



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

**PROGRAM SUPPORT BUREAU  
QUALITY IMPROVEMENT DIVISION**

**QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT  
CALENDAR YEAR 2010**

**And  
QUALITY IMPROVEMENT WORK PLAN FOR  
CALENDAR YEAR 2011**

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

**QUALITY IMPROVEMENT WORK PLAN EVALUATION REPORT  
CALENDAR YEAR 2010**

**And**

**QUALITY IMPROVEMENT WORK PLAN FOR  
CALENDAR YEAR 2011**

**Introduction**

The County of Los Angeles Department of Mental Health (LACDMH) Vision is: “Partnering with clients, families and communities to create hope, wellness, and recovery.” LACDMH has an ever increasing focus on outcomes, continuous quality improvement and consumer satisfaction for effective service delivery and accessibility. LACDMH also faces increasing population demographic challenges. LACDMH is successfully meeting these challenges through the implementation of the Mental Health Services Act (MHSA) Plans. These Plans are essential to the fulfillment of the Mission of: “Enriching lives through partnerships designed to strengthen the community’s capacity to support recovery and resiliency” and the values of “Integrity, Respect, Accountability, Collaboration, Dedication, Transparency, Quality and Excellence.”

It is important to note that the goals of the “Presidents New Freedom Commission on Mental Health – Transforming Mental Health Care in America” (July 2003), the Institute of Medicine’s (IOM’s) “Crossing the Chasm”, and the SAMHSA/CMHS, NASMHPD Research Institute (NRI) National Outcome Measures (NOM’s), have served to guide the LACDMH’s direction and selection of Performance Outcomes and goals for improved quality. This national perspective has provided a valuable framework for transformation of the system through measurable indicators that were identified by consumers and other stakeholders throughout the nation as having universal meaning and significance for improving the lives of the persons we serve.

This report is completed in compliance with the Mental Health Plan reporting requirements of the Code of Regulations (CCR), Title 9, Chapter 11, Section 1810.440, concerning Quality Improvement.

## **Section 1**

### **QUALITY IMPROVEMENT PROGRAM DESCRIPTION**

#### **Quality Improvement Program Structure**

The Quality Improvement Division (QID) is under the direction of the Deputy Director for the Program Support Bureau (PSB). The QI Division is responsible for coordinating and managing the Quality Improvement Program, which plans, designs, organizes, directs, and sustains the quality improvement activities and initiatives of the LACDMH. The structure and processes of the QI Program are defined in Policy and Procedure 105.1, Quality Improvement Program Policy, to ensure that the quality and appropriateness of mental health services meets and exceeds local, State, and Federal established standards. The state standards are set by the State Department of Mental Health through the Medical Performance Contract. The QI Program is also designed to support QI oversight functions for both directly operated and contracted providers for the County's public mental health system, with a focus on a culture of continuous quality improvement processes.

The QID includes the Data Unit that is specifically responsible for data collection, analyses and reporting for planning and measuring progress towards goal attainment including; outcome measures for improved service capacity, accessibility, quality, cultural competency, penetration and retention rates, continuity and coordination of care, clinical care and consumer/family satisfaction. The QID and Data Unit staff coordinates with the Department's Standards and Quality Assurance Division and those Bureaus and Units directly responsible for conducting performance management activities such as: client and system outcomes, grievances, appeals, clinical issues, clinical records documentation and reviews, provider appeals, accessibility, timeliness of services, and Performance Improvement Projects (PIPs). The analysis of data is used as a key tool for performance management and decision making; paying particular attention to data for use in monitoring the system, with the goal of improved services and improved quality of care.

The Departmental Countywide QIC is chaired by the Program Support Bureau, District Chief, for the Quality Improvement and Training Divisions. It is Co-Chaired by the Regional Medical Director from the Office of the Medical Director. The District Chief for the Quality Improvement Division also participates on the Southern California QIC, the Statewide QIC, and the LACDMH STATS.

The LACDMH Quality Improvement structure is formally integrated within several key levels of the service delivery system. The Department's Countywide Quality Improvement Council (QIC) meets monthly and consists of representation from each of the eight (8) Services Areas and Countywide DMH programs, including consumers and/or family members, Cultural Competency Committee representatives, and other QI stakeholders. At the Service Area level, all Service Areas have their own regular Service Area Quality Improvement Committee (SA QIC) meetings and the SA QIC Chairpersons are standing members of the Departmental Countywide QIC. Whenever possible, each Service Area has a

Chairperson and Co-Chairperson or two Co-Chairpersons with one representing Directly Operated Providers and the other representing Contract Providers. At the provider level, all Directly Operated and Contracted Organizational Providers maintain their own Organizational QIC. In order to ensure that the QIC communication feedback loop is complete, all Service Area Organizational Providers are required to participate in their local SA QIC. This also constitutes a structure supportive of effective communication between Providers and Service Area QICs, to the Quality Improvement Council, to the intended management structures and back through the system. Lastly, there is a communication loop between the SA QIC Chairperson and/or Co-Chairpersons and the respective Service Area District Chiefs and Service Area Advisory Committee (SAAC) that is comprised of consumers, family members, providers and the LACDMH staff. The SAACs provide valuable information for program planning and opportunities for program and service improvement. SAAC's are a centralized venue for improved consumer/family member participation at the SA QIC level. The Quality Improvement Handbook, updated June 2010, is designed to be a reference for the QI structure and process providing guidelines for the functions and responsibilities of QIC members at all levels of participation.

The LACDMH Cultural Competency Coordinator is under the Program Support Bureau, Planning Division, and is also the Chairperson for the Departmental Countywide QIC Cultural Competency Committee. This structure facilitates system wide communication and collaboration for attaining the goals set forth in the Cultural Competency Plan and with the Departmental QI Work Plan for the provision of improved culturally competent services. The Cultural Competency Coordinator reports relevant activities and decisions at each monthly Departmental Quality Improvement Meeting.

### **Quality Improvement Processes**

The ultimate goal of QI Program performance outcomes and evaluation processes is to ensure a culture and system of continuous self-monitoring and self-correcting quality improvement strategies and best practices, at all levels of the system.

The Quality Improvement Program works in collaboration with Bureaus and Programs responsible for performance management activities, to develop the Annual QI Work Plan and monitor the established QI measurable goals, for the system as a whole. The Annual QI Work Plan is evaluated annually to produce the QI Work Plan Evaluation Report and the revised QI Work Plan for the following year. The Quality Improvement Program consists of dynamic processes that occur continuously throughout the year and require that interventions be applied based upon collected and analyzed information and data. This also requires collaboration with Integrated Systems (IS) staff and other resources whenever possible. The QI Program processes can be categorized into seven (7) main categories, which include: Service Delivery Capacity, Service Accessibility, Beneficiary Satisfaction, Clinical Issues, Continuity of Care, Provider Appeals, and Performance Improvement Projects.

The QI Division is also responsible for the formal reporting on the effectiveness of QI processes through the development and completion of the State and County Performance Outcomes Report. The County Outcomes which reflect QI measures were initiated in January 2008 at the request of the County of Los Angeles Board of Supervisors and reflect three critical domains of importance to our system. These domains are *Access to Services*, *Consumer/Family Satisfaction* and *Clinical Effectiveness*. The performance measures were selected by a representative group of stakeholders and the methodology is described in detail in the QI State & County Performance Outcomes Report dated August 2009. The report may be found online at <http://psbqi.dmh.lacounty.gov/data.htm>.

The Departmental Countywide QIC systematically and formally exchanges quality improvement information, data, and performance updates on QI goals and Performance Improvement Projects. These communications are documented in QI meeting minutes, website postings, and other reports as appropriate. The QI Division staff prepares updates for goal targets through Quality Improvement Work Plan Implementation Status Reports that are discussed and distributed at the Departmental QIC Meetings. These QI Reports are also shared within the SA QIC Meetings. The QI Work Plan Implementation Status Reports may be found online at <http://psbqi.dmh.lacounty.gov/QI.htm>. The Departmental QI Program also engages and supports the SA QICs in QI processes related to the QI Work Plan, specific PIPs, and other QI projects at the SA level. In turn, SA QICs provide a structured forum for the identification of QI opportunities and action designed specifically to address the challenges and barriers encountered at the SA level and that may exist as a priority in a SA. SA QICs also engage and support Organizational QICs that are focused on their internal Organizational QI Programs and activities. The Organizational QICs also conduct internal monitoring to ensure performance standards are met that are consistent with Quality Assurance and Quality Improvement standards.

The following evaluative report assesses the performance outcomes identified in the County Quality Improvement Work Plan for Calendar Year 2010. The foundation for this evaluation is presented in the context of population demographics, both Countywide and by Service Area as well as other clinical and consumer satisfaction data, including longitudinal data. Evaluation of the Quality Improvement Work Plan results in analytical findings that inform appropriate revisions to the set goals and objectives for the subsequent year.

## Section 2

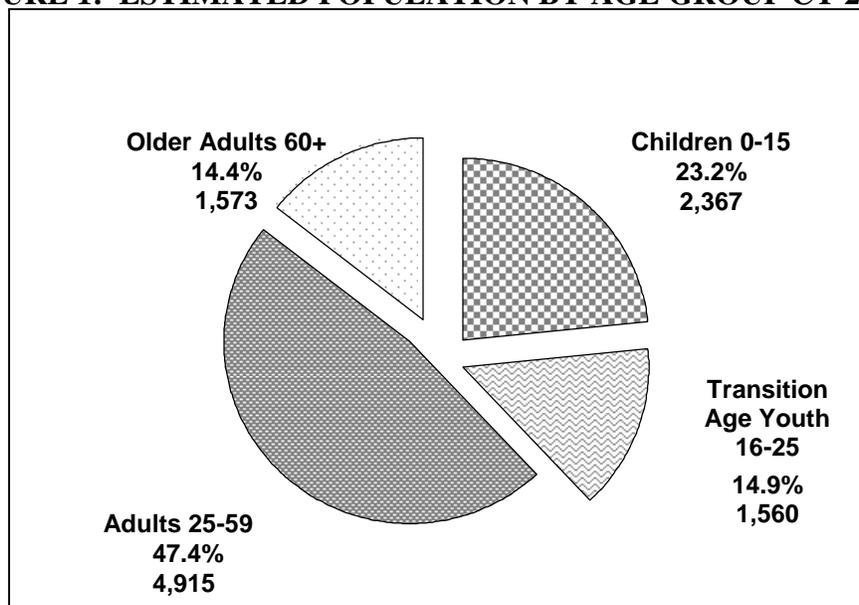
### POPULATION NEEDS ASSESSMENT

This section contains data illustrating the Estimated Population of the County of Los Angeles. Additionally, the data in this section serves as a needs assessment that identifies potential service delivery needs for various aspects of the Estimated Population. The data are presented by Service Area to better identify need at the local level. The data show the Estimated Prevalence of SED and SMI among the Total Population; the Estimated Population Living at or below 200% Federal Poverty Level; and, the Estimated Prevalence of SED and SMI Living at or below 200% Federal Poverty Level. This set of data coupled with Medi-Cal Enrollment Rates and Consumers Served data provide a basis for the analysis of need for unserved and underserved populations.

#### Estimated Population

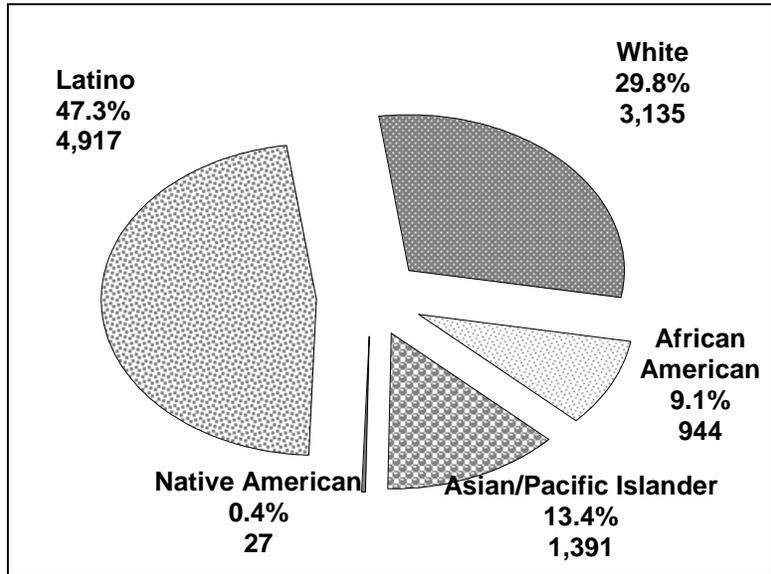
The County of Los Angeles is the most populous County in the United States with an estimated population of 10,418,695 people in CY 2009. As shown in **Fig. 1**, the Estimated Population by Age Group is the highest among Adults at 47.4%, followed by Children at 23.2%, Transition Age Youth (TAY) at 14.9% and Older Adults at 14.4%. The Estimated Population by Ethnicity as shown in **Fig. 2** is the highest among Latinos at 47.3%, followed by Whites at 29.8%, Asian/Pacific Islanders at 13.4%, African-Americans at 9.1% and Native Americans at 0.4%. Note: Not shown is the Estimated Population by Gender which 51% Female and 49% Male.

**FIGURE 1: ESTIMATED POPULATION BY AGE GROUP CY 2009**



Population number in thousands.

**FIGURE 2: ESTIMATED POPULATION BY ETHNICITY CY 2009**



Population number in thousands.

**TABLE 1: ESTIMATED POPULATION BY ETHNICITY AND SERVICE AREA - CY 2009**

| Service Area (SA) | African American | Asian/Pacific Islander | Latino       | Native American | White        | SA Total     |
|-------------------|------------------|------------------------|--------------|-----------------|--------------|--------------|
| <b>SA 1</b>       | 51,798           | 14,191                 | 141,466      | 2,036           | 158,546      | 368,037      |
| Percent           | 14.1%            | 3.9%                   | 38.4%        | <b>0.55%</b>    | 43.1%        | <b>3.5%</b>  |
| <b>SA 2</b>       | 77,270           | 232,702                | 856,431      | 5,940           | 1,042,396    | 2,214,739    |
| Percent           | 3.5%             | 10.5%                  | 38.7%        | 0.27%           | 47.1%        | <b>21.3%</b> |
| <b>SA 3</b>       | 80,118           | 475,563                | 858,245      | 4,564           | 465,376      | 1,883,866    |
| Percent           | 4.3%             | <b>25.2%</b>           | 45.6%        | 0.24%           | 24.7%        | 18.1%        |
| <b>SA 4</b>       | 72,347           | 204,535                | 685,303      | 3,389           | 279,497      | 1,245,071    |
| Percent           | 5.8%             | 16.4%                  | 55.0%        | 0.27%           | 22.4%        | 12.0%        |
| <b>SA 5</b>       | 43,233           | 78,898                 | 107,898      | 1,371           | 420,012      | 651,412      |
| Percent           | 6.6%             | 12.1%                  | <b>16.6%</b> | 0.21%           | <b>64.5%</b> | 6.3%         |
| <b>SA 6</b>       | 332,850          | 18,710                 | 671,881      | 1,729           | 26,087       | 1,051,257    |
| Percent           | <b>31.7%</b>     | <b>1.8%</b>            | 63.9%        | <b>0.16%</b>    | <b>2.5%</b>  | 10.1%        |
| <b>SA 7</b>       | 37,271           | 121,949                | 983,782      | 4,214           | 235,239      | 1,382,455    |
| Percent           | <b>2.7%</b>      | 8.8%                   | <b>71.2%</b> | 0.30%           | 17.0%        | 13.3%        |
| <b>SA 8</b>       | 249,265          | 244,947                | 612,638      | 4,369           | 508,040      | 1,619,259    |
| Percent           | 15.4%            | 15.1%                  | 37.8%        | 0.27%           | 31.4%        | 15.5%        |
| <b>Countywide</b> | 944,152          | 1,391,495              | 4,917,644    | 27,612          | 3,135,193    | 10,416,096   |
| Percent           | 9.1%             | 13.4%                  | 47.2%        | 0.27%           | 30.1%        | 100.0%       |

Note: Bold represents the highest and lowest rate in each group.

**Table 1** shows statistically significant differences in Estimated Population by Ethnicity and Service Area (SA) in CY 2009.

Overall SA 2 at 21.3% has the highest percent of population living in Los Angeles County as compared with the lowest percent in SA 1 at 3.5%.

### **Differences by Ethnicity**

SA 6 at 31.7% has the highest percent of African Americans as compared with the lowest percent in SA 7 at 2.7%.

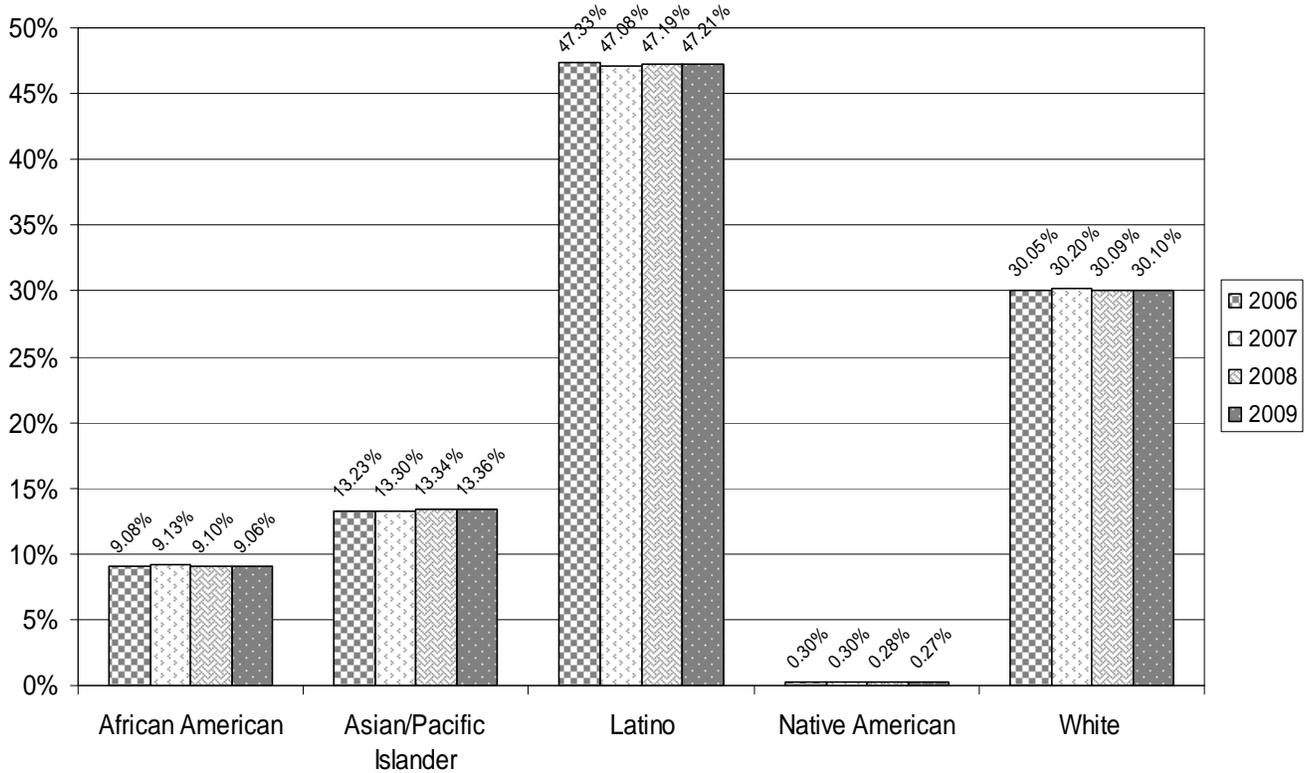
SA 3 at 25.2% has the highest percent of Asian/Pacific Islanders as compared with the lowest percent in SA 6 at 1.8%.

SA 7 at 71.2% has the highest percent of Latinos as compared with the lowest percent in SA 5 at 16.6%.

SA 1 at 0.55% has the highest percent of Native Americans as compared with the lowest percent in SA 6 at 0.16%.

SA 5 at 64.5 % has highest percent of Whites as compared with the lowest percent in SA 6 at 2.5%.

**FIGURE 3: ESTIMATED POPULATION BY ETHNICITY  
BETWEEN 2006 AND 2009**



**Figure 3** shows the four-year trend in the Estimated Population by Ethnicity between 2006 and 2009.

African-Americans decreased by 0.02% from 2006 at 9.08% to 9.06% in 2009.

Asian/Pacific Islanders increased by 0.13% from 13.23% in 2006 to 13.36% in 2009.

Latinos decreased by 0.13% from 47.33% in 2006 to 47.21% in 2009.

Native Americans decreased by 0.03% from 0.30% in 2006 to 0.27% in 2009.

Whites increased by 0.05% from 30.05% in 2006 to 30.10% in 2009.

**TABLE 2: ESTIMATED POPULATION BY AGE GROUP AND SERVICE AREA-CY 2009**

| Service Area (SA) | Children 0-15 yrs | TAY <sup>1</sup> 16-25 yrs | Adults 26-59 yrs | Older Adults 60+ yrs | SA Total     |
|-------------------|-------------------|----------------------------|------------------|----------------------|--------------|
| <b>SA 1</b>       | 92,896            | 71,622                     | 158,851          | 44,668               | 368,037      |
| Percent           | 25.2%             | <b>19.5%</b>               | 43.2%            | 12.1%                | <b>3.5%</b>  |
| <b>SA 2</b>       | 477,735           | 320,230                    | 1,065,393        | 352,374              | 2,214,739    |
| Percent           | 21.6%             | 14.5%                      | 48.1%            | 15.9%                | <b>21.3%</b> |
| <b>SA 3</b>       | 404,036           | 294,364                    | 875,286          | 310,180              | 1,883,866    |
| Percent           | 21.4%             | 15.6%                      | 46.5%            | 16.5%                | 18.1%        |
| <b>SA 4</b>       | 263,060           | 153,285                    | 644,540          | 182,299              | 1,245,071    |
| Percent           | 21.2%             | 12.3%                      | 51.8%            | 14.7%                | 12.0%        |
| <b>SA 5</b>       | 103,946           | 71,653                     | 347,597          | 128,587              | 651,412      |
| Percent           | <b>15.9%</b>      | <b>11.0%</b>               | <b>53.3%</b>     | <b>19.7%</b>         | 6.3%         |
| <b>SA 6</b>       | 310,951           | 184,773                    | 444,666          | 111,320              | 1,051,257    |
| Percent           | <b>29.6%</b>      | 17.6%                      | <b>42.3%</b>     | <b>10.6%</b>         | 10.1%        |
| <b>SA 7</b>       | 344,547           | 226,268                    | 620,835          | 190,805              | 1,382,455    |
| Percent           | 24.9%             | 16.4%                      | 44.9%            | 13.8%                | 13.3%        |
| <b>SA 8</b>       | 370,421           | 237,972                    | 758,153          | 252,783              | 1,619,259    |
| Percent           | 22.9%             | 14.7%                      | 46.8%            | 15.6%                | 15.5%        |
| <b>Countywide</b> | 2,367,592         | 1,560,167                  | 4,915,321        | 1,573,016            | 10,416,096   |
| Percent           | 22.7%             | 15.0%                      | 47.2%            | 15.1%                | 100.0%       |

<sup>1</sup> TAY=Transition Age Youth

Note: Bold represents the highest and lowest rate in each group.

**Table 2** shows statistically significant differences in the Estimated Population by Age Group and Service Area in CY 2009.

**Differences by Age Group**

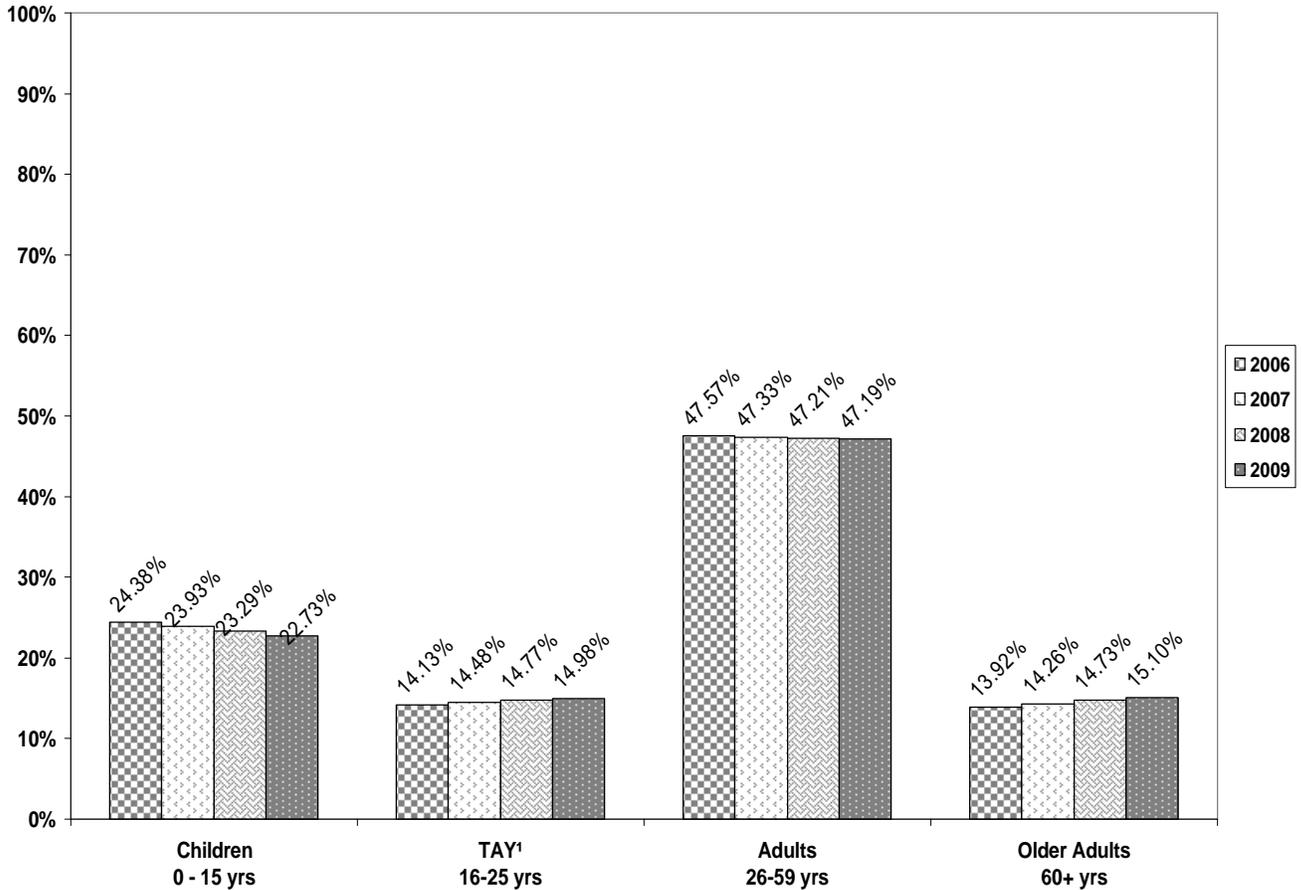
SA 6 at 29.6% has the highest percent of Children as compared with the lowest percent in SA 5 at 15.9%.

SA 1 at 19.5% has the highest percent of TAY as compared with the lowest percent in SA 5 at 11.0%.

SA 5 at 53.3% has the highest percent of Adults as compared with the lowest percent in SA 6 at 42.3%.

SA 5 at 19.7% has the highest percent of Older Adults as compared with the lowest percent in SA 6 at 10.6%.

**FIGURE 4: ESTIMATED POPULATION BY AGE GROUP BETWEEN 2006 AND 2009**



<sup>1</sup> TAY=Transition Age Youth

**Figure 4** shows the four-year trend in the Estimated Population by Age Group between CY 2006 and 2009.

Children decreased by 1.65% from 24.38% in 2006 to 22.73% in 2009.

TAY increased by 0.85% from 14.13% in 2006 to 14.98% in 2009.

Adults decreased by 0.38% from 47.57% in 2006 to 47.19% in 2009.

Older Adults increased by 1.18% from 13.92% in 2006 to 15.10% in 2009.

**TABLE 3: ESTIMATED POPULATION  
BY GENDER AND SERVICE AREA - CY 2009**

| <b>Service Area (SA)</b> | <b>Male</b>      | <b>Female</b>    | <b>SA Total</b>   |
|--------------------------|------------------|------------------|-------------------|
| <b>SA 1</b>              | 184,874          | 183,163          | 368,037           |
| Percent                  | 50.0%            | 50.0%            | <b>3.5%</b>       |
| <b>SA 2</b>              | 1,103,206        | 1,112,526        | 2,214,739         |
| Percent                  | 50.0%            | 50.0%            | <b>21.3%</b>      |
| <b>SA 3</b>              | 923,307          | 960,559          | 1,883,866         |
| Percent                  | <b>49.0%</b>     | <b>51.0%</b>     | 18.1%             |
| <b>SA 4</b>              | 638,924          | 604,260          | 1,245,071         |
| Percent                  | <b>51.0%</b>     | <b>49.0%</b>     | 12.0%             |
| <b>SA 5</b>              | 316,627          | 335,156          | 651,412           |
| Percent                  | <b>49.0%</b>     | <b>51.0%</b>     | 6.3%              |
| <b>SA 6</b>              | 514,938          | 536,772          | 1,051,257         |
| Percent                  | <b>49.0%</b>     | <b>51.0%</b>     | 10.1%             |
| <b>SA 7</b>              | 684,364          | 698,091          | 1,382,455         |
| Percent                  | 50.0%            | 50.0%            | 13.3%             |
| <b>SA 8</b>              | 795,324          | 824,005          | 1,619,259         |
| Percent                  | <b>49.0%</b>     | <b>51.0%</b>     | 15.5%             |
| <b>Countywide</b>        | <b>5,161,564</b> | <b>5,254,532</b> | <b>10,416,096</b> |
| Percent                  | 50.0%            | 50.0%            | 100.0%            |

Note: Bold represents highest and lowest of each group.

**Table 3** shows statistically significant differences in the Estimated Population by Gender and Service Area in CY 2009.

### **Differences by Gender**

SA 4 at 51.0% has the highest percent of Males as compared with the lowest percent in SA 3, SA 5, SA 6 and SA 8 at 49.0%.

SA 3, 5, 6 and 8 has the highest percent of Females at 51% as compared with the lowest percent in SA 4 at 49%.

**TABLE 4: ESTIMATED PREVALENCE OF  
SED & SMI <sup>1</sup> AMONG TOTAL POPULATION  
BY ETHNICITY AND SERVICE AREA – CY 2009**

| Service Area (SA)   | African American | Asian/<br>Pacific Islander | Latino         | Native American | White          |
|---|------------------|----------------------------|----------------|-----------------|----------------|
| <b>SA 1</b>   | 3,719            | 993                        | 10,836         | 134             | 10,020         |
| Percent   | 14.5%            | 3.9%                       | 42.2%          | <b>0.5%</b>     | 39.0%          |
| <b>SA 2</b>   | 5,548            | 16,289                     | 65,603         | 391             | 65,879         |
| Percent   | 3.6%             | 10.6%                      | 42.7%          | 0.3%            | 42.9%          |
| <b>SA 3</b>   | 5,752            | 33,289                     | 65,742         | 301             | 29,412         |
| Percent   | 4.3%             | <b>24.8%</b>               | 48.9%          | 0.2%            | 21.9%          |
| <b>SA 4</b>   | 5,195            | 14,317                     | 52,494         | 223             | 17,664         |
| Percent   | 5.8%             | 15.9%                      | 58.4%          | 0.2%            | 19.7%          |
| <b>SA 5</b>   | 3,104            | 5,523                      | 8,265          | 90              | 26,545         |
| Percent   | 7.1%             | 12.7%                      | <b>19.0%</b>   | 0.2%            | <b>61.0%</b>   |
| <b>SA 6</b>   | 23,899           | 1,310                      | 51,466         | 114             | 1,649          |
| Percent   | <b>30.5%</b>     | <b>1.7%</b>                | 65.6%          | <b>0.1%</b>     | <b>2.1%</b>    |
| <b>SA 7</b>   | 2,676            | 8,536                      | 75,358         | 278             | 14,867         |
| Percent   | <b>2.6%</b>      | 8.4%                       | <b>74.1%</b>   | 0.3%            | 14.6%          |
| <b>SA 8</b>   | 17,897           | 17,146                     | 46,928         | 288             | 32,108         |
| Percent   | 15.6%            | 15.0%                      | 41.0%          | 0.3%            | 28.1%          |
| <b>Countywide</b>   | <b>67,790</b>    | <b>97,405</b>              | <b>376,692</b> | <b>1,820</b>    | <b>198,144</b> |
| Percent   | <b>9.1%</b>      | 13.1%                      | 50.8%          | 0.2%            | 26.7%          |
| <b>Prevalence Rate<sup>2,3</sup> for<br/>SED &amp; SM</b> | <b>7.2%</b>      | <b>7.0%</b>                | <b>7.7%</b>    | <b>6.6%</b>     | <b>6.3%</b>    |

<sup>1</sup> SED=Serious Emotional Disturbance (Children), SMI=Serious Mental Illness (Adults)

<sup>2</sup> Prevalence Rates provided by California State Department of Mental Health

<sup>3</sup> Prevalence Rate for the total population is 6.78% and varies by each ethnic group as shown in Table 4.

Note: Bold represents highest and lowest of each group.

**Table 4** shows statistically significant differences in the Estimated Prevalence of SED & SMI among Total Population by Ethnicity and Service Area (SA) in CY 2009.

### Differences by Ethnicity

SA 6 at 30.5% has the highest percent of African-Americans estimated with SED and SMI as compared to the lowest percent in SA 7 at 2.6%.

SA 3 at 24.8% has highest percent of Asian/Pacific Islanders estimated with SED and SMI as compared with the lowest percent in SA 6 at 1.7%.

SA 7 at 74.1% has highest percent of Latinos estimated with SED and SMI as compared with the lowest percent in SA 5 at 19.0%.

SA 1 at 0.5% has the highest percent of Native Americans estimated with SED and SMI as compared with the lowest percent in SA 6 at 0.1%.

SA 5 at 61% has the highest percent of Whites estimated with SED and SMI as compared with the lowest percent in SA 6 at 2.1%.

**TABLE 5: ESTIMATED PREVALENCE OF SED & SMI<sup>1</sup> AMONG TOTAL POPULATION BY AGE GROUP AND SERVICE AREA – CY 2009**

| Service Area (SA)                                      | Children 0-15 yrs | TAY <sup>2</sup> 16-25 yrs | Adults 26-59 yrs | Older Adults 60+ yrs |
|--|-------------------|----------------------------|------------------|----------------------|
| <b>SA 1</b>  | 7,255             | 6,052                      | 9,515            | 2,332                |
| Percent  | 28.8%             | <b>24.1%</b>               | 37.8%            | 9.3%                 |
| <b>SA 2</b>  | 37,311            | 27,059                     | 63,817           | 18,394               |
| Percent  | 25.5%             | 18.5%                      | 43.5%            | 12.5%                |
| <b>SA 3</b>  | 31,555            | 24,874                     | 52,430           | 16,191               |
| Percent  | 25.2%             | 19.9%                      | 41.9%            | 12.9%                |
| <b>SA 4</b>  | 20,545            | 12,953                     | 38,608           | 9,516                |
| Percent  | 25.2%             | 15.9%                      | 47.3%            | 11.7%                |
| <b>SA 5</b>  | 8,118             | 6,055                      | 20,821           | 6,712                |
| Percent  | <b>19.5%</b>      | <b>14.5%</b>               | <b>49.9%</b>     | <b>16.1%</b>         |
| <b>SA 6</b>  | 24,285            | 15,613                     | 26,635           | 5,811                |
| Percent  | <b>33.6%</b>      | 21.6%                      | <b>36.8%</b>     | <b>8.0%</b>          |
| <b>SA 7</b>  | 26,909            | 19,120                     | 37,188           | 9,960                |
| Percent  | 28.9%             | 20.5%                      | 39.9%            | 10.7%                |
| <b>SA 8</b>  | 28,930            | 20,109                     | 45,413           | 13,195               |
| Percent  | 26.9%             | 18.7%                      | 42.2%            | 12.3%                |
| <b>Countywide</b>                                      | <b>184,909</b>    | <b>116,232</b>             | <b>294,428</b>   | <b>81,797</b>        |
| Percent  | 27.3%             | 17.2%                      | 43.5%            | 12.1%                |
| <b>Prevalence Rate<sup>3,4</sup> for SED &amp; SMI</b> | <b>7.8%</b>       | <b>8.4%</b>                | <b>6.0%</b>      | <b>5.2%</b>          |

<sup>1</sup> SED=Serious Emotional Disturbance, SMI=Serious Mental Illness

<sup>2</sup> Transition Age Youth

<sup>3</sup> Prevalence Rates provided by California State Department of Mental Health

<sup>4</sup> Prevalence Rate for the total population is 6.78% and varies by each age-group as shown in Table 5.

**Table 5** shows statistically significant differences in the Estimated Prevalence of SED & SMI among Total Population by Age Group and Service Area (SA) in CY 2009.

## Differences by Age Group

SA 6 at 33.6% has the highest percent of Children estimated with SED and SMI as compared with the lowest percent in SA 5 at 19.5%.

SA 1 at 24.1% has the highest percent of TAY estimated with SED and SMI as compared with the lowest percent in SA 5 at 14.5%.

SA 5 at 49.9% has the highest percent of Adults estimated with SED and SMI as compared with the lowest percent in SA 6 at 36.8%.

SA 5 at 16.1% has the highest percent of Older Adults estimated with SED and SMI as compared with the lowest percent in SA 6 at 8.0%.

**TABLE 6: ESTIMATED PREVALENCE OF SED & SMI<sup>1</sup> AMONG TOTAL POPULATION BY GENDER AND SERVICE AREA - CY 2009**

| Service Area (SA)                                      | Male           | Female         |
|--|----------------|----------------|
| <b>SA 1</b>  | 11,795         | 14,232         |
| Percent  | 45.3%          | 54.7%          |
| <b>SA 2</b>  | 70,385         | 86,443         |
| Percent  | 44.9%          | 55.1%          |
| <b>SA 3</b>  | 58,907         | 74,635         |
| Percent  | 44.9%          | 55.1%          |
| <b>SA 4</b>  | 40,763         | 46,951         |
| Percent  | <b>46.5%</b>   | <b>53.5%</b>   |
| <b>SA 5</b>  | 20,201         | 26,042         |
| Percent  | <b>43.7%</b>   | <b>56.3%</b>   |
| <b>SA 6</b>  | 32,853         | 41,707         |
| Percent  | 44.1%          | 55.9%          |
| <b>SA 7</b>  | 43,662         | 54,242         |
| Percent  | 44.6%          | 55.4%          |
| <b>SA 8</b>  | 50,742         | 64,025         |
| Percent  | 44.2%          | 55.8%          |
| <b>Total Estimated Population with SED &amp; SMI</b>   | <b>329,308</b> | <b>408,277</b> |
| Percent  | 44.6%          | 55.4%          |
| <b>Prevalence Rate<sup>2,3</sup> for SED &amp; SMI</b> | <b>6.4%</b>    | <b>7.8%</b>    |

<sup>1</sup>SED=Serious Emotional Disturbance, SMI=Serious Mental Illness

<sup>2</sup>Prevalence Rates provided by California State Department of Mental Health

<sup>3</sup>Prevalence Rate for the total population is 6.78% and varies by gender as shown in Table 6.

**Table 6** shows statistically significant differences in the Estimated Prevalence of SED & SMI among Total Population by Gender and Service Area (SA) in CY 2009.

## Differences by Gender

SA 4 at 46.5% has the highest percent of Males with SED and SMI as compared with the lowest in SA 5 at 43.7%.

SA 5 at 56.3% has the highest percent of Females with SED and SMI as compared with the lowest in SA 4 at 53.5%.

**TABLE 7: ESTIMATED POPULATION LIVING AT OR BELOW 200% FPL<sup>1</sup>  
BY ETHNICITY AND SERVICE AREA - CY 2009**

| Service Area (SA)       | African American | Asian/Pacific Islander | Latino           | Native American | White          | SA Total         |
|-------------------------|------------------|------------------------|------------------|-----------------|----------------|------------------|
| <b>SA 1</b>             | 25,972           | 3,793                  | 60,653           | 951             | 36,724         | 128,093          |
| Percent                 | 20.3%            | 3.0%                   | 47.4%            | <b>0.7%</b>     | 28.7%          | <b>3.4%</b>      |
| <b>SA 2</b>             | 28,124           | 48,887                 | 389,032          | 2,105           | 195,702        | 663,850          |
| Percent                 | 4.2%             | 7.4%                   | 58.6%            | 0.3%            | 29.5%          | <b>17.8%</b>     |
| <b>SA 3</b>             | 29,193           | 136,947                | 351,751          | 1,481           | 79,117         | 598,489          |
| Percent                 | 4.9%             | <b>22.9%</b>           | 58.8%            | 0.2%            | 13.2%          | 16.0%            |
| <b>SA 4</b>             | 22,343           | 71,371                 | 412,276          | 1,187           | 70,768         | 577,945          |
| Percent                 | 3.9%             | 12.3%                  | 71.3%            | 0.2%            | 12.2%          | 15.4%            |
| <b>SA 5</b>             | 10,689           | 17,376                 | 41,121           | 351             | 65,294         | 134,831          |
| Percent                 | 7.9%             | 12.9%                  | <b>30.5%</b>     | 0.3%            | <b>48.4%</b>   | 3.6%             |
| <b>SA 6</b>             | 147,777          | 6,995                  | 445,592          | 522             | 7,800          | 608,686          |
| Percent                 | <b>24.3%</b>     | <b>1.1%</b>            | 73.2%            | <b>0.1%</b>     | <b>1.3%</b>    | 16.3%            |
| <b>SA 7</b>             | 14,680           | 29,755                 | 454,068          | 1,437           | 42,283         | 542,223          |
| Percent                 | <b>2.7%</b>      | 5.5%                   | <b>83.7%</b>     | 0.3%            | 7.8%           | 14.5%            |
| <b>SA 8</b>             | 85,668           | 55,225                 | 271,576          | 1,146           | 66,894         | 480,509          |
| Percent                 | 17.8%            | 11.5%                  | 56.5%            | 0.2%            | 13.9%          | 12.9%            |
| <b>Countywide Total</b> | <b>364,446</b>   | <b>370,349</b>         | <b>2,426,069</b> | <b>9,180</b>    | <b>564,582</b> | <b>3,734,626</b> |
| Percent                 | 9.8%             | 9.9%                   | 65.0%            | 0.2%            | 15.1%          | 100%             |

<sup>1</sup> FPL= Federal Poverty Level

**Table 7** shows statistically significant differences in the Estimated Population Living at or below 200% Federal Poverty Level (FPL) by Ethnicity and Service Area (SA) in CY 2009.

## Differences by Ethnicity

SA 6 at 24.3% has the highest percent of African-Americans living at or below 200% FPL as compared with the lowest percent in SA 7 at 2.7%.

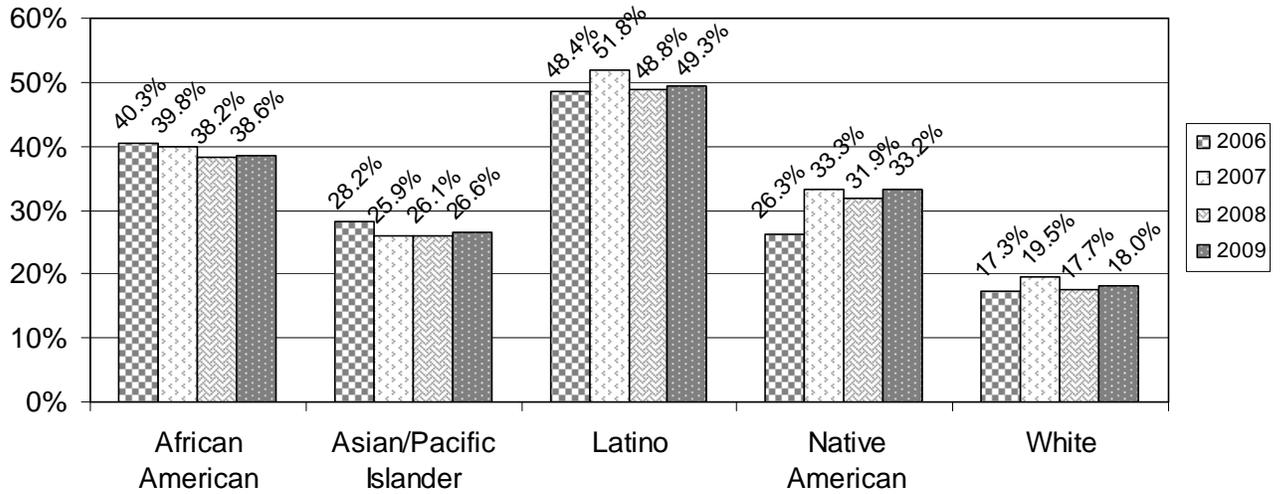
SA 3 at 22.9% has the highest percent of Asian/Pacific Islanders living at or below 200% FPL as compared with the lowest percent in SA 6 at 1.1%.

SA 7 at 83.7% has the highest percent of Latinos living at or below 200% FPL as compared with the lowest percent in SA 5 at 30.5%.

SA 1 at 0.7% has the highest percent of Native Americans living at or below 200% FPL as compared with the lowest percent in SA 6 at 0.1%.

SA 5 at 48.4% has the highest percent of Whites living at or below 200% FPL as compared with the lowest percent in SA 6 at 1.3%.

**FIGURE 5: ESTIMATED POVERTY RATE BY ETHNICITY BETWEEN CY 2006 AND 2009**



Note: Poverty Rate by Ethnicity = Total population living at or below 200% FPL divided by total estimated population in each ethnic group.

**Figure 5** shows the Estimated Population Living at or Below 200% Federal Poverty Level (FPL) Four Year Trend by Ethnicity between 2006 and 2009.

African-Americans Living at or Below 200% Federal Poverty Level (FPL) show a decrease of 1.7% from 40.3% in 2006 to 38.6% in 2009.

Asian/Pacific Islanders Living at or Below 200% Federal Poverty Level (FPL) show a decrease of 1.6% from 28.2% in 2006 to 26.6% in 2009.

Latinos Living at or Below 200% Federal Poverty Level (FPL) show an increase of 0.9% from 48.4% in 2006 to 49.3% in 2009.

Native Americans Living at or Below 200% Federal Poverty Level (FPL) show an increase of 6.9% from 26.3% in 2006 to 33.2% in 2009.

Whites Living at or Below 200% Federal Poverty Level (FPL) show an increase of 0.7% from 17.3% in 2006 to 18.0% in 2009.

**TABLE 8: ESTIMATED POPULATION LIVING AT OR BELOW  
200% FPL<sup>1</sup>  
BY AGE GROUP AND SERVICE AREA - CY 2009**

| Service Area (SA) | Children 0-15 yrs | TAY <sup>2</sup> 16-25 yrs | Adults 26-59 yrs | Older Adults 60+ yrs | SA Total         |
|-------------------|-------------------|----------------------------|------------------|----------------------|------------------|
| <b>SA 1</b>       | 40,599            | 28,017                     | 47,268           | 12,207               | 128,093          |
| Percent           | 31.7%             | <b>21.9%</b>               | <b>36.9%</b>     | 9.5%                 | <b>3.4%</b>      |
| <b>SA 2</b>       | 194,844           | 98,518                     | 272,997          | 97,489               | 663,850          |
| Percent           | 29.4%             | 14.8%                      | 41.1%            | 14.7%                | <b>17.8%</b>     |
| <b>SA 3</b>       | 165,851           | 100,315                    | 249,213          | 83,099               | 598,489          |
| Percent           | 27.7%             | 16.8%                      | 41.6%            | 13.9%                | 16.0%            |
| <b>SA 4</b>       | 155,199           | 75,904                     | 266,759          | 80,061               | 577,945          |
| Percent           | 26.9%             | 13.1%                      | 46.2%            | 13.9%                | 15.4%            |
| <b>SA 5</b>       | 25,872            | 15,118                     | 63,358           | 30,483               | 134,831          |
| Percent           | <b>19.2%</b>      | <b>11.2%</b>               | <b>47.0%</b>     | <b>22.6%</b>         | <b>3.6%</b>      |
| <b>SA 6</b>       | 218,874           | 104,837                    | 235,252          | 49,718               | 608,686          |
| Percent           | <b>36.0%</b>      | 17.2%                      | 38.6%            | <b>8.2%</b>          | 16.3%            |
| <b>SA 7</b>       | 176,064           | 85,444                     | 220,375          | 60,309               | 542,223          |
| Percent           | 32.5%             | 15.8%                      | 40.6%            | 11.1%                | 14.5%            |
| <b>SA 8</b>       | 161,351           | 77,751                     | 185,379          | 56,010               | 480,509          |
| Percent           | 33.6%             | 16.2%                      | 38.6%            | 11.7%                | 12.9%            |
| <b>Countywide</b> | <b>1,138,654</b>  | <b>585,904</b>             | <b>1,540,601</b> | <b>469,376</b>       | <b>3,734,626</b> |
| Percent           | 30.5%             | 15.7%                      | 41.3%            | 12.6%                | 100%             |

<sup>1</sup> FPL= Federal Poverty Level

<sup>2</sup> TAY = Transition Age Youth

**Table 8** shows statistically significant differences in the Estimated Population Living at or below 200% Federal Poverty Level (FPL) by Age Group and Service Area in CY 2009.

### Differences by Age Group

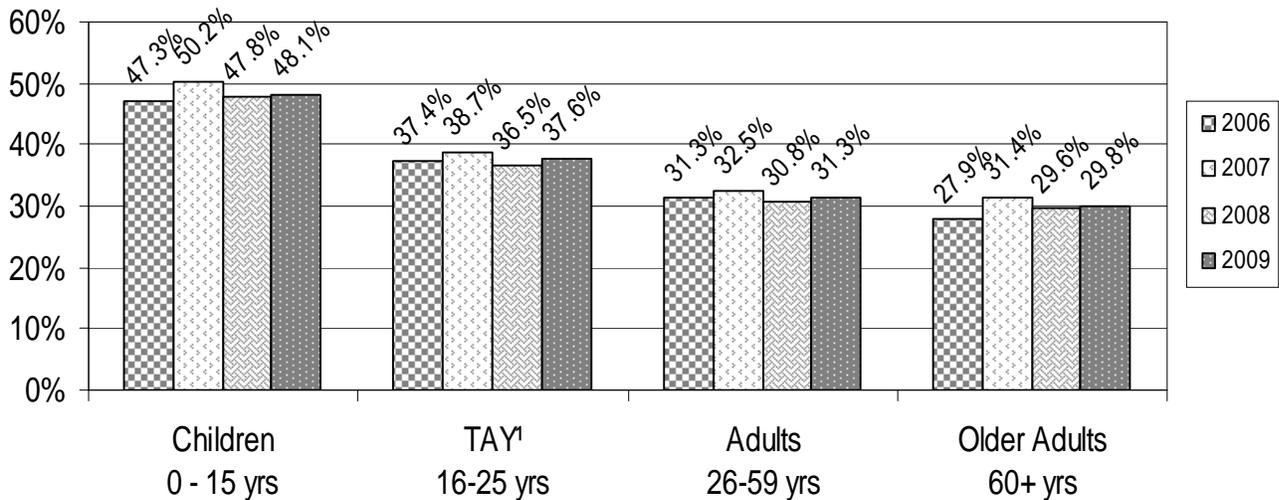
SA 6 at 36.0% has the highest percent of Children living at or below 200% FPL as compared with the lowest percent in SA 5 at 19.2%.

SA 1 at 21.9% has the highest percent of TAY living at or below 200% FPL as compared with the lowest percent in SA 5 at 11.2%.

SA 5 at 47.0% has the highest percent of Adults living at or below 200% FPL as compared with the lowest percent in SA 1 at 36.9%.

SA 5 at 22.6% has the highest percent of Older Adults living at or below 200% FPL as compared with the lowest percent in SA 6 at 8.2%.

**FIGURE 6: ESTIMATED POPULATION LIVING AT OR BELOW 200% FPL BY AGE GROUP BETWEEN CY 2006 AND 2009**



<sup>1</sup> TAY=Transition Age Youth

**Figure 6** shows the Estimated Population by Age Group Living at or below 200% FPL Four Year Trend between CY 2006 and 2009.

Children living at or below 200% Federal Poverty Level show an increase of 0.8% from 47.3% in 2006 to 48.1% in 2009.

TAY living at or below 200% Federal Poverty Level increased by 0.2% from 37.4% in 2006 to 37.6% in 2009.

Adults living at or below 200% Federal Poverty Level increased from 31.3% in 2006 to 32.5% in 2007 then decreased to 30.8% in 2008 and returned to the same level at 31.3%, in 2009 as in 2006.

Older Adults living at or below 200% Federal Poverty Level increased by 1.9% from 27.9% in 2006 to 29.8% in 2009.

**TABLE 9: ESTIMATED POPULATION  
LIVING AT OR BELOW 200% FPL<sup>1</sup>  
BY GENDER AND SERVICE AREA - CY  
2009**

| Service Area (SA) | Male             | Female           | SA Total         |
|-------------------|------------------|------------------|------------------|
| <b>SA 1</b>       | 58,780           | 69,313           | 128,093          |
| Percent           | <b>45.9%</b>     | <b>54.1%</b>     | <b>3.4%</b>      |
| <b>SA 2</b>       | 313,879          | 349,971          | 663,850          |
| Percent           | 47.3%            | 52.7%            | <b>17.8%</b>     |
| <b>SA 3</b>       | 282,532          | 315,957          | 598,489          |
| Percent           | 47.2%            | 52.8%            | 16.0%            |
| <b>SA 4</b>       | 281,019          | 296,926          | 577,945          |
| Percent           | <b>48.6%</b>     | <b>51.4%</b>     | 15.4%            |
| <b>SA 5</b>       | 62,444           | 72,387           | 134,831          |
| Percent           | 46.3%            | 53.7%            | 3.6%             |
| <b>SA 6</b>       | 291,224          | 317,462          | 608,686          |
| Percent           | 47.8%            | 52.2%            | 16.3%            |
| <b>SA 7</b>       | 253,982          | 288,241          | 542,223          |
| Percent           | 46.8%            | 53.2%            | 14.5%            |
| <b>SA 8</b>       | 225,336          | 255,173          | 480,509          |
| Percent           | 46.9%            | 53.1%            | 12.9%            |
| <b>Countywide</b> | <b>1,769,196</b> | <b>1,965,430</b> | <b>3,734,626</b> |
| Percent           | 47.4%            | 52.6%            | 100%             |

<sup>1</sup> Federal Poverty Level

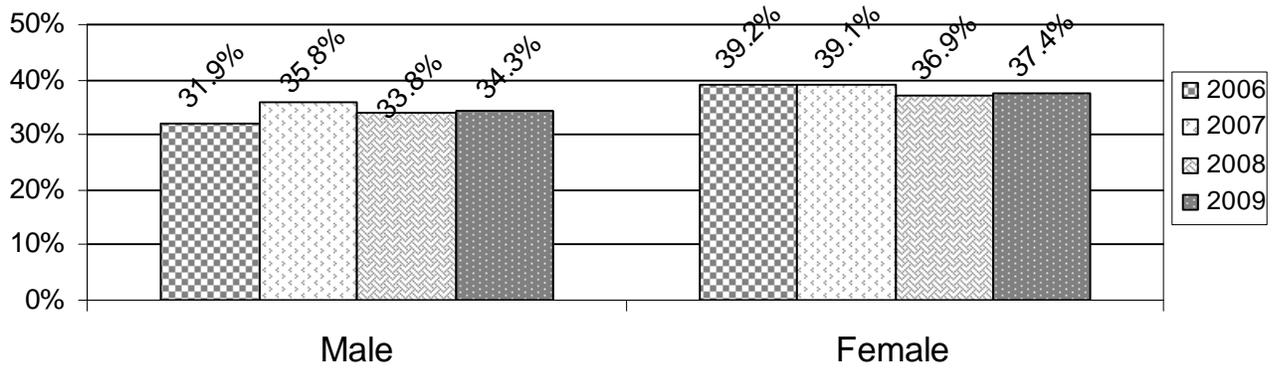
**Table 9** shows statistically significant differences in the Estimated Population Living at or below 200% Federal Poverty Level (FPL) by Gender and Service Area (SA) in CY 2009.

### Differences by Gender

SA 4 at 48.6% has the highest percent of Males living at or below 200% FPL as compared with the lowest percent in SA 1 at 45.9%.

SA 1 at 54% has the highest percent of females living at or below 200% FPL as compared with the lowest percent in SA 4 at 51.4%.

**FIGURE 7: ESTIMATED POVERTY RATE<sup>1</sup> BY GENDER  
BETWEEN CY 2006 AND 2009**



<sup>1</sup> Note: Poverty Rate by Gender = males and females living at or below 200% FPL divided by total estimated population by gender.

**Figure 7** shows the four-year trend in the Estimated Population Living at or Below 200% FPL by Gender between CY 2006 and 2009.

Males living at or below 200% Federal Poverty Level increased by 2.4%, from 31.9% in 2006 to 34.3% in 2009.

Females living at or below 200% Federal Poverty Level decreased by 1.8%, from 39.2% in 2006 to 37.4% in 2009.

**TABLE 10: ESTIMATED PREVALENCE OF SED & SMI<sup>1</sup> AMONG  
POPULATION LIVING AT OR BELOW 200% FPL<sup>2</sup>  
BY ETHNICITY AND SERVICE AREA – CY 2009**

| Service Area (SA)                                      | African American | Asian/Pacific Islander | Latino         | Native American | White         |
|--|------------------|------------------------|----------------|-----------------|---------------|
| <b>SA 1</b>  | 2,254            | 341                    | 5,386          | 72              | 3,213         |
| Percent  | 20.0%            | 3.0%                   | 47.8%          | <b>0.6%</b>     | 28.5%         |
| <b>SA 2</b>  | 2,441            | 4,395                  | 34,546         | 160             | 17,124        |
| Percent  | 4.2%             | 7.5%                   | 58.9%          | 0.3%            | 29.2%         |
| <b>SA 3</b>  | 2,534            | 12,312                 | 31,235         | 113             | 6,923         |
| Percent  | 4.8%             | <b>23.2%</b>           | 58.8%          | 0.2%            | 13.0%         |
| <b>SA 4</b>  | 1,939            | 6,416                  | 36,610         | 90              | 6,192         |
| Percent  | 3.8%             | 12.5%                  | 71.4%          | 0.2%            | 12.1%         |
| <b>SA 5</b>  | 928              | 1,562                  | 3,652          | 27              | 5,713         |
| Percent  | 7.8%             | 13.1%                  | <b>30.7%</b>   | 0.2%            | <b>48.1%</b>  |
| <b>SA 6</b>  | 12,827           | 629                    | 39,569         | 40              | 683           |
| Percent  | <b>23.9%</b>     | <b>1.2%</b>            | 73.6%          | <b>0.1%</b>     | <b>1.3%</b>   |
| <b>SA 7</b>  | 1,274            | 2,675                  | 40,321         | 109             | 3,700         |
| Percent  | <b>2.6%</b>      | 5.6%                   | <b>83.9%</b>   | 0.2%            | 7.7%          |
| <b>SA 8</b>  | 7,436            | 4,965                  | 24,116         | 87              | 5,853         |
| Percent  | 17.5%            | 11.7%                  | 56.8%          | 0.2%            | 13.8%         |
| <b>Total Estimated Population with SED &amp; SMI</b>   | <b>31,634</b>    | <b>33,294</b>          | <b>215,435</b> | <b>699</b>      | <b>49,401</b> |
| Percent  | 9.6%             | 10.1%                  | 65.2%          | 0.2%            | 14.9%         |
| <b>Prevalence Rate<sup>3,4</sup> for SED &amp; SMI</b> | <b>8.68%</b>     | <b>8.99%</b>           | <b>8.88%</b>   | <b>7.61%</b>    | <b>8.75%</b>  |

<sup>1</sup> SMI-Serious Mental Illness; SED=Serious Emotional Disorder

<sup>2</sup> FPL=Federal Poverty Level

<sup>3</sup> Prevalence Rates provided by California State Department of Mental Health.

<sup>4</sup> Prevalence Rate for population living at or below 200% FPL is 7.5% and varies by each ethnic group as shown in Table 10.

**Table 10** shows the statistically significant differences in the Estimated Prevalence of SED and SMI Among Population Living At or Below 200% Federal Poverty Level (FPL) by Ethnicity and Service Area (SA) in CY 2009.

### Differences by Ethnicity

SA 6 at 23.9 has highest percent of African-Americans living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 7 at 2.6%.

SA 3 at 23.2% has highest percent of Asian/Pacific Islanders living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 6 at 1.2%.

SA 7 at 83.9% has highest percent of Latinos living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 5 at 30.7%.

SA 1 at 0.6% has the highest percent of Native Americans living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 6 at 0.1%.

SA 5 at 48.1% has the highest percent of Whites living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 6 at 1.3%.

**TABLE 11: ESTIMATED PREVALENCE OF SED & SMI<sup>1</sup> AMONG POPULATION LIVING AT OR BELOW 200% FPL<sup>2</sup> BY AGE GROUP AND SERVICE AREA – CY 2009**

| Service Area (SA)                                      | Children 0-15 yrs | TAY <sup>3</sup> 16-25 yrs | Adults 26-59 yrs | Older Adults 60+ yrs |
|--|-------------------|----------------------------|------------------|----------------------|
| <b>SA 1</b>  | 3,642             | 2,762                      | 3,209            | 834                  |
| Percent  | 34.9%             | <b>26.4%</b>               | <b>30.7%</b>     | 8.0%                 |
| <b>SA 2</b>  | 17,478            | 9,714                      | 18,536           | 6,658                |
| Percent  | 33.4%             | 18.5%                      | 35.4%            | 12.7%                |
| <b>SA 3</b>  | 14,877            | 9,891                      | 16,922           | 5,676                |
| Percent  | 31.4%             | 20.9%                      | 35.7%            | 12.0%                |
| <b>SA 4</b>  | 13,921            | 7,484                      | 18,113           | 5,468                |
| Percent  | 30.9%             | 16.6%                      | 40.3%            | 12.2%                |
| <b>SA 5</b>  | 2,321             | 1,491                      | 4,302            | 2,082                |
| Percent  | <b>22.8%</b>      | <b>14.6%</b>               | <b>42.2%</b>     | <b>20.4%</b>         |
| <b>SA 6</b>  | 19,633            | 10,337                     | 15,974           | 3,396                |
| Percent  | <b>39.8%</b>      | 21.0%                      | 32.4%            | <b>6.9%</b>          |
| <b>SA 7</b>  | 15,793            | 8,425                      | 14,963           | 4,119                |
| Percent  | 36.5%             | 19.5%                      | 34.6%            | 9.5%                 |
| <b>SA 8</b>  | 14,473            | 7,666                      | 12,587           | 3,825                |
| Percent  | 37.5%             | 19.9%                      | 32.7%            | 9.9%                 |
| <b>Total Estimated Population with SED &amp; SMI</b>   | <b>102,137</b>    | <b>57,770</b>              | <b>104,607</b>   | <b>32,058</b>        |
| Percent  | 34.4%             | 19.5%                      | 35.3%            | 10.8%                |
| <b>Prevalence Rate<sup>4,5</sup> for SED &amp; SMI</b> | <b>8.9%</b>       | <b>9.8%</b>                | <b>6.8%</b>      | <b>6.8%</b>          |

<sup>1</sup> SED=Serious Emotional Disorder; SMI=Serious Mental Illness

<sup>2</sup> Federal Poverty Level (FPL)

<sup>3</sup> TAY=Transition Age Youth

<sup>4</sup> Prevalence Rates provided by California State Department of Mental Health.

<sup>5</sup> Prevalence Rate for population living at or below 200% FPL is 7.5% and varies by each age-group as shown in Table 11.

**Table 11** shows statistically significant differences in the Estimated Prevalence of SED and SMI among Population Living at or below 200% Federal Poverty Level (FPL) by Age Group and Service Area (SA) in CY 2009.

## **Differences by Age Group**

SA 6 at 39.8% has the highest percent of Children living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 5 at 22.8%.

SA 1 at 26.4% has the highest percent of TAY living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 5 at 14.6%.

SA 5 at 42.2% has the highest percent of Adults living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 1 at 30.7%.

SA 5 at 20.4% has the highest percent of Older Adults living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 6 at 6.9%.

**TABLE 12: ESTIMATED PREVALENCE OF SED & SMI<sup>1</sup> AMONG POPULATION LIVING AT OR BELOW 200% FPL<sup>2</sup> BY GENDER AND SERVICE AREA – CY 2009**

| Service Area (SA)                                      | Male         | Female       |
|--|--------------|--------------|
| SA 1   | 4,567        | 6,730        |
| Percent  | <b>40.4%</b> | <b>59.6%</b> |
| SA 2   | 24,388       | 33,982       |
| Percent  | 41.8%        | 58.2%        |
| SA 3   | 21,953       | 30,679       |
| Percent  | 41.7%        | 58.3%        |
| SA 4   | 21,835       | 28,832       |
| Percent  | <b>43.1%</b> | <b>56.9%</b> |
| SA 5   | 4,852        | 7,029        |
| Percent  | 40.8%        | 59.2%        |
| SA 6   | 22,628       | 30,826       |
| Percent  | 42.3%        | 57.7%        |
| SA 7   | 19,734       | 27,988       |
| Percent  | 41.3%        | 58.6%        |
| SA 8   | 17,509       | 24,777       |
| Percent  | 41.4%        | 58.6%        |
| <b>Total Estimated Population with SED &amp; SMI</b>   | 137,467      | 190,843      |
| Percent  | <b>41.9%</b> | <b>58.1%</b> |
| <b>Prevalence Rate<sup>3,4</sup> for SED &amp; SMI</b> | <b>7.8%</b>  | <b>9.7%</b>  |

<sup>1</sup> SED=Severely Emotionally Disturbed; SMI=Serious Mental Illness

<sup>2</sup> Federal Poverty Level (FPL)

<sup>3</sup> Prevalence Rates provided by California State Department of Mental Health.

<sup>4</sup> Prevalence Rate for population living at or below 200% FPL is 7.5% and varies by each age group as shown in Table 12.

**Table 12** shows the statistically significant differences of Estimated Prevalence SED and SMI among Population Living at or below 200% Federal Poverty Level by Gender and Service Area (SA) in CY 2009.

### **Differences by Gender**

SA 4 at 43.1% has highest percent of Males living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 1 at 40.4%.

SA 1 at 59.6% has highest percent of Females living at or below 200% FPL and estimated with SED and SMI as compared with the lowest percent in SA 4 at 56.9%.

**TABLE 13: POPULATION ENROLLED IN MEDI-CAL  
BY ETHNICITY AND SERVICE AREA – MARCH 2010**

| Service Area (SA) | African American | Asian/Pacific Islander | Latino           | Native American | White          | SA Total         |
|-------------------|------------------|------------------------|------------------|-----------------|----------------|------------------|
| <b>SA 1</b>       | 23,098           | 3,181                  | 45,480           | 236             | 17,490         | 89,485           |
| Percent           | 25.8%            | 3.6%                   | 50.8%            | <b>0.3%</b>     | 19.5%          | 4.6%             |
| <b>SA 2</b>       | 13,351           | 31,260                 | 199,158          | 395             | 107,102        | 351,266          |
| Percent           | 3.8%             | 8.9%                   | 56.7%            | 0.1%            | 30.5%          | 18%              |
| <b>SA 3</b>       | 14,326           | 89,165                 | 189,918          | 379             | 29,488         | 323,276          |
| Percent           | 4.4%             | <b>27.6%</b>           | 58.7%            | 0.1%            | 9.1%           | 16.6%            |
| <b>SA 4</b>       | 12,739           | 36,764                 | 164,922          | 237             | 27,527         | 242,189          |
| Percent           | 5.3%             | 15.2%                  | 68.1%            | 0.1%            | 11.4%          | 12.4%            |
| <b>SA 5</b>       | 5,064            | 4,469                  | 15,159           | 83              | 15,801         | 40,576           |
| Percent           | 12.5%            | 11.0%                  | <b>37.4%</b>     | 0.2%            | <b>38.9%</b>   | 2.1%             |
| <b>SA 6</b>       | 100,552          | 5,769                  | 237,564          | 165             | 6,723          | 350,773          |
| Percent           | <b>28.7%</b>     | <b>1.6%</b>            | 67.7%            | <b>0.05%</b>    | <b>1.9%</b>    | 18.0%            |
| <b>SA 7</b>       | 8,045            | 18,780                 | 238,010          | 354             | 17,771         | 282,960          |
| Percent           | <b>2.8%</b>      | 6.6%                   | <b>84.1%</b>     | 0.1%            | 6.3%           | 14.5%            |
| <b>SA 8</b>       | 56,219           | 36,997                 | 152,739          | 411             | 24,139         | 270,505          |
| Percent           | 20.8%            | 13.7%                  | 56.5%            | 0.2%            | 8.9%           | 13.8%            |
| <b>Countywide</b> | <b>233,394</b>   | <b>226,385</b>         | <b>1,242,950</b> | <b>2,260</b>    | <b>246,041</b> | <b>1,951,030</b> |
| Percent           | 12.0%            | 11.6%                  | 63.7%            | 0.1%            | 12.6%          | 100%             |

**Table 13** shows statistically significant differences in Population Enrolled in Medi-Cal by Ethnicity and Service Area (SA) in March 2010.

### Differences by Ethnicity

SA 6 at 28.7% has the highest percent of African-Americans enrolled in Medi-Cal as compared with the lowest in SA 7 at 2.8%.

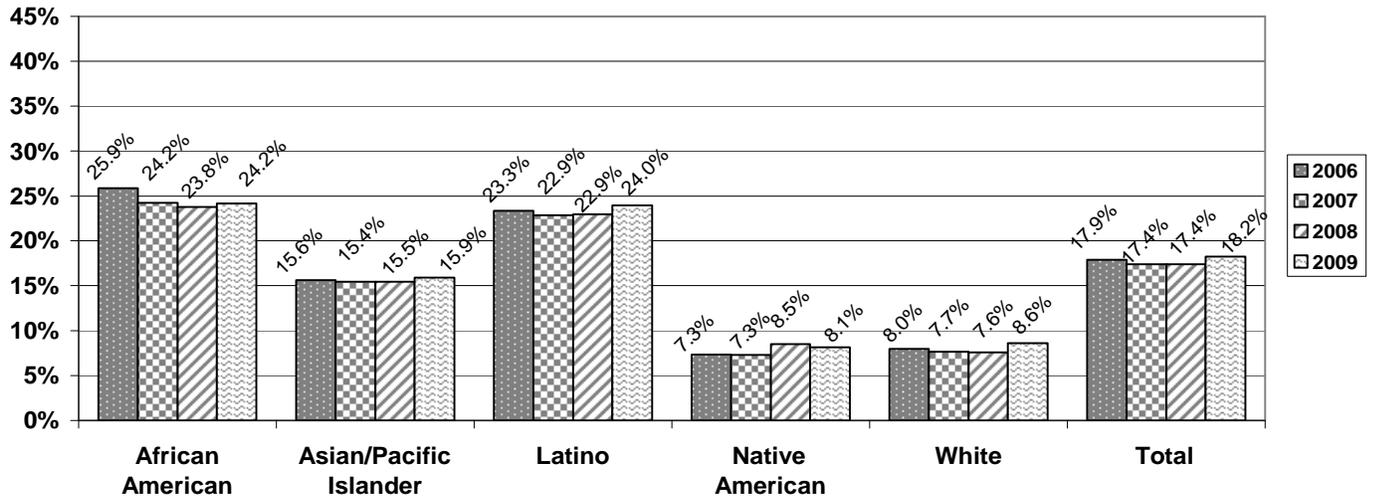
SA 3 at 27.6% has the highest percent of Asian/Pacific Islanders enrolled in Medi-Cal as compared with the lowest in SA 6 at 1.6%.

SA 7 at 84.1% has the highest percent of Latinos enrolled in Medi-Cal as compared with the lowest in SA 5 at 37.4%.

SA 1 at 0.3% has the highest percent of Native Americans enrolled in Medi-Cal as compared with the lowest in SA 6 at 0.05%.

SA 5 at 38.9 % has the highest percent of Whites enrolled in Medi-Cal as compared with the lowest in SA 6 at 1.9%.

**FIGURE 8: MEDI-CAL ENROLLMENT RATE<sup>1</sup> BY ETHNICITY  
BETWEEN MARCH 2006 AND MARCH 2009**



<sup>1</sup> Medi-Cal Enrollment Rate = Population enrolled in Medi-Cal for mental health services divided by total estimated population in each ethnic group.

**Figure 8** shows Medi-Cal enrollment rate by Ethnicity from March 2006 to March 2009.

African Americans enrolled in Medi-Cal decreased by 1.7% from a rate of 25.9% to 24.2% between March 2006 and March 2009.

Asian/Pacific Islanders enrolled in Medi-Cal decreased by 0.2% from a rate of 15.6% in 2006 to 15.4% in 2007 then increased to 15.5% in 2008 and again increased to 15.9% in 2009.

Latinos enrolled in Medi-Cal increased by 0.7% from a rate of 23.3% to 24% between March 2006 and March 2009.

Native American enrolled in Medi-Cal increased by 1% from 7.3% to 8.1% between March 2006 and March 2009.

Whites enrolled in Medi-Cal increased by 0.6% from a rate of 8% to 8.6% between March 2006 and March 2009.

**TABLE 14: POPULATION ENROLLED IN MEDI-CAL  
BY AGE GROUP AND SERVICE AREA – MARCH 2010**

| Service Area (SA) | Children 0-15 yrs | TAY <sup>1</sup> 16-25 yrs | Adults 26-59 yrs | Older Adults 60+ yrs | SA Total         |
|-------------------|-------------------|----------------------------|------------------|----------------------|------------------|
| <b>SA 1</b>       | 47,308            | 16,871                     | 20,225           | 7,837                | 92,241           |
| Percent           | 51.3%             | <b>18.3%</b>               | <b>21.9%</b>     | <b>8.5%</b>          | 4.54%            |
| <b>SA 2</b>       | 170,153           | 52,031                     | 69,929           | 73,335               | 365,448          |
| Percent           | 46.6%             | 14.2%                      | 19.1%            | 20.1%                | <b>18.0%</b>     |
| <b>SA 3</b>       | 162,161           | 52,840                     | 59,416           | 64,246               | 338,663          |
| Percent           | 47.9%             | 15.6%                      | 17.5%            | 19.0%                | 16.7%            |
| <b>SA 4</b>       | 115,824           | 35,472                     | 44,905           | 54,175               | 250,376          |
| Percent           | 46.3%             | 14.2%                      | 17.9%            | 21.6%                | 12.3%            |
| <b>SA 5</b>       | 16,182            | 5,293                      | 8,844            | 12,813               | 43,132           |
| Percent           | <b>37.5%</b>      | <b>12.3%</b>               | 20.5%            | <b>29.7%</b>         | <b>2.1%</b>      |
| <b>SA 6</b>       | 200,129           | 61,889                     | 67,119           | 33,465               | 362,602          |
| Percent           | <b>55.2%</b>      | 17.1%                      | 18.5%            | 9.2%                 | 17.8%            |
| <b>SA 7</b>       | 158,829           | 48,371                     | 48,647           | 38,237               | 294,084          |
| Percent           | 54.0%             | 16.4%                      | <b>16.5%</b>     | 13.0%                | 14.5%            |
| <b>SA 8</b>       | 143,638           | 46,798                     | 56,736           | 37,036               | 284,208          |
| Percent           | 50.5%             | 16.5%                      | 20.0%            | 13.0%                | 14.0%            |
| <b>Countywide</b> | <b>1,014,224</b>  | <b>319,565</b>             | <b>375,821</b>   | <b>321,144</b>       | <b>2,030,754</b> |
| Percent           | 49.9%             | 15.7%                      | 18.5%            | 15.8%                | 100%             |

<sup>1</sup>TAY = Transition Age Youth

**Table 14** shows statistically significant differences of Population Enrolled in Medi-Cal by Age Group and Service Area (SA) in CY 2009.

### Differences by Age Group

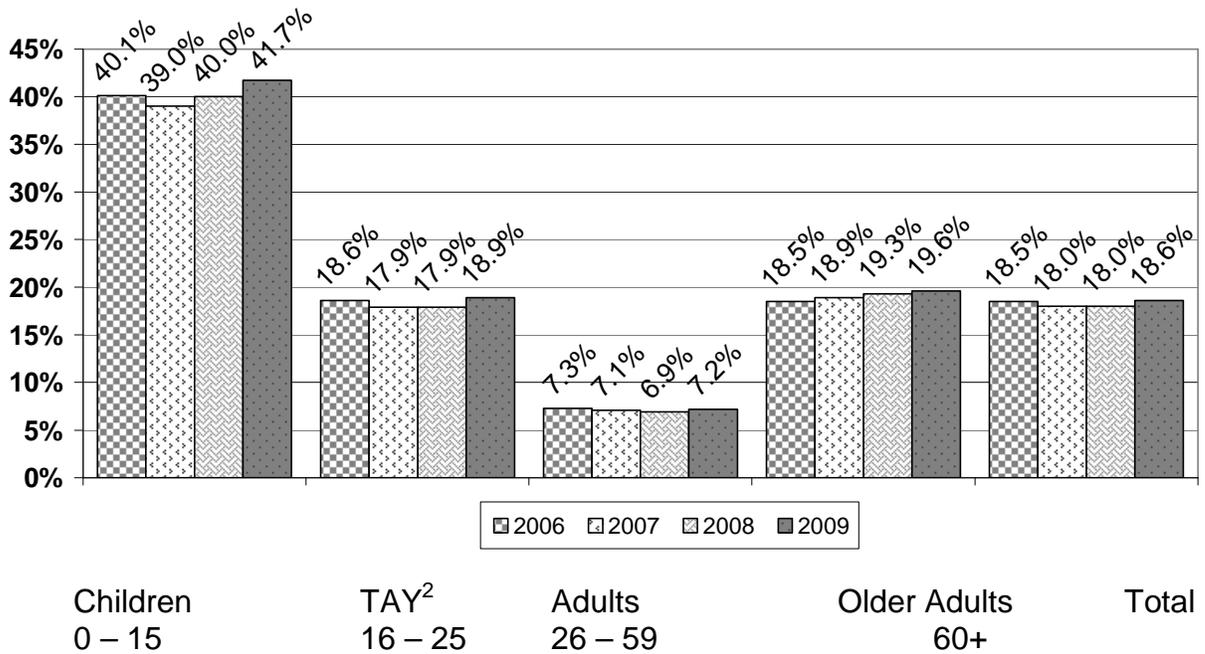
SA 6 at 55.2% has the highest percent of Children enrolled in Medi-Cal as compared with the lowest in SA 5 at 37.5%.

SA 1 at 18.3% has the highest percent of TAY enrolled in Medi-Cal as compared with the lowest in SA 5 at 12.3%.

SA 1 at 21.9% has the highest percent of Adults enrolled in Medi-Cal as compared with the lowest in SA 7 at 16.5%.

SA 5 at 29.7% has the highest percent of Older Adults enrolled in Medi-Cal as compared with the lowest in SA 1 at 8.5%.

**FIGURE 9: MEDI-CAL ENROLLMENT RATE<sup>1</sup> BY AGE GROUP BETWEEN MARCH 2006 AND MARCH 2009**



<sup>1</sup> Medi-Cal Enrollment Rate = Medi-Cal enrolled population divided by total population in each group.  
<sup>2</sup> TAY = Transition Age Youth

**Figure 9** shows a four-year trend of Medi-Cal Enrollment Rate by age group between 2006 and 2009.

Children enrolled in Medi-Cal increased by 1.6% from a rate of 40.1% to 41.7% from March 2006 to March 2009.

TAY enrolled in Medi-Cal increased by 0.3% from a rate of 18.6% to 18.9% from March 2006 to March 2009.

Adults enrolled in Medi-Cal decreased by 0.1% from a rate of 7.3% in March 2006 to 7.2% in March 2009.

Older Adults enrolled in Medi-Cal increased by 1.1% from a rate of 18.5% in March 2006 to 19.6% in March 2009.

**TABLE 15: POPULATION ENROLLED IN MEDI-CAL  
BY GENDER AND SERVICE AREA – MARCH 2010**

| Service Area (SA) | Male           | Female           | SA Total         |
|-------------------|----------------|------------------|------------------|
| <b>SA 1</b>       | 40,804         | 51,437           | 92,241           |
| Percent           | 44.2%          | 55.8%            | 100%             |
| <b>SA 2</b>       | 165,140        | 200,308          | 365,448          |
| Percent           | <b>45.2%</b>   | <b>54.8%</b>     | 100%             |
| <b>SA 3</b>       | 152,378        | 186,285          | 338,663          |
| Percent           | 45.0%          | 55.0%            | 100%             |
| <b>SA 4</b>       | 112,975        | 137,401          | 250,376          |
| Percent           | 45.1%          | 54.9%            | 100%             |
| <b>SA 5</b>       | 18,957         | 24,175           | 43,132           |
| Percent           | <b>44.0%</b>   | <b>56.0%</b>     | 100%             |
| <b>SA 6</b>       | 162,172        | 200,430          | 362,602          |
| Percent           | 44.7%          | 55.3%            | 100%             |
| <b>SA 7</b>       | 132,724        | 161,360          | 294,084          |
| Percent           | 45.1%          | 54.9%            | 100%             |
| <b>SA 8</b>       | 125,764        | 158,444          | 284,208          |
| Percent           | 44.3%          | 55.7%            | 100%             |
| <b>Countywide</b> | <b>910,914</b> | <b>1,119,840</b> | <b>2,030,754</b> |
| Percent           | 44.9%          | 55.1%            | 100%             |

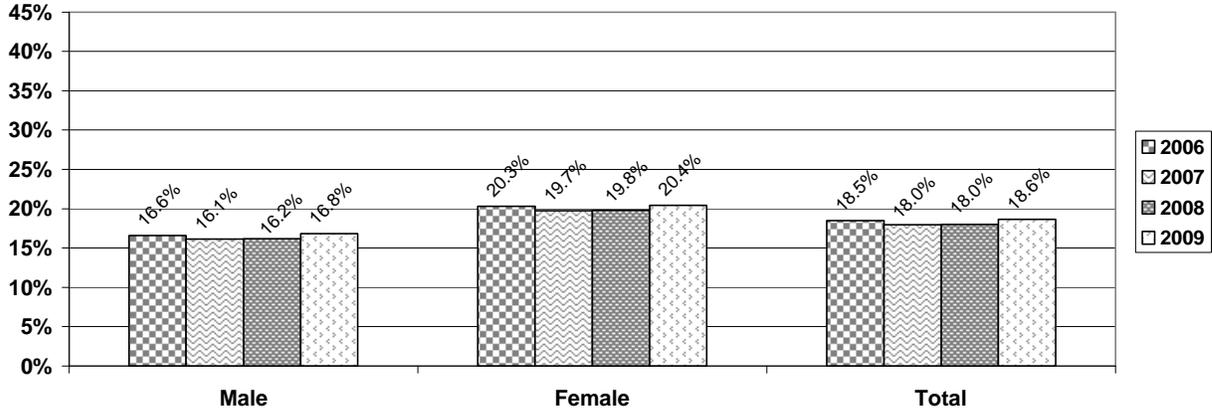
**Table 15** shows statistically significant differences of Population Enrolled in Medi-Cal by Gender and Service Area (SA) in CY 2009.

**Differences by Gender**

SA 2 at 45.2% has highest population of males enrolled in Medi-Cal as compared with the lowest in SA 5 at 44.0%.

SA 5 at 56.0% has highest population of females enrolled in Medi-Cal as compared with the lowest in SA 2 at 54.8%.

**FIGURE 10: MEDI-CAL ENROLLMENT RATE<sup>1</sup> BY GENDER  
BETWEEN MARCH 2006 AND MARCH 2009**



<sup>1</sup> Medi-Cal Enrollment Rate = Medi-Cal enrolled population divided by total estimated population in each group.

**Figure 10** shows a four-year trend of Medi-Cal Enrollment Rate by Gender between 2006 and 2009.

Males enrolled in Medi-Cal increased by 0.2% from a rate of 16.6% in March 2006 to a rate of 16.8% in March 2009.

Females enrolled in Medi-Cal increased by 0.1% from a rate of 20.3% in March 2006 to a rate of 20.4% in March 2009.

**TABLE 16: ESTIMATED PREVALENCE OF SED & SMI AMONG  
MEDI-CAL ENROLLED POPULATION BY ETHNICITY AND SERVICE  
AREA – CY 2010**

| Service Area (SA)       | African American | Asian/Pacific Islander | Latino        | Native American | White         | SA Total       |
|-------------------------|------------------|------------------------|---------------|-----------------|---------------|----------------|
| <b>SA 1</b>             | 1,732            | 239                    | 3,411         | 18              | 1,312         | 6,711          |
| Percent                 | 25.8%            | 3.6%                   | <b>50.8%</b>  | <b>0.3%</b>     | 19.5%         | 4.6%           |
| <b>SA 2</b>             | 1,001            | 2,345                  | 14,937        | 30              | 8,033         | 26,345         |
| Percent                 | 3.8%             | 8.9%                   | 56.7%         | 0.1%            | 30.5%         | 18.0%          |
| <b>SA 3</b>             | 1,074            | 6,687                  | 14,244        | 28              | 2,212         | 24,246         |
| Percent                 | 4.4%             | <b>27.6%</b>           | 58.7%         | 0.1%            | 9.1%          | 16.6%          |
| <b>SA 4</b>             | 955              | 2,757                  | 12,369        | 18              | 2,065         | 18,164         |
| Percent                 | 5.3%             | 15.2%                  | 68.1%         | 0.1%            | 11.4%         | 12.4%          |
| <b>SA 5</b>             | 380              | 335                    | 1,137         | 6               | 1,185         | 3,043          |
| Percent                 | 12.5%            | 11.0%                  | 37.4%         | 0.2%            | <b>38.9%</b>  | 2.1%           |
| <b>SA 6</b>             | 7,541            | 433                    | 17,817        | 12              | 504           | 26,308         |
| Percent                 | <b>28.7%</b>     | <b>1.6%</b>            | 67.7%         | <b>0.0%</b>     | <b>1.9%</b>   | 17.9%          |
| <b>SA 7</b>             | 603              | 1,409                  | 17,851        | 27              | 1,333         | 21,222         |
| Percent                 | <b>2.8%</b>      | 6.6%                   | <b>84.1%</b>  | 0.1%            | 6.3%          | 14.5%          |
| <b>SA 8</b>             | 4,216            | 2,775                  | 11,455        | 31              | 1,810         | 20,288         |
| Percent                 | 20.8%            | 13.7%                  | 56.5%         | 0.2%            | 8.9%          | 13.9%          |
| <b>Countywide Total</b> | <b>17,505</b>    | <b>16,979</b>          | <b>93,221</b> | <b>170</b>      | <b>18,453</b> | <b>146,327</b> |
| Percent                 | 12.0%            | 11.6%                  | 63.7%         | 0.1%            | 12.6%         | 100%           |

**Table 16** shows statistically significant differences in the Estimated Prevalence of SED and SMI among Medi-Cal Enrolled Population by Ethnicity for CY 2010.

**Differences by Ethnicity**

SA 6 at 28.7% has the highest percent of African-Americans with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 7 at 2.8%.

SA 3 at 27.6% has the highest percent of Asian/Pacific Islanders with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 6 at 1.6%.

SA 7 at 84.1% has the highest percent of Latinos with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 1 at 50.8%.

SA 1 at 0.3% has the highest percent of Native Americans with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 6 at less than 0.1%.

SA 5 at 38.9% has the highest percent of Whites with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 6 at 1.9%.

**TABLE 17: ESTIMATED PREVALENCE OF SED & SMI  
AMONG MEDI-CAL ENROLLED POPULATION BY AGE  
GROUP AND SERVICE AREA – CY 2010**

| Service Area (SA)       | Children 0 - 15 yrs | TAY <sup>1</sup> 16-25 yrs | Adults 26-59 yrs | Older Adults 60+ yrs | SA Total       |
|-------------------------|---------------------|----------------------------|------------------|----------------------|----------------|
| <b>SA 1</b>             | 3,548               | 1,265                      | 1,517            | 588                  | 6,918          |
| Percent                 | 51.3%               | <b>18.3%</b>               | <b>21.9%</b>     | <b>8.5%</b>          | 4.5%           |
| <b>SA 2</b>             | 12,761              | 3,902                      | 5,245            | 5,500                | 27,409         |
| Percent                 | 46.6%               | 14.2%                      | 19.1%            | 20.1%                | 17.9%          |
| <b>SA 3</b>             | 12,162              | 3,963                      | 4,456            | 4,818                | 25,400         |
| Percent                 | 47.9%               | 15.6%                      | 17.5%            | 19.0%                | 16.7%          |
| <b>SA 4</b>             | 8,687               | 2,660                      | 3,368            | 4,063                | 18,778         |
| Percent                 | 46.3%               | 14.2%                      | 17.9%            | 21.6%                | 12.3%          |
| <b>SA 5</b>             | 1,214               | 397                        | 663              | 961                  | 3,235          |
| Percent                 | <b>37.5%</b>        | <b>12.3%</b>               | 20.5%            | <b>29.7%</b>         | 2.1%           |
| <b>SA 6</b>             | 15,010              | 4,642                      | 5,034            | 2,510                | 27,195         |
| Percent                 | <b>55.2%</b>        | 17.1%                      | 18.5%            | 9.2%                 | 17.9%          |
| <b>SA 7</b>             | 11,912              | 3,628                      | 3,649            | 2,868                | 22,056         |
| Percent                 | 54.0%               | 16.4%                      | <b>16.5%</b>     | 13.0%                | 14.5%          |
| <b>SA 8</b>             | 10,773              | 3,510                      | 4,255            | 2,778                | 21,316         |
| Percent                 | 50.5%               | 16.5%                      | 20.0%            | 13.0%                | 14.0%          |
| <b>Countywide Total</b> | <b>76,067</b>       | <b>23,967</b>              | <b>28,187</b>    | <b>24,086</b>        | <b>152,307</b> |
| Percent                 | 49.9%               | 15.7%                      | 18.5%            | 15.8%                | 100%           |

<sup>1</sup> TAY=Transition Age Youth

**Table 17** shows statistically significant ( $p \leq .05$ ) differences in the Estimated Prevalence of SED and SMI among Medi-Cal Enrolled Population by Age Group for CY 2010.

### Differences by Age Group

SA 6 at 55.2% has the highest percent of Children with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 5 at 37.5%.

SA 5 at 18.3% has the highest percent of TAY with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 5 at 12.3%.

SA 1 at 21.9% has the highest percent of Adults with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 7 at 16.5%.

SA 5 at 29.7% has the highest percent of Older Adults with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 1 at 8.5%.

**TABLE 18: ESTIMATED PREVALENCE  
OF SED & SMI AMONG MEDI-CAL  
ENROLLED POPULATION BY GENDER  
AND SERVICE AREA – CY 2010**

| Service Area (SA)       | Male          | Female        | SA Total       |
|-------------------------|---------------|---------------|----------------|
| <b>SA 1</b>             | 3,060         | 3,858         | 6,918          |
| Percent                 | 44.2%         | 55.8%         | 4.5%           |
| <b>SA 2</b>             | 12,386        | 15,023        | 27,409         |
| Percent                 | <b>45.2%</b>  | <b>54.8%</b>  | 18.0%          |
| <b>SA 3</b>             | 11,428        | 13,971        | 25,400         |
| Percent                 | 45.0%         | 55.0%         | 16.7%          |
| <b>SA 4</b>             | 8,473         | 10,305        | 18,778         |
| Percent                 | 45.1%         | 54.9%         | 12.3%          |
| <b>SA 5</b>             | 1,422         | 1,813         | 3,235          |
| Percent                 | <b>44.0%</b>  | <b>56.0%</b>  | 2.1%           |
| <b>SA 6</b>             | 12,163        | 15,032        | 27,195         |
| Percent                 | 44.7%         | 55.3%         | 17.9%          |
| <b>SA 7</b>             | 9,954         | 12,102        | 22,056         |
| Percent                 | 45.1%         | 54.9%         | 14.5%          |
| <b>SA 8</b>             | 9,432         | 11,883        | 21,316         |
| Percent                 | 44.3%         | 55.7%         | 13.9%          |
| <b>Countywide Total</b> | <b>68,319</b> | <b>83,988</b> | <b>152,307</b> |
| Percent                 | 44.9%         | 55.1%         | 100%           |

**Table 18** shows statistically significant ( $p \leq .05$ ) differences in the Estimated Prevalence of SED and SMI among Medi-Cal Enrolled Population by Gender for CY 2010.

#### **Differences by Gender**

SA 2 at 45.2% has the highest percent of Males with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 5 at 44.0%.

SA 5 at 56% has the highest percent of Females with SED and SMI enrolled in Medi-Cal as compared with the lowest percent in SA 2 at 54.8%.

**TABLE 19: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES IN FY 2009-2010 BY ETHNICITY AND SERVICE AREA**

| Service Area (SA) | African American | Asian/Pacific Islander | Latino       | Native American | White        | Total   |
|-------------------|------------------|------------------------|--------------|-----------------|--------------|---------|
| <b>SA 1</b>       | 4,093            | 105                    | 4,072        | 57              | 2,747        | 11,074  |
| Percent           | 37.0%            | <b>0.9%</b>            | 36.8%        | 0.5%            | 24.8%        | 100%    |
| <b>SA 2</b>       | 4,252            | 1,022                  | 14,679       | 136             | 10,157       | 30,246  |
| Percent           | 14.1%            | 3.4%                   | 48.5%        | 0.4%            | 33.6%        | 100%    |
| <b>SA 3</b>       | 3,568            | 2,020                  | 13,706       | 125             | 4,529        | 23,948  |
| Percent           | 14.9%            | <b>8.4%</b>            | 57.2%        | 0.5%            | 18.9%        | 100%    |
| <b>SA 4</b>       | 10,773           | 2,677                  | 21,021       | 200             | 8,388        | 43,059  |
| Percent           | 25.0%            | 6.2%                   | 48.8%        | 0.5%            | 19.5%        | 100%    |
| <b>SA 5</b>       | 3,750            | 371                    | 3,254        | 60              | 5,089        | 12,524  |
| Percent           | 29.9%            | 3.0%                   | <b>26.0%</b> | 0.5%            | <b>40.6%</b> | 100%    |
| <b>SA 6</b>       | 15,437           | 286                    | 11,201       | 47              | 1,330        | 28,301  |
| Percent           | <b>54.5%</b>     | 1.0%                   | 39.6%        | <b>0.2%</b>     | <b>4.7%</b>  | 100%    |
| <b>SA 7</b>       | 2,806            | 529                    | 15,640       | 327             | 2,832        | 22,134  |
| Percent           | <b>12.7%</b>     | 2.4%                   | <b>70.7%</b> | <b>1.5%</b>     | 12.8%        | 100%    |
| <b>SA 8</b>       | 10,814           | 2,364                  | 12,967       | 142             | 7,598        | 33,885  |
| Percent           | 31.9%            | 7.0%                   | 38.3%        | 0.4%            | 22.4%        | 100%    |
| <b>Total</b>      | 55,495           | 9,374                  | 96,540       | 1,094           | 42,670       | 205,173 |
| Percent           | 27.0%            | 4.6%                   | 47.1%        | 0.5%            | 20.8%        | 100%    |

**Table 19** shows Consumers Served in Short Doyle/Medi-Cal facilities in Fiscal Year 2009-2010 by Ethnicity and Service Area.

**Differences by Ethnicity**

SA 6 at 54.5% has the highest percent of African-American consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 7 at 12.7%.

SA 3 at 8.4% has the highest percent of Asian/Pacific Islander consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 1 at 0.9%.

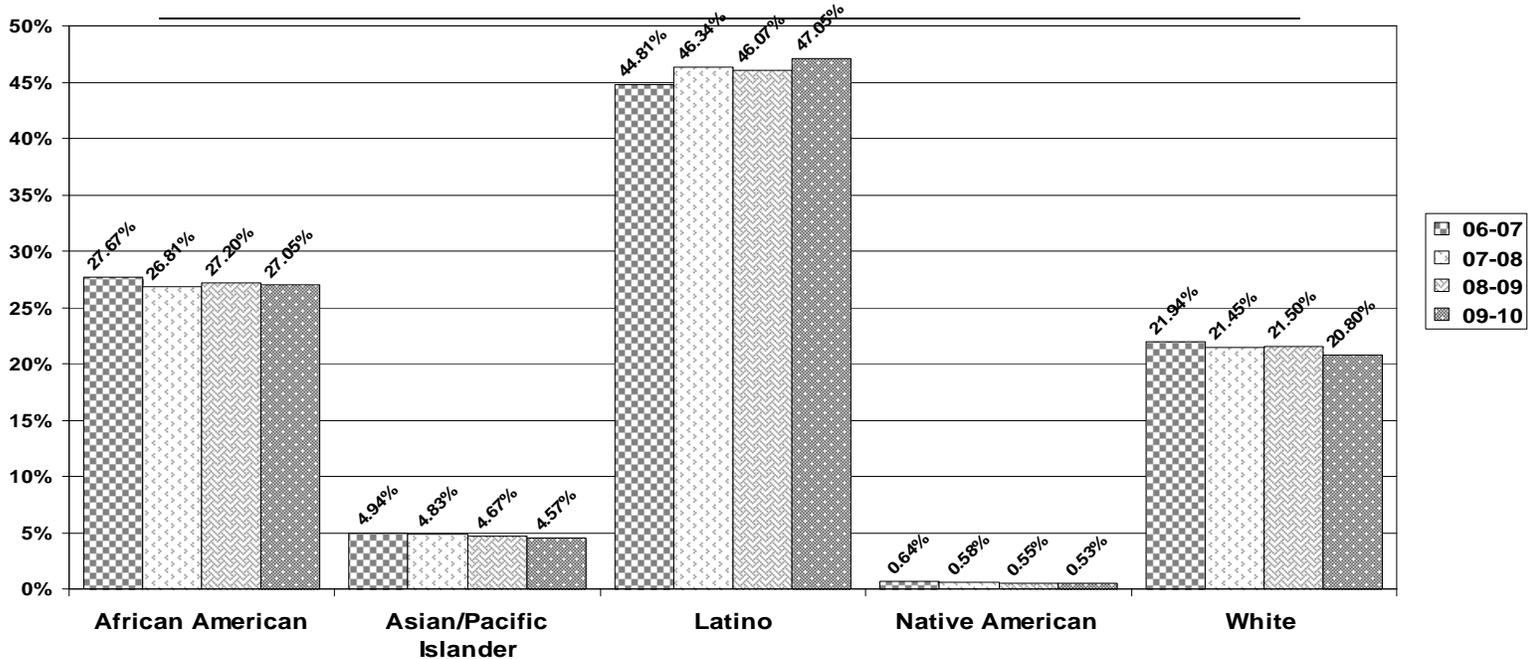
SA 7 at 70.7% has the highest percent of Latino consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 5 at 26.0%.

SA 7 at 1.5% has the highest percent of Native American consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 6 at 0.2%.

SA 5 at 40.6% has the highest percent of White consumers served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 6 at 4.7%.

**FIGURE 11: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES BY ETHNICITY BETWEEN FY 06-07 AND FY 09-10**

**TABLE 20: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES IN FY 2009-2010 BY AGE GROUP AND SERVICE AREA**



**Figure 11** shows a four-year trend of Consumers Served in Short Doyle/Medi-Cal facilities by Ethnicity between FY 06-07 and FY 09-10.

African Americans served in Short Doyle/Medi-Cal facilities decreased by 0.6% from 27.7% to 27.1% between FY 06-07 and FY 09-10.

Asian/Pacific Islander consumers served in Short Doyle/Medi-Cal facilities decreased by 0.4% from 4.9% to 4.5% between FY 06-07 and FY 09-10.

Latino consumers served in Short Doyle/Medi-Cal facilities increased by 2.2% from 44.8% to 47.0% between FY06-07 and FY 09-10.

Native American consumers served in Short Doyle/Medi-Cal facilities decreased by 0.1% from 0.6% to 0.5% between FY 06-07 and FY 09-10.

White consumers served in Short Doyle/Medi-Cal facilities decreased by 1.1% from 21.9% to 20.8% between FY 06-07 and FY 09-10.

| Service Area (SA)       | Children<br>0-15 yrs | TAY <sup>1</sup><br>16-25 yrs | Adults<br>26-59 yrs | Older Adults<br>60+ yrs | SA Total       |
|-------------------------|----------------------|-------------------------------|---------------------|-------------------------|----------------|
| SA 1                    | 4,011                | 3,799                         | 2,979               | 285                     | 11,074         |
| Percent                 | 36.2%                | <b>34.3%</b>                  | <b>26.9%</b>        | <b>2.6%</b>             | 5.4%           |
| SA 2                    | 8,775                | 7,772                         | 11,935              | 1,764                   | 30,246         |
| Percent                 | 29.0%                | 25.7%                         | 39.5%               | 5.8%                    | 14.7%          |
| SA 3                    | 10,172               | 4,986                         | 7,551               | 1,239                   | 23,948         |
| Percent                 | <b>42.5%</b>         | 20.8%                         | 31.5%               | 5.2%                    | 11.7%          |
| SA 4                    | 11,792               | 9,373                         | 18,691              | 3,203                   | 43,059         |
| Percent                 | 27.4%                | 21.8%                         | 43.4%               | <b>7.4%</b>             | 21.0%          |
| SA 5                    | 2,842                | 1,982                         | 6,813               | 887                     | 12,524         |
| Percent                 | <b>22.7%</b>         | 15.8%                         | <b>54.4%</b>        | 7.1%                    | 6.1%           |
| SA 6                    | 10,331               | 4,439                         | 12,218              | 1,313                   | 28,301         |
| Percent                 | 36.5%                | <b>15.7%</b>                  | 43.2%               | 4.6%                    | 13.8%          |
| SA 7                    | 9,097                | 5,798                         | 6,405               | 834                     | 22,134         |
| Percent                 | 41.1%                | 26.2%                         | 28.9%               | 3.8%                    | 10.8%          |
| SA 8                    | 10,280               | 5,974                         | 15,631              | 2,000                   | 33,885         |
| Percent                 | 30.3%                | 17.6%                         | 46.1%               | 5.9%                    | 16.5%          |
| <b>Countywide Total</b> | <b>67,302</b>        | <b>44,123</b>                 | <b>82,223</b>       | <b>11,525</b>           | <b>205,173</b> |
| Percent                 | 32.8%                | 21.5%                         | 40.1%               | 5.6%                    | 100%           |

<sup>1</sup> TAY=Transition Age Youth

**Table 20** shows Consumers Served in Short Doyle/Medi-Cal facilities in Fiscal Year 2009-2010 by Age Group and Service Area.

### Differences by Age Group

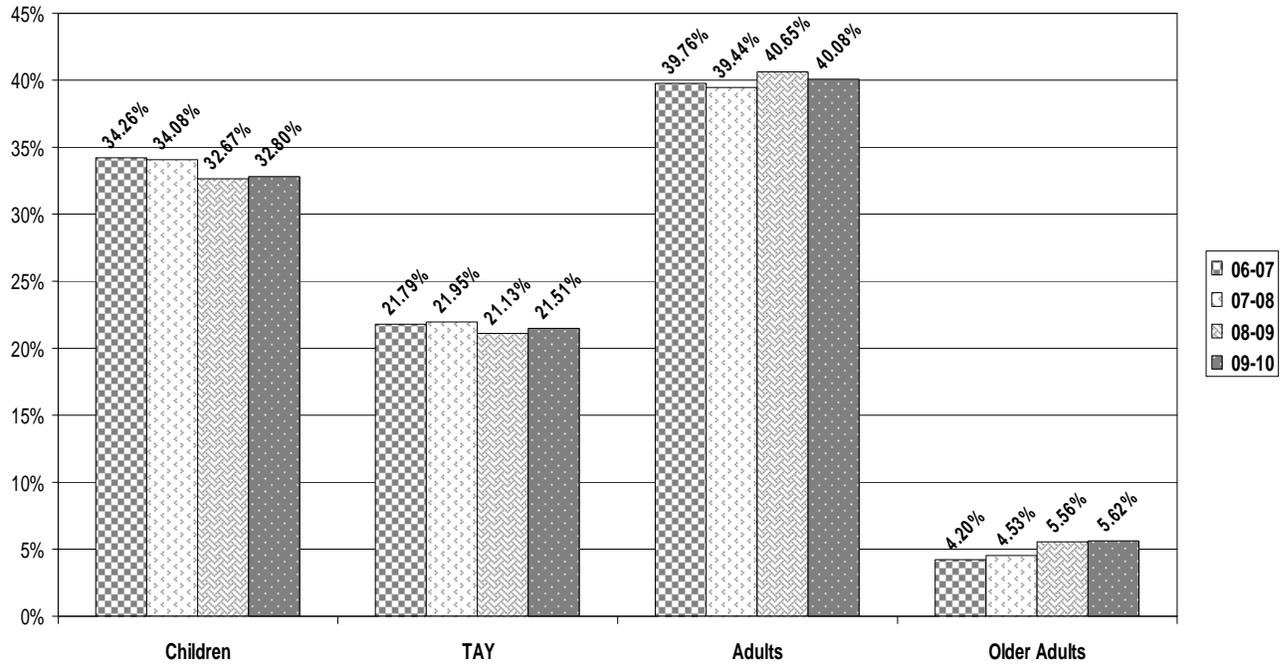
SA 3 at 42.5% has the highest percent of Children served as compared with the lowest percent in SA 5 at 22.7%.

SA 1 at 34.3% has the highest percent of TAY served as compared with the lowest percent in SA 6 at 15.7%.

SA 5 at 54.4% has the highest percent of Adults served as compared with the lowest percent in SA 1 at 26.9%.

SA 4 at 7.4% has the highest percent of Older Adults served as compared with the lowest percent in SA 1 at 2.6%.

**FIGURE 12: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES  
BY AGE GROUP  
BETWEEN FY 06-07 AND FY 09-10**



TAY=Transition Age Youth

**Figure 12** shows a four-year trend of Consumer Served in Short Doyle/Medi-Cal facilities by Age Group between 2006 and 2009.

The percent of Children served in Short Doyle/Medi-Cal facilities decreased by 1.5%; from 34.3% in FY 06-07 to 32.8% in FY 09-10.

The percent of TAY served in Short Doyle/Medi-Cal facilities decreased by 0.3%; from 21.8% in FY 06-07 to 21.5% in FY 09-10.

The percent of Adults served in Short Doyle/Medi-Cal facilities increased by 0.3%; from 39.8% in FY 06-07 to 40.1% in FY 09-10.

The percent of Older Adults served in Short Doyle/Medi-Cal facilities increased by 1.4%; from 4.2% in FY 06-07 to 5.6% in FY 09-10.

**TABLE 21: CONSUMERS SERVED IN SHORT  
DOYLE/MEDI-CAL FACILITIES IN FY 2009-2010  
BY GENDER AND SERVICE AREA**

| <b>Service Area (SA)</b> | <b>Male</b>    | <b>Female</b> | <b>SA Total</b> |
|--------------------------|----------------|---------------|-----------------|
| <b>SA 1</b>              | 6,260          | 4,810         | 11,070          |
| Percent                  | <b>56.5%</b>   | <b>43.4%</b>  | 5.4%            |
| <b>SA 2</b>              | 16,424         | 13,816        | 30,240          |
| Percent                  | 54.3%          | 45.7%         | 14.7%           |
| <b>SA 3</b>              | 12,431         | 11,516        | 23,947          |
| Percent                  | 51.9%          | 48.1%         | 11.7%           |
| <b>SA 4</b>              | 23,763         | 19,289        | 43,052          |
| Percent                  | 55.2%          | 44.8%         | 21.0%           |
| <b>SA 5</b>              | 6,699          | 5,824         | 12,523          |
| Percent                  | 53.5%          | 46.5%         | 6.1%            |
| <b>SA 6</b>              | 14,036         | 14,260        | 28,296          |
| Percent                  | <b>49.6%</b>   | <b>50.4%</b>  | 13.8%           |
| <b>SA 7</b>              | 11,899         | 10,226        | 22,125          |
| Percent                  | 53.8%          | 46.2%         | 10.8%           |
| <b>SA 8</b>              | 17,082         | 16,799        | 33,881          |
| Percent                  | 50.4%          | 49.6%         | 16.5%           |
| <b>Total</b>             | <b>108,598</b> | <b>96,540</b> | <b>205,138</b>  |
| Percent                  | 52.9%          | 47.1%         | 100.0%          |

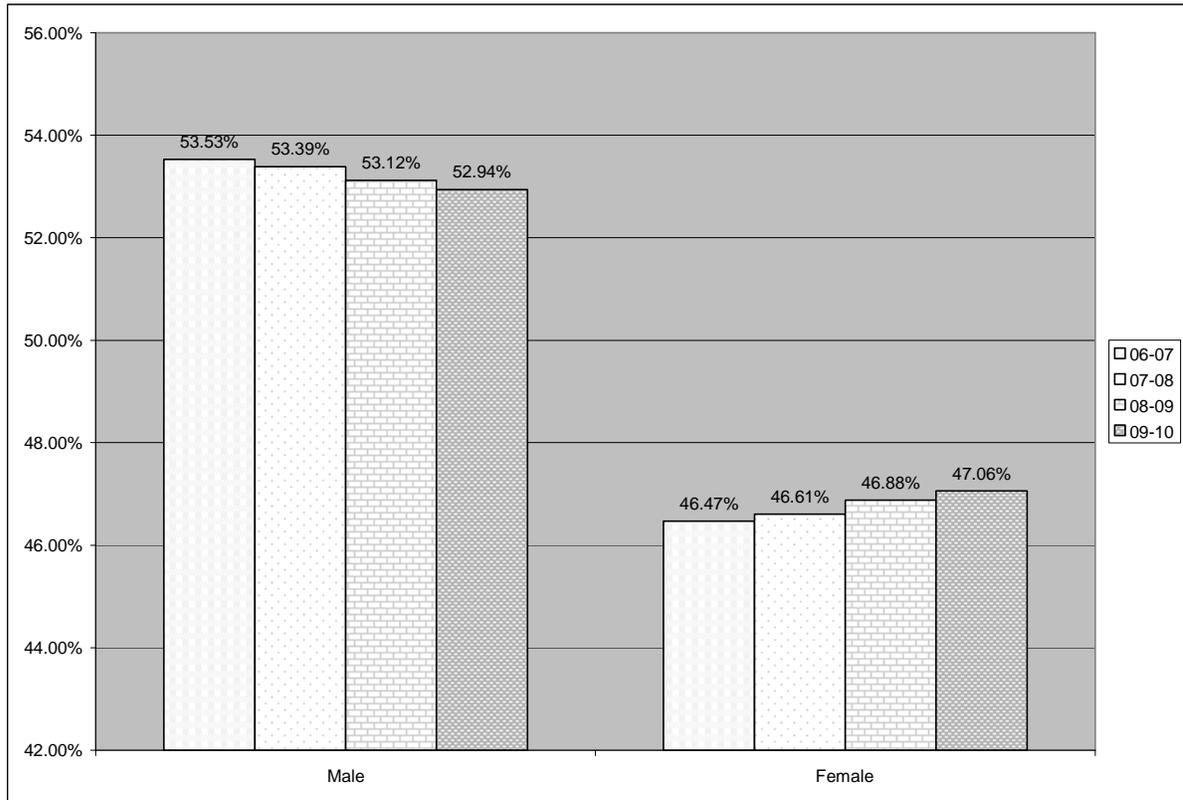
**Table 21** shows Consumers Served in Short Doyle/Medi-Cal facilities in Fiscal Year 2009-2010 by Gender and Service Area.

**Differences by Gender**

SA 1 at 56.5% has the highest percent of males served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 6 at 49.6%.

SA 6 at 50.4% has the highest percent of females served in Short Doyle/Medi-Cal facilities as compared with the lowest percent in SA 1 at 43.4%.

**FIGURE 13: CONSUMERS SERVED IN SHORT DOYLE/MEDI-CAL FACILITIES BY GENDER BETWEEN FY 06-07 AND FY 09-10**



**Figure 13** shows Consumers served in Short Doyle/Medi-Cal Facilities By Gender from FY 06-07 to FY 09-10.

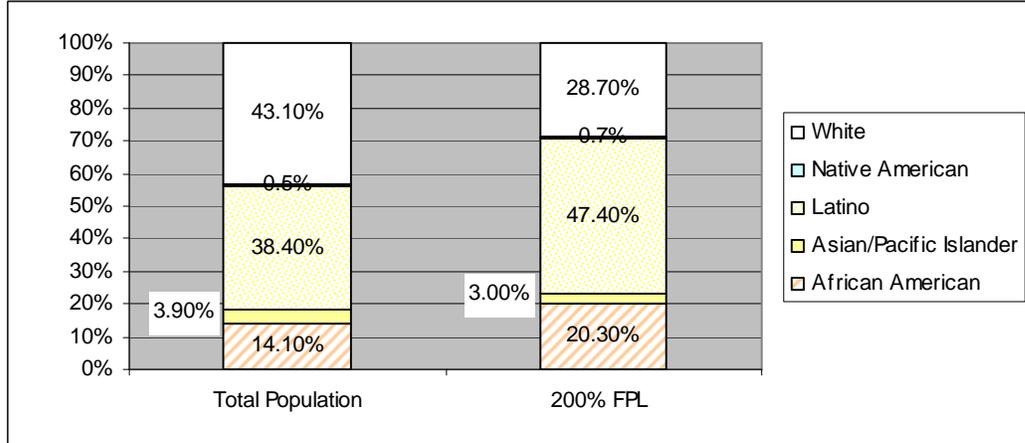
The number of males receiving services in Short Doyle/Medi-Cal facilities decreased by 0.6% from 53.5% in FY 06-07 to 52.9% in FY 09-10.

The number of females receiving services in Short Doyle/Medi-Cal facilities increased by 0.6% from 46.5% in FY 06-07 to 47.1% in FY 09-10.

**Summary and Disparity Analysis<sup>1, 2</sup> of the Service Areas**

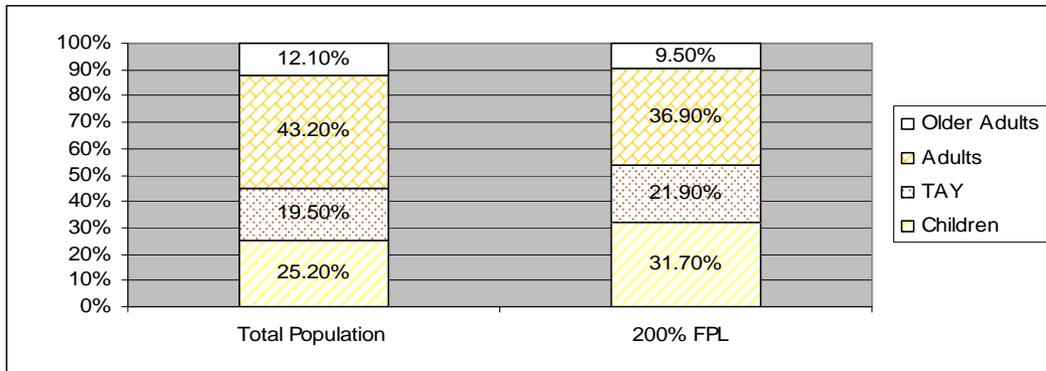
**Service Area 1**

**FIGURE 14: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY ETHNICITY FOR CY 2009 IN SA 1**



**Figure 14** shows the percent distribution for the Total Population (N=368,037) and for the Population at or Below 200% Federal Poverty Level (N=128,093) by Ethnicity for CY 2009.

**FIGURE 15: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP FOR CY 2009 IN SA 1**



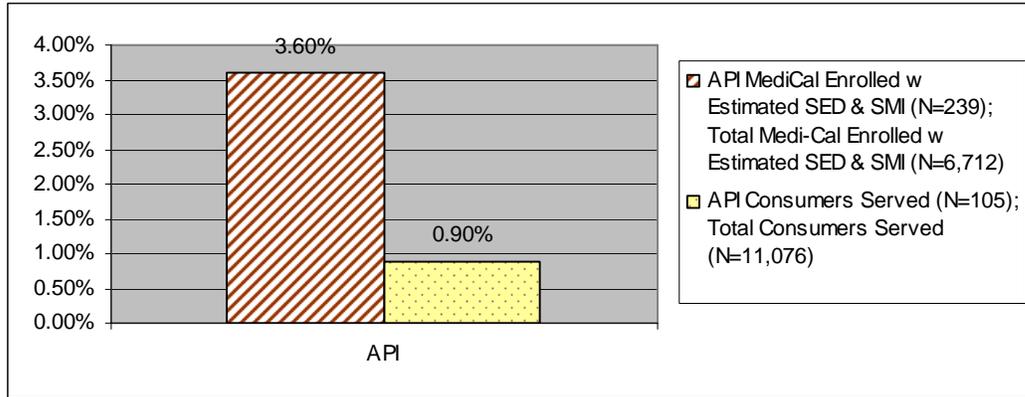
**Figure 15** shows the percent distribution for the Total Population (N=368,037) and for the Population at or Below 200% Federal Poverty Level (N=128,093) by Age Group for CY 2009.

<sup>1</sup> 2009 Population and Poverty Estimates provided by John Hedderson, Walter McDonald Associates, Sacramento, California Urban Research – GIS Section/ISD/SSSD.

<sup>2</sup> Includes Medi-Cal and County General Fund (CGF) clients served in Short Doyle/Medi-Cal Facilities.

**ESTIMATED SED & SMI POPULATION NOT BEING SERVED:**

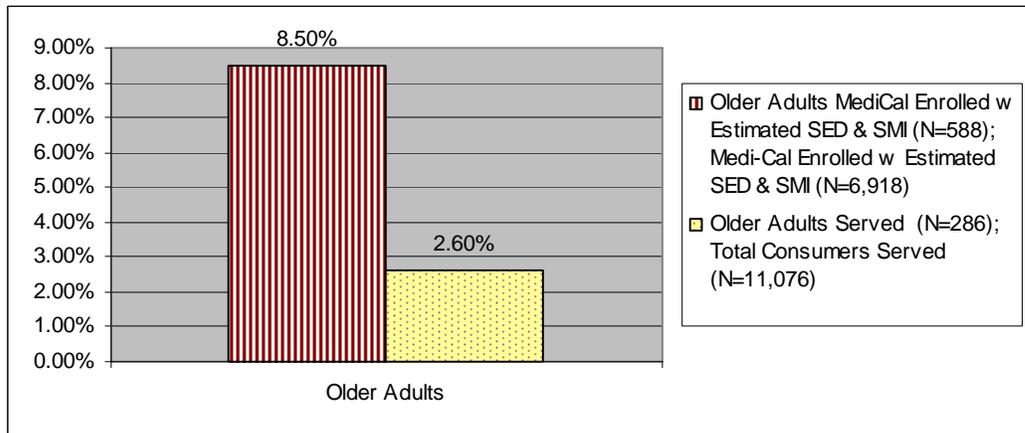
**FIGURE 16: NUMBER OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY ETHNICITY FOR FY 2009-10 IN SA 1**



API=Asian/Pacific Islander  
 Note: Only populations with estimated unmet needs are presented.

**Figure 16** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled Compared with Number of Consumers Being Served by Ethnicity for FY 2009-10. Estimated API unmet need = 239-105 or 134.

**FIGURE 17: NUMBER OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY AGE GROUP FOR FY 2009-10 IN SA 1**

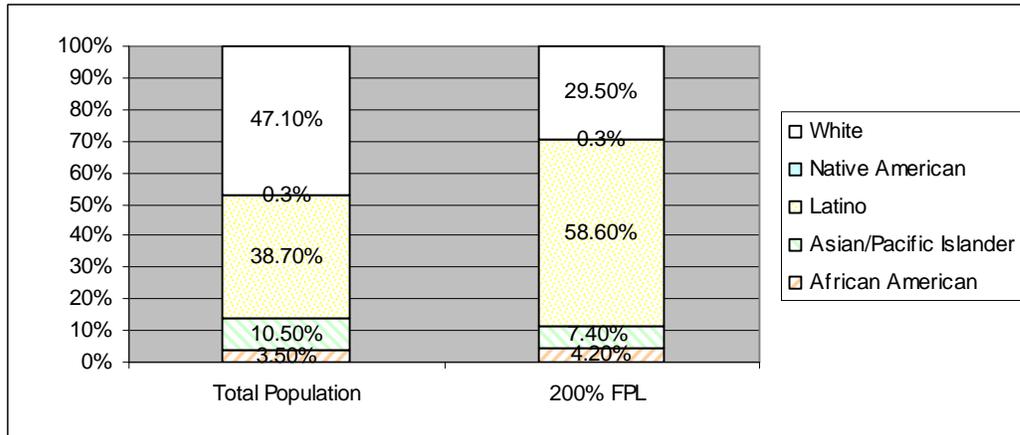


Note: Only Age Groups with estimated unmet needs are presented.

**Figure 17** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled that are receiving services by Age Group for FY 2009-10. Estimated Older Adult unmet need = 588-286 or 302.

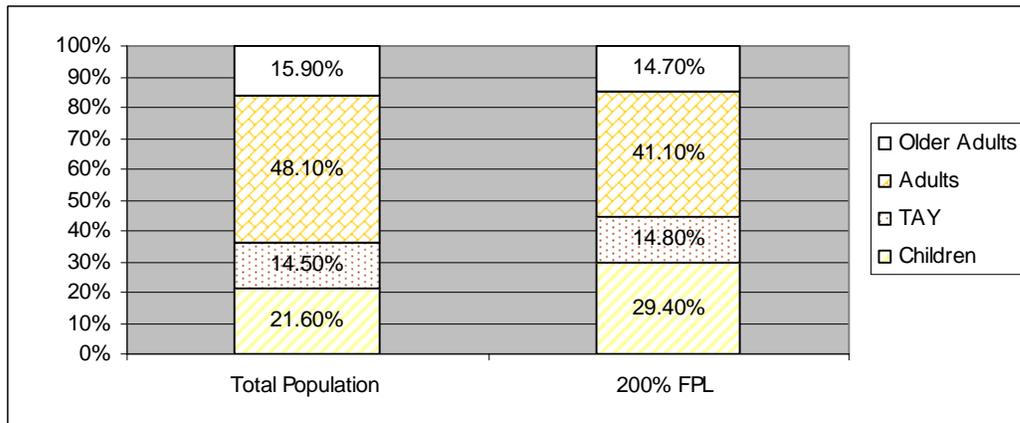
**Service Area 2**

**FIGURE 18: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY ETHNICITY FOR CY 2009 IN SA 2**



**Figure 18** shows the percent distribution for the Total Population (N=2,214,739) and for the Population at or Below 200% Federal Poverty Level (N=663,850) by Ethnicity for CY 2009.

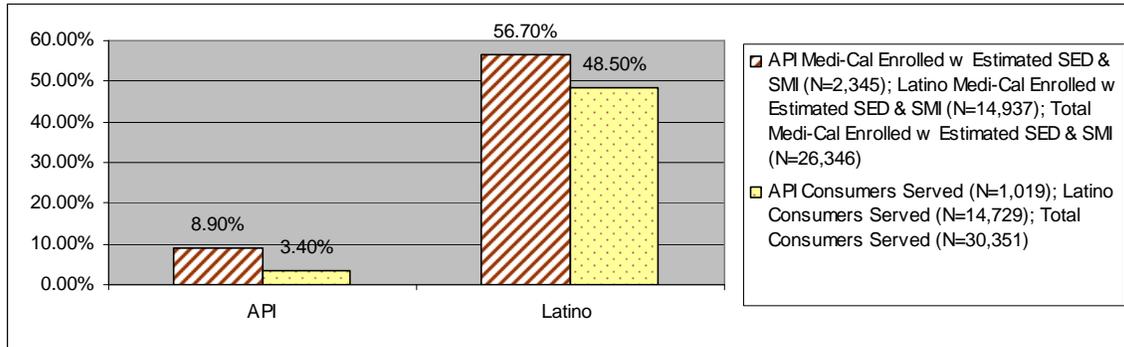
**FIGURE 19: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP FOR CY 2009 IN SA 2**



**Figure 19** shows the percent distribution for the Total Population (N=2,214,739) and for the Population at or Below 200% Federal Poverty Level (N=663,850) by Age Group for CY 2009.

**ESTIMATED SED & SMI POPULATION NOT BEING SERVED:**

**FIGURE 20: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY ETHNICITY FOR FY 2009-10 IN SA 2**

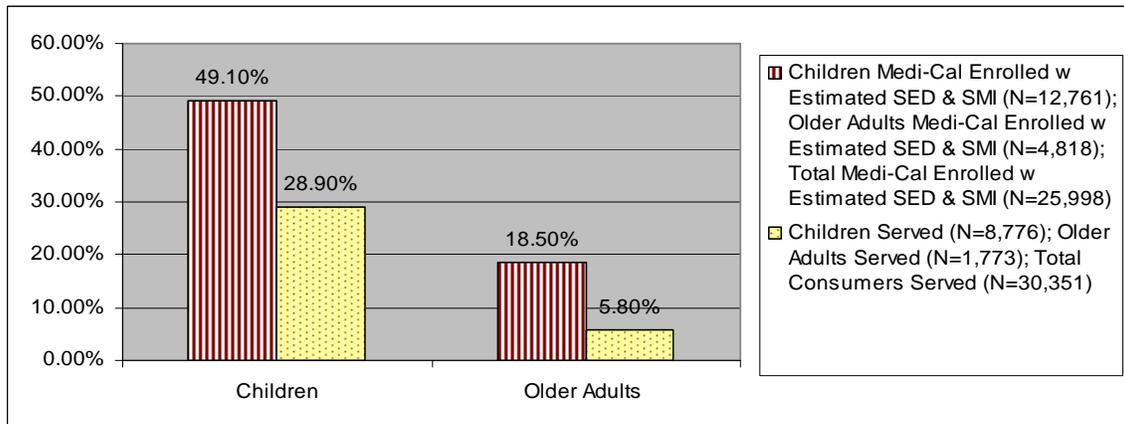


API=Asian/Pacific Islander

Note: Only populations with estimated unmet needs are presented.

**Figure 20** shows Percentages of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled Compared with Percentage of Consumers Being Served by Ethnicity for FY 2009-10. Estimated API unmet need = 2,345-1,019 or 1,326. Estimated Latino unmet need = 14,937-14,729 or 208.

**FIGURE 21: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY AGE GROUP FOR FY 2009-10 IN SA 2**

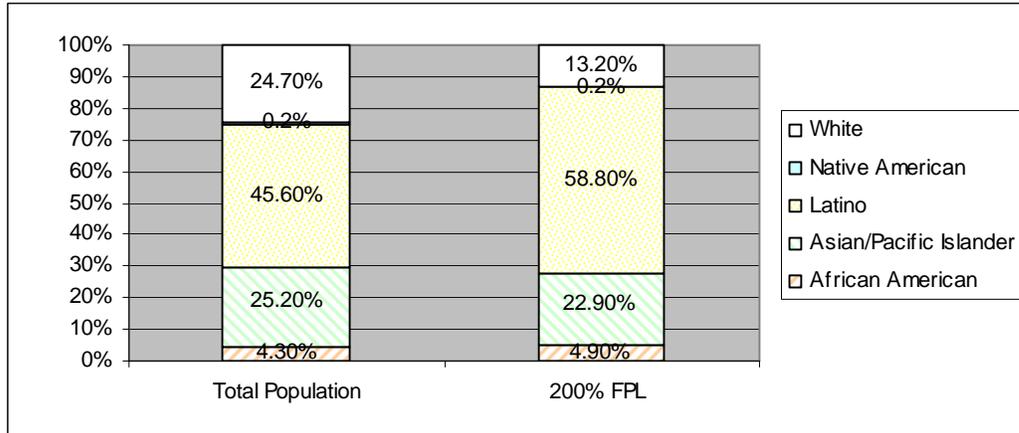


Note: Only Age Groups with estimated unmet needs are presented.

**Figure 21** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled that are receiving services by Age Group for FY 2009-10. Estimated Children unmet need = 12,761-8,776 or 3,985. Estimated Older Adult unmet need = 4,818-1,773 or 3,045.

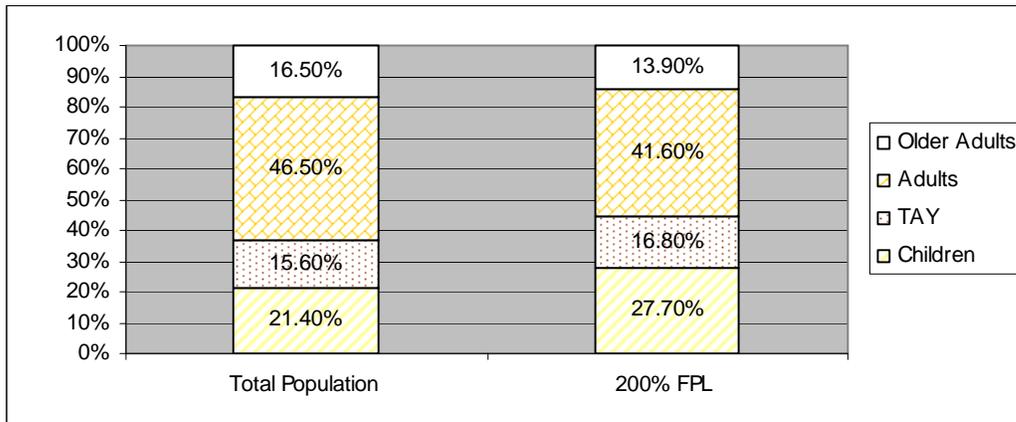
**Service Area 3**

**FIGURE 22: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY ETHNICITY FOR CY 2009 IN SA 3**



**Figure 22** shows the percent distribution for the Total Population (N=1,883,866) and for the Population at or Below 200% Federal Poverty Level (N=598,489) by Ethnicity for CY 2009.

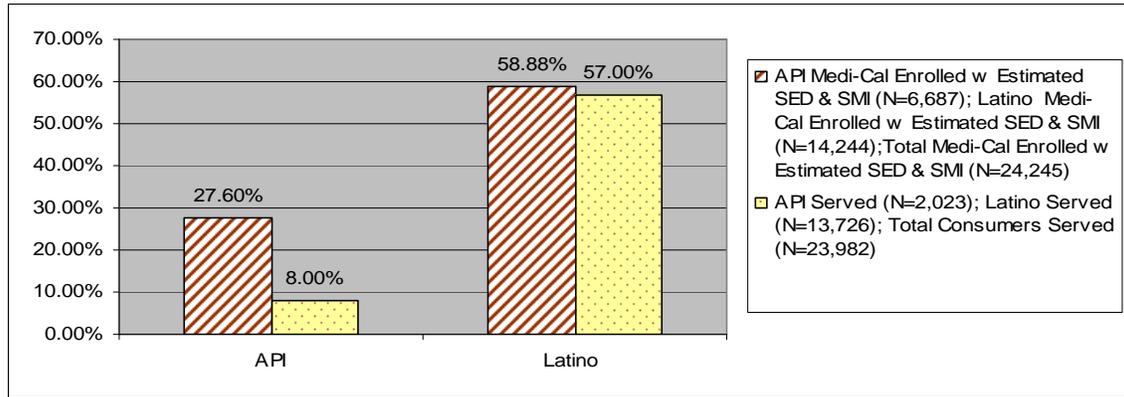
**FIGURE 23: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP FOR CY 2009 IN SA 3**



**Figure 23** shows the percent distribution for the Total Population (N=1,883,866) and for the Population at or Below 200% Federal Poverty Level (N=598,489) by Age Group for CY 2009.

**ESTIMATED SED & SMI POPULATION NOT BEING SERVED:**

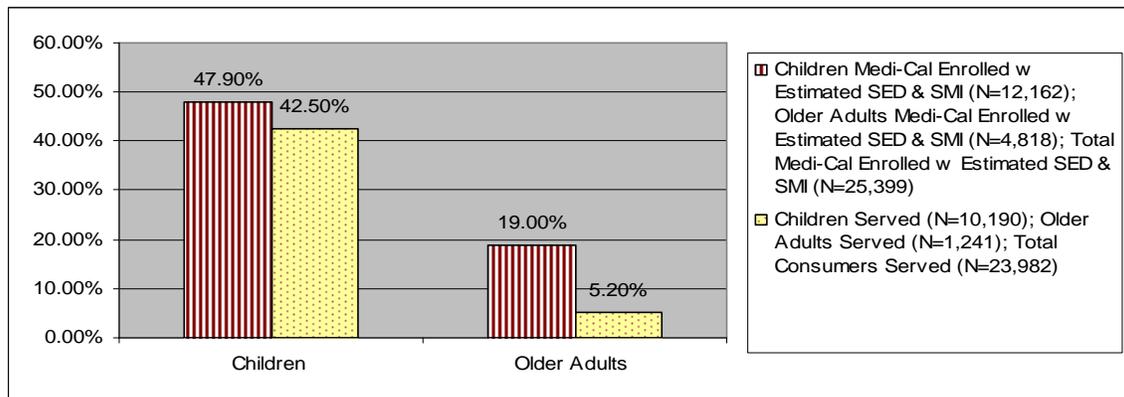
**FIGURE 24: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY ETHNICITY FOR FY 2009-10 IN SA 3**



API=Asian/Pacific Islander  
 Note: Only populations with unmet needs are presented.

**Figure 24** shows Percentages of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled Compared with Percentage of Consumers Being Served by Ethnicity for FY 2009-10. Estimated API unmet need = 6,687-2,023 or 4,664. Estimated Latino unmet need = 14,244-13,726 or 518.

**FIGURE 25: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY AGE GROUP FOR FY 2009-10 IN SA 3**

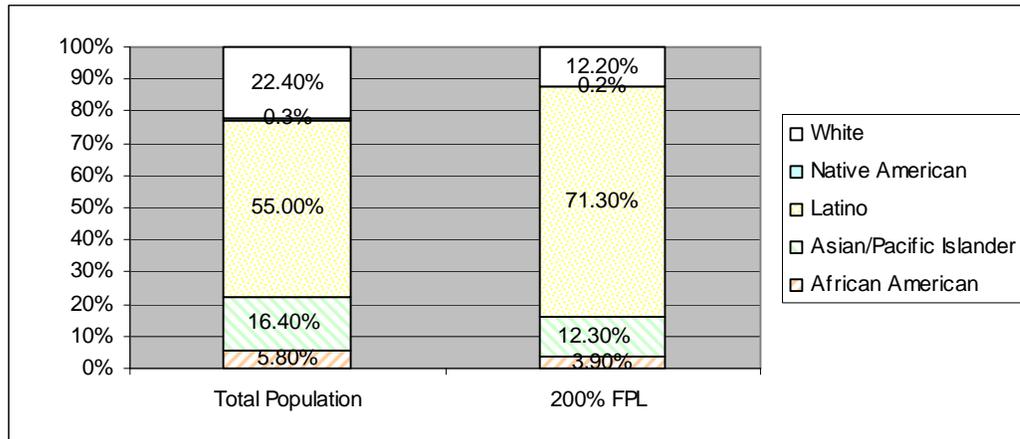


Note: Only Age Groups with unmet needs are presented.

**Figure 25** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled that are receiving services by Age Group for FY 2009-10. Estimated Children unmet need = 12,162-10,190 or 1,972. Estimated Older Adult unmet need = 4,818-1,241 or 3,577.

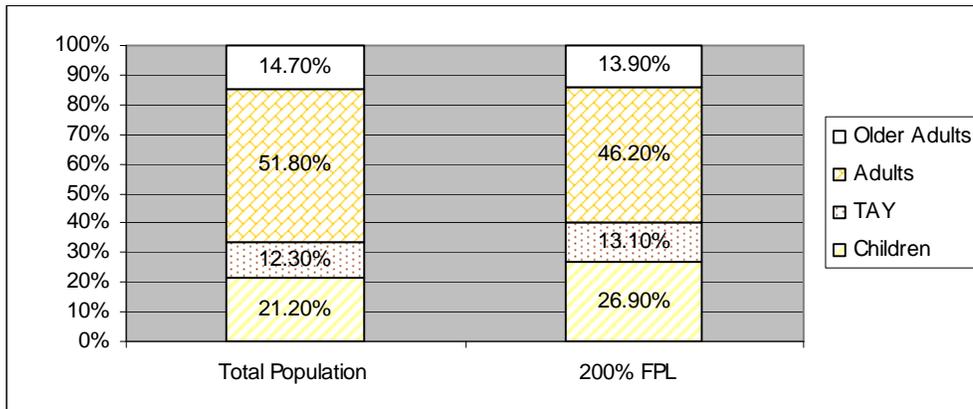
**Service Area 4**

**FIGURE 26: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY ETHNICITY FOR CY 2009 IN SA 4**



**Figure 26** shows the percent distribution for the Total Population (N=1,245,071) and for the Population at or Below 200% Federal Poverty Level (N=577,945) by Ethnicity for CY 2009.

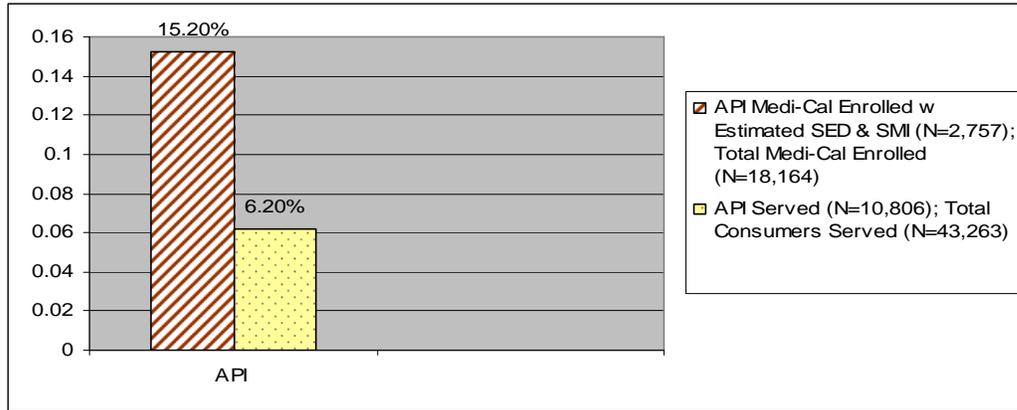
**FIGURE 27: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP FOR CY 2009 IN SA 4**



**Figure 27** shows the percent distribution for the Total Population (N=1,245,071) and for the Population at or Below 200% Federal Poverty Level (N=577,945) by Age Group for CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED:

**FIGURE 28: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY ETHNICITY FOR FY 2009-10 IN SA 4**

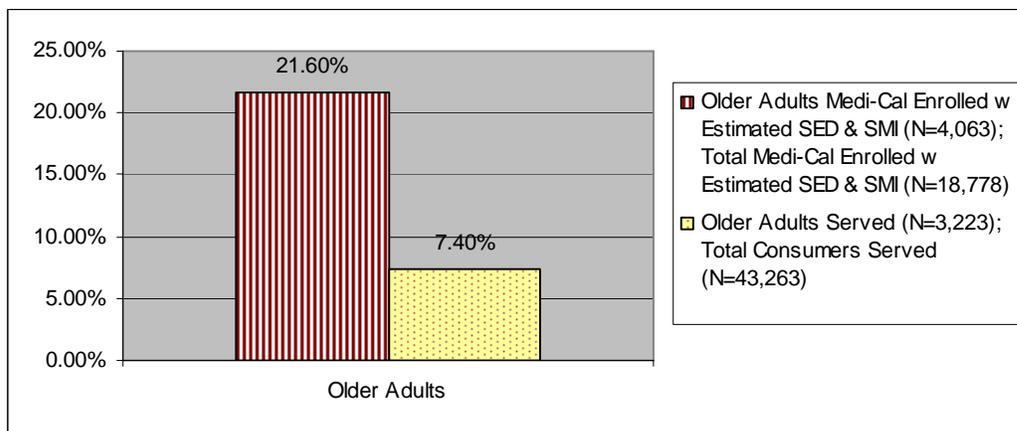


API=Asian/Pacific Islander

Note: Only populations with unmet needs are presented.

**Figure 28** shows Percentages of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled Compared with Percentage of Consumers Being Served by Ethnicity for FY 2009-10. Estimated API unmet need = 2,757-2,699 or 58.

**FIGURE 29: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY AGE GROUP FOR FY 2009-10 IN SA 4**

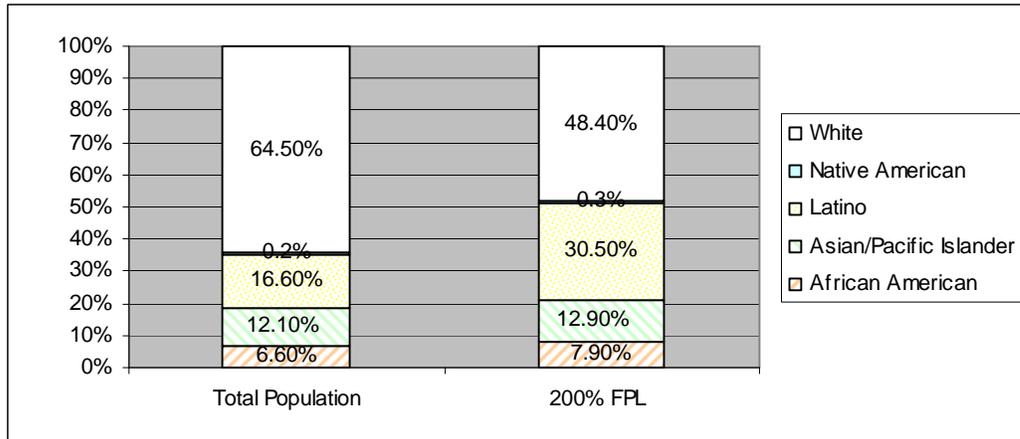


Note: Only Age Groups with estimated unmet needs are presented.

**Figure 29** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled that are receiving services by Age Group for FY 2009-10. Estimated Older adult unmet need = 4,063-3,223 or 840.

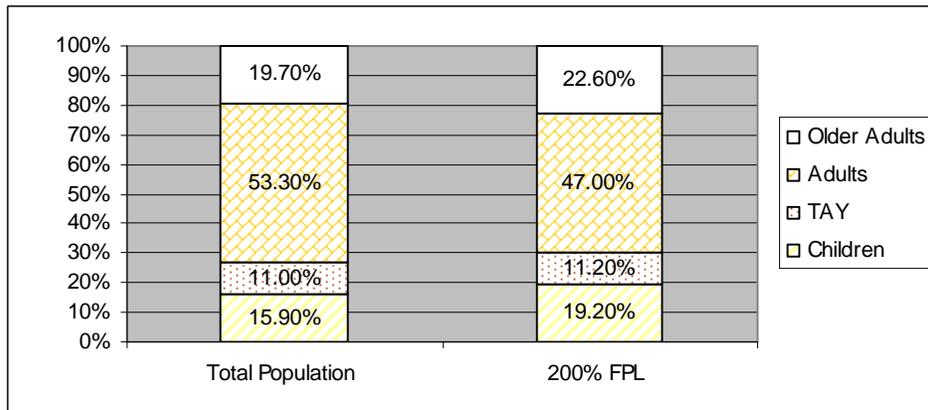
**Service Area 5**

**FIGURE 30: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY ETHNICITY FOR CY 2009 IN SA 5**



**Figure 30** shows the percent distribution for the Total Population (N=651,412) and for the Population at or Below 200% Federal Poverty Level (N=134,831) by Ethnicity for CY 2009.

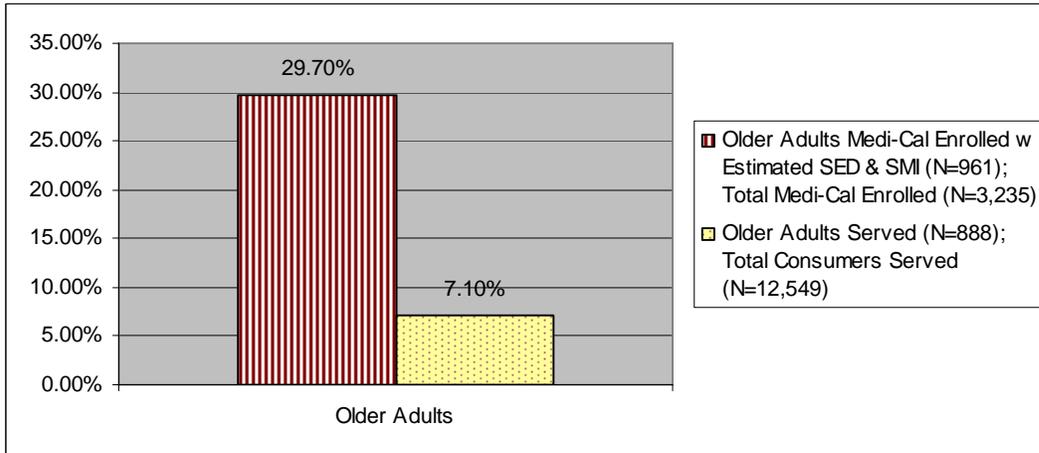
**FIGURE 31: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP FOR CY 2009 IN SA 5**



**Figure 31** shows the percent distribution for the Total Population (N=651,412) and for the Population at or Below 200% Federal Poverty Level (N=134,831) by Age Group for CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED:

**FIGURE 32: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY AGE GROUP FOR FY 2009-10 IN SA 5**

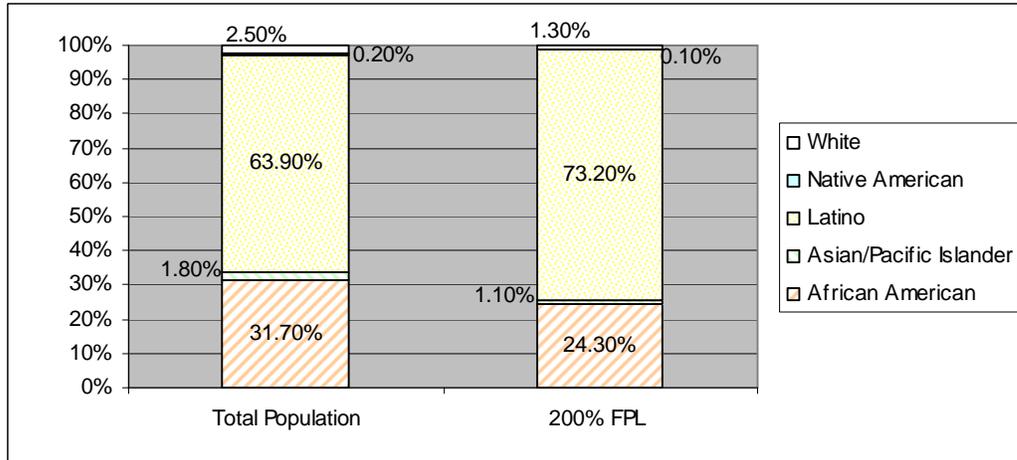


Note: Only Age Groups with estimated unmet needs are presented.

**Figure 32** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled that are receiving services by Age Group for FY 2009-10. Estimated Older Adult unmet need = 961-888 or 73.

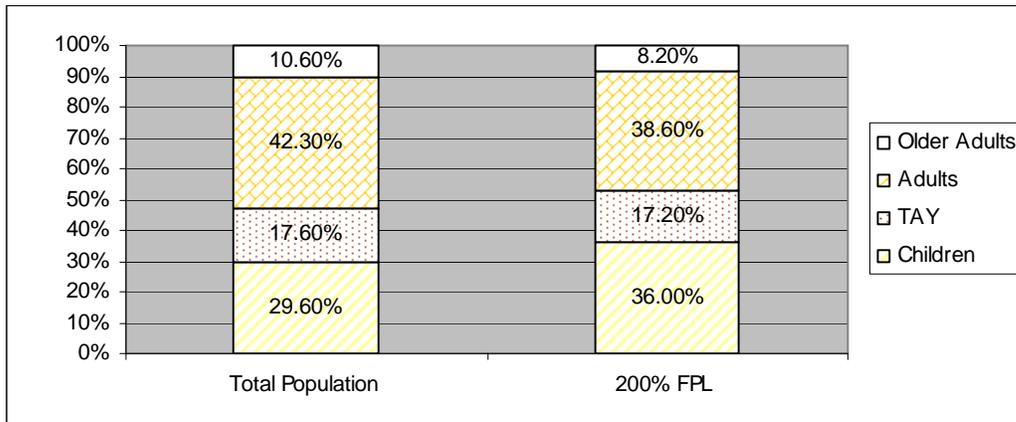
**Service Area 6**

**FIGURE 33: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY ETHNICITY FOR CY 2009 IN SA 6**



**Figure 33** shows the percent distribution for the Total Population (N=1,051,257) and for the Population at or Below 200% Federal Poverty Level (N=608,686) by Ethnicity for CY 2009.

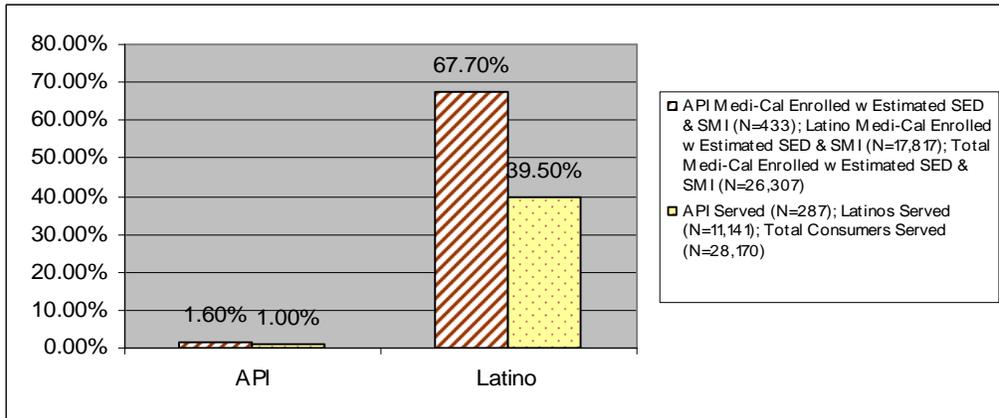
**FIGURE 34: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP FOR CY 2009 IN SA 6**



**Figure 34** shows the percent distribution for the Total Population (N=1,051,257) and for the Population at or Below 200% Federal Poverty Level (N=606,686) by Age Group for CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED:

**FIGURE 35: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY ETHNICITY FOR FY 2009-10 IN SA 6**

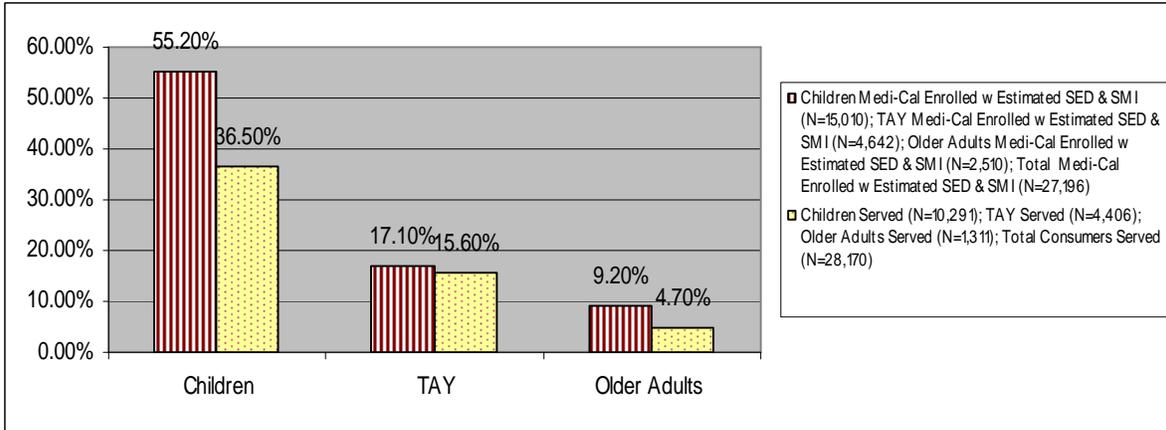


API=Asian/Pacific Islander

Note: Only populations with estimated unmet needs are presented.

**Figure 35** shows Percentages of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled Compared with Percentage of Consumers Being Served by Ethnicity for FY 2009-10. Estimated API unmet need = 433-287 or 146. Estimated Latino unmet need = 17,817-11,141 or 6,676.

**FIGURE 36: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY AGE GROUP FOR FY 2009-10 IN SA 6**

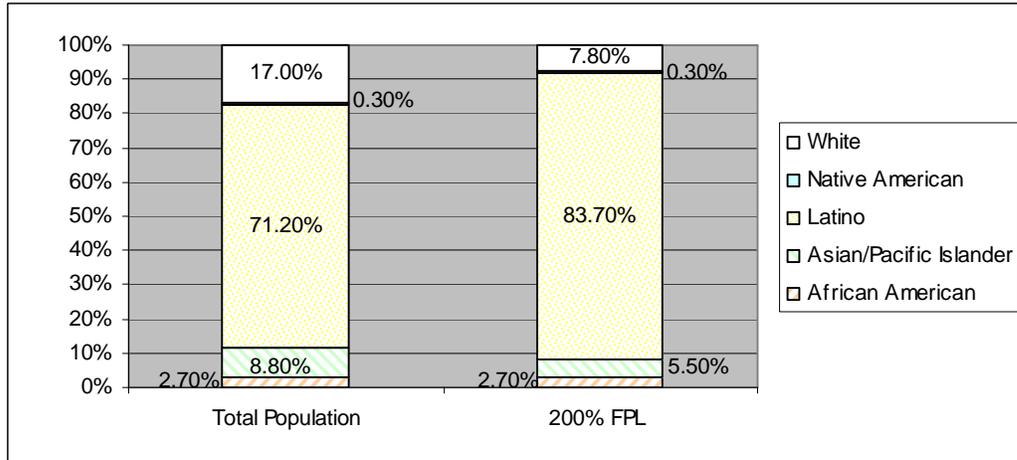


Note: Only Age Groups with estimated unmet needs are presented.

**Figure 36** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled that are receiving services by Age Group for FY 2009-10. Estimated Children unmet need = 15,010-10,291 or 4,719. Estimated Older Adult unmet need = 2,510-1,311 or 1,199. Estimated TAY unmet need = 4,642-4,406 or 236.

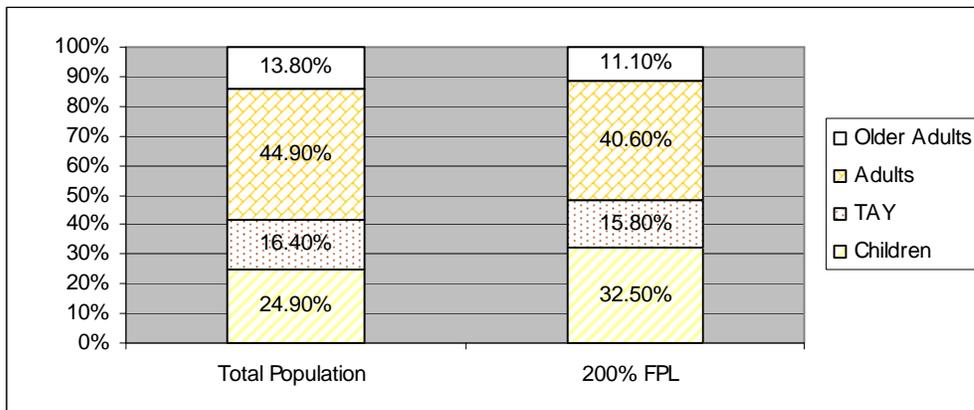
**Service Area 7**

**FIGURE 37: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY ETHNICITY FOR CY 2009 IN SA 7**



**Figure 37** shows the percent distribution for the Total Population (N=1,382,455) and for the Population at or Below 200% Federal Poverty Level (N=542,223) by Ethnicity for CY 2009.

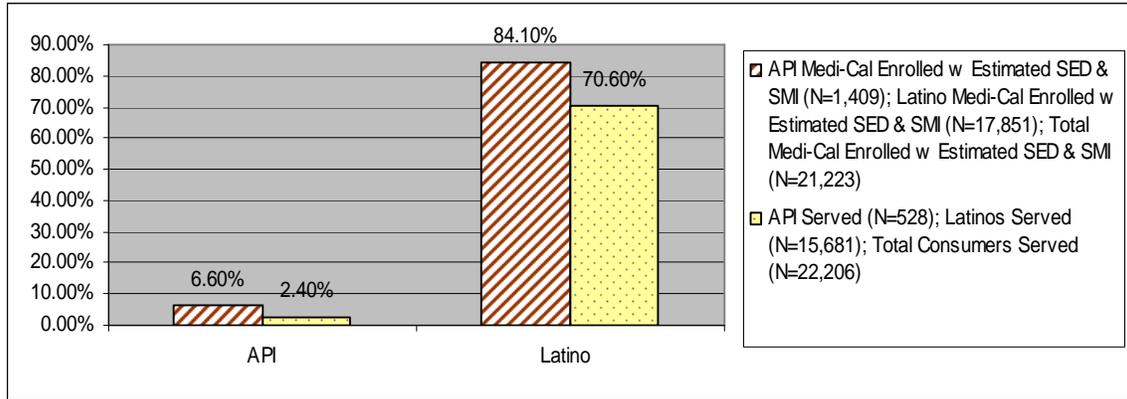
**FIGURE 38: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP FOR CY 2009 IN SA 7**



**Figure 38** shows the percent distribution for the Total Population (N=1,382,455) and for the Population at or Below 200% Federal Poverty Level (N=542,223) by Age Group for CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED:

**FIGURE 39: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY ETHNICITY FOR FY 2009-10 IN SA 7**

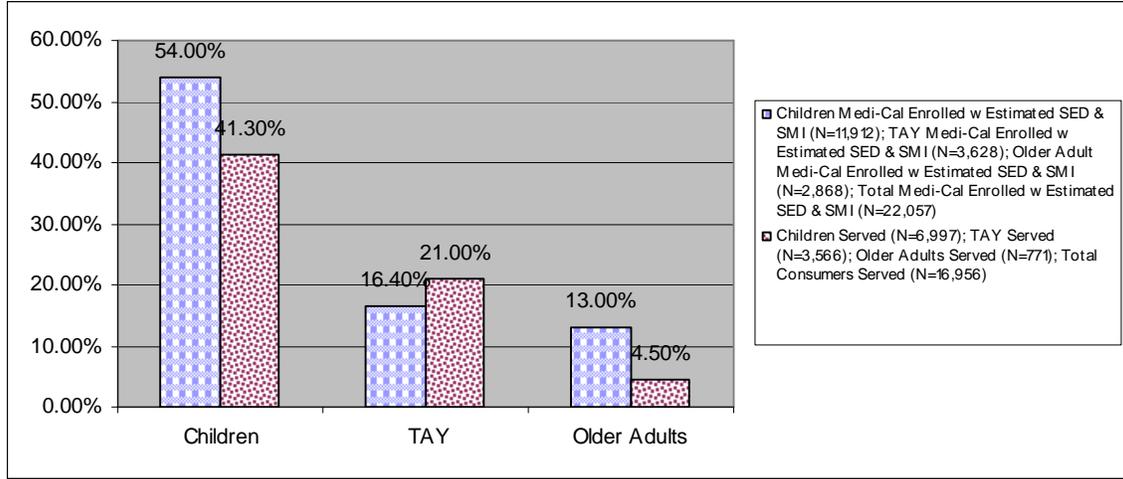


API=Asian/Pacific Islander

Note: Only populations with estimated unmet needs are presented.

**Figure 39** shows Percentages of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled Compared with Percentage of Consumers Being Served by Ethnicity for FY 2009-10. Estimated API with unmet need = 1,409-528 or 881. Estimated Latino unmet need = 17,851-15,681 or 2,170.

**FIGURE 40: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY AGE GROUP FOR FY 2009-10 IN SA 7**

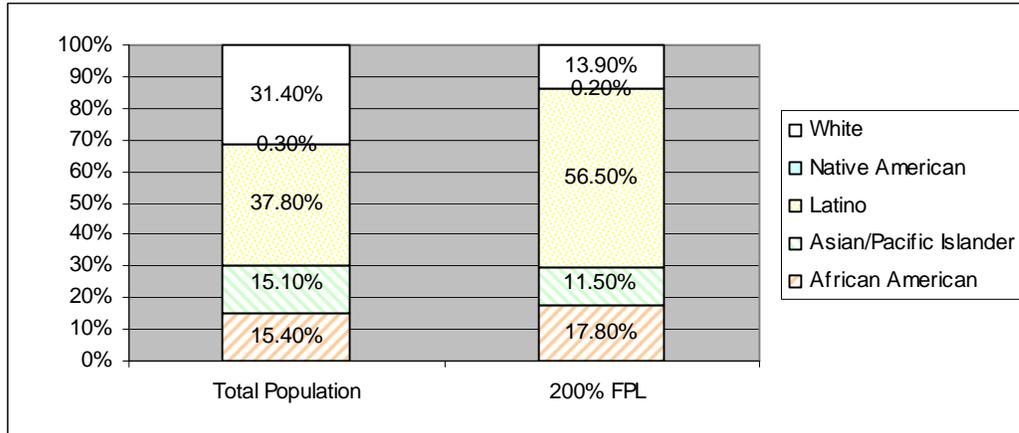


Note: Only Age Groups with estimated unmet needs are presented.

**Figure 40** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled that are receiving services by Age Group for FY 2009-10. Estimated Children unmet need = 11,912-6,997 or 4,915. Estimated Older Adult unmet need = 2,868-771 or 2,097. Estimated TAY unmet need = 3,628-3,566 or 62.

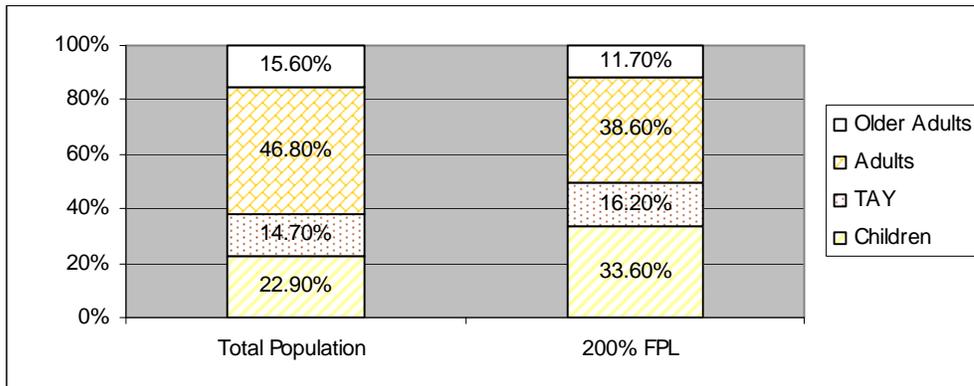
**Service Area 8**

**FIGURE 41: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY ETHNICITY FOR CY 2009 IN SA 8**



**Figure 41** shows the percent distribution for the Total Population (N=1,619,259) and for the Population at or Below 200% Federal Poverty Level (N=480,509) by Ethnicity for CY 2009.

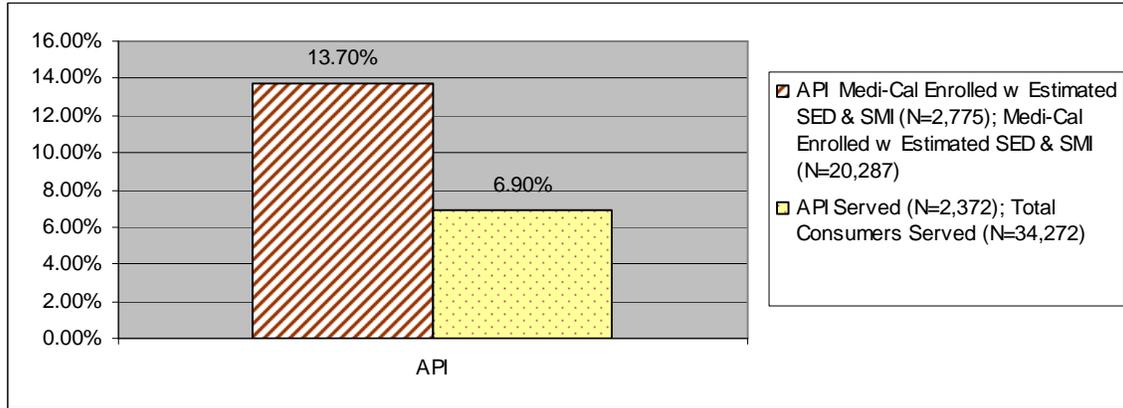
**FIGURE 42: TOTAL POPULATION AND POPULATION AT OR BELOW 200% FEDERAL POVERTY LEVEL BY AGE GROUP FOR CY 2009 IN SA 8**



**Figure 42** shows the percent distribution for the Total Population (N=1,619,259) and for the Population at or Below 200% Federal Poverty Level (N=480,509) by Age Group for CY 2009.

ESTIMATED SED & SMI POPULATION NOT BEING SERVED:

**FIGURE 43: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY ETHNICITY FOR FY 2009-10 IN SA 8**

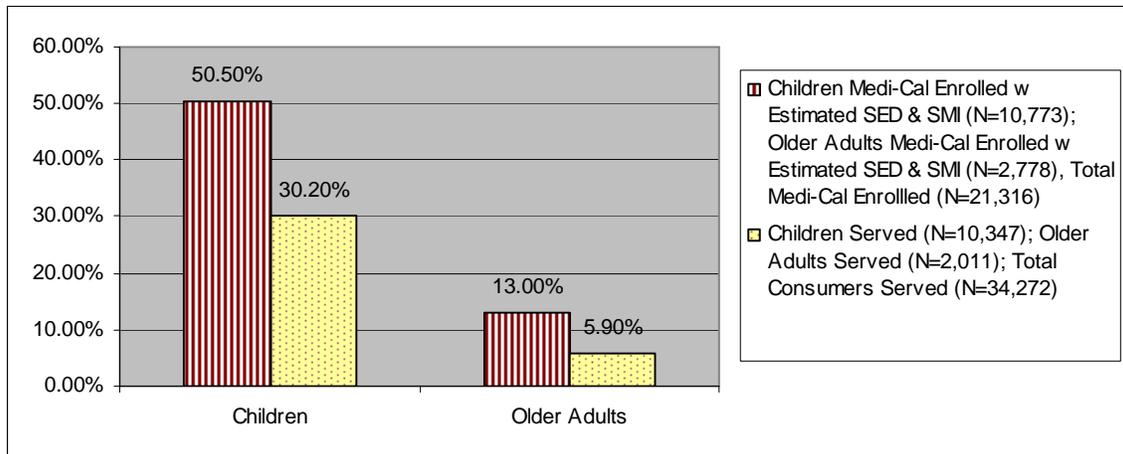


API=Asian/Pacific Islander

Note: Only populations with estimated unmet needs are presented.

**Figure 43** shows Percentages of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled Compared with Percentage of Consumers Being Served by Ethnicity for FY 2009-10. Estimated API unmet need = 2,775-2,372 or 403.

**FIGURE 44: PERCENT OF MEDI-CAL ENROLLED CONSUMERS WITH ESTIMATED SED & SMI THAT ARE RECEIVING SERVICES BY AGE GROUP FOR FY 2009-10**



Note: Only Age Groups with estimated unmet needs are presented.

**Figure 44** shows Percent of Consumers with Estimated SED & SMI that are Medi-Cal Enrolled that are receiving services by Age Group for FY 2009-10. Estimated Children unmet need = 10,773-10,347 or 426. Estimated Older Adults unmet need = 2,778-2,011 or 767.

## **Section 3**

### **QI WORK PLAN EVALUATION REPORT FOR CY 2010**

LACDMH provides a full array of treatment services as required under W&IC Sections 5600.9, State Medi-Cal Oversight Review Protocols. The QI Work Plan Goals are in place to continuously improve the quality of the service delivery system. In accordance with State standards, the LACDMH evaluation of Quality Improvement activities are structured and organized according to the following:

1. Monitoring Service Delivery Capacity
2. Monitoring Accessibility of Services
3. Monitoring Beneficiary Satisfaction
4. Monitoring Clinical Care
5. Monitoring Continuity of Care
6. Monitoring of Provider Appeals

### **QI WORK PLAN GOALS**

The QI Work Plan Goals for 2010, within the 6 broad domains identified above, define specific goals for particular activities. Each of these activities pertain to key functions carried out by LACDMH in addressing the Mental Health needs of the community. These specific goals, which are outlined in the QI Work Plan for CY 2010 presented below, include access to services of under-represented populations, timeliness of services, addressing language needs of consumers, monitoring consumers' satisfaction with services, and other goals as identified by the LACDMH.

Consistent with the federal Block Grant and State Performance Contract, the LACDMH selects performance indicators for their relevance, feasibility, scientific validity, and meaningful value in improving the lives of consumers, families, and stakeholders of mental health services. A uniform set of performance indicators are utilized to ensure accountability and effectiveness of the quality and quantity of community and hospital based services. The selected measures are also consistent with national and standardized empirically-derived performance indicators from the 16-State Study (Lutterman, et al. 2003) and recommendations from the National Association of State Mental Health Program Directors Research Institute (NASMHPD).

In the Work Plan Evaluation which follows, the extent to which LACDMH has reached each stipulated goal is evaluated.

## QUALITY IMPROVEMENT WORK PLAN CY 2010

### I. MONITORING SERVICE DELIVERY CAPACITY

1. Utilize data to set percentage of improvement in penetration and retention rates for underserved Latino and Asian/Pacific Islander populations.
  - a. Increase Latino penetration rates by 1.3%; from 21.5% in FY 08-09 to 22.8% in FY 09-10.
  - b. Increase Asian/Pacific Islander penetration rates by 1.5%; from 10.3% in FY 08-09 to 11.8% in FY 09-10.
  - c. Increase Latino retention rates by 1.5%; from 50.4% in FY 08-09 to 51.9% in FY 09-10 for 16 or more services and from 43.7% in FY 08-09 to 45.2% in FY 09-10 for 5 to 15 services.
  - d. Increase Asian/Pacific Islander retention rates by 1.5% from 4.17% in FY 08-09 to 5.67% in FY 09-10 for 16 or more services and from 4.27% to 5.77 for 5 to 15 services.
2. The Cultural Competency Unit, in collaboration with the Cultural Competency Committee and the Quality Improvement Council, will identify and select LACDMH forms for translation into the threshold languages following approval by the Executive Management Team by the end of CY 2010.
3. By April 2010, the 2008 Cultural Competency Organizational Assessment will be further developed by factoring out neutral responses to establish the strength of favorable and unfavorable responses in order for EMT to determine action steps.
4. Interpreter Training Program upgrades to be completed to: a. increase practicum interactions between staff and class instructor, b. increase focus on interpreter training for mental health settings and c. include DSM IV Culture-Bound Syndromes. Continue to provide a minimum of six (6) Interpreter Training Courses during the year.
5. Completion of the Cultural Competency Plan with date of completion to be established once the new guidelines become available from the State Department of Mental Health.

### II. MONITORING ACCESSIBILITY OF SERVICES

1. Re-Adjust access to after-hours care at 68% of PMRT response time of one hour between PMRT acknowledgements of the call to PMRT arrival on the scene and continue year to year trending (effective August 1, 2009, after hour PMRT coverage was reduced from 9 teams to 3 teams due to the budget crisis, resulting in re-adjustment of goal).
2. Adjust the rate of abandoned calls (responsiveness of the 24-hour toll free number) to an overall annual rate from 13% to 14%
3. Increase the overall rate by 4% from 84% in CY 2009 to 88% in CY 2010 for consumers/families reporting that they are able to receive services at convenient locations and continue year to year trending. [Source: Performance Outcomes].
4. Increase the overall rate by 3% from 87% in CY 2009 to 90% in CY 2010 for consumer/families reporting that they are able to receive services at convenient times and continue year to year trending. [Source: Performance Outcomes].

### III. MONITORING BENEFICIARY SATISFACTION

1. Participate with CDMH new survey methodology (once a year) for the Statewide Performance Outcomes, determine improved survey sampling methodology, and continue year to year trending.
2. Increase by 1% from 89% in CY 2009 to 90% in CY 2010 consumers/families reporting that staff was sensitive to cultural/ethnic background [Source: Performance Outcomes].
3. Increase by 1% from 137.7 in CY 2009 to 138.7 in CY 2010 for the Overall Satisfaction Average Mean Score and initiate year to year trending. [Source: Performance Outcomes]
4. Maintain at 97% consumers/families reporting that written materials are available in their preferred language and continue year to year trending.
5. Apply Performance Outcomes findings to identify areas for improvement for Service Area QICs for use in quality improvement activities, especially to support capacity, access, language services, and application of Service Area Directories.
6. Monitor and improve beneficiary grievances, appeals and State Fair Hearings processes including instituting new electronic system and annual reporting for policy changes.
7. Monitor and improve responsiveness to Beneficiary Change of Provider Requests. Monitor reports on the reasons given by consumers for their change of provider request and integrate measures into new electronic system.

### IV. MONITORING CLINICAL CARE

1. Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for existing staff and for new staff.
2. Conduct EPSDT Performance Improvement Project (PIP) to ensure that each consumer receives services that are appropriate, effective and efficient.

### V. MONITORING CONTINUITY OF CARE

Utilize Performance Outcome measures to monitor continuity of care in 2 areas:

1. Consumers receiving continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital (Post Hospitalization Outpatient Access – PHOA) and conduct RC2 PIP in collaboration with APS/EQRO and Statewide consultants.
2. Conduct pilot project for timeliness of appointments as related to tracking and assessing “no shows”.

### VI. MONITORING OF PROVIDER APPEALS

1. Continue monitoring the rate of zero appeals through CY 2010.

## I. MONITORING SERVICE DELIVERY CAPACITY

### Goal #1

*Utilize data to set percentage of improvement in penetration and retention rates for underserved Latino and Asian/Pacific Islander populations.*

- a. Increase Latino penetration rates by 1.3%; from 21.5% in FY 08-09 to 22.8% in FY 09-10.*
- b. Increase Asian/Pacific Islander penetration rates by 1.5%; from 10.3% in FY 08-09 to 11.8% in FY 09-10.*
- c. Increase Latino retention rate by 1.5%; from 50.4% in FY 08-09 to 51.9% in FY 09-10 for 16 or more services and from 43.7% in FY 08-09 to 45.2% in FY 09-10 for 5 to 15 services.*
- d. Increase Asian/Pacific Islander retention rates by 1.5% from 4.17% in FY 08-09 to 5.67% in FY 09-10 for 16 or more services and from 4.27% to 5.77% for 5 to 15 services.*

**Penetration rate numerator:** Number of consumers served by ethnicity.

**Penetration rate denominator:** Prevalence of SMI and SED among total County Population.

**Retention rate numerator:** Number of consumers receiving given number of services.

**Retention rate denominator:** Total number of consumers receiving services.

## EVALUATION

The goals for the Latino population have been met. The goals for the Asian/Pacific Islanders have been partially met.

The LACDMH utilizes Penetration (Service Utilization) Rates to address the fundamental accessibility of mental health services to the identified target populations. This national measure monitors systems for their responsiveness to the different types of populations for which they are responsible and serves as the primary rationale for using this indicator. This indicator and Retention Rates help determine the disparities and set goals for improvement.

A primary goal of the LACDMH is to foster accessibility of services to under-served populations. In the County of Los Angeles, the largest ethnic groups regarded as underserved are the Latino and Asian/Pacific Islander populations. An ongoing goal for LACDMH is to continue to address the barriers to services affecting these ethnic groups in particular, but also all underserved target populations.

The Quality Improvement Division and the Planning Division will continue to collaborate to provide effective mental health services for all ethnic groups; and

ascertain that the mental health workforce is increasingly sensitive to cultural differences impacting treatment.

(For the analysis below, please refer to Table 22 for Penetration Data, as well as Figures 14 through 21 for Service Area Penetration Rates for populations below 200% Federal Poverty Level. Please refer to Table 23 and Table 24 for Retention data.)

- a. The Penetration Rate for the Latino population, over four years, increased by 5.3% from 20.4% in FY 06-07 to 25.7% in FY 09-10. The Penetration Rate for the Latinos living at or below 200% poverty, over four years, increased by 2.5% from 42.5% in FY 06-07 to 45.0% in FY 09-10.
- b. The Penetration Rate for the Asian/Pacific Islander population, over four years, remained the same at 9.7% from FY 06-07 to FY 09-10. The Penetration Rate for the Asian/Pacific Islanders living at or below 200% poverty, over four years, decreased by 3.2% from 31.5% in FY 06-07 to 28.3% in FY 09-10.
- c. The Latino Retention Rate for FY 09-10 for 5-15 services increased by 0.9% from 43.7% in FY 08-09 to 44.6% in FY 09-10. The Retention Rate for 16 or more services increased by 1.6% from 50.4% in FY 08-09 to 52.0% in FY 09-10. The goal for increase in Retention Rate by 1.5% for 16 or more services was met, however the goal of increase by 1.5% in the Retention Rate for 5-15 services was not met.
- d. The Asian/Pacific Islander Retention Rate for 5-15 services remained the same at 4.3% in FY 08-09 and 4.3% in FY 09-10. The Retention Rate for 16 or more services increased by 0.4% from 4.3% in FY 08-09 to 4.7% in FY 09-10. The goal for increase in Retention Rate by 1.5% for more than 16 services and the goal of increase in the Retention Rate by 1.5% for 5-15 services were not met.

**Table 22** shows Penetration Rates for Serious Mental Illness (SMI) and Severely Emotionally Disturbed (SED) - FY 09-10.

**TABLE 22: PENETRATION RATES FOR SERIOUS EMOTIONAL DISTURBANCE (SED) AND SERIOUS MENTAL ILLNESS (SMI) - FY 09-10**

| <b>Ethnicity by Service Area (SA)</b> | <b>Number of Consumers Served in FY 09-10</b> | <b>Population of County of Los Angeles Estimated with SED and SMI</b> | <b>Penetration Rates for Population in County of Los Angeles Estimated with SED and SMI</b> | <b>Population of County of Los Angeles Estimated with SED and SMI AND Living at or Below 200% FPL<sup>1</sup></b> | <b>Penetration Rates for Population in County of Los Angeles Estimated with SED and SMI AND Living at or Below 200% FPL</b> |
|---------------------------------------|---|---|---|---|---|
| <b>SA 1</b>                           |   |   |   |   |   |
| White                                 | 2,749   | 10,020  | 27.4%   | 3,213   | 85.6%   |
| African American                      | 4,097   | 3,719   | 110.2%  | 2,254   | 181.8%  |
| Latino                                | 4,074   | 10,836  | <b>37.6%</b>  | 5,386   | <b>75.6%</b>  |
| American Indian                       | 59  | 134   | 44.0%   | 72  | 81.9%   |
| Asian/Pacific Islander                | 105   | 993   | <b>10.6%</b>  | 341   | <b>30.8%</b>  |
| <b>Total</b>                          | <b>11,084</b>                                 | <b>25,702</b>   | <b>43.1%</b>  | <b>11,266</b>   | <b>98.4%</b>  |
| <b>SA 2</b>                           |   |   |   |   |   |
| White                                 | 10,209  | 65,879  | 15.5%   | 17,124  | 59.6%   |
| African American                      | 4,273   | 5,548   | 77.0%   | 2,441   | 175.1%  |
| Latino                                | 14,745  | 65,603  | <b>22.5%</b>  | 34,546  | <b>42.7%</b>  |
| American Indian                       | 136   | 391   | 34.8%   | 160   | 85.0%   |
| Asian/Pacific Islander                | 1,019   | 16,289  | <b>6.3%</b>   | 4,395   | <b>23.2%</b>  |
| <b>Total</b>                          | <b>30,382</b>                                 | <b>153,710</b>  | <b>19.8%</b>  | <b>58,666</b>   | <b>51.8%</b>  |
| <b>SA 3</b>                           |   |   |   |   |   |
| White                                 | 4,546   | 29,412  | 15.5%   | 6,923   | 65.7%   |
| African American                      | 3,578   | 5,752   | 62.2%   | 2,534   | 141.2%  |
| Latino                                | 13,752  | 65,742  | <b>20.9%</b>  | 31,235  | <b>44.0%</b>  |
| American Indian                       | 126   | 301   | 41.9%   | 113   | 111.5%  |
| Asian/Pacific Islander                | 2,023   | 33,289  | <b>6.1%</b>   | 12,312  | <b>16.4%</b>  |
| <b>Total</b>                          | <b>24,025</b>                                 | <b>134,496</b>  | <b>17.9%</b>  | <b>53,117</b>   | <b>45.2%</b>  |
| <b>SA 4</b>                           |   |   |   |   |   |
| White                                 | 8,442   | 17,664  | 47.8%   | 6,192   | 136.3%  |
| African American                      | 10,816  | 5,195   | 208.2%  | 1,939   | 557.8%  |
| Latino                                | 21,130  | 52,494  | <b>40.3%</b>  | 36,610  | <b>57.7%</b>  |
| American Indian                       | 213   | 223   | 95.5%   | 90  | 236.7%  |
| Asian/Pacific Islander                | 2,701   | 14,317  | <b>18.9%</b>  | 6,416   | <b>42.1%</b>  |
| <b>Total</b>                          | <b>43,302</b>                                 | <b>89,893</b>   | <b>48.2%</b>  | <b>51,247</b>   | <b>84.5%</b>  |

**TABLE 22: PENETRATION RATES FOR SERIOUS MENTAL ILLNESS (SMI) AND SERVERLY EMOTIONALLY DISTURBED (SED) - FY 09-10**

| <b>Ethnicity by Service Area (SA)</b>                           | <b>Number of Consumers Served in FY 09-10</b> | <b>Population of County of Los Angeles Estimated with SED and SMI</b> | <b>Penetration Rates for Population in County of Los Angeles Estimated with SED and SMI</b> | <b>Population of County of Los Angeles Estimated with SED and SMI AND Living at or Below 200% FPL<sup>1</sup></b> | <b>Penetration Rates for Population in County of Los Angeles Estimated with SED and SMI AND Living at or Below 200% FPL</b> |
|---|---|---|---|---|---|
| <b>SA 5</b>   |   |   |   |   |   |
| White   | 5,105   | 26,545  | 19.2%   | 5,713   | 89.4%   |
| African American  | 3,758   | 3,104   | 121.1%  | 928   | 405.0%  |
| Latino  | 3,264   | 8,265   | <b>39.5%</b>  | 3,652   | <b>89.4%</b>  |
| American Indian   | 60  | 90  | 66.7%   | 27  | 222.2%  |
| Asian/Pacific Islander  | 373   | 5,523   | <b>6.8%</b>   | 1,562   | <b>23.9%</b>  |
| <b>Total</b>  | <b>12,560</b>                                 | <b>43,527</b>   | <b>28.9%</b>  | <b>11,882</b>   | <b>105.7%</b>   |
| <b>SA 6</b>   |   |   |   |   |   |
| White   | 1,328   | 1,649   | 80.5%   | 683   | 194.4%  |
| African American  | 15,403  | 23,899  | 64.5%   | 12,827  | 120.1%  |
| Latino  | 11,160  | 51,466  | <b>21.7%</b>  | 39,569  | <b>28.2%</b>  |
| American Indian   | 48  | 114   | 42.1%   | 40  | 120.0%  |
| Asian/Pacific Islander  | 287   | 1,310   | <b>21.9%</b>  | 629   | <b>45.6%</b>  |
| <b>Total</b>  | <b>28,226</b>                                 | <b>78,438</b>   | <b>36.0%</b>  | <b>53,748</b>   | <b>52.5%</b>  |
| <b>SA 7</b>   |   |   |   |   |   |
| White   | 2,854   | 14,867  | 19.2%   | 3,700   | 77.1%   |
| African American  | 2,832   | 2,676   | 105.8%  | 1,274   | 222.3%  |
| Latino  | 15,710  | 75,358  | <b>20.8%</b>  | 40,321  | <b>39.0%</b>  |
| American Indian   | 327   | 278   | 117.6%  | 109   | 300.0%  |
| Asian/Pacific Islander  | 529   | 8,536   | <b>6.2%</b>   | 2,675   | <b>19.8%</b>  |
| <b>Total</b>  | <b>22,252</b>                                 | <b>101,715</b>  | <b>21.9%</b>  | <b>48,079</b>   | <b>46.3%</b>  |
| <b>SA 8</b>   |   |   |   |   |   |
| White   | 7,666   | 32,108  | 23.9%   | 5,853   | 131.0%  |
| African American  | 10,917  | 17,897  | 61.0%   | 7,436   | 146.8%  |
| Latino  | 13,050  | 46,928  | <b>27.8%</b>  | 24,116  | <b>54.1%</b>  |
| American Indian   | 144   | 288   | 50.0%   | 87  | 165.5%  |
| Asian/Pacific Islander  | 2,372   | 17,146  | <b>13.8%</b>  | 4,965   | <b>47.8%</b>  |
| <b>Total</b>  | <b>34,149</b>                                 | <b>114,367</b>  | <b>29.9%</b>  | <b>42,457</b>   | <b>80.4%</b>  |
| <b>Countywide (Consumers Served in At Least 1 Service Area)</b> |   |   |   |   |   |
| White   | 37,083  | 198,144   | 18.7%   | 49,401  | 75.1%   |
| African American  | 45,102  | 67,790  | 66.5%   | 31,634  | 142.6%  |
| Latino  | 83,498  | 376,692   | <b>22.2%</b>  | 215,435   | <b>38.8%</b>  |
| American Indian   | 940   | 1,820   | 51.6%   | 699   | 134.5%  |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
| Asian/Pacific Islander   | 8,455                                  | 97,405   | <b>8.7%</b>  | 33,294   | <b>25.4%</b>  |
| <b>Total</b>   | 175,078                                | 741,851  | 23.6%  | 330,463  | 53.0%   |
| <b>Countywide (Consumers Served in One or More Service Areas)</b>  |  |  |  |  |   |
| White  | 42,899                                 | 198,144  | 21.7%  | 49,401   | 86.8%   |
| African American   | 55,674                                 | 67,790   | 82.1%  | 31,633   | 176.0%  |
| Latino   | 96,885                                 | 376,692  | <b>25.7%</b>   | 215,435  | <b>45.0%</b>  |
| <b>Ethnicity by Service Area (SA)</b>  | Number of Consumers Served in FY 09-10 | Population of County of Los Angeles Estimated with SED and SMI | Penetration Rates for Population in County of Los Angeles Estimated with SED and SMI | Population of County of Los Angeles Estimated with SED and SMI <u>AND</u> Living at or Below 200% Poverty <sup>1</sup> | Penetration Rates for Population in County of Los Angeles Estimated with SED and SMI <u>AND</u> Living at or Below 200% Poverty |
| American Indian  | 1,113                                  | 1,819  | 61.2%  | 698  | 159.5%  |
| Asian/Pacific Islander   | 9,409                                  | 97,403   | <b>9.7%</b>  | 33,295   | <b>28.3%</b>  |
| <b>Total</b>   | 205,980                                | 741,848  | 27.8%  | 330,462  | 62.3%   |
| <p>1 FPL= Federal Poverty Level. Note: Numbers Served represent consumers served by LACDMH in Short Doyle/Medi-Cal Facilities. The count does not include consumers served in Fee-For Service Outpatient facilities, institutional facilities such as jails and probation camps as well as Inpatient facilities including County Hospitals and Fee-For-Service Inpatient Hospitals. Note: Bold type represents the penetration rate of SED/SMI Asian/Pacific Islanders and Latinos in each Service Area.</p> |  |  |  |  |   |

**TABLE 23: RETENTION RATES – NUMBER OF APPROVED OUTPATIENT SERVICES BY ETHNICITY – FY 09-10**

| Number of Claims FY 09-10 |                 |        |                 |        |                 |        |                 |        |                 |        |                 |        |                 |        |
|---------------------------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|-----------------|--------|
| Ethnicity                 | 1               |        | 2               |        | 3               |        | 4               |        | 5 - 15          |        | 16 or More      |        | Totals          |        |
|                           | No of Consumers | %      |
| White                     | 3,612           | 20.8%  | 1,924           | 20.0%  | 1,686           | 20.9%  | 1,485           | 21.0%  | 10,645          | 20.4%  | 12,676          | 17.0%  | <b>32,028</b>   | 19.0%  |
| African American          | 4,522           | 26.0%  | 2,485           | 25.9%  | 2,204           | 27.4%  | 1,954           | 27.7%  | 13,273          | 25.4%  | 16,690          | 22.4%  | <b>41,128</b>   | 24.4%  |
| Latino                    | 7,931           | 45.6%  | 4,423           | 46.1%  | 3,552           | 44.1%  | 3,060           | 43.4%  | 23,263          | 44.6%  | 38,732          | 52.0%  | <b>80,961</b>   | 48.0%  |
| Native American           | 72              | 0.4%   | 34              | 0.4%   | 38              | 0.5%   | 31              | 0.4%   | 269             | 0.5%   | 430             | 0.6%   | <b>874</b>      | 0.5%   |
| Asian                     | 490             | 2.8%   | 316             | 3.3%   | 237             | 2.9%   | 179             | 2.5%   | 2,220           | 4.3%   | 3,486           | 4.7%   | <b>6,928</b>    | 4.1%   |
| Other                     | 773             | 4.4%   | 422             | 4.4%   | 341             | 4.2%   | 347             | 4.9%   | 2,496           | 4.8%   | 2,477           | 3.3%   | <b>6,856</b>    | 4.1%   |
| Total                     | 17,400          | 100.0% | <b>9,604</b>    | 100.0% | <b>8,058</b>    | 100.0% | <b>7,056</b>    | 100.0% | <b>52,166</b>   | 100.0% | <b>74,491</b>   | 100.0% | <b>168,775</b>  | 100.0% |

Note: Column Percentages

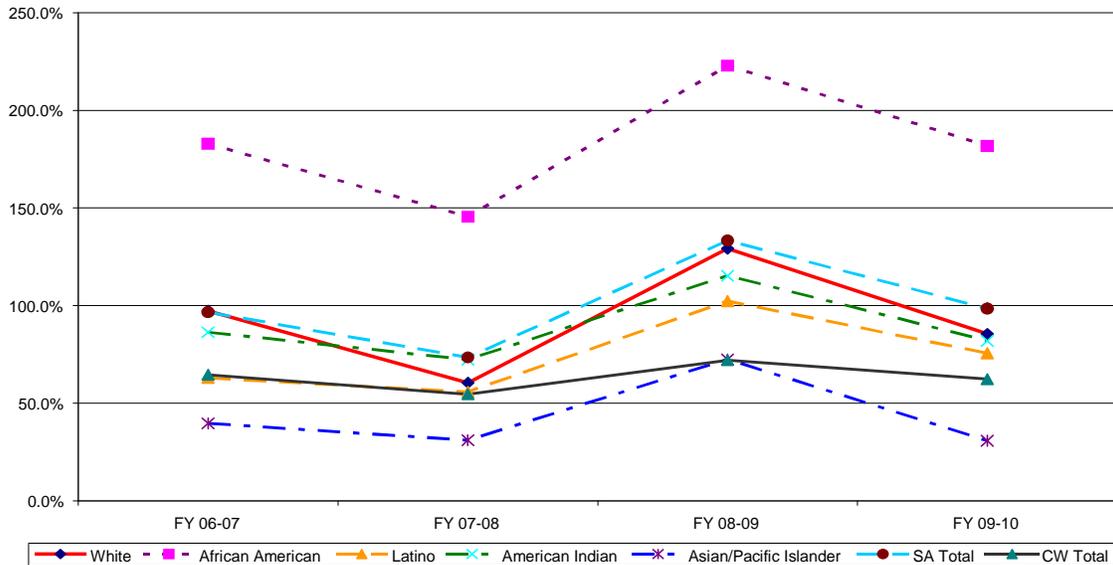
Table 23 shows the Retention Rate by Ethnicity for FY 09-10.

**TABLE 24: RETENTION RATES—NUMBER OF APPROVED OUTPATIENT CLAIMS – FOUR YEAR TREND-FY 06-07 TO FY 09-10**

| Number of Claims |        |       |        |      |        |      |        |      |        |       |            |       |         |        |
|------------------|--------|-------|--------|------|--------|------|--------|------|--------|-------|------------|-------|---------|--------|
| Ethnicity        | 1      |       | 2      |      | 3      |      | 4      |      | 5-15   |       | 16 or More |       | Totals  |        |
|                  | Claims | %     | Claims | %    | Claims | %    | Claims | %    | Claims | %     | Claims     | %     | Claims  | %      |
| FY06-07          | 18,395 | 12.8% | 8,983  | 6.2% | 6,995  | 4.9% | 6,356  | 4.4% | 44,079 | 30.6% | 59,291     | 41.1% | 144,099 | 100.0% |
| FY07-08          | 16,602 | 11.0% | 8,447  | 5.6% | 6,949  | 4.6% | 6,429  | 4.3% | 46,604 | 30.9% | 65,973     | 43.7% | 151,004 | 100.0% |
| FY08-09          | 17,296 | 11.5% | 9,222  | 6.1% | 7,444  | 4.9% | 6,471  | 4.3% | 47,872 | 31.7% | 72,901     | 48.3% | 161,206 | 100.0% |
| FY09-10          | 17,400 | 10.3% | 9,604  | 5.7% | 8,058  | 4.8% | 7,056  | 4.2% | 52,166 | 30.9% | 74,491     | 44.1% | 168,775 | 100.0% |

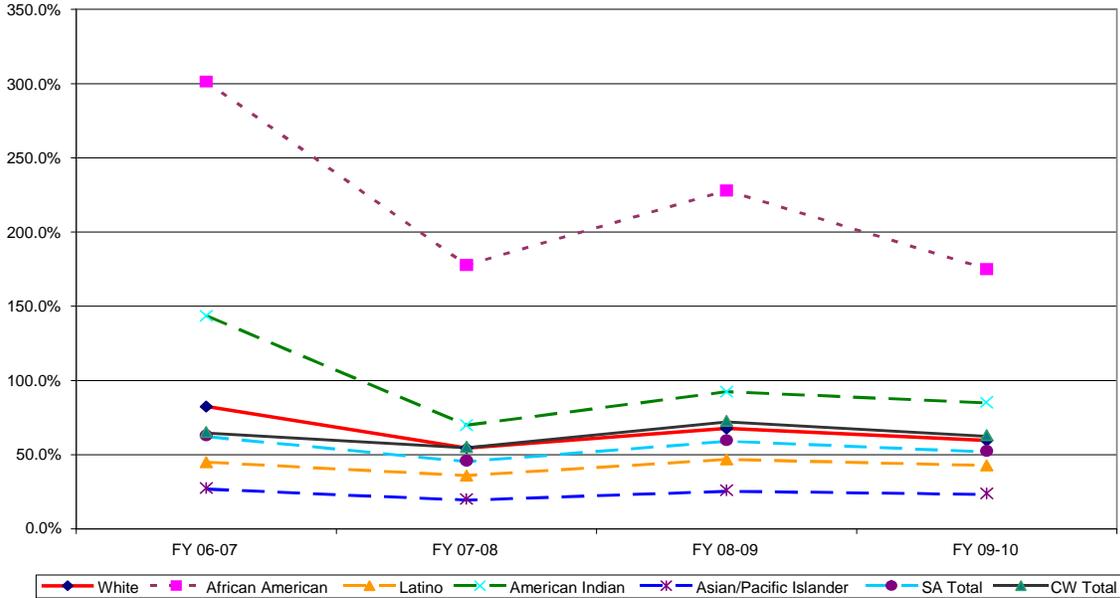
**Table 24** shows four year Trend for Retention Rate – Number of Approved Outpatient Claims for FY 06-07 through FY 09-10.

**FIGURE 45: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SERVICE AREA 1**



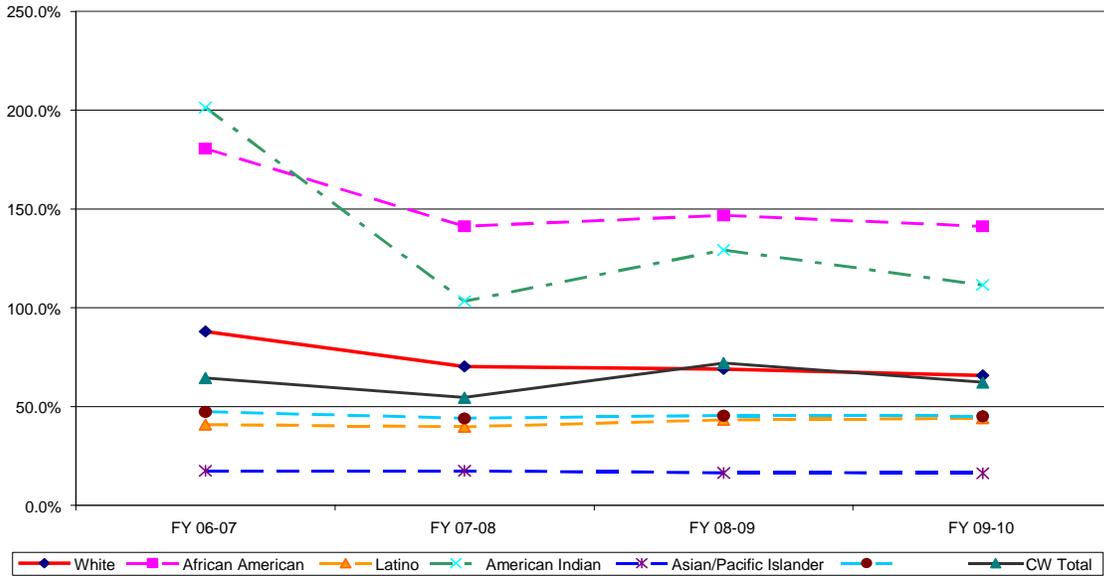
**Figure 45** shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 1.

**FIGURE 46: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SERVICE AREA 2**



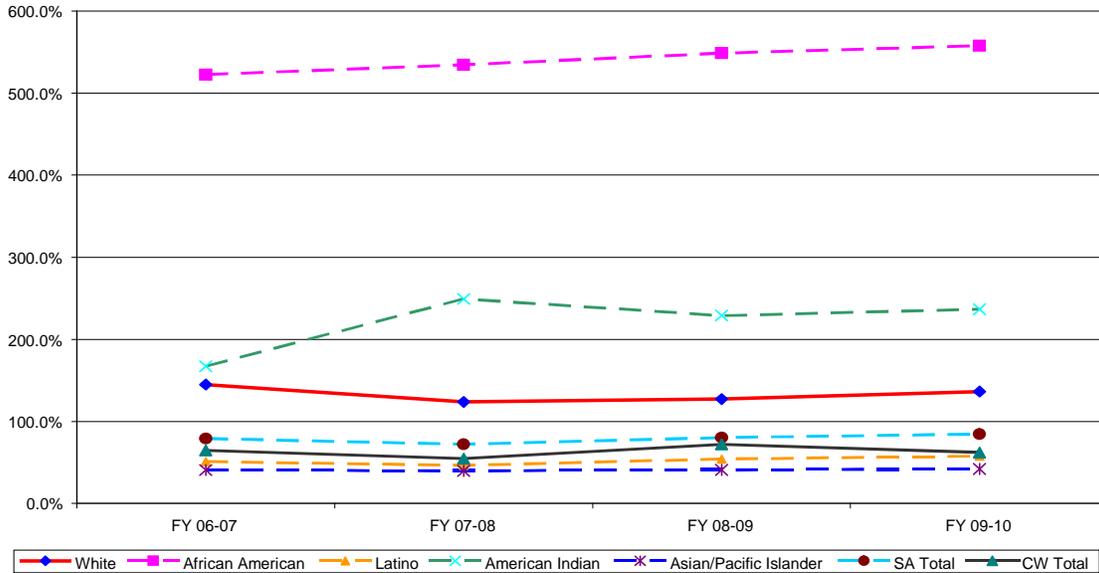
**Figure 46** shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 2.

**FIGURE 47: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SERVICE AREA 3**



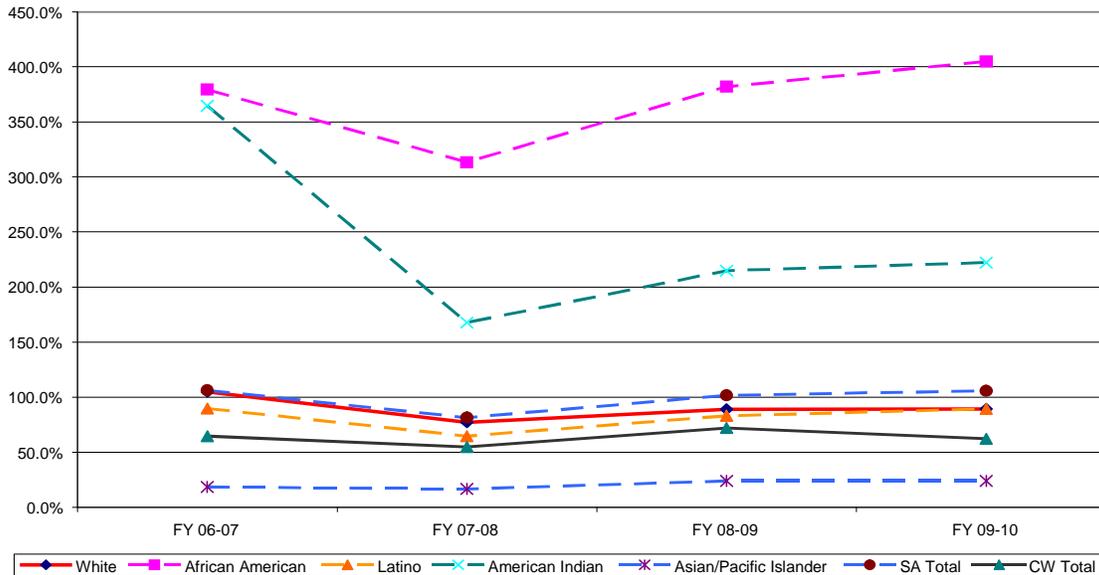
**Figure 47** shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 3.

**FIGURE 48: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SERVICE AREA 4**



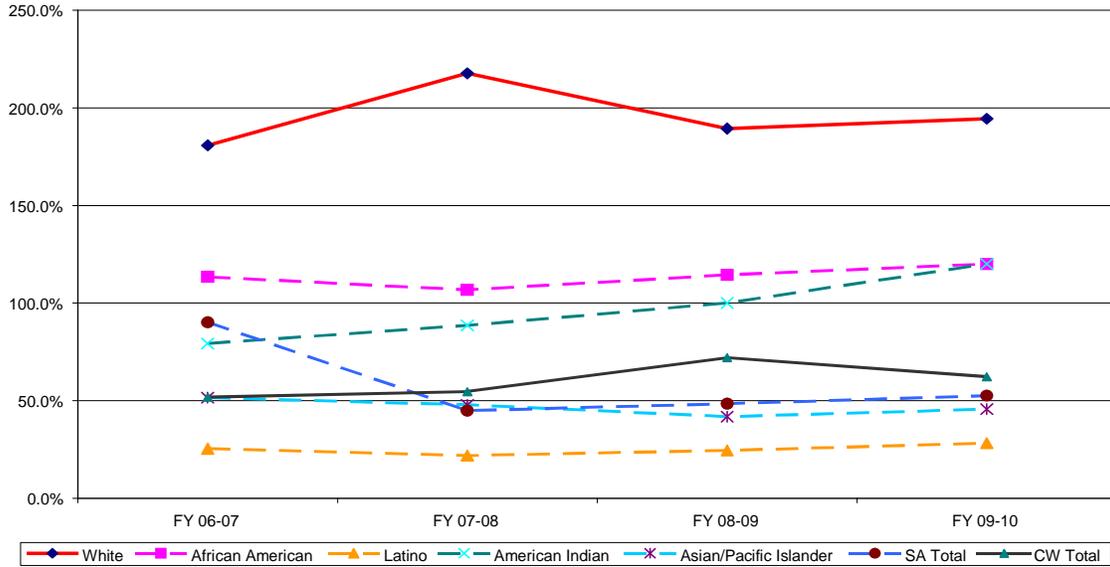
**Figure 48** shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 4.

**FIGURE 49: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SERVICE AREA 5**



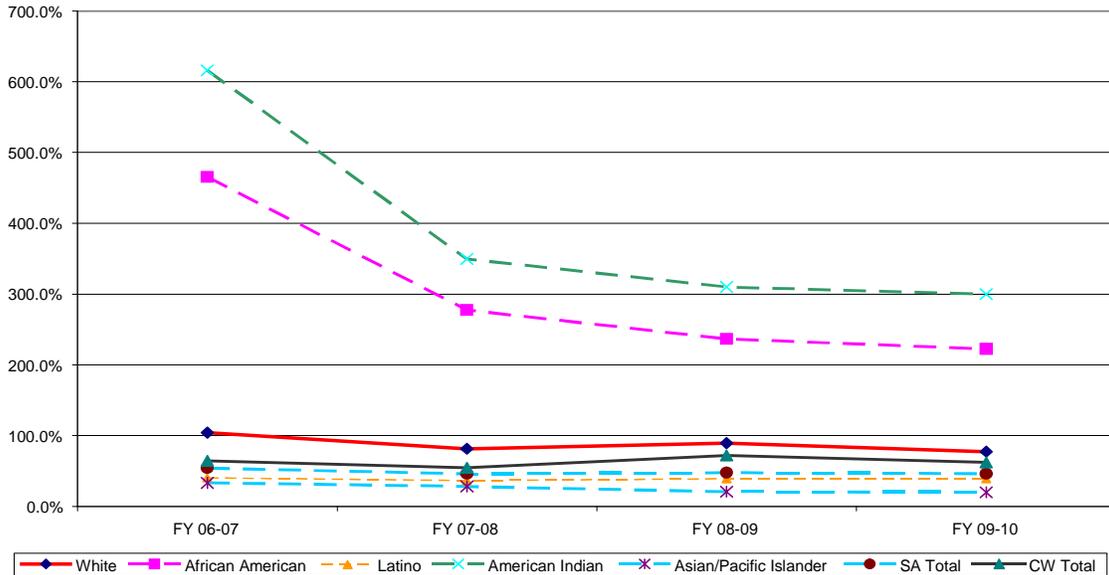
**Figure 49** shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 5.

**FIGURE 50: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SERVICE AREA 6**



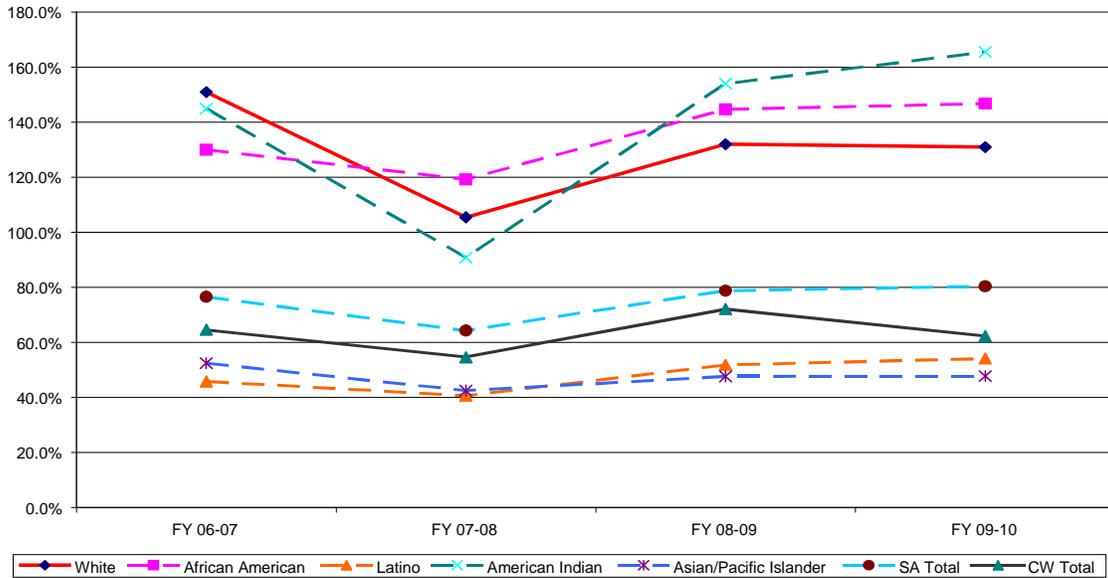
**Figure 50** shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 6.

**FIGURE 51: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SERVICE AREA 7**



**Figure 51** shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 7.

**FIGURE 52: PENETRATION RATE FOR POPULATION LIVING AT OR BELOW 200% FEDERAL POVERTY LEVEL FY 06-07 TO FY 09-10 IN SERVICE AREA 8**



**Figure 52** shows a 4-year trend for penetration rate for population living at or below 200% Federal Poverty Level FY 06-07 to FY 09-10 in Service Area 8.

**Goal #2**

*The Cultural Competency Unit, in collaboration with the Cultural Competency Committee and the Quality Improvement Council, will identify and select LACDMH forms for translation into the threshold languages following approval by the Executive Management Team by the end of CY 2010.*

**EVALUATION**

This goal has been met.

The Cultural Competency Unit, in collaboration with the Cultural Competency Committee has identified, selected and prioritized a list of LACDMH forms recommended for translation into the threshold languages. These forms are as follows:

Consent for Services, Consent of Minor, LACDMH Notice of Privacy Practices, Client Request for Access to Health Information, Authorization for Request or Use/Disclosure of Protected Health Information, Outpatient Medication Review, Change of Provider, LACDMH Advance Health Care Directive Fact Sheet & Acknowledgement Form, Caregiver’s Authorization of Affidavit, Consent to Photograph/Audio Record, Consent to Tele-mental Health Services, ACCESS Brochure, Educational Materials.

This list of forms was presented to and approved by the Executive Management Team. At this time, a bidding process is taking place with prospective contractors to perform the translations.

### **Goal #3**

***By April 2010, the 2008 Cultural Competency Organizational Assessment will be further developed by factoring out neutral responses to establish the strength of favorable and unfavorable responses in order for EMT to determine action steps.***

### **EVALUATION**

This goal has been met.

Data from the Cultural Competency Organizational Assessment was reviewed, and items with a high number of “don’t know” responses were identified. These items were regarded as indicating information about LACDMH that had not been clearly conveyed to its workforce regarding cultural competency related operations. Upon consideration of the report, the LACDMH Executive Management Team (EMT) recommended that information referred to by these items be clearly communicated to the public and others through a variety of channels. At this time, the plan is to disseminate this information through various resources such as New Employee Orientation and the Cultural Competency Unit E-news project (via intra-net).

### **Goal #4**

***Interpreter Training Program upgrades to be completed to: a. increase practicum interactions between staff and class instructor, b. increase focus on interpreter training for mental health settings and c. include DSM IV Culture-Bound Syndromes. Continue to provide a minimum of six (6) Interpreter Training Courses during the year.***

### **EVALUATION**

This goal has been met.

The Cultural Competency Committee in collaboration with the Training and Quality Improvement Divisions have been ensuring that LACDMH staff receive Cultural Competency training that meet at least the minimum requirements of the State. A number of initiatives are underway to assess the effectiveness and quality of trainings that are being offered through longitudinal survey evaluations. Mechanisms are being put in place to provide an ongoing critical evaluation of trainings being offered, in order to optimize the effectiveness of trainings that are offered by LACDMH.

Training upgrades have been completed as indicated above. Trainings have been offered as follows:

### **Mental Health Interpreter Trainings**

April 12, 13, 14, 2010  
April 19, 20, 21, 2010  
April 26, 27, 28, 2010  
May 17, 18, 19, 2010  
May 16, 2011  
June 14, 2011

### **Training Providers in the Use of Interpreter Services in Mental Health Settings**

April 15, 2010  
April 22, 2010  
April 29, 2010  
May 25, 2010  
April 28, 2011  
June 7, 2011

### **Language Interpreting in Mental Health Settings**

November 30, 2009  
May 9, 10, and 11, 2011 (follow up: June 15, 2011)  
May 23, 24, and 25, 2011 (follow up: June 27, 2011)  
June 8, 9, and 10, 2011 (follow up: June 29, 2011)

### **Improving Access- Removing Language Barriers**

December 9, 2009  
December 22, 2009

As part of its commitment to ensuring access to underserved ethnic population, the LACDMH will continue to ensure that all language barriers affecting effective treatment of its mental health population will be identified, and fully remedied.

### **Goal #5**

***Completion of the Cultural Competency Plan with date of completion to be established once the new guidelines become available from the State Department of Mental Health.***

### **EVALUATION**

This goal has been met.

The Cultural Competency Plan outlines how it will address 8 Criterion Goals that have been defined by the state. These criteria are as follows:

Criteria 1: Commitment to Cultural Competence.

Criteria 2: Updated assessment of service needs.

Criteria 3: Strategies and efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities.

Criteria 4: Integration of the Cultural Competency Committee within the County Mental Health System.

Criteria 5: Culturally Competent Training Activities.

Criteria 6: Commitment to growing a multicultural workforce.

Criteria 7: Language Capacity.

Criteria 8: Adaptation of Services.

The state assesses adherence to these criteria by requesting evidence and procedures in place addressing specific aspects of each criterion. LACDMH submitted the completed Cultural Competency Plan with all criteria fully addressed on February 28, 2011. The Planning Division and the Quality Improvement Division collaborate to ensure all aspects of the Cultural Competency Plan are fully implemented.

## **II. MONITORING ACCESSIBILITY OF SERVICES**

### **Goal #1**

***Re-Adjust access to after-hours care at 68% of PMRT response time of one hour between PMRT acknowledgements of the call to PMRT arrival on the scene and continue year to year trending (see Work Plan for re-adjustment rationale).***

**Numerator:** PMRT responses within one hour (after hours)

**Denominator:** Total number of PMRT responses (after hours)

### **EVALUATION**

This goal has been met.

Data collected between January and December of 2010 indicate that, on average, 69% of PMRT calls resulted in mobile teams being present at the scene within one hour upon acknowledged receipt of the call. In 2007 there was an increase of 5% from 69% to 74%; in 2008 there was a decrease of 1% from 74% to 73%; in 2009 there was a decrease of 5% from 73% to 68%; in 2010 there was a 1% increase from 68% to 69% (see Table 25). The 5% drop in PMRT after hour response time occurring in 2009 compared to 2008 is expected to stem from budget cuts to the mental health system, leading to the reduction of ACCESS Center resources, for example cuts in staff. The 2010 PMRT after hour response time is also expected to be affected by these budget cuts.

The LACDMH utilizes the ACCESS Center responsiveness of PMRT as an indicator to monitor psychiatric mobile team response times to field visits requiring their urgent intervention and assistance. The rationale for this indicator is the significance of providing alternatives to hospitalization and linkage with other alternatives to hospitalization, such as Urgent Care Centers. Additionally, the response time to urgent field visits is measured in four incremental response time categories, beginning

with 45 minutes or less and ending with 91 minutes or more. The Performance Counts! Report provides detailed data for this indicator.

The PMRT measure here reported is specific to responses made after-hours. It is important to note that the Performance Counts! measure uses the Fiscal Year time period, whereas the PMRT measure reported here uses a Calendar Year time period.

Clearly, quick intervention in psychiatric emergencies is critical to prevent serious decompensation that would require hospitalization. In addition, each mobile team visit is able to provide alternative responses to address potentially escalating behaviors. For example, in many instances an appropriate and less costly alternative to hospitalization is linkage to Urgent Care Centers where needed monitoring and intervention is available.

**TABLE 25: PMRT AFTER-HOUR RESPONSE RATES OF ONE HOUR OR LESS CY 2006-2010**

|                         | <b>2006</b>  | <b>2007</b>  | <b>2008</b>  | <b>2009</b>  | <b>2010</b>  |
|-------------------------|--------------|--------------|--------------|--------------|--------------|
| January                 | 71%          | 76%          | 78%          | 68%          | 67%          |
| February                | 69%          | 71%          | 75%          | 69%          | 65%          |
| March                   | 70%          | 72%          | 74%          | 64%          | 63%          |
| April                   | 74%          | 74%          | 76%          | 68%          | 65%          |
| May                     | 74%          | 75%          | 71%          | 72%          | 63%          |
| June                    | 70%          | 75%          | 71%          | 72%          | 69%          |
| July                    | 67%          | 72%          | 71%          | 72%          | 71%          |
| August                  | 63%          | 75%          | 73%          | 62%          | 75%          |
| September               | 67%          | 73%          | 72%          | 63%          | 74%          |
| October                 | 68%          | 71%          | 71%          | 69%          | 71%          |
| November                | 64%          | 77%          | 70%          | 66%          | 70%          |
| December                | 66%          | 73%          | 72%          | 66%          | 71%          |
| <b>Annual Total</b>     | <b>4,901</b> | <b>5,855</b> | <b>3,357</b> | <b>3,448</b> | <b>3,857</b> |
| <b>Annual Average %</b> | <b>69%</b>   | <b>74%</b>   | <b>73%</b>   | <b>68%</b>   | <b>69%</b>   |

**Goal #2**

***Re-Adjust the rate of abandoned calls (responsiveness of the 24-hour toll free number) to an overall annual rate from 13% to 14% (significant system changes justify this goal adjustment –see evaluation report for sharp (more than double) increase in non-English calls over last 12 month period.)***

**Numerator:** Total number of calls in which caller hung up after 30 seconds.

**Denominator:** Total number of calls completed to the ACCESS Center.

**EVALUATION**

This goal has not been met.

The LACDMH utilizes the ACCESS Center Abandoned Call Rates as an indicator of timely response time to calls received by the 24/7 Toll Free Telephone Line for mental health services and other referrals as appropriate, including the calls received in non-English languages. This national indicator is monitored by LACDMH Test-Calls Protocols and data is reported in the Annual Test-Calls Report.

As indicated by Table 26, the average rate of abandoned calls at the ACCESS Center between January and December for 2010 is 15%.

As indicated by Table 27, between 2007 and 2008 the abandoned call rate dropped by 1.3%; between 2008 and 2009 the abandoned call rate dropped by another 1.8%; between 2009 and 2010 the abandoned call rate increased by 0.5%.

Overall these results indicate a decrease in the rate of abandoned calls between 2007 and 2010 of 2.6%, indicating a clear improvement in this indicator over the past 3 years.

**TABLE 26: ABANDONED CALLS BY NUMBER AND PERCENT FOR CY 2010**

| <b>Month</b> | <b>Total Calls</b> | <b>Number Abandoned</b> | <b>Percent Abandoned</b> |
|--------------|--------------------|-------------------------|--------------------------|
| January      | 23,080             | 3,188                   | 14%                      |
| February     | 23,358             | 3,484                   | 15%                      |
| March        | 27,425             | 4,538                   | 17%                      |
| April        | 23,568             | 3,061                   | 13%                      |
| May          | 24,658             | 3,737                   | 15%                      |
| June         | 24,054             | 3,622                   | 15%                      |
| July         | 25,475             | 4,080                   | 16%                      |
| August       | 23,608             | 3,101                   | 13%                      |
| September    | 23,999             | 3,265                   | 14%                      |
| October      | 28,288             | 5,374                   | 19%                      |
| November     | 24,231             | 3,565                   | 15%                      |
| December     | 23,272             | 3,484                   | 15%                      |
| <b>Total</b> | <b>219,225</b>     | <b>32,026</b>           | <b>15%</b>               |

**TABLE 27: ABANDONED CALL RATE FOUR-YEAR TREND CY 2007 - 2010**

| <b>Calendar Year</b> | <b>2007</b> | <b>2008</b> | <b>2009</b> | <b>2010</b> |
|----------------------|-------------|-------------|-------------|-------------|
| Total Calls          | 284,956     | 188,397     | 215,014     | 219,225     |
| Number Abandoned     | 50,333      | 30,719      | 31,171      | 32,026      |
| Percent              | 17.6        | 16.3        | 14.5        | 15          |

The second most common language, after English, of calls received by the ACCESS Center from 2007 to 2010 is Spanish, at 20,898 calls or 95.3% of all non-English calls. The third most common language of calls received by the ACCESS Center in 2010 are in Chinese (Mandarin and Cantonese) at 211 calls or 0.01% of all non-English calls. However, this number is a very small proportion of the total number of Spanish calls (211 calls in 3 years versus 20,898 calls in 4 years). The number of non-English calls between 2007 and 2010 has increased from 4,263 to 4,916. This increase is entirely due to the increase in the number of Spanish calls to the ACCESS center.

**TABLE 28: LANGUAGE OF CALLS RECEIVED (OTHER THAN ENGLISH)  
CY 2007-2010**

| <b>Language</b>    | <b>2007</b> | <b>2008</b>  | <b>2009</b>  | <b>2010</b>  |
|--------------------|-------------|--------------|--------------|--------------|
| AMHARIC            | 2           | 0            | 4            | 0            |
| ARABIC             | 1           | 4            | 5            | 10           |
| ARMENIAN           | 19          | 24           | 29           | 11           |
| BENGALI            | 4           | 0            | 0            | 3            |
| BURMESE            | 0           | 0            | 0            | 3            |
| CAMBODIAN          | 7           | 4            | 6            | 5            |
| CANTONESE          | 18          | 27           | 46           | 6            |
| FARSI              | 25          | 11           | 19           | 21           |
| FRENCH             | 1           | 0            | 0            | 1            |
| GERMAN             | 3           | 0            | 0            | 2            |
| HEBREW             | 1           | 0            | 1            | 0            |
| HINDI              | 2           | 0            | 5            | 0            |
| HUNGARIAN          | 2           | 0            | 0            | 0            |
| ITALIAN            | 0           | 0            | 0            | 1            |
| JAPANESE           | 18          | 5            | 0            | 5            |
| KOREAN             | 68          | 63           | 75           | 35           |
| LAOTIAN            | 0           | 1            | 0            | 0            |
| MANDARIN           | 26          | 26           | 37           | 25           |
| OROMO              | 0           | 0            | 2            | 0            |
| POLISH             | 0           | 5            | 3            | 0            |
| PORTUGUESE         | 0           | 2            | 1            | 0            |
| PUNJABI            | 1           | 0            | 2            | 0            |
| ROMANIAN           | 0           | 4            | 0            | 0            |
| RUSSIAN            | 14          | 12           | 5            | 8            |
| SPANISH            | 993         | 1585         | 4647         | 2380         |
| SPANISH ACCESS CTR | 2969        | 2156         | 3802         | 2366         |
| TAGALOG            | 49          | 39           | 34           | 15           |
| THAI               | 5           | 2            | 0            | 0            |
| TURKISH            | 0           | 0            | 2            | 0            |
| URDU               | 1           | 1            | 1            | 1            |
| VIETNAMESE         | 34          | 12           | 29           | 13           |
| <b>TOTAL</b>       | <b>4263</b> | <b>3,983</b> | <b>8,761</b> | <b>4,916</b> |

**Goal #3**

*(The data presented for this goal is part of the MHSIP survey Outcome data conducted by CDMH.) Increase the overall rate by 4% from 84% in CY 2009 to 88% in CY 2010 for consumers/families reporting that they are able to receive services at convenient locations and continue year to year trending.*

**Performance Outcomes Numerator:** Consumers/Families reporting in the MHSIP that they are able to receive services at convenient locations.

**Performance Outcomes Denominator:** Total number of consumers/families responding to the query in the MHSIP regarding their ability to receive services at convenient locations.

**EVALUATION**

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, “In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception Survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010.” DMH implemented this MHSIP pilot in July 2010.

This year, given the suspension of data collection mentioned above, a 3 year trend analysis was performed to highlight LACDMH performance in providing consumers with services at convenient times. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP surveys completed by the State. Table 29 shows how consumers rated the extent to which services were offered at convenient locations for three distinct survey collection periods, May 2008, November 2008, and May 2009. Positive ratings increased from 85.6% in May 2008 to 87.6% in May 2009. Additionally, Service Area data is available in the State and County Outcomes Report dated February 2011, which can be found at the LACDMH-Program Support Bureau, Quality Improvement Website.

|              | <b>MAY 08<br/>(N=25,791)</b> | <b>NOV 08<br/>(N=25,747)</b> | <b>MAY 09<br/>(N=17,640)</b> |
|--------------|------------------------------|------------------------------|------------------------------|
| YSS-F        | 91.8%                        | 92.3%                        | 93.4%                        |
| YSS          | 80.6%                        | 81.3%                        | 82.6%                        |
| ADULT        | 82.8%                        | 83.9%                        | 84.6%                        |
| OLDER ADULT  | 87.1%                        | 88.1%                        | 89.8%                        |
| OVERALL RATE | 85.6%                        | 86.4%                        | 87.6%                        |

LACDMH is engaged in ongoing Quality Improvement activity to ensure consumers

are able to access convenient and needed services. As part of this effort, Provider Directories have been created listing provider information for each Service Area of the County of Los Angeles. The Service Area Provider Directories include provider name, address, phone number, specialty mental health services, organizational type, and languages spoken by staff in each clinic. The Service Area directories are available online and can be downloaded from the PSB-QI website at: <http://psbqi.dmh.lacounty.gov/data.htm>. It is expected that this resource will further improve the capacity of consumers to find conveniently located services including culturally and linguistically appropriate services.

#### **Goal # 4**

***(The data presented for this goal is part of the MHSIP survey Outcome data conducted by CDMH.) Increase the overall rate by 3% from 87% in CY 2009 to 90% in CY 2010 for consumer/families reporting that they are able to receive services at convenient times and continue year to year trending. [Source: Performance Outcomes].***

**Performance Outcomes Numerator:** Consumers/Families reporting in the MHSIP that they are able to receive services at convenient times.

**Performance Outcomes Denominator:** Total number of consumers/families responding to the query in the MHSIP regarding their ability to receive services at convenient times.

#### **EVALUATION**

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, "In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception Survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010." DMH implemented this MHSIP pilot in July 2010.

This year, given the suspension of data collection mentioned above, a 3 year trend analysis was performed to highlight LACCDMH performance in providing consumers with services at convenient times. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP surveys completed by the State. Table 30 shows how consumers rated the extent to which services were offered at convenient times for three distinct survey collection periods, May 2008, November 2008, and May 2009. Positive ratings increased from 88.2% in May 2008 to 89.7% in May 2009. Additionally, Service Area data is available in the State and County Outcomes Report dated February 2011, which can be found at the LACDMH-Program Support Bureau, Quality Improvement Website.

| <b>TABLE 30: “SERVICES WERE AVAILABLE AT TIMES THAT WERE CONVENIENT FOR ME”</b> |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
|   | <b>MAY 08<br/>(N=25,791)</b> | <b>NOV 08<br/>(N=25,747)</b> | <b>MAY 09<br/>(N=17,640)</b> |
| YSS-F   | 93.0%                        | 93.7%                        | 94.0%                        |
| YSS   | 79.6%                        | 80.0%                        | 81.6%                        |
| ADULT   | 89.3%                        | 87.9%                        | 89.8%                        |
| OLDER ADULT   | 90.8%                        | 92.7%                        | 93.5%                        |
| OVERALL RATE  | 88.2%                        | 88.6%                        | 89.7%                        |

LACDMH’s Quality Improvement Division has further fostered access to services at convenient times by providing Provider Service Directories by Service Area, as discussed above.

### **III. MONITORING BENEFICIARY SATISFACTION**

#### **Goal #1**

*(The data presented for this goal is part of the MHSIP survey Outcome data conducted by CDMH.) Participate with CDMH new survey methodology (once a year) for the Statewide Performance Outcomes, determine improved survey sampling methodology, and continue year to year trending.*

#### **EVALUATION**

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, “In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception Survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010.” DMH implemented this pilot in July 2010.

In lieu of participating in CDMH Statewide Performance Outcomes, LACDMH has performed 3 year trending of key beneficiary satisfaction measures assessed by MHSIP questionnaires, which are reported here. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP surveys completed by the State.

#### **Goal #2**

*(The data presented for this goal is part of the MHSIP survey Outcome data conducted by CDMH.) Increase by 1% from 89% in CY 2009 to 90% in CY 2010 consumers/families reporting that staff were sensitive to cultural/ethnic background [Source: Performance Outcomes].*

**Performance Outcomes Numerator:** Consumers/Families reporting in the MHSIP that staff were sensitive to cultural/ethnic background.

**Performance Outcomes Denominator:** Total number of consumers/families responding to the query in the MHSIP regarding staff sensitivity to cultural/ethnic background.

**EVALUATION**

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, “In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception Survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010.” DMH implemented this pilot in July 2010.

This year, given the suspension of data collection mentioned above, a 3 year trend analysis was performed to highlight LACDMH performance in providing service delivery that is sensitive to consumers’ cultural background. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP surveys completed by the State. Table 31 shows the positive response rate to the question “Staff were sensitive to my cultural background” for the three surveys periods identified above. Positive ratings increased by 0.8% from 88.2% in May 2008 to 89.0% in May 2009. Additionally, Service Area data is available in the State and County Outcomes Report dated February 2011, which can be found at the LACDMH-Program Support Bureau Website.

| <b>TABLE 31: “STAFF WERE SENSITIVE TO MY CULTURAL BACKGROUND”</b> |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
|   | <b>MAY 08<br/>(N=25,791)</b> | <b>NOV 08<br/>(N=25,747)</b> | <b>MAY 09<br/>(N=17,640)</b> |
| YSS-F   | 95.2%                        | 94.9%                        | 95.5%                        |
| YSS   | 82.6%                        | 83.2%                        | 84.4%                        |
| ADULT   | 84.9%                        | 85.5%                        | 84.7%                        |
| OLDER ADULT   | 90.1%                        | 90.8%                        | 91.3%                        |
| OVERALL RATE  | 88.2%                        | 88.6%                        | 89.0%                        |

LACDMH is committed to fulfilling the Cultural Competency standards set by the State DMH. The LACDMH Cultural Competency Plan, which is consistent with the CDMH cultural competency plan requirements, contains highly specific outcomes to attain in order to develop staff responsiveness to consumers/families cultural/ethnic backgrounds. Specific goals in the following areas are defined by the Cultural Competency Plan:

- Cultural Formulation
- Multicultural Knowledge
- Cultural Sensitivity
- Cultural Awareness
- Social/Cultural Diversity
- Mental Health Interpreter Training
- Training staff in the use of mental health interpreters
- Training in the Use on Interpreters in the Mental Health Settings

As part of its effort to address cultural differences of its consumers, QI activities include the following previously detailed elements: monitoring prevalence, penetration and retention data by Service Area and Countywide to identify disparities relative to ethnicity; identifying Threshold Languages spoken in the Service Areas and the location of bilingual staff available to meet the language needs of non-English speaking consumers/families; developing interventions to address identified shortcomings in cultural responsiveness and sensitivity to consumers.

### **Goal #3**

***(The data presented for this goal is part of the MHSIP survey Outcome data conducted by CDMH.) Increase by 1% from 137.7 in CY 2009 to 138.7 in CY 2010 for the Overall Satisfaction Average Mean Score and initiate year to year trending. [Source: Performance Outcomes]***

### **EVALUATION**

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, “In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010.” DMH implemented this pilot in July 2010.

This year, given the suspension of data collection mentioned above, a 5 survey period trend analysis was performed to highlight LACDMH performance in providing service delivery resulting in overall satisfaction of consumers. The QI Division is collaborating with the CDMH POQI staff to obtain results from the 2010 MHSIP surveys completed by the State. Additionally, Service Area data is available in the State and County Outcomes Report dated February 2011, which can be found at the LACDMH-Program Support Bureau Website. The following tables show how consumers rated the extent to which service delivery resulted in overall satisfaction for 5 survey periods, May 2007, Nov 2007, May 2008, Nov 2008, and May 2009. Table 32 indicates trend rating for Overall Satisfaction ratings for Families, Youth, Adults, and Older Adults between May 2007 and May 2009.

(Note: For 2009 the QI Work Plan goal for the Overall Satisfaction mean score value was converted from the previous scoring scale to a scoring scale consistent with the Performance Outcomes Report scale. The tables below are using the previous scoring scale to show a trend over five survey periods.)

**Table 32: Overall Satisfaction by Age Group**

|                      | <b>May 07<br/>(N=15,523)</b> | <b>Nov 07<br/>(N=14,481)</b> | <b>May 08<br/>(N=20,405)</b> | <b>Nov 08<br/>(N=19,562)</b> | <b>May 09<br/>(N=16,549)</b> |
|----------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| YSS-F                | 83.7%                        | 83.9%                        | 84.1%                        | 84.2%                        | 84.3%                        |
| YSS                  | 80.2%                        | 80.3%                        | 80.6%                        | 80.9%                        | 80.6%                        |
| Adult                | 82.6%                        | 82.8%                        | 83.5%                        | 83.1%                        | 83.2%                        |
| Older Adult          | 84.7%                        | 83.9%                        | 83.0%                        | 86.3%                        | 85.4%                        |
| Overall Satisfaction | 82.8%                        | 82.7%                        | 82.8%                        | 83.6%                        | 83.4%                        |

The Overall Satisfaction for YSS-F increased by 0.6% over a five survey period from May 07 to May 09.

The Overall Satisfaction for YSS increased by an average of 0.4% over a five survey period from May 07 to May 09.

The Overall Satisfaction for Adult increased by an average of 0.6% over a five survey period from May 07 to May 09.

The Overall Satisfaction for Older Adult increased by an average of 0.7% over a five survey period from May 07 to May 09.

Among all age groups indicated above, there has been an increase of 0.6% in Overall Satisfaction ratings over the past 5 survey periods.

**Goal #4**

***(The data presented for this goal is part of the MHSIP survey Outcome data conducted by CDMH.) Achieve a rate of 97% of consumers/families reporting that written materials are available in their preferred language and continue year to year trending.***

**Performance Outcomes Numerator:** Consumers/Families reporting in the MHSIP that written materials are available in their preferred language.

**Performance Outcomes Denominator:** Total number of consumers/families responding to the query in the MHSIP regarding written material availability in their preferred language.

## EVALUATION

Per California Department of Mental Health memo dated June 14, 2010 to Local Mental Health Directors, “In recognition of the economic pressures placed upon state and local governments, the May DMH consumer perception survey county data collection requirement will be suspended for this year to help relieve administrative burden on counties. However, in order to fulfill SAMHSA Block Grant requirements to collect this data, DMH will collaborate with the Institute for Social Research (ISR) in developing and pilot testing a random sampling approach for Fiscal year 2009-2010. DMH plans to begin implementing this pilot in July 2010.”

Materials currently available in preferred languages include the following:

- Member service handbook or brochure
- General correspondence
- Beneficiary problem, resolution, grievance, and fair hearing materials
- Beneficiary satisfaction surveys
- Informed Consent for Medication form
- Confidentiality and Release of Information form
- Service orientation for clients
- Mental health education materials
- Evidence of appropriately distributed and utilized translated materials

Table 33 shows the positive response rate to the question “Was written information available to you in the language you prefer?” for the three surveys periods identified above. Positive ratings increased by 0.3% from 94.0% in May 2008 to 94.3% in May 2009, although there was a decrease of 0.2% from November 2008 to May 2009, from 94.5% to 94.3%.

| <b>TABLE 33: “WAS WRITTEN INFORMATION AVAILABLE TO YOU IN THE LANGUAGE YOU PREFER?”</b> |                              |                              |                              |
|---|------------------------------|------------------------------|------------------------------|
|   | <b>MAY 08<br/>(N=20,405)</b> | <b>NOV 08<br/>(N=19,562)</b> | <b>MAY 09<br/>(N=16,549)</b> |
| YSS-F   | 95.4%                        | 95.8%                        | 96.5%                        |
| YSS   | 91.1%                        | 92.7%                        | 92.7%                        |
| ADULT   | 94.7%                        | 94.3%                        | 95.1%                        |
| OLDER ADULT   | 94.7%                        | 95.1%                        | 93.0%                        |
| OVERALL RATE  | 94.0%                        | 94.5%                        | 94.3%                        |

As discussed above, the Cultural Competency Committee is in the process of translating 14 priority documents into threshold languages. This endeavor is expected to further improve availability of documents in consumers’ language of choice.

## **Goal #5**

***Apply Performance Outcomes findings to identify areas for improvement for Service Area QICs for use in quality improvement activities, especially to support capacity, access, language services, and application of Service Area Directories.***

## **EVALUATION**

This goal has been met.

The Countywide Quality Improvement Council allows the coordination of goals, as well as a forum to present Service Area QI projects, and receive feedback or guidance as necessary. In addition, all providers receive annual half-day trainings on the POQI MHSIP improvement goals from the Quality Improvement Division staff. Presentations are conducted in each of the Service Areas. A detailed power point is used that describes the stakeholder work group process for selecting performance outcomes, including POQI MHSIP improvement goals. Other Service Area presentations from the QI Division are offered as needed, for example recently presentations were made detailing online Service Provider Directories that are now available online.

Recently the Quality Improvement Division began conducting power point presentations to Service Area providers specifying service delivery indicators as well as demographic characteristics of the population they serve. These trainings are organized into 3 components. The total presentation time for the 3 trainings amounts to approximately two hours, with discussions, questions, and answers. The first presentation tabulates general demographic features of the countywide population served by the particular Service Area. This data presentation includes countywide population, poverty, and prevalence of Serious Emotional Disturbance (SED) and Serious Mental Illness (SMI) in the Service Area by ethnicity, age group, and gender. The second training component provides a disparity analysis of the population served by the particular Service Area, for example, indicating estimates of number of individuals in the community in need of services. In this second component, Penetration Rates for the different ethnic groups are provided. The third training component presents findings of the last 3 MHSIP Outcome Surveys that have been conducted by the State, as well as outcome data conducted by LACDMH. In this 3<sup>rd</sup> component, survey data recording perceptions of quality of treatment and service delivery of consumers of that particular Service Area are presented.

The ultimate goal of these presentations is to assist Service Area providers in achieving the following: increase their understanding of the consumers they serve; identify problems and/or barriers to service based on data; develop appropriate strategies to address these needs.

**Goal #6**

***Monitor and improve beneficiary grievances, appeals and State Fair Hearings processes including instituting new electronic system and annual reporting for policy changes.***

**EVALUATION**

This goal has been met.

The Department responds effectively and in a timely manner to consumer grievances and fair practice hearings. The reports have been expanded to include both inpatient and outpatient beneficiaries during FY 09-10.

For FY 09-10 (see Table 34), the Patients' Rights Office (PRO) reported a drop in beneficiary grievances from 672 last year to 539 this year and a drop in appeals from 6 last year to 5 this year. There were only 15 requests for State Fair Hearing as compared with 17 in FY 08-09. Also there was an increase in Termination of Services from 8 in FY 08-09 to 13 in FY 09-10. Denial of Services, Change of Provider and Confidentiality grievances decreased compared to FY 08-09. The PRO attributes these decreases to data collection processes that allow for improved problem identification and resolution. QI continues to participate with PRO in evaluating and acquiring computer software programs/systems to assist PRO in tracking data for State Grievance/Appeal/State Fair Hearing reporting. QI will also work with PRO and Program Support Bureau MHSA to assist in developing, fully implementing and refining these electronic solutions. It is expected that electronic reporting processes, once established, will improve the reliability of the data collection process.

**TABLE 34: ANNUAL BENEFICIARY GRIEVANCE/APEAL REPORT  
FISCAL YEAR 2009-2010**

| CATEGORY                                  | NUMBER BY CATEGORY |         |      | CATEGORIES |        |                  |                    |                              | DISPOSITION  |          |               |
|---|--------------------|---------|------|------------|--------|------------------|--------------------|------------------------------|--------------|----------|---------------|
|   | In-Pt.             | Out-Pt. | Tot. | Grievance  | Appeal | Expedited Appeal | State Fair Hearing | Expedited State Fair Hearing | Referred Out | Resolved | Still Pending |
|   |                    |         |      |            |        |                  |                    |                              |              |          |               |
| <b>ACCESS</b>                             | 0                  | 0       | 0    | 0          | 0      |                  | 0                  |                              |              | 0        | 0             |
| <b>Termination of Services</b>            | 1                  | 12      | 13   | 11         | 2      |                  |                    |                              |              |          |               |
| <b>DENIED SERVICES (NOA-A Assessment)</b> | 1                  | 4       | 5    | 0          |        |                  | 5                  |                              |              | 5        | 0             |
| <b>CHANGE OF PROVIDER</b>                 | 3                  | 2       | 5    | 5          |        |                  |                    |                              |              | 5        | 0             |
| <b>QUALITY OF CARE</b>                    | 375                | 63      | 438  | 431        | 2      |                  | 5                  |                              |              | 438      | 0             |
| Provider Relations                        | 155                | 26      | 181  |            |        |                  |                    |                              |              |          |               |
| Medication                                | 69                 | 13      | 82   |            |        |                  |                    |                              |              |          |               |
| Discharge/Transfer                        | 17                 | 1       | 18   |            |        |                  |                    |                              |              |          |               |
| Patient's Rights Materials                | 3                  | 0       | 3    |            |        |                  |                    |                              |              |          |               |
| Treatment Concerns                        | 89                 | 18      | 107  |            |        |                  |                    |                              |              |          |               |
| Delayed Services                          | 0                  | 2       | 2    |            |        |                  |                    |                              |              |          |               |
| Abuse                                     | 38                 | 5       | 43   |            |        |                  |                    |                              |              |          |               |
| Referrals                                 | 0                  | 0       | 0    |            |        |                  |                    |                              |              |          |               |
| Tx. Disagreement                          | 1                  | 0       | 1    |            |        |                  |                    |                              |              |          |               |
| Reduction of Service                      | 1                  | 0       | 1    |            |        |                  |                    |                              |              |          |               |
| <b>CONFIDENTIALITY</b>                    | 12                 | 3       | 15   | 12         | 1      |                  | 2                  |                              | 1            | 14       | 0             |
| <b>OTHER</b>                              | 71                 | 12      | 83   | 80         |        |                  | 3                  |                              |              | 83       | 0             |
| Housing                                   | 6                  | 7       | 13   |            |        |                  |                    |                              |              |          |               |
| Lost/Stolen Belongings                    | 25                 | 2       | 27   |            |        |                  |                    |                              |              |          |               |
| Social Security                           | 0                  | 0       | 0    |            |        |                  |                    |                              |              |          |               |
| Unable to Understand                      | 0                  | 0       | 0    |            |        |                  |                    |                              |              |          |               |
| Smoking                                   | 9                  | 0       | 9    |            |        |                  |                    |                              |              |          |               |
| Legal                                     | 8                  | 0       | 8    |            |        |                  |                    |                              |              |          |               |
| Money/Funding/Billing                     | 12                 | 2       | 14   |            |        |                  |                    |                              |              |          |               |
| Use of Phone                              | 5                  | 1       | 6    |            |        |                  |                    |                              |              |          |               |
| Non Provider Concerns                     | 6                  | 0       | 6    |            |        |                  |                    |                              |              |          |               |
| Forms                                     | 0                  | 0       | 0    |            |        |                  |                    |                              |              |          |               |
| Medi-cal                                  | 0                  | 0       | 0    |            |        |                  |                    |                              |              |          |               |
| Miscellaneous (other)                     | 0                  | 0       | 0    |            |        |                  |                    |                              |              |          |               |
| <b>TOTALS</b>                             | 463                | 96      | 559  | 539        | 5      | 0                | 15                 | 0                            | 1            | 558      | 0             |

**Goal #7**

**Monitor and improve responsiveness to Beneficiary Change of Provider Requests. Monitor reports on the reasons given by consumers for their change of provider request and integrate measures into new electronic system.**

**EVALUATION**

This goal has been met.

The Patients’ Rights Office (PRO) is responsible for collecting the Request to Change Provider Logs submitted by directly-operated and contracted providers in LACDMH.

The Change of Provider Requests were analyzed based on the categories and information from the providers. Additionally, categories were developed to capture consumer needs in the following areas: *Culture; Time/Schedule; Service Concerns (treating family member, treatment concerns, medication concerns, lack of assistance); 2<sup>nd</sup> Opinion Request; Other; No Reason Provided.*

**TABLE 35: CHANGE OF PROVIDER REQUEST REASONS BY RANK ORDER**

|                                   |        |
|-----------------------------------|--------|
| Other                             | 27.46% |
| Personal Experience/Perception    | 25.37% |
| Service Concerns                  | 16.72% |
| Cultural                          | 13.73% |
| Reason Not Given                  | 10.45% |
| Time/Schedule                     | 6.27%  |
| 2 <sup>nd</sup> Opinion Requested | 0.00%  |

**IV. MONITORING CLINICAL CARE**

**Goal #1**

**Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for existing staff and for new staff.**

**Numerator:** Number of respondents choosing affirmative or negative category.

**Denominator:** Total number of respondents.

**EVALUATION**

This goal has been met.

LACDMH Office of the Medical Director (OMD) has updated on January 5, 2011 the following parameters related to the prescribing of medications: The Use of Anti-depressant Medication, The Use of Anti-Psychotics, The Use of Anxiolytic Medication, Use of Mood Stabilizers, Use of Dual Diagnosis Medication, General Health Related Monitoring and Intervention, Parameters of Psychotropic Medication of Children and Adolescents.

LACDMH presents data obtained from the MHSIP survey Outcome data reported below at Service Area trainings presented at the Quality Improvement Committee Meetings. Through this process, providers are able to obtain information regarding consumers' perception of their medical care, and respond accordingly. In addition, core competencies with respect to medication practices continue to be developed through trainings offered by the Training and Quality Improvement Division to new and existing staff.

**TABLE 36: MONITORING CLINICAL CARE - YSS-F**

| OUTCOME MEASURE  | MAY 08<br>(N=6,790)   |       | NOV 08<br>(N=6,805) |       | MAY 09<br>(N=5,394) |       |
|--|---|-------|---------------------|-------|---------------------|-------|
|  | YES   | NO    | YES                 | NO    | YES                 | NO    |
|  | In the last year, did your child see a doctor because he/ she was sick? | 65.0% | 17.1%               | 65.7% | 16.7%               | 65.7% |
| Is your child on medication for emotional/ behavioral problems?                | 34.3%   | 48.0% | 33.3%               | 48.7% | 40.4%               | 41.5% |
| Did the doctor or nurse tell you and/or your child of medication side effects? | 68.6%   | 31.4% | 68.2%               | 31.8% | 70.2%               | 29.8% |

**TABLE 37: MONITORING CLINICAL CARE - YSS**

| OUTCOME MEASURE  | MAY 08<br>(N=4,174)   |       | NOV 08<br>(N=4,1050) |       | MAY 09<br>(N=3,355) |       |
|--|---|-------|----------------------|-------|---------------------|-------|
|  | YES   | NO    | YES                  | NO    | YES                 | NO    |
|  | In the last year, did you see a doctor because you were sick? | 58.3% | 14.2%                | 59.4% | 13.7%               | 57.8% |
| Are you on medication for emotional/ behavioral problems?    | 34.3%   | 51.1% | 34.3%                | 51.6% | 35.3%               | 48.1% |
| Did the doctor or nurse tell you of medication side effects? | 53.8%   | 46.2% | 55.4%                | 44.6% | 58.6%               | 41.4% |

Tables 35 and 36 show Clinical Care monitoring in three (3) MHSIP questions over the three YSS and YSS-F Survey periods reported above. Responses to each of the survey questions are outlined below:

**“In the last year, did you/your child see a medical doctor or nurse for a health check up when sick?”**

YSS-F: There is an increase of 0.7% in “YES” response from 65% in May 2008 to 65.7% in May 2009.

YSS: There is a decrease of 0.5% in “YES” response from 58.3% in May 2008 to 57.8% in May 2009.

**“Is your child/Are you on medication for emotional/ behavioral problems?”**

YSS-F: There is an increase of 6.1% in “YES” response from 34.3% in May 2008 to 40.4% in May 2009.

YSS: There is an increase of 1% in “YES” response from 34.3% in May 2008 to 35.3% in May 2009.

**“Did the doctor or nurse tell you of medication side effects to watch for?”**

YSS-F: There is an increase of 1.6% in “YES” response from 68.6% in May 2008 to 70.2% in May 2009.

YSS: There is an increase of 4.8% in “YES” response from 53.8% in May 2008 to 58.6% in May 2009.

**Goal #2**

***Conduct EPSDT Performance Improvement Project (PIP) to ensure that each consumer receives services that are appropriate, effective and efficient.***

**EVALUATION**

Pending

**V. MONITORING CONTINUITY OF CARE**

**Goal #1**

***Consumers receiving continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital (Post Hospitalization Outpatient Access – PHOA) and conduct RC2 PIP in collaboration with APS/EQRO and Statewide consultants.***

**EVALUATION**

This goal has been met.

The LACDMH utilizes the Post-Hospitalization Outpatient Access (PHOA) indicator as an important measure of continuity of care, critical to preventing repeated hospitalizations and fostering recovery within the community based settings to which consumers return to live, work, and learn. The STATS process monitors and reports performance for this national indicator.

In August 2010 a draft pilot PHOA Detail Report was developed. The report monitored 185 total hospitalizations. Of the hospitalizations monitored, 84% were seen within 7 calendar days of acute hospital discharge. A refined report based on this pilot is in process by the Office of the Chief Deputy (OCD). Additionally, a "Report Card" for inpatient facilities to monitor frequent readmissions is in development by OCD. (See Appendix for the RC2 PIP Road Map).

**Goal #2.**

***Conduct pilot project for timeliness of appointments as related to tracking and assessing "no shows".***

**EVALUATION**

See EPSDT Roadmap in Appendix.

The LACDMH systems' capacity to capture relevant data for this measure exists through the IS data system. However, this pilot project has been deferred and the EPSDT PIP has taken its place as a top priority for the Department. The EPSDT PIP team continues to meet and is exploring suitable and feasible interventions.

At this time Service Area 7 is initiating a project investigating client flow between levels of care and programs within their service area. Service Area 8 completed a project investigating cancellation rates, and are presently considering beginning another QI project.

**VI. MONITORING OF PROVIDER APPEALS**

**Goal #1**

***Continue monitoring the rate of zero appeals through CY 2010.***

**EVALUATION**

This goal has been met.

LACDMH has successfully controlled the level of provider appeals. Contractors have filed fewer appeals for Day Treatment and TBS authorization over the past four calendar years, from a total of 3 in 2007 and zero in 2008, 2009 and 2010. No network provider has filed an appeal of LACDMH psychological testing. As providers have gained knowledge and skills in the authorization process, including correct documentation and billing activities, the number of appeals has significantly decreased. Table 37 summarizes the levels and disposition of appeals during a four year period.

**TABLE 38: FIRST AND SECOND LEVEL PROVIDER APPEALS**

| Level         | Day Treatment | TBS Authorization | Network | Total Appeals |
|---------------|---------------|-------------------|---------|---------------|
| <b>2007</b>   |               |                   |         |               |
| First Level   | 1             | 2                 | 0       | 3             |
| Second        | 0             | 0                 | 0       | 0             |
| <b>2008</b>   |               |                   |         |               |
| First Level   | 0             | 0                 | 0       | 0             |
| Second        | 0             | 0                 | 0       | 0             |
| <b>2009</b>   |               |                   |         |               |
| First Level   | 0             | 0                 | 0       | 0             |
| Second        | 0             | 0                 | 0       | 0             |
| <b>2010</b>   |               |                   |         |               |
| First Level   | 0             | 0                 | 0       | 0             |
| Second        | 0             | 0                 | 0       | 0             |
| <b>Totals</b> | 1             | 2                 | 0       | 3             |

## **Section 4**

### **QI Work Plan for CY 2011- Introduction**

Quality Improvement goals will be achieved within the context of activities defined by the LACDMH Strategic Plan. According to the data, in FY 2009-10 LACDMH treated 205,173 clients at Short-Doyle/Medi-Cal facilities distributed throughout the 8 Service Areas.

The following 6 LACDMH Strategic Plan goals dictate and determine LACDMH activity:

- 1) Enhance the quality and capacity, within available resources, of mental health services and supports in partnership with clients, family members, and communities to achieve hope, wellness, recovery and resiliency.
- 2) Eliminate disparities in mental health services, especially those due to race, ethnicity, and culture.
- 3) Enhance the community's social and emotional well being through collaborative principles.
- 4) Create and enhance a culturally diverse, client and family driven mental health workforce capable of meeting the needs of diverse communities.
- 5) Maximize the fiscal strength of our mental health system.
- 6) Use research and technological advancements to improve and transform services and their delivery in order to enhance recovery and resiliency.

Each of these goals is further defined by strategies and objectives that specify benchmarks and activities that will be carried out at various levels of the LACDMH system. LACDMH plans and moves toward its objectives through implementation of a comprehensive range of programs addressing the mental health needs of the County of Los Angeles population.

The Quality Improvement Division moves toward its Work Plan Goals through an ongoing collaboration of various programs and entities, including Service Area administrations and the LACDMH Bureaus and Divisions. Given that LACDMH, as an organization, is continually engaged in monitoring and improving performance, there is significant overlap between the functions of the Quality Improvement Division and other LACDMH entities.

The STATS process, a fundamental function of the LACDMH Executive Management Team, involves the monitoring of computer system based data indicators of all of the directly operated clinics and hospitals, and subsequent intervention to address indicators of decreased performance. The Model for

Enhancing System Capacity and Client Flow is a project in which participants meet at formal meetings to present and discuss techniques to optimize service delivery resources. This is expected to provide frameworks by which ongoing improvement to client flow can be established. A brief description of these initiatives is presented below. These two LACDMH Initiatives are presented below as examples of how the Quality Improvement Division function overlaps with other LACDMH entities.

## **STATS**

The STATS (Strategies for Total Accountability and Total Success) process involves structured monthly meetings that are chaired by the Chief Deputy Director, with active participation by the Executive Management Team (EMT), District Chiefs and Program Heads. Office of STATS analysts conduct a preliminary analysis of performance indicators relative to established targets or benchmarks and prepares an agenda and questions to help focus the formal session. During the STATS meetings, the EMT reviews relevant performance data and, as necessary, strategizes with clinical program and administrative managers to develop specific action plans designed to improve performance. Follow-up is an integral part of the process, with program-specific reports provided to monitor follow-through on action plan commitments and to measure performance improvement over time.

At its inception in May 2007, the DMH STATS process focused on three core operational process metrics:

- **Direct Services** – Percent of staff time spent on direct services.
- **Benefits Establishment** – Percentage of clients with benefits.
- **Claims Lag Time** – Percentage of claims entered within 14 days of date of service.

Since that time, the following indicators have been introduced to the STATS process and are reviewed at the monthly meetings:

- **Medi-Cal Approval Percent Indicator and Medi-Cal Revenue Capture.** These indicators help assure that an improvement in timeliness of claim submission doesn't come at the cost of quality of data entry and revenue capture.
- **Post-Hospitalization Outpatient Service Access Indicator.** Facilitates linking clients to outpatient services within seven days after discharge from the hospital.
- **Quality Assurance (QA) Claiming Indicator.** Indicator to assure that QA programs are in place to assure regulatory accountability and compliance. This has resulted in previously unrealized revenue capture.
- **Full Service Partnership (FSP) Baseline Completion Indicator.** Monitors and enhances the completeness and quality of the FSP client's outcome data.
- **Full Service Partnership Reduction in Homelessness Indicator**
- **Claiming by Plan indicator.** Allows for high level tracking of MHSA service transformation and monitoring for claiming / service delivery anomalies.

- **Co-Morbid Substance Abuse (Dual Diagnosis) Assessment Indicator.**
- Indicators tracking centralized Administrative Support functions including Timeliness of (1) **Rendering Provider Processing (CIOB)**, (2) **Certification List Request Processing** (Human Resources) and (3) **Performance Evaluation Completion** (Executive Management Team).

For each metric, data is aggregated at the department level, by Service Area and by individual programs. Programs are measured against specific targets, which are established by LACDMH, as well as against their peers. The STATS program also provides extensive didactic and lab-based training, mentoring, as well as numerous supplemental reports in order to enhance the skills and ability of managers and supervisors to use data to help monitor and improve their programs.

As each metric has been introduced to the STATS process, substantial performance improvements have been noted in every relevant operational or clinical domain. Examples include: a 16% increase in staff Direct Service levels and 18% increase in claim submission timeliness over the first 2 years; an increase in annual revenues of approximately \$3 million / year; and an 14% increase (to 99%) of consumers showing clear evidence of assessment for co-morbid substance abuse in the first ten months since introduction of that metric.

The Executive Dashboard Committee is currently working on the further development of indicators and supporting reports and tools related to participation in the Department's Indigent Medication Program, outcomes among clients served in Field Capable Clinical Service programs, mandatory closure of cases after 150 days without consumer receiving billable services, and service access timeliness.

### **Model for Improving Client Service Capacity (ICSC)**

LACDMH has developed and refined a strategic document to create a model for enhancing system capacity and increasing the flow of clients into and through the system. In January 2010 a County of Los Angeles workgroup was convened to operationalize the plan and a cohort of adult and older adult providers began participating in a learning collaborative pilot to test out strategies to increase system capacity through the use of continuous quality improvement (CQI) PDSA (Plan-Do-Study-Act) cycles to identify innovative approaches to improving service delivery. The collaborative includes: Didi Hirsch Mental Health Center, Exodus, Heritage Clinic, and MHA LA—The Village. Four of five "Learning Sessions" have been completed. Over the course of these "Learning Sessions," improvements are recorded and organized by participant teams in order to be presented at a capstone meeting, the "Learning Forum." In this forum, participant teams publicly share their findings. Organizers and participating providers are receiving technical assistance and support from CiMH, CalMEND, and a project consultant employed through CalMEND and CiMH with expertise in Continuous Quality Improvement. In March 2011, LACDMH and CiMH will collaboratively conduct a presentation on this project at the Second Annual Conference of the California Improvement Committee.

Through initiatives fostered by LACDMH, including STATS and ICSC, as well as through Quality Improvement interventions discussed and disseminated throughout the Service Areas, LACDMH will move toward Quality Improvement Work Plan goals.

It is important to note that as the goals of transformation change the structure of the LACDMH service delivery, there is expected to be lag in service capacity. Notably, as providers readjust their treatment delivery from more traditional modes of therapy to the use of Recovery Models and Evidence Based Practices as brought forth by transformation, there have been interruptions in the LACDMH increase in service capacity. As providers reorganize their treatment delivery system to fit the models of transformation, they are expected to simultaneously increase their service delivery capacity. In addition, at this same time several PEI (Prevention and Early Intervention) and Innovation Initiatives are being rolled out which integrate mental health, physical health, and substance abuse treatment community based interventions, highlighting quality of care and cultural factors impacting treatment of the County's ethnically diverse community. Overall, the service capacity expansion of the LACDMH is expected to begin to be reflected in outcomes of FY 2011-2012. These factors impact the service capacity goals listed in the CY 2011 Quality Improvement Work Plan.

## **QUALITY IMPROVEMENT WORK PLAN CY 2011**

### **I. MONITORING SERVICE DELIVERY CAPACITY**

1.
  - a. The Penetration Rate for Latinos below the 200% Federal Poverty Level (FLP) will be maintained at 45%.
  - b. The Retention Rate for Latinos will be maintained at 44.6% for 5-15 services and at 52% for 16 or more services.
  - c. The Penetration Rate for Asian/Pacific Islanders below the 200% Federal Poverty Level (FLP) will be increased by 0.2% from 28.3% to 28.5%.
  - d. The Retention Rate for Asian/Pacific Islanders (API) will be maintained at 4.3% for 5-15 services and at 4.7% for 16 or more services.
2. The Cultural Competency Unit, the Cultural Competency Committee, the Quality Improvement Council, and the Service Area Quality Improvement Committees will collaboratively identify and select strategies and interventions to improve the API Penetration Rate (for the Population at or below 200% poverty) which has decreased by 3.2% between 2007 and 2010.

### **II. MONITORING ACCESSIBILITY OF SERVICES**

1. Increase the access to after-hours care by 1% from 68% to 69% of PMRT response time of one hour between PMRT acknowledgements of the call to PMRT arrival on the scene and continue year to year trending
2. Maintain the rate of abandoned calls (responsiveness of the 24-hour toll free number) at an overall annual rate of 15%.
3. Increase the overall rate by 1% from CY 2010 to CY 2011 for consumers/families reporting that they are able to receive services at convenient locations and continue year to year trending. [Source: Performance Outcomes].
4. Increase the overall rate by 1% from CY 2010 to CY 2011 for consumer/families reporting that they are able to receive services at convenient times and continue year to year trending. [Source: Performance Outcomes].

### **III. MONITORING BENEFICIARY SATISFACTION**

1. Continue to participate with CDMH new survey methodology (once a year) for the Statewide Performance Outcomes, determine improved survey sampling methodology, and continue year to year trending.
2. Increase by 1% from CY 2010 to CY 2011 consumers/families reporting that staff were sensitive to cultural/ethnic background [Source: Performance Outcomes].
3. Increase by 1% from CY 2010 to CY 2011 for the Overall Satisfaction Average Mean Score and initiate year to year trending. [Source: Performance Outcomes]
4. Increase by 1% from CY 2010 to CY 2011 consumers/families reporting that written materials are available in their preferred language and continue year to year trending.
5. Continue to identify areas for improvement for Service Area QICs for use in quality improvement activities, and increase Service Area Quality Improvement Projects from 2 to 4.
6. Continue to Monitor and improve beneficiary grievances, appeals and State Fair Hearings processes, including instituting new electronic system and annual reporting for policy changes.
7. Continue to improve responsiveness to Beneficiary Requests for Change of Provider. Continue to monitor reports on the reasons given by consumers for their change of provider request and integrate measures into new electronic system.

### **IV. MONITORING CLINICAL CARE**

1. Continue to improve medication practices through systematic use of medication protocols and trainings for the use of medication forms and clinical documentation for existing staff and for new staff.
2. Continue EPSDT Performance Improvement Project (PIP) to ensure that each consumer receives services that are appropriate, effective and efficient.

### **V. MONITORING CONTINUITY OF CARE**

1. Consumers will receive continuity of care by being seen within 7 calendar days of discharge from an acute psychiatric hospital (Post Hospitalization Outpatient Access – PHOA) and continue RC2 PIP in collaboration with APS/EQRO and Statewide consultants.

### **VI. MONITORING OF PROVIDER APPEALS**

1. Continue monitoring the rate of zero appeals through CY 2011.

## **APPENDIX A**

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
 STRATEGIC PLAN: GOALS, STRATEGIES, AND OBJECTIVES

| Goal   | Enhance the quality and capacity, within available resources, of mental health services and supports in partnership with clients, family members, and communities to achieve hope, wellness, recovery and resiliency.  | EMT  |
|--|--|--|
| <b>Strategy 1: Develop a system that provides a balanced and transformed continuum of services to as many clients throughout the county as resources will allow.</b> | <b>Objectives:</b><br>Increase the capacity of the outpatient mental health system to provide services in the context of achieving hope, wellness, recovery and resiliency.  |  |
| A.   | For Children <ul style="list-style-type: none"> <li>o Increase by 15% the amount of services delivered to children in their homes or schools by 06/30/2011.</li> </ul> For Transition Age Youth (TAY) <ul style="list-style-type: none"> <li>o Increase the percentage of services delivered to TAY in non-branded mental health settings.                             <ul style="list-style-type: none"> <li>• Identify a range of settings (educational, vocational, faith-based, etc) with which to pursue service delivery partnerships by 12/31/10.</li> <li>• Develop a plan for outreach and engagement of TAY and Community Partners by 06/30/2011.</li> <li>• Develop collaborative working agreements by 12/31/2011.</li> </ul> </li> </ul> For Adults <ul style="list-style-type: none"> <li>o Develop a system for utilizing non-employee (volunteer) staff supportive of recovery by 06/30/2011.</li> </ul> For Older Adults <ul style="list-style-type: none"> <li>o Increase by 50% the number of community partnerships that are established by DMH directly operated Older Adult Field Capable Clinical Services (FCCS) programs by 12/31/2011.</li> </ul>  | Celis-Karim,<br>Thomas,<br>Warner,<br>Vega,<br>Childs Seagle |
| B  | Increase the capacity of the outpatient mental health system to provide services in the context of achieving hope, wellness, recovery and resiliency by ensuring clients are empowered in decision-making with providers and programs and that recovery is fully integrated at the program staff level:  | Celis-Karim,<br>Thomas,<br>Warner,<br>Childs Seagle          |
|  | For Children, by 06/30/2011 <ul style="list-style-type: none"> <li>o Provide ten training sessions to parent advocates and parent partners to enhance their ability to advocate and work with caregivers of children who are receiving mental health services.</li> <li>o Survey the caregivers of children receiving mental health services to ensure that they are involved in decision-making.</li> </ul> For TAY <ul style="list-style-type: none"> <li>o Establish client advisory groups in at least 50% of contract and directly operated clinics serving TAY by 6/30/2011.</li> <li>o Develop a TAY Peer Partnership training program module by 6/30/2011.</li> <li>o Implement TAY Peer Partnership training program by 12/31/2011.</li> </ul> For Adults, by 12/31/2011 <ul style="list-style-type: none"> <li>o Establishing client advisory groups in at least 70% of our contracted and directly-operated clinics serving adults.</li> <li>o Integrate peer-driven service options including greater involvement of peers in the design of new programs.</li> <li>o Integrate peer services (e.g., client-run groups, training in WRAP and use of Service Extenders, etc.) successfully across the Adult System of Care.</li> </ul> For Older Adults, by 12/31/2011 <ul style="list-style-type: none"> <li>o Provide six trainings to the Older Adult Service Extenders to increase their abilities to advocate and work with consumers, caregivers and family members and to function effectively as a member of a multi-disciplinary team.</li> </ul> |  |

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
STRATEGIC PLAN: GOALS, STRATEGIES, AND OBJECTIVES

|   |  |   |
|---|--|---|
| C.  | <p>By 06/30/2011, develop a master plan for the delivery of services to children, TAY, adults, and older adults, including homeless individuals of all ages.</p> <ul style="list-style-type: none"> <li>o Complete a survey of the levels of care for each age group.</li> <li>o Identify gaps in the array of services available.</li> <li>o Develop a plan to utilize future funding to fill in the gaps in identified services.</li> </ul>  | <p>Kay, Cellis-Karim, Thomas, Warner, Childs Seagle</p> |
| <p><b>Strategy 2: Provide integrated mental health, physical health and substance abuse services in order to improve the quality of services and well-being of mental health clients.</b></p> |  |   |
| <p>Objectives:</p>  |  |   |
| A.  | <p>By 12/31/2011, develop a systemic approach for improving the health outcomes of mental health clients.</p> <ul style="list-style-type: none"> <li>o Develop and implement three models of integrated treatment through implementation of the MHSA-Innovations Plan, with an emphasis on effective ways to serve homeless individuals with multiple disorders. Analyze the results of these pilots.</li> <li>o Develop preliminary concepts/plans/programs regarding integrated specialty care for Los Angeles County in collaboration with the Department of Health Services and the Department of Public Health.</li> </ul>  | <p>Southard, Shaner, Kay</p>                            |
| B.  | <p>Expand collaborative programs for individuals with mental health, substance abuse and medical issues.</p> <ul style="list-style-type: none"> <li>o Increase the integration/co-location of mental health with primary care through placement of staff in comprehensive health centers or other primary care settings by 06/30/2011.</li> <li>o Collaborate with Federally Qualified Health Centers (FQHC) and Office of the Public Guardian to provide medical services for conservatees who are without access to dental and eye care due to changes in Medi-Cal by 06/30/2011.</li> <li>o Implement a TAY program for women with substance abuse issues and their children at AVRC by 12/31/2011.</li> </ul>  | <p>Kay Shaner, Beliz Draxler, Childs Seagle</p>         |
| C.  | <p>By 03/31/2011, provide a full range of mental health and substance abuse services to help TAY succeed.</p> <ul style="list-style-type: none"> <li>o Increase the number of TAY served in Drop-In Centers who are screened for co-occurring disorders and linked to services.</li> </ul>   | <p>Thomas</p>   |
| <p><b>Strategy 3: Support clients in establishing their own recovery goals that direct the process of mental health service delivery.</b></p>   |  |   |
| <p>Objectives:</p>  |  |   |
| A.  | <p>By 06/30/2011, ensure that clients are empowered with a broad array of tools for self-help and illness self-management.</p> <ul style="list-style-type: none"> <li>o Conduct annual training in WRAP for adult outpatient facilities and ensure that clients have access to this practice.</li> <li>o Conduct training for staff and clients regarding community-based and natural support systems such as self-help groups, 12-step groups, etc. Ensure that resource materials are available in all adult clinics.</li> </ul>   | <p>Vega</p>   |
| B.  | <p>By 06/30/2011, support clients in their efforts to engage in work or other productive activities.</p> <ul style="list-style-type: none"> <li>o Incorporate employment/education/meaningful leisure activities into the personal recovery plan for all clients.</li> <li>o Build upon the Connections conference to identify and disseminate best practices in supported employment in Los Angeles County.</li> <li>o Expand opportunities for previously incarcerated individuals to rebuild their lives through education, employment and other meaningful activities, utilizing an innovative PEERS (Peer Employment Education and Recovery Support) Program.</li> <li>o Analyze FCCS outcome data that addresses meaningful use of time.</li> <li>o Support stigma reduction and discrimination among adult clients seeking to re-engage their educational and/or employment goals.</li> </ul> | <p>Vega</p>   |

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
 STRATEGIC PLAN: GOALS, STRATEGIES, AND OBJECTIVES

| <b>Strategy 4: Ensure that families are accepted as an important component of the recovery process and provide them the support to achieve that potential.</b> |   | EMT     |
|--|---|---------|
| Objectives:  |   |         |
| A.   | By 12/30/2011, expand family advocacy within the Adult System of Care (ASOC) to ensure support and full utilization of recovery services. <ul style="list-style-type: none"> <li>o Complete the solicitation and contracting process for PEI family-focused strategies.</li> <li>o Expand family advocacy and educational programs.</li> <li>o Implement a family educational program in Spanish in at least 5 new sites.</li> </ul>      | Warner  |
| B.   | By 06/30/2011, develop and integrate a trained pool of professional family advocates within DMH and directly-operated programs countywide. <ul style="list-style-type: none"> <li>o Finalize the solicitation and contracting process for Family Member Advocate Training Program.</li> <li>o Hire DMH Family Advocates for each Service Area including bilingual DMH Family Advocates in various parts of Los Angeles County.</li> </ul> | Vega    |
| C.   | By 06/30/2011, support the capacity of families to help consumers with their recovery including those who are conserved. <ul style="list-style-type: none"> <li>o Develop a Conservatorship Mentoring Program – a partnership between the Office of the Public Guardian and National Alliance on Mental Illness (NAMI).</li> </ul>  | Draxler |

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
 STRATEGIC PLAN: GOALS, STRATEGIES, AND OBJECTIVES

|  |  |               |            |
|--|--|---------------|------------|
| <p><b>Goal II</b></p>  | <p><b>Eliminate disparities in mental health services, especially those due to race, ethnicity, and culture.</b></p>   |               |            |
| <p><b>Strategy 1: Develop mental health early intervention programs that are accessible to underserved populations.</b></p>  | <p>Objectives:<br/>                 By 06/30/2011, educate and enhance the abilities and skills of community-based and faith-based organizations in underserved communities to develop and/or utilize culturally-sensitive mental health PEI approaches for their constituents and their families. This would be accomplished by:</p> <ul style="list-style-type: none"> <li>o Participation in the Incubation Academy.</li> <li>o Community Provider Partnership Workshops.</li> <li>o Competitive bid processes for PEI and Innovation funded services that target "new" agencies.</li> </ul>                                  | <p>Murata</p> | <p>EMT</p> |
| <p>A.</p>  |  |               |            |
| <p>B.</p>  | <p>By 06/30/2011, establish service access and specialized mental health services for Veterans in each service area and at least one directly operated adult clinic.</p>   | <p>Warner</p> |            |
| <p><b>Strategy 2: Partner with underserved communities to implement mental health services in ways that reduce barriers to access and overcome impediments to mental health status based upon race, culture, religion, language, age, disability, socioeconomic, and sexual orientation.</b></p> |  |               |            |
| <p>Objectives:</p>   | <p>By 12/31/2011, incorporate non-traditional and culturally specific services to expand or enhance existing mental health services by partnering with underserved communities and leveraging resources via the MHSA Innovations Plan.</p>   | <p>EMT</p>    |            |
| <p>A.</p>  |  | <p>Murata</p> |            |
| <p>B.</p>  | <p>By 06/30/2011, utilizing a local faith-based organization, expand the network of recovery service delivery to various cultural groups by establish an informal network connection with at least one faith-based organization to provide outreach and onsite efforts to community members experiencing a crisis or the effects of trauma.</p>  | <p>Warner</p> |            |
| <p><b>Strategy 3: Develop outreach and education programs that reduce stigma, promote tolerance, compassion and lower the incidence or severity of mental illness.</b></p>   |  |               |            |
| <p>Objectives:</p>   | <p>By 09/30/2010, provide culturally competent community information to enhance supportive community attitudes concerning mental health. Reduce stigma that constitutes a barrier to accessing services and reduce public, personal, and institutional stigma countywide:</p> <ul style="list-style-type: none"> <li>o Establish a County Social Inclusion and Dignity Task Force.</li> <li>o Promote public awareness through production and dissemination of videos and other materials that enhance understanding of mental illness.</li> <li>o Promote artistic expression to foster awareness and reduce stigma.</li> </ul> | <p>Vega</p>   |            |
| <p>A.</p>  |  |               |            |
| <p>B.</p>  | <p>By 06/30/2011, orient consumers and family of underserved ethnic communities to consumer empowerment and the recovery model.</p>  | <p>Vega</p>   |            |

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
 STRATEGIC PLAN: GOALS, STRATEGIES, AND OBJECTIVES

| Goal<br>III  | Enhance the community's social and emotional well-being through collaborative partnerships  | Enhance the community's social and emotional well-being through collaborative partnerships | Enhance the community's social and emotional well-being through collaborative partnerships |
|--|---|--|--|
| Strategy 1: Create partnerships that advance an effective model of integration of mental health, physical health, and substance abuse services to achieve parity in the context of health care reform.               |   |  | EMT  |
| A.   | Objectives:<br>By 04/15/2011, create and strengthen partnerships that help advance all areas of clients' recovery, e.g., substance abuse, vocational/job, socialization, housing, education, health care, using Evidence-Based Practices (EBPs) and promising practices.<br>o DMH and SAPC will develop and endorse shared clinical practice standards for provision of integrated mental health and substance abuse treatment for individuals with co-occurring mental health and substance abuse disorders who are receiving services from both agencies. | Shaner   | EMT  |
| Strategy 2: Create, support, and enhance partnerships with community-based organizations in natural settings such as park and recreational facilities to support the social and emotional well-being of communities. |   |  | EMT  |
| A.   | Objectives:<br>By 12/31/2011, establish Mental Health Prevention Programs focused on Community Wellness by entering into operational agreements with community settings in all areas of Los Angeles County.   | Murata   | EMT  |
| Strategy 3: Increase collaboration among child-serving entities, parents, families, and communities to address the mental health needs of children and youth, including those involved in the child welfare systems. |   |  | EMT  |
| A.   | Objectives:<br>By 12/30/2011, increase collaboration between agencies that serve children in the child welfare system (e.g., DCFS, DMH, DPSS, PROBATION, DHS) – through improved information sharing.<br>o Enhance the usefulness of the FCI through expansion of information included in the index.<br>o Train in the use of the FCI.  | Celis-Karim  | EMT  |
| B.   | By 12/30/2011, improve collaboration between agencies serving children in the child welfare/juvenile justice system who have mental health needs through cross-training of staff and increasing training on mental health issues for child social work staff in DCFS and probation staff in the Department of Probation.<br>o Develop a mental health and child welfare shared Core Practice Model and train staff from both departments.   | Celis-Karim, Thomas  | EMT  |
| C.   | By 12/31/2010, improve services for youth involved in the juvenile justice system by:<br>o Increasing the number of youth who are exiting probation camps that are successfully linked to community-based mental health services by 10%.  | Thomas   | EMT  |
| Strategy 4: Further strengthen the partnerships among mental health, the courts, probation, juvenile justice, and law enforcement to respond to community mental health needs.                                       |   |  | EMT  |
| A.   | Objectives:<br>By 07/30/2011, enhance the skills of law enforcement personnel when interacting with individuals who have mental/emotional illness by:<br>o Conducting 100 trainings/presentations at the Los Angeles Police Department, Sheriff's Department, and 10 municipal police departments to increase awareness of mental health issues with the goal of providing training to 1,000 law enforcement personnel.   | Beliz  | EMT  |
| B.   | By 12/31/2011, enhance program options that can be used by the courts as an alternative to incarceration such as the full implement the AOT program and evaluate its success.   | Beliz, Daly  | EMT  |
| C.   | By 12/31/2011, work with the Sheriff's Department to enhance training and service delivery leaving opportunities for mental health clients to facilitate engagement of incarcerated clients housed in mental health housing areas of Los Angeles County jail facilities.  | Daly   | EMT  |

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
 STRATEGIC PLAN: GOALS, STRATEGIES, AND OBJECTIVES

|  |  |  |
|--|--|--|
| D.   | By 12/31/2010, Provide cross-training to Probation Camp Staff to support implementation of integrated services in the probation camps.   | Thomas                                   |
| <b>Strategy 5: Support and enhance efforts to provide services in partnership with educational institutions from pre-school through higher education.</b>                          |  |  |
| Objectives:  |  |  |
| Expand school mental health services.  |  |  |
| A.   | <ul style="list-style-type: none"> <li>o Implement mental health services in one or more school health center(s) in collaboration with CEO and LAUSD or other school systems by 07/30/2011.</li> <li>o Implement PEI Early Start Service Area 6 demonstration project by 03/31/2011.</li> <li>o Implement the school violence prevention project funded under PEI. Develop and conduct 50 presentations to 200 school personnel, 200 families, and 500 students to reduce negative psycho-social impact of trauma for all ages resulting from targeted school violence and mental health problems involving danger to self and/or others by 07/30/2011.</li> </ul> | Celis-Karim<br>Thomas<br>Beliz<br>Murata |
| B.   | <ul style="list-style-type: none"> <li>o By 07/30/2011, implement anti-stigma, anti-discrimination that supports PEI strategies within the school system.</li> <li>o Develop and conduct 50 presentations to 200 school personnel, 200 families, and 500 students to reduce disparities in access to mental health, reduce the negative psycho-social impact of trauma for all ages, reduce stigma and discrimination affecting students with mental health problems.</li> </ul>   | Vega                                     |
| <b>Strategy 6: Develop partnerships with faith-based organizations to enhance opportunities for clients to utilize their spiritual choices in support of their recovery goals.</b> |  |  |
| Objectives:  |  |  |
| A.   | <ul style="list-style-type: none"> <li>o By 12/31/2011, partner with faith community to build its capacity to address mental health disparities.</li> <li>o Develop partnerships between 10 Wellness Centers and faith communities to support social inclusion and recovery.</li> </ul>  | EMT<br>Southard                          |

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
 STRATEGIC PLAN: GOALS, STRATEGIES, AND OBJECTIVES

| Goal VI  | Use research and technological advancements to improve and transform services and their delivery in order to enhance recovery and resiliency.  |                  |
|--|--|------------------|
| <b>Strategy 1: Continuously utilize outcome data and research findings to improve practice.</b>  |  |                  |
| Objectives:  |  |                  |
| A.   | By 06/30/2011, evaluate and sustain services according to the results they produce in clients' lives by analyzing and disseminating MHSA outcomes data.  | EMT<br>Murata    |
| <b>Strategy 2: Support opportunities to implement the latest advancements in research and technology to improve service delivery.</b>                                      |  |                  |
| Objectives:  |  |                  |
| A.   | By 10/31/2010, identify the non-IT resources from administrative, clinical and financial areas of DMH necessary for a successful IBHIS implementation.   | EMT<br>Greenless |
| B.   | By 06/30/2011, ensure the effective implementation of the Public Guardians new database-Case and Asset Management System (CAMS).   | Draxler          |
| <b>Strategy 3: Develop secure electronic medical records that will enable appropriate care coordination.</b>   |  |                  |
| Objectives:  |  |                  |
| A.   | By 12/31/2010, establish the DMH Enterprise Master Person Index (EMPI) Project Team to support the countywide effort to link DMH, DHS, and DCFS records for the purpose of improving care coordination for maximum wellness and recovery.  | EMT<br>Greenless |
| <b>Strategy 4: Use data and performance-based management methods to improve planning, decision-making and organizational accountability.</b>                               |  |                  |
| Objectives:  |  |                  |
| Expand existing performance management metrics and management to include psychiatric inpatient facilities associated with the Los Angeles County Local Mental Health Plan. |  |                  |
| A.   | <ul style="list-style-type: none"> <li>o By 12/31/2010, develop an inpatient provider report card by providing information including re-hospitalization rates, length of stay, timeliness, and accuracy of inpatient episode related data entry and outpatient referral/linkage activities.</li> <li>o By 06/30/2011, develop and implement methodology for dissemination to all inpatient providers and key stakeholders, including a plan for performance based management activities led by Service Area District Chiefs, the Office of Managed Care, and Countywide Resource Management</li> </ul> | Arns             |

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## **APPENDIX B**

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

**SUMMARY REPORT OF ACCESSIBILITY: MONITORING TEST CALLS  
TO 24/7 TOLL FREE ACCESS LINE  
January 3, 2011**

**GOAL**

The goal of the Test Calls is to identify potential areas for quality improvement and strengths in the responsiveness of the LAC-DMH ACCESS Center 24-hour, 7 day a week Toll Free number.

This report summarizes findings from the Quality Improvement (QI) Division Test Calls conducted during the period of July 2010 to September 2010, compares these findings with the findings of the Test Calls studies completed in 2008 and 2009, and offers recommendations.

**OVERVIEW**

Often the ACCESS Center 24/7 Line may be a callers' first point of contact with the County of Los Angeles, Department of Mental Health. The ACCESS Center operates the 24 hour, 7 Day Statewide, Toll Free number, 1-800-854-7771, for both emergency and non-emergency calls. ACCESS Center staff triage requests for Psychiatric Mobile Response Team (PMRT) and staff is also prepared to provide direct language services by linking callers to the Language Assistance Line, as well as the Telecommunication Device for the Deaf (TDD). (See attachment: Language Interpreters Policy & Procedure 202.21) Call logs are maintained for date, time, caller identification, types of requests, and referrals given. This process is in accordance with ACCESS protocols.

During 2010, the ACCESS Center averaged 24,704 calls per month, or more than 800 calls per day. Of these calls, the number of Non-English calls averaged 800 calls per month. 96% of the Non-English calls were Spanish language, which averaged 26 Spanish calls per day.

In May 2010, ACCESS Center began working with Open Communications International (OCI) for interpreter services. This change was in response to a mandate to utilize OCI, the new LAC countywide contracted vendor.

September 2011 is the anticipated completion date for the ACCESS Center to undergo major telephone and computer technology upgrades.

## **METHODOLOGY**

The purpose for this Test Call study is to verify the following:

- a) Responsiveness of the Toll Free Line during daytime and After Hours
- b) Caller overall satisfaction with staff knowledge and helpfulness
- c) Toll Free Line capability to respond to English and Spanish language calls and overall satisfaction with Spanish interpreter services
- d) Staff providing their first name to callers
- e) Staff inquiry for each call if there is a crisis or emergency
- f) Specialty mental health services referrals or information provided by ACCESS Center staff as requested by test caller
- g) ACCESS Center staff maintaining a written log that contains the following: name of beneficiary (test caller), date of request for services, and initial disposition of the request

A "Secret Shopper Test Calls" approach is used. Each Test Caller is provided with written *Instructions for Test Calling the ACCESS Line*. The instructions outline the *Purpose of the Test Calls* and include the *Basic Principles of the Test Calls*. (See attachments.) Test Callers, while using a fictitious name, may develop their own non-emergency script for specialty mental health services or choose from example scenarios. Test Callers do not call with an emergency or crisis scenario and are requested to keep the call short and succinct. Test Callers are not to make or accept assessment appointments and may identify themselves as a Medi-Cal beneficiary, if asked. Test Callers may ask to obtain a phone number and inform ACCESS staff that they will contact the clinic directly. Test callers may also identify themselves as residents of the County, if asked. The performance of the phone system and interactions with the Toll Free Line staff are rated using a *Worksheet for Test Callers to the ACCESS Line* (See attachment),

ACCESS Center management staff collaborates with the QI Division each year for the development of this report. A total of 17 Test Calls were conducted by QI staff from July 2010 to September 2010.

For 2010, evaluation of responsiveness of the ACCESS center staff utilized both English and Spanish, the two primary threshold languages for the County of Los Angeles.

## **FINDINGS**

1. Seventeen (17) test calls were placed. Eleven (11) calls were during daytime hours (initiated prior to 5 PM) and six (6) were After Hours calls. All calls were placed during weekdays.
2. Of the seventeen (17) test calls, thirteen (13) were completed. Three (3) calls resulted in disconnections. Two disconnections occurred while awaiting initial response from the ACCESS Center staff. One caller was

disconnected after waiting 4 minutes and the other caller after waiting seven minutes. The third disconnected call occurred after a Spanish speaking test caller requested an interpreter, was placed on hold, waited five minutes, and was disconnected. The fourth test caller who did not complete the test call waited for 25 rings without any response from the ACCESS Center staff and abandoned the call.

3. Evaluating “timely response” of the ACCESS Center staff answering a call proved difficult to evaluate by measuring the number of rings before a call was answered. This was our initial goal. The ACCESS Center 24/7 line rings initially very briefly (1 to 3 rings) at which time various taped messages may be played, if the call is not answered immediately. The taped greeting identifies the DMH ACCESS Center and requests the caller to hold for staff response, and/or may give extensions for various requests. Taped messages may explain the volume of calls is currently large and to please have patience for staff to respond. There may be periods of time between taped messages where phone ringing occurs. Test callers were asked to identify the number of rings they experienced prior to a live staff member answering their call. Measuring the time from when a test caller completed dialing the ACCESS Center number and when a live staff member actually answered the call would have been a more accurate measure of timely response.

4. The total length of time for test calls ranged from seven (7) minutes to twenty-six (26) minutes. The longest calls reflect the longest waiting times for initial staff response along with time spent on hold awaiting a Spanish interpreter.

5. Of the fourteen (14) test calls answered by Access Center staff, six (6) were English speaking test callers and eight (8) callers spoke Spanish.

6. ACCESS Center staff provided the caller with his/her first name in five (5) of the fourteen (14) test calls answered, (36%).

7. ACCESS Center staff asked for the test caller's name in eight (8) of the thirteen (13) completed test calls, (62%).

8. ACCESS Center staff asked test callers if there was a crisis or an emergency in eight (8) of the thirteen (13) completed test calls, (62%). Test callers were specifically instructed not to use an emergency or crisis scenario.

9. 100% of the thirteen (13) completed test calls were given a referral to a specialty mental health service agency in their area of residence or the information requested by the test caller.

10. Ten (10) test callers in the thirteen (13) completed test calls responded positively to “general satisfaction with the knowledge and helpfulness of the staff” (77%).

11. Seven (7) of the completed test calls, or 53.8% were logged appropriately by the ACCESS Center staff.

**Table 1. Trending of ACCESS Center Test Calls 2008, 2009 and 2010**

The Table below shows 3 years of ACCESS Center Test Calls from the QI Division. Calls in 2008 were Non-English only, calls in 2009 were English only, and calls in 2010 were in both Spanish and English.

| Test Call Findings                              | 2008 Non-English Calls | 2009 English Calls | 2010 Completed English Calls # and % | 2010 Completed Spanish Calls # and % | 2010 English & Spanish Calls |
|---|------------------------|--------------------|--------------------------------------|--------------------------------------|------------------------------|
| Number of Test Calls                            | 12                     | 10                 | 6                                    | 7                                    | 13*                          |
| Access staff provided first name to caller      | 8%                     | 89%                | 3 of 6<br>50%                        | 2 of 7<br>26%                        | 5 of 14**<br>36%             |
| Access staff requested Beneficiary's name       | 17%                    | 33%                | 5 of 6<br>83%                        | 3 of 7<br>43%                        | 8 of 13*<br>62%              |
| Access staff asked if crisis or emergency       | 0%                     | 33%                | 5 of 6<br>83%                        | 3 of 7<br>43%                        | 8 of 13*<br>62%              |
| Referrals/info given                            | 70%                    | 89%                | 6 of 6<br>100%                       | 7 of 7<br>100%                       | 13 of 13*<br>100%            |
| General satisfaction with Access staff services | 56%                    | 90%                | 6 of 6<br>100%                       | 4 of 7<br>57%                        | 10 of 14**<br>71%            |
| Satisfaction w Interpreter                      | Not available          | N/A                | N/A                                  | 5 of 7<br>71%                        | 5 of 8**<br>63%              |
| Calls logged by ACCESS Staff                    | 8%                     | 1%                 | 4 of 6<br>67%                        | 3 of 7<br>43%                        | 7 of 13*<br>54%              |

\*Three callers were disconnected and one caller abandoned the call after an extended wait time.

\*\*One Spanish test caller was disconnected while awaiting an interpreter – not completed

ACCESS Center staff greatly improved from 2008 to 2009 in providing their first name to the test callers, but only 36% of staff provided their name to test callers in 2010. Test caller language may influence staff providing their names to callers. ACCESS Center staff has consistently improved over the 3 years in requesting the name of the caller going from 17% in 2008, to 62% in 2010. Also noted is a strong improvement in the ACCESS Center staff asking test callers if there is a crisis or emergency situation, from 0% in 2008, to 62% in 2010. Referral or information given to test caller has consistently improved over three years from 70% in 2008 to 100% in 2010. This could have been

influenced by instructions given to test caller this year to directly ask for a service referral.

There may be a correlation between test caller satisfaction and the language of the caller. In 2008, non-English callers reported 56% satisfaction, in 2009 English speaking test callers reported 90% satisfaction. In 2010, the four (4) test callers who responded negatively regarding overall satisfaction with ACCESS Center Staff were Spanish speaking callers. Those four (4) were 50% of the eight (8) Spanish callers. All six (6) of the test callers who spoke English responded positively to overall satisfaction with the ACCESS Center staff. For 2010, the total percentage of test callers reporting overall satisfaction was 71%.

### **SUMMARY OF FINDINGS FOR 2010**

Test calls showed that:

1. Improvement is needed in the ACCESS Center Staff providing their names to callers. Staff offered their first name in 36% of the fourteen (14) answered test calls. In one (1) of the eight (8) Spanish language calls the ACCESS Center Staff offered their first name. (This does not include interpreters.) It appears that in the fourteen (14) test calls answered, that staff is less likely to offer their name to the caller if the caller is non-English speaking.
2. Improvement is needed in ACCESS Center staff requesting the name of the beneficiary. Of the thirteen (13) test calls completed, eight (8) or 62% requested the beneficiary name. ACCESS Center call logs can not be completed as required without documentation of the beneficiary's name.
3. ACCESS Center staff consistently and significantly improved over the past 3 years in inquiring if the caller is experiencing a crisis or emergency, from 0% in the 2008, to 33% in the 2009, and 62% in 2010. The crisis assessment is a state requirement and a critical measure for safety and quality care. Therefore, improvement continues to be needed.
4. ACCESS Center staff providing information and referrals has consistently improved in test calls over the past three (3) years. From 70% in 2008, to 89% in 2009, and 100% in 2010.
5. General Satisfaction of the test callers with services received by the ACCESS Center staff has fluctuated over the past three (3) years. As discussed above, the role of language may play a role in these results. General Satisfaction in 2008 was 56% and non-English languages were used. In 2009 General Satisfaction was 90% and English only was used. In 2010 General Satisfaction was 71%, when English and Spanish callers

were combined. 100% of the English speaking callers reported General Satisfaction while 50% of the Spanish speaking callers reported General Satisfaction with ACCESS Center Services.

6. Five (5) out of eight (8) test callers who utilized Spanish interpreter services reported Satisfaction, (63%).

The following are comments reported by unsatisfied Spanish test callers:

- “Instead of being given a translator, the ACCESS Center staff asked me to interpret what my Spanish speaking Aunt needed in terms of mental health services. This made me uncomfortable.”
- “Long wait for interpreter”
- “Was disconnected while waiting for an interpreter – twice.”
- “Interpreter did not seem interested in me or my problem – strictly asking for information needed for referral, not about me or my situation.”

#### **RECOMMENDATIONS RESULTING FROM QI DIVISION AND ACCESS CENTER COLLABORATION:**

1. The above findings indicate areas for ACCESS Center staff improvement when Spanish interpreters are required.

- Protocols to be established for evaluating the quality of interpreter services being provided
- QI Report with test caller feedback to be shared in training sessions with ACCESS Center Staff.
- QI Report with test caller feedback to be presented to OCI as quality concerns regarding interpreter sensitivity in providing mental health services

2. ACCESS Center to remain on track with implementation of upgraded phone and computer technology as planned for September 2011 to address problems related to telephone and call center systems that directly affect the timely response of the toll free hotline.

3. ACCESS Center Administration to review call volume patterns and staffing patterns to address long wait times. Goal would be to cover periods of peak call volume with appropriate numbers of staff members. “Workforce Management” is a software program that evaluates these patterns and is an anticipated aspect in the technological upgrades for 2011.

Evaluate current number of permanent ACCESS Center staff (FTE's) capacity for answering the 24/7 Line. Apply call volume metrics to identify number of FTE's if needed vs. use of overtime staff coverage. The frequent changes in providers and required information for correctly responding to the multi-dimensional needs and requests by callers to the 24/7 Line makes it difficult for staff members providing overtime coverage to function competently and independently.

4. Review and monitor OCI contract to ensure requirements for specific mental health skills training for OCI interpreters utilized by the ACCESS Center 24/7 Line Services.

ACCESS Center to work with DMH PSB Training Division to develop training sessions geared specifically to interpreter skills required for telephone based mental health services provided by ACCESS Center.

5. In 2011, change the measure for evaluating timely response of ACCESS Center to test calls to the amount of time in minutes for a live staff member to answer the call vs. the number of rings. The ACCESS Center's taped messages in time of high call volume may be useful and clinically appropriate, but interferes with measuring timely response by number of rings.

6. Set goal to standardize After Hours and weekends countywide protocols for 24/7 Toll Free Line coverage for the eight (8) Service Areas.

#### **2011 PLAN FOR MONITORING OF ACCESS CENTER TEST CALLS:**

- Each of the eight (8) Service area QI liaisons will be responsible for ten (10) test calls to the ACCESS Center with 50% of calls in English/50% Non-English.
- All test calls to be placed during Afterhours and/or weekends during the same two month period (TBD).
  - Results of the 10 Test Calls due October 1, 2011
  - Test calls to follow the QI Division Worksheet and instructions provided
- Each Service Area QI liaison to coordinate these efforts with identified QI Division staff.
- The 2011 Annual QI Test Calls Summary Report to include countywide findings and recommendations will be presented to the Departmental QIC.

## **APPENDIX C**



**California EQRO**

560 J Street, Suite 390  
Sacramento, CA 95814

**CAEQRO PIP Outline via Road Map – EPSDT PIP**

**MHP: Los Angeles County Department of Mental Health**

**Date PIP Began: 9-1-2008**

**Title of PIP: EPSDT PIP**

**Clinical or Non-Clinical: Non-Clinical**

- For May 15 submission, the MHP should complete the Road Map to reflect the study as it is designed thus far. All applicable items are in RED. If the MHP has not reached a certain point, please state “not completed” for that item.
- Aggregate data may be included as attachments to support the problem definition, barriers associated with the problems, and reasons for intervention selection.
- Submit via e-mail to Sandra Sinz at [ssinz@apshealthcare.com](mailto:ssinz@apshealthcare.com) no later than May 15, 2009.
- Also send a separate e-mail stating that the PIP has been e-mailed.

**Assemble multi-functional team**

**1. Describe the stakeholders who are involved in developing and implementing this PIP.**

**Statewide:** The stakeholders involved include California Mental Health Directors Association (CMHDA), Department of Mental Health (DMH), Mental Health Plan (MHP) Contract Providers, the California Mental Health Directors Association, the County Welfare Directors Association, the California Council of Community Mental Health Agencies, and the California Alliance of Child and Family Services.

**MHP Level Committee: List local PIP committee members including their position and affiliation.**

| Name                    | Title                                 | Affiliation  |
|-------------------------|---------------------------------------|--|
| Paul McIver, LCSW*      | Clinical District Chief               | DMH CSOC Countywide Children’s Program   |
| Franz Jordan, Ph.D.*    | Director of Mental Health             | Children’s Bureau of Southern California   |
| Alex Medina, LCSW       | Director of Quality Improvement       | Child and Family Guidance Center   |
| Alysa Solomon, Ph.D.    | Clinical Psychologist II              | DMH Public Information Office  |
| Bart Callender, LCSW    | Supervising Psychiatric Social Worker | DMH CSOC Countywide Children's Case Management                                     |
| Bryan Mershon, Ph.D.    | Acting Deputy Director                | DMH Children's System of Care  |
| Madonne Waters          | Mental Health Service Coordinator     | DMH Medical Professional Services/Authorization Division                           |
| Lisha Singleton, MFT    |                                       | DMH Countywide Quality Assurance and Improvement Committee Chair                   |
| Martha Drinan, RN, MN   | Clinical District Chief               | DMH Program Support Bureau, Quality Improvement and Training Division              |
| Morris Lawson, MFT      | Mental Health Service Coordinator II  | DMH CSOC Countywide Children's Case Management                                     |
| Nathaniel Thomas, Ph.D. | Clinical Supervisor                   | DMH Medical Professional Services/Authorization Division                           |
| Paul Arns, Ph.D.        | Clinical District Chief               | DMH Office of STATS and Information  |
| Presley Becerra         |                                       | DMH Chief Information Office Bureau  |
| Thomas J. Hill          | Mental Health Policy Director         | Association of Community Human Services Agencies (ACHSA)                           |
| Vandana Josh, Ph.D.     | Program Head                          | DMH Program Support Bureau, Quality Improvement and Training Division Data Section |
| Michael Chong           |                                       | Chief Information Office Bureau  |
| Anthony Ramirez         | Senior Programming Analyst/RAIII      | Data/GIS Programs Support Bureau, Quality Improvement Division                     |
| Yoko Sugihara, Ph.D.    | Clinical Program Head                 | DMH CSOC Children’s Countywide Case Management Program                             |
| Josh Cornell, Psy.D.    | Clinical Psychologist II              | DMH Program Support Bureau, Quality Improvement Division                           |

**“Is there really a problem?”**

2. Define the problem by describing the data reviewed and the relevant benchmarks. Explain why this is a problem priority for the MHP, how it is within the MHP’s scope of influence, and what specific consumer population it affects.

Statewide: Approved EPSDT claims data for FY 2007-08 shows that the 3% of EPSDT clients with the highest average monthly claims account for 25.5% of total annual EPSDT spending. While it is reasonable to expect that this highest-cost-of-service cohort includes clients with severe conditions that justify higher average monthly costs, a review of client specific services

received by a sample drawn from this cohort often include a complex pattern of use that raises questions about service levels, array of services, possible gaps in service, and multi-system involvement. Studies identified by the Department of Mental Health suggest of other pediatric health care system highest-cost-of-service cohorts suggest that the cost and complexity of these EPSDT services could indicate a need for improved coordination, enhanced capacity, and other improvements to ensure that each child is receiving services that are indicated, effective, and efficient, at the levels being provided. DMH has consulted with representatives from the California Mental Health Directors Association, the County Welfare Directors Association, the California Council of Community Mental Health Agencies, and the California Alliance of Child and Family Services on the concepts of this proposal as they relate to addressing quality, effectiveness and efficiency of service delivery to children.

**MHP: Define local problem – Refer to data examined (include as an attachment if too detailed to add here). If Criterion B, include the MHP’s initial dollar threshold for study population inclusion.**

LAC-DMH approved EPSDT claims data for FY 2007-08 shows that the 3.2% of EPSDT clients with the highest average monthly claims account for 25% of total annual EPSDT spending. These numbers mirror closely the Statewide findings. It may be reasonable to assume that the Los Angeles County high utilizers have severe impairments and symptoms which require frequent and intensive mental health services, the patter of use, however, raises questions on efficiency and effectiveness of service delivery system.

State DMH mandated all the counties in California to conduct a three-year Performance Improvement Project on EPSDT and provided MHP a list of PIP eligible population. State criterion for PIP eligible population for the large counties is the EPSDT eligible clients who spent more than \$3,000 in any month of the year.

LAC-DMH examined the data related to the clients who meet the PIP criteria in the system. Our local data shows that approximately 11% of the EPSDT clients in FY 07-08 and in FY 08-09 (PIP population) account for about 45% of total EPSDT spending in both fiscal years. LAC-DMH served 68,657 beneficiaries and 70,107 beneficiaries in FY 07-08 and FY 08-09, respectively, which accounts for approximately 11% of all EPSDT recipients in LA County. However, many more EPSDT eligibles can potentially be served.

Table 1

LAC-DMH EPSDT Total Recipients, Total Claims and Clients who Meet Criteria A in FY 07-08 and FY 08-09

| Fiscal Year | Total EPSDT Clients | Total EPSDT Approved Claims (\$) | # of EPSDT Clients* who spent ≥ \$3,000 in any month | Total EPSDT Approved Claims (\$) for clients who spent ≥ \$3,000 in any month | % of EPSDT Clients* who spent ≥ \$3,000 in any month | % of Total EPSDT Approved Claims (\$) for Clients who spent ≥ \$3,000 in any month |
|-------------|---------------------|----------------------------------|--|---|--|--|
| FY 07-08    | 68,657              | \$407,454,819.00                 | 7,297  | \$182,993,696.84  | 10.63%   | 44.91%   |
| FY 08-09    | 70,107              | \$428,318,093.00                 | 7,788  | \$188,356,486.00  | 11.11%   | 43.98%   |

|          |        |                  |       |                  |        |        |
|----------|--------|------------------|-------|------------------|--------|--------|
| FY 09-10 | 76,993 | \$441,889,518.00 | 7,945 | \$191,543,421.01 | 10.31% | 42.13% |
|----------|--------|------------------|-------|------------------|--------|--------|

\* unduplicated clients

1. How is it within the MHPs scope of influence?

- ✓ Approximately ninety five percent (95%) of EPSDT mental health services are contracted out to non-government agencies (NGAs). LAC DMH utilizes performance based contracting and contract requirements to ensure service provision to EPSDT eligibles and EPSDT recipients of mental health services.
- ✓ LAC-DMH works with the contract providers to provide technical assistance and manage resource utilization and improve quality of mental health services to all the EPSDT eligible consumers.

2. What specific consumer population is affected?

- ✓ It affects all EPSDT eligible children, youth (0 – 22 years old) and their families.
- ✓ EPSDT eligibles with open episode during both FY 07-08 and FY 08-09 (EPSDT eligibles with extended duration of services).
- ✓ EPSDT eligibles who meet Criteria A (client who spent more than \$3,000 in any month of fiscal year) will be added to the study group.

**Team Brainstorming: “Why is this happening?”**  
 Root cause analysis to identify challenges/barriers

3. a) Describe the data and other information gathered and analyzed to understand the barriers/causes of the problem that affects the mental health status, functional status, or satisfaction. How did you use the data and information to understand the problem?

**Statewide:** EPSDT claims data used in developing this proposal consists of FY 2006-07 approved claims data received as of March 2008; the most current EPSDT claims data available at this time. The Medi-Cal claims file for this period included claims for ~183,892 clients totaling ~ \$949,967,324. MHPs, in collaboration with their providers, are responsible for the identification and collection of relevant data such as clinical data derived from chart reviews, billing/reporting data, treatment service factors, etc., and continuing data exchange and reporting to the Department of Mental Health to inform, measure and continuously improve services to children and their families.

**Table 1**  
**Distribution of Approved Claims for EPSDT**  
 SFY 2006-07 Year Claims to date (Includes SGF, FFP, County Share funds)

| Service | Approved \$ | % Total |
|---------|-------------|---------|
| PHF     | \$2,745,896 | 0.29%   |

|                                 |               |         |
|---------------------------------|---------------|---------|
| Adult Crisis Residential        | \$725,573     | 0.08%   |
| Adult Residential               | \$1,919,066   | 0.20%   |
| Crisis Stabilization            | \$5,574,531   | 0.59%   |
| Day Tmt Intensive Half Day      | \$5,601,497   | 0.59%   |
| Day Tmt Intensive Full Day      | \$49,610,477  | 5.22%   |
| Day Tmt Rehabilitative Half Day | \$1,175,263   | 0.12%   |
| Day Tmt Rehabilitative Full Day | \$27,372,551  | 2.88%   |
| Targeted Case Management        | \$69,504,927  | 7.32%   |
| Mental Health Services          | \$637,266,489 | 67.08%  |
| Collateral Services             |               |         |
| Assessments                     |               |         |
| Plan Development                |               |         |
| Individual Services             |               |         |
| Group Services                  |               |         |
| Rehabilitation                  |               |         |
| Professional In-patient Visit   |               |         |
| Therapeutic Behavior Services   | \$54,744,405  | 5.76%   |
| Medication Support              | \$79,440,321  | 8.36%   |
| Crisis Intervention             | \$14,295,328  | 1.50%   |
| EPSDT Total                     | \$949,976,324 | 100.00% |

Table 2 displays standard analytic metrics for the expenditure data as well as a distribution of clients' average monthly claims by quartiles. For purposes of this proposal, the DMH elected to set a cut-off point at the 97<sup>th</sup> percentile. This is the point at which 97 percent of the clients have an average monthly service cost below \$3,000 and 3 percent have an average monthly cost for services equal to or greater than \$3,000. Average monthly cost data was arrived at using only months during which a client received services for which an approved claim was submitted. The highest 3% group was found to represent 5,518 clients.

**Table 2**  
**Monthly EPSDT Approved Claims Metrics**

| Monthly | Values  | Quartiles |          |
|---------|---------|-----------|----------|
|         |         | Quartile  | Estimate |
| Number  | 183,892 | 100.00%   | \$24,188 |
| Mean    | \$742   | 99.00%    | \$4,693  |
| Std Dev | \$935   | 95.00%    | \$2,313  |
| Median  | \$489   | 90.00%    | \$1,535  |
| Mode    | \$313   | 75.00%    | \$850    |
| IQR     | \$596   | 50.00%    | \$489    |
|         |         | 25.00%    | \$254    |
|         |         | 10.00%    | \$120    |
|         |         | 5.00%     | \$78     |
|         |         | 1.00%     | \$40     |
|         |         | 0.00%     | \$1      |

Table 3 provides a breakdown of expenditures by the number of months of service for the 5,518 clients. These 3 percent of the total EPSDT caseload were found to have received services costing \$242,277,620, or 25.5 percent of the total 2006-07 annual expenditures.

**Table 3**  
**Approved Annual Claims per Client**  
**Where Monthly Claims are Equal To or Greater Than \$3,000**  
**per month**  
 (For months in which Claims Were Submitted)

| Months<br>Pd Svc | Frequency | All \$        |
|------------------|-----------|---------------|
| All              | 5518      | \$242,277,620 |
| 1                | 185       | \$830,647     |
| 2                | 194       | \$1,688,992   |
| 3                | 206       | \$2,831,905   |
| 4                | 231       | \$4,168,661   |
| 5                | 215       | \$4,877,961   |
| 6                | 247       | \$6,421,969   |
| 7                | 220       | \$6,633,899   |
| 8                | 259       | \$9,561,421   |
| 9                | 323       | \$13,410,002  |
| 10               | 382       | \$17,594,196  |
| 11               | 515       | \$26,934,757  |
| 12               | 2541      | \$147,323,204 |

This quality improvement proposal is supported by a study of pediatric high health care service users. The study discusses that high-cost children use services of numerous types delivered in multiple venues, and concludes that “providing care coordination throughout the entire health care system is important to address both the cost and the quality aspects of health care for the most costly children”. The study further concludes that “clinicians should review regularly the extent of care coordination that they provide for their high-need and high-cost patients, especially preteens and adolescents” and that “targeted programs to decrease expenditures for those with the greatest costs have the potential to save future health care dollars.”(Liptak, GS et al. Short-term Persistence of High Health Care Costs in a Nationally Representative Sample of Children. PEDIATRICS Vol. 118 No. 4 October 2006). Historically, the growth in the EPSDT program has been driven by lawsuit activity that improved access to EPSDT funded services for children/youth and relied heavily on the clinical judgment of direct treatment providers. The state established a minimal requirement for utilization and quality management activities but has not historically required MHPs to conduct a focused review of EPSDT clients to establish that the array of services being provided to a child/youth is appropriate and that those services support the child/youth’s desired treatment plan goals.

**MHP 3a) Describe MHP issues associated with locally defined problem and patterns. What data supports the MHP’s interpretation of the problems and reasons for the problems? Does the data suggest other problems as well? What other evidence within the MHP’s system provide additional support to the MHP’s interpretation of the data?**

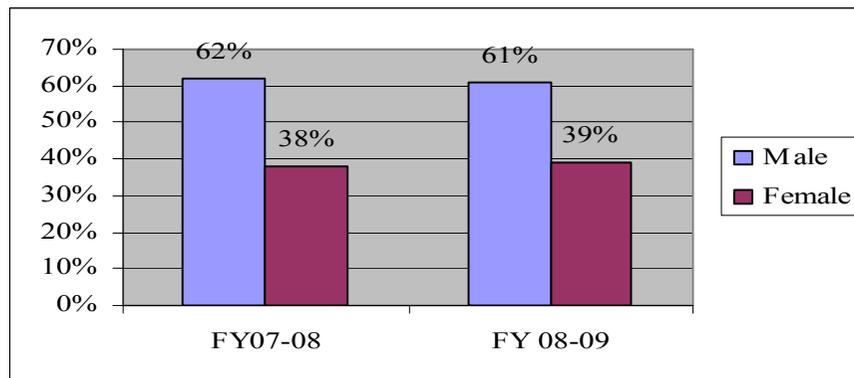
**STEP 1:** MHP examined the factors including gender, age, annual spending, modality of treatment received, patterns of service delivery for FY 07-08 and FY 08-09.

Table 2  
Gender, Age and Average Spending for the PIP Eligible Clients in FY 07-08 and FY 08-09

|          | FY 07-08 (N = 7,268)*                         | FY 08-09 (N=7,788)                            |
|----------|---|---|
| Gender   | M = 4,485 (62%), F = 2,783 (38%)              | M = 4,751 (61%), F = 2,492 (39%)              |
| Age      | Mean = 13.6 years old (Range: 0.4 y - 21.9 y) | Mean = 13.4 years old (Range: 0.3 y - 21.8 y) |
| Spending | Mean = \$24,822<br>Range: \$3,013 - \$278,411 | Mean = \$24,185<br>Range: \$3,001 - \$206,047 |

\* based on the data provided by State

Figure 1  
PIP Eligible Males and Females in FY 07-08 and FY 08-09



Possible explanations: Prevalence of popular childhood disorders such as ADHD, Conduct Disorder, Oppositional Disorder are more prevalent among boys than girls (ratio of male vs. female – ADHD 4:1 to 9:1; Conduct Disorder 6 – 16%: 2 – 9 %; Oppositional Defiant Disorder male > female before puberty)

Figure 2  
Average Spending for the PIP Eligible Clients in FY 07-08 and FY 08-09

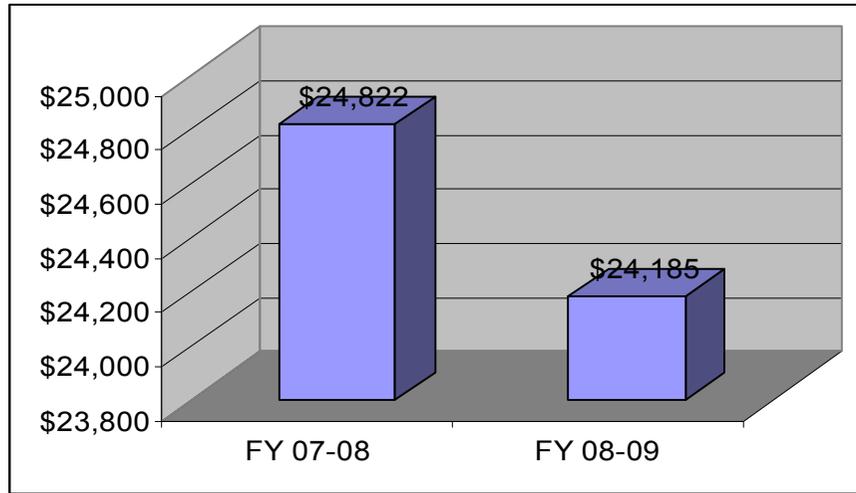


Table 3  
Claim Amount for the PIP Eligible Clients in FY 07-08 and FY 08-09

| FY 07-08 | Claim Amount     | FY 08-09 | Claim Amount    |
|----------|------------------|----------|-----------------|
| 200707   | \$6,001,340.00   | 200807   | \$11,780,211.00 |
| 200708   | \$6,270,593.00   | 200808   | \$9,840,900.00  |
| 200709   | \$5,891,942.00   | 200809   | \$9,978,979.00  |
| 200710   | \$7,717,807.00   | 200810   | \$10,454,315.00 |
| 200711   | \$7,307,252.00   | 200811   | \$8,329,148.00  |
| 200712   | \$6,842,132.00   | 200812   | \$7,927,017.00  |
| 200801   | \$8,701,439.00   | 200901   | \$8,268,956.00  |
| 200802   | \$8,911,037.00   | 200902   | \$7,578,638.00  |
| 200803   | \$9,897,871.00   | 200903   | \$8,143,794.00  |
| 200804   | \$11,200,733.00  | 200904   | \$7,330,244.00  |
| 200805   | \$11,277,037.00  | 200905   | \$6,055,256.00  |
| 200806   | \$10,878,645.00  | 200906   | \$2,418,459.00  |
| Total    | \$100,897,828.00 | Total    | \$98,105,917.00 |

Upon a closer look into the LAC DMH data, there are the following general observations related to a pattern of service delivery for the LAC DMH PIP population.

1. About 56% of the PIP eligible clients in FY 07-08 and 57% of the PIP eligible clients in FY 08-09 exceeded \$3,000 in 1 to 2 months.

2. Only about 2% of the PIP eligible clients in FY 07-08 and about 0.5% of the PIP eligible clients in FY 08-09 exceeded \$3,000 for 12 consecutive months.
3. Less than 0.5% (n = 32) in FY 07-08 and about 0.5% (n = 41) in FY 08-09 exceeded \$10,000 per month for 6 months or more.
4. Approximately 40% (FY 08-09) and 43% (FY 07-08) meet Criteria A (spent more than \$3,000 any month of the year) for both fiscal years.

Table 4  
Number of Months Clients Received Services Exceeded 3K

| # of Month | FY_07-08     |         | FY 08-09     |         |
|------------|--------------|---------|--------------|---------|
|            | # of Clients | Percent | # of Clients | Percent |
| 1          | 2,759        | 37.96   | 3,071        | 39.43   |
| 2          | 1,302        | 17.91   | 1,349        | 17.32   |
| 3          | 833          | 11.46   | 863          | 11.08   |
| 4          | 574          | 7.90    | 597          | 7.67    |
| 5          | 437          | 6.01    | 492          | 6.32    |
| 6          | 315          | 4.33    | 357          | 4.58    |
| 7          | 291          | 4.00    | 286          | 3.67    |
| 8          | 200          | 2.75    | 240          | 3.08    |
| 9          | 167          | 2.30    | 206          | 2.65    |
| 10         | 130          | 1.79    | 145          | 1.86    |
| 11         | 122          | 1.68    | 145          | 1.86    |
| 12         | 138          | 1.90    | 37           | 0.48    |

Table 5  
Number of Months Clients Received Services Exceeded \$10K

| # of Month | FY 07-08*    |         | FY 08-09     |         |
|------------|--------------|---------|--------------|---------|
|            | # of Clients | Percent | # of Clients | Percent |
| 0          | 6,695        | 92.12   | 7,278        | 93.45   |
| 1          | 253          | 3.48    | 219          | 2.81    |
| 2          | 139          | 1.91    | 109          | 1.40    |
| 3          | 74           | 1.02    | 80           | 1.03    |
| 4          | 45           | 0.62    | 40           | 0.51    |
| 5          | 30           | 0.41    | 21           | 0.27    |
| 6          | 14           | 0.19    | 16           | 0.21    |

|    |    |      |    |      |
|----|----|------|----|------|
| 7  | 12 | 0.17 | 7  | 0.09 |
| 8  | 5  | 0.07 | 6  | 0.08 |
| 9  | 1  | 0.01 | 11 | 0.14 |
| 10 | 0  | 0    | 1  | 0.01 |

\* State data

MHP has decided to focus its attention on the sub-population of clients who meet Criteria A for both years because it is likely that they may continue to be high utilizers in the system.

**STEP 2:** MHP identified 3,105 clients who meet Criteria A in both FY 07-08 and FY 08-09. MHP examined the characteristics of clients and service delivery patterns. Variables examined are annual claim cost, gender, age, ethnicity, primary diagnosis, organizational providers.

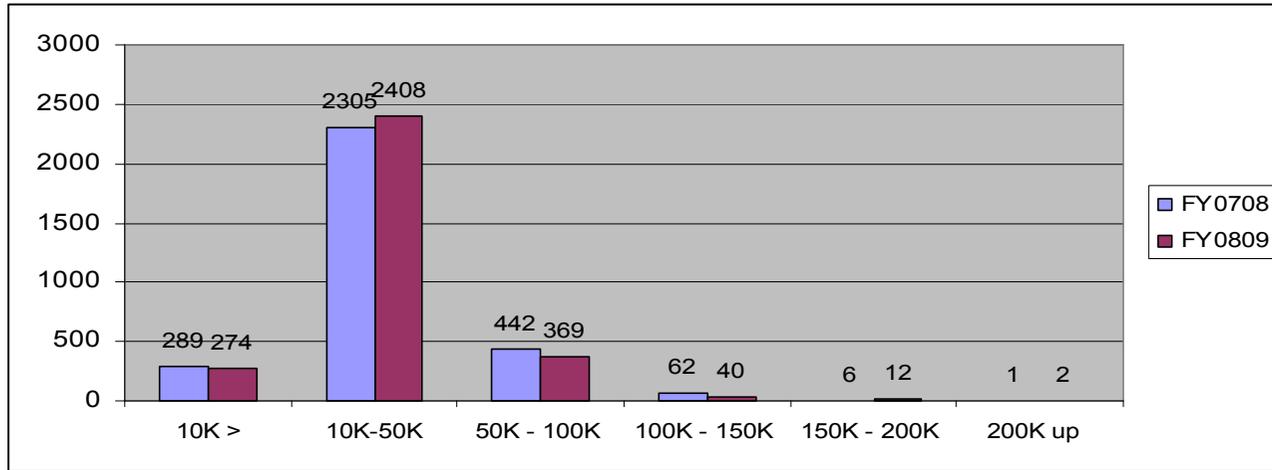
Table 6

Approved Claims for Total EPSDT Recipients and EPSDT Recipients Who Meet Criteria A in FY 07-08 and FY 08-09

| FY    | Number of EPSDT PIP Recipients | Number of repeated EPSDT PIP (core PIP sub-population) | % EPSDT Recipients who meet Criteria A in both fiscal years | Total \$ Approved Claims for EPSDT PIP Eligible Population | Total \$ Approved Claims for Recipients who meet Criteria A in both Fiscal Years | % Total EPSDT Approved Claims |
|-------|--------------------------------|--|---|--|--|-------------------------------|
| 07-08 | 7,297                          | 3,105  | 42.6%   | 182,993,696.84   | \$100,897,827.66   | 55%                           |
| 08-09 | 7,788                          | 3,105  | 39.9%   | 188,370,044.86   | \$93,827,475.84  | 49.8%                         |

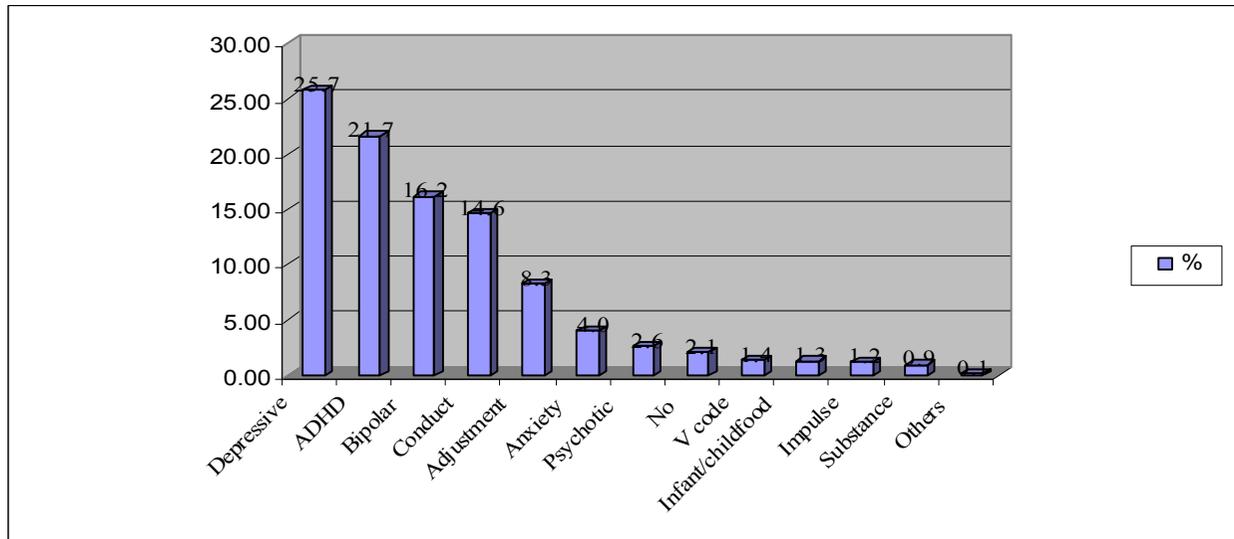
Figure 3

Annual Claim Costs for FY 07- 08 and FY 08-09 (n = 3,105)



MHP found that primary diagnosis may not be changed in the system properly and timely. Specific concerns relate to primary diagnoses such as “No diagnosis”, “V code diagnosis”, and “Substance abuse diagnosis”. The mentioned diagnoses above are not EPSDT inclusive, therefore, they are a recoupment risk and may adversely impact the treatment planning and the treatment prognosis, if the interventions delivered do not target the properly diagnosed set of symptoms.

Figure 4  
Primary Diagnosis at Admission (n = 3,105)



Examination of claimed amount by agencies in FY 08-09 found that:

1. Ninety-nine (99) Legal Entities (LE) provided services to 3,105 clients in FY 08-09.
2. Five agencies claimed more than 5 million dollars in FY 08-09 whereas majority of agencies (75%) claimed less than 1 million dollars.
3. One agency claimed more than 10 million dollars in FY 08-09.

Further examination on number of clients served by the top 6 agencies found that total claimed amount does not correspond with claimed amount spent per client. For example, although the LE 1 claimed most in FY 08-09, the average claim amount per client was on the third from the top. Maximum Contracted Amount and level of cares provided in the agencies may be the main factors for the high total claimed amount.

Figure 5  
Organizational Providers Provided Services to 3,105 Clients in FY 08-09

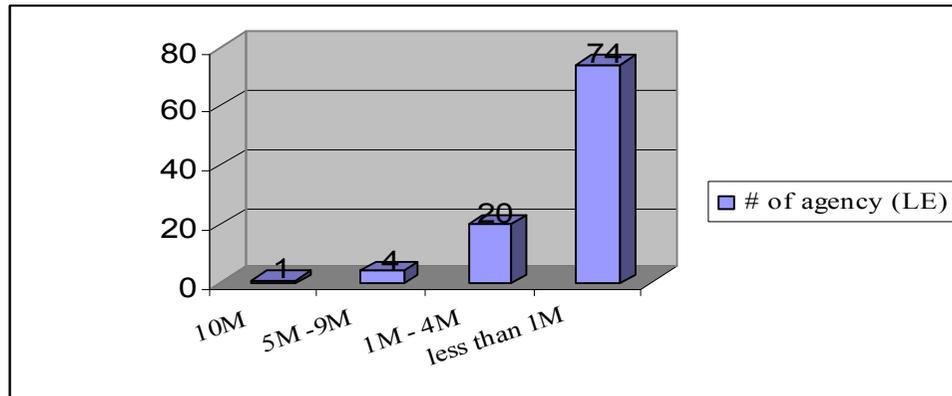


Figure 6  
Average Claim Amount per Client for the Top 6 Agencies in FY 08-09

| Legal Entity | Claim Amount | # of Clients Served | Average Claimed Amount per Client |
|--------------|--------------|---------------------|-----------------------------------|
| LE 1         | \$12,016,470 | 418                 | \$28,748                          |
| LE 2         | \$7,990,808  | 370                 | \$21,597                          |
| LE 3         | \$6,878,571  | 1,243               | \$5,534                           |
| LE 4         | \$6,364,046  | 268                 | \$23,746                          |
| LE 5         | \$5,166,941  | 150                 | \$34,446                          |
| LE 6         | \$4,891,666  | 138                 | \$35,447                          |

Figure 7

Percent of Units of Services by Modality of Treatment in FY 07-08 and FY 08-09

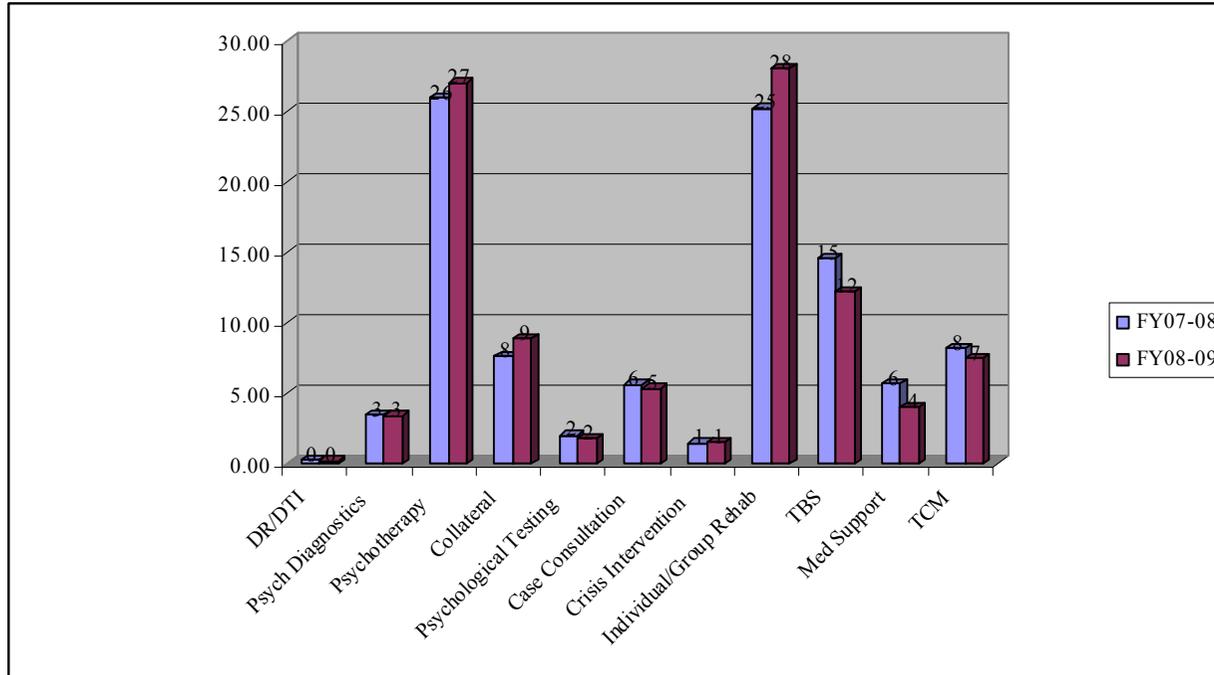


Table 7

Services Provided to the EPSDT PIP Eligible Clients in FY 07-08 and FY 08-09 by Services

| MENTAL HEALTH SERVICES/ACTIVITIES | FY 07-08       |                       |              | FY 08-09        |                     |              |
|-----------------------------------|----------------|-----------------------|--------------|-----------------|---------------------|--------------|
|                                   | UOS            | Claim Amount          | %            | UOS             | Claim Amount        | %            |
| <b>A. 24 HOUR SERVICES:</b>       |                |                       |              |                 |                     |              |
| Trans Res - Transitional          | 6,192          | \$913,992             | 0.50         | 6,150           | \$911,963           | 0.48         |
| Psychiatric Health Facility       | 3,550          | \$1,630,436           | 0.89         | 3,016           | \$1,405,138         | 0.75         |
| Crisis Residential                | 265            | \$77,907              | 0.04         | 266             | \$78,201            | 0.04         |
| Life Support/ Board & Care        | 0              | \$0                   | 0.00         | 10              | \$4,648             | 0.00         |
| <b>Subtotal</b>                   | <b>10,007</b>  | <b>\$2,622,335.35</b> | <b>1.43</b>  | <b>9,442.00</b> | <b>2,399,950</b>    | <b>1.27</b>  |
| <b>B. DAY SERVICES:</b>           |                |                       |              |                 |                     |              |
| Crisis Stabilization in ER        | 8,010          | \$753,766             | 0.41         | 5,155           | \$487,353           | 0.26         |
| DTI, Half/Full, DR Half/Full      | 170,216        | \$24,075,471          | 13.16        | 147,108         | \$21,979,422        | 11.67        |
| <b>Subtotal</b>                   | <b>178,226</b> | <b>\$24,829,238</b>   | <b>13.57</b> | <b>152,263</b>  | <b>\$22,466,775</b> | <b>11.93</b> |
| <b>C. OUTPATIENT SERVICES:</b>    |                |                       |              |                 |                     |              |

|                                  |                   |                         |               |                   |                         |               |
|----------------------------------|-------------------|-------------------------|---------------|-------------------|-------------------------|---------------|
| Psycho Diagnosis                 | 2,263,837         | \$5,487,791             | 3.00          | 2,289,279         | \$5,597,490             | 0.00          |
| Individual/Group Psychotherapy   | 16,943,195        | \$39,343,360            | 21.50         | 18,220,219        | \$43,946,337            | 23.33         |
| Collateral                       | 4,957,873         | \$11,313,909            | 6.18          | 5,977,171         | \$14,121,797            | 7.50          |
| Psychological Testing            | 1,295,953         | \$3,157,774             | 1.73          | 1,224,295         | \$3,030,135             | 1.61          |
| Case Consultation                | 3,663,423         | \$8,518,824             | 4.66          | 3,610,891         | \$8,631,646             | 4.58          |
| Crisis Intervention              | 935,887           | \$3,394,141             | 1.85          | 1,009,436         | \$3,717,618             | 1.97          |
| Individual /Group Rehabilitation | 16,459,482        | \$38,123,560            | 20.83         | 18,938,240        | \$40,512,015            | 21.51         |
| Therapeutic Behavior Services    | 9,500,928         | \$21,599,028            | 11.80         | 8,265,870         | \$19,189,299            | 10.19         |
| Medication Support               | 3,698,535         | \$15,185,419            | 8.30          | 2,719,923         | \$15,581,307            | 8.27          |
| Targeted Case Management         | 5,346,978         | \$9,418,314             | 5.15          | 5,033,559         | \$9,162,117             | 4.86          |
| Subtotal                         | 65,066,091        | \$155,542,123           | 85.00         | 67,288,883        | 163,489,761             | 86.80         |
| <b>Grand Total</b>               | <b>65,254,324</b> | <b>\$182,993,696.84</b> | <b>100.00</b> | <b>67,450,588</b> | <b>\$188,356,486.00</b> | <b>100.00</b> |

Two year trend of local data indicates that approximately 12-13% of resources for the identified PIP sub-population (n = 3,105) were spent for Day Treatment Intensive or Day Rehabilitation, 14 -16% for Individual Therapy, 21-21.5% for Individual/Group Rehabilitation and 10-12 % for Therapeutic Behavioral Services in Fiscal Years 07-08 and 08-09, which account for approximately 60% of total EPSDT spending for EPSDT recipients who meet Criteria A in FY 08-09 and FY 07-08.

The data indicates approximately 11% of EPSDT PIP Eligible population utilized approximately 45% of total EPSDT funding for both years. EPSDT PIP sub-population who meets Criteria A spent an average of \$32,496 – \$31,591/ year, whereas total EPSDT recipients who meet Criteria A spent an average of \$25,077 - \$24,185/year. Therefore, EPSDT PIP sub-population spent more funding in FY 07-08 or FY -8-09 than EPSDT PIP Eligible Population who meets Criteria A in either FY 07-08 or FY 08-09.

The PIP sub-population usually does not receive services from multiple providers; their intensive services are from the same provider over extended periods of time. The implemented concept of the Coordinator of Mental Health Services (the Single Fixed Point of Responsibility – SFPR) seems to be preventing the situations when providers may be duplicating the services for the clients.

Four high cost service categories for high utilizers in both years include Day Rehabilitation/Intensive Day Treatment, Individual Therapy, Individual/Group Rehabilitation and Therapeutic Behavioral Services, which account for approximately 59% of EPSDT funds spent for 3,105 PIP Eligible population.

The clients obtained comprehensive array of services including DR, DTI, Individual therapy, Collateral, Individual rehabilitation, etc. for an extended period of time. However, effectiveness of the delivered services has not been determined. This leads MHP to further examine in depth the service delivery patterns for the top 350 utilizers.

Table8

Mental Health Services for the EPSDT Recipients who Meet Criteria A in both Fiscal Years (n = 3,105) by Services

| MENTAL HEALTH | FY 07-08 | FY 08-09 |
|---------------|----------|----------|
|---------------|----------|----------|

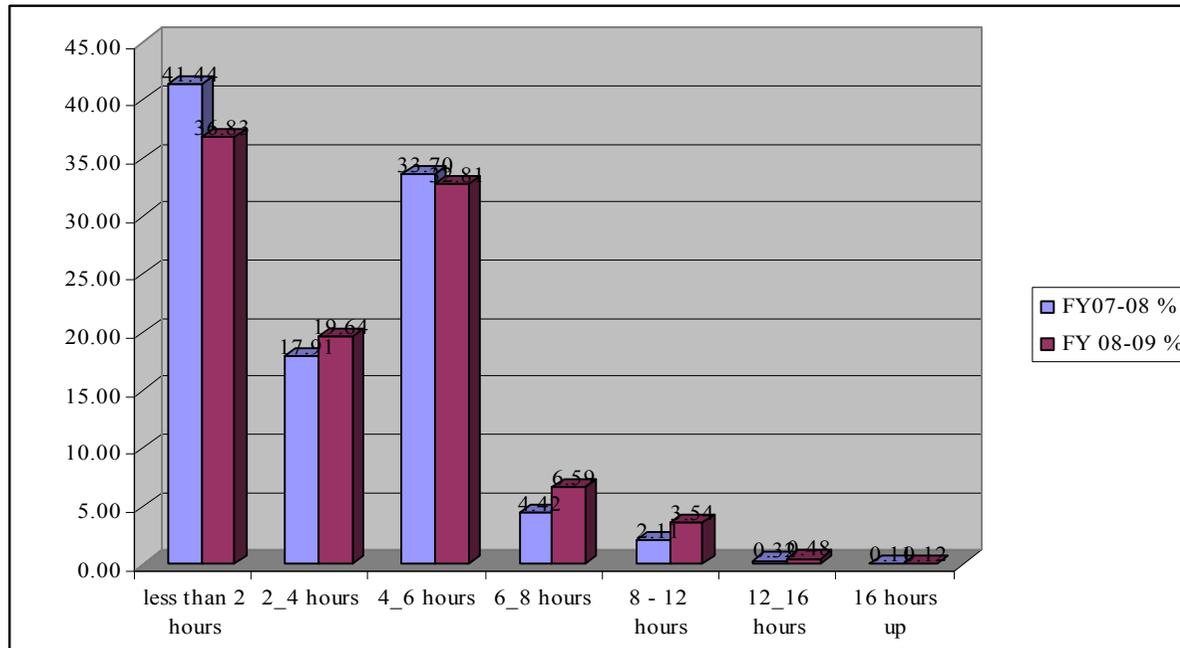
| SERVICES/ACTIVITIES            | UOS               | Claim Amount          | %             | UOS               | Claim Amount          | %             |
|--------------------------------|-------------------|-----------------------|---------------|-------------------|-----------------------|---------------|
| <b>A. 24 HOUR SERVICES:</b>    |                   |                       |               |                   |                       |               |
| Trans Res - Transitional       | 3,558             | 7,937.73              | 0.01          | 5,025             | 21,167.28             | 0.02          |
| Psychiatric Health Facility    | 3,123             | 1,433,364.18          | 1.33          | 2,350             | 1,093,883.65          | 1.05          |
| Crisis Residential             | 27                | 528,850.03            | 0.49          | 72                | 743,712.10            | 0.71          |
| Life Support/ Board & Care     | 00                | 0.00                  | 0.00          | 10                | 4,648.20              | 0.00          |
| Subtotal                       | 6,708             | 1,970,151.94          | 1.8311        | 7,457             | 1,863,411.23          | 1.7824        |
| <b>B. DAY SERVICES:</b>        |                   |                       |               |                   |                       |               |
| Crisis Stabilization in ER     | 3,424             | 324,495.23            | 0.30          | 2,548             | 240,887.92            | 0.23          |
| DTI, Half/Full, DR Half/Full   | 96,874            | 14,059,152.37         | 13.07         | 77,455            | 12,091,728.92         | 11.57         |
| Subtotal                       | 100,298           | 14,383,647.60         | 13.368        | 80,003            | 12,332,616.84         | 11.796        |
| <b>C. OUTPATIENT SERVICES:</b> |                   |                       |               |                   |                       |               |
| Psych Diagnostics              | 1,048,461         | 2,547,465.29          | 2.37          | 662,804           | 1,631,665.32          | 1.56          |
| Psychotherapy                  | 8,277,943         | 23,279,627.68         | 21.64         | 8,643,595         | 24,963,527.71         | 23.88         |
| Collateral                     | 2,456,734         | 5,627,948.44          | 5.23          | 2,697,557         | 6,379,257.34          | 6.10          |
| Psychological Testing          | 523,815           | 1,274,512.19          | 1.18          | 417,436           | 1,033,570.00          | 0.99          |
| Case Consultation              | 1,920,921         | 4,437,120.18          | 4.12          | 1,664,571         | 3,996,635.18          | 3.82          |
| Crisis Intervention            | 546,212           | 1,963,533.15          | 1.82          | 445,918           | 1,628,523.80          | 1.56          |
| Individual/Group Rehab Service | 9,330,660         | 21,688,759.22         | 20.16         | 10,012,153        | 24,031,406.74         | 22.99         |
| Therapeutic Behavior Services  | 6,036,680         | 13,689,882.88         | 12.72         | 4,962,434         | 11,425,358.72         | 10.93         |
| Medication Support             | 2,256,323         | 11,859,442.96         | 11.02         | 2,065,689         | 10,788,250.48         | 10.32         |
| Targeted Case Management       | 2,775,049         | 4,873,330.13          | 4.53          | 2,466,153         | 4,472,193.69          | 4.28          |
| Subtotal                       | 35,172,798        | 91,241,622.12         | 84.80         | 34,038,310        | 90,350,388.98         | 86.42         |
| <b>Grand Total</b>             | <b>35,279,804</b> | <b>107,595,421.66</b> | <b>100.00</b> | <b>34,125,770</b> | <b>104,546,417.05</b> | <b>100.00</b> |

**STEP 3:** MHP examined daily claim patterns and evidence-based practices for sample of top 350 clients in FY 07-08 and FY 08-09.

Rational: MHP deemed it of value to the improvement of system processes to look at the outliers and examine potentially inappropriate / ineffective patterns of service delivery. Since our goal is to serve more clients (increased access), it seems important to determine if we could free up some funds to increase the system's capacity, which can be obtained by examining the services to the top layer of high utilizers.

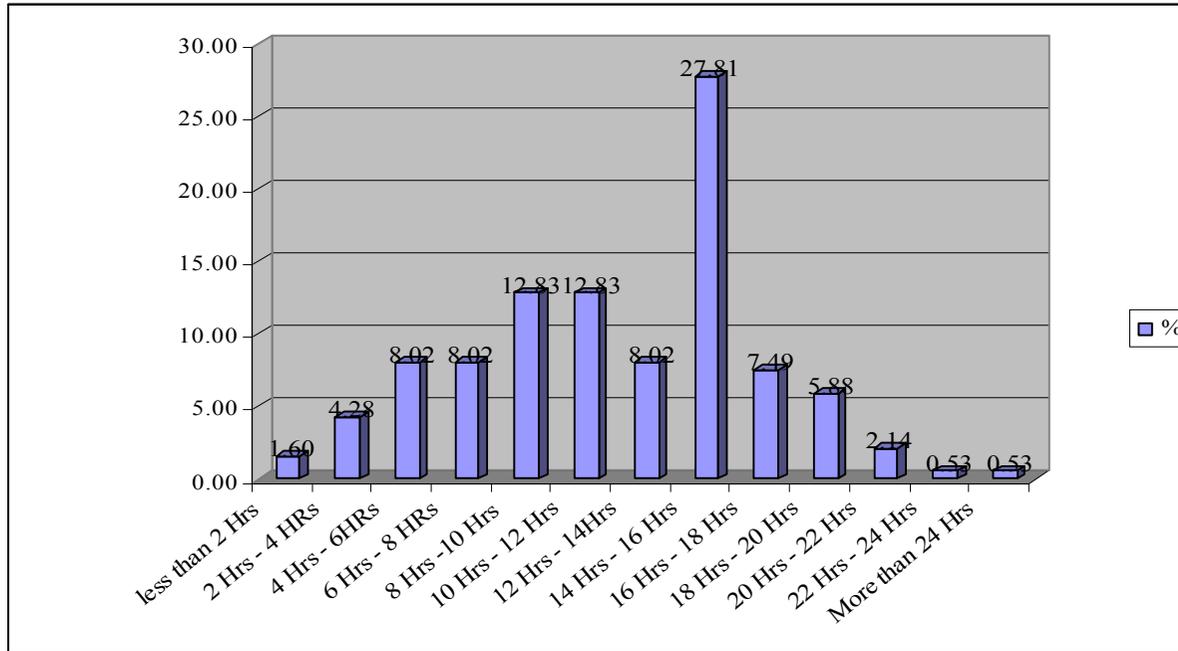
- MHP found that:
1. Approximately 39% of the daily claims/client are less than 2 hours.
  2. Approximately 40% of the daily claims/client are more than 4 hours.
  3. Ten percent of the daily claims/client are more than 6 hours/day, which could be a questionable claim pattern.

Figure 7  
Daily Cumulative Claim Patters for 350 Clients in FY 07-08 and FY 08-09



MHP also examined daily cumulative face-to-face time for the claims which exceed 16 hours/day (187 occurrences) in FY 08-09 since some of the services are provided in the field and the claims include face-to-face time and other time such as traveling and documentation. The examination of face-to-face time shows approximately 76% of the time clients received more than 10 hours of cumulative face-to-face services/day. Moreover, providers claimed more than 24 hours face-to-face services for two clients, which is clearly an inappropriate pattern of practice.

Figure 8  
Daily Cumulative Face-to-Face Hours for the Clients with More than 16 Hours Daily Cumulative Claims (187 occurrences) in FY 08-09

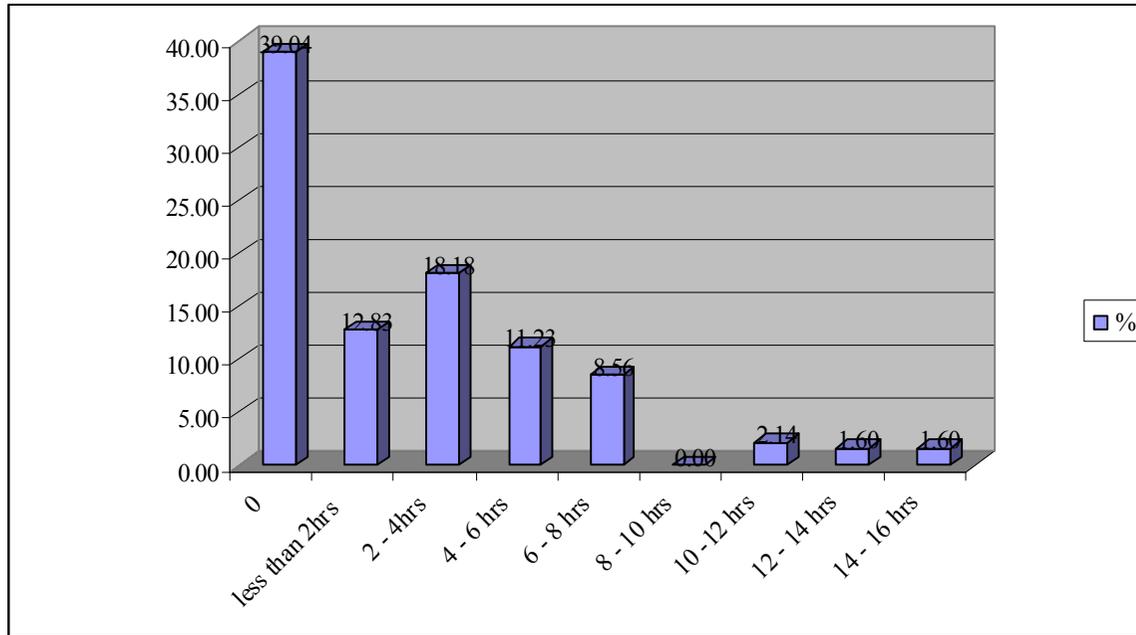


An examination of the claims for time spent other than face-to-face contact indicates that:

1. Approximately 10% daily cumulative claims had more than 10 hours of Other time.
2. Approximately 40% daily cumulative claims had no Other time (100% face-to-face), which may be a questionable patter of practice.

Figure 9

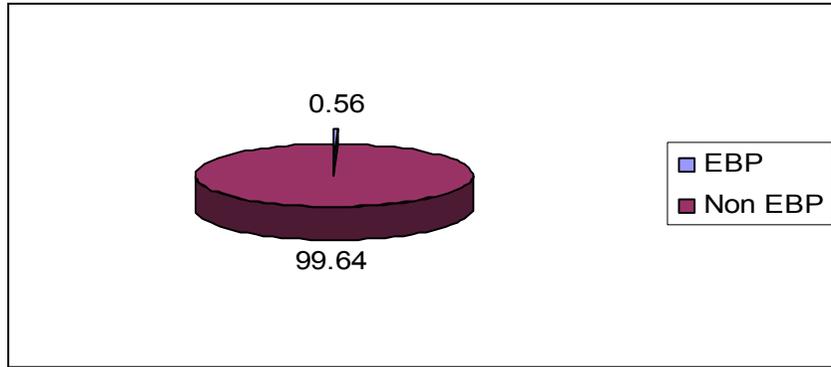
Other hours in Individual Claims among the Clients with More than 16 Hours Daily Cumulative Claims (187 occurrences)



**STEP 4:** Evidenced-based practices (EBP) are also examined among the claims for 3,105 clients. MHP started to identify evidence-based practices in the system in FY 07-08. Although providers were not consistently identifying all of the approved evidenced practices, the data was examined to see prevalence of evidence-based practices among the providers.

There were 586,531 claims and 34,125,508 units of service for 3,105 clients in FY 08-09. Only 2,452 claims with 194,169 units of service were identified as EBP, which consists of .42% of total claims and .56% of total units of services for 3,105 clients in FY 08-09. Number of unique clients served in EBPs was 68 in FY 08-09.

Figure 10  
Percentage of Evidence-Based Practice (Units of Services) in Total Services Provided to 3,105 PIP eligible Population in FY 08-09



b) What are barriers/causes that require intervention? Use Table A, and attach as an appendix any charts, graphs, or tables to display the data (preferably in aggregate form). Do not include PHI.

Table A – List of Validated Causes/Barriers:

| # | Describe Cause/Barrier  | Briefly describe data examined to validate the barrier  |
|---|---|---|
| 1 | Difficulty querying accurate data and obtaining consistent performance management reports.  | The various streams of data (beneficiary, financial, and operational) are kept in different systems that are not easily integrated. The performance management data collection method and type of information collected vary by departments, directly operated programs, and by contracted providers.   |
| 2 | Many conflicting systemic priorities - while the organizational culture shifts gradually toward transparency, performance management and regular communication internally and with its stakeholders, the LAC DMH is currently operating and responding to significant fiscal constraints. | The county IT system is not set up to yield easily accessible and user-friendly reports depicting with confidence accurate clinical and financial data to monitor service delivery. Aggregating the pieces of data seems a complex and labor-intensive process that overwhelms the already strained and short-staffed system.   |
| 3 | Underdeveloped consistent performance management focus - insufficient routine systemic (county-operated and contracted providers) monitoring of service patterns (including intensity, duration and effectiveness)  | The MHP driven performance management is still in its early development stage. A lot of data is collected in various systems, but there are still decisions to be made and implemented as to which data would be most meaningful. Less time collecting and processing data, with a focus on what is most important, would mean more time for interpretation and analysis. |

| # | Describe Cause/Barrier   | Briefly describe data examined to validate the barrier  |
|---|--|---|
|   |  | IS data, financial data as well as a small sample of clinical records were examined to obtain an idea of overall service delivery patterns. |
| 4 | Insufficient training of staff on proper claiming and documentation of clinical services (QA). | IS data on face-to-face and other claims, as well as clinical documents were examined and errors were identified.                           |

**Formulate the study question**

4. State the study question.  
This should be a single question in 1-2 sentences which specifically identifies the problem that the interventions are targeted to improve.

**Statewide:** Will implementing activities such as, but not limited to: increased utilization management, care coordination activities and a focus on the outcomes of interventions lead to enhanced quality, effectiveness and/or efficiency of service delivery to children receiving EPSDT funded mental health services?

**MHP:** State the local study question which includes the problem as defined by the MHP and the MHP’s general approach to addressing the associated causes/barriers.

Will LAC DMH’s monitoring of: service cost patterns, providing a Performance Management Report Card, training for proper claiming, implementation of evidence-based practices improve the access and service quality, consumer outcomes, and use of resources ?

Specifically,

1. Can MHP serve more clients than the previous year with 25% of total EPSDT spending?
2. Can MHP reduce number of clients who spent more than \$3,000 in any two months of the year?
3. Can MHP increase evidence-based practices with outcome measure delivered?
4. Can MHP reduce number of incidents where clients obtain more than 10 hours of face-to-face services?
5. Can MHP reduce number of incidents where providers claim more than 12 hours of UOS a day?

5. Does this PIP include all beneficiaries for whom the study question applies? If not, please explain.

**This PIP is required to include all beneficiaries for whom the study question applies unless there are clear, data-driven reasons for exclusion. Any exclusionary criteria must be carefully considered.**

Yes.

6. Describe the population to be included in the PIP, including the number of beneficiaries. **Exclusionary criteria are discouraged unless the MHP has clinically or programmatically driven reasons, supported by data, to create a study population that is smaller than those who meet the initial dollar threshold. Identify here the total clients who meet the dollar threshold, and for what time frame, as well as the number of clients to be included in the PIP.**

MHP identified the study population by identifying the clients who spent more than \$3,000 for two months in any month of the year (Fiscal Year). There are 4,542 clients, 4,717 clients and 5,310 clients in FY 07-08, FY 08-09 and FY 09-10, respectively.

Rational- When a client receives more than \$3,000 of mental health services for any two months in the year, he/she is more likely to continue to receive similar level of intensive services. For example, approximately 50% of the clients who spent more than \$3,000 in any two months of the year spent more than \$3,000 in any three months of the year, and approximately 65% of the clients who spent more than \$3,000 in any three months of the year spent more than \$3,000 in any four months of the year (see Table 4).

MHP determined the study population based on the data in FY 09-10 because:

1. Intervention started in July FY 09-10. Approximately 35.9% of the clients who met the study population criteria in FY 09-10 identified met the study population criteria in FY 08-09.
2. On-going addition of the participants to the study creates a great threat to internal validity of the study and the results may become questionable and obsolete.
3. The PIP committee has had some difficulty obtaining data for this project. It has been challenging to obtain the data for the clients who meet the criteria for the last three fiscal years and obtain a meaningful interim result for the moving target. In order to render meaningful statistical analyses to the data and to report a meaningful interim result at this stage of the project, the committee decided to simplify the data extraction.

Characteristics of the study population are as follows:

Figure 9

Total PIP Study Population (n=5,310) by Gender (%) in FY 09-10

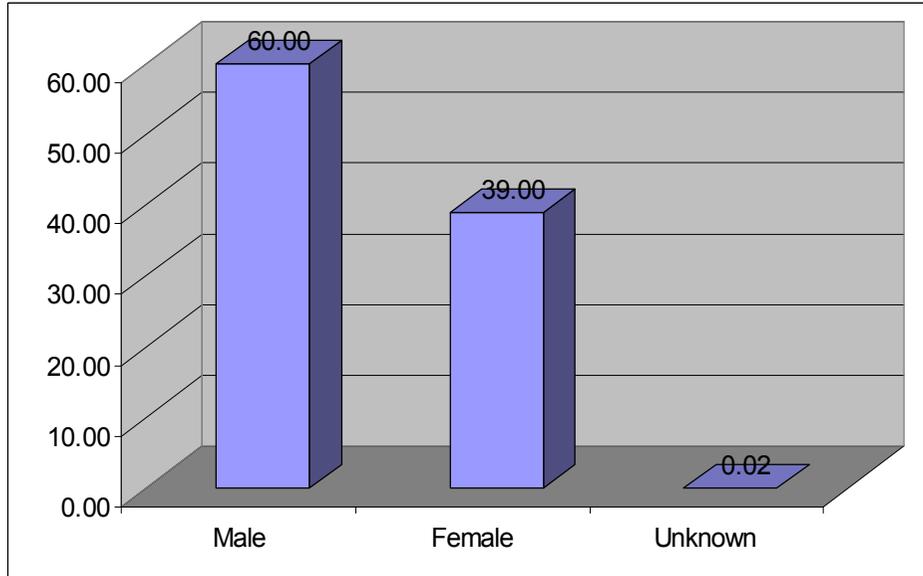
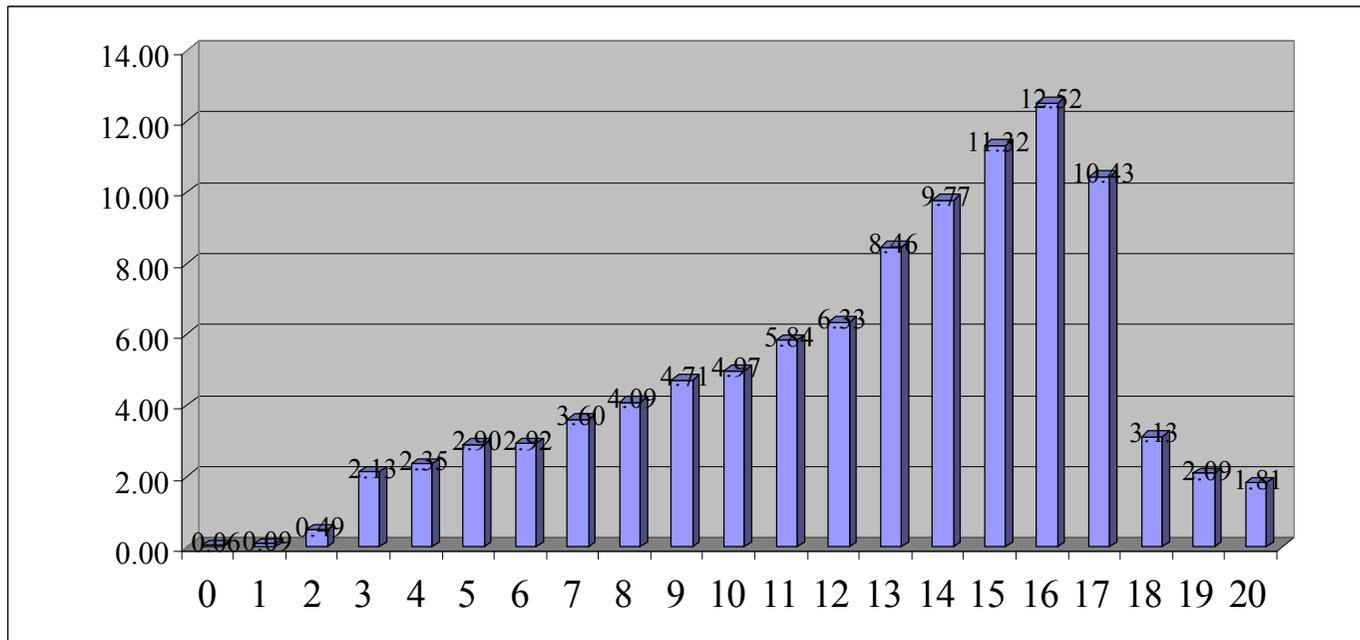


Figure 10  
Total PIP Study Population (n=5,310) by Age (%) in FY 09-10



Mean - 12.65 (year old), SD= 4.20

Figure 11  
Total PIP Study Population (n=5,310) by Ethnicity (%) in FY 09-10

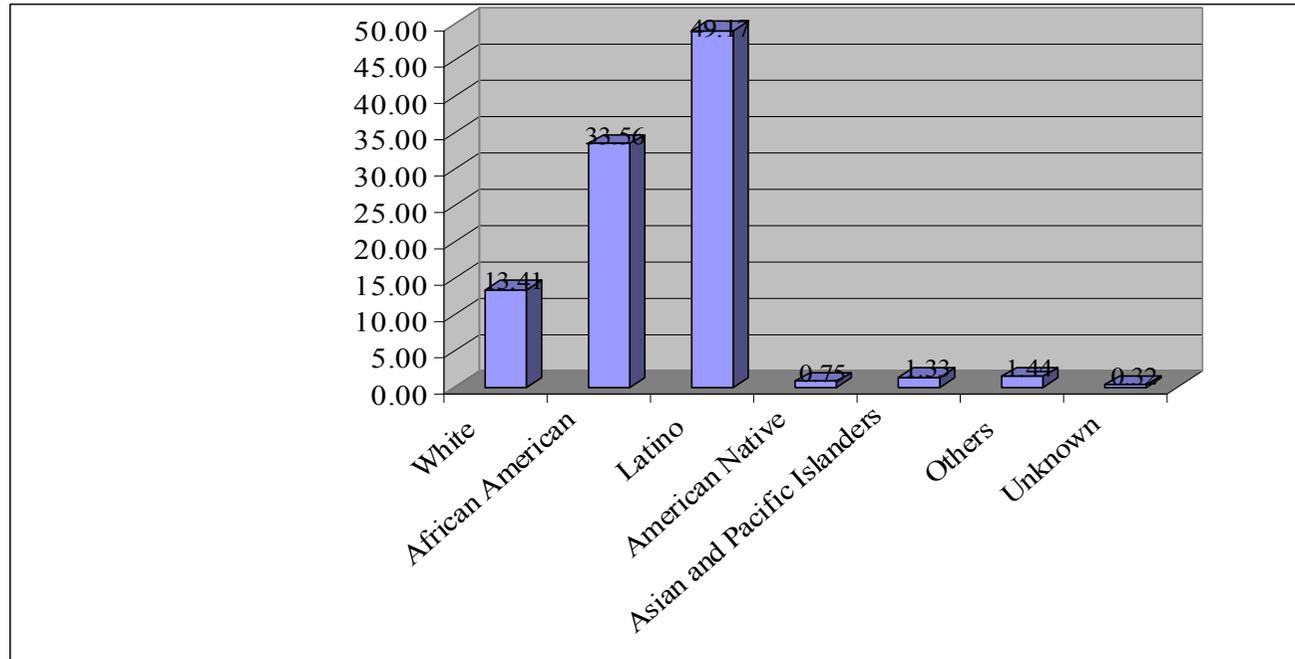


Figure 12  
Total PIP Study Population (n = 5,310) by Agency of Primary Responsibility (%) in FY 09-10

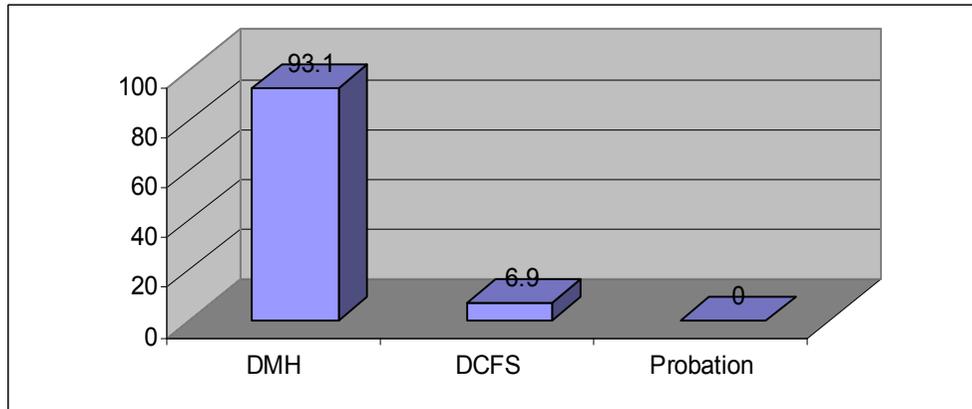


Table 9  
Approved Claim Amount for Total PIP Study Population (n=5,310) in FY 09-10

|                | Mean        | Range                     | Total for PIP Study Population | Total EPSDT Recipients |
|----------------|-------------|---------------------------|--------------------------------|------------------------|
| Claimed Amount | \$23,341.13 | \$6,010.10 – \$183,337.70 | \$123,941,444.13 (28%)         | \$441,889,518          |

Study population characteristics appear to be comparable in FY both 07-08 and FY 08-09 (see Table 2, P.7).

7. Describe how the population is being identified for the collection of data. **Because there is an initial dollar criterion for consideration of inclusion, the MHP needs to identify the process by which youth meeting that dollar threshold will be identified on a monthly basis. In particular, describe how beneficiaries for FY08-09 were selected and how youth will be routinely added to the study population.**

The process that MHP identified the study population is as follows:

1. In FY 09-10, MHP identified the clients who met Criteria A (n= 5,310) of which 4,629 were newly identified clients and 686 clients who met the criteria A in FY 08-09 and still meet the criteria in FY 09-10.
2. In FY 2010 – 2011, the MHP extracted the data from the IS in December, 2010, due to Medi-Cal Short Doyle II implementation. Data entries were delayed considerably and there was a significant amount of denied claims which required resubmission. Review of the financial database in February 2011 shows very low claim amounts for the first 6 months of FY 2010-2011 (see Table below). Although MHP has identified Study Population in FY 10-11 (up to date), the study population may change due to on-going claiming process.

Table 10  
EPSDT Approved Claim Amount in FY 09-10 and FY 10-11(July – December)

| Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Medi-cal Approved Gross |     |     |     |     |     |  |
|---|-----|-----|-----|-----|-----|--|
| Annual \$ Total   | Jul | Aug | Sep | Oct | Nov |  |
|   |     |     |     |     |     |  |

|         |             |            |            |            |            |            |
|---------|-------------|------------|------------|------------|------------|------------|
| 2009-10 | 441,889,518 | 41,071,285 | 37,944,230 | 40,699,882 | 43,532,347 | 37,794,874 |
| 2010-11 | 9,183,912   | 3,382,057  | 1,826,758  | 1,112,623  | 2,702,715  | 159,758    |
|         |             | 8.23%      | 4.81%      | 2.73%      | 6.21%      | 1.42%      |

As of February, 2011

8. a) If a sampling technique was used, how did the MHP ensure that the sample was selected without bias?

Targeted sample was selected based on the monthly claim data. The criterion was set to extract the clients who spent \$3,000 in any two months of the fiscal year.

b) How many beneficiaries are in the sample? Is the sample size large enough to render a fair interpretation?

The PIP study population includes the clients who spent \$3,000 in any two months of the fiscal year, that consists of 5,310 clients in FY 09-10. The sample size is large enough to render a fair interpretation.

**“How can we try to address the broken elements/barriers?”**  
Planned interventions

Specify the performance indicators in Table B and the Interventions in Table C.

9. a) Why were these performance indicators selected?

# 1 performance indicator was selected because this was one of the issues State identified and LA County MHP shares the similar concern.

- ✓ MHP committee members agreed that 16 hours/day therapeutic intervention and 10 hours/day face-to-face therapeutic intervention are questionable in terms of quality of care. Detailed review of some of the daily cumulative claims showed that they are questionable/inappropriate. For example, client A received 1,282 minutes of services in one day including Comprehensive Medication Services (25 minutes), Group Rehabilitation (30 minutes and 80 minutes), Brief Medication Visit (90 minutes), and TBS (306 and 751 minutes). They are all claimed as face-to-face services without any Other time and provided by the same Legal Entity. Client B obtained 1,733 minutes of services in one day, which consisted of 7 TBS claims (138, 138, 165, 187, 234, 243 and 410 minutes). They are all claimed as face-to-face and provided by the same provider. Client C obtained 1,420 minutes of services in one day, which includes Collateral (57 minutes), Targeted Case Management (240, 20, 20 and 30 minutes), Group and Individual rehabilitation (30, 30, 210, 109, 74, 300, and 300 minutes). Total face-to-face was 540 minutes with 880 Other minutes.
- ✓ Evidence-based practices are selected to measure quality of care. This was also the direction that MHP took due to fiscal reasons.

✓ They are also measurable, available in the system, and represent quality of mental health service delivery.

b) How do these performance indicators measure changes in mental health status, functional status, beneficiary satisfaction, or process of care with strong associations for improved outcomes? **Indicators may not focus on the dollar threshold. Indicators should include raw numbers and also be represented as a percentage/rate.**

Remember the difference between *percentage* changed and *percentage points* changed – a very common error in reporting the goal and also in the re-measurement process.

The ultimate goal of EPSDT PIP is to improve client outcomes and to increase efficient use of limited resources. In order to achieve the goals, the services delivered to the clients need to be appropriate and reasonable. MHP sets performance indicators to reduce inappropriate service delivery practices and increase evidence-based practices. The baseline data was based on the data in FY 09-10.

Although Current EPSDT PIP intervention does not include the strategies to identify and serve the EPSDT eligibles who are not getting MH services in the community, this is an attempt to free up limited resources to the next step which will be reaching the under- and un-served population.

The committee decided to use 12 hours for daily cumulative claims as threshold for total daily claims and 10 hours for face-to-face daily cumulative claims. Twelve hours of mental health services and ten hours of face-to-face therapeutic mental health services a day is a questionable amount of services considering clients daily routines such as schooling, meal times, hours of sleep, and other necessary daily routines.

Table B – List of Performance Indicators, Baselines, and Goals (Based on the data in FY 09-10)

| # | Describe Performance Indicator   | Numerator  | Denominator  | Baseline for performance indicator | Goal                                     |
|---|--|--|--|------------------------------------|--|
| 1 | # of client served with 25% of the total EPSDT spending  | <b>3,657</b><br># of clients served with 25% of total EPSDT spending in FY 09-10 (\$441,889,518) | <b>76,993</b><br># of unique clients served in FY 09-10                            | 4.75%                              | 6.75% <sup>a</sup><br>[from 4.75% to 7%] |
| 2 | # of Units of services provided to the clients who spent more than \$3,000 in any two months of the year | <b>39,654,013</b> (total units of services provided to the FY 09-10 PIP study population)        | <b>117,732,196</b> (total units of services provided to total EPSDT beneficiaries) | <b>33.68%</b>                      | [33.68% to 25%]                          |
| 3 | <b>1,906</b> # of clients who meet the criteria (\$3,000 in any two months                               | <b>1,906</b> (# of clients who meet the criteria for FY 08-09 and FY 09-                         | <b>4,542</b> (total EPSDT PIP study population in FY 08-09)                        | <b>41.96 %<sup>b</sup></b>         | 35% (from 41.96% to 35%)                 |

|    |   |  |  |                            |   |
|----|---|--|--|----------------------------|---|
|    | of the year) for 2 consecutive years                            | 10)  |  |                            | [# of clients who meet the criteria in FY 09-10 and FY 10-11/total # of EPSDT PIP study population in FY 10-11] |
| 4  | # of daily cumulative claims which exceed 12 hours              | <b>3,400</b> incidents: (# of incidents when daily cumulative claims/client exceed 12 hours/day among PIP study population ) | <b>662,629</b> daily cumulative claims (# of total daily cumulative claims for total PIP study population) | <b>0.51%</b>               | 0.1% [0.51% to 0.1%]  |
| 5  | # of daily cumulative face-to-face claims which exceed 10 hours | <b>28</b> (# of incidents where daily cumulative face-to-face claim/client exceeds 10 hours/day among PIP study population)  | <b>351,393</b> (# of total daily cumulative face-to-face claims among PIP study population)                | <b>0.008 %<sup>c</sup></b> | 0.003% (10 claims) (0.008% to 0.003%; 28 claims to 10 claims)   |
| 6  | # of claims for evidence-based practices**                      | <b>2,175<sup>d</sup></b> (# of claims for evidence-based practices among PIP study population in FY 09-10)                   | <b>662,629</b> (Total # of claims for PIP study population in FY 09-10)                                    | <b>0.33%</b>               | 30 % <sup>c</sup> [from 0.33% to 30%]   |
| 7  | # of unique clients served in EBP**                             | <b>217<sup>d</sup></b> (# of unique clients serviced with EBP among PIP study population in FY 09-10)                        | <b>5,310</b> (Total # of PIP study population in FY 09-10)   | <b>4.09%</b>               | 45% <sup>f</sup><br><br>[from 4.09% to 45%]   |
| 8  | # of Units of Services of EBP                                   | <b>20,921<sup>d</sup></b> (# of unites of services claimed for EBP among PIP study population)                               | <b>39,654,013</b> (Total # of units of services claimed for PIP study population in FY 09-10)              | <b>5.28%</b>               | 30% <sup>g</sup> [from 5.28% to 30%]  |
| 9  | # of EPSDT PIP documentation and compliance training            | N/A  | N/A  | N/A                        |   |
| 10 | # of participants trained                                       | N/A  | N/A  | N/A                        |   |
| 11 | # of EBPs with outcome measures                                 | N/A  | N/A  | 23 <sup>h</sup>            |   |

\*\* Evidence-based practices (EBP) as identified by the MHP IS system. The EBP data in the IS has been significantly improved and has become accurate since EPSDT transformation to PEI EBPs started in January 2010.

<sup>a</sup> Twenty-five percent of total EPSDT funds were spent by 3.2%, 3.8% and 4.75% of total EPSDT beneficiaries in FY 07-08, FY 08-09, and FY 09-10, respectively. It shows a 0.6% increase from FY 07-08 to FY 08-09, and a 0.95% increase from FY 08-09 to FY 09-10. It shows a trend of increased number of clients served with 25% of the total funding. MHP hopes to increase the percentage further (2% from FY 09-10 to FY 10-11) to serve more clients with 25% of the funding.

<sup>b</sup> Available literature indicates that approximately 48.7% of the children in the top decile (cost) remains in the top decile in the following year (G.S. Liptac, et. al. 2006). Although the number (41.96%) is lower than the number indicated in the literature, MHP plans to decrease the percentage of the clients who remain on the list of the top utilizers.

<sup>c</sup> Although the percentage is relatively low and it may not be a system wide issue, any services to the client that exceed more than 10 hours of face-to-face is a concern for MHP. MHP keeps the indicator at this point. MHP will reexamine the indicator in 6 months.

<sup>d</sup> MHP added EBPs in the IS to track EBP claims and started to collect data in September, 2010. Due to gradual roll out of EBPs and data collection in 2010, numbers may be a little less than the number of EBP services delivered to the clients in FY 2009-2010. The information could be very close to the actual practice since it took several months for MHP to plan, coordinate and provide EBP training sessions to the contractors and DMH clinicians.

<sup>e, f, g</sup> MHP sets a high goal for these interventions because many of the EPSDT Programs were transformed, with some exceptions (DR,DTI, Med Support, and Specialized Foster Care programs, and others.) to PEI-EBP in FY 10-11. Under the PEI-EBPs, at least 60% of EPSDT billings must be EBP claims.

<sup>h</sup> Various outcome measures have been developed and the MHP is in the process of collecting outcome data (see Attachment B). Many of the EBPs are being rolled out in FY 10-11. Outcome data collection is limited at this time since it requires at least one year or more to obtain a meaningful outcome for the treatments. Baseline indicator is not available at this time.

#2,3,4, and 5 - MHP extracts the data from IS to share with the contracted agencies and DMH clinics. The agencies/clinics can review and analyze the data to make adjustment and improve their service delivery. This is a two-way process. Feedback to MHP is encouraged to further refine the data extraction and the goal.

10. **Use Table C to summarize interventions.** In column 2, describe each intervention. Then, for each intervention, in column 3, identify the barriers/causes each intervention is designed to address. Do not cluster different interventions together. **Interventions should be logically connected to barriers/issues identified as causes associated with the problem affecting the study population.**

**Table C - Interventions**

| Number of Intervention | List each specific intervention       | Barrier(s)/causes each specific intervention is designed to target | Dates Applied |
|------------------------|---------------------------------------|--|---------------|
| 1                      | Performance Management Monitoring     | 1 & 3  | January 2011  |
| 2                      | Compliance and documentation training | 4  | July 2010     |
| 3                      | EBP training and implementation       | 2  | July 2010     |

**Performance Management Monitoring Report** – Performance Management Monitoring Report is a report that Legal Entities/DMH Directly Operated Clinics can use to monitor their service delivery pattern to the clients. It specifically intends to monitor high utilizers by reviewing appropriateness and effectiveness of services.

Legal Entities/DMH clinics are instructed to set up an internal quality assurance and improvement system to review and monitor the claims and service delivery patterns. MHP may request supporting clinical documentation for inappropriate claims and service delivery if it occurs.

Communication feedback loops are set up by using existing Service Area QIC and Countywide QIC meetings, bulletins. Utilization review may be conducted for the questionable claims and service delivery practices if necessary.

MHP's specific implementation plan:

1. Decide the data to disseminate and method to do so

A. Method

- ✓ Use the confidential web-based report that providers log in to look at the information.
- ✓ Refresh the data monthly

B. Data

- ✓ Study Population based on the FY 09-10 data (baseline) and their service providers are identified.
- ✓ If mental health services were provided by multiple providers (multiple LEs), include all LEs.
- ✓ The data includes the claims that exceeded 12 hours/day UOS and 10 hours/day face-to-face contact, clients who met the study population criteria and detailed service description, EBP claims, number of clients served, and EBP UOS generated. The report card will be available in a graphic form for easier interpretation and comparison of the data (see Attachment A)
- ✓ Clients who appear in the baseline data (FY 09-10) and also meet the criteria for the study population in FY 10-11 are flagged to alert LEs and DMH clinics that the status.
- ✓ The data will be extracted 2 months after the service delivery, e.g., the data in July, 2010 will be extracted in September, 2011. Table 10 (p. 25) already shows that it is challenging to obtain up-to-date claim information in two months. MHP may need to refresh the information monthly to keep the data up to date.
- ✓ Countywide summary data is provided to all LEs and DMH clinics (see Attachment A).

Multiple providers

- ✓ A LE identifier will be listed in the file for each provider for the clients served by multiple providers.

1. Communicating to the providers regarding the 'Performance Management Monitoring Report'

- ✓ Draft a letter to the providers informing EPSDT PIP and the intent of the Performance Management Monitoring Report.
- ✓ Concurrently discuss with Association of Community Human Services Agencies (ACHSA) and obtains approval and support.
- ✓ Obtain approval from Executive Management Team (EMT) and signature from Dr. Southard
- ✓ Email/mail the letter to LE CEOs/Program Directors as well as DMH SA District Chiefs and Program Heads
- ✓ Distribute and discuss it in QIC meetings/Provider's meeting
- ✓ Service Area is responsible to monitor the LEs

2. Setting up Feedback Loop

### LEs/DMH Directly Operated Clinics

LEs/DMH clinics are instructed to set up a review process to review and analyze the data and come up with decision making based on the analysis regarding service delivery patters (trend's analysis) or specific services delivered to a client.

### MHP

- ✓ MHP uses Countywide QIC and SA QICs to monitor, discuss and conduct trend's analysis.
- ✓ All the issues raised in the QIC meetings are thoroughly discussed in the meetings. Feedback and comments are documented in the minutes and shared in the Countywide QIC meeting.
- ✓ EPSDT PIP committee serves as a consultant for the Countywide QIC.

### 3. Timeline

- ✓ MHP Plans to run a pilot test of the web-based report card in March, 2011.
- ✓ MHP plans to set up the web-based report card and start using it by April, 2011.

### 4. Monitoring performance/trends

- ✓ Annual report will be prepared for each provider to indicate how they did compare to the previous year.
- ✓ The results may be utilized to develop a formal policy and procedures regarding service delivery.

**Compliance and documentation training** – MHP focuses on the legal entities where inappropriate claims and service delivery had happened. The training includes usage of appropriate procedure codes, claiming practice and appropriate documentation for QA personnel and clinicians.

In July and August 2010, EPSDT PIP Committee members discussed the issues of excess claiming and necessity of proper documentation of services to Countywide QIC and Children's Countywide QIC meeting. In November, 2009, the committee presented the EPSDT PIP project with the documentation issues at the Countywide QIC meeting and had discussion with the providers and DMH staff.

In February 9<sup>th</sup>, 2011, the committee presented the EPSDT PIP project with focus on documentation issue at the Children's Countywide QIC meeting.

EPSDT PIP committee member plans to discuss this issue periodically to remind it to all the providers in Service Areas (no set dates yet).

**Evidence-based practice training** – MHP plans to have a series of training sessions on evidence-based practices (EBP) to facilitate several EBP among children's providers. Although some of the agencies have been using EBP, majority of the agencies and directly operated clinics have not.

As of July 2010, the IS system identifies 25 EBPs (see the list below).

MHP added another series of training on Managing and Adapting Practice (MAP) and start training the providers in November 2010.

As of February, 2011, there are 271 LE providers including LAC-DMH with 3,046 individual mental health service practitioners who are already certified to provide EBPs.

Although some agencies have trained their clinicians internally, MHP has not been tracking the number of trainings and participants for the contractors' training.

#### Evidence-Based Practices (EBPs) Identified in the IS System in Los Angeles County Department of Mental Health

1. Assertive Community Treatment
2. Multisystemic Therapy
3. Functional Family Therapy
4. Brief Strategic Family Therapy
5. Child-Parent Psychotherapy
6. Cognitive Behavioral Intervention for Trauma in Schools
7. Depression Treatment Quality Improvement Intervention
8. Group CBT for Major Depression
9. Incredible Years
10. Interpersonal Psychotherapy for Depression
11. Multidimensional Family Therapy
12. Parent-Child Interaction Therapy
13. Prolonged Exposure for PTSD
14. Strengthening Families
15. Trauma Focused CBT
16. Triple P Positive Parenting Program
17. Caring for Our Families
18. GLBT Champs
19. Loving Intervention for Family Enrichment Program
20. UCLA Ties Transition Model
21. Aggression Replacement Training
22. Crisis Oriented Recovery Services
23. Early Detection and Intervention for the Prevention of Psychosis
24. Managing and Adapting Practice
25. Seeking Safety

### Apply Interventions: “What do we see?”

Data analysis: apply intervention, measure, interpret

#### 11. Describe the data to be collected.

MHP collects data to measure the goals set in Table B above.

|    | Date to be collected   | Method/source                          | Time period |
|----|--|--|-------------|
| 1  | # of clients serviced with 25% of the total EPSDT spending/total EPSDT beneficiaries   | IS data                                | Annual      |
| 2  | # of PIP study population/total EPSDT beneficiaries  | IS data                                | Annual      |
| 3  | # of daily cumulative claims which exceed 12 hours/day among PIP study population/# of total daily cumulative claims among PIP study population              | IS data                                | monthly*    |
| 4  | # of daily cumulative face-to-face claims which exceed 10 hours/day among PIP study population/# of total daily cumulative claims among PIP study population | IS data                                | monthly *   |
| 5  | # of claims for EBPs among PIP study population/Total # of claims for PIP study population   | IS data                                | monthly *   |
| 6  | # of clients serviced by EBPs among PIP study population/Total # of PIP study population   | IS data                                | monthly *   |
| 7  | # of UOSs for EBPs among PIP study population/# of total UOSs for PIP study population   | IS data                                | monthly *   |
| 8  | Number of LE participated in EBP training  | MHSA Implementation Division database  | Quarterly   |
| 9  | Number of EBP training participants  | MHSA PEI Administration database       | Quarterly   |
| 10 | # of meeting discussed proper documentation (EPSDT PIP Documentation training)   | QA minutes                             | Quarterly   |
| 11 | # of EBPs with outcome measures  | MHSA Implementation Division database, | Quarterly   |

|  |  |                                |  |
|--|--|--------------------------------|--|
|  |  | PEI Administration<br>database |  |
|--|--|--------------------------------|--|

\* Rule - Monthly data is collected two (2) months after the period ends, e.g., the data for July, 2010 is collected in September, 2010.

12. Describe method of the data collection and the sources of the data to be collected. Did you use existing data from your Information System? If not, please explain why. **Describe how the MHP will collect data for all individuals for whom the study question applies.**

The financial data (Approved Claim data) will be extracted from the financial database and matched with the data in the IS system.

13. Describe the plan for data analysis. Include contingencies for untoward results. **What processes will the MHP have in place to ensure that the intervention is applied as intended? How will that be measured?**

Data Analysis

Hypotheses:

1. Percentage of clients served with 25% of the total EPSDT spending in FY 09-10 will be significantly increased in FY 10-11.
2. Percentage of UOSs provided to the EPSDT PIP population will be significantly reduced the following year.
3. Percentage of the clients who meet the criteria for two consecutive years will be significantly reduced in the following year.
4. Percentage of daily cumulative claims which exceed 12 hours/client in FY 09-10 will be significantly reduced in FY 10-11.
5. Percentage of daily cumulative face-to-face claims/client which exceed 10 hours will be significantly reduced in FY 10-11.
6. Percentage of EBP UOSs provided to the participants in FY 09-10 will be significantly increased in FY 10-11.
7. Percentage of clients who were served in EBP in FY 09-10 will be significantly increased in FY 10-11.
8. Percentage of EBP claims for the clients who meet the criteria in FY 09-10 will be significantly increased in FY 10-11.

The baseline data was collected from the IS system for each Performance Indicator (see Table B).

The data necessary to test the hypotheses above (interim result as of December 2010) will be extracted from the IS system by staff at the Data Division under Training and Quality Assurance Division. The statistical analyses are conducted with SAS/SPSS by psychologist in the section.

14. Identify the staff that will be collecting data as well as their qualifications, including contractual, temporary, or consultative personnel.

The DMH full-time staff at the QI/Data Unit under Program Support Bureau is in charge of extracting the necessary information from the system. Staff at CIOB is in charge of posting the report in the confidential web-based report site and uploading the data monthly. The staff are all qualified individuals whose primary job assignment is to conduct data analysis and know the IS system well. Specific information regarding Children's Programs is provided by the committee members who work in Children's System of Care. Both parties with assistance of contracted agency staff (committee members) work collaboratively in process of data collection and analysis.

15. Describe the data analysis process. Did it occur as planned? Did results trigger modifications to the project or its interventions? Did analysis trigger other QI projects? **What might be next steps in the EPSDT PIP?**
16. Present objective data results for each performance indicator. Use Table D and attach supporting data as tables, charts, or graphs.

**Table D - Table of Results for Each Performance Indicator and Each Measurement Period**

| Describe performance indicator  | Date of baseline measurement | Baseline measurement (numerator/denominator) | Goal for % improvement          | Intervention applied & dates applied | Date of re-measurement (interim)* | Re-measurement Results (numerator/denominator) | % improvement achieved |
|---|------------------------------|--|---------------------------------|--------------------------------------|-----------------------------------|--|------------------------|
| <b>THIS IS THE BASELINE INFORMATION FROM TABLES A, B, AND C USED HERE FOR COMPARISON AGAINST RESULTS</b>    |                              |  |                                 |                                      |                                   |  |                        |
| 1.) # of client served with 25% of total EPSDT spending   | July 1, 2010                 | 3,657/76,993<br>4.75%                        | 6.75%<br>[fr 4.75% to 6.75%]    | Started July 1, 20110                | January 1, 2011                   | 1,520/34,397<br>4.42%                          | -0.33%                 |
| 2.) # of Units of Services provided to the clients who spent more than #3,000 in any two months of the year | July 1, 2010                 | 39,654,013/<br>117,732,196<br>33.68%         | 25%<br>[from 33.68% to 25%]     | Started July 1, 20110                | January 1, 2011                   | 2,689,580<br>/22,734,293<br>11.83%             | 21.85%                 |
| 3.) # of clients who meet the criteria (\$3,000 in any two months of the year) for 2 consecutive year       | July 1, 2010                 | 1,906/5310<br>35.89%                         | 25%<br>[fr 35.89% to 25%]       | Started July 1, 20110                | January 1, 2011                   | 465/760<br>61.18%                              | -25.29%                |
| 4.) # of daily cumulative claims which exceed 12 hours  | July 1, 2010                 | 3,400/662,629<br>0.51%                       | 0.1%<br>[fr 0.51% to 0.1%]      | Started July 1, 20110                | January 1, 2011                   | 194/42,478<br>0.46%                            | 0.05%                  |
| 5.) # of daily cumulative face-to-face claims which exceed 10 hours   | July 1, 2010                 | 28/351,393<br>0.008%                         | 0.003%<br>[fr 0.008% to 0.003%] | Started July 1, 20110                | January 1, 2011                   | 0/7,586<br>0%                                  | 0.008%                 |
| 6.) # of claims for evidence-based practices  | July 1, 2010                 | 2,175/662,629<br>0.33%                       | 30%<br>[fr 0.33% to 30%]        | Started July 1, 20110                | January 1, 2011                   | 12,500/42,478<br>29.43%                        | 29.1%                  |
| 7.) # of unique clients served in EBPs  | July 1, 2010                 | 217/5,310<br>4.09%                           | 45%<br>[fr 4.09% to 45%]        | Started July 1, 20110                | January 1, 2011                   | 221/760<br>29.08%                              | 24.99%                 |
| 8.) # of Unites of Services of EBPs   | July 1, 2010                 | 20,921/39,654,013<br>0.53%                   | 20%<br>[fr 0.53% to 20%]        | Started July 1, 20110                | January 1, 2011                   | 25,784/2,689,580<br>0.96%                      | 0.43%                  |

| Describe performance indicator  | Date of baseline measurement | Baseline measurement (numerator/denominator) | Goal for % improvement | Intervention applied & dates applied |                   |                    |  |
|---|------------------------------|--|------------------------|--------------------------------------|-------------------|--------------------|--|
| 9.) # of documentation and compliance training (presentation/announcement) <sup>1</sup> | July 1, 2010                 | <i>N/A</i>                                   | <i>N/A</i>             | Started July 1, 20110                | February 14, 2011 | 3 <sup>a</sup>     |  |
| 10.) # of participants trained in EBPs <sup>2</sup>                                     | July 1, 2010                 | <i>N/A</i>                                   | <i>N/A</i>             | Started July 1, 20110                | February 14, 2011 | 3,046 <sup>b</sup> |  |
| 11.) # of EBPs with outcome measures  | <i>N/A</i>                   | <i>N/A</i>                                   | <i>N/A</i>             | <i>N/A</i>                           | January, 2011     | 23 <sup>c</sup>    |  |

\* The data from July 1, 2010 to December 2010 was extracted in February 22, 2011.

<sup>1</sup> Training and presentations are on-going. Committee attends Countywide QICs and Service Area QICs to make presentation on the issue of documentation specified in the EPSDT Road Map.

<sup>2</sup> EBP training is on-going. MHP schedules a training session for Child-Parent Psychotherapy in April, 2011. Managing and Adopting Practice training is scheduled in March, 2011. MHP plans to provide more training for some of the EBPs this calendar year.

<sup>a</sup> The committee shared the EPSDT PIP interventions at QIC meetings in the context of discussing cumulative daily units of services and face-to-face hours in the meetings and goals. The QI/QA staff from the contracted agencies and DMH staff are aware of the PIP goals and be responsible to communicate the need to monitor the data and patterns.

<sup>b</sup> Three thousand and forty-six (3,046) clinicians from 270 contracted agencies as well as DMH Directly Operated clinics have been trained for one or more EBPs. More EBP trainings are scheduled this year, e.g., Child Parent Psychotherapy Training in April, 2011; MHP plans to train 936 staff on MAP.

<sup>c</sup> Various outcome measures have been developed and selected and MHP is in process of collecting the outcome (see Attachment B). Since many of the EBPs are just starting, outcomes collected for the EBPs are very limited.

#2,3,4, and 5 - MHP extracts the data from IS to share with the contracted agencies and DMH clinics. They can review and analyze the data to make adjustment and improve their service delivery. This is not one way process. Feedback to MHP is encouraged to further refine the data extraction and the goal.

**“Was the PIP successful?” What are the outcomes?**

**17. Describe issues associated with data analysis:**

**a. Data cycles clearly identify when measurements occur.**

The baseline data were collected from the IS as of June 30, 2010 for the fiscal year.

The interim data (from July 1, 2010 to December 31, 2010) were collected at the end of February, 2011.

b. **Statistical significance**

Percentage and Chi-square was used for the analyses.

c. **Are there any factors that influence comparability of the initial and repeat measures?**

As previously stated, PIP study population is in flux all the time.

d. **Are there any factors that threaten the internal or the external validity?**

Internal validity:

The one-group pre and post design - This is not true experimental research and random sampling was not used. This type of design does not control for the threats to internal validity.

History – clients may have experienced significant life events (both good and bad) other than treatment between the baseline data collection and the data collecting for interim result, which changed his/her behaviors or symptoms. For example, a client who has been treated in individual therapy x 1/ wk and medication x 1/mo for depression became self destructive and aggressive and needed to have TBS services daily for three months to go back to the previous functioning due to parent's divorce.

Maturation – client goes through developmental process, which may affect his/her treatment, behaviors and symptoms.

Instrumentation – the study does not use measurements but use the amount of funding for selection of the study population. Since unit cost of service varies in the LEs and is increasing every year, it may not be good criteria for study population selection for more than one year period. For example, a client obtained 17 hours of Mental Health services from agency A (unit cost of \$3.00/minutes) a month x 2, which costs  $17 \times 60 \times \$3 = \$3,060$ /month and meet the criteria. Another client received the same amount of services from Agency B (unit cost of \$2.5/minute) a month x 2, which costs \$2,250 and does not meet the criteria. The following year, Agency B increases unit cost to \$3.00 and the same client meets the criteria with the same amount of mental health services.

Regression, selection – client responds differently to treatment over time, which may change the outcome and amount of treatment provided. For example, a client is treated in cognitive-behavior therapy for three years with the same therapist. This year, client did not respond to the same intervention and the therapist needed to increase number of sessions to achieve the same outcome.

Subject mortality (dropout) – particularly Performance Indicator # 3) The study design is to add the clients who meet the criteria every year, some clients may drop out from the study population pool and new clients may be added to the pool. Besides, EPSDT benefits extends to the clients up to 21 year old, the clients who age out needed to be deleted from the study population, which may change the characteristics of study population and may change the result of the study.

External validity:

Selection-treatment interaction – this is not a study with random sampling.

18. **To what extent was the PIP successful? Describe any follow-up activities and their success.**  
It is difficult to determine the outcomes of the EPSDT PIP at this time since interventions started in July 1, 2010. Based on the interim results that we obtained, MHP expects positive outcomes.
19. **Describe how the methodology used at baseline measurement was the same methodology used when the measurement was repeated. Were there any modifications based upon the results?**  
The baseline and interim results were collected using exactly the same methods. No modification was necessary for data collection.
20. **Does data analysis demonstrate an improvement in processes or client outcomes?**  
The interim data clearly indicates that we are moving toward improvement (see the table in #22 below). Since outcome measures have not been fully implemented, it is too early to determine EBP client outcomes.
21. **Describe the “face validity” – how the improvement appears to be the result of the PIP intervention(s).**  
Face validity concerns whether or not the measure “seems to” obtain the information that the researchers are attempting to obtain. The changes that LMHP observed in this study shows significant progress toward the direction that LMHP intended.
22. **Describe statistical evidence that supports that the improvement is true improvement.**

MHP tested statistical significance for several performance measures. The results are as follows:

|                           | FY 09-10 | FY 10-11<br>(Fr July 1, 2010 to<br>December 31, 2010) | Chi square ( $\chi^2$ ) | P value |
|---------------------------|----------|---|-------------------------|---------|
| Performance Indicator #1: | 4.75%    | 4.42%   | 5.87047535              | 0.05    |
| Performance Indicator #2: | 33.68%   | 21.85%  | 4320515.36              | 0.001   |
| Performance Indicator #3: | 35.89%   | 61.18%  | 178.635311              | 0.001   |
| Performance Indicator #4: | 0.51%    | 0.05%   | 2.50405416              | 0.5     |
| Performance Indicator #5: | 0.008%   | 0.008%  | 0.60452134              | 0.5     |
| Performance Indicator #6: | 0.33%    | 29.1%   | 165859.158              | 0.001   |
| Performance Indicator #7: | 4.09%    | 24.99%  | 620.259089              | 0.001   |
| Performance Indicator #8: | 5.28%    | 0.43%   | 187608.163              | 0.001   |

**23. Was the improvement sustained over repeated measurements over comparable time periods?**

MHP can not conclude sustainable improvement since the interventions just started 6 months ago.

Although the EPSDT PIP project has not come to the point to conclude the final outcome, the committee has recommendations to MHP:

To obtain more support from Managers for

1. The committee is vested in ensuring the viability and sustainability of this project over time. Therefore, it is recommended that the Department assess and plan for sufficient staffing support to meet the ongoing requirements of this project.
2. Since majority of EPSDT services are delivered by the contracted agencies, agency involvement is crucial for this type of project. Since LA County covers wide region and traffic condition is far from ideal, it is recommended that MHP set up teleconference system to the committee to ease their burden to travel to the meetings at LAC-DMH buildings, which will increase communication and participation from the contracted agencies.

## **APPENDIX D**



**California EQRO**

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Sacramento, CA 95814

**This outline is a compilation of the “Road Map to a PIP” and the PIP Validation Tool that County proposes to use in evaluation the Re-hospitalization PIP, Cohort 2.**

**LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH (MHP) RE-HOSPITALIZATION TOPIC: Reducing system wide acute Psychiatric Inpatient Hospital re-admission rates among consumers with one or more discharge(s) from an acute Psychiatric Inpatient Hospital within the Fiscal Year.**

## **CAEQRO PIP Outline via Road Map**

**MHP: County of Los Angeles Department of Mental Health**

**Date PIP Began: PIP Began: July 1, 2008**

**Title of PIP: Re-hospitalization, Cohort 2**

**Clinical or Non-Clinical:**

### **Assemble multi-functional team**

1. Describe the stakeholders who are involved in developing and implementing this PIP.

LAC-DMH MHP:

- DMH staff representing: Quality Improvement Including Data Unit staff; Chief Information Office Bureau; Adult Systems of Care; Child and Family Services Bureaus; Program District Chiefs for TAY; Older Adults; Countywide Resource Management (Including Residential & IMD); and, MH Specialty Services.
- LAC-DMH Office of Medical Director (OMD)
- LAC-DMH Office of Empowerment and Advocacy
- Consumer/ family member with history of involuntary hospitalization
- Association of Community Human Services Agencies (ACHSA)
- Hospital Association of Southern California (HASC)

- Office of the Chief Deputy (OCD)

**“Is there really a problem?”**

2. Define the problem by describing the data reviewed and relevant benchmarks. Explain why this is a problem priority for the MHP, how it is within the MHP’s scope of influence, and what specific consumer population it affects.

*Why is this a problem priority for the MHP and how is it in the scope of influence?*

- Dignity and autonomy of the person in crisis are of the utmost importance to achieve full recovery from distressing/altered mental states. Consumers, family members and providers believe that this translates into the least restrictive setting as possible. Re-hospitalization within 30-days of discharge from an inpatient setting is very restrictive and does not provide people in crisis an optimal level of respect and healthy connectedness. Interventions which are fundamental to hope, wellness and recovery are not always provided.
- It is measurable: Psychiatric Inpatient Hospitalization discharges, re-admission rates, and lengths of stay are nationally considered relevant measures. The LAC-DMH Integrated System (IS) tracks the relevant Psychiatric Inpatient Hospital data.
- It can be within the MHP’s influence: While not all Psychiatric Inpatient Hospitalizations are preventable, there are many factors within our influence which can contribute to reducing hospitalizations and re-hospitalizations. Through good discharge planning, collaboration, coordination, and follow up when a client is hospitalized, it is more likely that re-admissions can be prevented.

*Consumer Population affected:*

In order to define the population the following parameters are used subject to the availability of data:

- Consumers that have had one or more discharges from a Psychiatric Inpatient Hospital facility within a fiscal year will be affected, given that they are individuals that the MHP can impact (i.e. MHP’s target population).
- MHP’s consumers irrespective of payor type will be included.
- For the Medi-Cal Medicare (Medi-Medi) population tracking necessary information for the period of when the hospital is billing the Medicare Intermediary/Carrier and not the Mental Health Plan (MHP) will not be possible. Hospitalizations that are billed to Medicare are not generally reported to the Mental Health Plan (MHP). With this in mind, the MHP will limit tracking of the Medi-Medi population

to the period of days when the Medicare benefit has been exhausted and Medi-Cal benefits are being drawn down.

- All age groups are included since some interventions aimed at reducing hospitalizations and re-hospitalizations may be universally applied across all age groups.
- For consumers suffering co-occurring disorders, tracking necessary information will be difficult. At this time, the specific identification of consumers with co-occurring disorders will not be made because toxicology screen results are not available and data on this population is difficult to collect. However, COD codes recorded at the time of Psychiatric Inpatient Hospital admission will be tracked as reported to determine the potential utility of the codes in addressing this important factor in consumer outcomes.

Gather and analyze data:

The MHP's baseline data on Psychiatric Inpatient Hospital Discharges, Re-Admissions, and Average LOS is for FY 2007-08. Annual follow up will be for FY 2008-09, 2009-10 and 2010-11.

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2  
**Table 1: Discharges, Re-Admissions, and Average Length of Stay  
By Psychiatric Inpatient Hospital for FY 2007-08**  
(Data Extract 01/22/2010)

| Hospital     |   | 1<br>Total Discharges<br>(Index Episodes)* | 2<br>Total Transfers** | 3<br>Total Readmitted<br>within 30 days *** | 4<br>Percent Readmitted<br>within 30 days *** | 5<br>Average Length of<br>Stay (days) |
|--------------|---|--|------------------------|---|---|---------------------------------------|
| DHS          | 1 | 883  | 3                      | 112   | 12.7%   | 13.6                                  |
| DHS          | 2 | 1,336                                      | 13                     | 169   | 12.6%   | 15.9                                  |
| DHS          | 3 | 869  | 1                      | 89  | 10.2%   | 15.3                                  |
| FFS Contract | 1 | 203  | 0                      | 27  | 13.3%   | 4.5                                   |
| FFS Contract | 2 | 410  | 5                      | 160   | 39.0%   | 12.6                                  |
| FFS Contract | 3 | 264  | 3                      | 74  | 28.0%   | 12.9                                  |
| FFS Contract | 4 | 474  | 6                      | 82  | 17.3%   | 12.8                                  |
| FFS Contract | 5 | 1,651                                      | 16                     | 427   | 25.9%   | 11.6                                  |
| FFS Contract | 6 | 604  | 6                      | 85  | 14.1%   | 7.1                                   |
| FFS Contract | 7 | 740  | 1                      | 111   | 15.0%   | 6.5                                   |
| FFS Contract | 8 | 396  | 3                      | 138   | 34.8%   | 8.7                                   |

| Hospital     |    | 1<br>Total Discharges<br>(Index Episodes)* | 2<br>Total Transfers** | 3<br>Total Readmitted<br>within 30 days *** | 4<br>Percent Readmitted<br>within 30 days *** | 5<br>Average Length of<br>Stay (days) |
|--------------|----|--|------------------------|---|---|---------------------------------------|
| FFS Contract | 9  | 336  | 4                      | 90  | 26.8%   | 10.6                                  |
| FFS Contract | 10 | 265  | 0                      | 57  | 21.5%   | 5.8                                   |
| FFS Contract | 11 | 1,527                                      | 28                     | 517   | 33.9%   | 9.0                                   |
| FFS Contract | 12 | 1,569                                      | 38                     | 502   | 32.0%   | 9.2                                   |
| FFS Contract | 13 | 1,091                                      | 16                     | 354   | 32.4%   | 7.6                                   |
| FFS Contract | 14 | 916  | 6                      | 273   | 29.8%   | 8.2                                   |
| FFS Contract | 15 | 1,356                                      | 13                     | 292   | 21.5%   | 4.8                                   |
| FFS Contract | 16 | 673  | 3                      | 139   | 20.7%   | 5.5                                   |
| FFS Contract | 17 | 1,683                                      | 24                     | 613   | 36.4%   | 6.0                                   |
| FFS Contract | 18 | 86   | 2                      | 11  | 12.8%   | 12.4                                  |
| FFS Contract | 19 | 1,194                                      | 14                     | 422   | 35.3%   | 7.4                                   |
| FFS Contract | 20 | 17   | 0                      | 2   | 11.8%   | 10.2                                  |
| FFS Contract | 21 | 809  | 6                      | 146   | 18.0%   | 5.9                                   |
| FFS Contract | 22 | 413  | 8                      | 116   | 28.1%   | 9.4                                   |
| FFS Contract | 23 | 27   | 0                      | 4   | 14.8%   | 9.6                                   |
| FFS Contract | 24 | 8  | 0                      | 0   | 0.0%  | 8.4                                   |
| FFS Contract | 25 | 608  | 5                      | 176   | 28.9%   | 13.9                                  |
| FFS Other    | 1X | 19   | 0                      | 5   | 26.3%   | 12.3                                  |
| FFS Other    | 2  | 130  | 0                      | 25  | 19.2%   | 6.1                                   |
| FFS Other    | 3X | 1  | 1                      | 0   | 0.0%  | 5.0                                   |
| FFS Other    | 4X | 18   | 0                      | 4   | 22.2%   | 7.7                                   |
| FFS Other    | 5X | 29   | 0                      | 9   | 31.0%   | 7.1                                   |
| FFS Other †  | 6X | 546  | 8                      | 161   | 29.5%   | 7.8                                   |
| FFS Other    | 7  | 1,743                                      | 55                     | 902   | 51.7%   | 5.5                                   |
| FFS Other    | 8  | 33   | 11                     | 6   | 18.2%   | 5.0                                   |
| NGA          | 1  | 898  | 3                      | 104   | 11.6%   | 14.0                                  |
| NGA          | 2  | 7  | 0                      | 0   | 0.0%  | 4.9                                   |
| NGA          | 3  | 10   | 0                      | 2   | 20.0%   | 4.4                                   |

| Hospital      |   | 1<br>Total Discharges<br>(Index Episodes)* | 2<br>Total Transfers** | 3<br>Total Readmitted<br>within 30 days *** | 4<br>Percent Readmitted<br>within 30 days *** | 5<br>Average Length of<br>Stay (days) |
|---------------|---|--|------------------------|---|---|---------------------------------------|
| NGA           | 4 | 71   | 0                      | 8   | 11.3%   | 4.0                                   |
| NGA           | 5 | 1,279                                      | 3                      | 141   | 11.0%   | 15.9                                  |
| NGA           | 6 | 258  | 1                      | 27  | 10.5%   | 10.3                                  |
| NGA           | 7 | 726  | 3                      | 128   | 17.6%   | 5.8                                   |
| NGA           | 8 | 623  | 4                      | 91  | 14.6%   | 4.6                                   |
| NGA-PHF       | 1 | 126  | 2                      | 15  | 11.9%   | 42.6                                  |
| <b>Totals</b> |   | <b>26,925</b>                              | <b>315</b>             | <b>6,816</b>                                |   |                                       |

Discharges, Re-Admissions, and Average LOS Days are counted based on the FY in which they occurred.

DHS – Department of Health Services

FFS – Fee for Service

NGA – Non Governmental Agency

NGA-PHF – Non Governmental Agency Psychiatric Health Facility

\* Index episodes excludes instances in which hospital admission and discharge occurred on the same day and those episodes that were >365 days (investigation suggests the latter represent data entry errors by provider).

\*\* When the Index episode discharge date = a subsequent inpatient admission on that same date, these admissions were considered transfers.

\*\*\* 30 day rehospitalization rates excluded instances in which index episode resulted in a transfer.

X Each of these FFS Other represent a “catch all” provider number that represents multiple facilities outside of the County of Los Angeles.

† One hospital is outside of the County of Los Angeles

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
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**Table 1a: A Comparison across Fiscal Years - Discharges, Re-Admissions, and Average Length of Stay  
By Psychiatric Inpatient Hospital for FY 2007-08 and FY 2008-09**  
(Data Extract 01/22/2010)

|              |    | 1                                  | 2                                  | 3                                     | 4                             | 1                                  | 2                                  | 3                                     | 4                             |                        |   |
|--------------|----|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------|---|
|              |    | Fiscal Year 2007-2008              |                                    |                                       |                               | Fiscal Year 2008-2009              |                                    |                                       |                               |                        |   |
| Hospital     |    | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Change in Readmit Rate | Change in Average Length of Stay (days) |
| DHS          | 1  | 883                                | 112                                | 12.7%                                 | 13.6                          | 811                                | 76                                 | 9.4%                                  | 13.8                          | -3.3%                  | 0.2                                     |
| DHS          | 2  | 1,335                              | 168                                | 12.6%                                 | 15.9                          | 1,272                              | 122                                | 9.6%                                  | 17.2                          | -3.0%                  | 1.3                                     |
| DHS          | 3  | 869                                | 89                                 | 10.2%                                 | 15.3                          | 787                                | 63                                 | 8.0%                                  | 17.4                          | -2.2%                  | 2.1                                     |
| FFS Contract | 1  | 203                                | 27                                 | 13.3%                                 | 4.5                           | 207                                | 21                                 | 10.1%                                 | 4.1                           | -3.2%                  | -0.4                                    |
| FFS Contract | 2  | 410                                | 160                                | 39.0%                                 | 12.6                          | 539                                | 211                                | 39.1%                                 | 8.0                           | 0.1%                   | -4.6                                    |
| FFS Contract | 3  | 264                                | 74                                 | 28.0%                                 | 12.9                          | 242                                | 63                                 | 26.0%                                 | 11.0                          | -2.0%                  | -2.0                                    |
| FFS Contract | 4  | 474                                | 82                                 | 17.3%                                 | 12.8                          | 509                                | 80                                 | 15.7%                                 | 14.2                          | -1.6%                  | 1.5                                     |
| FFS Contract | 5  | 1,651                              | 427                                | 25.9%                                 | 11.6                          | 1,559                              | 380                                | 24.4%                                 | 12.2                          | -1.5%                  | 0.6                                     |
| FFS Contract | 6  | 604                                | 85                                 | 14.1%                                 | 7.1                           | 671                                | 121                                | 18.0%                                 | 7.3                           | 4.0%                   | 0.2                                     |
| FFS Contract | 7  | 740                                | 111                                | 15.0%                                 | 6.5                           | 1,016                              | 167                                | 16.4%                                 | 5.0                           | 1.4%                   | -1.5                                    |
| FFS Contract | 8  | 396                                | 138                                | 34.8%                                 | 8.7                           | 211                                | 57                                 | 27.0%                                 | 11.7                          | -7.8%                  | 3.0                                     |
| FFS Contract | 9  | 336                                | 90                                 | 26.8%                                 | 10.6                          | 307                                | 88                                 | 28.7%                                 | 12.3                          | 1.9%                   | 1.6                                     |
| FFS Contract | 10 | 265                                | 57                                 | 21.5%                                 | 5.8                           | 314                                | 53                                 | 16.9%                                 | 6.6                           | -4.6%                  | 0.8                                     |
| FFS Contract | 11 | 1,527                              | 517                                | 33.9%                                 | 9.0                           | 1,369                              | 486                                | 35.5%                                 | 7.6                           | 1.6%                   | -1.3                                    |
| FFS Contract | 12 | 1,569                              | 502                                | 32.0%                                 | 9.2                           | 1,535                              | 487                                | 31.7%                                 | 7.7                           | -0.3%                  | -1.5                                    |
| FFS Contract | 13 | 1,091                              | 354                                | 32.4%                                 | 7.6                           | 1,211                              | 428                                | 35.3%                                 | 7.7                           | 2.9%                   | 0.1                                     |
| FFS Contract | 14 | 916                                | 273                                | 29.8%                                 | 8.2                           | 1,043                              | 279                                | 26.7%                                 | 6.9                           | -3.1%                  | -1.3                                    |
| FFS Contract | 15 | 1,356                              | 292                                | 21.5%                                 | 4.8                           | 1,390                              | 278                                | 20.0%                                 | 4.8                           | -1.5%                  | -0.1                                    |
| FFS Contract | 16 | 673                                | 139                                | 20.7%                                 | 5.5                           | 649                                | 154                                | 23.7%                                 | 5.1                           | 3.1%                   | -0.4                                    |
| FFS Contract | 17 | 1,683                              | 613                                | 36.4%                                 | 6.0                           | 1,792                              | 635                                | 35.4%                                 | 6.2                           | -1.0%                  | 0.2                                     |

|              |    | 1                                  | 2                                  | 3                                     | 4                             | 1                                  | 2                                  | 3                                     | 4                             |                        |   |
|--------------|----|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------|---|
|              |    | Fiscal Year 2007-2008              |                                    |                                       |                               | Fiscal Year 2008-2009              |                                    |                                       |                               |                        |   |
| Hospital     |    | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Change in Readmit Rate | Change in Average Length of Stay (days) |
| FFS Contract | 18 | 86                                 | 11                                 | 12.8%                                 | 12.4                          | 117                                | 14                                 | 12.0%                                 | 15.8                          | -0.8%                  | 3.4                                     |
| FFS Contract | 19 | 1,194                              | 422                                | 35.3%                                 | 7.4                           | 450                                | 169                                | 37.6%                                 | 7.5                           | 2.2%                   | 0.1                                     |
| FFS Contract | 20 | 17                                 | 2                                  | 11.8%                                 | 10.2                          | 23                                 | 4                                  | 17.4%                                 | 10.3                          | 5.6%                   | 0.1                                     |
| FFS Contract | 21 | 810                                | 146                                | 18.0%                                 | 5.9                           | 798                                | 132                                | 16.5%                                 | 5.7                           | -1.5%                  | -0.2                                    |
| FFS Contract | 22 | 413                                | 116                                | 28.1%                                 | 9.4                           | 516                                | 161                                | 31.2%                                 | 7.9                           | 3.1%                   | -1.6                                    |
| FFS Contract | 23 | 27                                 | 4                                  | 14.8%                                 | 9.6                           | 20                                 | 1                                  | 5.0%                                  | 11.0                          | -9.8%                  | 1.4                                     |
| FFS Contract | 24 | 8                                  | 0                                  | 0.0%                                  | 8.4                           | 1                                  | 0                                  | 0.0%                                  | 5.0                           | 0.0%                   | -3.4                                    |
| FFS Contract | 25 | 608                                | 176                                | 28.9%                                 | 13.9                          | 459                                | 134                                | 29.2%                                 | 19.6                          | 0.2%                   | 5.6                                     |
| FFS Contract | 26 | <i>Did not exist in FY 0708</i>    |                                    |                                       |                               | 857                                | 302                                | 35.2%                                 | 7.9                           |                        |   |
| FFS Other    | 1X | 19                                 | 5                                  | 26.3%                                 | 12.3                          | 17                                 | 4                                  | 23.5%                                 | 6.6                           | -2.8%                  | -5.7                                    |
| FFS Other    | 2  | 130                                | 25                                 | 19.2%                                 | 6.1                           | 92                                 | 35                                 | 38.0%                                 | 5.6                           | 18.8%                  | -0.5                                    |
| FFS Other    | 3X | 1                                  | 0                                  | 0.0%                                  | 5.0                           | 1                                  | 0                                  | 0.0%                                  | 3.0                           | 0.0%                   | -2.0                                    |
| FFS Other    | 4X | 18                                 | 4                                  | 22.2%                                 | 7.7                           | 22                                 | 6                                  | 27.3%                                 | 5.7                           | 5.1%                   | -2.0                                    |
| FFS Other    | 5X | 29                                 | 9                                  | 31.0%                                 | 7.1                           | 16                                 | 3                                  | 18.8%                                 | 12.2                          | -12.3%                 | 5.0                                     |
| FFS Other †  | 6X | 546                                | 161                                | 29.5%                                 | 7.8                           | 383                                | 100                                | 26.1%                                 | 5.9                           | -3.4%                  | -1.9                                    |
| FFS Other    | 7  | 1,743                              | 902                                | 51.7%                                 | 5.5                           | 1,973                              | 1086                               | 55.0%                                 | 5.4                           | 3.3%                   | -0.1                                    |
| FFS Other    | 8  | 33                                 | 6                                  | 18.2%                                 | 5.0                           | 34                                 | 4                                  | 11.8%                                 | 2.2                           | -6.4%                  | -2.7                                    |
| NGA          | 1  | 898                                | 104                                | 11.6%                                 | 14.0                          | 844                                | 81                                 | 9.6%                                  | 14.1                          | -2.0%                  | 0.2                                     |
| NGA          | 2  | 7                                  | 0                                  | 0.0%                                  | 4.9                           | 7                                  | 0                                  | 0.0%                                  | 19.0                          | 0.0%                   | 14.1                                    |
| NGA          | 3  | 10                                 | 2                                  | 20.0%                                 | 4.4                           | 34                                 | 2                                  | 5.9%                                  | 6.3                           | -14.1%                 | 1.9                                     |
| NGA          | 4  | 71                                 | 8                                  | 11.3%                                 | 4.0                           | 84                                 | 7                                  | 8.3%                                  | 4.4                           | -2.9%                  | 0.4                                     |
| NGA          | 5  | 1,279                              | 141                                | 11.0%                                 | 15.9                          | 1,118                              | 125                                | 11.2%                                 | 19.7                          | 0.2%                   | 3.8                                     |
| NGA          | 6  | 258                                | 27                                 | 10.5%                                 | 10.3                          | 313                                | 27                                 | 8.6%                                  | 7.8                           | -1.8%                  | -2.5                                    |
| NGA          | 7  | 726                                | 128                                | 17.6%                                 | 5.8                           | 808                                | 159                                | 19.7%                                 | 5.8                           | 2.0%                   | 0.0                                     |
| NGA          | 8  | 623                                | 91                                 | 14.6%                                 | 4.6                           | 507                                | 68                                 | 13.4%                                 | 4.9                           | -1.2%                  | 0.3                                     |

|              |   | 1                                  | 2                                  | 3                                     | 4                             | 1                                  | 2                                  | 3                                    | 4                             |                        |   |
|--------------|---|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------------------|------------------------------------|--------------------------------------|-------------------------------|------------------------|---|
|              |   | Fiscal Year 2007-2008              |                                    |                                       |                               | Fiscal Year 2008-2009              |                                    |                                      |                               |                        |   |
| Hospital     |   | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days ** | Average Length of Stay (days) | Change in Readmit Rate | Change in Average Length of Stay (days) |
| NGA-PHF      | 1 | 126                                | 15                                 | 11.9%                                 | 42.6                          | 114                                | 11                                 | 9.6%                                 | 51.0                          | -2.3%                  | 8.4                                     |
| <b>Total</b> |   | <b>26,925</b>                      | <b>6,815</b>                       |                                       |                               | <b>27,402</b>                      | <b>6,884</b>                       |                                      |                               |                        |   |

\* Index episodes exclude instances in which hospital admission and discharge occurred on the same day and those episodes that were >365 days

\*\* When the Index episode discharge date = a subsequent inpatient admission on that same date, these admissions were considered transfers.

\*\*\* 30 day rehospitalization rates excluded instances in which index episode resulted in a transfer.

X Each of these FFS Other represent a "catch all" provider number that represents multiple facilities outside of the County of Los Angeles.

† One hospital is outside of the County of Los Angeles

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**Table 2: Total Discharges, Re-Admissions, and Average Length of Stay  
 By Provider Type for FY 2007-08**

| Hospital Type | 1                                  | 2                 | 3                                   | 4                                     | 5                             |
|---------------|------------------------------------|-------------------|-------------------------------------|---------------------------------------|-------------------------------|
|               | Total Discharges (Index Episodes)* | Total Transfers** | Total Readmitted within 30 days *** | Percent Readmitted within 30 days *** | Average Length of Stay (days) |
| DHS           | 3,088                              | 17                | 370                                 | 12.0%                                 | 15.1                          |
| FFS Contract  | 17,320                             | 207               | 4,818                               | 27.8%                                 | 8.3                           |
| FFS Other     | 2,519                              | 75                | 1,112                               | 44.1%                                 | 6.1                           |
| NGA           | 3,872                              | 14                | 501                                 | 12.9%                                 | 11.1                          |
| NGA-PHF       | 126                                | 2                 | 15                                  | 11.9%                                 | 42.6                          |
| <b>Totals</b> | <b>26,925</b>                      | <b>315</b>        | <b>6,816</b>                        |                                       |                               |

DHS – Department of Health Services  
 FFS – Fee for Service  
 NGA – Non Governmental Agency  
 NGA-PHF – Non Governmental Agency Psychiatric Health Facility

\* Index episodes exclude instances in which hospital admission and discharge occurred on the same day and those episodes that were >365 days (investigation suggests the latter represent data entry errors by provider).

\*\* When the Index episode discharge date = a subsequent inpatient admission on that same date, these admissions were considered transfers.

\*\*\* 30 day rehospitalization rates excluded instances in which index episode resulted in a transfer.

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**Table 3: Total Psychiatric Inpatient Hospital Discharges  
By Gender for FY 2007-08**

| Hospital Type     | 1               | 2                 | 3                             | 4                                    |
|-------------------|-----------------|-------------------|-------------------------------|--------------------------------------|
|                   | Number of Males | Number of Females | Number Identifying as "Other" | Total Number of Discharges by Gender |
| DHS               | 1,315           | 1,772             | 1                             | 3,087                                |
| FFS Contract      | 7,992           | 9,322             | 6                             | 17,321                               |
| FFS Other         | 944             | 1,571             | 4                             | 2,519                                |
| NGA               | 1,208           | 2,664             | 0                             | 3,875                                |
| NGA-PHF           | 56              | 70                | 0                             | 126                                  |
| <b>Totals</b>     | <b>11,515</b>   | <b>15,399</b>     | <b>11</b>                     | <b>26,925</b>                        |
| <i>% of Total</i> | <b>42.8%</b>    | <b>57.2%</b>      | <b>0.0%</b>                   | <b>100%</b>                          |

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**Table 4: Total Psychiatric Inpatient Hospital Discharges  
By Age Group for FY 2007-08**

| Hospital Type     | 1            | 2            | 3             | 4            | 5                                       |
|-------------------|--------------|--------------|---------------|--------------|---|
|                   | Age 0-15     | Age 16-25    | Age 26-59     | Age 60+      | Total Number of Discharges by Age Group |
| DHS               | 88           | 697          | 2,173         | 130          | 3,088                                   |
| FFS Contract      | 1,924        | 3,541        | 10,868        | 987          | 17,320                                  |
| FFS Other         | 103          | 241          | 2,051         | 124          | 2,519                                   |
| NGA               | 701          | 911          | 2,206         | 54           | 3,872                                   |
| NGA-PHF           | 0            | 19           | 98            | 9            | 126                                     |
| <b>Totals</b>     | <b>2,816</b> | <b>5,409</b> | <b>17,396</b> | <b>1,304</b> | <b>26,925</b>                           |
| <i>% of Total</i> | <b>10.5%</b> | <b>20.1%</b> | <b>64.6%</b>  | <b>4.8%</b>  | <b>100%</b>                             |

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**Table 5: Psychiatric Inpatient Hospital Discharges  
By Substance Use/Abuse \* for FY 2007-08**

| Hospital Type | No           | Not Reported  | Substance Abuse/Dep | Substance Use | Total         |
|---------------|--------------|---------------|---------------------|---------------|---------------|
| DHS           | 0            | 3,088         | 0                   | 0             | 3,088         |
| FFS-Contract  | 11           | 17,303        | 1                   | 5             | 17,320        |
| FFS-Other     | 0            | 2,519         | 0                   | 0             | 2,519         |
| NGA           | 1,269        | 2,277         | 223                 | 103           | 3,872         |
| NGA-PHF       | 1            | 108           | 1                   | 16            | 126           |
| <b>Total</b>  | <b>1,281</b> | <b>25,295</b> | <b>225</b>          | <b>124</b>    | <b>26,925</b> |

**Substance Use** - This data is taken from the Dual Status field as recorded at the time that the admission is registered in the IS. Response codes indicate whether or not the client is currently using and/or abusing alcohol and/or street drugs. Data indicates that Psychiatric Inpatient Hospitals are only completing this field sporadically.

\* Special field collected by LAC-DMH that indicates substance use, abuse, or affirms "No" substance use.

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**Table 6: Psychiatric Inpatient Hospital Discharges  
DSM-IV Axis I Substance Related Diagnoses\* for FY 2007-08**

| Hospital Type | Total Discharges | Admission DX         |                        | Discharge DX         |                        |
|---------------|------------------|----------------------|------------------------|----------------------|------------------------|
|               |                  | Total with Any SA Dx | Percent with Any SA Dx | Total with Any SA Dx | Percent with Any SA Dx |
| DHS           | 3,088            | 50                   | 1.6%                   | 57                   | 1.8%                   |
| FFS-Contract  | 17,320           | 18                   | 0.1%                   | 19                   | 0.1%                   |
| FFS-Other     | 2,519            | 3                    | 0.1%                   | 3                    | 0.1%                   |
| NGA           | 3,872            | 75                   | 1.9%                   | 73                   | 1.9%                   |
| NGA-PHF       | 126              | 18                   | 14.3%                  | 35                   | 27.8%                  |
| <b>Total</b>  | <b>26,925</b>    | <b>164</b>           | <b>0.6%</b>            | <b>187</b>           | <b>0.7%</b>            |

\* Any Substance-Related DSM IV Axis I diagnosis indicated (primary or co-occurring)

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**Table 7: Psychiatric Inpatient Hospital Discharges  
By Ethnicity FY 2007-08**

| Ethnicity              | Distinct Clients | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay |
|------------------------|------------------|------------------------------------|------------------------------------|---------------------------------------|------------------------|
| American Native        | 73               | 110                                | 15                                 | 14.0%                                 | 10.2                   |
| Asian/Pacific Islander | 766              | 1,190                              | 253                                | 21.2%                                 | 12.1                   |
| Black                  | 4,138            | 8,010                              | 2,453                              | 30.6%                                 | 9.4                    |
| Hispanic               | 5,347            | 8,192                              | 1,657                              | 20.2%                                 | 8.8                    |
| White                  | 4,404            | 7,874                              | 2,211                              | 28.0%                                 | 9.8                    |
| Other                  | 308              | 476                                | 96                                 | 20.7%                                 | 9.1                    |
| Unknown/Not Reported   | 869              | 1,073                              | 131                                | 12.2%                                 | 9.5                    |
| <b>Total</b>           | <b>15,905</b>    | <b>26,925</b>                      | <b>6,816</b>                       | <b>25.3%</b>                          | <b>9.8</b>             |

\* Index episodes exclude instances in which hospital admission and discharge occurred on the same day and those episodes that were >365 days

\*\* When the Index episode discharge date = a subsequent inpatient admission on that same date, these admissions were considered transfers.

\*\*\* 30 day rehospitalization rates excluded instances in which index episode resulted in a transfer.

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**Table 8: Psychiatric Inpatient Hospital Discharges  
By High Utilizer Cohort Distribution \* FY 2007- 08**

| Hospital Type   | Total Discharges (Index Episodes) | Total Episodes attributed to High Utilizer Cohort | Percent Episodes attributed to High Utilizer Cohort | Total Unique Clients | Total Unique Clients in High Utilizer Cohort | Percent Unique Clients in High Utilizer Cohort |
|-----------------|-----------------------------------|---|---|----------------------|--|--|
| DHS-01          | 883                               | 17  | 1.9%  | 811                  | 15   | 1.8%   |
| DHS-02          | 1,336                             | 68  | 5.1%  | 1,152                | 46   | 4.0%   |
| DHS-03          | 869                               | 17  | 2.0%  | 801                  | 14   | 1.7%   |
| FFS-Contract-01 | 203                               | 4   | 2.0%  | 178                  | 2  | 1.1%   |
| FFS-Contract-02 | 410                               | 154   | 37.6%   | 302                  | 77   | 25.5%  |
| FFS-Contract-03 | 264                               | 53  | 20.1%   | 200                  | 30   | 15.0%  |
| FFS-Contract-04 | 474                               | 25  | 5.3%  | 407                  | 18   | 4.4%   |
| FFS-Contract-05 | 1,651                             | 315   | 19.1%   | 1,338                | 165  | 12.3%  |
| FFS-Contract-06 | 604                               | 21  | 3.5%  | 543                  | 13   | 2.4%   |
| FFS-Contract-07 | 740                               | 33  | 4.5%  | 632                  | 15   | 2.4%   |
| FFS-Contract-08 | 396                               | 86  | 21.7%   | 274                  | 43   | 15.7%  |
| FFS-Contract-09 | 336                               | 74  | 22.0%   | 257                  | 36   | 14.0%  |
| FFS-Contract-10 | 265                               | 26  | 9.8%  | 220                  | 9  | 4.1%   |
| FFS-Contract-11 | 1,527                             | 412   | 27.0%   | 1,093                | 176  | 16.1%  |
| FFS-Contract-12 | 1,569                             | 455   | 29.0%   | 1,058                | 168  | 15.9%  |
| FFS-Contract-13 | 1,091                             | 300   | 27.5%   | 861                  | 171  | 19.9%  |
| FFS-Contract-14 | 916                               | 250   | 27.3%   | 670                  | 108  | 16.1%  |
| FFS-Contract-15 | 1,356                             | 156   | 11.5%   | 1,153                | 107  | 9.3%   |
| FFS-Contract-16 | 673                               | 79  | 11.7%   | 510                  | 32   | 6.3%   |
| FFS-Contract-17 | 1,683                             | 519   | 30.8%   | 1,172                | 202  | 17.2%  |
| FFS-Contract-18 | 86                                | 0   | 0.0%  | 76                   | 0  | 0.0%   |
| FFS-Contract-19 | 1,194                             | 333   | 27.9%   | 844                  | 152  | 18.0%  |
| FFS-Contract-20 | 17                                | 1   | 5.9%  | 16                   | 1  | 6.3%   |
| FFS-Contract-21 | 809                               | 47  | 5.8%  | 667                  | 17   | 2.5%   |
| FFS-Contract-22 | 413                               | 99  | 24.0%   | 311                  | 54   | 17.4%  |
| FFS-Contract-23 | 27                                | 0   | 0.0%  | 26                   | 0  | 0.0%   |

| Hospital Type   | Total Discharges (Index Episodes) | Total Episodes attributed to High Utilizer Cohort | Percent Episodes attributed to High Utilizer Cohort | Total Unique Clients | Total Unique Clients in High Utilizer Cohort | Percent Unique Clients in High Utilizer Cohort |
|-----------------|-----------------------------------|---|---|----------------------|--|--|
| FFS-Contract-24 | 8                                 | 0   | 0.0%  | 8                    | 0  | 0.0%   |
| FFS-Contract-25 | 608                               | 145   | 23.8%   | 445                  | 80   | 18.0%  |
| FFS-Other-01X   | 19                                | 2   | 10.5%   | 17                   | 1  | 5.9%   |
| FFS-Other-02    | 130                               | 13  | 10.0%   | 100                  | 8  | 8.0%   |
| FFS-Other-03X   | 1                                 | 0   | 0.0%  | 1                    | 0  | 0.0%   |
| FFS-Other-04X   | 18                                | 7   | 38.9%   | 16                   | 5  | 31.3%  |
| FFS-Other-05X   | 29                                | 0   | 0.0%  | 22                   | 0  | 0.0%   |
| FFS-Other-06X†  | 546                               | 119   | 21.8%   | 451                  | 65   | 14.4%  |
| FFS-Other-07    | 1,743                             | 967   | 55.5%   | 770                  | 222  | 28.8%  |
| FFS-Other-08    | 33                                | 9   | 27.3%   | 32                   | 8  | 25.0%  |
| NGA-01          | 898                               | 31  | 3.5%  | 846                  | 20   | 2.4%   |
| NGA-02          | 7                                 | 0   | 0.0%  | 7                    | 0  | 0.0%   |
| NGA-03          | 10                                | 0   | 0.0%  | 10                   | 0  | 0.0%   |
| NGA-04          | 71                                | 1   | 1.4%  | 71                   | 1  | 1.4%   |
| NGA-05          | 1,279                             | 27  | 2.1%  | 1,128                | 16   | 1.4%   |
| NGA-06          | 258                               | 6   | 2.3%  | 233                  | 3  | 1.3%   |
| NGA-07          | 726                               | 75  | 10.3%   | 554                  | 12   | 2.2%   |
| NGA-08          | 623                               | 18  | 2.9%  | 563                  | 13   | 2.3%   |
| NGA-PHF-01      | 126                               | 19  | 15.1%   | 119                  | 16   | 13.4%  |
| <b>Total</b>    | <b>26,925</b>                     | <b>4,983</b>                                      |   |                      |  |  |

\* High Utilizer is defined as a client who had 6 or more distinct psychiatric hospitalizations (including transfers) within the Fiscal year. Of 15,905 Total Unique Clients in FY 2007-08, 525 met "high utilizer" criteria. Of 26,925 FY 2007-08 episodes 4,983 were attributable to high utilizers.

X Each of these FFS Other represent a "catch all" provider number that represents multiple facilities outside of the County of Los Angeles.

† One hospital is outside of the County of Los Angeles

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2

**Table 9: Psychiatric Inpatient Hospital Discharges  
Episodes among Active SD/MC Outpatients \* FY 2007-08**

| Hospital Type | Total Discharges (Index Episodes)* | Total Episodes among Active SD/MC Outpatients ** | Percent Episodes among Active SD/MC Outpatients |
|---------------|------------------------------------|--|---|
| DHS           | 3,088                              | 773  | 25.0%   |
| FFS-Contract  | 17,320                             | 6,259  | 36.1%   |
| FFS-Other     | 2,519                              | 791  | 31.4%   |
| NGA           | 3,872                              | 923  | 23.8%   |
| NGA-PHF       | 126                                | 50   | 39.7%   |
| <b>Total</b>  | <b>26,925</b>                      | <b>8,796</b>                                     | <b>32.7%</b>                                    |

\* Index episodes exclude instances in which hospital admission and discharge occurred on the same day and those episodes that were > 365 days.

\*\* Clients with an open Short-Doyle Medi-Cal Outpatient episode at time of hospitalization seen within 90 days prior to inpatient episode.

**Table 10: Psychiatric Inpatient Hospital Discharges  
Post Hospitalization Outpatient Access \* FY 2007-08**

| Active OP | PHOA Cohort | PHOA Seen in 7 days | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay |
|-----------|-------------|---------------------|------------------------------------|------------------------------------|---------------------------------------|------------------------|
| NO        | NO          |                     | 18,129                             | 4,437                              | 24.5%                                 | 9.5                    |
| YES       | NO          |                     | 3,905                              | 1,640                              | 42.0%                                 | 11.5                   |
| YES       | YES         | NO                  | 1,346                              | 219                                | 16.3%                                 | 7.4                    |
| YES       | YES         | YES                 | 3,545                              | 520                                | 14.7%                                 | 7.6                    |
|           |             |                     | <b>26,925</b>                      | <b>6,816</b>                       |                                       | <b>9.0</b>             |

\* Index episodes exclude instances in which hospital admission and discharge occurred on the same day and those episodes that were >365 days

\*\* When the Index episode discharge date = a subsequent inpatient admission on that same date, these admissions were considered transfers.

\*\*\* 30 day rehospitalization rates excluded instances in which index episode resulted in a transfer.

### Team Brainstorming: “Why is this happening?”

Root cause analysis to identify challenges/barriers

3. Describe the data and other information to be gathered and analyzed to understand the barriers/causes of the problem that affects the mental health status, functional status, or satisfaction. How did you use the data and information to understand the problem?
  - a. Data to be collected for FY 07-08 and subsequent years for MHP Inpatient Psychiatric Hospitals are as follows:
    1. Total Number of Discharges (Index Episodes), Total Readmitted within 30 Days and Average Length of Stay.
      - 1a. Year-to-Year Comparison of Total Number of Discharges (Index Episodes), Readmitted within 30 Days and Average Length of Stay.
    2. Total Discharges, Re-Admissions, and Average Length of Stay by Provider Type.
    3. Total Discharges by Gender.
    4. Total Discharges by Age Group.
    5. Total Discharges by Substance Use/Abuse Status.
    6. Total DSM-IV Axis I Substance Related Diagnoses.
    7. Total Discharges by Ethnicity
    8. Total Discharges by High Utilizer Cohort Distribution.
    9. Total Discharges - Episodes among Active SD/MC Outpatients
    10. Total Discharges Post Hospitalization Outpatient Access
  - b. What are barriers/causes that require intervention?

Work group members assess the issues of number of discharges, re-admissions, and average length of stay, demographic data and other issues which may contribute to the re-admission rates concerning:

    1. Lack of coordination of care prior to and/or during a Psychiatric Inpatient Hospital stay.
      - i. Limited contact between County MHP outpatient service provider(s) and hospital staff at or before admission.
      - ii. Limited contact between County MHP outpatient service provider(s) and hospital staff to discuss consumer care during hospital stay.
      - iii. Inadequate coordination of discharge planning between inpatient and outpatient providers.
      - iv. Potential insufficient coordination with consumers/family members/conservator/support systems prior to and/or during hospital stay or at the time of discharge.
      - v. Potential issues regarding consent to share information among service providers.
      - vi. Choices of outpatient services prior to hospitalization are not always selected by consumers themselves and dependency on clinicians may occur.
      - vii. Choices of inpatient services during both voluntary and involuntary hospitalization are not always selected by the consumers themselves and dependency on inpatient providers may occur.

2. Inadequate post discharge follow up and coordination of services.
  - i. Consumers may not show for outpatient clinic appointment scheduled as post-hospitalization discharge plan.
  - ii. MHP Outpatient Intake procedures and timelines can make it difficult to obtain an appointment for consumers close to their date of discharge from hospital.
  - iii. Current contact information can be lost between Hospitals and the MHP outpatient service providers.
  - iv. Consumers who are hospitalized a great distance from the MHP outpatient service provider may choose to go elsewhere upon discharge.
  - v. Potential lack of established outpatient service provider procedures for prioritizing duties to allow for follow up with consumer for post-hospital outpatient access (PHOA) and/or limited dedicated MHP direct or contracted staff positions to do so.
  - vi. Respect and healthy connectedness may not always be present during the linkage transition from inpatient to outpatient settings.
  
3. Lack of reliable data identifying individuals with co-occurring substance abuse diagnoses and issues. Without reliable reporting of co-occurring substance abuse diagnoses and issues, it is difficult to determine care needs.

**Table 11 – List of Validated Causes/Barriers**

| Describe Cause/Barrier  | Briefly describe data examined to validate the barrier  |
|---|---|
| 1. Lack of collaboration and coordination of care prior to and/or during an inpatient stay. | 1.1 Consumer record and hospital discharge summary reviews indicated inadequate collaboration and coordination between provider(s).<br>1.2 Examination of relationship between Hospital Readmission rates and Average Length of Stay. |
| 2. Inadequate post-discharge follow-up and coordination of care with consumers.             | 2.1 Examination of post-discharge outpatient services utilization patterns indicated inadequate post-discharge follow-up and coordination of care with consumers.   |
| 3. Inadequate attention to co-morbid substance abuse issues among hospitalized clients      | 3.1 Examination of high “no report” rates on Dual Code field and low rates of co-occurring Axis substance-related diagnoses associated with inpatient episodes.   |

## Formulate the study question

4. State the study question. This should be a single question in 1-2 sentences which specifically identifies the problem that the interventions/approach for improvement.  
The study question is:  
Will improved care coordination, discharge planning, and linkage activities reduce the number and percent of consumer re-admission within 30 days of discharge from Psychiatric Inpatient Hospitals?
  - a) Will the specified interventions to be implemented reduce the system-wide 30 day re-admission rates?
  - b) Will the specified interventions to be implemented reduce the number of Psychiatric Inpatient Hospitals that exceed the established Re-Admission Rate Threshold?
  - c) Will the specified interventions to be implemented reduce rate of inpatient episodes attributable to high utilizers?
  - d) Will the specified interventions to be implemented increase evidence of attention to co-occurring substance abuse issues?
5. Does this PIP include all beneficiaries for whom the study question applies? If not, please explain.  
Yes. However, to maximize impact of interventions, the initial focus will be directed toward those inpatient facilities that had 50 or more discharges during FY2007-08 and exceeded the threshold of a 20% 30-day readmission rate (excluding transfers). There were 34 Psychiatric Inpatient Hospitals in the MHP that had at least 50 discharges in FY 2007/08. Among these, 17 of 34 had a 30-day re-admission rate of at least 20%.
6. Describe the population to be included in the PIP, including the number of beneficiaries.  
The total study population includes all consumers discharged from Psychiatric Inpatient Hospitals associated with the MHP annually. The baseline period is FY 2007-08.
7. Describe how the population is being identified for the collection of data.  
Study population will be collected from the MHP's data collection systems, reports, and ITWS keeps data. Study population includes all inpatient facilities associated with the local mental health plan and clients admitted in this county.
8. If a sampling technique was used, how will the MHP ensure that the sample was selected without bias?  
Not Applicable. No Sampling used.

**“How can we try to address the broken elements/barriers?”**  
Planned interventions

Specify the indicators in Table 12 and the Interventions in Table 13.

9. What are the indicators and why were these indicators selected?

a) Indicators: Number and percent of re-admissions each fiscal year, beginning with FY 2008-09.

#1a. System-wide rate

#1b. # Psychiatric Inpatient Hospitals with over 50 discharges exceeding 20% threshold.

#2. High Utilizers Cohort episodes

#3. Evidence of attention to substance abuse based on reported diagnosis

b) Reason for indicators:

1. Re-admission rates within 30 days and hospitals with high re-admission rate identify high utilization of inpatient services.
2. This indicator provides an object proxy measurement of consumer access to effective discharge planning and post-discharge care.
3. COD/Substance Abuse indicator has high potential for direct influence on Goal/Outcomes.

**Table 12 – List of Indicators, Baselines, and Goals**

| Indicator # | Describe Indicator  | Numerator   | Denominator   | Baseline for indicator | Goal/Outcome  |
|-------------|---|---|---|------------------------|---|
| #1.a        | System-wide 30-day Total Readmitted Rates within 30 days                              | Total Readmitted within 30 days.<br><b>6,816</b>  | Total Discharges (Index Episodes)<br><b>26,925</b>  | <b>25.3%</b>           | Reduce system wide Re-Admitted Rate by 2% per FY.   |
| #1.b        | Hospitals with 50 or more FY discharges that exceeded 20% readmission rate threshold. | Total number of In-County Psychiatric Inpatient Hospitals with more than 50 discharges and a FY re-admission rate exceeding 20%.<br><b>17</b> | Total number of In-County Psychiatric Inpatient Hospital with more than 50 discharges.<br><b>34</b> | <b>50.0%</b>           | Number of Psychiatric Inpatient Hospitals exceeding the indicated threshold will be reduced by 8% per FY. |

| Indicator # | Describe Indicator   | Numerator   | Denominator                                      | Baseline for indicator | Goal/Outcome |
|-------------|--|---|--|------------------------|--------------|
| #2          | High Utilizer Cohort Episodes  | Total Episodes Attributed to High Utilizer * Cohort<br><b>4,983</b> | Total Discharges Index Episodes<br><b>26,925</b> | <b>18.5%</b>           |              |
| #3          | Evidence of attention to substance abuse based on reported diagnosis (reported Dual Codes) | Total Episodes for which dual codes reported<br><b>1,630</b>        | Total Discharges Index Episodes<br><b>26,925</b> | <b>6.1%</b>            |              |

\* High Utilizer is defined as a client who had 6 or more distinct psychiatric hospitalizations (including transfers) within the Fiscal year. Of 15,905 Total Unique Clients in FY 2007-08, 525 met "high utilizer" criteria.

10. Use Table 13 to summarize interventions. In column 2, describe each intervention. Then, for each intervention, in column 3, identify the barriers/causes each intervention is designed to address. Do not cluster different interventions together.

The "Rehospitalization Report Card" will be developed and implemented as a primary intervention for the RC2 PIP. The Report Card will provide individualized information by hospital for the purpose of enhancing the data-driven discussions between the MHP and network hospitals, and providing a basis and method for quality improvement.

Hospitals will regularly receive data from the MHP related to a select number of indicators.

This information can be used to identify areas of potential improvement and monitor for changes over time particularly as a result of quality improvement efforts. Hospital representatives could also provide input to the refinement of the indicators.

DMH Service Area administrators would have a key role in reviewing and monitoring this data, and discussing with hospitals. They would also be instrumental in developing the methods for dissemination and use of the report card data.

**Table 13 – Interventions**

| Number of Intervention | List each specific intervention   | Barrier(s)/causes each specific intervention is designed to target  | Dates Applied       |
|------------------------|---|---|---------------------|
| #1                     | Develop Report Card with Selected Indicators for service provider(s).   | Lack of data-driven collaboration and coordination between outpatient service provider(s) hospitals for discharge planning.                         | February 28, 2010   |
| #2                     | Initiate and facilitate dialog for implementation of Report Card for service provider requirements.   | Existing mental health outpatient services provider policies, procedures, and contract language for hospitals.                                      | March 31, 2010      |
| #3                     | Implementation of Contract Language for outpatient service provider(s) to focus on PHOA   | Existing contract language for outpatient service provider(s)   | January 1, 2009     |
| #4                     | Examine other relevant MHP Policies and Procedures, including consent to share information amongst service provider(s) and coordination with family members/conservatory/support systems, as well as, roll (s) and responsibilities of clinicians and MHP Outpatient Services Provider(s) re: hospital stays and revise as needed/appropriate.  | Need to ensure and monitor adherence to PHOA by outpatient service provider(s), hospitals, and managed care/ resources management data/information. | Ongoing             |
| #5                     | IS data review and reporting to MHP service provider(s).  | Need to identify high-risk consumers prior to psychiatric re-admission.   | Quarterly Intervals |
| #6                     | Engagement of outpatient service provider(s) through increased contracts with hospital personnel, the consumer, family, conservators, support systems, etc. re: hospital stay.<br><br>For example: Introduction of outpatient service provider case manager for transport, face-to-face or telephone contract and development of a comprehensive after-care plan which includes appropriate services and support referrals. | Lack of collaboration and coordination between MHP outpatient services providers(s) and hospitals for PHOA.   | Ongoing             |
| #7                     | Outpatient service provider staff make contact with consumers and/or consumers support system) post-hospital discharge to engage in community integration activities and  | Inadequate outpatient service provider post-hospital discharge follow-up and lack of coordination of services with the consumer.                    | Ongoing             |

| Number of Intervention | List each specific intervention   | Barrier(s)/causes each specific intervention is designed to target | Dates Applied     |
|------------------------|---|--|-------------------|
|                        | <p>on-going treatment.</p> <p>For example: Ensure plan for consumer seen for first medication appointment (if indicated) within 10 business days of being discharged from a hospital; consumer seen by outpatient service providers within seven (7) calendar days of being discharged from the hospital; consumer and service providers develop and /or update a coordinated service plan for ongoing treatment and/or linkage to community supports; and introduce consumer to “Drop-in” and Wellness Centers within 14 calendar days of discharge from an acute Psychiatric Inpatient Hospital.</p>  |  |                   |
| #8                     | <p>Peer-Bridger Model (PB): Full-time employed PB will meet hospitalized consumer in hospital, establish relationship and upon discharge spend approximately 3-hours per day and physically accompany them to: 1. daily self-help groups directed by the consumer (substance abuse and other types); 2. Mental health provider appointment within 7-working days (including Wellness center and medication follow-up psychiatrist); 3. Primary-Care Physician (PCP) appointment established within 14-working days/ accompany them to appointment within 20-working days. Additional time each day can be spent side-by-side with daily activities re-establishing life activities after hospitalization such as: filling medications at pharmacies, pursuing housing (connecting to housing counselors, filling out housing applications, looking for housing arrangements), procuring Social Security benefits, food sources (food stamps, food banks, food shopping), dental appointments, finding alternative care such as, acupuncture, massage, exercising, obtaining clothing, reuniting the consumer with out-of-touch relatives, visiting family and friends, and obtaining care for pet animals</p> | Lack of Peer-Bridger service providers                             | July 30, 2010     |
| #9                     | <p>Identify SA for implementation of Peer Bridger Pilot to ensure partnering of Clinicians and Peer Bridgers (and complete job description).</p>  | Lack of Outpatient provider post hospital discharge follow-up.     | February 15, 2010 |

## Apply Interventions: “What do we see?”

Data analysis: apply intervention, measure, interpret

11. Describe the data to be collected.
  - Psychiatric Inpatient Hospital Discharges during FY 2008-09, 09-10, 10-11. Table 1. *Psychiatric Inpatient Hospital Discharges (Index Episodes), Total Re-Admitted within 30 Days, and Average Length of Stay* (Data Extract 10/23/2009); Table 1a. *Psychiatric Inpatient Hospital Discharges Year-to-Year comparison of Total Number of Discharges (Index Episodes) Total Re-Admitted within 30 days, and Average Length of Stay*; Table 2. *Psychiatric Inpatient Hospital Total Discharges, Re-Admissions, and Average Length of Stay by Provider Type*; Table 3. *Psychiatric Inpatient Hospitals Total Discharges by Gender*; Table 4. *Psychiatric Inpatient Hospital Total Discharges by Age Group*; Table 5. *Psychiatric Inpatient Hospital Total Discharges by Substance Use/Abuse*, Table 5. *Psychiatric Inpatient Hospital Total DSM-IV Axis Substance Related Diagnoses*; Table 7. *Psychiatric Inpatient Hospitals Total Discharges by Ethnicity*; Table 8. *Psychiatric Inpatient Hospitals Total Discharges by High Utilizer Cohort Distribution*; Table 9. *Psychiatric Inpatient Hospitals Total Discharges Episodes among Active SD/MC Outpatient*, Table 10. *Psychiatric Inpatient Hospitals Total Discharges Post Hospitalization (PHOA)*
  - Outpatient service provider PHOA within 7 calendar day of discharge.
12. Describe method of the data collection and the sources of the data to be collected. Did you use existing data from your Information System? If not, please explain why.
  - County claims management information system.
  - Short-Doyle Medi-Cal paid claims Explanation of Balances (EOB) and 835 claim files.
  - State Fee-For-Service (FFS) Inpatient Consolidation 134 claim files.
  - Miscellaneous Department data (i.e. ACCESS, Excel spread sheets, etc.).
  - Review of ITWS claims.
  - Tracking of PHOA within 7 calendar days.
  - Review of hospitals discharge paperwork submitted to MHP’s Managed Care and Countywide Resources Management Divisions.
13. Describe the plan for data analysis. Include contingencies for untoward results.
  - MHP will validate the data.
  - Baseline data will be used as comparison to data and percents collected at quarterly intervals.
  - Untoward results (understood as unusual or difficult to address results identified in data) will be reviewed quarterly and adjustments to data collection or intervention will be made as indicated.

14. Identify the staff that will be collecting data as well as their qualifications, including contractual, temporary, or consultative personnel.
- Quality Improvement staff and Program Managers.
  - IT and Research/Clinical Informatics staff.
  - Staff of LAC DMH division of Managed Care and Countywide Resources Management.
  - Support staff with instruction and oversight from Quality Improvement staff and Program Managers.
  - Directly operated and Contracted outpatient service providers/consultative personnel; and others as necessary.
  - Qualifications: licensed mental health professionals, statisticians, demographers, and research psychologists.
15. Describe the data analysis process. Did it occur as planned? Did results trigger modifications to the project or its interventions? Did analysis trigger other QI projects?
- Formal monitoring of progress related to performance goals is based on review of combined fiscal year data and is completed after sufficient time has lapsed to allow for any lagging data entry from a given fiscal year. This has occurred as planned.
  - Additional analyses that are associated with certain interventions (e.g., Post Hospitalization Outpatient Access Indicator for both DMH STATS and LE Performance Based Contracting) are conducted and distributed monthly. Among Directly Operated programs, many outpatient provider sites have implemented new procedures in order to better coordinate timely post hospital aftercare as a result of this data.
  - There have been substantial ad hoc analyses associated with developing the planned Inpatient Provider Report Card. Preliminary data and draft versions of this tool/intervention have been shared with District Chiefs, the Office of Managed Care, Countywide Resource Management and members of the LACDMH Executive Management Team (EMT). Though a production version of the Inpatient Provider Report Card, and associated distribution plan, has not been finalized, the EMT elected to include this expansion of the Department's performance-based management program as a formal objective in its FY10 -11 Strategic Plan with a full implementation target date of June 30, 2011.
  - While data being generated in the context of this PIP has not resulted in the development of other "formal" QI projects, the information has been used to identify changes needed in existing data collection / IS-related forms, modifications to training materials provided to inpatient and outpatient facilities (e.g., associated with the collection and documentation of co-occurring substance use disorders, etc).

16. Present objective data results for each indicator.

(INTERIM RESULTS THROUGH FISCAL YEAR 2009-2010 – PIP IS CONTINUING)

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2  
**Table 1a: 2009-2010: A Comparison across Fiscal Years - Discharges, Re-Admissions, and Average Length of Stay  
By Psychiatric Inpatient Hospital for FY 2007-08 and FY 2009-2010**  
(Data Extract 01/22/2011)

|              |    | 1                                  | 2                                  | 3                                     | 4                             | 1                                  | 2                                  | 3                                     | 4                             |                        |   |
|--------------|----|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------|---|
|              |    | Fiscal Year 2007-2008              |                                    |                                       |                               | Fiscal Year 2009-2010              |                                    |                                       |                               |                        |   |
| Hospital     |    | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Change in Readmit Rate | Change in Average Length of Stay (days) |
| DHS          | 1  | 883                                | 112                                | 12.7%                                 | 13.6                          | 817                                | 75                                 | 9.2%                                  | 14.1                          | -3.5%                  | 0.5                                     |
| DHS          | 2  | 1,335                              | 168                                | 12.6%                                 | 15.9                          | 1,305                              | 147                                | 11.3%                                 | 16.1                          | -1.3%                  | 0.3                                     |
| DHS          | 3  | 869                                | 89                                 | 10.2%                                 | 15.3                          | 918                                | 94                                 | 10.2%                                 | 14.5                          | 0.0%                   | -0.8                                    |
| FFS Contract | 1  | 203                                | 27                                 | 13.3%                                 | 4.5                           | 205                                | 34                                 | 16.6%                                 | 5.0                           | 3.3%                   | 0.5                                     |
| FFS Contract | 2  | 410                                | 160                                | 39.0%                                 | 12.6                          | 664                                | 248                                | 37.3%                                 | 6.9                           | -1.7%                  | -5.7                                    |
| FFS Contract | 3  | 264                                | 74                                 | 28.0%                                 | 12.9                          | 262                                | 59                                 | 22.5%                                 | 11.9                          | -5.5%                  | -1.0                                    |
| FFS Contract | 4  | 474                                | 82                                 | 17.3%                                 | 12.8                          | 564                                | 72                                 | 12.8%                                 | 15.3                          | -4.5%                  | 2.5                                     |
| FFS Contract | 5  | 1,651                              | 427                                | 25.9%                                 | 11.6                          | 1,805                              | 409                                | 22.7%                                 | 11.5                          | -3.2%                  | -0.1                                    |
| FFS Contract | 6  | 604                                | 85                                 | 14.1%                                 | 7.1                           | 947                                | 210                                | 22.2%                                 | 6.9                           | 8.1%                   | -0.1                                    |
| FFS Contract | 7  | 740                                | 111                                | 15.0%                                 | 6.5                           | 1,282                              | 202                                | 15.8%                                 | 5.1                           | 0.8%                   | -1.4                                    |
| FFS Contract | 8  | 396                                | 138                                | 34.8%                                 | 8.7                           | 191                                | 52                                 | 27.2%                                 | 12.8                          | -7.6%                  | 4.0                                     |
| FFS Contract | 9  | 336                                | 90                                 | 26.8%                                 | 10.6                          | 232                                | 69                                 | 29.7%                                 | 9.2                           | 3.0%                   | -1.4                                    |
| FFS Contract | 10 | 265                                | 57                                 | 21.5%                                 | 5.8                           | 278                                | 61                                 | 21.9%                                 | 6.0                           | 0.4%                   | 0.3                                     |
| FFS Contract | 11 | 1,527                              | 517                                | 33.9%                                 | 9.0                           | 1,043                              | 373                                | 35.8%                                 | 8.7                           | 1.9%                   | -0.2                                    |
| FFS Contract | 12 | 1,569                              | 502                                | 32.0%                                 | 9.2                           | 1,428                              | 421                                | 29.5%                                 | 9.1                           | 2.5%                   | -0.1                                    |
| FFS Contract | 13 | 1,091                              | 354                                | 32.4%                                 | 7.6                           | 1,131                              | 343                                | 30.3%                                 | 7.6                           | -2.1%                  | 0.0                                     |
| FFS Contract | 14 | 916                                | 273                                | 29.8%                                 | 8.2                           | 960                                | 294                                | 30.6%                                 | 6.4                           | 0.8%                   | -1.9                                    |

|              |    | 1                                  | 2                                  | 3                                     | 4                             | 1                                  | 2                                  | 3                                     | 4                             |                        |   |
|--------------|----|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------|---|
|              |    | Fiscal Year 2007-2008              |                                    |                                       |                               | Fiscal Year 2009-2010              |                                    |                                       |                               |                        |   |
| Hospital     |    | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Change in Readmit Rate | Change in Average Length of Stay (days) |
| FFS Contract | 15 | 1,356                              | 292                                | 21.5%                                 | 4.8                           | 1,240                              | 230                                | 18.5%                                 | 4.9                           | -3.0%                  | 0.0                                     |
| FFS Contract | 16 | 673                                | 139                                | 20.7%                                 | 5.5                           | 760                                | 139                                | 18.3%                                 | 3.7                           | -2.4 %                 | -1.8                                    |
| FFS Contract | 17 | 1,683                              | 613                                | 36.4%                                 | 6.0                           | 1,910                              | 639                                | 33.5%                                 | 5.9                           | -3.0%                  | -0.1                                    |
| FFS Contract | 18 | 86                                 | 11                                 | 12.8%                                 | 12.4                          | 171                                | 29                                 | 17.0%                                 | 15.4                          | 4.2%                   | 3.1                                     |
| FFS Contract | 19 | 1,194                              | 422                                | 35.3%                                 | 7.4                           | Facility no longer active          |                                    |                                       |                               |                        |   |
| FFS Contract | 20 | 17                                 | 2                                  | 11.8%                                 | 10.2                          | 31                                 | 3                                  | 9.7%                                  | 12.3                          | -2.1%                  | 2.1                                     |
| FFS Contract | 21 | 810                                | 146                                | 18.0%                                 | 5.9                           | 848                                | 144                                | 17.0%                                 | 5.9                           | -1.0%                  | 0.0                                     |
| FFS Contract | 22 | 413                                | 116                                | 28.1%                                 | 9.4                           | 453                                | 148                                | 32.7%                                 | 7.4                           | 4.6%                   | -2.0                                    |
| FFS Contract | 23 | 27                                 | 4                                  | 14.8%                                 | 9.6                           | 5                                  | 0                                  | 0.0%                                  | 3.2                           | -14.8%                 | -6.4                                    |
| FFS Contract | 24 | 8                                  | 0                                  | 0.0%                                  | 8.4                           | Facility no longer active          |                                    |                                       |                               |                        |   |
| FFS Contract | 25 | 608                                | 176                                | 28.9%                                 | 13.9                          | 552                                | 180                                | 32.6%                                 | 15.4                          | 3.7%                   | 1.4                                     |
| FFS Contract | 26 | Did not exist in FY 0708           |                                    |                                       |                               | 2,048                              | 659                                | 32.2%                                 | 8.7                           |                        |   |
| FFS Other    | 1X | 19                                 | 5                                  | 26.3%                                 | 12.3                          | 10                                 | 2                                  | 20.0%                                 | 9.3                           | -6.3%                  | -3.0                                    |
| FFS Other    | 2  | 130                                | 25                                 | 19.2%                                 | 6.1                           | 140                                | 41                                 | 29.3%                                 | 3.9                           | 10.1%                  | -2.3                                    |
| FFS Other    | 3X | 1                                  | 0                                  | 0.0%                                  | 5.0                           | 2                                  | 0                                  | 0.0%                                  | 4.0                           | 0.0%                   | -1.0                                    |
| FFS Other    | 4X | 18                                 | 4                                  | 22.2%                                 | 7.7                           | 16                                 | 3                                  | 18.8%                                 | 5.0                           | -3.5%                  | -2.7                                    |
| FFS Other    | 5X | 29                                 | 9                                  | 31.0%                                 | 7.1                           | 24                                 | 2                                  | 8.3%                                  | 7.3                           | -22.7%                 | 0.2                                     |
| FFS Other †  | 6X | 546                                | 161                                | 29.5%                                 | 7.8                           | 494                                | 130                                | 26.3%                                 | 7.7                           | -3.2%                  | -0.2                                    |
| FFS Other    | 7  | 1,743                              | 902                                | 51.7%                                 | 5.5                           | 1,906                              | 1,050                              | 55.1%                                 | 5.5                           | 3.3%                   | 0.0                                     |
| FFS Other    | 8  | 33                                 | 6                                  | 18.2%                                 | 5.0                           | 41                                 | 3                                  | 7.3%                                  | 4.4                           | -10.9%                 | -0.6                                    |
| NGA          | 1  | 898                                | 104                                | 11.6%                                 | 14.0                          | 850                                | 82                                 | 9.6%                                  | 14.1                          | -1.9%                  | 0.2                                     |
| NGA          | 2  | 7                                  | 0                                  | 0.0%                                  | 4.9                           | 1                                  | 0                                  | 0.0%                                  | 10.0                          | 0.0%                   | 5.1                                     |
| NGA          | 3  | 10                                 | 2                                  | 20.0%                                 | 4.4                           | 34                                 | 3                                  | 8.8%                                  | 6.3                           | -11.2%                 | 2.1                                     |
| NGA          | 4  | 71                                 | 8                                  | 11.3%                                 | 4.0                           | 19                                 | 2                                  | 10.5%                                 | 3.4                           | -0.7%                  | -0.6                                    |

|              |   | 1                                  | 2                                  | 3                                     | 4                             | 1                                  | 2                                  | 3                                     | 4                             |                        |   |
|--------------|---|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------------------|------------------------------------|---------------------------------------|-------------------------------|------------------------|---|
|              |   | Fiscal Year 2007-2008              |                                    |                                       |                               | Fiscal Year 2009-2010              |                                    |                                       |                               |                        |   |
| Hospital     |   | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Total Discharges (Index Episodes)* | Total Readmitted within 30 days ** | Percent Readmitted within 30 days *** | Average Length of Stay (days) | Change in Readmit Rate | Change in Average Length of Stay (days) |
| NGA          | 5 | 1,279                              | 141                                | 11.0%                                 | 15.9                          | 1,138                              | 119                                | 10.5%                                 | 21.3                          | -0.6%                  | 5.3                                     |
| NGA          | 6 | 258                                | 27                                 | 10.5%                                 | 10.3                          | 310                                | 32                                 | 10.3%                                 | 8.4                           | -0.1%                  | -1.8                                    |
| NGA          | 7 | 726                                | 128                                | 17.6%                                 | 5.8                           | 744                                | 117                                | 15.7%                                 | 5.6                           | -1.9%                  | -0.2                                    |
| NGA          | 8 | 623                                | 91                                 | 14.6%                                 | 4.6                           | 525                                | 77                                 | 14.7%                                 | 5.1                           | 0.1%                   | 0.4                                     |
| NGA-PHF      | 1 | 126                                | 15                                 | 11.9%                                 | 42.6                          | 116                                | 8                                  | 6.9%                                  | 47.7                          | -5.0%                  | 5.1                                     |
| <b>Total</b> |   | <b>26,925</b>                      | <b>6,815</b>                       |                                       |                               | <b>28,420</b>                      | <b>7,005</b>                       |                                       |                               |                        |   |

\* Index episodes exclude instances in which hospital admission and discharge occurred on the same day and those episodes that were >365 days

\*\* When the Index episode discharge date = a subsequent inpatient admission on that same date, these admissions were considered transfers.

\*\*\* 30 day rehospitalization rates excluded instances in which index episode resulted in a transfer.

X Each of these FFS Other represent a “catch all” provider number that represents multiple facilities outside of the County of Los Angeles.

† One hospital is outside of the County of Los Angeles

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH  
 RE-HOSPITALIZATION PERFORMANCE IMPROVEMENT PROJECT (PIP) COHORT 2  
**Table 2: 2009-2010: Total Discharges, Re-Admissions, and Average Length of Stay  
 By Provider Type for FY 2009-10**

| Hospital Type | 1                                  | 2                 | 3                                   | 4                                     | 5                             |
|---------------|------------------------------------|-------------------|-------------------------------------|---------------------------------------|-------------------------------|
|               | Total Discharges (Index Episodes)* | Total Transfers** | Total Readmitted within 30 days *** | Percent Readmitted within 30 days *** | Average Length of Stay (days) |
| DHS           | 3,040                              | 18                | 316                                 | 10.4%                                 | 15.1                          |
| FFS Contract  | 19,010                             | 240               | 5,018                               | 26.4%                                 | 8.0                           |
| FFS Other     | 2,633                              | 53                | 1,231                               | 46.8%                                 | 5.9                           |
| NGA           | 3,621                              | 21                | 432                                 | 11.9%                                 | 12.7                          |
| NGA-PHF       | 116                                | 1                 | 8                                   | 6.9%                                  | 47.7                          |
| <b>Totals</b> | <b>28,420</b>                      | <b>333</b>        | <b>7,005</b>                        | <b>24.6%</b>                          |                               |

DHS – Department of Health Services  
 FFS – Fee for Service  
 NGA – Non Governmental Agency  
 NGA-PHF – Non Governmental Agency Psychiatric Health Facility

\* Index episodes exclude instances in which hospital admission and discharge occurred on the same day and those episodes that were >365 days (investigation suggests the latter represent data entry errors by provider).

\*\* When the Index episode discharge date = a subsequent inpatient admission on that same date, these admissions were considered transfers.

\*\*\* 30 day rehospitalization rates excluded instances in which index episode resulted in a transfer.

**Table D - Table of Results for Each Performance Indicator and Each Measurement Period**

| Describe performance indicator   | Date of baseline measurement              | Baseline measurement (numerator/denominator) | Goal for % improvement  | Intervention applied & dates applied                           | Date of re-measurement (current update) | Re-measurement Results (numerator/denominator) | % improvement achieved |
|--|---|--|---|--|---|--|------------------------|
| <b>THIS IS THE BASELINE INFORMATION FROM TABLES A, B, AND C USED HERE FOR COMPARISON AGAINST RESULTS</b> |   |  |   |  |   |  |                        |
| #1.a System wide Readmitted Rates within 30 days   | Initial run 12/2008; final dataset 1/2010 | 6,816 / 26,925<br>25.3%                      | Reduce systemwide readmission rate 2%/yr  | #1: 2/2010 inc.<br>#2: 3/2010<br>#3: 1/2009<br>#4,6,7: ongoing | 3/2011                                  | 7,005 / 28,420<br>24.6%                        | 0.7%                   |
| #1.b Hospitals with 50 or more FY discharges exceeding 20% readmission rate threshold                    | Initial run 12/2008; final dataset 1/2010 | 17 / 34<br>50%                               | Number of Psychiatric Inpatient Hospitals exceeding the indicated threshold will be reduced by 8% per FY. | #1: 2/2010 inc.<br>#2: 3/2010<br>#3: 1/2009<br>#4,6,7: ongoing | 3/2011                                  | 17 / 33<br>51.5%                               | -1.5%                  |
| #2 High Utilizer Cohort Episodes   | Initial run 5/2009; final dataset 1/2010  | 4,983 / 26,925<br>18.5%                      | Reduce 1%/yr  | #1: 2/2010 inc.  | 3/2011                                  | 5,073 / 28,420<br>17.9%                        | 0.6%                   |
| #3 Attention to substance abuse reported diagnosis   | Initial run 12/2008; final dataset 1/2010 | 1,630 / 26,925<br>6.1%                       | Increase 10% per year   | #1: 2/2010 inc.<br>#4 ongoing                                  | 3/2011                                  | 1,666 / 28,420<br>5.9%                         | -0.2%                  |

|                            | Fiscal Year 2007-2008 | Fiscal Year 2009-2010 | Chi-square ( $\chi^2$ ) | P value |
|----------------------------|-----------------------|-----------------------|-------------------------|---------|
| Performance Indicator #1.a | 25.3%                 | 24.6%                 | 3.279                   | .070    |
| Performance Indicator #1.b | 50.0%                 | 51.5%                 | .015                    | .901    |
| Performance Indicator #2   | 18.5%                 | 17.9%                 | 4.012                   | .045*   |
| Performance Indicator #3   | 6.1%                  | 5.9%                  | .908                    | .341    |

\* significant  $p < .05$

## “Was the PIP successful?” What are the outcomes?

17. Describe issues associated with data analysis:
  - a. Data cycles clearly identify when measurements occur.
    - Since the comparison periods are based on fiscal years, timing of the measurements relative to interventions is less of an issue than is data lag in the IS system. That is, a small number of inpatient facilities do not create the inpatient episode in the DMH IS until several months after the actual admission. Therefore, we don't “lock in” the dataset for a given fiscal year until several months have elapsed.
  - b. Statistical significance.
    - When comparing the baseline FY0708 data on performance indicators to that from the most recent completed period (FY0910), the only statistically significant change is related to a small reduction in the percentage of psychiatric rehospitalizations that are attributable to high utilizers in the system. The overall system-wide rate of rehospitalization approaches, but did not reach statistical significance at the  $p < .05$  level. Neither of these changes reached the level of change targeted under the initial PIP.
  - c. Are there any factors that influence comparability of the initial and repeat measures?
  - d. Are there any factors that threaten the internal or the external validity?
    - As in any analysis using a simple pre- post- research design with no formal comparison groups, there are a myriad of threats to internal validity. Most notably in this instance would be the range of unmeasured historical factors (e.g., changes in internal hospital policy, hospital reimbursement rates, political events), and possible casemix or cohort effects.
    - Since our measurements include all psychiatric hospitalizations that have occurred within a given fiscal year in the LMHP (with the exception of a small number of episodes eliminated due to suspected data entry anomalies), it is reasonable to expect that findings could be generalized to our entire system. Generalizability to other mental health systems is not established.

18. To what extent was the PIP successful? Describe any follow-up activities and their success.

- This PIP is Ongoing. However, at this point the data suggests that the PIP has not achieved much success. This is not particularly surprising in that we have not been able to move forward with some of our key interventions in an expeditious manner as we would have liked. Most specifically: (1) Our Inpatient Provider Report Card has not been put into full production, nor have the associated distribution mechanisms or strategies for performance monitoring and management been established, and (2) We have not been able to extend the Peer Bridger intervention into inpatient facilities.
  - The Department remains fully committed to development and implementation of a performance-based management usage of indices monitoring inpatient provider performance. The delays in implementation have primarily been associated with resource limitations as critical resources for the further development of this intervention have been diverted by a myriad of unanticipated system demands. These include planning and implementation of the 1115 waiver, absorbing Non-Revocable Parolees into the LMHP, changes to AB3632 financing by the State, implementation of Short Doyle II claiming, implementation of the MHSA Prevention and Early Intervention plan, Katie A. and Emily Q. mandates, as well as information technology projects including IBHIS. In concert with the Department's FY10-11 Strategic Plan, the target date for full implementation of the Inpatient Provider Report Card intervention has been moved to June 30, 2011. In the interim, staff from the Managed Care division and from Countywide Resource Management have been making use of preliminary data in discussions and training with inpatient provider sites. In addition, a member of the RC2 PIP team has introduced the project and shared preliminary findings with the Hospital Association of Southern California.
  - The expansion of DMH Peer Bridging Services to inpatient facilities has been similarly delayed. The initial strategy of reassigning existing DMH peer advocates from existing assignments to this new assignment was unsuccessful in identifying an available candidate. We considered attempting to modify the approach and make use of peer volunteers from Wellness Centers, but it was ultimately determined that the time demands of the peer bridger intervention as envisioned would be an unreasonable expectation for a volunteer. The Department will continue in its efforts to identify resources, potential inpatient facility partners, and an appropriate administrative structure to support this proposed intervention.
- LACDMH plans to continue this PIP for at least another year. Although results to date show limited impact, we expect the most impactful interventions (#'s 1,5,8,9) to be those that we are yet to fully implement.

19. Describe how the methodology used at baseline measurement was the same methodology used when the measurement was repeated. Were there any modifications based upon the results?

- No changes in analytic methodology at this point.

20. Does data analysis demonstrate an improvement in processes or client outcomes?

- Equivocal at this point.

21. Describe the “face validity” – how the improvement appears to be the result of the PIP intervention(s).
  - Equivocal at this point.
  
22. Describe statistical evidence that supports that the improvement is true improvement.
  - When comparing the baseline FY0708 data on performance indicators to that from the most recent completed period (FY0910), the only statistically significant change is related to a small reduction in the percentage of psychiatric rehospitalizations that are attributable to high utilizers in the system. The overall system-wide rate of rehospitalization approaches, but did not reach statistical significance at the  $p < .05$  level. Neither of these changes reached the level of change targeted under the initial PIP.
  
23. Was the improvement sustained over repeated measurements over comparable time periods?
  - This issue will be revisited next year.

## **APPENDIX E**

County of Los Angeles - Department of Mental Health

Quality Improvement Work Plan Implementation Status Report  
Dated 11/4/10

Prepared by: Program Support Bureau, Quality Improvement Division

**NAME OF REPORT:**

PATIENT RIGHTS OFFICE, REQUESTS FOR CHANGE OF PROVIDER

**QI IMPLEMENTATION STATUS REPORT**

As previously reported the Patients' Rights Office (PRO) began a quality improvement initiative to update and revise Policy 200.02 Request for Change of Provider (Attachment 1). These changes become effective on June 8, 2010.

*As a requirement under Title 9, California Code of Regulation (CCR), this Policy provides a formal process for clients to request a change in provider at the clinic (rendering provider) or a change in program site, specifies timelines for providers to respond to the request, and procedures to follow when reporting such requests to the Patients' Rights Office.*

Procedural changes in the policy and forms include:

- Beneficiary/client shall receive a copy of the "Request for Change of Provider" form signed by clinic staff as a receipt (4.1.4) (Attachment 2)
- Logs that do not include protected health information (PHI) may be submitted by email (4.5.3.2) (Attachment 3)
- Reporting codes that identify the client's reason (s) for request for a change of provider have been added for statistical analysis (Attachments 4 & 5)

The changes to Policy 200.02 are a result of extensive stakeholder participation coordinated by the Patients' Rights Office. PRO conducted both consumer focus groups and provider focus groups to obtain feedback on critical information, procedures and processes that would improve and streamline the Request for Change of Provider process.

Improvements anticipated by these changes in Policy and Procedures include:

- 1) A more user friendly experience for consumers wanting to change providers
- 2) Increased accountability and tracking of requests
- 3) Reducing the number of Requests for Change of Provider that progress to formal Grievances/Appeals due to consumer dissatisfaction with the resolution of the request.
- 4) Increased consumer satisfaction with LACDMH services as a result of a smoother change of provider process.
- 5) QI opportunities may be indentified by monitoring and trending reasons clients identify for requesting a provider change.

- 6) Higher compliance with month Log reports from providers with the ability to email logs to the MHP
- 7) Continued compliance with Medi-cal and state regulations

The Patients' Rights Office staff has held numerous educational presentations on the new Policy and Procedures for Requesting a Change of Provider. Presentations included all Service Area QIC meetings and well as the June '10 DMH Departmental QIC meeting.

**Summary of Findings**

*Findings in this report reflect usage of the prior Policy and Procedures for Requesting a Change of Provider since the new Policy and Procedures began in FY10-11.*

**Change of Provider (COP) Requests Resulting in Grievances –  
Three Year Trend FY 07- 08 to FY 09-10**

| Year                              | FY 07-08 | FY 08-09 | FY 09-10 |
|-----------------------------------|----------|----------|----------|
| Total COP Requests                | 338      | 427      | 555      |
| # of Grievances from COP requests | 15       | 13       | 5        |
| % of Grievances from COP requests | 3.9%     | 3%       | .9%      |

1. Of the 555 Requests for Change of Provider in FY 09-10, only 5 went to a formal Grievance, and all were resolved. Three of the 5 Grievances were In-Patient requests and two were Out-Patient requests.
2. The total number of COP requests has increased over the past three years while the percentage of COP requests that progress to formal Grievances has decreased.
3. The Change of Provider Summary Log Reports for FY 09-10 showed the number of requests presented quarterly as follows:

**Number of Requests for Change of Provider for FY 09-10**

| 1 <sup>st</sup> Q 09-10 | 2 <sup>nd</sup> Q 09-10 | 3 <sup>rd</sup> Q 09-10 | 4 <sup>th</sup> Q 09-10 | Total |
|-------------------------|-------------------------|-------------------------|-------------------------|-------|
| 122                     | 98                      | 159                     | 176                     | 555   |

The number of Requests for Change of Provider was significantly larger in the 2<sup>nd</sup> half of FY 09-10.

**Average Number and Percentage of Providers  
Submitting COP Log Reports Quarterly for FY 2009-2010**

| Quarter                                | 1 <sup>st</sup> Q 09-10 | 2 <sup>nd</sup> Q 09-10 | 3 <sup>rd</sup> Q 09-10 | 4 <sup>th</sup> Q 09-10 |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Total # of Providers                   | 322                     | 322                     | 322                     | 322                     |
| Average # of providers submitting logs | 187                     | 182                     | 206                     | 199                     |
| Percentage of Providers Reporting      | 58%                     | 56%                     | 64%                     | 62%                     |

**Average Number and Percentage of Providers  
Submitting COP Log Reports Quarterly for FY 2008-2009**

| Quarter                                | 1 <sup>st</sup> Q 08-09 | 2 <sup>nd</sup> Q 08-09 | 3 <sup>rd</sup> Q 08-09 | 4 <sup>th</sup> Q 08-09 |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| Total # of Providers                   | 287                     | 287                     | 287                     | 287                     |
| Average # of providers submitting logs | 161                     | 187                     | 218                     | 227                     |
| Percentage of Providers Reporting      | 56%                     | 65%                     | 76%                     | 79%                     |

The total number of providers increased from FY'08-09 (N = 287) to FY'09-10 (N =322) while the number of providers submitting Request to Change Provider Logs remained relatively stable. The percentage of providers submitting Request to Change Provider Logs decreased from 69% in FY'08-09 to 60% in FY'09-10.

**Actions Requested/Needed**

1. QI will continue to work with PRO to secure an electronic system of data collection to track and analyze Requests for Change of Provider information.
2. QI and PRO to consider the finding that the number of providers has increased over that past year, but the number of providers submitting Request for Change of Provider Logs has not increased correspondingly. With the improvement added in the revised Policy 200.02 that providers can email the Logs to PRO, the percentage of providers complying with submitting monthly Logs may favorably change.

**Recommended Policy Changes**

1. In FY '10-11 the MHP will be collecting data on Requests for Change of Provider using the updated and revised Policy 200.02 Request for Change of Provider procedures and documentation.

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH

PATIENTS' RIGHTS OFFICE

June 8, 2010

TO: DMH EVERYONE

FROM: Ellen Satkin, LCSW  
Patients' Rights Director

SUBJECT: REQUEST FOR CHANGE OF PROVIDER POLICY 200.02

Policy 200.02 Request for Change of Provider has been revised and updated. Please take a few minutes to review the newly approved procedural changes as well as the request form, monthly log, and sample letters.

*As a requirement under Title 9, California Code of Regulation (CCR), this Policy provides a formal process for clients to request a change in provider at the clinic (rendering provider) or a change in program site, specifies timelines for providers to respond to the request, and procedures to follow when reporting such requests to the Patients' Rights Office.*

Procedural changes in the policy and forms include:

- Beneficiary/client shall receive a copy of the "Request for Change of Provider" form signed by clinic staff as a receipt (4.1.4).
- Logs that do not include protected health information (PHI) may be submitted by email (4.5.3.2).
- Identification of the client's Medi/Cal status is now required on the Monthly Log (Attachment II).
- Reporting codes that identify the client's reason(s) for request for a change of provider have been added for statistical analysis (Attachment I and Attachment II)

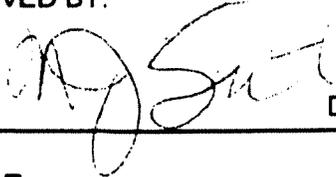
Implementation should go into effect immediately. If you have any questions regarding this policy, you may contact Jeff Kohn, Sylvia Guerrero or Ted Wilson at 213-738-2524.

ES:SG

Attachment



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

|  |                                 |                                      |                                   |
|--|---------------------------------|--------------------------------------|-----------------------------------|
| SUBJECT<br><br><b>REQUEST FOR CHANGE OF PROVIDER</b>   | POLICY NO.<br><br><b>200.02</b> | EFFECTIVE DATE<br><br><b>6/3/10</b>  | PAGE<br><br><b>1 of 6</b>         |
| APPROVED BY:<br><br><br><b>Director</b> | SUPERSEDES                      | ORIGINAL ISSUE DATE<br><b>1/1/03</b> | DISTRIBUTION LEVEL(S)<br><b>2</b> |

### PURPOSE

- 1.1 To provide a formal process for clients to request a change in provider (location) or rendering provider.
- 1.2 To specify reporting requirements of the Medi-Cal Specialty Mental Health Services Consolidation waiver program from the Centers of Medicare and Medicaid Services (CMS) with regard to children with special mental health needs.
- 1.3 To comply with the State Department of Mental Health (SDMH) request that Mental Health Plans (MHP) adopt these reporting requirements for **all Medi-Cal** beneficiaries seen through the mental health plan, regardless of age.

### DEFINITIONS

- 2.1 **Children with special mental health care needs are Medi-Cal beneficiaries under the age of 19, if they are:**
  - 2.1.1 Eligible for Medi-Cal based on their eligibility for Supplemental Security Income/Blind/Disabled (SSI) Foster Care programs or Adoption Assistance programs;
  - 2.1.2 Enrolled in Home and Community Based Service Model waiver programs;  
or
  - 2.1.3 Receiving services from the California Children's Services (CCS) program.
- 2.2 **Provider:** in this policy, the word "provider" is used interchangeably to mean a specific location and/or rendering provider (defined in section 2.3 below). A request for change addresses both scenarios.
- 2.3 **Rendering Provider:** Staff who provide services to clients (i.e., psychiatrist, psychologist, psychiatric social worker, case manager, therapist, etc.)



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| SUBJECT                        | POLICY NO. | EFFECTIVE DATE | PAGE   |
|--------------------------------|------------|----------------|--------|
| REQUEST FOR CHANGE OF PROVIDER | 200.02     | 6/3/10         | 2 of 6 |

### 2.4 Voluntary Change:

2.4.1 Only changes of provider that are the result of **beneficiary/client requests** constitute "voluntary changes in outpatient specialty mental health providers."

2.4.2 The following occurrences do not constitute a "voluntary change of provider."

2.4.2.1 A beneficiary/client changes provider due to staff turnover, staff reorganization or termination of a provider contract;

2.4.2.2 A beneficiary/client moves to a different geographic area within the County and, therefore, changes service locations and providers;

2.4.2.3 A beneficiary/client transitions from a children's provider to an adult provider; and

2.4.2.4 A beneficiary/client is discharged from the system.

2.5 **Grievance:** An expression of dissatisfaction by beneficiary/client.

### 2.6 State Fair Hearing (SFH):

2.6.1 An independent review conducted by the State Department of Social Services

2.6.2 The State Department of Social Services is the final arbiter of grievances for Medi-Cal beneficiaries only.

## POLICY

3.1 Los Angeles County-Department of Mental Health (LAC-DMH) recognizes that beneficiaries/clients have the right to request a change of provider (location) and rendering provider (i.e., psychiatrist, psychologist, psychiatric social worker, case manager, therapist, etc.) to achieve maximum benefit from mental health services. Every effort shall be made to accommodate such requests.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| SUBJECT                        | POLICY NO. | EFFECTIVE DATE | PAGE   |
|--------------------------------|------------|----------------|--------|
| REQUEST FOR CHANGE OF PROVIDER | 200.02     | 6/3/10         | 3 of 6 |

- 3.2 The LAC-DMH shall report to the SDMH, no later than October 1 of each year, the number of Medi-Cal beneficiaries who voluntarily change their outpatient mental health provider during the fiscal year pursuant to Title 9; California Code of Regulations (CCR), Section 1830.225. The report shall be based on data from the prior fiscal year.
- 3.3 LAC-DMH shall report to the SDMH, no later than October 1 of each year, the number of complaints raised through the MHP's beneficiary problem resolution process, including complaints and grievances as described in Title 9; (CCR), Section 1830.205.
- 3.4 LAC-DMH's Quality Improvement Division shall review data from the Beneficiary Services Program in the Patients' Rights Office regarding Requests for Change of Provider on a quarterly and annual basis. Appropriate action will be taken based on the data.

### PROCEDURE

- 4.1 Beneficiaries/clients may request a change of provider or rendering provider by completing and submitting the "Request for Change of Provider" form. (Attachment I)
- 4.1.1 "Request for Change of Provider" forms shall be available in the waiting area of each provider location.
- 4.1.2 Beneficiaries/clients may request assistance with completing the "Request for Change of Provider" form from any mental health staff or Patients' Rights advocate.
- 4.1.3 Completed "Request for Change of Provider" forms shall be submitted to clinic staff.
- 4.1.4 The beneficiary/client shall receive a copy of "Request for Change of Provider" form (Attachment I, Page 1) signed by clinic staff as a receipt.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| SUBJECT                        | POLICY NO. | EFFECTIVE DATE | PAGE   |
|--------------------------------|------------|----------------|--------|
| REQUEST FOR CHANGE OF PROVIDER | 200.02     | 6/3/10         | 4 of 6 |

- 4.2 Program Manager shall attempt to accommodate all beneficiary/client requests to change providers.
- 4.2.1 The beneficiary/client is under no obligation to provide any reason for his/her request to change providers. However, in order to improve the quality of programs and understand the nature of the request, Program Managers should attempt to obtain information regarding the request from the beneficiary/client. The program may be able to clarify a misunderstanding or resolve a concern at a level that is satisfactory to the beneficiary/client. The beneficiary/client may, at this time or any other, rescind the request.
- 4.2.2 Frequent or repeated requests or an insufficient number of providers are examples of reasons why Program Managers may not be able to accommodate a beneficiary/client for a change of provider. Program Managers shall document these reasons in Section 4 of the "Request for Change of Provider" form.
- 4.3 Within ten (10) working days of receipt of the "Request for Change of Provider" form, the Program Manager shall attempt to verbally notify beneficiary/client of the outcome, followed by the appropriate written confirmation. (Attachments III & IV)
- 4.3.1 The appropriate written confirmation of notification shall be maintained in a separate administrative file and retained for seven years.
- 4.3.2 If the beneficiary/client is not satisfied with the outcome of the request, he/she may pursue the MHP's Beneficiary Problem Resolution Process (DMH Policy 202.29, "Beneficiary Problem Resolution Process") and file a complaint or grievance. The Medi-Cal beneficiary may file for a State Fair Hearing with the Department of Social Services after completing the MHP's Beneficiary Problem Resolution Process.
- 4.4 A beneficiary/client requesting to change a Local Mental Health Plan network provider shall contact the Beneficiary Services Program in the Patients' Rights Office.



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| SUBJECT                        | POLICY NO. | EFFECTIVE DATE | PAGE   |
|--------------------------------|------------|----------------|--------|
| REQUEST FOR CHANGE OF PROVIDER | 200.02     | 6/3/10         | 5 of 6 |

- 4.4.1 Within ten (10) working days of receiving the request, Beneficiary Services Program shall provide the beneficiary/client with alternative names of network providers in the area of choice.
- 4.4.2 Beneficiary Services Program shall maintain a "Request to Change Provider Log" for the requests received from beneficiaries/clients for network providers.
- 4.4.3 The "Request to Change Provider Log" shall be retained by the Beneficiary Services Program for seven years.
- 4.5 All submitted "Request for Change of Provider" forms shall be collected by the Program Manager at the end of each working day and maintained in a separate administrative file.
- 4.5.1 "Request for Change of Provider" forms shall be retained by the Program Manager for seven years.
- 4.5.2 "Request for Change of Provider" forms shall be reviewed by the agency's Quality Improvement Committee to determine if there are any trends present.
- 4.5.3 In addition to the "Request for Change of Provider" forms, Program Managers shall maintain a "Request to Change Provider Log." (Attachment II).
- 4.5.3.1 Copies of the logs shall be faxed to the Beneficiary Services program in the Patients' Rights Office at (213) 365-2481 on a monthly basis. The logs shall be due by the tenth (10<sup>th</sup>) day of the following month for which the log is completed.
- 4.5.3.2 In the event that the Program does not receive any requests for change of provider for a particular month, the Program Manager shall complete the monthly log to reflect this and may submit the log to the Beneficiary Services Program by fax or via e-mail. The e-mail communication shall not include any Protected Health Information. The log shall be due by the tenth (10<sup>th</sup>) day of the following month for which the log is due. The e-mail address is: [patientsrightsoffice@dmh.lacounty.gov](mailto:patientsrightsoffice@dmh.lacounty.gov).



## DEPARTMENT OF MENTAL HEALTH POLICY/PROCEDURE

| SUBJECT                        | POLICY NO. | EFFECTIVE DATE | PAGE   |
|--------------------------------|------------|----------------|--------|
| REQUEST FOR CHANGE OF PROVIDER | 200.02     | 6/3/10         | 6 of 6 |

### AUTHORITY

Title 9; California Code of Regulations (CCR), Section 1830.225  
Title 9; CCR, Section 1830.205  
State Department of Mental Health Information Notice No. 01-05  
DMH Policy 202.29, "Beneficiary Problem Resolution Process"

### ATTACHMENTS (Refer to links)

Attachment I Request for Change of Provider  
Attachment II Request to Change of Provider Log  
Attachment III Request to Change Provider; sample text for response letter unable to grant request)  
Attachment IV Request to Change Provider; sample text response letter to schedule appointment)

### REVIEW DATE

This policy will be reviewed five (5) years following the effective date.

### RESPONSIBLE PARTY

LAC-DMH-The Patients' Rights Office

County of Los Angeles – Department of Mental Health  
Local Mental Health Plan  
REQUEST FOR CHANGE OF PROVIDER  
CONFIDENTIAL

To request a change in your current provider, complete this form and submit it to the Program Manager's office. Every effort will be made to accommodate your request. You will receive a decision within 10 working days. If you are a Medi-Cal beneficiary seeing a private provider in the community who is not part of a county operated or county contracted program, call the Beneficiary Services Program in the Patients' Rights Office at 800-700-9996 or 213-738-4949. The Mental Health Plan cannot guarantee that your provider will be changed. If you do not receive a decision on your request within 10 working days or you disagree with the decision, you may file a formal grievance.

**SECTION 1: CURRENT PROVIDER INFORMATION (clients please fill out Section 1 & 2 ONLY)**

DATE: \_\_\_\_\_ SERVICE LOCATION: \_\_\_\_\_  
PROVIDER NAME: \_\_\_\_\_

**SECTION 2: BENEFICIARY /CLIENT INFORMATION**

Client Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ Are you receiving Medi/Cal?  Yes  No

1. I am requesting a change in:  Service Staff  Medical Staff  Program

2. Please select the reason(s) for requesting a change (this information is OPTIONAL)

- A = Time/Schedule change
- B = Language
- C = Age (too old/too young)
- D = Gender (male/female)
- E = Treating family member
- F = Treatment concerns
- G = Medication concerns
- H = Lack of assistance
- I = I want previous provider
- J = I want 2<sup>nd</sup> opinion
- K = Uncomfortable
- L = Insensitive/ Unsympathetic
- M = Not professional
- N = Does not understand me
- O = Not a good match
- P = Other – Please describe the reason(s) for requesting the change (this information is OPTIONAL)

R = I do not want to give a reason for my request

3. Have you discussed your concerns with your current provider?  YES  NO

If YES, please describe what you have done to try to resolve the problem:

I understand that I will be contacted about this request within 10 working days. I prefer to be

contacted by:  Mail  Telephone  Email: \_\_\_\_\_

If this request is on behalf of a minor or dependent adult, are you the:  Parent  Guardian

Signature of Person making request: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**SECTION 3: RECEIPT OF CHANGE OF PROVIDER REQUEST**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Copy given to client:  Yes  No

**SECTION 4**  
Clinical Data

**AUTHORIZED COUNTY USE ONLY**

DSM-IV

Axis I \_\_\_\_\_

Axis II \_\_\_\_\_

Axis III \_\_\_\_\_

Axis IV \_\_\_\_\_

Axis V \_\_\_\_\_

Medications – Specify dosage and frequency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referral To: \_\_\_\_\_

Notified: \_\_\_\_\_ Date: \_\_\_\_\_

Appointment: \_\_\_\_\_

Beneficiary/Client Contacted on: \_\_\_\_\_ by: \_\_\_\_\_

|   |   |
|---|---|
| <p>This confidential information is provided to you in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.</p> | <p>Name _____ IS# _____</p> <p>Facility/Practitioner: _____</p> <p><b>Protected Health Information (PHI)</b><br/>Los Angeles County – Department of Mental Health</p> |
|---|---|

**Mental Health Plan – Department of Mental Health  
REQUEST FOR CHANGE OF PROVIDER**

**MONTHLY LOG**

This log is to be maintained by each Program Manager for the program(s) for which he/she is responsible. A completed entry shall be made for each "Request for Change of Provider" form received during each month. A copy shall be sent to the Beneficiary Services Program in the Patients' Rights Office by the tenth (10<sup>th</sup>) working day following the month for which the log is completed.

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Check here if no requests were received during this month [ ]

| Date Received | Date of Request | Consumer's Name | Current Provider | New Provider | Reason(s) for Request (Use Letter Code Below) | Reason Why Request Was Not Granted | Medi-Cal Beneficiary |    |
|---------------|-----------------|-----------------|------------------|--------------|---|------------------------------------|----------------------|----|
|               |                 |                 |                  |              |   |                                    | YES                  | NO |
|               |                 |                 |                  |              |   |                                    |                      |    |
|               |                 |                 |                  |              |   |                                    |                      |    |
|               |                 |                 |                  |              |   |                                    |                      |    |
|               |                 |                 |                  |              |   |                                    |                      |    |
|               |                 |                 |                  |              |   |                                    |                      |    |
|               |                 |                 |                  |              |   |                                    |                      |    |

- A = Time/Schedule Change
- B = Language
- C = Age (too old/too young)
- D = Gender (male/female)
- E = Treating family member
- F = Treatment concerns
- G = Medication concerns
- H = Lack of Assistance
- I = I want previous provider
- J = I want 2<sup>nd</sup> opinion
- K = Uncomfortable
- L = Insensitive/Unsympathetic
- M = Not professional
- N = Does not understand me
- O = Not a good match
- P = Other
- R = Reason not provided

**REPORTING UNIT**

PROGRAM MANAGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

This confidential information is provided to you in accordance with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Program Name: \_\_\_\_\_

Program Manager's Name: \_\_\_\_\_

**PROTECTED HEALTH INFORMATION (PHI)**  
Los Angeles County – Department of Mental Health

Request to Change Provider Sample Text for Response Letter Unable to Grant Request

Date

Name

Address

City, State, Zip Code

SUBJECT: REQUEST TO CHANGE PROVIDER

Dear \_\_\_\_\_:

This is to confirm our recent conversation regarding your request to change providers.

I am not able to grant your request at this time due to the following reason (s):

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You currently have an appointment scheduled with (staff name) for (day/date) at (time).

If you have any questions or concerns, please feel free to call me.

Sincerely,

Program Manager

## **APPENDIX F**

**County of Los Angeles - Department of Mental Health**

**Quality Improvement Work Plan Implementation Status Report**

**Dated 11/4/10**

**Prepared by: Program Support Bureau, Quality Improvement Division**

**NAME OF REPORT:**

LAC-DMH ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT FY 2009/2010

**QI IMPLEMENTATION STATUS REPORT**

The Patients' Rights Office (PRO) prepares and submits to the State the LOS ANGELES COUNTY ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT for Fiscal Year 2009/2010 consistent with LAC DMH Policy and Procedure 202.29. (See Attached LAC-DMH Beneficiary Report and LAC-DMH Beneficiary Report with Subcategories).

The QI Division and the QI Work Plan Monitoring of Beneficiary Satisfaction (#6) occurs bi-annually and is reported at Departmental QIC meetings. The seven reporting categories are: Access, Termination of Services, Denied Services, Change of Provider, Quality of Care, Confidentiality and Other

**Summary of Findings**

1. There were a total of 559 Grievances/Appeals in FY 2009-10, and of these there were: 539 Grievances (96%), 5 Appeals (.9%), and 15 (3%) State Fair Hearings. There were no Expedited Appeals or Expedited State Fair Hearings. The largest numbers of Grievances/ Appeals were for Quality of Care at 438 (78%). The largest number of Quality of Care Grievances/Appeals were for Provider Relations at 181 (32%), Treatment Concerns at 107 (24%), Medication concern 82 (19%), and Abuse 43 (10%).
2. In regards to Disposition, all of the 559 (100%) Grievances/Appeals and State Fair Hearings were resolved. One case (.002%) was referred out.
3. For the first time, in FY2009-2010, Grievances/Appeals were broken down and analyzed in two distinct categories, In-Patient and Out-Patient. The majority of Grievances/Appeals were In-Patient with a total of 463 (83%). Out-Patient total was 96 (17%).
4. A comparison of FY 2009-2010 and FY 2008-2009 data shows a significant 19.6% (N =136) decrease in the total number of Grievances/Appeals from 695 in FY2008-2009 to 559 in FY 2009-2010.

**Recommended Policy Change(s)**

1. QI continues will work actively with PRO in evaluating and acquiring computer software programs/systems to assist PRO in tracking data for State Grievance/Appeal/State Fair Hearing reporting. QI will also work with PRO and Program Support Bureau MHSA to assist in developing, fully implementing and refining these electronic solutions.
2. Continue to analyze Grievances/Appeals data in the Inpatient and Outpatient categories. In addition, it is recognized that adding the Total Number of Clients Seen, both In-Patient and Out-Patient, within the coming fiscal year would provide a context for the Total Number of Grievances/Appeals/State Fair Hearings filed in both categories. QI and Patient's Rights will continue to explore with CIOB approaches to accurately capturing that data for enhancing this report.
3. With the collection of new categories for In-Patient and Out-Patient Grievances/Appeals, analysis of data will continue to be assessed and this report will be shared with appropriate units within LAC-DMH responsible for In-Patient services.
4. Continue yearly trend analysis of Total Number of Grievances/Appeals filed in both In-Patient and Out-Patient categories. Currently there is no clear explanation identified for the almost 20% decrease in Grievances/Appeals filed over the past year. PRO and QI will analyze data and explore causal factors/processes of trends identified.

**LOS ANGELES COUNTY  
ANNUAL BENEFICIARY GRIEVANCE/APPEAL REPORT  
FISCAL YEAR 2009/2010**

| CATEGORY                                  | NUMBER BY CATEGORY |        |       | CATEGORIES |        |                  |                    |                              |              | DISPOSITION |               |  |
|---|--------------------|--------|-------|------------|--------|------------------|--------------------|------------------------------|--------------|-------------|---------------|--|
|   | In-Pt              | Out-Pt | Total | Grievance  | Appeal | Expedited Appeal | State Fair Hearing | Expedited State Fair Hearing | Referred Out | Resolved    | Still Pending |  |
|   |                    |        |       |            |        |                  |                    |                              |              |             |               |  |
| <b>ACCESS</b>                             | 0                  | 0      | 0     | 0          | 0      |                  | 0                  |                              |              | 0           | 0             |  |
| <b>Termination of Services</b>            | 1                  | 12     | 13    | 11         | 2      |                  |                    |                              |              |             |               |  |
| <b>DENIED SERVICES (NOA-A Assessment)</b> | 1                  | 4      | 5     | 0          |        |                  | 5                  |                              |              | 5           | 0             |  |
| <b>CHANGE OF PROVIDER</b>                 | 3                  | 2      | 5     | 5          |        |                  |                    |                              |              | 5           | 0             |  |
| <b>QUALITY OF CARE:</b>                   | 375                | 63     | 438   | 431        | 2      |                  | 5                  |                              |              | 438         | 0             |  |
| Provider Relations                        | 155                | 26     | 181   |            |        |                  |                    |                              |              |             |               |  |
| Medication                                | 69                 | 13     | 82    |            |        |                  |                    |                              |              |             |               |  |
| Discharge/Transfer                        | 17                 | 1      | 18    |            |        |                  |                    |                              |              |             |               |  |
| Patients' Rights Materials                | 3                  | 0      | 3     |            |        |                  |                    |                              |              |             |               |  |
| Treatment Concerns                        | 89                 | 18     | 107   |            |        |                  |                    |                              |              |             |               |  |
| Delayed Services                          | 0                  | 2      | 2     |            |        |                  |                    |                              |              |             |               |  |
| Abuse                                     | 38                 | 5      | 43    |            |        |                  |                    |                              |              |             |               |  |
| Referrals                                 | 0                  | 0      | 0     |            |        |                  |                    |                              |              |             |               |  |
| Treatment disagreement                    | 1                  | 0      | 1     |            |        |                  |                    |                              |              |             |               |  |
| Reduction of Services                     | 1                  | 0      | 1     |            |        |                  |                    |                              |              |             |               |  |
| <b>CONFIDENTIALITY</b>                    | 12                 | 3      | 15    | 12         | 1      |                  | 2                  |                              | 1            | 14          | 0             |  |
| <b>OTHER:</b>                             | 71                 | 12     | 83    | 80         |        |                  | 3                  |                              |              | 83          | 0             |  |
| Housing                                   | 6                  | 7      | 13    |            |        |                  |                    |                              |              |             |               |  |
| Lost/Stolen Belongings                    | 25                 | 2      | 27    |            |        |                  |                    |                              |              |             |               |  |
| Social Security                           | 0                  | 0      | 0     |            |        |                  |                    |                              |              |             |               |  |
| Unable to Understand                      | 0                  | 0      | 0     |            |        |                  |                    |                              |              |             |               |  |
| Smoking                                   | 9                  | 0      | 9     |            |        |                  |                    |                              |              |             |               |  |
| Legal                                     | 8                  | 0      | 8     |            |        |                  |                    |                              |              |             |               |  |
| Money/Funding/Billing                     | 12                 | 2      | 14    |            |        |                  |                    |                              |              |             |               |  |
| Use of Phone                              | 5                  | 1      | 6     |            |        |                  |                    |                              |              |             |               |  |
| Non Provider Concerns                     | 6                  | 0      | 6     |            |        |                  |                    |                              |              |             |               |  |
| Forms                                     | 0                  | 0      | 0     |            |        |                  |                    |                              |              |             |               |  |
| Medi-cal                                  | 0                  | 0      | 0     |            |        |                  |                    |                              |              |             |               |  |
| Miscellaneous (other)                     | 0                  | 0      | 0     |            |        |                  |                    |                              |              |             |               |  |
| <b>TOTALS</b>                             | 463                | 96     | 559   | 539        | 5      | 0                | 15                 | 0                            | 1            | 558         | 0             |  |

Report: July 1, 2009 - June 30, 2010  
 Prepared by: Ebony Look  
 DMH, Patients' Rights Bureau  
 Telephone #: (213) 738-2524  
 Date: 9/10/10