Behavioral Health Concepts, Inc.
info@bhceqro.com
www.caleqro.com
855-385-3776

FY 2022-23
MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

SANTA BARBARA FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

February 28 – March 2, 2023

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2022-23 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, "Santa Barbara" may be used to identify the Santa Barbara County DMC-ODS program, unless otherwise indicated.

DMC-ODS INFORMATION

Review Type — Hybrid

Date of Review — February 28 – March 2, 2023

DMC-ODS Size — Medium

DMC-ODS Region — Southern

SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 2021-22 EQR recommendations for improvement; four categories of Key Components that impact beneficiary outcomes; activity regarding Performance Improvement Projects (PIPs); and beneficiary feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2021-22 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	4	1	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	4	2	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	5	1	0
TOTAL	**24**	**18**	**6**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Timely Transition in Care from Residential Treatment.	Clinical	08/2021	Other: Fifth Remeasurement	Moderate
Improving Timeliness and Reducing Attrition from Access screening to Intake in SUD outpatient services.	Non-Clinical	09/2021	Other: Completed	Moderate

Table D: Summary of Consumer/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Youth ☒ Residential ☐ Outpatient ☐ medication assisted treatment (MAT)/Narcotic Treatment Program (NTP) ☐ Perinatal ☐ Other	■
2	☐Youth ☐ Residential ☒ Outpatient ☐ MAT/NTP ☐ Perinatal ☐ Other	12

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The DMC-ODS demonstrated significant strengths in the following areas:

- A quality improvement (QI) plan with measurable goals linked to quality indicators in an integrated behavioral health approach with an excellent evaluation).

- Expanded and realigned residential capacity to meet local consumer capacity needs.

- Enhanced efforts at overdose prevention, training and planning with a consolidated Opioid Overdose taskforce.

- Expanded planning for school-based treatment and wellness centers in partnership with the schools and the CenCal Health Plan.

- Implementing a new computer system including a new electronic health record (EHR) to address needs of California Advancing and Innovating Medi-Cal (CalAIM) by July 2023 with California Mental Health Services Act (CalMHSA) support.

OPPORTUNITIES FOR IMPROVEMENT

- Participation in the Treatment Perception Survey (TPS) was low in the narcotic treatment programs (NTPs) and made it difficult to fully assess satisfaction and quality.

- The Central California (CenCal) Health Plan requires three-day notices for transportation access for those on methadone needing transportation, which was a serious, if not life-threatening challenge, for those receiving treatment for fentanyl withdrawal.

- Recovery residence housing is not available to all clients in need who do not have stable housing being discharged from residential treatment. A request for proposals (RFP) is underway to evaluate options for expansion and retention of bed capacity.

- Additional programming including physical wellness and individualized treatment with community connections is needed in some residential and outpatient settings based on client feedback.

- More information and communications on the billing, finances, clinical and computer systems coming with CalAIM is needed with the provider network.

RECOMMENDATIONS

The following recommendations are in response to the opportunities for improvement identified during the EQR and are intended as technical assistance (TA) to support the DMC-ODS in its QI efforts and ultimately to improve beneficiary outcomes:

- Improve participation in TPS with expanded engagement efforts including an option for paper surveys and ensure wide distribution of results for improvement across the network of services.

- Inform and educate the CenCal Health Plan medical director of the implications of not having daily, reliable transportation for methadone clients addressing withdrawal from fentanyl and there are serious risks of overdose without this service being available daily. If needed take other actions to ensure this entitlement is provided to avoid overdose to consumers.

- Continue efforts to expand critically needed recovery residence housing for those who are exiting residential treatment or need outpatient with sober living who are not stable in their housing.

- Work with providers to enhance and expand individualized treatment activities in the residential and outpatient programs linked to wellness goals and recovery connections in the community.

- Establish more in-depth and regular communication processes with the network providers on the details of CalAIM related to rates, billing, clinical goals, and their participation in the new EHR.

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

The United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid (Medi-Cal in California) Managed Care Services. The Code of Federal Regulations (CFR) specifies the EQR requirements (42 CFR § 438, subpart E), and CMS develops protocols to guide the annual EQR process; the most recent protocol was updated in October 2019.

The State of California Department of Health Care Services (DHCS) contracts with 31 county DMC-ODSs, comprised of 37 counties, to provide specialty substance use disorder (SUD) treatment services to Medi-Cal beneficiaries under the provisions of Title XIX of the federal Social Security Act. As PIHPs, the CMS rules apply to each Medi-Cal DMC-ODS. DHCS contracts with Behavioral Health Concepts, Inc., (BHC) the CalEQRO to review and evaluate the care provided to the Medi-Cal beneficiaries.

DHCS requires the CalEQRO to evaluate DMC-ODSs on the following: delivery of SUD in a culturally competent manner, coordination of care with other healthcare providers, and beneficiary satisfaction. CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill 205 (Section 14197.05 of the California Welfare and Institutions Code [WIC]).

This report presents the FY 2022-23 findings of the EQR for Santa Barbara DMC-ODS by BHC, conducted as a hybrid review on February 28 – March 1, 2023.

REVIEW METHODOLOGY

CalEQRO's review emphasizes the DMC-ODS' use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public SUD system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by SUD systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to analyze data, review DMC-ODS-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, beneficiaries, family members, and other stakeholders. At the conclusion of the EQR process, CalEQRO produces a technical report that synthesizes information, draws upon prior year's findings, and identifies system-level strengths, opportunities for improvement, and recommendations to improve quality.

Data used to generate Performance Measures (PM) tables and graphs throughout this report, unless otherwise specified, are derived from multiple source files: Monthly Medi-Cal Eligibility Data System Eligibility File; DMC-ODS approved claims; TPS; the California Outcomes Measurement System (CalOMS); and the American Society of Addiction Medicine (ASAM) level of care (LOC) data.

CalEQRO reviews are retrospective; therefore, data evaluated represent CY 2021 and FY 2021-22, unless otherwise indicated. As part of the pre-review process, each DMC-ODS is provided a description of the source of data and a summary report of Medi-Cal approved claims data. These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized TA related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the DMC-ODS identified as having a significant impact on access, timeliness, and quality of the DMC-ODS service delivery system in the preceding year. DMC-ODS' are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.

- DMC-ODS activities in response to FY 2021-22 EQR recommendations.

- Summary of DMC-ODS-specific activities related to the four Key Components, identified by CalEQRO as crucial elements of QI and that impact beneficiary outcomes: Access, Timeliness, Quality, and IS.

- Evaluation of the DMC-ODS' two contractually required PIPs as per 42 CFR Section 438.330 (d)(1)-(4) – validation tool included as Attachment C.

- Analysis and validation of Access, Timeliness, Quality, and IS PMs as per 42 CFR Section 438.358(b)(1)(ii).

- Review and validation of each DMC-ODS' NA as per 42 CFR Section 438.68 and compile data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.

- Assessment of the extent to which the DMC-ODS and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county DMC-ODS' reporting systems and methodologies for calculating PMs, and whether the DMC-ODS and its subcontracting providers maintain HIS that collect, analyze, integrate, and report data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.

- Beneficiary perception of the DMC-ODS' service delivery system, obtained through review of satisfaction survey results and focus groups with beneficiaries and family members.

- Summary of DMC-ODS strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act, and in accordance with DHCS guidelines, CalEQRO suppresses values in the report tables when the count is less than 11, then "≤11" is indicated to protect the confidentiality of DMC-ODS beneficiaries. Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data, its corresponding penetration rate (PR) percentages, and cells containing zero, missing data, or dollar amounts.

DMC-ODS CHANGES AND INITIATIVES

In this section, changes within the DMC-ODS' environment since its last review, as well as the status of last year's (FY 2021-22) EQR recommendations are presented.

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

This review took place during the Coronavirus Disease 2019 (COVID-19) pandemic. The DMC-ODS described impacts such as loss of staff through illness and retirement, and disruption of services related to delayed access and some loss of capacity. CalEQRO worked with the DMC-ODS to design an alternative agenda due to the above factors. CalEQRO was able to complete the review without any insurmountable challenges.

SIGNIFICANT CHANGES AND INITIATIVES

Changes since the last CalEQRO review, identified as having a significant effect on service provision or management of those services, are discussed below. This section emphasizes systemic changes that affect access, timeliness, and quality of care, including those changes that provide context to areas discussed later in this report.

- Many of the senior management team changed in the last year including a new Assistant Director.

- A contract provider closed locations in two county areas impacting outpatient and MAT services. Other programs worked with the DMC-ODS to serve these clients and a new provider was added.

- Expanded residential 3.2 and 3.5 services with their new providers and re-organized beds to better meet client needs.

- Expanded recovery residence beds to 12 which is meeting a critical need. Additional funding allowed for up to 24 beds from July 1, 2022, through December 31, 2022.

- Worked to prepare for a new EHR and service models with CalAIM to launch in July 2023.

RESPONSE TO FY 2021-22 RECOMMENDATIONS

In the FY 2021-22 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2022-23 EQR, CalEQRO evaluated the status of those FY 2021-22 recommendations; the findings are summarized below.

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the county has either:

- Made clear plans and is in the early stages of initiating activities to address the recommendation; or
- Addressed some but not all aspects of the recommendation or related issues.

Not Addressed is assigned when the county performed no meaningful activities to address the recommendation or associated issues.

Recommendations from FY 2021-22

Recommendation 1: Take meaningful steps including reaching out to other counties and consultants to refine quality standards and determine market competitive rates for Recovery Residences. Initiate processes to select one or more contract providers and launch Recovery Residences. Similarly, consult with other counties and intensive outpatient treatment (IOT) programs to increase client utilization and engagement in IOT and use new Recovery Residences as an added support and incentive for IOT clients. These are carryovers from similar recommendations made during the previous EQR that were partially addressed.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS developed 12 recovery residence beds and completed surveys as recommended to gain knowledge linking them to outpatient and intensive outpatient care.
- The DMC-ODS has increased funding for an additional 12 beds and is currently in a request for proposals (RFP) process.

Recommendation 2: Develop a timeline of tasks designed to aid in eventual selection of a new EHR. Evaluate the need for additional information technology (IT) and Health Information staff to manage the transition to a new EHR when ready. These are carryovers from similar recommendations made during the previous EQR that were partially addressed.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS is working to implement a new EHR, SmartCare as part of the CalMHSA Semi-Statewide EHR initiative. The new application will be live on July 1, 2023.
- The DMC-ODS is recruiting for two new IS analyst positions to support the new EHR.

Recommendation 3: Continue efforts to become fully staffed for addressing current needs in: IT and Health Information staff who train and support providers in use of billing and clinical records systems and in timely and accurate submission of California Outcome Measurement System (CalOMS) data, and Research and Evaluation staff for ongoing system performance monitoring and data analytic needs. These are carryovers from similar recommendations made during the previous EQR that were partially addressed.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The DMC-ODS added an additional position to support the new EHR and is supplementing the transition with two extra help positions.
- The DMC-ODS will need additional staff to fully support their contract providers in migrations to the new claiming system and EHR.

Recommendation 4: Incorporate measurable objectives into the FY 2021-22 a Quality Improvement Committee Workplan (QIC WP) and use them in the evaluation at the end of the fiscal year. Also include in the Workplan to operationalize the recently expanded definition of urgent conditions and train providers in how to implement them.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- The new QI Plan included measurable quality goals, and many were integrated with Mental Health (MH) and CalAIM goals.
- Extensive training was done with staff at all levels to improve capturing urgent requests and visits.

Recommendation 5: Continue improvements to the PIPs which they recently began. For their Clinical PIP, refine the specifications for interventions and outcomes according to suggestions from the CalEQRO. For their Non-Clinical PIP, facilitate communications between the Access Line screeners and the new outpatient provider screeners to address coordination issues resulting from system protocols the PIP changed.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- Both PIPs were developed and presented in a thorough and clinically appropriate manner. One is completed and one is continued to a second year, transitions between residential treatment and outpatient to improve outcomes.

- The clinical PIP focused on Access and the project saw improvements in retention and in timeliness with the new model interventions used with more direct access to contract providers for assessments followed by treatment.

ACCESS TO CARE

CMS defines access as the ability to receive essential health care and services. Access is a broad set of concerns that reflects the degree to which eligible individuals or beneficiaries are able to obtain needed health care services from a health care system. It encompasses multiple factors, including insurance/plan coverage, sufficient number of providers and facilities in the areas in which beneficiaries live, equity, as well as accessibility—the ability to obtain medical care and services when needed. The cornerstone of DMC-ODS services must be access or beneficiaries are negatively impacted.

CalEQRO uses a number of indicators of access, including the Key Components and PMs addressed below.

ACCESSING SERVICES FROM THE DMC-ODS

SUD services are delivered by contractor-operated providers in the DMC-ODS. Regardless of payment source, 100 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 91 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to beneficiaries 24-hours, 7-days per week that is operated by county staff; beneficiaries may request services through the Access Line as well as through the following system entry points: MAT and all levels of outpatient care. The DMC-ODS operates a decentralized access team that is responsible for linking beneficiaries to appropriate, medically necessary services. Access line staff are available to take calls 24/7 but clients may also call or go to outpatient and MAT providers directly for assessments to be linked to services. Residential programs may also be approached for care but there is an authorization process after the assessment to determine medical necessity.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services via video and phone to youth and adults. In FY 2021-22, the DMC-ODS reports having provided telehealth services to 570 adult beneficiaries, 111 youth beneficiaries, and "≤"11" older adult beneficiaries across 1 county-operated site and 19 contractor-operated sites. Among those served, 18 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

An adequate network of providers is necessary for beneficiaries to receive the medically necessary services most appropriate to their needs. CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, through WIC 14197.05, California assigns responsibility to the EQRO for review and validation of specific data, by plan and by county, for the purpose of

informing the status of implementation of the requirements of WIC Section 14197, including the information contained in Table 1A and Table 1B.

In November 2021, DHCS issued its FY 2021-22 NA Findings Report for all DMC-ODS programs based upon its review and analysis of each DMC-ODS' Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual BHIN.

For Santa Barbara County, the time and distance requirements are 60 miles and 90 minutes for outpatient SUD services, and 45 miles and 75 minutes for Narcotic Treatment Program/ Opioid Treatment Program (NTP/OTP) services. These services are further measured in relation to two age groups – youth (0-17) and adults (18 and over).

Table 1A: DMC-ODS Alternative Access Standards, FY 2021-22

Alternative Access Standards	
The DMC-ODS was required to submit an AAS request due to time and distance requirements	☐ Yes ☒ No

- The DMC-ODS met all time and distance standards and was not required to submit an AAS request.

Table 1B: DMC-ODS Out-of-Network Access, FY 2021-22

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	☐ Yes ☒ No
OON Details	
Contracts with OON Providers	
Does the DMC-ODS have existing contracts with OON providers?	☒ Yes ☐ No
Contracting status:	☐ The DMC-ODS is in the process of establishing contracts with OON providers. ☐ The DMC-ODS does not have plans to establish contracts with OON providers
OON Access for Beneficiaries	
The DMC-ODS ensures OON access for beneficiaries in the following manner:	☒ The DMC-ODS has existing contracts with OON providers. ☐ Other:

- Because the DMC-ODS can provide necessary services to a beneficiary within time and distance standards using a network provider, the DMC-ODS was not required to allow beneficiaries to access services via OON providers. However, to provide more capacity and access they do have OON providers.

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system which provides access to beneficiaries and family members. Examining service accessibility and availability, system capacity and utilization, integration, and collaboration of services with other providers, and the degree to which a DMC-ODS informs the Medi-Cal eligible population and monitors access and availability of services form the foundation of access to quality services that ultimately lead to improved beneficiary outcomes.

Each access component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 2: Access Key Components

KC #	Key Components – Access	Rating
1A	Service Accessibility and Availability are Reflective of Cultural Competence Principles and Practices	Met
1B	Manages and Adapts Capacity to Meet Beneficiary Needs	Met
1C	Integration and/or Collaboration to Improve Access	Met
1D	Service Access and Availability	Partially Met

Strengths and opportunities associated with the access components identified above include:

- The DMC-ODS and their provider network have a high level of bilingual staffing and engagement activities resulting in positive penetration rates for all groups relative to Medi-Cal beneficiaries.

- There are still access challenges to due staffing shortages at the contract agencies for licensed staff and recovery residence resources have just begun to be added and are playing a very important role in improving quality and effective outcomes for clients who are not stable in their housing.

ACCESS PERFORMANCE MEASURES

The following information provides details on Medi-Cal eligibles, and beneficiaries served by age, race/ethnicity, and eligibility category.

The PR is a measure of the total beneficiaries served based upon the total Medi-Cal eligible. It is calculated by dividing the number of unduplicated beneficiaries served (receiving one or more approved Medi-Cal services) by the monthly average eligible count. The average approved claims per beneficiary (AACB) served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year. Where the median differs significantly from the average, that information may also be noted throughout this report.

The Statewide PR is 0.85 percent, with an average approved claim amount of $5,821. Using PR as an indicator of access for the DMC-ODS, the County PR of 1.44 percent indicates that eligibles find that services are easily accessible. The high PR trend follows findings from CY 2020 and FY 2019-20 in which the County PR exceeded those of similar size counties and Statewide.

The race/ethnicity data can be interpreted to determine how readily the listed race/ethnicity subgroups comparatively access SUD through the DMC-ODS. If they all had similar patterns, one would expect the proportions they constitute of the total population of Medi-Cal eligibles to match the proportions they constitute of the total beneficiaries served.

Table 3: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2021

Age Groups	# of Eligibles	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
Ages 0-17	43,603	116	0.27%	0.10%	0.10%
Ages 18-64	82,317	1,801	2.19%	1.48%	1.30%
Ages 65+	17,422	144	0.83%	0.60%	0.43%
TOTAL	**143,342**	**2,061**	**1.44%**	**0.97%**	**0.85%**

- Overall, the DMC-ODS PR is much higher than that of similar size counties and Statewide.

- Santa Barbara's PRs for all age groups exceed those of similar size counties and Statewide.

- In CY 2021, the number of youths eligibles was more than double the number of youths in CY 2020.

Table 4: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity, CY 2021

Race/Ethnicity Groups	# of Eligibles	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
African American	1,864	44	2.36%	1.33%	1.13%
Asian/Pacific Islander	2,802	14	0.50%	0.23%	0.15%
Hispanic/Latino	38,468	371	0.96%	0.54%	0.56%
Native American	435	12	2.76%	1.76%	1.75%
Other	23,847	602	2.52%	1.32%	1.15%
White	75,926	1,018	1.34%	1.77%	1.64%
TOTAL	**143,342**	**2,061**	**1.44%**	**0.97%**	**0.85%**

- The only race/ethnicity group that does not exceed the Statewide PR is White. For Santa Barbara, all other race/ethnicity groups' PRs exceed the Statewide PR.

- The DMC-ODS credited bilingual providers, easy access to services within the county, and outreach and engagement efforts for these results.

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2021

Santa Barbara DMC-ODS

	African-American	Asian/Pacific Islander	Hispanic/Latino	Native American	Other	White
■ County % Served	2%	1%	18%	1%	29%	49%
■ County % Eligibles	1%	2%	27%	0%	17%	53%
■ State % Served	10%	2%	32%	1%	20%	35%
■ State % Eligibles	7%	10%	49%	0%	15%	18%
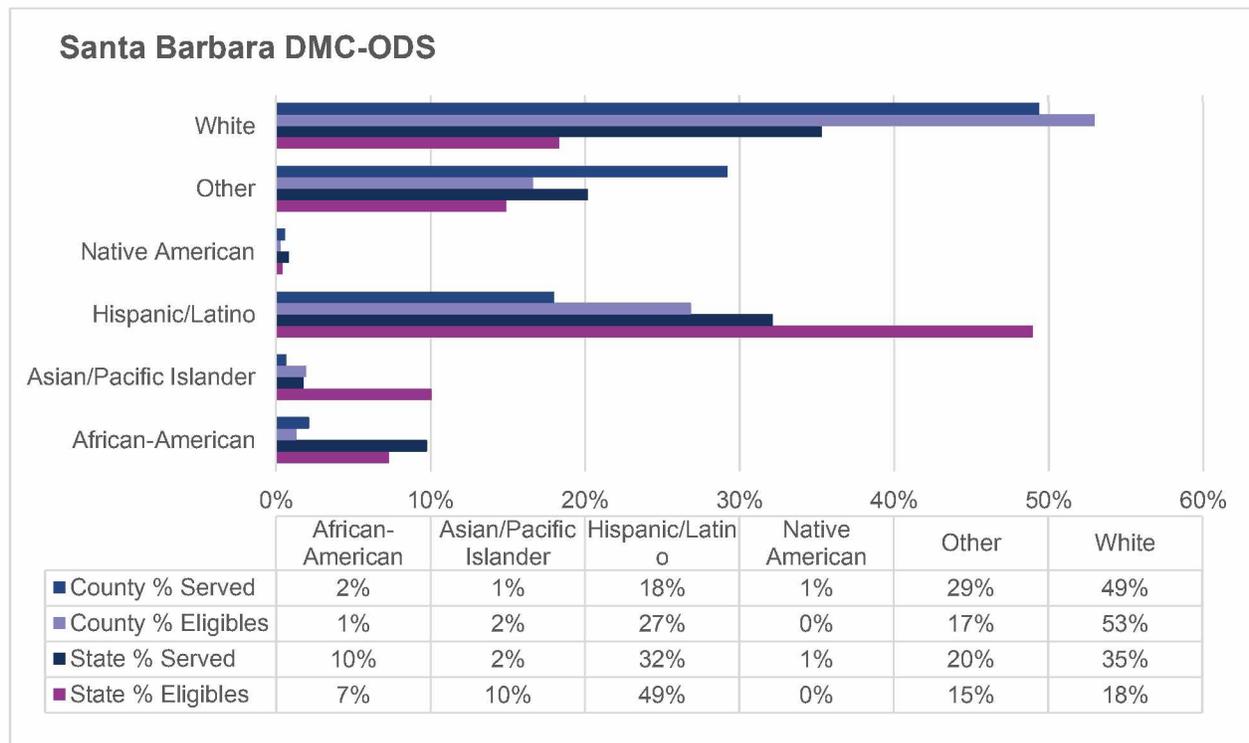
- In Santa Barbara, White Beneficiaries represent 53 percent of eligibles and they comprised 49 percent of clients served.

- The proportion of Hispanic/Latino clients served to eligibles is the same proportion as Statewide.

- The proportions of County Served ethnic groups vs Eligibles exceeded Statewide patterns for the following groups – African Americans, Asian Pacific Islanders, Native Americans and Other.

- Access challenges remain due to licensed staff workforce issues however particularly at the contract agencies.

Table 5: Beneficiaries Served and PR by Eligibility Category, CY 2021

Eligibility Categories	# Eligibles	# Beneficiaries Served	County PR	Similar Size Counties PR	Statewide PR
ACA	45,216	1,197	2.65%	1.83%	1.55%
Disabled	9,255	277	2.99%	1.77%	1.54%
Family Adult	23,666	506	2.14%	1.26%	1.05%
Foster Care	374	≤11	-	1.02%	1.25%
MCHIP	17,634	48	0.27%	0.08%	0.08%
Other Adult	21,611	-	-	0.09%	0.07%
Other Child	26,936	79	0.29%	0.11%	0.10%
Total	**143,342**	**2,061**	**1.44%**	**0.97%**	**0.85%**

- For all eligibility categories with unsuppressed data, the Santa Barbara PRs exceeded those of similar size counties and Statewide.

- Most beneficiaries were eligible through the Affordable Care Act (ACA). The next largest eligibility category following the ACA is Family Adult, and then Disabled.

Table 6: Average Approved Claims by Eligibility Category, CY 2021

Eligibility Categories	County AACB	Similar Size Counties AACB	Statewide AACB
ACA	$4,424	$5,036	$5,999
Disabled	$4,999	$5,273	$5,549
Family Adult	$3,956	$4,818	$5,010
Foster Care	■■■■■■	$1,605	$2,826
MCHIP	$4,680	$2,859	$3,783
Other Adult	■■■■■■	$4,472	$4,547
Other Child	$4,182	$2,331	$3,460
Total	**$4,539**	**$5,085**	**$5,821**

- While the Santa Barbara PR consistently exceeds the Statewide PR, the AACB is below both similar size counties and Statewide.

- The DMC-ODS AACB was 78 percent of the Statewide AACB.

Table 7: Services Used by Beneficiaries, CY 2021

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt	0	0.00%	41	0.03%
Intensive Outpatient	11	0.40%	14,586	9.73%
Narcotic Treatment Program	671	24.19%	40,196	26.81%
Non-Methadone MAT	158	5.70%	7,837	5.23%
Outpatient Drug Free	1,138	41.02%	44,111	29.42%
Partial Hospitalization	0	0.00%	19	0.01%
Recovery Support Services	224	8.07%	5,439	3.63%
Res. Withdrawal Mgmt	222	8.00%	10,869	7.25%
Residential Treatment	350	12.62%	26,859	17.91%
Total	**2,774**	**100.00%**	**149,957**	**100.00%**

- The top three services used by the DMC-ODS beneficiaries in CY 2021 are Outpatient (41.02 percent), NTP (24.19 percent), and Residential Treatment (12.62 percent).

- The DMC-ODS utilization of Residential Treatment is 30 percent lower than Statewide utilization.

- The Santa Barbara service utilization for IOT is lower than Statewide. Santa Barbara had 0.40 percent of beneficiaries in IOT, whereas 9.73 percent of beneficiaries received those services Statewide. One of Santa Barbara's PIPs seeks to increase the number of beneficiaries enrolled in IOT.

- The DMC-ODS beneficiaries utilized Recovery Support Services at more than twice the rate of beneficiaries Statewide.

Table 8: Average Approved Claims by Service Categories, CY 2021

Service Categories	County AACB	Similar Size Counties AACB	Statewide AACB
Ambulatory Withdrawal Mgmt	$0	$1,044	$996
Intensive Outpatient	$461	$1,917	$1,630
Narcotic Treatment Program	$4,673	$4,948	$4,271
Non-Methadone MAT	$2,483	$1,842	$1,454
Outpatient Drug Free	$2,730	$2,053	$2,581
Partial Hospitalization	$0	$0	$5,027
Recovery Support Services	$2,389	$1,605	$1,761
Res. Withdrawal Mgmt	$891	$1,996	$2,438
Residential Treatment	$5,666	$7,392	$10,157
Total	**$4,539**	**$5,085**	**$5,821**

- The overall AACB for Santa Barbara is lower than that of similar size counties and Statewide.

- The AACB for IOT is 28 percent of the Statewide AACB, and the AACB for withdrawal management (WM) is 37 percent of the Statewide number. Both numbers indicate billing, and perhaps documentation, are low for those services relative to statewide patterns.

- The DMC-ODS has comparable or higher AACBs for NTP, Non-Methadone MAT, Outpatient, and Recovery Support Services than Statewide AACBs for those services.

IMPACT OF ACCESS FINDINGS

- The DMC-ODS has successful strategies for high penetration rates with ethnic beneficiary groups using bilingual staff and outreach and engagement strategies with non-profits and county staff.

- With 160 overdose deaths in 2021 it is critical to continue aggressive outreach and engagement with youth and other high-risk populations. All three hospitals in the county now have emergency department (ED) Bridge navigators and MAT expansion training strategies. Daily access to NTPs is also critical and an

important goal. 101 deaths were opioid related and 75 involved fentanyl as the cause of death.

- New state medical necessity requirements improved the volume and timeliness of access for those with SUD by quickly engaging treatment and linkage directly to contract agencies.

- Access to same day and daily transportation for beneficiaries with methadone dosing is critical especially for those recently withdrawn from fentanyl. Working to improve access with the Health Plan on this important transportation issue would likely lead to saving lives.

TIMELINESS OF CARE

The amount of time it takes for beneficiaries to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likelihood individuals will not keep the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. DHCS monitors DMC-ODS' compliance with required timeliness metrics identified in BHIN 22-033. Additionally, CalEQRO uses the following tracking and trending indicators to evaluate and validate DMC-ODS timeliness, including the Key Components and PMs addressed below.

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to beneficiaries. The ability to track and trend these metrics helps the DMC-ODS identify data collection and reporting processes that require improvement activities to facilitate improved beneficiary outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the PMs section.

Each Timeliness Component is comprised of individual subcomponents, which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 9: Timeliness Key Components

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Met
2B	First Non-Urgent Request to First Offered MAT Appointment	Met
2C	Urgent Appointments	Partially Met
2D	Follow-Up Appointments after Residential Treatment	Met
2E	Withdrawal Management Readmission Rates	Met
2F	No-Shows/Cancellations	Partially Met

Strengths and opportunities associated with the timeliness components identified above include:

- Timeliness for first offered routine and urgent fully met state standards and the Access PIP implementation and new medical necessity definition contributed to this positive outcome.

- Urgent services are still higher than state requirements despite training in the last year, continued efforts in this area to offer services more quickly is recommended as 3.5 days is over the standard of 48 hours.

- WM readmissions are lower than statewide and addition of sobering programs with strong linkage to treatment and supportive transitional housing for those needing outpatient are positive additions to support best use of the WM beds.

- Assessments and other no-show rates are being tracked, but some are very high and need a strategy to make access to these visits easier and more successful for clients particularly NTP (54.9 percent), WM (55.4 percent), and residential treatment (54 percent).

TIMELINESS PERFORMANCE MEASURES

In preparation for the EQR, DMC-ODS' complete and submit the Assessment of Timely Access form in which they identify DMC-ODS performance across several key timeliness metrics for a specified time period. Counties are also expected to submit the source data used to prepare these calculations. This is particularly relevant to data validation for the additional statewide focused study on timeliness that BHC is conducting.

For the FY 2022-23 EQR, the DMC-ODS reported in its submission of the Assessment of Timely Access (ATA), representing access to care during the 12 months period of FY 2021-22. Table 10 and Figures 2 – 4 display data submitted by the DMC-ODS; an analysis follows. This data represented the entire system of care.

Claims data for timely access to post residential care and readmissions are discussed in the Quality of Care chapter.

DMC-ODS-Reported Data

Table 10: FY 2022-23 DMC Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard[1]	% That Meet Standard
First Non-Urgent Appointment Offered	5.6 Business Days	10 Business Days*	82%
First Non-Urgent Service Rendered	6.2 Business Days	10 Days**	46%
Non-Urgent MAT Request to First NTP/OTP Appointment	3.5 Business Days	3 Business Days*	57.5%
Urgent Services Offered	3.9 Days	48 Hours**	53%
Follow-up Services Post-Residential Treatment	7.3 Days	7 Days**	15.5%
WM Readmission Rates Within 30 Days	3%	n/a	n/a
No-Shows	47.3%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 **DMC-ODS-defined timeliness standards			
For the FY 2022-23 EQR, the DMC-ODS reported its performance for the following time period: FY 2021-22			

---

[1] DHCS-defined standards, unless otherwise noted.

Figure 2: Wait Times to First Service and First MAT Service
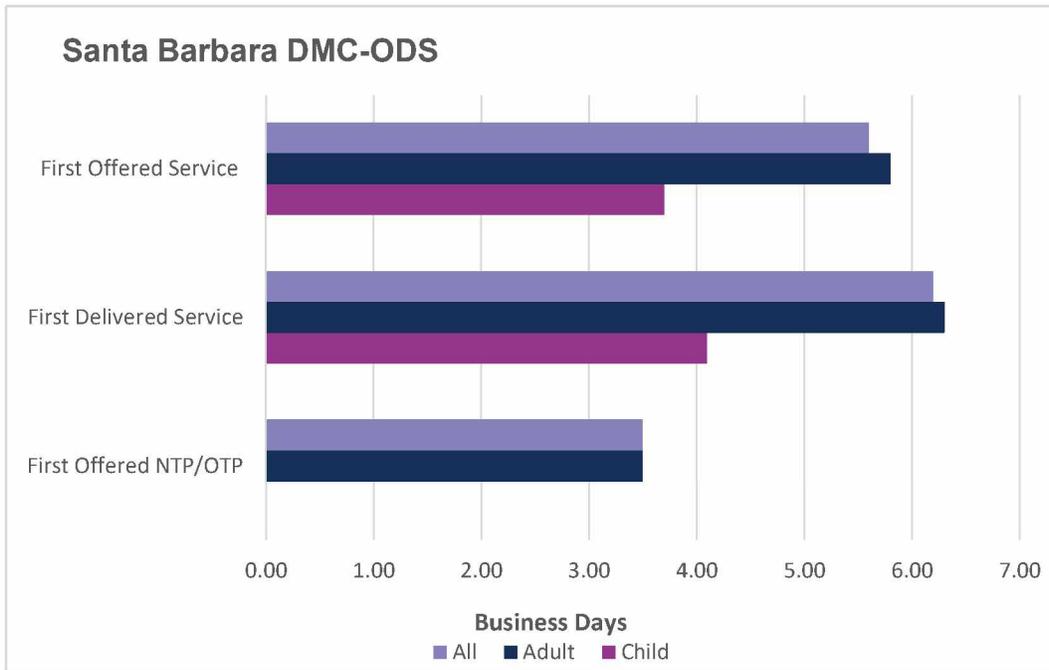
Figure 3: Wait Times for Urgent Services
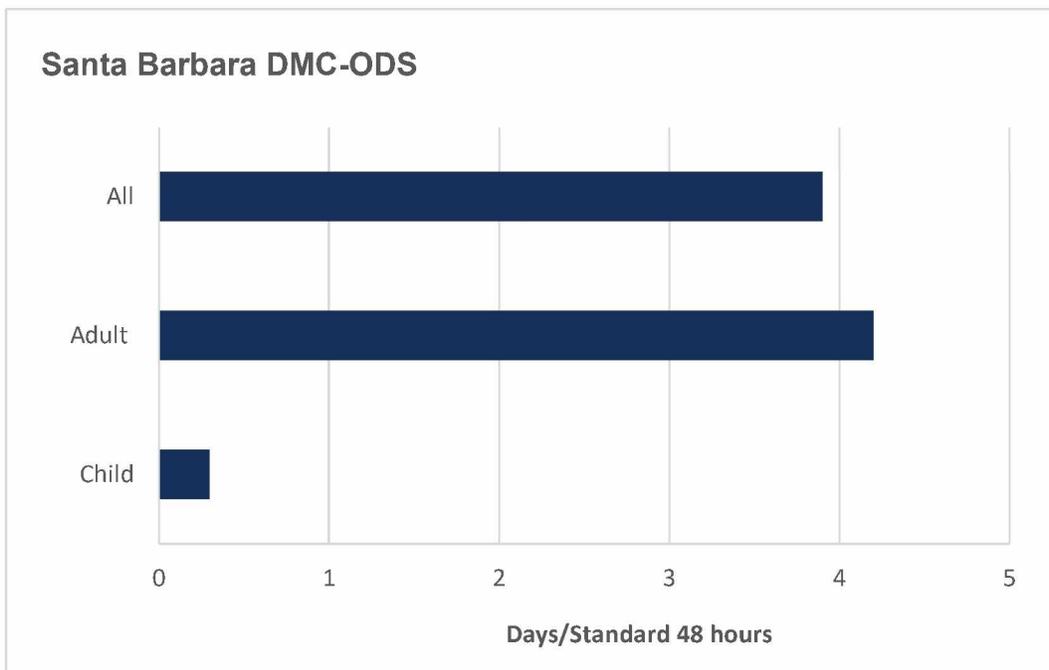
Figure 4: Percent of Services that Met Timeliness Standards

Santa Barbara DMC-ODS — Percent Meeting Standard. Categories: First Offered Service, First Delivered Service, First Offered NTP/OTP, First Offered Urgent. Series: All, Adult, Child.
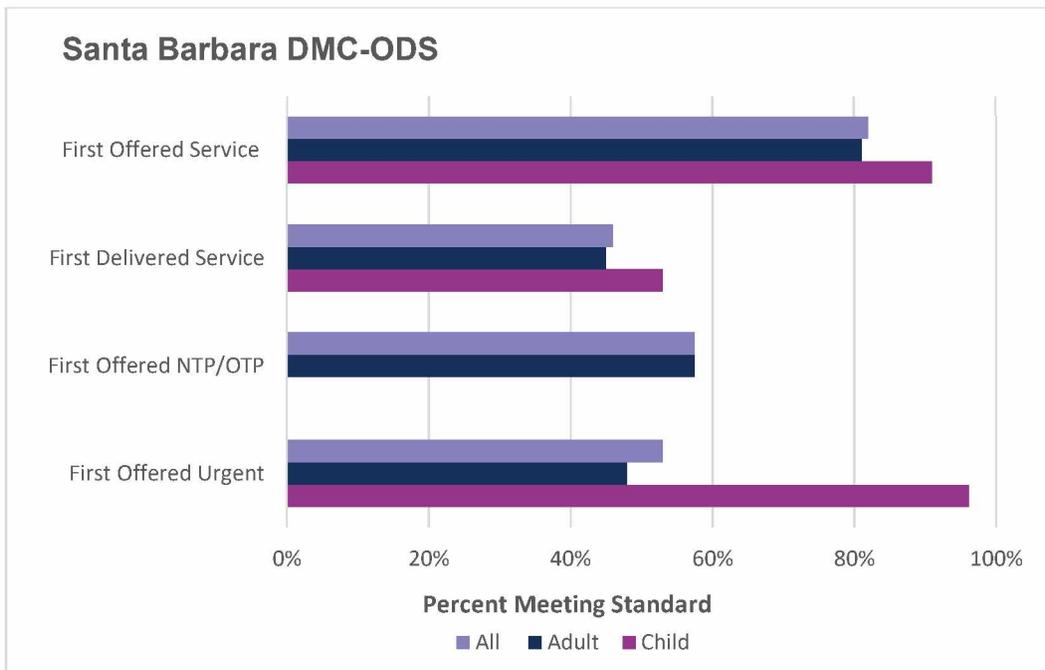
- The DMC-ODS showed good timeliness for first non-urgent appointment offered and low WM readmission rates within 30 days.

- The measure that stands out as a challenge is no-shows, with a no-show rate of 47.3 percent in the DMC-ODS.

- NTP access for adults per BHC data using claims was also much higher (6.92 days) than the statewide and the three-day standard.

Medi-Cal Claims Data

The following data represents DMC-ODS performance related to methadone access and follow-up post-residential discharge, as reflected in the CY 2021 claims.

Timely Access to Methadone Medication in Narcotic Treatment Programs after First Client Contact

Table 11: Days to First Dose of Methadone by Age, CY 2021

County				Statewide		
Age Groups	Clients	%	Avg. Days	Clients	%	Avg. Days
0 to 17	0	0.00%	0.00			
18 to 64	600	90.50%	7.23	33,162	84.03%	3.41
65+	63	9.50%	3.94			
TOTAL	663	100.00%	6.92	39,464	100.00%	2.94

- The average days to first dose of methadone is more than twice as long as the Statewide average.

- In CY 2020, Santa Barbara's average days to first dose were less than one day. A DMC-ODS provider ended their contract with the County in the third quarter of CY 2021 that impacted this measure.

Transitions in Care

The transitions in care following residential treatment are an important indicator of care coordination.

Table 12: Timely Transitions in Care Following Residential Treatment, CY 2021

County	N = 851		Statewide N = 58,923	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	67	7.87%	5,740	9.74%
Within 14 Days	84	9.87%	7,610	12.92%
Within 30 Days	107	12.57%	9,214	15.64%

- Both Santa Barbara and the State had greater percentages of beneficiaries making timely transitions following residential treatment in CY 2020. In that year, the State cumulative percentage at 30 days was 20.31 percent, and Santa Barbara's cumulative percentage was 16.54 percent.

- The DMC-ODS percentages for transitions in care after 7, 14 and 30 days are lower than the Statewide percentages for CY 2021.

- Limited recovery residence beds for discharge post residential can result in poorer transitions to outpatient if clients do not have stable housing.

Residential Withdrawal Management Readmissions

Table 13: Residential Withdrawal Management Readmissions, CY 2021

County			Statewide	
Total DMC-ODS admissions into WM		291		14,120
	#	#	#	%
WM readmissions within 30 days of discharge	42	14.43%	1,128	7.99%

- Readmissions to residential WM for Santa Barbara are 80 percent higher than the Statewide average.
- In CY 2020, Santa Barbara's readmission rate was much lower, at 8.6 percent.

IMPACT OF FINDINGS

- Timeliness tracking is good for routine visits but needs continued work for urgent conditions, no-shows, and NTP access for adults. All delays in timely access have impacts on engagement opportunities for those with SUD in the county who were seeking care, particularly those with ambivalence toward treatment and the required lifestyle changes.

- CalAIM peer services could assist with clients linking from request to first visit if motivation and transportation are issues.

QUALITY OF CARE

CMS defines quality as the degree to which the PIHP increases the likelihood of desired outcomes of the beneficiaries through its structure and operational characteristics, the provision of services that are consistent with current professional, evidenced-based knowledge, and the intervention for performance improvement.

In addition, the contract between the DMC-ODSs and DHCS requires the DMC-ODSs to implement an ongoing comprehensive QAPI Program for the services furnished to beneficiaries. The contract further requires that the DMC-ODS' quality program "clearly define the structure of elements, assigns responsibility and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement" Quality in the DMC-ODS

In the DMC-ODS, the responsibility for QI is use evidence-based practices to improve outcomes of care for clients. This includes all phases of treatment and identifying the best service for the client, with the best provider and time to meet their needs and goals. QI and Assurance are both important, but one focuses of the client's experience and outcomes, and the other on compliance with requirements linked to care and documentation. Santa Barbara has one integrated robust QI committee and program focusing on both MH and SUD.

The DMC-ODS monitors its quality processes through the QIC, the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC, comprised of MH and SUD clinicians, analysts, administrative support, as well as family and consumer representation, and is scheduled to meet monthly. Since the previous EQR, the DMC-ODS QIC met 12 times. Of the 13 goal domains identified FY 2021-22 QAPI workplan evaluation, the DMC-ODS fully met seven goals, partially met four, and did not meet one.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for beneficiaries. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

Each Quality Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 14: Quality Key Components

KC #	Key Components – Quality	Rating
3A	QAPI are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	Met
3C	Communication from DMC-ODS Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Partially Met
3D	Evidence of an ASAM Continuum of Care	Met
3E	MAT Services (both NTP and non-NTP) Exist to Enhance Wellness and Recovery	Met
3F	ASAM Training and Fidelity to Core Principles is Evident in Programs within the Continuum of Care	Met
3G	Measures Clinical and/or Functional Outcomes of Clients Served	Met
3H	Utilizes Information from the TPS to Improve Care	Partially Met

Strengths and opportunities associated with the quality components identified above include:

- Strengths for quality were the excellent Quality Implementation Plan.

- Regular communication details and implementation plans related to CalAIM was strongly desired by the contract providers and some of the staff.

- Enhanced enrollment with TPS data would improve knowledge of satisfaction, access, and quality at the different LOCs.

QUALITY PERFORMANCE MEASURES

In addition to the Key Components identified above, the following PMs further reflect the Quality of Care in the DMC-ODS:

- Beneficiaries served by Diagnostic Category

- Non-methadone MAT services

- Residential WM with no other treatment

- High-Cost Beneficiaries (HCB)

- ASAM congruence

- Initiation and Engagement

- Length of Stay (LOS)

- CalOMS Discharge Status Ratings

Diagnosis Data

Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity and eligibility for SUD, is a foundational aspect of delivering appropriate treatment. Figure 5 and Figure 6 represent the primary diagnosis as submitted with the DMC-ODS' claims for treatment. The first table shows the percentage of DMC-ODS beneficiaries in a diagnostic category compared to statewide. This is not an unduplicated count as a beneficiary may have claims submitted with different diagnoses crossing categories. The second table shows the percentage of approved claims by diagnostic category compared to statewide.

Figure 5: Percentage of Beneficiaries by Diagnosis Code, CY 2021

	Other	Other Stimulant	Sedative Hypnotic	Other Psychoactive	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
■ County		23%		0%	44%	0%			7%	24%
■ State	1%	23%	2%	0%	45%	0%	0%	2%	7%	20%

% Beneficiaries
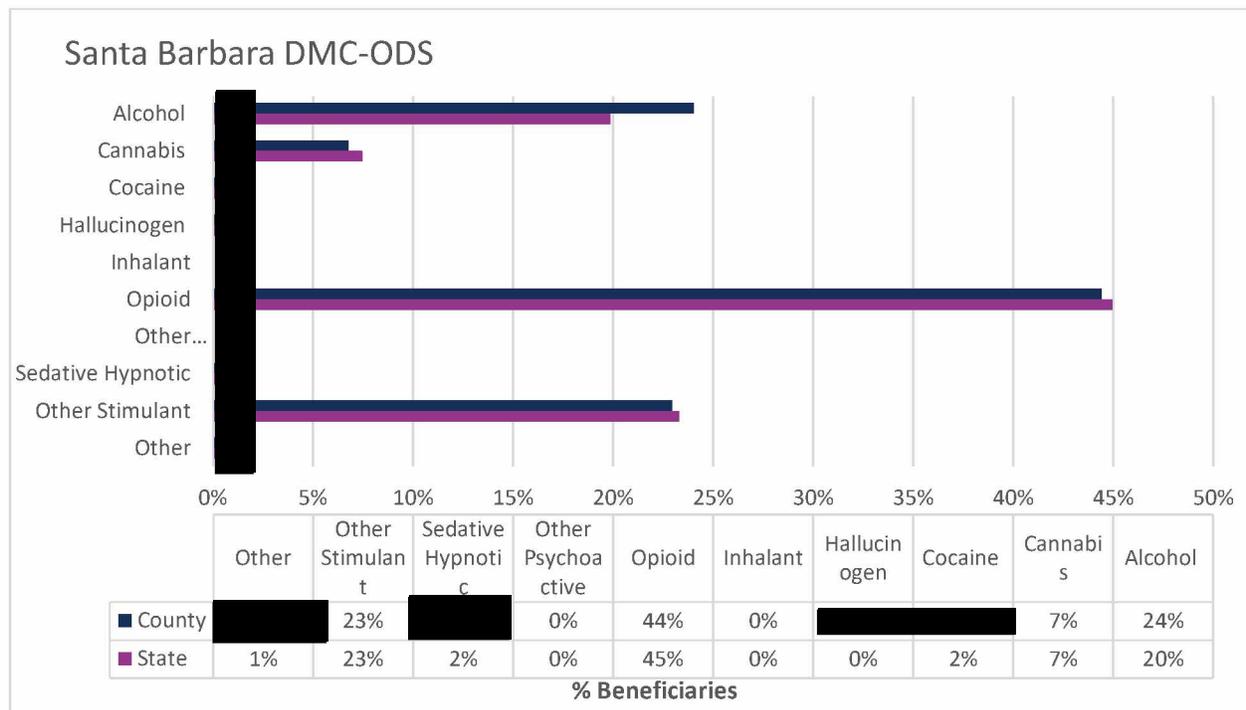
- Santa Barbara's diagnostic pattern is very similar to the pattern seen statewide .

- The top three diagnostic categories in the DMC-ODS are Opioid Use Disorder (44 percent), Alcohol Use Disorder (24 percent), and Other Stimulant Use Disorder (23 percent).

- Alcohol Use Disorder is higher in Santa Barbara than statewide.

- The diagnostic pattern is very similar to what was seen in CY 2020.

Figure 6: Percentage of Approved Claims by Diagnosis Code, CY 2021

Santa Barbara DMC-ODS

	Other	Other Stimulant	Sedative Hypnotic	Other Psychoactive	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
■ County		21%		0%	48%		0%		5%	24%
■ State	1%	26%	1%	0%	41%	0%	0%	2%	5%	24%
				% Approved Claims						
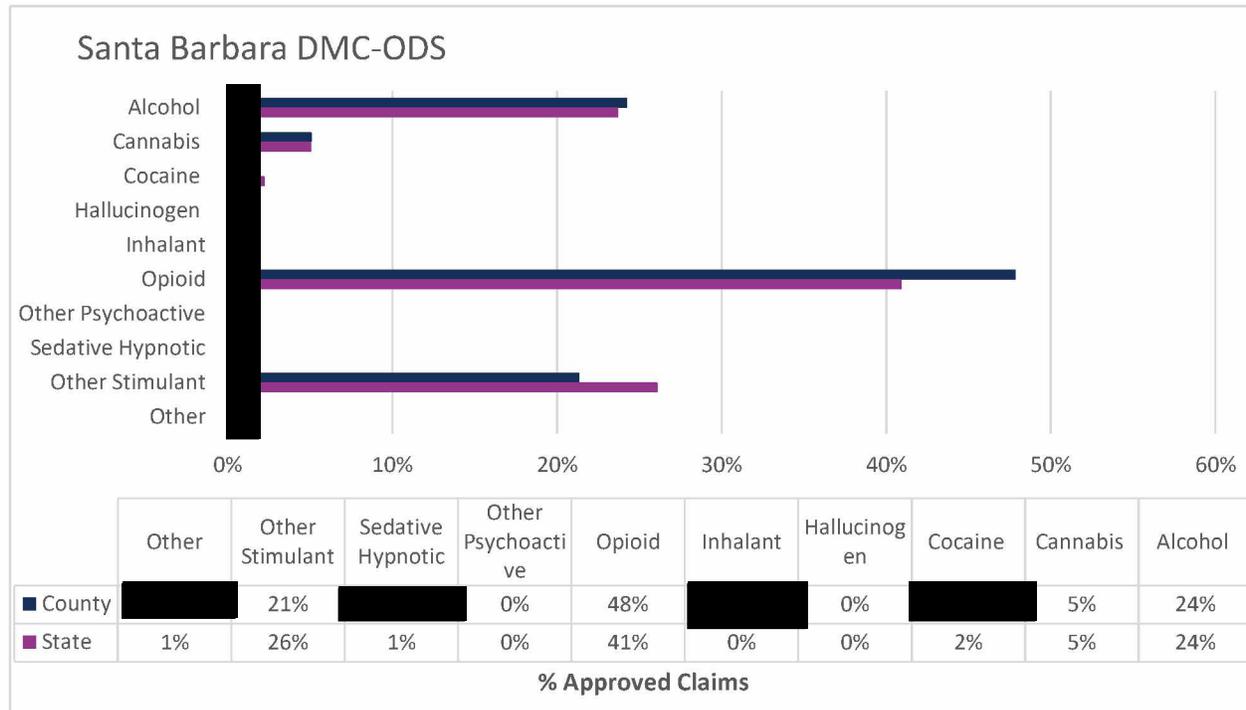
- The proportion of Santa Barbara's approved claims for Opioid Use Disorder is higher than Statewide. Claiming patterns by diagnostic category are proportional to patterns in the DMC-ODS services.

- Alcohol Use Disorder claims in the DMC-ODS are very similar to Statewide proportions of claims attributed to Alcohol Use Disorder.

- Approved claims for Other Stimulant Use Disorder in Santa Barbara are lower than Statewide claims attributed to these diagnoses.

- Diagnostic profiles were similar to statewide in the high opioid use, stimulant use, and lower alcohol use disorders. The most challenging in the last year were addressing the high overdose rate of 2021 with aggressive actions and expanded treatment.

Non-Methadone MAT Services

Table 15: DMC-ODS Non-Methadone MAT Services by Age, CY 2021

County					Statewide			
Age Groups	At Least one Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 0-17	≤11	-	≤11	-	12	0.37%		
Ages 18-64					7,505	7.96%	3,873	4.11%
Ages 65+	≤11	-	≤11	-	447	5.01%		
Total	158	7.67%	117	5.68%	7,964	7.15%	4,051	3.63%

- The percentage of beneficiaries who received at least one non-methadone MAT service is slightly higher than the Statewide percentage.

- The percentage of those who received three or more non-methadone MAT services was 56 percent higher than Statewide.

Residential Withdrawal Management with No Other Treatment

Table 16: Residential Withdrawal Management with No Other Treatment, CY 2021

	# WM Clients with 3+ Episodes & No Other Services	% WM Clients with 3+ Episodes & No Other Services
County	≤11	-
Statewide	370	3.46%

- Santa Barbara has few clients who received 3 or more episodes of residential WM and no other services, likely indicating the DMC-ODS is successfully engaging these beneficiaries in other services.

High-Cost Beneficiaries

Tracking the HCBs provides another indicator of quality of care. In SUD treatment, this may reflect multiple admissions to residential treatment or residential withdrawal management. HCBs may be receiving services at a LOC not appropriate to their needs. HCBs for the purposes of this report are defined as those who incur SUD treatment costs at or above the 90th percentile statewide.

Table 17: High-Cost Beneficiaries by Age, County DMC-ODS, CY 2021

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages 0-17	116	≤11	-	-		
Ages 18-64	1,801					
Ages 65+	144	≤11	-	-		
Total	**2,061**	**22**	**1.07%**	**$20,452**	**$449,949**	**4.81%**

Table 18: High-Cost Beneficiaries by Age, Statewide, CY 2021

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB% by Total Claims
Ages 0-17	3,230	66	2.04%	$23,446	$1,547,458	13.12%
Ages 18-64	94,361	5,669	6.01%	$23,766	$134,727,122	23.65%
Ages 65+	8,925	289	3.24%	$23,432	$6,771,773	13.99%
TOTAL	**106,516**	**6,024**	**5.66%**	**$23,746**	**$143,046,352**	**22.71%**

- Santa Barbara has a low percentage of HCBs, and a very low percentage of HCB claims to total claims. Santa Barbara HCB claims represent 4.81 percent of total claims, whereas Statewide HCB claims make up 22.71 percent of total claims.

- The lower level of HCB is good achievement in terms of cost-effective services.

ASAM Level of Care Congruence

Table 19: Congruence of Level of Care Referrals with ASAM Findings, CY 2021 – Reason for Lack of Congruence (Data through Oct 2021)

ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable /No Difference	1,713	92.9%	1,749	88.0%	493	88.2%
Patient Preference	114	6.2%	193	9.7%	45	8.1%
Level of Care Not Available	≤11	-				
Clinical Judgment	≤11	-	26	1.3%		
Geographic Accessibility	0	0.0%	0	0.0%	0	0.0%
Family Responsibility	0	0.0%	≤11	-	0	0.0%
Legal Issues	≤11	-	≤11	-	0	0.0%
Lack of Insurance/Payment Source	≤11	-	≤11	-	0	0.0%
Other	≤11	-	0	0.0%	0	0.0%
Actual Level of Care Missing	0	0.0%	0	0.0%	0	0.0%
TOTAL	**1,844**	**100.0%**	**1,988**	**100.0%**	**559**	**100.0%**

- The DMC-ODS has good congruence with ASAM LOC.
- The highest reason for lack of congruence is Patient Preference followed by Clinical Judgment.

Initiation and Engagement

An effective system of care helps people who request treatment for their addiction to both initiate treatment services and then continue further to become engaged in them. Table 21 displays results of measures for two early and vital phases of treatment-initiating and then engaging in treatment services. Research suggests that those who can engage in treatment services are likely to continue their treatment and enter into a recovery process with positive outcomes. The method for measuring the number of clients who initiate treatment begins with identifying the initial visit in which the client's SUD is identified. Based on claims data, the "initial DMC-ODS service" refers to the first approved or pended claim for a client that is not preceded by one within the previous 30 days. This second day or visit is what in this measure is defined as "initiating" treatment.

CalEQRO's method of measuring engagement in services is at least two billed DMC-ODS days or visits that occur after initiating services and that are between the 15th and 45th day following initial DMC-ODS service.

Table 20: Initiating and Engaging in DMC-ODS Services, CY 2021

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	1,926		108		101,279		3,051	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	1,729	90%	95	88%	89,055	88%	2,583	85%
Clients who then engaged in DMC-ODS services	1,392	81%	78	82%	69,161	78%	1,823	71%

- The DMC-ODS has very good initiation and engagement for both adults and youth beneficiaries and is particularly strong in youth engagement as compared to the State as a whole.

Length of Stay

Table 21: Cumulative LOS in DMC-ODS Services, CY 2021

	County		Statewide	
Clients discharged from care. (no treatment for 30+ days)	1,599		89,610	
LOS for clients across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	128	92	123	87
	#	%	#	%
Clients with at least a 90-day LOS	820	51%	43,937	49%
Clients with at least a 180-day LOS	485	30%	25,334	28%
Clients with at least a 270-day LOS	275	17%	14,774	16%

- The DMC-ODS has a good client retention rate. It slightly exceeds the Statewide LOS in all categories.

CalOMS Discharge Ratings

Table 22: CalOMS Discharge Status Ratings, CY 2021

Discharge Status	County #	County %	Statewide #	Statewide %
Completed Treatment - Referred	348	15.7%	20,256	19.1%
Completed Treatment - Not Referred	227	10.3%	7,645	6.1%
Left Before Completion with Satisfactory Progress - Standard Questions	404	18.3%	14,696	17.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	323	14.6%	7,834	7.4%
Subtotal	*1,302*	*58.8%*	*50,431*	*50.4%*
Left Before Completion with Unsatisfactory Progress - Standard Questions	89	4.0%	16,775	17.3%
Left Before Completion with Unsatisfactory Progress - Administrative	807	36.5%	30,398	29.7%
Death	≤11	-	1,609	2.1%
Incarceration	≤11	-	785	0.8%
Subtotal	*911*	*41.2%*	*49,567*	*49.6%*
TOTAL	**2,213**	**100.0%**	**99,998**	**100.0%**

- Of CalOMS discharges, 58.8 percent were considered "positive" (falling under one of the first four discharge statuses in Table 22), whereas 41.2 percent of discharges reflected unsatisfactory progress.

- The Discharge Status ratings show that only 26.0 percent of clients completed treatment.

- The rate of positive discharges for CY 2020 was higher than for CY 2021. In CY 2020, 65.8 percent of discharges had a positive status, and 34.1 percent were cited as making unsatisfactory progress.

IMPACT OF QUALITY FINDINGS

- The QAPI showed significant improvement over the prior year and was detailed, with measurable goals, and integrated with a strategic plan and evaluation process.

- Efforts across the youth and adult systems for SUD showed efforts to prevent overdoses and provide rapid access to critical treatment including youth addicted to fentanyl.

- Areas for continued improvement include no-shows and transitions in care which are part of a PIP or other quality efforts.

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION

All DMC-ODSs are required to have two active and ongoing PIPs, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330[2] and 457.1240(b)[3]. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction. They should have a direct beneficiary impact and may be designed to create change at a member, provider, and/or DMC-ODS system-level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested by individual DMC-ODSs, hosts quarterly webinars, and maintains a PIP library at www.caleqro.com.

Validation tools for each PIP are located in Table C1 and Table C2 of this report. Validation rating refers to the EQRO's overall confidence that the DMC-ODS (1) adhered to acceptable methodology for all phases of design and data collection, (2) conducted accurate data analysis and interpretation of PIP results, and (3) produced significant evidence of improvement.

CLINICAL PIP

General Information

Clinical PIP Submitted for Validation: Timely Transitions in Care Following Residential Treatment.

Date Started: 08/2021

Date Completed: not completed.

Aim Statement: "The aim of this PIP is to improve the rate of beneficiary's transition to outpatient treatment after residential discharge at 7, 14, and 30 days by utilizing individualized case management, motivational interviewing (MI), and discharge planning services. "

Target Population: Adults 18 years and older with SUD in residential treatment services levels 3.1, 3.3 and 3.5 being discharged.

---

[2]https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf

[3] https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf

Validation Information: The DMC-ODS' clinical PIP is in the Other phase: Fifth remeasurement.

Summary

The Timely Transitions PIP is focused on continuity of care from an intensive level of SUD treatment to lower LOCs with supports and individualized care planning. The goal is to facilitate client centered successful transitions in a timely manner to the next lower LOC with warm handoffs, care coordination, and MI. This PIP is beginning its second year as the first year did not see impacts from its initial care coordination services and a variety of reasons were identified for this including time for care coordination, housing, client motivation, transportation supports, and other potential barriers. This second year is an attempt to improve the impacts and continuity for these clients and the service continuity overall within seven, 14, and 30 days of discharge.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence because of the thorough process used in constructing the PIP design, its seven measurements of the data and interventions, and follow-up surveys to investigate barriers. The surveys focused on staff reports of barriers reported by clients related to not continuing in care, as well as their perceptions of barriers to care continuation. Intervention actions and plans for the new PIP year were built on data from the surveys and an expanded literature review.

CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this clinical PIP including:

- Whenever possible ensure that opioid and alcohol use disorder clients obtain access to MAT for cravings in, during, and after residential treatment to enhance options for continuation in care and reduced cravings.
- Engage MH services with co-occurring clients, when possible, to coordinate aftercare planning for mobile case management, recovery centers, and support such ad MH medications if needed. Build on the strengths of the integrated behavioral health system to serve these co-occurring clients.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Improving Timeliness and Reducing Attrition from Access screening to Intake in SUD outpatient services.

Date Started: 09/2021

Date Completed: 11/2022

Aim Statement: "The aim of this PIP is to determine whether the implementation of a coordinated decentralized DMC-ODS Access screening system line will increase timely access to care and reduce attrition rates for DMC-ODS beneficiaries."

Target Population: All DMC-ODS beneficiaries requesting services with active Santa Barbara Medi-Cal who request starting treatment and needing outpatient and intensive outpatient care LOCs.

Validation Information: The DMC-ODS' non-clinical PIP is in the Other: completed phase with moderate confidence.

Summary

The Access PIP included a re-design of the access system with the contractors and county clinics to allow for direct access by the beneficiaries to these sites for their screenings and assessments as well as more timely access into SUD treatment. With training and re-design of the workflows and documentations systems related to timeliness of requests, screenings, full assessments, and initiation of treatment, the timeliness improved for beneficiaries for outpatient and intensive outpatient services. In addition, the number of clients that showed up for assessments after screenings increased with this new system and the number of persons that began treatment after their assessments increased as well. This design was also in line with the new "no wrong door" policy and access improved by the new state definition of medical necessity which allowed for more rapid access to treatment.

TA and Recommendations

As submitted, this non-clinical PIP was found to have moderate confidence, because: the design of the PIP used thorough methodology in its design. All changes were captured in the methodology described (client contacts at all sites for example), how contacts and timeliness was documented, regular and consistent measurements of each PM, screenings and assessment data was monitored and categorized, and all of these were captured in a centralized database for review. Analysis was complete and looked at important potential impacts.

CalEQRO provided TA to the DMC-ODS in the form of recommendations for improvement of this non-clinical PIP including:

- PIP did very well in the first year when staffing was adequate to cover the PIP activities at the contract agencies. Workforce issues were impacting the results in some of the later quarters and thus it is critical to work together to address these to continue the positive results for the beneficiaries.

- To generalize this positive impact, the DMC-ODS is considering this re-design for residential programs. Also, to ensure success, workforce issues for licensed staff at the contractors and county clinics (who do the screenings and assessments) need to be stable and adequate. Also, for residential implementation, the 24/7

on-call capacity for authorizations and review of screenings and assessments is critical to stay within timeliness requirements.

INFORMATION SYSTEMS

Using the IS Capabilities Assessment protocol, CalEQRO reviewed and analyzed the extent to which the DMC-ODS meets federal data integrity requirements for HIS, as identified in 42 CFR §438.242. This evaluation included a review of the DMC-ODS' EHR, IT, claims, outcomes, and other reporting systems and methodologies to support IS operations and calculate PMs.

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODDs are generally managed by county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR systems used by the DMC-ODS are ShareCare by The Echo Group and Clinician's Gateway by Krassons Inc., which have been in use for 16 years. Currently, the DMC-ODS is actively implementing a new system which requires moderate staff involvement to fully develop. The DMC-ODs is working toward a July 1, 2023, go live date for their new system Streamline's SmartCare as part of the CalMHSA Semi-Statewide EHR.

Approximately 3.7 percent of the DMC-ODS budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving DMC-ODS control and another county department or agency.

The DMC-ODS has 247 named users with log-on authority to the EHR, including approximately 41 county staff and 206 contractor staff. Support for the users is provided by 17 full-time equivalent (FTE) IS technology positions that provide support for both MH and SUD. Currently the department is recruiting for two positions that are needed to support the other EHR and increased data needs.

As of the FY 2022-23 EQR, all contract providers have access to directly enter clinical data into the DMC-ODS' Clinician's Gateway. Access to ShareCare, the registration and billing software, is limited to contract agency staff authorized to register clients, open and close episodes, enter billing information and complete CalOMS. Contractor staff that has direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for beneficiaries by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

Some contract providers do direct data entry into ShareCare, and others submit beneficiary practice management and service data to the DMC-ODS IS as reported in the following table:

Table 23: Contract Provider Transmission of Information to DMC-ODS EHR

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between DMC-ODS IS	☐ Real Time ☐ Batch	0%
Electronic Data Interchange to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	0%
Electronic batch file transfer to DMC-ODS IS	☐ Daily ☐ Weekly ☒ Monthly	63%
Direct data entry into DMC-ODS IS by provider staff	☒ Daily ☐ Weekly ☐ Monthly	36%
Documents/files e-mailed or faxed to DMC-ODS IS	☐ Daily ☒ Weekly ☐ Monthly	1%
Paper documents delivered to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	0%
		100%

Beneficiary Personal Health Record

The 21st Century Cures Act of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances beneficiaries' and their families' engagement and participation in treatment. The DMC-ODS does not have a PHR. They anticipate implementing one within the next 2 years.

Interoperability Support

The DMC-ODS is not a member or participant in an HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and/or electronic consult. The DMC-ODS engages in electronic exchange of information with the following departments/agencies/organizations: Selected staff of County Health Department, and behavioral health specialists who work with PCPs.

INFORMATION SYSTEMS KEY COMPONENTS

CalEQRO identifies the following Key Components related to DMC-ODS system infrastructure that are necessary to meet the quality and operational requirements to promote positive beneficiary outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present to demonstrate that analytic findings are used to ensure overall quality of the SUD delivery system and organizational operations.

Each IS Key Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for QI.

Table 24: IS Infrastructure Key Components

KC #	Key Components – IS Infrastructure	Rating
4A	Investment in IT Infrastructure and Resources is a Priority	Met
4B	Integrity of Data Collection and Processing	Partially Met
4C	Integrity of Medi-Cal Claims Process	Met
4D	EHR Functionality	Met
4E	Security and Controls	Met
4F	Interoperability	Met

Strengths and opportunities associated with the IS components identified above include:

- The DMC-ODs has experienced IS staff and are recruiting two additional FTEs based on expected additional workload with implementation of the new EHR.

- Internal DMC-ODs staff gave positive input to the reporting group for their data knowledge and ability to produce validated reports quickly.

- The DMC-ODS does not have a data warehouse for reporting.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

Table 25 shows the amount of denied claims by denial reason, and Table 26 shows approved claims by month.

This chart appears to reflect a substantially complete claims data set for the time frame claimed.

Table 25: Summary of Denied Claims by Reason Code, CY 2021

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Exceeds maximum rate	77,337	$1,631,131	88.61%
Duplicate/same day service	1,375	$106,068	5.76%
NPI issue	464	$81,083	4.40%
Other Healthcare Coverage	230	$8,284	0.45%
Late submission	28	$5,135	0.28%
Service location not eligible	49	$4,862	0.26%
Other	17	$2,295	0.12%
Missing valid diagnosis	12	$1,876	0.10%
Total Denied Claims	**79,512**	**$1,840,735**	**100.00%**
Denied Claims Rate	**15.61%**		
Statewide Denied Claims	**16.80%**		

Table 26: Approved Claims by Month, CY 2021

Month	# Claim Lines	Total Approved Claims
Jan-21	19,165	$823,462
Feb-21	18,046	$797,242
Mar-21	20,276	$928,191
Apr-21	18,871	$791,051
May-21	19,238	$826,539
Jun-21	19,156	$836,017
Jul-21	18,600	$811,299
Aug-21	18,435	$766,645
Sep-21	18,053	$767,651
Oct-21	18,253	$765,452
Nov-21	17,995	$905,446
Dec-21	18,528	$935,632
Total	**224,616**	**$9,954,629**

- The DMS-ODs billing amounts are consistent throughout CY 2021.
- The DMC-ODS has a lower denial claims rate than the Statewide rate.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Comparing CY 2020 to CY 2021 PMs show that positive ratings dropped year over year. The measures were impacted during CY 2021 which was the first full pandemic year and Santa Barbara's DMC-ODS struggled with workforce and contract provider capacity and access issues that impacted their clients.

- IS staff are very active in finding ways to use technology to ease workflows. For example:
  - IS introduced the software application Smartsheet that facilitates working collaboratively. The DMC-ODS has enthusiastically adopted it for workflow applications, reports and forms. For example, Smartsheet is used to track residential bed availability for clients.
  - Information staff are developing a workflow application within the ServiceNow application for identity and access management. Specifically, it governs on and off boarding employees and access to applications.

- While the DMC-ODS uses Tableau for internal data presentation, they do not use it to provide data to CBOs. CBOs are sent secure monthly reports via PDFs and spreadsheets.

- The DMC-ODS Director is emphasizing use of data as part of the decision-making process. One person stated that the use of data is a culture shift for the department.

- The DMC-ODS re-designed their website. The result is an easy to navigate website that highlights how to access crisis and standard services. It makes translation to Spanish, their threshold language, easy to find.

- The IS and Finance/Billing groups are very involved in the preparation for the transition to SmartCare on July 1, 2023. They feel positive about their ability to succeed with the new application. They report that CalMHSA has good communication and that CalMHSA includes all information, positive as well as negative, about implementation and current pilots.

- CBOs reported receiving very little information about the implementation of SmartCare. They expressed many expectations and hopes about the software, however, they do not have enough information to validate their expectations and hopes.

- The IS division does not have contingency plans for SmartCare implementation. A contingency plan would describe possible incidents such as errors, issues and failures that could occur during the implementation of SmartCare. For each type of incident, the plan would describe at what point to implement a contingent set of procedures, what the procedures are, how to communicate information to all impacted staff, including CBO staff, and how to recover when the incident is resolved.

VALIDATION OF CLIENT PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

The TPS consists of ratings from the 14 items yield information regarding five distinct domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction. DMC-ODS' administer these surveys to beneficiaries once a year in the fall and submit the completed surveys to DHCS. As part of its evaluation of the statewide DMC-ODS Waiver, the University of California, Los Angeles (UCLA) evaluation team analyzes the data and produces reports for each DMC-ODS.

The DMC-ODS findings are slightly lower than the prior year and were produced in a special report distributed throughout the county and contract agencies and reviewed in the QIC.

Figure 7: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA
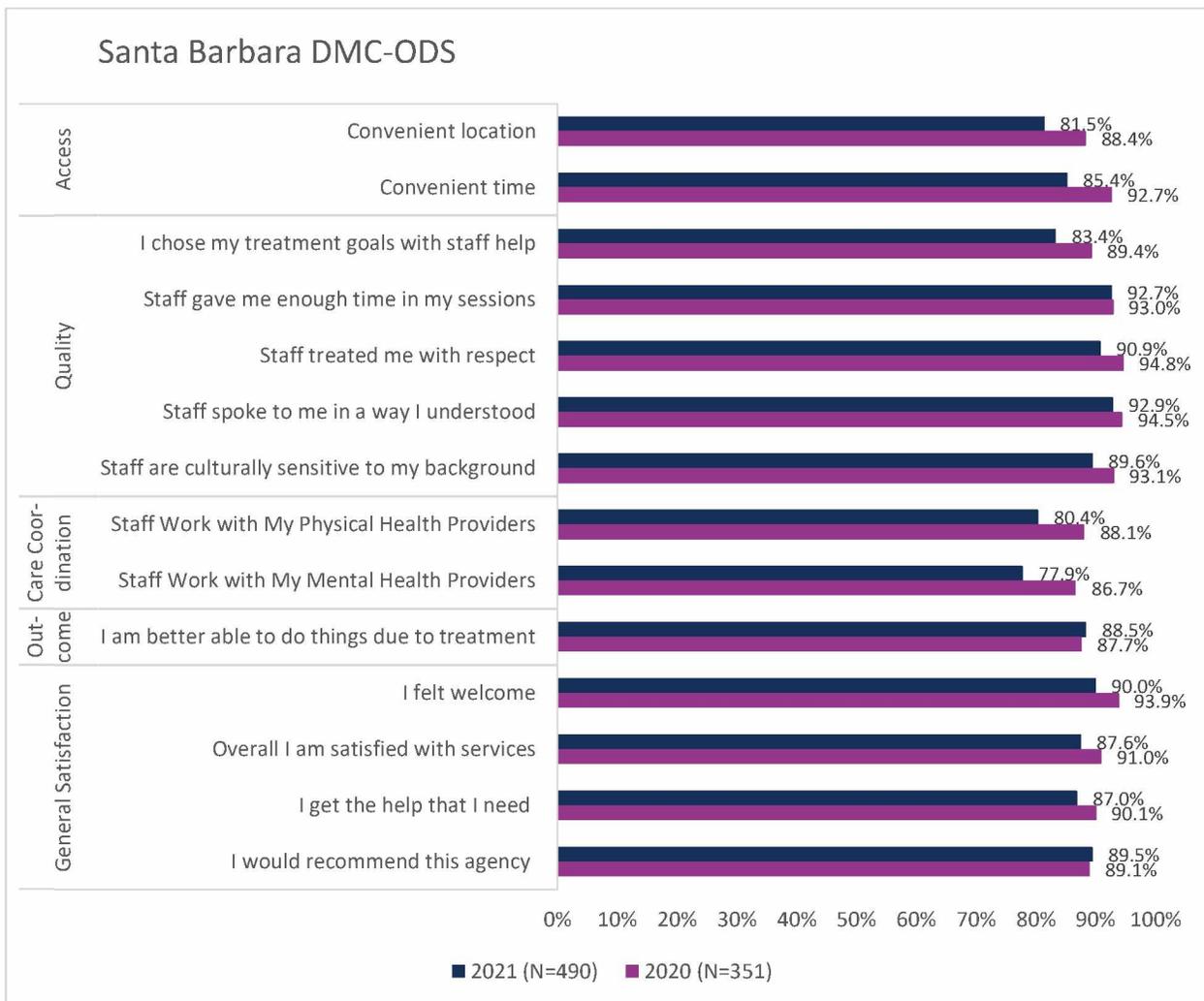
- While many of the TPS ratings dropped from CY 2020 to CY 2021, overall, the ratings are however high.
- Coordination with MH was the lowest score, and this may require additional investigation.

Consumer Family Member Focus Group One

CalEQRO requested a diverse group of adult consumers who initiated services in the preceding 12 months at a residential treatment site. The focus group was held at Good Samaritan Recovery Way in Lompoc and included ███ participants. All consumers participating receive clinical services from the DMC-ODS.

Summary of findings from the Focus Group

It took from three days to two weeks for all present to be admitted to programs after their requests. The process was smooth and helpful to see if the program was a good match. Many clients had had experience with MAT for both alcohol and opioid use disorders. Transportation and access to MH services was available for those who need it, and several were getting these services. Case management is also available. Challenges with participation of outside friends and family due to COVID-19 and remote location. Staff are good about encouraging and supporting access to needed medical care.

Recommendations from focus group participants included:

- "I feel we would improve faster and get more help if we could also go to community 12-step and other SUD groups."
- "More materials to work on and creative activities like art, gardening, exercise are needed to help with recovery and self-worth."
- "Groups planned for Sunday mornings, so we have to miss church. We want to have this as part of our support."
- "Staff are great at noticing when you are stressed out and not coping and offering help."
- "I want more opportunities to engage in the activities for SUD in the community to make it easier after I leave."

Consumer Family Member Focus Group Two

CalEQRO conducted a second 90-minute focus group with adult consumers (DMC-ODS beneficiaries) getting outpatient care. CalEQRO requested a diverse group of adult consumers who initiated services in the preceding 12 months in an outpatient setting with sober living support. The focus group was held at Sanctuary Centers in Santa Barbara and included 12 participants. An interpreter was not needed. All consumers participating receive outpatient and intensive outpatient (IOT) clinical services from the DMC-ODS.

Summary of focus group findings

It took participants one to two weeks to access the program. Some participants felt the access team did not give them a full idea of all their options. Many transitioned to the program from jail or a residential setting. Clients reported the program was very supportive and had good practical advice on managing their SUD conditions. Housing issues were a challenge for many in staying in outpatient services after discharge from residential treatment, hoped there would be more housing options linked to outpatient treatment. Services helped significantly with coping strategies and setting practical goals. Co-occurring mental health needs were addressed in the program and this was needed. Case management and therapy were available as well as SUD treatment.

Recommendations from focus group participants included:

- "Keep positive focus in the program on responsibility, practical goals."

- "Need more activities to explore our own issues, not just groups, more physical hand-on activities such as working on health through exercise, art, GED."

- "Office is open from 9-5 and you can get help here without an appointment. They care about people they are serving and are always kind."

SUMMARY OF BENEFICIARY FEEDBACK FINDINGS

Consumers were able to access services in a timely way and with a sense of respect and commitment to care. They were able to access transportation and other services when needed, and the program called Sanctuary was experienced as a lifeline after residential with both good treatment and sober living for those without stable housing. Housing was a prominent concern for those in both treatment programs especially those with children. A prominent theme was the inclusion of more varied health and wellness activities including in the community and in the programs looking at individual strengths and needs. The DMC-ODS system of care needs to continue its expansion of recovery residence beds linked to outpatient and work on community connections for those in the more isolated residential site in Lompoc. These will help with more successful discharges and stability after an intensive residential program.

CONCLUSIONS

During the FY 2022-23 annual review, CalEQRO found strengths in the DMC-ODS' programs, practices, and IS that have a significant impact on beneficiary outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SUD managed care system.

STRENGTHS

1. The DMC-ODS has developed a QIC Plan with measurable goals linked to quality indicators in an integrated behavioral health approach and a thorough evaluation of their activities. (Quality)

2. The DMC-ODS expanded and realigned residential capacity to meet local needs and make better use of current resources. (Access, Quality)

3. The DMC-ODS provided intensive training and planning to enhance efforts at overdose prevention with a consolidated Opioid Overdose taskforce from both north and south counties. (Access, Timeliness, Quality)

4. The DMC-ODS is expanded school-based treatment and wellness centers in partnership with the schools and Health Plan. (Access, Timeliness, Quality)

5. The DMC-ODS has prepared to implement a new computer system including EHR to address needs of CalAIM by July 2023 with CalMHSA. (Quality, IS)

OPPORTUNITIES FOR IMPROVEMENT

1. Participation in the TPS was low and made it difficult to fully assess satisfaction and quality, especially with online surveys. (Quality, IS)

2. The managed care plan (CenCal) required three-day notices for transportation access for those on methadone, which was a serious, if not life-threatening challenge, for those receiving treatment for high levels of fentanyl withdrawal.

3. Recovery residence housing is not available to all clients in need who do not have stable housing coming out of residential treatment and needing ongoing outpatient care. Becoming homeless could result in serious relapse conditions. (Access, Timeliness, Quality)

4. Consumers needed more diverse programming including wellness and individualized treatment linking them to the community and personal wellness goals as shared in outpatient and residential programs. (Quality)

5. CBOs have a positive attitude and expectation of the new EHR SmartCare that reflects the trust CBOs have with the DMC-ODS. However, the CBOs report having very little information about the implementation. (Quality, IS)

RECOMMENDATIONS

The following recommendations are in response to the opportunities for improvement identified during the EQR and are intended as TA to support the DMC-ODS in its QI efforts and ultimately to improve beneficiary outcomes:

1. Improve participation in TPS with expanded efforts including paper surveys and wide distribution of results for improvement. (Quality, IS)

2. Inform and educate the managed care plan CenCal medical director of the implications of not having daily, reliable transportation for methadone clients addressing withdrawal from fentanyl and risks of overdose. If needed take other actions to ensure this entitlement is provided to avoid overdose to consumers. (Access, Timeliness, Quality)

3. Continue efforts to expand critically needed recovery residence housing for those who are exiting residential treatment or need outpatient with sober living who are not stable in their housing. (Access, Quality)

   (This recommendation is a carryover from FY 2021-22.)

4. Work with providers to enhance and expand individualize treatment in the residential and outpatient programs linked to personal recovery and wellness goals and connections to the community. (Access, Quality)

5. Because CBO staff will be expected to use the new EHR, implement an aggressive communication and training plan with CBOs about SmartCare. Include CBO staff in implementation planning. Be sure to have an implementation contingency plan. (Quality, IS)

EXTERNAL QUALITY REVIEW BARRIERS

The following conditions significantly affected CalEQRO's ability to prepare for and/or conduct a comprehensive review:

The contractor staffing shortages impacted the number of client focus groups that could be achieved across the region. There were only two scheduled and one only had one participant.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT F: Additional Performance Measure Data

ATTACHMENT A: REVIEW AGENDA

The following sessions were held during the EQR, either individually or in combination with other sessions.

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions – Santa Barbara DMC-ODS
Opening session – Changes in the past year, current initiatives, status of previous year's recommendations (if applicable), baseline data trends and comparisons, and dialogue on results of PMs
QI Plan review, goals, and improvement activities, timeliness metrics, outcome activities related to quality and evaluation results of prior year plan, goals, and improvements.
Access Call Center interview and review of key metrics, access at each LOC, and ASAM screening and assessment processes
NA and Capacity Review and validation
IS capability assessment/fiscal/billing
General data use and data integrity systems related to claiming: staffing, processes for requests and prioritization, dashboards, and other reports linked to quality, system capacity, billing integrity and use in PIPs.
DMC-specific data use for client satisfaction, outcomes, linkage to appropriate LOC, clinical completion and retention rates, claiming for each LOC: TPS, ASAM LOC Placement Data, CalOMS
Disparities: cultural competence plan, implementation activities, efforts to improve PR for minorities, and evaluation results
Clinical staff group interview
PIPs review of process, data, design, and validation
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments access and quality.
Mental Health, Community Stakeholders coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview – contracted
Two client/family member focus groups such as adults, perinatal.
Site visits to residential treatment center/perinatal and outpatient services where client focus groups were provided.

CalEQRO Review Sessions – Santa Barbara DMC-ODS
Exit session to review key findings related to compliance with EQR CMS requirements and next steps with report process
Post-review EQR session analysis of findings for compliance with CMS requirements and DHCS requirements.

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Rama Khalsa, PhD., Lead Reviewer
Lorrie Sheets, IS Reviewer
Katie Faires, CFM Consultant

Additional CalEQRO staff members were involved in the review process, assessments, and recommendations. They provided significant contributions to the overall review by participating in both the pre-review and the post-review meetings and in preparing the recommendations within this report.

DMC-ODS County Sites

Children's Clinic
429 North San Antonio Road
Santa Barbara, California (CA) 93110

DMC-ODS Contract Provider Sites

Good Samaritan Recovery Way Home
608 West Ocean Ave.
Lompoc, CA. 93436

Sanctuary Centers
1136 De La Vina
Santa Barbara, CA. 93103

Table B1: Participants Representing the DMC-ODS and its Partners.

Last Name	First Name	Position	County or Contracted Agency
Andersen	Celeste	Chief of Compliance	Behavioral Wellness
Andrews	Isabelle	AOD Counselor	CADA Daniel Bryant
Arteaga	Maria	Ethnic Services Manager	Behavioral Wellness
Barnard	Sylvia	Director	Good Samaritan
Bautista	Enrique	Client's Rights Advocate	Behavioral Wellness
Beasley	Sharon	Access Screener	Behavioral Wellness
Behrendtsen	Ole	Medical Director	Behavioral Wellness
Berger	Kelly	AOD Counselor	Council on Alcoholism & Drug Abuse
Buhl	Rebecca	UCM Coordinator	Behavioral Wellness
Crosby	Kristin	Program Manager	Aegis, Santa Barbara
De Vera	Gineli	Clinical Staff	Behavioral Wellness
Doohan	Noemi	Physician	Public Health
Doyel	John	Division Chief, ADP	Behavioral Wellness
Faires	Katie	EQRO Reviewer	Behavioral Health Concepts
Farinpour	Layla	LMFT	Cottage Hospital
Flores	Donna	Director of Treatment	Good Samaritan
Garcia	Veronica	Peer Recovery Assistant	Behavioral Wellness
Gottlieb	Nancy	Clinical Director	CADA
Grimmesey	Suzanne	PIO/ Chief of QC & SO	Behavioral Wellness

Last Name	First Name	Position	County or Contracted Agency
Grover	Amelia	Manager of Social Work	Marian Hospital
Hawkins	Rachel	Behavioral Health Specialist	Public Health Department
Hogan	Lynn	AOD Counselor	CADA
Hunt	Margaret	Access Line Supervisor	Behavioral Wellness
Huthsing	Jamie	QCM Manager	Behavioral Wellness
Johnson	Melanie	Contracts Manager	Behavioral Wellness
Jones	Kathryne	LPHA (AMFT)	Sanctuary Centers
Kadada	Waseem	Business Specialist/ IT	Behavioral Wellness
Khalsa	Rama	EQRO Reviewer	Behavioral Health Concepts
Kau	Jade	ADP Specialist	Behavioral Wellness
Khatapoush	Shereen	Research and Evaluation	Behavioral Wellness
Korsan	Jessica	QCM Manager	Behavioral Wellness
Ksynkina	Irina	Access Screener	Behavioral Wellness
Lepore	Caitlin	Research and Evaluation	Behavioral Wellness
Lettini	Camilla	Clinical Social Worker	Cottage Health
Lopez	Amy	ADP Project Leader	Behavioral Wellness
Lopez	Qiuana	Policy & Procedure Coordinator	Behavioral Wellness
Madson	Charles	ADP Care Coordinator	Behavioral Wellness
Mariano	Jeffrey	Human Resources Manager	Behavioral Wellness

Last Name	First Name	Position	County or Contracted Agency
Mejia	Jose	AOD Counselor	CADA
McDuffee	Rachel	Regional Director	Aegis
Milner	Lindsey	QCM Coordinator	Behavioral Wellness
Moschini	Lisa	Clinical Director	Sanctuary Centers
Moseley	Anoushka	QCM Coordinator	Behavioral Wellness
Navarro	Antoinette "Toni"	Director	Behavioral Wellness
Neupane	Dipak	Revenue Manager	Behavioral Wellness
Nuno	Gloria	Access Screener	Behavioral Wellness
Perry	Whitney	Business Specialist/ IT	Behavioral Wellness
Pille	Andres		CenCal
Preciado	Josephine	Physician	Public Health/ Good Sam
Ramsey	Marshall	Division Chief of IT	Behavioral Wellness
Ringler	Sarah	AOD Counselor	CADA
Rankin	Robert	IT Staff	Behavioral Wellness
Ribeiro	Chris	Chief Financial Officer	Behavioral Wellness
Robb	Careena	Crisis Manager	Behavioral Wellness
Rocha	Jonelle	Administrative Office Professional	Behavioral Wellness
Rodriguez	Johnathan	Auditor-Controller	County of Santa Barbara
Rojas	Jessica	MSN, RN	

Last Name	First Name	Position	County or Contracted Agency
Schoer	Barry	President/ CEO	Sanctuary Centers
Sheets	Lorrie	EQRO Reviewer	Behavioral Health Concepts
Smith	Leslie	QCM Coordinator	Behavioral Wellness
Souza	Frank	AOD Counselor	Good Samaritan
Sturz	Suzann	County Compliance & Accountability Officer	County of Santa Barbara CEO Office
Swanson	Shelby	ADP Project Leader	Behavioral Wellness
Uribe	Veronica	Care Coordinator	Behavioral Wellness
Viani - Grabowski	Christina	Assistant Clinical Director	Sanctuary Centers
Vasquez	Christina	Regional Detox Manager	Good Samaritan
Vega	Victor	AOD Counselor	CADA
Whiteley	Scott	Executive Director	CADA
Wilkins	Melissa	Branch Chief of ADP	Behavioral Wellness
Williams	Susan	AOD Counselor	Good Samaritan
Winkler	John	Division Chief of Clinical Operations	Behavioral Wellness
Woody	Joshua	QCM Manager	Behavioral Wellness

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	This is a second year PIP with a new intervention to enhance its effectiveness using motivational interviewing training with staff engaging with the clients. This is in addition to care coordination from the residential to post discharge LOCs and support services.
General PIP Information	

MHP/DMC-ODS Name: Santa Barbara

PIP Title: Timely Transitions in Care Following Residential Treatment

PIP Aim Statement: The aim of this PIP is to improve the rate of beneficiary's transition to outpatient treatment after residential discharge at 7, 14, and 30 days by utilizing individualized case management, MI, and discharge planning services.

Date Started: 08/2021

Date Completed: Not Completed

Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)

☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)

☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)

☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17) *   ☒ Adults only (age 18 and over)   ☐ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

General PIP Information

Target population description, such as specific diagnosis (please specify):

Adults 18 years and older in residential levels 3.1, 3.3 and 3.5 who were discharged and transition to other LOCs particularly outpatient and recovery services some with MAT as well. The DMC-ODS saw 10-day transitions as optimal for most clients based on case reviews and review of the literature, however only about 17 percent of the client proceeded to outpatient care.

Improvement Strategies or Interventions (Changes in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):

Members were expected to cooperate with treatment planning related to discharge and identify important needs and goals for those transitions after residential related to recovery supports and sustained abstinence. The member also would participate in psycho-education groups on the benefits of staying in treatment related to successful management of their SUD, achieving goals, and reduced cravings over time.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):

Provider would help member identify needs for support and success in the community after residential treatment, design a successful discharge plan with supports, help with a smooth handoff to outpatient care clinicians, and provide MI to the member to encourage them in their transition during all phases of the process.

MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools):

DMC-ODS system would look at critical resource needs for successful transitions and supports such as recovery housing, adequate care coordination workforce, peer navigators, MAT resources, transportation, and other needs from a system perspective to make the transitions work as a whole bases on numbers, areas of the county, cultural needs, etc.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
PM 1- Transitions in 7 days with new Services Target Goal: 41%	FY 2020-21	N=90/291 31%	☐ Not applicable— PIP is in planning or implementation phase, results not available	Q2 FY22/23 N=13/59 22%	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM 2- Transitions in 14-days with new Services. Target Goal: 46%	FY 2020-21	N=105/291 36%	☐ Not applicable— PIP is in planning or implementation phase, results not available	Q2 FY 22/23 N=17/59 29%	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM-3 – Transitions in 30 days with new Services. Target Goal: 53%	FY 2020-21	N=125/291 43%	☐ Not applicable— PIP is in planning or implementation phase, results not available	Q2 FY 22/23 N=22/59 37%	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

"Validated" means that the EQRO reviewed all relevant parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)

Validation phase (check all that apply):

☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year.

☐ First remeasurement ☐ Second remeasurement ☒ Other (specify): fifth remeasurement.

Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence

"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

PIP Validation Information

EQRO recommendations for improvement of PIP: There were seven re-measurements. MI was just introduced so there was not adequate time to see the intervention's impact. To investigate this lack of improvement of care coordination, an extensive survey of the staff was done doing the care coordination. More than 50 percent said housing was the biggest barrier to going to outpatient post-residential and 20 percent said motivation was the barrier after extended time in residential. Without a place to live, beneficiaries did not want to commit to treatment. From a root cause analysis view, the addition of recovery residence beds is important to this transition for those without stable house particularly those who have children based on feedback. Another barrier identified was lack of staff time to aggressively work on difficult issues such as housing resources which are complex and can involve extensive outreach and benefits efforts. Forty-eight percent said more time to address these issues would help as well. Also, staff needed more time to do provide transportation to assist the client with the warm handoff as well as the housing placement issues, but transportation to and from outpatient needed to be available as few had cars.

BHC recommended that MAT be strongly encouraged as part of treatment both in and after residential as it helped with cravings and relapse prevention for opioid and alcohol use disorders. Track carefully who have eligible diagnoses and investigate why they are not getting these extra treatment supports to help with care. MAT services are critical for discharge planning and can be fully continued post residential. For co-occurring clients consider a MH focused discharge program and CM for follow-up. Consider an ACT team or MH recovery and drop-in center with MH also helping with the care. Look at profiles of joint clients being discharged to build on strengths of the BH integrated system. Could these co-occurring clients participate in full-service partnership team? For example.

Could primary care in rural area help with the MAT support with SUD providers doing more of the care coordination? SUD providers are comfortable providing that role and support and primary care is stretched thin based on feedback but would like to do more MAT with supports. SUD contractors have offered in several sessions to provide this for their clients to help them with primary care and MAT access.

For PIP track number of CM and MI sessions in EHR as part of measurements, during residential and post including the transition period. Keep case open even I 30 days to try to foster the engagement.in the transition to lower LOC.

Non-Clinical PIP

Table C2: Overall Validation and Reporting of Non-Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	This PIP is recently completed and is a very successful Access PIP reducing the timeliness to service and also improving the number of persons getting to and staying in treatment. It also improves the implementation of the "no wrong door policy in the county." It builds on the therapeutic alliance of the client going directly to the provider requesting care and getting an assessment from them and promptly beginning treatment.
General PIP Information	

MHP/DMC-ODS Name: Santa Barbara

PIP Title Improving Timeliness and Reducing Attrition from Access screening to Intake in SUD outpatient services

PIP Aim Statement: "The aim of this PIP is to determine whether the implementation of a coordinated decentralized DMC-ODS Access screening system line will increase timely access to care and reduce attrition rates for DMC-ODS beneficiaries."

Date Started: 09/2021

Date Completed: 11/2022

Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)

☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)

☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)

☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

Target age group (check one):

☒ Children only (ages 0–17) *   ☒ Adults only (age 18 and over)   ☐ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

General PIP Information

Target population description, such as specific diagnosis (please specify):
All Santa Barbara beneficiaries with Medi-Cal seeking services who can be served in outpatient and intensive outpatient LOCs will be served and provided with rapid screening by all contractors and county clinics. This can be followed by admission into treatment.

Improvement Strategies or Interventions (Changes in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):

Members can be served by any contractor or clinic convenient to them at the right LOC that meets their needs to help with rapid admission into treatment. This includes screening, admission, and treatment.Click or tap here to enter text.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):

Providers at all outpatient and intensive outpatient programs will screen, assess, and admit into treatment all appropriate clients requesting care in an appropriate way based on ASAM criteria. If needing another LOC, a transfer will be rapidly made possible for the beneficiary.

MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools):

The DMC-ODS will help to ensure the staff is trained and has adequate resources to provide the assessments at the sites as needed to meet the beneficiary needs and when needed Access will assist to be sure they get linked to the most appropriate LOC.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
PM 1 Offered Days Target: One Day Less than Baseline: 5.1	FY 2020-21	N=4209 6.1	☐ Not applicable—PIP is in planning or implementation phase, results not available	Q1 FY22/23 (5th remeasurement) 5.9%	☒ Yes ☐ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM 2: % Offered Met Goal Target: Increase by 5% from Baseline: 86%	FY 2020-21	81%	☐ Not applicable—PIP is in planning or implementation phase, results not available	77%	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM 3 Attended Days One day less than baseline 5.3	FY 2020-21	6.3 days	☐ Not applicable—PIP is in planning or implementation phase, results not available	7.6 days	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM4 % Attended Met Goal Increase 5% from baseline. 53%	FY 2020-21	47%	☐ Not applicable—PIP is in planning or implementation phase, results not available	32%	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
PM 5 No-Show Rate 5 % less than baseline 33%	FY 2020-21	27%	PIP is in planning or implementation phase, results not available	49%	No	Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

"Validated" means that the EQRO reviewed all relevant parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)

Validation phase (check all that apply):

☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year.

☐ First remeasurement ☐ Second remeasurement ☒ Other (specify): completed.

Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence

"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

EQRO recommendations for improvement of PIP:

- PIP did very well in the first year when staffing was adequate to cover the PIP activities at the contract agencies. Workforce issues were impacting the results in some of the later quarters and thus it is critical to work together to address these to continue the positive results for the beneficiaries.

- To generalize this positive impact, the DMC-ODS is considering this re-design for residential programs. Also, to ensure success, workforce issues for licensed staff at the contractors and county clinics (who do the screenings and assessments) need to be stable and have adequate staff. Also, for residential implementation, the 24/7 on-call capacity for authorizations and review of screenings and assessments is critical to stay within timeliness requirements.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to the Key Components, ATA, and PIP Validation Tool, are available on the [CalEQRO website.](#)

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

A letter from the DMC-DOS Director was not required to be included in this report.

ATTACHMENT F: ADDITIONAL PERFORMANCE MEASURE DATA

Table F1: CalOMS Living Status at Admission, CY 2021

Admission Living Status	County #	County %	Statewide #	Statewide %
Homeless	289	16.4%	24,459	28.0%
Dependent Living	237	13.4%	19,800	22.7%
Independent Living	1,241	70.2%	43,052	49.63%
Total	**1,767**	**100.0%**	**87,311**	**100.0%**

Table F2: CalOMS Legal Status at Admission, CY 2021

Admission Legal Status	County #	County %	Statewide #	Statewide %
No Criminal Justice Involvement	1,001	56.6%	56,468	64.7%
Under Parole Supervision by CDCR	≤11	-	1,641	1.9%
On Parole from any other jurisdiction	11	0.6%	1,575	1.8%
Post release supervision - AB 109	701	39.7%	21,095	24.2%
Court Diversion CA Penal Code 1000	33	1.9%	1,321	1.5%
Incarcerated	███		350	0.4%
Awaiting Trial	≤11	-	4,798	5.5%
Total	1,767	100.0%	**87,248**	**100.0%**

Table F3: CalOMS Employment Status at Admission, CY 2021

Current Employment Status	County #	County %	Statewide #	Statewide %
Employed Full Time - 35 hours or more	281	15.9%	11,089	12.7%
Employed Part Time - Less than 35 hours	130	7.4%	6,543	7.5%
Unemployed - Looking for work	443	25.1%	26,943	30.9%
Unemployed - not in the labor force and not seeking	913	51.7%	42,736	48.9%
Total	1,767	100.0%	**87,311**	**100.0%**

Table F4: CalOMS Types of Discharges, CY 2021

Discharge Types	County #	County %	Statewide #	Statewide %
Standard Adult Discharges	919	41.5%	50,245	50.2%
Administrative Adult Discharges	1,145	51.7%	40,626	40.6%
Detox Discharges	110	5.0%	7,740	7.7%
Youth Discharges	39	1.8%	1,387	1.4%
Total	**2,213**	**100.0%**	**99,998**	**100.0%**