitalizations. MHSA and QI Unit Goal will focus on laying groundwork towards an</p> | <p>Stacey Smith shared HEDIS is for Child, Youth, and Adult. Please take a moment to review the five HEDIS measures that we are accountable for in the slides. It is important to understand the basics of what we are looking for.</p> <p>Khashi Khosravi wondered if it's true that the person performing the follow up post ED must be a master's level clinician.</p> <p>Shelly Hsu shared for FUM it is any practitioner, so it's not limited. For Follow-Up After Hospitalization for Mental Illness (FUH) it must be a specific mental health provider with a specific taxonomy code, master's level or higher.</p> <p>Stacey Smith stated QA will be sending out a bulletin on what codes to use and what type of staff need to be utilized for FUH.</p> |  |
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|  | <p>integrated plan needs assessment for Los Angeles County.</p> <p>Clinical Informatics and Pharmacy goals are important and focus on collection of <b>Healthcare Effectiveness Data and Information Set (HEDIS)</b> data. Starting with measurement year 2023, the State can impose sanctions if we have two or more measures below the minimum performance level or measures that don't achieve at least 5% increase over baseline.</p> <p>DOs and LEs are not responsible for calculating any of these, but it's important to understand the HEDIS measures and how you can do your part to ensure, for example, clients who go to an emergency department are seen for a follow-up within 7- or 30-day markers. We all need to work together to avoid sanctions. QA has been working on this and will be putting out a bulletin for what disciplines can do the follow-up and what procedure codes are allowed for follow- up after hospitalizations for a mental illness or self-harm.</p> <p>The last two work plan goals that we have are the Clinical and Non-Clinical PIPs. Both are very important because both have the possibility of sanctions. Our Clinical PIP is regarding HEDIS measure Follow-Up After Emergency. Department Visit for Mental Illness (FUM). Non-Clinical PIP is aiming to improve</p> |  |  |
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|  | <p>access for children 0-20 years old to 80% timeliness for routine appointments within 10 days. The non-clinical PIP aligns with the corrective action plan that's already in place for LA County for children's non-psychiatry non-urgent routine appointments. QA will have workshops on strategies to increase the percentage of timely access for children. Dr. Rosa Franco will create a PIP committee to start analyzing the data for FUM and coming up with possible interventions.</p>  |   |                         |
| <p><b>IV. Consumer Perception Survey (CPS)</b></p> | <p>Kimber Salvaggio shared important reminder CPS week is Monday, May 19<sup>th</sup>, 2025, to Friday, May 23<sup>rd</sup>, 2025. In 2024, we received a total of 12,032 surveys including almost 10,500 completed surveys, which is a 9.9% increase from the previous year.</p> <p>The majority of the declined/refused surveys are from Adults. We want to understand the reasons clients do not want to complete the survey.</p> <p>Youth and Family preferred online surveys and Older Adults and Adults preferred paper surveys. Most surveys are in English followed by Spanish.</p> <p>Kimber Salvaggio shared links to the recordings that are available for the paper and UCLA electronic survey trainings. Our DMH Electronic</p> | <p>Nicole Gutman stated they offer clients the electronic survey and clients agree they will do it, but most of them don't. She wondered if other clinics experience the same thing.</p> <p>Megan McDonald shared they have the same issue. We send out reminders and have the therapist remind them. We are asking people who are already struggling to do one more thing. Most people are just trying to make ends meet.</p> <p>Kimber Salvaggio shared some clinics rearranged their waiting room so you couldn't access the exit without seeing a person who would ask about the survey. It is a long survey. We would let them</p> | <p>Kimber Salvaggio</p> |

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|  | <p>Survey trainings for DOs and LEs were moved to May 1<sup>st</sup>.</p> <p>Survey Technical Assistance Calls participation is recommended even if you don't have questions. If everything is running smoothly, or if you are a veteran, these calls could be shared with new people. Things do change all the time, and you never know what questions might come up.</p> <p>Directly Operated provider staff that need a dynamics license for the CPS portal must submit a help desk service request. Legal Entities must contact your organization liaison who will then contact DMH to request C numbers. If you previously had access, it is likely that you will still have it, but it's good to double check.</p> <p>Flyers are available to post in your lobby, and you can remind clients when they're coming in and let clients know that the survey period is coming soon. Let the clients know we want to hear from them, and that's ultimately what we're looking for with these surveys.</p> <p>Dr. Rosa Franco asked if there were any questions from the CPS trainings or CPS in general.</p> | <p>know to do the best they can to answer as many as they wanted to. We would tell them their voice and opinion matter.</p> <p>Dr. Rosa Franco shared we can offer them assistance with completing the survey if it is easier for them, and hopefully we are able to get more responses that way than just sending it to them.</p> <p>Nicole Gutman shared yes, we did that and there were probably about four of the seven people that took us up on the offer to do it by phone. We may decide to just do the paper survey this year because it was so much work to send out all those surveys last year to only have seven people to respond.</p> <p>Alexis Oren agreed with the barrier. We chose to switch to online surveys because our paper surveys completed last year were lost after we submitted them to DMH, so we had zero data for 2024.</p> |  |
| <b>Next Meeting: July 30, 2025, 10:00AM- 11:30AM</b> |   |   |  |

| Attendance                  |  |
|-----------------------------|--|
| Kimber Salvaggio            | Regional QIC Co-Lead, Training           |
| Rosa Franco                 | Regional QIC Co-Lead, QI                 |
| Kara Taguchi                | Outcomes & QI                            |
| Stacey Smith                | QI                                       |
| Laarnih De La Cruz          | QI                                       |
| Mirtala Parada Ward         | ARISE                                    |
| Shelly Hsu                  | Clinical Informatics                     |
| Sara Klausner               | Child and Family Guidance Center         |
| Abigail Fonseca             | 7591A: Olive view MHC                    |
| Rachel Villa                | Haynes Family of Programs - 7565         |
| Megan McDonald              | Topanga Roscoe Corp                      |
| Catherine Wong              | Spiritt Family Services                  |
| Alexis Orens LCSW           | Telecare LA4 FSP & OCS                   |
| Melissa Rodriguez           | Boys Republic                            |
| Belinda Williams            | Tessie Cleveland Community Services Corp |
| Karina Sandoval             | Optimist Youth Homes and Family Services |
| Michelle Rittel             | SA2 Administration                       |
| Jessica Estrada             | KYCC                                     |
| Faith Oluwadare             | Optimist Youth Homes and Family Services |
| Viola Guzman                | Social Model Recovery Systems            |
| Cindy Ferguson              | Palmdale Administration                  |
| Jaime Nunnenkamp            | MHALA                                    |
| David Lee                   | Medi-Cal Certification                   |
| Gabriela Hernandez Trujillo | Star View Community Services             |
| Windy Luna-Perez            | Ettie Lee Outpatient                     |
| Janelle Dent                | Children's Institute, Inc.               |
| Rasean Jones                | CMMD                                     |

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| Michelle Garcia      | Aviva Family and Children's Services  |
| Carlos Tobar         | St. Anne's Family Services  |
| Joe Ford             | Sycamores   |
| Isis Ruiz            | Ettie Lee Outpatient  |
| Misty Aronoff        | Step Up on Second   |
| Cristal Mejia        | Star View   |
| Eilene Moronez       | Enki Health Services, Inc.  |
| Keisha Blackshear    | Institute for the Redesign of Learning, formerly Almansor Clinical Services |
| Cristina Sandoval    | Queens Care   |
| Susana Lutz          | Downtown Mental Health Center   |
| Patricia Tyler       | Heritage Clinic   |
| Tiffany Harvey, PsyD | Alafia Mental Health Institute  |
| Deborah Curry        | Starview Teammates SPA 1  |
| Armen Yekyazarian    | DMH QA  |
| Tiffani Tran         | Five Acres  |
| Stephanie Ochoa      | Star View   |
| Dr. Mihai Fodoreanu  | Center for Integrated Family Health and Health Services                     |
| Vicky Rivera         | Stars View - community service  |
| Kristin Gray         | SA3 Admin/DMH   |
| Tatiana Van Beeck    | Tri-City MH   |
| Sarah Sullivan       | East San Gabriel Valley FSP   |
| Rejeana Jones        | McKinley  |
| Nadine Fimbres       | Homes for Life Foundation   |
| Renee Yu             | SSG Alliance  |
| Nadia Ziglari        | HealthRight 360/Prototypes  |
| Jennifer Wong        | Children's Institute Inc.   |
| Jasminder Chahal     | TAY Navigation Team/ LAC DMH  |
| Nancy Trinh          | SSG Alliance & SSG Alliance CRTP Florence House                             |
| Julie Jones          | Hillview Mental Health Center Inc.  |

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| Kimberly Guajardo     | Gateways Hospital   |
| Jeannelli Acuna, LCSW | NEMHC/1914A   |
| Beth Foster           | Hillsides   |
| Kirsten Pouri         | "Alafia Mental Health Institute, Los Angeles California Institute of Health & Social Services, Inc. |
| Laura Aquino          | Amanecer CCS  |
| Nassim Harrison       | The Village Family Services   |
| Jennifer Ray          | Eggleston Youth Centers   |
| Joanne Chen           | DMH, CMMD   |
| Alex Elliott          | DMH   |
| Daisy Rosales         | El Centro de Amistad 7371A/7050A  |
| Renee Lee             | DMH QA PSR  |
| Silvia Yan            | SSG-Asian Pacific Counseling & Treatment Centers  |
| Silvia Sanchez        | San Gabriel Children's Center   |
| Valentina Murray      | Phoenix House California  |
| Alfred Sun            | Spiritt Family Services   |
| Claudia Morales       | Pacific Asian Counseling Services   |
| Natalie Majors        | Tri-City Mental Health Authority  |
| Nicole Cuevas         | Amanecer CCS  |
| Allison Hardey        | Hillsides   |
| Courtney Stephens     | MHALA   |
| Kathryn Aguenza Louie | Pacific Asian Counseling Services   |
| Lizette Ayala         | D'Veal Family and Youth Services  |
| Victoria Shabanzadeh  | Stirling Behavioral Health Institute  |
| Amani Sassia Khalifa  | Children's Center of the Antelope Valley  |
| Caesar Moreno         | Didi Hirsch   |
| Rebecca Schaal        | Haynes Family of Programs   |
| Rami Alrayes          | Children's Hospital Los Angeles   |
| Virginia Casimiro     | Victor Treatment Centers Pomona   |
| Liliana Lira          | Counseling4kids   |

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| Darrel Miranda          | Tarzana Treatment Centers  |
| Laura Padrino           | CA Mentor  |
| Alejandra Munoz         | Tessie Cleveland Community Services Corp.                            |
| Suzy Donabedian         | Pacific Clinics  |
| Lauren Schoenemann      | Penny Lane Centers   |
| Annet Flores            | Child & Family Center  |
| Linda Santiman          | Los Angeles LGBT Center  |
| Gwendolyn Thomas        | Rancho San Antonio   |
| Laura Ramirez-Rodriguez | Tarzana Treatment Centers  |
| Irina Feldman           | Jewish Family Service LA   |
| Dr. Brooke Love         | D'Veal Family and Youth Services                                     |
| Lisa Harvey             | Para Los Ninos   |
| Alejandra Lopez Mercado | D'Veal Family and Youth Services                                     |
| Diana Dawson            | Tarzana Treatment Centers  |
| Melanie Murad           | Trinity Youth Services   |
| Silvia Padilla          | Personal Involvement Center  |
| Allison Foster          | VIP CMHC   |
| Heather Bowen           | Children's Hospital Los Angeles                                      |
| Roman Shain             | SFVCMHC Inc.   |
| Gassia Ekizian          | Foothill Family Service  |
| Grace Florentin         | Pacifica Hospital of the Valley Behavioral Health Urgent Care Center |
| Robin Washington        | DMH QA   |
| Dora Escalante          | Jewish Family Service  |
| James McEwen            | DMH QA   |
| Maria Moreno            | SA 3 Admin   |
| Leslie A. DiMascio      | SFVCMHC, Inc.  |
| Jennifer Palma          | Pacific Clinics  |
| Jennifer-Mitzner        | Olive Crest  |
| Cheryl Driscoll         | Hillview MHC. Inc.   |

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| Rafael Santoya     | Children's Bureau (now All For Kids)           |
| Amber Anderson     | Antelope Valley MH                             |
| Elidia Olmos       | SCVMHC- 1905                                   |
| Roberta Dell Angel | Star View/SBHG                                 |
| Paola Valadez      | Personal Involvement Center                    |
| Nicholas Jones     | SPIRITT Family Services                        |
| Kim Blackmon       | Dvesl Family And Youth Services                |
| Khashi Khosravi    | Exodus Recovery                                |
| Zeena Burse        | Rancho San Antonio                             |
| Sandi Long         | Gateways Homeless Services and Wellness Center |

Respectfully,

Quality Improvement

# LACDMH Departmental Language Access Plan (DLAP)



**Prevention Bureau  
Anti-Racism, Inclusion, Solidarity and Empowerment (ARISE) Division**

April 2025



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

# ▶▶ Presentation Overview:

- Board Motion: Countywide Language Access Policy
- DLAP Strategic Objectives set forth by OIA
- DLAP Implementation and Reporting Requirements
- Relevance to LACDMH Programs
- ARISE Division Policies and Procedures related to Language Assistance Services (LAS)

# ▶▶ Presentation Overview Cont.

- LAS provided by the ARISE Division:
  - Over the Phone Request Submitted to ISD for Directly Operated Programs
  - Departmental policy for LE/Contracted Providers Seeking Language Interpreter and Translation Services
  - LACDMH Stakeholder Meetings/Events
  - American Sign Language (ASL) for Clinical Appointments for Directly Operated and LE/Contracted providers
- Summary of Presentation Key Points
- Appendix

# ▶▶ Los Angeles County Board Motion: Countywide Language Access Policy

- Ensures every resident of the County has equitable access to language services when interacting with the County.
- Fosters an organizational culture that realizes its commitment to equity and linguistically and culturally responsive service within one of the most diverse counties in the country.
- Applies to all County Departments, administrative entities, and vendors conducting business on behalf of the County.
- All Departments will strive to provide services, conduct internal operations, allocate resources, establish regulations, and operate facilities in a manner that supports equitable language access for all individuals.
- The Department of Consumer and Business Affairs ("DCBA") and its Office of Immigrant Affairs ("OIA") will provide leadership, accountability, technical assistance, and coordination across Departments to support implementation and to ensure language services are offered in the pursuit of goals articulated in this Policy.

# ►► DLAP Strategic Objectives and Reporting Set forth by OIA

- I. Empower the County's workforce to consistently deliver linguistically and culturally responsive service.
- II. Integrate language access, equity, and inclusion in every aspect of County work.
- III. Support the County in having a flexible and efficient administrative, technological, and physical infrastructure to help meet the linguistic needs of County residents.

**Departments shall strive to incorporate the above three strategic objectives into their overall Language Access Planning.**

- All Departments shall develop a DLAP in consultation with the OIA.
- Every two years, following the first submission of a DLAP, each Department shall submit to OIA an updated DLAP that addresses any changes since the prior submission.
- The policy is subject to revision by OIA due to legal requirements and/or other needs as determined by OIA in consultation with the Departments.

# ▶▶ DLAP Structure

## SECTION 1: OVERVIEW & CONTEXT

- **Department Mission**
  - LACDMH mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and opportunities that promote not only independence and personal recovery but also connectedness and community reintegration.
  - LACDMH aims to reduce the negative impacts of untreated mental illness by providing services based on whole-person care, cultural responsiveness, language accessibility, equity for all cultural groups, community partnerships, integration with social service providers, and a commitment to continuous learning and improvement.
- **Department Priority Languages**
  - Arabic, Armenian, Cambodian/Khmer, Chinese inclusive of Cantonese and Mandarin, English, Farsi, Korean, Russian, Spanish, Tagalog, and Vietnamese

# ▶▶ DLAP Structure

## SECTION 2: DEPARTMENT'S LANGUAGE ACCESS POLICY

- **General Policy Statement**

- In accordance with applicable federal, state and, county policy and agreement, LACDMH will provide equal access to all Limited English Proficiency (LEP) consumers in Los Angeles County for threshold and non-threshold languages as well as consumers needing services in American Sign Language (ASL). Non-English or LEP consumers have the right to language assistance services, at no cost, in their primary or preferred language. Non-English or LEP consumers are to be informed in writing of their right to language assistance services at no cost and how to access these services.

- **Scope of Policy**

- The language access policies of LACDMH are designed for the LA County Mental Health Plan and cover the entire system of care, including directly operated and contracted providers, as well as administrative programs. The bilingual bonus policy compensates LACDMH employees who use a language other than English to serve our diverse communities.

# ▶▶ DLAP Structure Cont.

## **SECTION 3: KEY TERMS & DEFINITIONS**

- A glossary of key terms and definitions related to LAS can be found in the appendix

## **SECTION 4: PROCEDURES**

### **Identifying Preferred Languages**

- For clinical services, which include inpatient, outpatient, and field-based services, LACDMH collects consumer demographical information, including primary/preferred language, at the first contact.
- Community members calling the LACDMH 24/7 Help Line are asked if they need an interpreter to ensure they receive assistance in their preferred language.
- For public outreach events and community stakeholder meetings, clients, family members, and community members can request language accommodations to participate fully in departmental meetings.

# ▶▶ DLAP Structure Cont.

- **SECTION 5: Notification of Language Assistance**

LACDMH ensures that LAS are made known to LEP/LOTE-speaking consumers at different points of contact by:

- LACDMH's directly operated or contracted legal entity provider sites are mandated to display the LACDMH Local Mental Health Plan in their lobbies and waiting rooms.
- The Provider Directory Handbook is posted on the LACDMH website and is available in 13 different languages.
- The departmental website includes a feature called "Toggle Goggle Translate" which allows for immediate translation of English text into over 90 different languages.
- To utilize the browser's built-in translation function for multiple languages, users can access their browser settings and input their preferred non-English language.

# ▶▶ DLAP Structure Cont.

- **SECTION 6: Monitoring Language Assistance Effectiveness**

- A. **Evaluation of Language Assistance**

- LACDMH regularly assesses the quality of our language assistance provided to LOTE speakers by administering two online satisfaction surveys to the end users of our language services. Those surveys include the following:
      - ARISE Division Interpreter Satisfaction Survey. See attached copy.
      - ARISE Division ASL Service Satisfaction Survey. See attached copy.
      - ARISE Division ensures that the translation of written materials is reviewed for accuracy by the LACDMH bilingual workforce.

# ▶▶ DLAP Structure Cont.

## B. Complaint Procedures

- Program managers shall attempt to accommodate all beneficiary requests to change the program of service and/or practitioner.
- DMH Staff shall provide the [Request for Change of Provider](#) form to beneficiaries (consumers) requesting a program of service and/or a practitioner change.
- Service delivery programs shall have Request for Change of Provider forms available or provide beneficiaries with the address to download them directly from the DMH website.
- Staff or Patients' Rights Office (PRO) Advocates shall provide beneficiaries assistance when they feel their voice is not being heard.
- Clinic staff providing services to the beneficiary shall receive the completed Request for Change of Provider form from the beneficiary.

# ▶▶ DLAP Structure Cont.

- **SECTION 7: Training**

LACDMH is committed to training and educating our workforce about the DLAP utilizing various internal platforms, which include the following:

- DMH all staff Townhalls
- In-person extended management meetings with detailed PowerPoint presentations on new initiatives and changes pertaining to the LACDMH - DLAP
- In-services with managers, supervisors, and line staff
- Meetings with contracted/legal entity providers: Quality Improvement Council (QIC), and Quality Assurance Council (QAC).
- Hello DMH newsletter – An annual article will be published to provide updates on LACDMH DLAP.
- DMH Policy and Procedures
- Specialized trainings are available to the workforce via the Training Unit.

# ▶▶ DLAP Structure Cont.

- **SECTION 8: Community Outreach & Engagement**

LACDMH has a robust community stakeholder platform that allows for the DLAP to be vetted by members of the diverse linguistic communities that participate in our services. Those stakeholder groups include, but are not limited to, the following:

- Access for All Underserved Cultural Communities Subcommittee (UsCC).
- American Indian/Alaska Native (AI/AN) UsCC
- Asian Pacific Islanders (API) UsCC
- Black and African Heritage (BAH) UsCC
- Eastern European/Middle Eastern (EE/ME) UsCC
- LGBTQI2-S UsCC
- The Cultural Competency Committee (CCC)
- The Eight (8) Service Area Leadership Teams (SALTs)
- Health Neighborhoods

# ▶▶ DLAP Structure Cont.

- **SECTION 9: Demographic Analysis & Determination of Priority Languages**
  - LACDMH follows the listing of thresholds set by the California Department of Health Care Services, which prioritizes languages based on the number of Medi-Cal recipients in a given area. LACDMH also ensures that Language Other than English (LOTE) speakers have access to federally funded programs and services, as mandated by Title VI of the Civil Rights Act of 1964.
- **SECTION 10: Bilingual Staff Policy**
  - Per LACDMH Policy No. 602.01, Bilingual Bonus, LACDMH bilingual certified employees possess a valid Language Proficiency Certificate issued through the County's Bilingual Proficiency Examination, which tests for proficiency to speak, read, and/or write the language. Bilingual compensation is paid to certified bilingual employees whose assignments require dual fluency in English and at least one other language.

# ►► Languages represented in the bilingual bonuses Directly Operated Program Staff

The Department pays bilingual bonuses for employees hired by Directly Operated (DO) Programs in the 36 languages. The listing is inclusive of threshold and non-threshold languages:

|                          |           |            |              |              |
|--------------------------|-----------|------------|--------------|--------------|
| • American Sign Language | • Farsi   | • Ilocano  | • Polish     | • Thai       |
| • Arabic                 | • Flemish | • Italian  | • Portuguese | • Toi Shan   |
| • Armenian               | • French  | • Japanese | • Russian    | • Turkish    |
| • Bulgarian              | • German  | • Korean   | • Samoan     | • Urdu       |
| • Cambodian              | • Greek   | • Laotian  | • Spanish    | • Vietnamese |
| • Cantonese              | • Hakka   | • Mandarin | • Swedish    | • Visayan    |
| • Catalan                | • Hebrew  | • Nahuatl  | • Tagalog    | • Yiddish    |
| • Chinese                |           |            |              |              |

# ►► Language Access Vendors

- **SECTION 11: Vendors and Their Qualifications**

- LACDMH has executed MOUs to utilize two (2) County Master Services Agreements for language assistance services. These two master agreements align with our department's needs, standards, and requirements.
- Those Master Services Agreements are:
  1. Language Assistance Services Master Agreement (LASMA) and
  2. On-Demand Interpretation and Translation Services (ODITS)
- All DMH staff must ensure that all language requests are addressed and that clients, including users of LOTE, receive the necessary language support.
- If the programs cannot meet the language needs of our LOTE users, the Patient's Rights Office will address complaints and grievances.
- Programs must provide the appropriate forms to file complaints or grievances due to lack of language access.

# ►► LACDMH Policies and Procedures Related to Language Assistance Services

- LACDMH policies 200.02, 200.03, and 200.09
- These policies highlight the following:
  - Under no circumstances are consumers denied access to mental health services due to language barriers.
  - All non-English speaking and LEP consumers receive equal access to care and interpreter services in their primary or preferred language, including threshold, non-threshold languages, and American Sign Language (ASL) services.
  - Consumers have the right to culture-specific rendering providers and to receive specialty mental health services (SMHS) in their primary or preferred language.
  - Consumers are to be informed in writing or by other verified acceptable means of their right to language assistance services at no cost as well as instruction on how to access these services.

# ▶▶ ARISE Division-LAS: Over the Phone Request Submitted to ISD for Directly Operated Programs

1) For over the phone (OTP) interpreter requests submitted to ISD, the requesting employee must provide the following required information:

- **Full Department Name**
- **Employee First and Last Name**
- **Employee Number**
- **Cost Center Number** (the Cost Center number differs from the Provider Number). *This information is essential for the billing process and for generating precise expense reports for the Department. **This service is only for DOs, not LEs.***

*It is essential for all staff to know the cost center number for their program and to have it at close reach.*

# ▶▶ ARISE Division: Language Access Services

- All requests for Over-The-Phone (OTP) interpretation services are managed by ISD. The LA County phone numbers to call for OTP services is listed on Attachment I below.

Attachment I

### HOW TO ACCESS OVER THE PHONE (OTP) INTERPRETATION SERVICES

To ensure prompt and accurate service delivery as well as correct billing, please provide the following information when requesting interpretation services.

**REQUIRED INFORMATION:**

- Full Department Name
- Employee First and Last Name
- Employee Number
- Cost Center Number (*Please coordinate with the budget analyst within your unit to obtain this information. It is important to note that the Cost Center number differs from the Provider Number assigned to your clinic.*)

Note: All Users must call vendors on a rotational basis. This list is for DMH internal use only and must not be shared with Legal Entities or Contract Providers.

COST CENTER #:

|   |   |  |
|---|---|--|
| <b><u>911 Interpreters</u></b><br>Dial Phone Number: (866) 516-7731                           | <b><u>Avaza Language Services</u></b><br>Dial Phone Number: (866) 284-0303<br>or (213) 340-0303       | <b><u>Focus Interpreting</u></b><br>Dial Phone Number: (760) 640-0562<br>Pin: 0000 |
| <b><u>Hanna</u></b><br>Dial Phone Number: (855) 803-8250<br>Provide the customer code: 681974 | <b><u>Language Arts</u></b><br>Dial Phone Number: (323) 577-6611                                      | <b><u>Language Line Solutions</u></b><br>Dial Phone Number: (855) 267-1141         |
| <b><u>Transperfect</u></b><br>Dial Phone Number: (855) 784-4523                               | <b><u>World Language Communications</u></b><br>Dial Phone Number: (213) 523-3216<br>Access Pin: 5891# | <b><u>WorldWide Interpreters</u></b><br>Dial Phone Number: (855) 574-3335          |

# ▶▶ ARISE Division: ASL LAS for Directly Operated and LE/ Contracted Providers

LACDMH coordinates and funds ASL services for DO and LE providers for clinical appointments, which include psychotherapy and psychiatric services.

## How to book ASL clinical appointments through LACDMH's ARISE Division:

1. Step 1 is to always submit the request for services via our designated mailbox [ARISEaccessibility@dmh.lacounty.gov](mailto:ARISEaccessibility@dmh.lacounty.gov). Contact us to learn the information we require by to book the desired ASL clinical service
2. Requesting programs should not initiate contact with a vendor to arrange for services from any vendor without submitting a request to the ARISE Division (inbox mentioned above) to avoid confusion and budgetary issues.
3. Early/timely submission of LAS requests maximizes the likelihood of successfully fulfillment.
4. Requestor program must report **cancellations at least three (3) business days (72 hours) to** [ARISEaccessibility@dmh.lacounty.gov](mailto:ARISEaccessibility@dmh.lacounty.gov) before the scheduled service. This will prevent DMH from incurring vendor expenses for services not provided.
5. Completion of the online ASL Services Satisfaction Survey by the ASL service user at the end of the clinical appointment: <https://forms.office.com/g/xEkqqkE8aL>

# ▶▶ ARISE Division-LAS for LACDMH Stakeholder Meetings/Events

- To request interpreter services, LACDMH Directly Operated programs shall access and submit the online form to the LAS Team via this link: [LAS Form](#)
  - Incomplete form submissions will delay the process of scheduling services.
- Processing of requests submitted to the LAS Team require a minimum of **15 business days** for processing prior to needed services. **Please do not contact vendor.**
- For meetings with multiple breakout rooms and more than one team of interpreters, the ARISE Division requires a **minimum of three (3) weeks**.



# ▶▶ ARISE Division-LAS for LACDMH Stakeholder Meetings/Events Cont.

- Step 1 is to always submit the request for services via the **LAS Form**
- Do not contact the Vendor or provide meeting information directly or ask for services from any Vendor without submitting the LAS form to avoid confusion and budgetary issues.
- Early/timely LAS form submission maximizes the likelihood of successfully fulfilling requests by the ARISE Division.
- The LAS team is not responsible for emergency LAS vendor searches and hiring. Programs that submit requests close to the event run the risk of not getting the needed LAS services.
- Once LAS staff secure the service, a confirmation email is provided to the requestor that includes the vendor information and the names of the interpreters/captioners.
- Bookings for ASL services require a still audience.
- Requesting program must report **cancellations at least three business days (72 hours)** before the scheduled service to the ARISE-LAS Team at [ARISELAS@dmh.lacounty.gov](mailto:ARISELAS@dmh.lacounty.gov)
- This will prevent LACDMH from incurring vendor expenses for services not provided.

# ▶▶ LAS Summary Points

- To coordinate scheduled Sign Language interpretation services for DO and LE providers for clinical appointments, which include psychotherapy and psychiatric services, please submit the request for services via our designated mailbox, [ARISEaccessibility@dmh.lacounty.gov](mailto:ARISEaccessibility@dmh.lacounty.gov).
- To coordinate interpretation services, including ASL for LACDMH stakeholder meetings and events, please submit the request for services via our online form, [LAS Form](#)
- To coordinate the translation of written materials, please submit the request for services via our online form, [LAS Form](#)

# ►► Summary of Key Points from this Presentation

1. LACDMH is required to have a DLAP
2. Employees must be knowledgeable on how to access services for our clients
3. The Department has P&P regarding language access
4. If a program cannot provide LAS, the end users/consumers need to be connected to Patients Rights to file a complaint
5. We empower use of this PPT with employees/staff at the program level, including the glossary of terms
6. Regarding Language Assistance Services:
  - LACDMH only provides ASL services for clinical appointments for Directly Operated and Legal Entities/Contracted Providers and coordination is done via the ARISE Division
  - Directly Operated programs in need of over the phone (OTP) interpreters are to contact ISD
  - Legal Entities and Contracted Providers are responsible for developing their own procedures and procurement for Language Assistance Services

# ►► Appendix

- Links to DMH P&P pertinent to language services
  - P&P 200.02: Interpreter Services for the Deaf and Hard of Hearing Community
    - Link [DMH P&P 200.02](#)
  - P&P 200.03: Language Translation and Interpreter Services
    - Link [DMH P&P 200.03](#)
  - P&P 200.09 Culturally and Linguistically Inclusive Services
    - Link [DMH P&P 200.09](#)

# ▶▶ Grievance and Appeal Forms

The Grievance/Appeal Form allows consumers, family members, friends, and even staff to express concerns about services provided under the Mental Health Plan.

- [Grievance/Appeal Form – Arabic](#)
- [Grievance/Appeal Procedures – Arabic](#)
- [Grievance/Appeal Form – Armenian](#)
- [Grievance/Appeal Procedures – Armenian](#)
- [Grievance/Appeal Form – Cambodian](#)
- [Grievance/Appeal Procedures – Cambodian](#)
- [Grievance/Appeal Form – Chinese](#)
- [Grievance/Appeal Procedures – Chinese](#)
- [Grievance/Appeal Form – English](#)
- [Grievance/Appeal Procedures – English](#)

# ▶▶ Grievance and Appeal Forms

- [Grievance/Appeal Form – Farsi](#)
- [Grievance/Appeal Procedures – Farsi](#)
- [Grievance/Appeal Form – Korean](#)
- [Grievance/Appeal Procedures – Korean](#)
- [Grievance/Appeal Form – Russian](#)
- [Grievance/Appeal Procedures – Russian](#)
- [Grievance/Appeal Form – Spanish](#)
- [Grievance/Appeal Procedures – Spanish](#)
- [Grievance/Appeal Form – Tagalog](#)
- [Grievance/Appeal Procedures – Tagalog](#)
- [Grievance/Appeal Form – Vietnamese](#)
- [Grievance/Appeal Procedures – Vietnamese](#)

# ►► Change of Provider Form

- DMH P&P 200.05: Request for Change of Provider:
  - [http://file.lacounty.gov/SDSInter/dmh/1041262\\_200\\_05\\_Att\\_1\\_English.pdf](http://file.lacounty.gov/SDSInter/dmh/1041262_200_05_Att_1_English.pdf)
  - Consumer drives the request and work directly with programs
  - PRO may serve as a liaison when consumers determine they are not being heard.

# ▶▶ LACDMH Glossary of Terms

- **American Sign Language (ASL):** The sign language used in the USA and Canada.
- **Back translation:** the translated document gets translated back into the source language by another translator. Both source and target language translations are compared to ensure content accuracy.
- **Communication Access Realtime Translation (CART):** The creation of an instant record of spoken language into text format via the utilization of a stenotype machine, computer or specialized software. The text produced by the CART service can be displayed on the user's computer monitor, mobile phone, projected onto a screen, or other display systems.
- **Departmental Language Access Plan (DLAP):** This document establishes the minimum requirements for County departments to ensure that they strive to provide consistent, high-quality language access.
- **Face-to-Face Interpreter Service:** DMH services that involve the physical presence of a language interpreter to facilitate oral language communication, in real time, between two (2) or more people who are not fluent in each other's languages. Language interpreters take into consideration the spoken language and the cultural differences related to nonverbal forms of communication, including facial expressions, eye-to-eye contact, physical space, body posturing, and gestures. (National CLAS Standards)

# ▶▶ LACDMH Glossary of Terms Cont.

- **Field testing:** the translated document is reviewed by consumers/family members/community members or DMH bilingual certified employees who are proficient in the target language. This process ensures that the translated document has meaning beyond a literal translation.
- **Interpreter:** A speech-certified professional who orally converts and conveys messages from the source language to the target language.
- **Interpreter:** A certified professional who creates a written copy of either video or audio content. Also called Transcriptionists or Captioners, Transcribers convert recorded or live human speech into text format. Interpreters facilitate communication to ensure that a person/group who is not proficient in the source language receive the information in their preferred language.
- **Language Assistance Services:** Refers to language and communication-based supports that include translation (written), interpreter (oral), sign language, and closed-captioning (i.e., CART) services at no cost to consumers.
- **Languages Other Than English (LOTE):** Also known as Limited English Proficiency (LEP) or English Language Learner (ELL). This designation refers to individuals who do not speak English as their primary language and who do not read, write or speak English.

# ▶▶ LACDMH Glossary of Terms Cont.

- **Limited English Proficient (LEP):** A limited level of English language communication that, within the context of accessing mental health services, should call into question the consumer's ability to adequately understand and respond to issues related to his or her treatment. (DMH Information Notice 10-02)
- **Non-spoken Language:** The transfer of information/communication from one person to another without the use of words or spoken language. Nonverbal communication can occur in a variety of ways, including through facial expressions, gestures, and body posture or position.
- **Non-Threshold Language:** Other non-English languages that do not meet threshold language criteria described in this policy.
- **Oral Interpreter Service:** A conversion of a message from an oral source language, into an equivalent oral target language. This service may be provided in person, by telephone or video call.
- **Primary or Preferred Language:** The language that must be used by the beneficiary to communicate effectively and which is so identified by the beneficiary. (9 CCR § 1810.410(a)(2))

# ▶▶ LACDMH Glossary of Terms Cont.

- **Simultaneous Interpreter Service:** A highly complex cognitive activity requiring the interpreter to listen, analyze, comprehend, convert, edit, and reproduce in real time a speaker's message while the speaker continues to speak. This service may be provided in-person, or via telephone or video call.
- **Source Language:** A language in which a message is originally given.
- **Spoken Language:** a form of communication in which people use the mouth to create recognizable sounds. These sounds come from a large vocabulary of sequences of sounds with agreed-upon meanings. These sequences of sounds are called words, and each represents one or more objects or concepts. A shared grammar and syntax allow the speaker to form these words into statements that listeners will be able to understand.
- **Target Language:** A language into which a message is to be translated or interpreted.
- **Tele Typewriter (TTY):** a device like a typewriter that has a small readout. It is a special device that lets people who are deaf, hard of hearing, or speech-impaired use the telephone to communicate by allowing them to type text messages. A TTY is required at both ends of the conversation to communicate, and it can be used with both landlines and cell phones. Unlike text messaging, it is designed for synchronous conversation, like a text version of a phone call. A modern digital cell phone must support a special digital TTY mode to be compatible with a TTY device.

# ▶▶ LACDMH Glossary of Terms Cont.

- **Telecommunication Device for the Deaf (TDD):** A telecommunications device for the deaf is a teleprinter, an electronic device for text communication over a telephone line that is designed for use by persons with hearing or speech difficulties.
- **Telephonic Language Interpreter Service:** A method of providing interpreters via telephone to individuals who wish to communicate with each other but have issues with the language barrier. The telephone interpreter converts the spoken language from one language to another enabling listeners and speakers to understand each other. Telephone or Telephonic Language Interpreting is carried out remotely, with the interpreter connected by telephone to the principal parties, typically provided through a speakerphone or headsets. In health care settings, the principal parties, e.g., doctor and patient, are normally in the same room, but telephone interpreting is served as a three-way teleconference. (National CLAS Standards)
- **Threshold language:** A language identified as a primary language spoken at a high proportional rate within a geographic region of the state. A countywide annual numeric identification of either 3,000 beneficiaries or five (5) percent of the Medi-Cal beneficiary population, whichever is lower, in an identified geographic area, whose primary language is not English and for whom information and services shall be provided in their primary or preferred language.
- **Translation:** A conversion of a text message or written form from the source language into an equivalent target language.

# Questions?



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
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ขอบคุณ



감사합니다



谢谢

Merci



תודה!

Cảm ơn bạn!

Thank You



# ▶▶ Regional Quality Improvement Committee (RQIC)

Quality, Outcomes, and Training Division

April 2025



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

# Meeting Attendance- Northern RQIC

Please complete the following  
Microsoft Forms survey to  
confirm your attendance for  
today's meeting:

[https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgd3PzpIfIShOkZg0l\\_tGS49UNUxYUIhLQUtLSUY1T0I3RFYwSVBOR0dNNC4u](https://forms.office.com/Pages/ResponsePage.aspx?id=SHJZBzjqG0WKvqY47dusgd3PzpIfIShOkZg0l_tGS49UNUxYUIhLQUtLSUY1T0I3RFYwSVBOR0dNNC4u)



The background image shows a park setting. In the foreground, there are rows of purple flowers, possibly lavender, in bloom. In the background, a tall, white, classical-style building with a central tower and many windows is visible, partially obscured by trees. The sky is clear and blue.

# Armenian Genocide Remembrance

A day for all to reflect on past and present genocides, but especially those that have felt the impact of these atrocities and groups that have found refuge in California, including, but not limited to, the Holocaust, Holodomor, and the Genocides of the Armenian, Assyrian, Greek, Cambodian, and Rwandan communities.



# DEPARTMENTAL LANGUAGE ACCESS PLAN & LANGUAGE SERVICES- ARISE

# Work Plan Goals 2025

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Full plan posted at:

<https://dmh.lacounty.gov/qid/qi-work-plan-goals/>

# Work Plan Goals are created in each of the following domains

Service  
Delivery  
Capacity

Accessibility  
of Services

Member  
Satisfaction

Clinical Care

Continuity of  
Care

Provider  
Appeals

Performance  
Improvement  
Projects

# QAPI Work Plan Goals

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Work Plan Goals look at the areas that need improvement, set goals with specific objectives, develop interventions with specific timeframes, and identify who monitors progress. These goals are around member care and can include how we can make our services more accessible and staff retention.

Clinical and Nonclinical Performance Improvement Projects (PIPs) are conducted each year and part of the Work Plan. PIPs are used as smaller more targeted efforts to try out interventions. If interventions are successful, they can be expanded systemwide to make improvements for DO and LE/Contracted providers.

- Last year's Work Plan Goals were informed by External Quality Review Organization (EQRO) findings. However, since EQRO changed this year from Behavioral Health Concepts Inc. (BHC) to Health Services Advisory Group (HSAG) along with the process, we utilized Consumer Perception Survey (CPS) Open Ended Comments to inform us of the needs of our members along with input from the various divisions and units within DMH.

| No. | Domain   | GOAL  |
|-----|--|---|
| 1a. | Service Delivery Capacity                                    | Improve language accessibility for our members and community stakeholders.  |
| 1b. | Service Delivery Capacity                                    | Enhance mental health education and decrease stigma in Asian Pacific Islander, Latino, and LGBTQ+ communities.  |
| 1c. | Service Delivery Capacity                                    | Educate DMH workforce on Peer Services and provide training to peer workforce to improve quality and quantity of services provided.   |
| 2a. | Member Satisfaction  | Evaluate Consumer Perception Survey (CPS) findings to identify areas of improvement in our system of care.  |
| 2b. | Member Satisfaction  | Monitor grievances, appeals, and requests for a Change of Provider (COP).   |
| 3a. | Clinical Care  | Publishing data reports for DMH internal use and legal entity providers.  |
| 3b. | Clinical Care  | Implement changes to Care Court data reporting requirements.  |
| 3c. | Clinical Care  | Develop a robust customer service systemwide.   |
| 3d. | Clinical Care  | Continue to further develop a mechanism to measure and track Healthcare Effectiveness Data and Information (HEDIS) Measures.  |
| 3e. | Clinical Care  | Continue the roll out Level of Care Utilization system (LOCUS) as Adult Level of Care Tool.   |
| 3f. | Clinical Care  | Evaluation of the Quality Improvement Program.  |
| 4a. | Continuity of Care   | Develop a systemwide strategy to reduce 7 and 30-day rehospitalization rates.   |
| 4b. | Continuity of Care   | Develop Behavioral Health Transformation (BHT) Integrated Plan Needs Assessment for Los Angeles County.   |
| 5.  | Provider Appeals   | Monitor Provider Appeals.   |
| 6a. | Performance Improvement Projects                             | Clinical PIP for CY 2025 will aim to improve the Follow-up After Emergency Department Visit for Mental Illness (FUM) measurement rate.  |
| 6b. | Performance Improvement Projects & Accessibility of Services | Non-clinical PIP for CY 2025 will aim to improve access from first contact from any referrals source to first offered appointment for any outpatient non-urgent non-psychiatry SMHS for 0–20-year-olds. |

# ARISE Goals

| Goal 1a. Improve language accessibility for our members and community stakeholders. |   |
|---|---|
| <b>Objective(s)</b>   | <ol style="list-style-type: none"> <li>1. Develop and implement Departmental Language Access Plan (DLAP).</li> <li>2. Increase stakeholder feedback regarding language access.</li> <li>3. Increase language access for limited English proficiency members and family members.</li> <li>4. Assess member satisfaction with American Sign Language (ASL) interpreter services.</li> </ol> |
| <b>Population</b>   | Los Angeles County limited English proficiency and deaf and hard of hearing members and families who receive outpatient SMHS from LACDMH DO and LE/Contracted providers   |
| <b>Performance Indicator(s)</b>   | <ol style="list-style-type: none"> <li>1. Develop report on Provider Language Capacity</li> <li>2. Availability of language accessibility resources for Stakeholder Meeting</li> <li>3. Action plan to track and monitor translation of materials</li> <li>4. Rate of member satisfaction with ASL interpreter services</li> </ol>  |

| Goal 1b. Enhance mental health education and decrease stigma in Asian Pacific Islander, Latino, and LGBTQ+ communities. |   |
|---|---|
| <b>Objective(s)</b>   | <ol style="list-style-type: none"> <li>1. Utilize Underserved Cultural Communities (UsCC).</li> <li>2. Utilize Promotores.</li> <li>3. Increase education regarding hate crimes and mental health so community members can access services if needed.</li> </ol>  |
| <b>Population</b>   | LACDMH and LE/Contracted members and stakeholders   |
| <b>Performance Indicator(s)</b>   | <ol style="list-style-type: none"> <li>1. Number of community presentations per language for the UsCC capacity-building projects for LGBTQ+, Latino, and API (e.g. Spanish and API languages)</li> <li>2. Incorporate hate crime information in new capacity-building projects to decrease stigma for the LGBTQ+, Latino, and API communities.</li> <li>3. Create LGBTQ+ workshop modules for the United Mental Health Promoters program to increase community education and awareness around LGBTQ+ issues and reduce stigma and incidence of hate crimes</li> <li>4. The number of presentations delivered by the Mental Health Promoters in Spanish and API languages to reduce stigma and incidence of hate crimes</li> </ol> |

# Peer Services Goal

|                                 |   |
|---------------------------------|---|
| <b>Goal 1c.</b>                 | <b>Educate DMH workforce on Peer Services and provide training to peer workforce to improve quality and quantity of services provided.</b>  |
| <b>Objective(s)</b>             | <ol style="list-style-type: none"><li>1. Increase rate of members who receive at least one peer support service by increasing the number of Peer Support Specialists.</li><li>2. Provide financial assistance for Peer Support Specialist certification to 80 Peers.</li><li>3. Expand career ladder for peers.</li><li>4. Develop quality review plan with Quality Assurance unit for peer services.</li><li>5. Create member satisfaction survey for those who received peer support services.</li><li>6. Develop Peer Services 101 as a requirement for DMH DO employees and a training conference for DMH Peers.</li><li>7. Require Supervision of Peer Workers training for supervisors of peers.</li><li>8. Work with Training Unit to host peer specific trainings 10 months out of the year.</li><li>9. Create group supervision for those who supervise CHW and peers with Chief of Peer Services.</li><li>10. Start Peer Network facilitated by Peer Services for professional development.</li></ol> |
| <b>Population</b>               | Peer Workforce, DO members/families receiving outpatient SMHS   |
| <b>Performance Indicator(s)</b> | <ol style="list-style-type: none"><li>1. Rate of members who receive at least one Peer Support Service</li><li>2. Number of Peer Support Specialists who receive financial support for certification</li><li>3. Rate of Peers who attend at least one training from their suggested curriculum</li></ol>  |

# QI Unit Goals

| Goal 2a. Evaluate Consumer Perception Survey (CPS) findings to identify areas of improvement in our system of care. |  |
|---|--|
| <b>Objective(s)</b>   | <ol style="list-style-type: none"> <li>1. Increase provider participation by identifying providers who have had no or low rates of submitted surveys and offering technical support.</li> <li>2. Increase member participation by utilizing strategies such as expanding MyHealthPointe pilot and working with Peer Services.</li> <li>3. Identify ways to increase community knowledge of the CPS by working with the Public Information Office (PIO).</li> <li>4. Continue to roll out a Power BI dashboard to evaluate survey findings and report provider-level performance trends.</li> <li>5. Identify systemwide areas of improvement and report to responsible units to create interventions.</li> </ol> |
| <b>Population</b>   | DO and LE/Contracted members/families receiving outpatient SMHS  |
| <b>Performance Indicator(s)</b>   | <ol style="list-style-type: none"> <li>1. Rate of provider participation over a three-year trend</li> <li>2. Rate of returned surveys over a three-year trend</li> <li>3. Publication of Power BI report with accessible provider level reports</li> <li>4. Publication of Provider Level Reports with domain ratings</li> </ol>   |

| Goal 3f. Evaluation of the Quality Improvement Program. |   |
|---|---|
| <b>Objective</b>  | <ol style="list-style-type: none"> <li>1. Develop and deliver a survey to evaluate satisfaction with the QI Unit's processes and support to providers and other departmental units.</li> <li>2. Review and analyze provider feedback survey regarding support during CPS.</li> <li>3. Continue to integrate QI administrative processes with SAPC.</li> </ol> |
| <b>Population</b>                                       | DMH staff and DO/LE Providers   |
| <b>Performance Indicator(s)</b>                         | <ol style="list-style-type: none"> <li>1. Rate of satisfaction of Countywide QIC, Regional QIC, QI website, and support from QI Unit</li> <li>2. Rate of satisfaction with CPS support</li> <li>3. Integrated Work Plan, QAPI, and planning to integrate QIC</li> </ol>   |

# Patient's Rights Goal

| Goal 2b. Monitor grievances, appeals, and requests for a Change of Provider (COP). |  |
|--|--|
| Objective(s)   | <ol style="list-style-type: none"><li>1. Review the nature of complaints, resolutions, and COP requests for significant trends that may warrant policy recommendations or system-level improvement strategies.</li><li>2. Utilize data captured in COP application to identify practitioners or facilities who continuously receive COP requests.</li><li>3. Create PowerBI Dashboard to visualize trends in data.</li></ol> |
| Population   | Los Angeles County residents engaging in DMH services [outpatient, inpatient, Fee for Service (FFS)]   |
| Performance Indicator(s)   | <ol style="list-style-type: none"><li>1. Total member complaints and resolutions by type in Calendar Year 2025</li><li>2. COP requests by type in Calendar Year 2025</li></ol>   |

# Outcomes Goals

| Goal 3a. Publishing data reports for DMH internal use and Legal Entity providers. |   |
|---|---|
| <b>Objective(s)</b>   | <ol style="list-style-type: none"> <li>1. Validate Full-Service Partnership (FSP) Outcome Measures Application (OMA) reports on data quality, introduce row level security for providers to be able to access their data and only their data, and test security with providers.</li> <li>2. Recommend improvements to existing FSP OMA reports and work with developers to implement the changes.</li> <li>3. Work with staff and CIOB to create a new FSP OMA error report to evaluate if errors are being fixed.</li> <li>4. Finalize CANS client level report with CIOB and release to production environment for legal entity and DO programs.</li> </ol> |
| <b>Population</b>   | All members receiving FSP and or EPSDT services   |
| <b>Performance Indicator(s)</b>   | <ol style="list-style-type: none"> <li>1. Number of published reports</li> <li>2. Monitor use and need for support</li> <li>3. Completion of FSP OMA Error Report</li> </ol>  |

| Goal 3b. Implement changes to Care Court data reporting requirements. |  |
|---|--|
| <b>Objective(s)</b>   | <ol style="list-style-type: none"> <li>1. Review Senate Bills 1400 and 42 and DHCS CARE draft revised data dictionary to understand new reporting requirements for Care Court and develop and plan for implementing requirements.</li> <li>2. Identify data source for every new required data element for Care Court and work with CIOB on revisions to data collection forms and revisions to data extract file for transfer of data to DHCS.</li> <li>3. Review data file for errors and make initial submission for revised data elements.</li> <li>4. Correct any errors with revised data submission process, ensure there is a process in place for monitoring ongoing submission of care court data.</li> <li>5. Complete next successful submission of revised data to DHCS.</li> </ol> |
| <b>Population</b>   | Adult members that are part of Care Court  |
| <b>Performance Indicator(s)</b>                                       | <ol style="list-style-type: none"> <li>1. Number of completed monthly assessments</li> <li>2. Errors corrected and fewer errors over time</li> </ol>   |

| Goal 3e. Continue the roll out of Level of Care Utilization System (LOCUS) as Adult Level of Care Tool. |   |
|---|---|
| <b>Objective(s)</b>   | <ol style="list-style-type: none"> <li>1. Continue the LOCUS Workgroup for Pilot providers.</li> <li>2. Continue to work with contracted providers and CIOB to develop mechanisms for data collection and submission of results.</li> <li>3. Review data collected by Directly Operated clinics utilizing Netsmart built tool for LOCUS.</li> </ol> |
| <b>Population</b>   | Adult members receiving outpatient services   |
| <b>Performance Indicator(s)</b>   | <ol style="list-style-type: none"> <li>1. Number of staff trained to administer LOCUS</li> <li>2. Monitor progress of data collection readiness and needs for support</li> <li>3. Evaluate early concordance rates with derived level of care from LOCUS with types and level of services members receive</li> </ol>                                |

# Outpatient Care Services Goal

| Goal 3c. Develop robust Customer Service systemwide. |  |
|--|--|
| Objective(s)   | <ol style="list-style-type: none"><li>1. Support members by offering flexible scheduling including evening and weekend appointments.</li><li>2. Encourage providers to have all staff in clinics trained in customer service skills annually.</li><li>3. Clinics to provide services predominately in person unless client's request telehealth options.</li></ol> |
| Population   | DO and LE/Contracted members/families receiving outpatient SMHS  |
| Performance Indicator(s)                             | <ol style="list-style-type: none"><li>1. Number of providers who provide evening hours at least 2 times a week</li><li>2. Rate of in-person vs telehealth services</li><li>3. Consumer feedback on Consumer Perception Surveys open-ended comments</li></ol>   |

# Health Access & Integration (HAI) Goals

| Goal 4a.                        | Develop a systemwide strategy to reduce 7 and 30-day rehospitalization rates.  |
|---------------------------------|--|
| <b>Objective(s)</b>             | <ol style="list-style-type: none"> <li>1. Develop root cause analysis on 30-day and 12-month rehospitalizations with input from Clinical Informatics and other Subject Matter Experts (SME) to identify barriers and possible solutions that will inform Phase 3 Pilot Program interventions.</li> <li>2. Establish a baseline data set including but not limited to demographics of clients who are being rehospitalized in 7 or 30-days after last discharge.</li> <li>3. Research how other Mental Health Plans (MHP)/Managed Care Plans (MCP) address and track rehospitalization rates.</li> <li>4. Identify key areas that have the highest impact on rehospitalization (e.g., supporting transitions of care) that will inform options for a system-wide intervention.</li> <li>5. Using root cause analysis, identify and design one intervention targeting systemwide readmission rates.</li> </ol> |
| <b>Population</b>               | LACDMH members who are high utilizers of hospitals defined as those who are rehospitalized at 7 and 30 days after last discharge.  |
| <b>Performance Indicator(s)</b> | <ol style="list-style-type: none"> <li>1. Develop at least 3 intervention options based on completed root cause analysis</li> </ol>  |

| Goal 5.                         | Monitor Provider Appeals.  |
|---------------------------------|--|
| <b>Objective(s)</b>             | <ol style="list-style-type: none"> <li>1. Review the Provider Appeal Tracking Log for trends and share findings with appropriate entities.</li> <li>2. Concurrent authorization will be operational at all hospitals by December 2025. The final hospitals that will be brought on to concurrent authorization are pending enhancements to the data management platform.</li> <li>3. Identify trends in provider appeals and identify interventions to support provider improvements that will reduce the number of Notice of Adverse Benefits Determinations (NOABDs).</li> </ol> |
| <b>Population</b>               | LACDMH members 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.  |
| <b>Performance Indicator(s)</b> | <ol style="list-style-type: none"> <li>1. The number of Notice of Adverse Benefits Determinations (NOABDs) issued and the percentage of appeals upheld or overturned</li> </ol>  |

# MHSA & QI Unit Goal

| Goal 4b. Develop Behavioral Health Transformation (BHT) Integrated Plan Needs Assessment for Los Angeles County. |  |
|--|--|
| <b>Objective</b>   | <ol style="list-style-type: none"><li>1. Internally agree upon data sets needed and narrative in Service Equity Report.</li><li>2. Clarify the roles/responsibilities of MHP, MCPs, Local Health Jurisdictions (LHJs), and SAPC in serving Los Angeles County population.</li><li>3. Review needs assessments from SAPC, LHJs, and MCPs in Los Angeles County.</li><li>4. Utilize Advisory Committee to update data needed in Portrait of Los Angeles as basis for Integrated Needs Assessment.</li><li>5. Collaborate with MCPs, SAPC, and LHJs to work towards having one needs assessment for Los Angeles County to be implemented in 2028.</li></ol> |
| <b>Population</b>  | Los Angeles County Population in Need of Behavioral Health Services  |
| <b>Performance Indicator(s)</b>  | <ol style="list-style-type: none"><li>1. Produce Service Equity Report</li><li>2. Outline steps needed to integrate Los Angeles County Needs Assessment including a list of agreed upon data sets to be included and plan developed to share data between entities.</li></ol>  |

# Clinical Informatics & Pharmacy Goal

| Goal 3d.                        | Continue to further develop a mechanism to measure and track HEDIS Measures.  |
|---------------------------------|---|
| <b>Objective(s)</b>             | <ol style="list-style-type: none"> <li>1. Define measurement process for DMH to track progress on the following County MHP Priority Performance Measures:               <ul style="list-style-type: none"> <li>• Follow Up After Emergency Department Visit for Mental Illness (FUM)</li> <li>• Follow Up After Hospitalization for Mental Illness (FUH)</li> <li>• Antidepressant Medication Management (AMM)</li> <li>• Use of First Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)</li> <li>• Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)</li> <li>• Follow-Up Care for Children Prescribed Attention Deficit Hyperactivity Disorder Medication (ADD)</li> <li>• Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)</li> </ul> </li> <li>1. Create Power BI Dashboard that tracks HEDIS measures related to medication and laboratory monitoring.</li> <li>2. Collaborate with Managed Care Plans (MCPs) on data exchange for a more comprehensive data set.</li> <li>3. Convene workgroups for any measures below Minimum Performance Level (MPL) to plan for interventions designed to improve performance.</li> </ol> |
| <b>Population</b>               | All Medi-Cal members that meet criteria to be included in any of the above HEDIS measures   |
| <b>Performance Indicator(s)</b> | <ol style="list-style-type: none"> <li>1. Meet MPLs set by DHCS or achieve at least a 5% increase over the year prior's baseline for any particular measure</li> <li>2. Reports produced to demonstrate HEDIS Measure performance</li> </ol>  |

# ►► Why is the HEDIS Goal so Important?

- Starting with Measurement Year (MY) 2023 DHCS can impose sanctions if LACDMH has two (2) or more measures below the Minimum Performance Level (MPL) or measures that do not achieve at least 5% increase over baseline
- Achieving and exceeding MPLs for each measure will require a systemwide commitment to collecting and utilizing data and improving the quality of our care for these quality metrics. DMH recommends utilizing Health Information Exchanges (HIEs) such as LANES or Point Click Care to improve performance on FUM and FUH.

## Measurement Year 2023

| Measure Acronym | Performance Measure   | Definition  | Minimum Performance Level           | High Performance Level              |
|-----------------|---|---|-------------------------------------|-------------------------------------|
| AMM             | Antidepressant Medication Management (Effective Acute and Continuation Phase Treatment)       | Percent of ages 18+ with a diagnosis of Major Depression and treated with an antidepressant for minimum of 3 months and for 6+ months.  | Acute 60.79%<br>Continuation 43.28% | Acute 74.16%<br>Continuation 58.06% |
| APP             | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics            | Percent of children and adolescents 1–17 years of age who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment.  | 60.22%                              | 73.87%                              |
| FUM             | Follow-Up After Emergency Department Visit for Mental Illness (Follow-Up Within 30 Days)      | Percent of Emergency Department visits for ages 6+ with a principle diagnosis of mental illness or intentional self-harm who had a mental health follow up visit, within 7 days and within 30 days. *Does not include members who are admitted to the hospital as a result of the ED visit. | 54.87%                              | 73.26%                              |
| FUH             | Follow-Up After Hospitalization for Mental Illness (Follow-Up Within 30 Days After Discharge) | Percent of those ages 6+ who had a follow up visit with 7 and 30 days of discharge.   | 57.69%                              | 72.79%                              |
| SAA             | Adherence to Antipsychotic Medications for Individuals with Schizophrenia                     | Percent of ages 18+ during the MY with Schizophrenia or Schizoaffective Disorder who were dispensed and remained on an antipsychotic medication at least 80% of the treatment period.   | 61.39%                              | 72.61%                              |

# Clinical & Non-clinical PIPs

| Goal 6a. Clinical PIP for CY 2025 will aim to improve the Follow-up After Emergency Department Visit for Mental Illness (FUM) measurement rate. |   |
|---|---|
| <b>Objective</b>  | <ol style="list-style-type: none"> <li>1. Analyze demographic data of clients utilizing emergency departments for mental illness.</li> <li>2. Conduct barrier analysis.</li> <li>3. Identify and work collaboratively with PIP committee members.</li> <li>4. Exchange data with Managed Care Plans (MCPs) for more accurate denominator and coordination of services to increase follow-up and reduce recidivism.</li> </ol> |
| <b>Population</b>   | Members age 6+ who visit an emergency department for mental illness or intentional self-harm.   |
| <b>Performance Indicator(s)</b>   | <ol style="list-style-type: none"> <li>1. Analysis of FUM Demographic data</li> <li>2. Outline barriers to follow-up after emergency department visits</li> <li>3. Develop interventions for Clinical PIP</li> <li>4. 7 and 30-day FUM rate for CY 2025 to be used as Baseline data for PIP Submission due in 2026</li> </ol>   |

| Goal 6b. Non-clinical PIP for CY 2025 will aim to improve access from first contact from any referral source to first offered appointment for any outpatient non-urgent non-psychiatry SMHS for 0–20-year-olds. |   |
|---|---|
| <b>Objective</b>  | <ol style="list-style-type: none"> <li>1. Create workgroup of providers that are untimely and assist providers in implementing 1-2 interventions to target improvement of timeliness rates.</li> <li>2. Utilize Fee for Service Providers to improve timely access to first offered appointments.</li> <li>3. Develop an automated process for tracking &amp; monitoring child providers who are not accepting new clients for general outpatient care services and Prevention and Early Intervention (PEI).</li> </ol> |
| <b>Population</b>   | Children accessing SMHS through DO and LE/Contracted providers  |
| <b>Performance Indicator(s)</b>   | <ol style="list-style-type: none"> <li>1. Number of Child non-psychiatry routine appointments within 10 business days</li> </ol>  |

# ►► Importance of Non-Clinical PIP

- Aligns with Corrective Action Plan (CAP) that is in place for LACDMH around Access to Care for Children's Non-Psychiatry Routine Appointments
- Sanctions are possible if we do not improve our rate in a timely manner

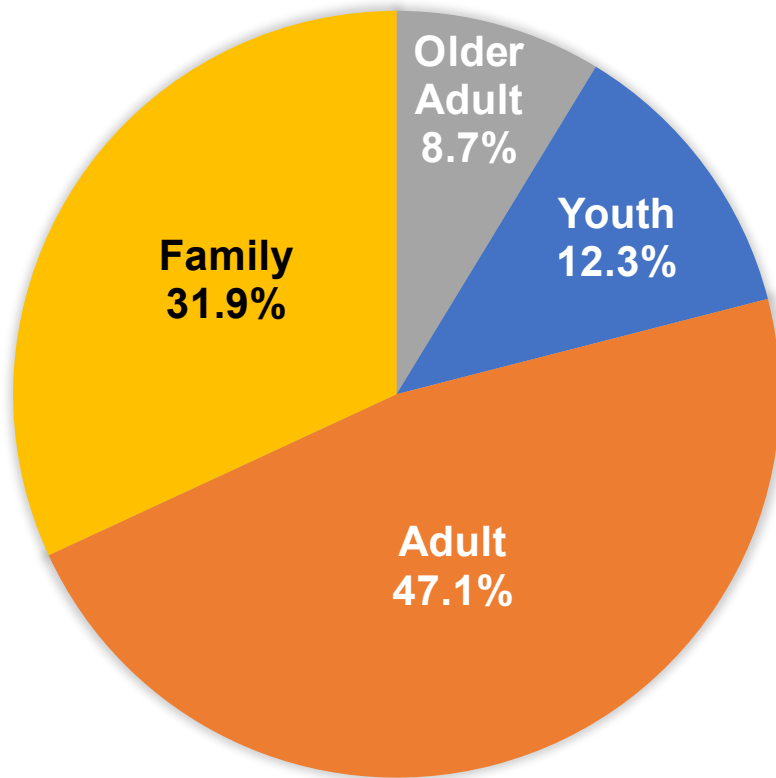
## ►► Help with FUM

- Thoughts around what possible barriers to follow-up after emergency department visits might be.
- Ideas about possible interventions to improve follow-up.

# CONSUMER PERCEPTION SURVEY



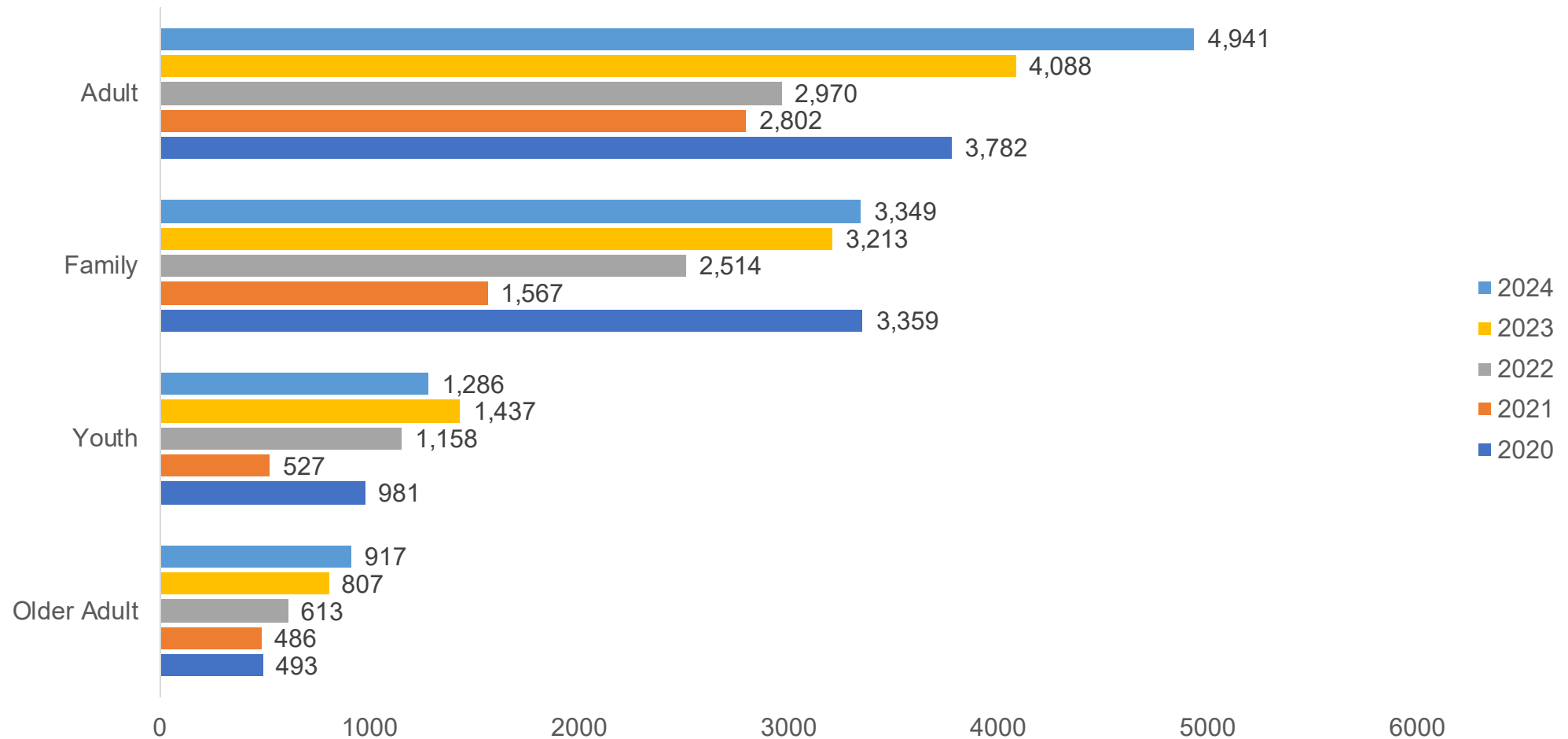
# Countywide Total Completed Surveys by Age Group



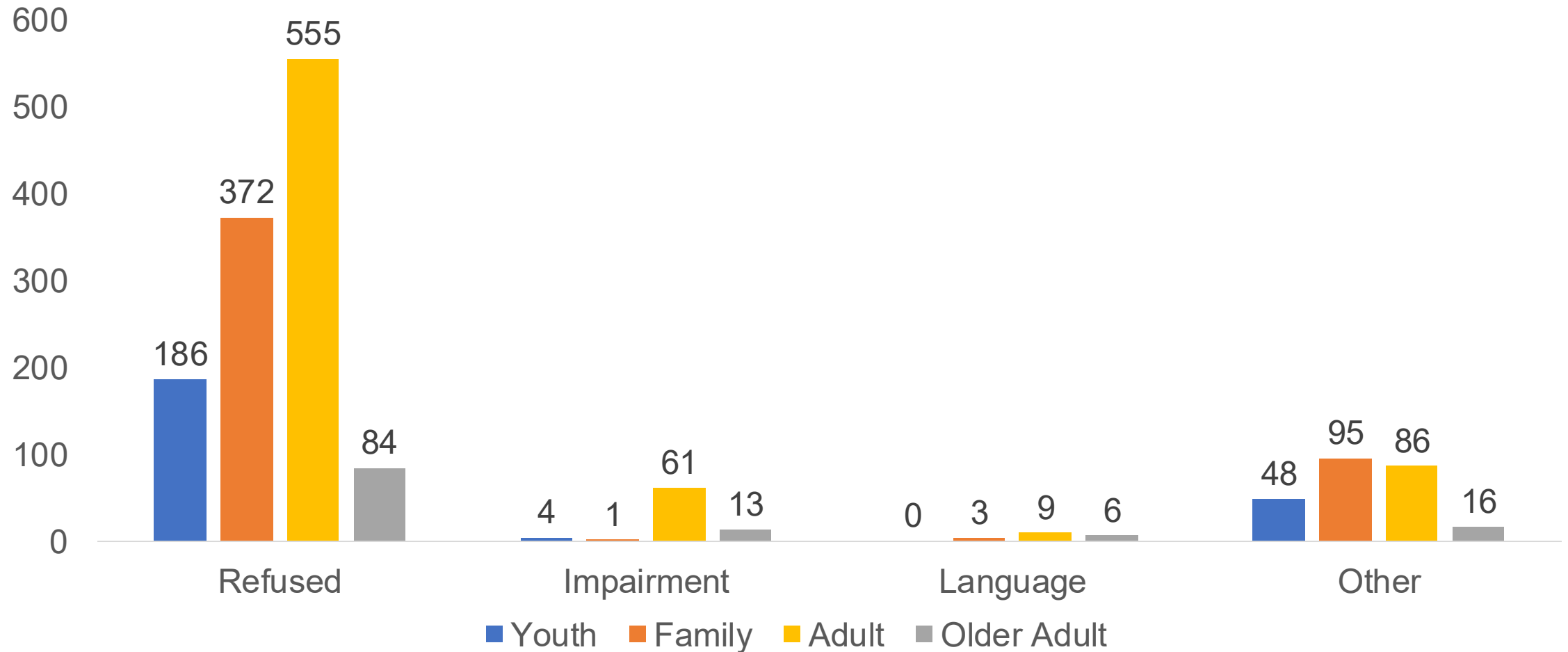
|             |        |
|-------------|--------|
| YOUTH       | 1,286  |
| FAMILY      | 3,349  |
| ADULT       | 4,941  |
| OLDER ADULT | 917    |
| TOTAL       | 10,493 |

- Total surveys received = 12,032
- Percent completed = 87.2%
- 9.9% increase from 2023

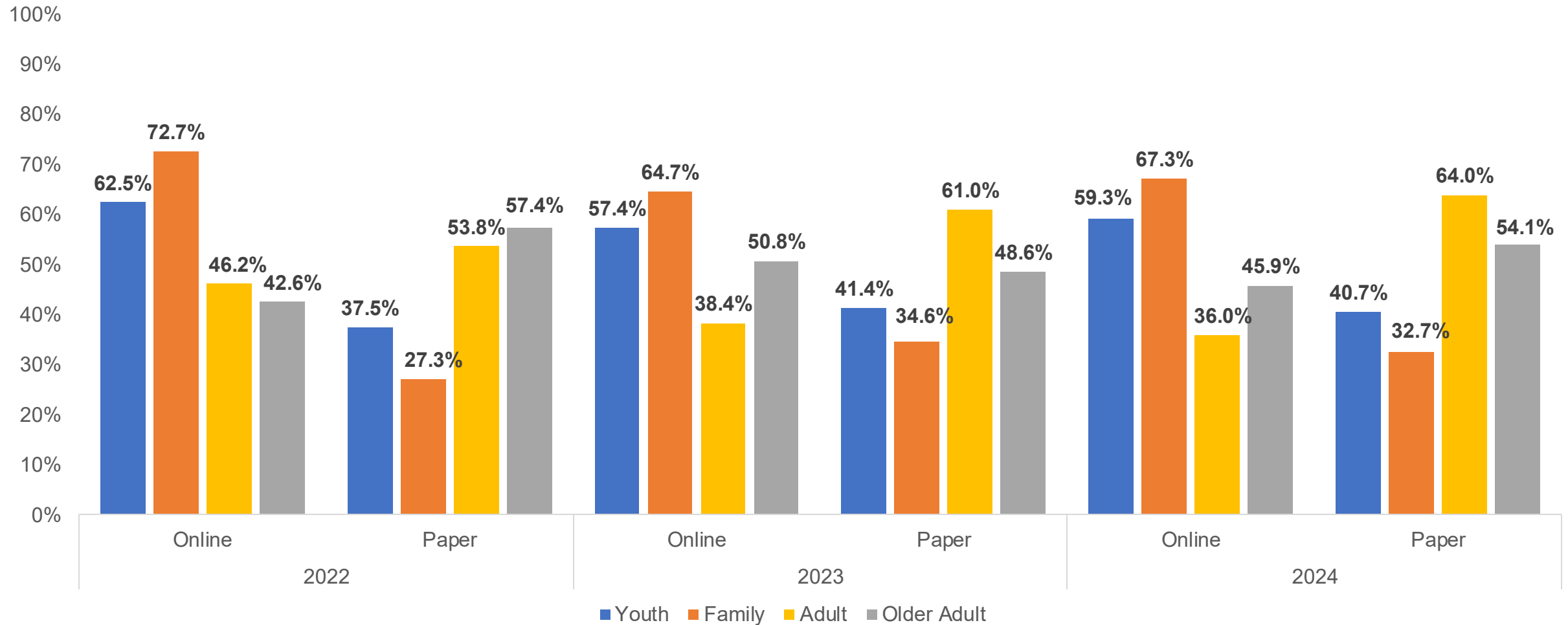
# ▶▶ Countywide Total Surveys Five-Year Trends



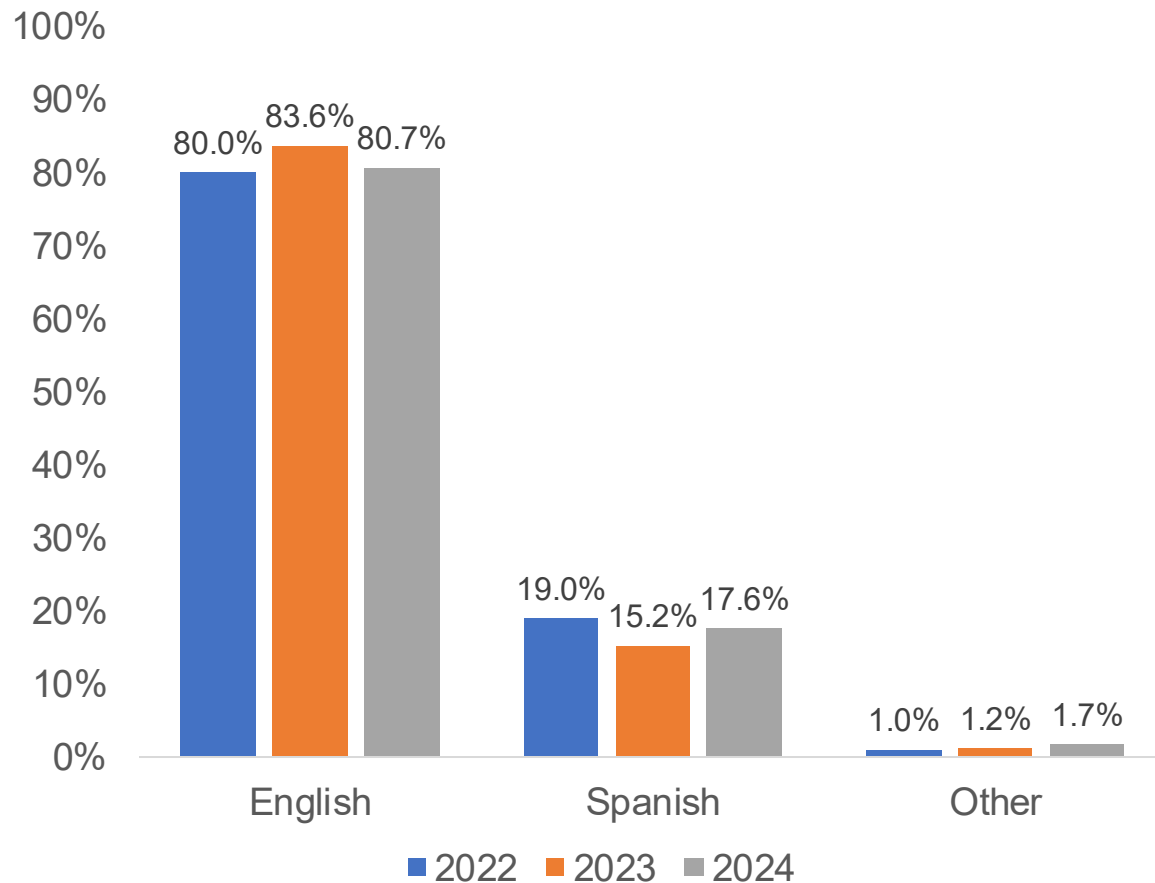
## ►► Reason for Not Completing Survey



# Countywide Completed Surveys by Format, 2022-2024



# Countywide Completed Surveys by Language



Number of Other Language Surveys Received

| Language   | 2022 | 2023 | 2024 |
|------------|------|------|------|
| Korean     | 50   | 59   | 89   |
| Chinese    | 24   | 30   | 33   |
| Vietnamese | 10   | 0    | 20   |
| Armenian   | 9    | 18   | 13   |
| Farsi      | 6    | 0    | 7    |
| Tagalog    | 2    | 0    | 1    |
| Russian    | 2    | 1    | 6    |
| Khmer      | 1    | 0    | 10   |

Data Source: Consumer Perception Survey data May 2024. Consumer Perception Survey data May 2023. UCLA Consumer Perception Survey Los Angeles County Report May 2022 Survey Period, February 2023. UCLA Consumer Perception Survey Los Angeles County Report May 2023 Survey Period, December 2023. UCLA Consumer Perception Survey Los Angeles County Report May 2024 Survey Period, March 2024.

# CONSUMER PERCEPTION SURVEY

May 19-23, 2025



# CPS 2025 Training Recordings

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- **Paper Survey Training**
  - April 15, 2025
  - RECORDING LINK: [https://lacountymediahost.granicus.com/MediaPlayer.php?clip\\_id=12780](https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=12780)
- **UCLA Electronic Survey Training**
  - April 17, 2025
  - RECORDING LINK: [https://lacountymediahost.granicus.com/MediaPlayer.php?clip\\_id=12784](https://lacountymediahost.granicus.com/MediaPlayer.php?clip_id=12784)
- **LACDMH Electronic Survey Training for DOs**
  - May 1, 2025
  - MEETING LINK: [Click to Join Meeting](#)
- **LACDMH Electronic Survey Training for LEs**
  - May 1, 2025
  - MEETING LINK: [Click to Join Meeting](#)



# ▶▶ Survey Technical Assistance Calls

**Monday through Friday, May 19-23, 2025**

## **MORNING CALLS**

**9:00-9:30 AM using Microsoft Teams**

**Join on your computer or mobile app**

**[Click here to join the meeting](#)**

**Or call in (audio only)**

**(323) 776-6996**

**Phone Conference ID: 352 067 221#**

## **AFTERNOON CALLS**

**1:30-2:00 PM using Microsoft Teams**

**Join on your computer or mobile app**

**[Click here to join the meeting](#)**

**Or call in (audio only)**

**(323) 776-6996**

**Phone Conference ID: 503 390 468#**

# DEADLINE for LACDMH Electronic Survey Access— **May 9**

- DOs
  - DO provider staff that need a Dynamics License for the LACDMH CPS portal MUST submit a HelpDesk Service Request
- LEs
  - Legal Entity(LE/Contracted) provider staff that need a C Number for the LACDMH CPS portal MUST submit a C Number request to your agency Provider Advocacy Office (PAO) Liaison





# CPS Application Access

- Access can be requested, but the application is **NOT YET ACTIVE**
- DOs
  - A separate Service Request for the DO CPS team should be made to access the CPS application in Web Applications
- LEs
  - Make a separate request to your agency PAO Liaison for CPS application access
- If you had access previously, you should still have access. Double check!




# ►► Promoting Client Participation

- 2 versions of CPS flyers are available on the LACDMH QI Website:  
<https://dmh.lacounty.gov/qid/cps/providers-and-staff/cps-2025/>
- Post flyers in the lobby at your sites
- Post flyers on your agency's website
- Re-Post DMH's social media post about CPS to your agency's social media
- Let clients know the survey period is coming soon



# CPS Q & A

CPS Resources: <https://dmh.lacounty.gov/qid/cps/for-providers-and-staff/cps-2025/>



Next RQIC will be in  
July 2025

# Thank You!



CONTACT:

[DMHQI@DMH.LACOUNTY.GOV](mailto:DMHQI@DMH.LACOUNTY.GOV)



WEBSITE:

[HTTPS://DMH.LACOUNTY.GOV/QID/](https://dmh.lacounty.gov/qid/)