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

SANTA CLARA FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

March 28-30, 2023

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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 Clara” may be used to identify the Santa Clara County DMC-ODS program, unless otherwise indicated.

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — March 28-30, 2023

DMC-ODS Size — Large

DMC-ODS Region — Bay Area

SUMMARY OF FINDINGS

The California (CA) 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	2	2	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	2	2	0
Timeliness of Care	6	2	1	3
Quality of Care	8	4	3	1
Information Systems (IS)	6	4	2	0
TOTAL	**24**	**12**	**8**	**4**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorders (OUD)	Clinical	02/2022	Planning	moderate
Follow-up after Emergency Department visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	02/2022	Planning	low

Table D: Summary of Consumer/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐Youth ☐ Residential ☐ Outpatient ☐ MAT/NTP ☒ Perinatal ☐ Other	■
2	☐Youth ☐ Residential ☒ Outpatient ☐ MAT/NTP ☐ Perinatal ☐ Other	13

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS has a strong and effective relationship with the criminal justice system and provides a rich range of treatment and support services to enhance client outcomes.
- California Outcomes Measurement System (CalOMS) data indicates a prominent level of positive outcomes with 80.1 percent of clients either completing treatment or showing satisfactory progress.
- The Opioid Overdose Project has expanded county-wide and is doing Narcan education and distribution directly and through vending machines.
- Youth substance use disorder (SUD) treatment expanded in schools and total clients served and includes coordination with the health plans to expand access.
- The DMC-ODS has added their Electronic Health Records (EHR) software to all their contract providers to improve coordination of care and successfully implement California Advancing and Innovating Medi-Cal (CalAIM) bill and service requirements.

The DMC-ODS was found to have notable opportunities for improvement in the following areas:

- Quality improvement (QI) goals are limited in the activities and focus on SUD quality issues in comparison to those of mental health (MH).

- The DMC-ODS reports extreme challenges in workforce recruitment and retention due to their housing costs and competition from other health providers.
- The Behavioral Health QI Project (BHQIP) focused on Alcohol Use Disorders (AUDs) and other drugs has an intervention of a brochure for clients to link to care. This intervention alone has limited capacity to meet BHQIP goals.
- Due to an EHR conversion, the timeliness data and no-show data are not available.
- Contract providers report they require additional training and communication on the EHR and CalAIM requirements and goals to be successful with implementation.

FY 2022-23 CalEQRO recommendations for improvement include:

- The QI plan should include a balanced number of goals and activities related to SUD treatment and MH treatment and outcomes.
- The DMC-ODS should expand the workforce using peer support service opportunities and if needed additional financial incentives for other classifications to compete with other health providers.
- The BHQIP should add additional interventions engaging the AUD clients at the emergency departments (ED) and assist them to get immediate access to SUD treatment sites.
- The DMC-ODS needs to update the EHR and other systems to capture required timeliness and no-show data.
- The DMC-ODS should implement comprehensive training and a direct and regular communication plan with their provider network to enhance successful transitions to CalAIM billing and documentation utilizing 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 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 Clara DMC-ODS by BHC, conducted as a virtual review on March 28-30, 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; Treatment Perception Survey (TPS); the 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 technical assistance (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 IS (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 12, 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 reported the pandemic impacted staff availability due to illness and childcare issues and increased retirements and workforce retention overall. CalEQRO worked with the DMC-ODS to design an alternative review 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.

- The DMC-ODS continues to need more residential treatment capacity and is challenged to find providers.
- Workforce challenge is a major area of concern for DMC-ODS, and interventions are being developed to try to address it.
- CalAIM implementation and the expanded EHR remains a top priority for administration.
- DHCS Contingency Management program is being implemented.
- Opioid Settlement funds are being used to enhance both treatment and prevention.

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 preliminary 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: Review low utilization of new DMC-ODS Waiver services such as Recovery Support, Case Management, residential withdrawal management (WM) and Intensive Outpatient Treatment; address root causes and support client, workforce, and capacity changes needed to increase access and use of these services.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The DMC-ODS took steps to enhance direct referrals to reduce delays accessing treatment and this increased overall utilization of care.
- The DMC-ODS is reviewing other existing policies such as a requirement for background checks to access recovery residence beds and evaluate if they are indeed necessary.
- The DMC-ODS notes that they had a major computer conversion in the last year related to providers and this impacted service utilization in many areas.

Recommendation 2: Take additional steps to assure discharge planning and client care coordination across its service modalities as data indicates that of the 483 residential admissions just 51 (11 percent) received timely post-residential follow-up service.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS added warm handoffs with county funds so residential and outpatient stays could overlap to improve engagement.

- The DMC-ODS is doing pilots to improve the interface with specific providers and transitions.
- The DMC-ODS is reviewing areas where capacity issues are causing delays and loss of engagement.

Recommendation 3: Review causes and make necessary adjustments to address its ASAM congruence levels, which is low with current data indicating no service capacity as the most frequent reason that a client's LOC placement does not match what is clinically indicated.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS is increasing WM services and have single source contracts with three adult and one youth residential provider.
- The DMC-ODS has added a capacity tracking form to ensure timely access to our residential programs, and requests for proposals for in-county residential treatment capacity continues.

Recommendation 4: Take meaningful steps to address the inability to reliably track and report no-shows for first contact appointments, which currently average over 5,200 per month. High no-show rates prohibit an accurate evaluation of system performance and program capacity to engage individuals seeking treatment.

☐ Addressed ☐ Partially Addressed ☒ Not Addressed

- Due to the conversion to the new EHR, the timeliness data and no-show data are not yet available. The conversion was completed in December 2022. The DMC-ODS is working to correct this problem and make timeliness and other PM such as "no-shows" a priority.

Recommendation 5: Prioritize the assignment of staff and resources necessary to better meet CMS QAPI requirements, including the QAPI work plan, QI Committee, and the development, implementation, and required submission of two PIPs.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The DMC-ODS completed a comprehensive staffing assessment for multiple areas, including Quality. This year they hired a Program Manager III for the DMC-ODS to centralize oversight and input into important activities including QAPI. Additional staff requests are being made as part of the FY 2024 budget.
- Existing staff from MH and the DMC-ODS have been integrated into a team to be more efficient with the PIPs and all quality-related requirements.

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 both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 26 percent of services were delivered by county-operated/staffed clinics and sites, and 74 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 54 percent of services provided were claimed to be 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: residential provider sites, outpatient, and MAT (medication assisted treatment) providers. The DMC-ODS operates a centralized access team that is responsible for linking beneficiaries to appropriate, medically necessary services. The central access line is integrated this past year for both MH and DMC-ODS. They answer calls and link screened clients to services and attempt to set up appointments for those clients, especially during hours when the programs are open. Providers provide a list of available openings for intakes each week to the Access team to make this as efficient as possible.

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 533 adult beneficiaries, ≤11 youth beneficiaries, and 71 older adult beneficiaries across 8 county-operated sites and 13-contractor-operated sites. Among those served, 97 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 plans 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 Clara County, the time and distance requirements are 15 miles and 30 minutes for outpatient SUD services, and 15 miles and 30 minutes for Narcotic Treatment Program/ Opioid Treatment Program (Narcotic Treatment Programs (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 AAS, 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 were 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

- 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 access to OON providers.
- Related to capacity the DMC-ODS did submit a plan of correction to DHCS. They are waiting for a response and have added single case agreements to enhance access.

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	Partially Met
1B	Manages and Adapts Capacity to Meet Beneficiary Needs	Partially Met
1C	Integration and/or Collaboration to Improve Access	Met
1D	Service Access and Availability	Met

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

- Santa Clara has a complete range of services required for the DMC-ODS and is adding capacity for residential, MAT, WM, and other services where capacity is a challenge for those seeking services. This is tracked at the Access site and in coordination with providers.
- Collaboration with contract providers related to access when there are capacity challenges and tracking of timeliness needs improvement based on provider feedback.

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 PR for Santa Clara is 0.71 percent, which is below both similar sized counties and statewide rates.

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 PRs by Age, CY 2021

Age Groups	# of Eligibles	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
Ages 0-17	91,663	120	0.13%	0.10%	0.10%
Ages 18-64	218,241	2,473	1.13%	1.43%	1.30%
Ages 65+	88,355	219	0.25%	0.51%	0.43%
TOTAL	**398,259**	**2,812**	**0.71%**	**0.93%**	**0.85%**

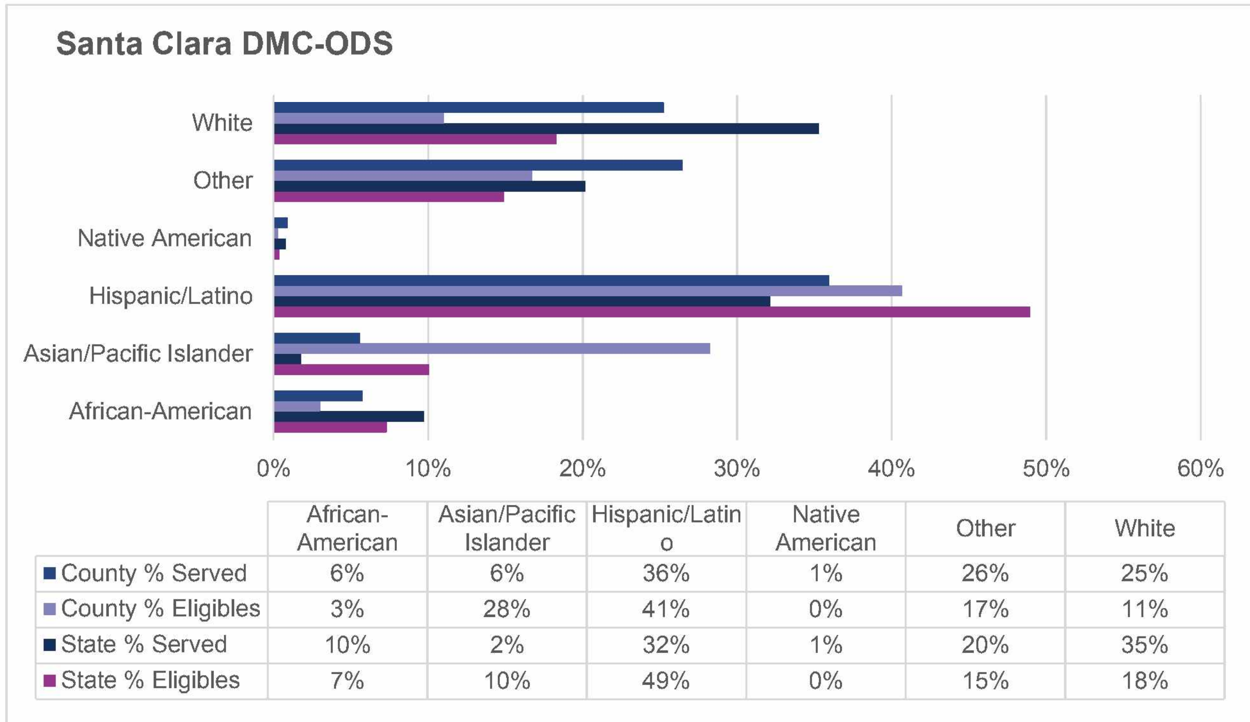
- Santa Clara primarily served adults between the ages of 18-64, with a lower PR than the State (1.13 percent vs. 1.30 percent).
- The youth PR for Santa Clara (0.13 percent) is slightly higher than for the State and similar size counties (0.10 percent).

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	12,023	162	1.35%	1.18%	1.13%
Asian/Pacific Islander	112,630	158	0.14%	0.15%	0.15%
Hispanic/Latino	162,013	1,011	0.62%	0.58%	0.56%
Native American	1,158	26	2.25%	2.13%	1.75%
Other	66,544	745	1.12%	1.32%	1.15%
White	43,891	710	1.62%	1.84%	1.64%
TOTAL	**398,259**	**2,812**	**0.71%**	**0.93%**	**0.85%**

- PR for African American, Hispanic/Latino, and Native American race/ethnicity groups exceed the rates for similar sized counties and the State.
- PR for Asian Pacific Islanders is similar to the State and similar size counties.

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



	African-American	Asian/Pacific Islander	Hispanic/Latino	Native American	Other	White
County % Served	6%	6%	36%	1%	26%	25%
County % Eligibles	3%	28%	41%	0%	17%	11%
State % Served	10%	2%	32%	1%	20%	35%
State % Eligibles	7%	10%	49%	0%	15%	18%

- The racial/ethnic group with the highest percentage of eligibles and beneficiaries served in Santa Clara are Hispanic/Latino. The percent of Santa Clara County Medi-Cal eligibles are Hispanic/Latino is 41 percent, while only 36 percent of beneficiaries are being served in this race/ethnicity group.
- The race/ethnicity group with the greatest disparity between eligibles and beneficiaries served is with the Asian/Pacific Islander group. Although 28 percent of eligibles come from the Asian/Pacific Islander group, only 6 percent are served.

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

Eligibility Categories	# Eligibles	# Beneficiaries Served	County PR	Similar Size Counties PR	Statewide PR
Affordable Care Act (ACA)	142,591	1,831	1.28%	1.66%	1.55%
Disabled	28,594	371	1.30%	1.74%	1.54%
Family Adult	51,657	508	0.98%	1.15%	1.05%
Foster Care	982	19	1.93%	1.25%	1.25%
MCHIP	35,982	34	0.09%	0.09%	0.08%
Other Adult	84,856	46	0.05%	0.09%	0.07%
Other Child	53,521	87	0.16%	0.11%	0.10%
Total	**398,258**	**2,812**	**0.71%**	**0.93%**	**0.85%**

- The top three eligibility categories among clients served in Santa Clara County (in order) are ACA, Family Adult, and Disabled beneficiaries. The PR for these three eligibility categories is all below the similar sized counties, and statewide rates.

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

Eligibility Categories	County AACB	Similar Size Counties AACB	Statewide AACB
ACA	$4,297	$5,493	$5,999
Disabled	$5,222	$5,205	$5,549
Family Adult	$4,789	$4,789	$5,010
Foster Care	$2,316	$2,870	$2,826
MCHIP	$3,082	$3,989	$3,783
Other Adult	$3,217	$4,379	$4,547
Other Child	$3,992	$3,888	$3,460
Total	**$4,581**	**$5,395**	**$5,821**

- Overall, AACB in Santa Clara is lower than similar sized counties and the State. ACA has the largest disparity in AACB between the County and the State ($4,297 vs. $5,999) for a difference of $1,702, while Family Adult has the least disparity ($4,789 vs. $5,010) for a difference of $221.

Table 7: Services Used by Beneficiaries, CY 2021

County			Statewide	
Service Categories	**#**	**%**	**#**	**%**
Ambulatory Withdrawal Mgmt	0	0.00%	41	0.03%
Intensive Outpatient	170	4.72%	14,586	9.73%
Narcotic Treatment Program	568	15.76%	40,196	26.81%
Non-Methadone MAT	177	4.91%	7,837	5.23%
Outpatient Drug Free	1,767	49.02%	44,111	29.42%
Partial Hospitalization	13	0.36%	19	0.01%
Recovery Support Services	272	7.55%	5,439	3.63%
Res. Withdrawal Mgmt	239	6.63%	10,869	7.25%
Residential Treatment	399	11.07%	26,859	17.91%
Total	**3,605**	**100.00%**	**149,957**	**100.00%**

- The majority of clients served were in outpatient services (49.02 percent). This reflects a considerably higher outpatient service rate than the statewide rate (29.42 percent). The second and third most accessed modalities were NTP and Residential Treatment. However, both of those categories were well below the statewide rates (15.76 percent vs. 26.81 percent for NTP; 11.07 percent vs. 17.91 percent for Residential).
- Santa Clara has a higher utilization of recovery support services than the State (7.55 percent versus 3.63 percent).
- The DMC-ODS reports challenges with establishing enough capacity for residential treatment for demands and is expanding NTP services with a new facility in Palo Alto in partnership with San Mateo County.

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

Service Categories	County AACB	Similar Size Counties AACB	Statewide AACB
Ambulatory Withdrawal Mgmt	$0	$47	$996
Intensive Outpatient	$2,012	$1,189	$1,630
Narcotic Treatment Program	$3,411	$3,935	$4,271
Non-Methadone MAT	$2,163	$1,340	$1,454
Outpatient Drug Free	$3,045	$2,370	$2,581
Partial Hospitalization	$4,516	$5,027	$5,027
Recovery Support Services	$3,152	$1,870	$1,761
Res. Withdrawal Mgmt	$1,571	$2,396	$2,438
Residential Treatment	$8,895	$10,433	$10,157
Total	**$4,581**	**$5,395**	**$5,821**

- AACB for Intensive Outpatient, Non-Methadone MAT, Outpatient Drug Free, and Recovery Support Services were all higher than similar sized counties and the State, while AACB for Ambulatory WM, NTP, Partial Hospitalization, Residential WM, and Residential Treatment were all lower than similar sized counties and the State.

IMPACT OF ACCESS FINDINGS

- PR for African American, Hispanic/Latino, and Native American race/ethnicity groups are higher than similar sized counties and the State.
- Outpatient services are utilized considerably higher than the State (49.02 percent vs. 29.42 percent). While residential treatment and NTP services are lower and are areas needing attention related to access and capacity.
- With an average of $4,581 for all service categories, Santa Clara AACB is below both similar sized counties ($5,395) and the State ($5,821).

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 likely 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 in 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-ODSs 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	Not Met
2B	First Non-Urgent Request to First Offered MAT Appointment	Not Met
2C	Urgent Appointments	Not Met
2D	Follow-Up Appointments after Residential Treatment	Met
2E	WM Readmission Rates	Met
2F	No-Shows/Cancellations	Partially Met

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

- Most timeliness Key Components were not met due to implementation of a new EHR (established in December 2022) which did not have complete data for

tracking timeliness for offered appointments, non-urgent requests for MAT, and urgent appointments.

- Follow-up after residential treatment and readmissions to WM facilitated using a designated new form to allow for tracking these PMs and other transitions in care.
- No-show data was available for FY 2021-22 but not the current year. Existing data indicates a 56 percent overall no-show rate, which is quite high.

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 for First Delivered Service and No-Show Rates, while Follow-up Services after Residential Treatment, and WM Readmission Rates represent contractor-operated services only but were tracked with the new form.

Most data submitted on the ATA by Santa Clara was incomplete. In particular, no data was tracked for First Offered Appointment, Urgent Services, or First Offered Non-Urgent NTP/OTP Appointment. Santa Clara discovered an issue with their timeliness tracking form in their new EHR where staff had been entering the data entry date, rather than the date of first offered appointment in the log. This issue is currently being addressed in the EHR, and training is simultaneously occurring in order to re-establish accurate data.

For the areas where data is entered on the timely access form (first non-urgent service rendered, follow-up services post-residential, WM readmission rates, and no-shows), the County added a disclaimer that the data may be incomplete due to the transition to the new EHR where mapping to old data was difficult. There was however a new form developed for tracking transitions across LOCs specifically residential to outpatient and recovery support, and WM readmissions.

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

DMC-ODS-Reported Data

Table 10: FY 2022-23 DMC-ODS ATA

Timeliness Measure	Average/Rate	Standard[1]	% That Meet Standard
First Non-Urgent Appointment Offered	*** Days	10 Business Days*	***
First Non-Urgent Service Rendered	13.14 Days	10 Business Days*	63%
Non-Urgent MAT Request to First NTP/OTP Appointment	*** Days	3 Business Days*	***
Urgent Services Offered	*** Hours	48 Hours*	***
Follow-up Services Post-Residential Treatment	60 Days	7 Days	12%
WM Readmission Rates Within 30 Days	5.34%	n/a	n/a
No-Shows	56%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** DMC-ODS-defined timeliness standards ***DMC-ODSs did not report data for this measure			
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

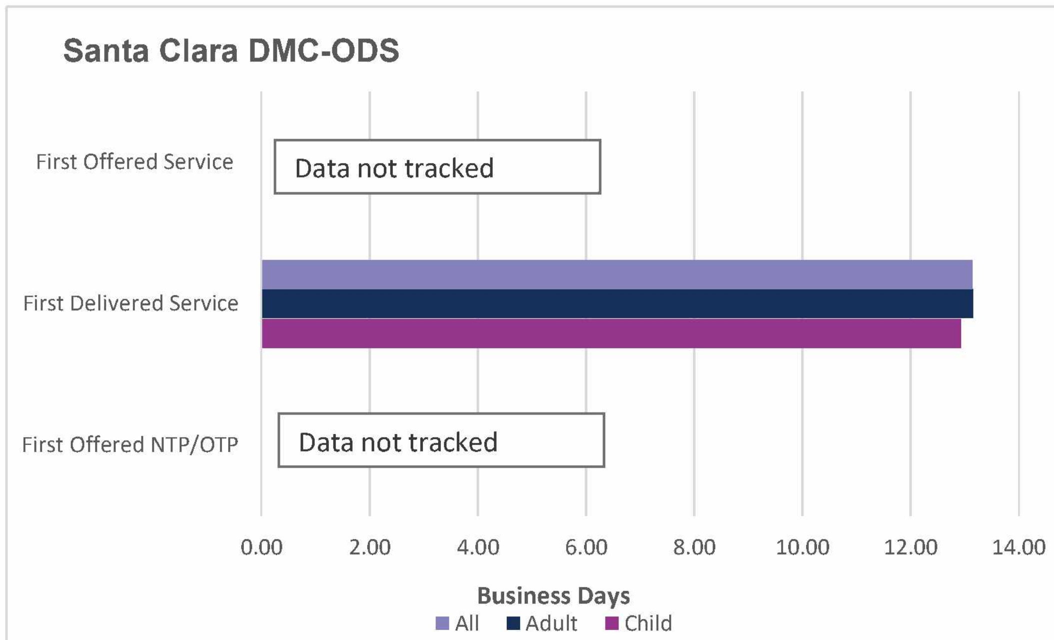


Figure 3: Wait Times for Urgent Services

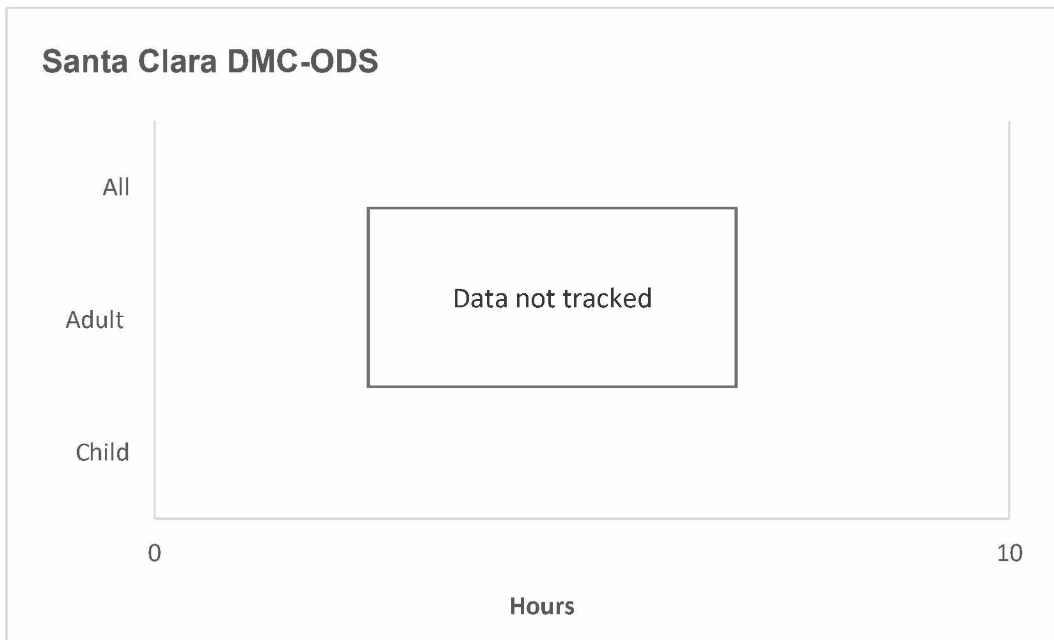
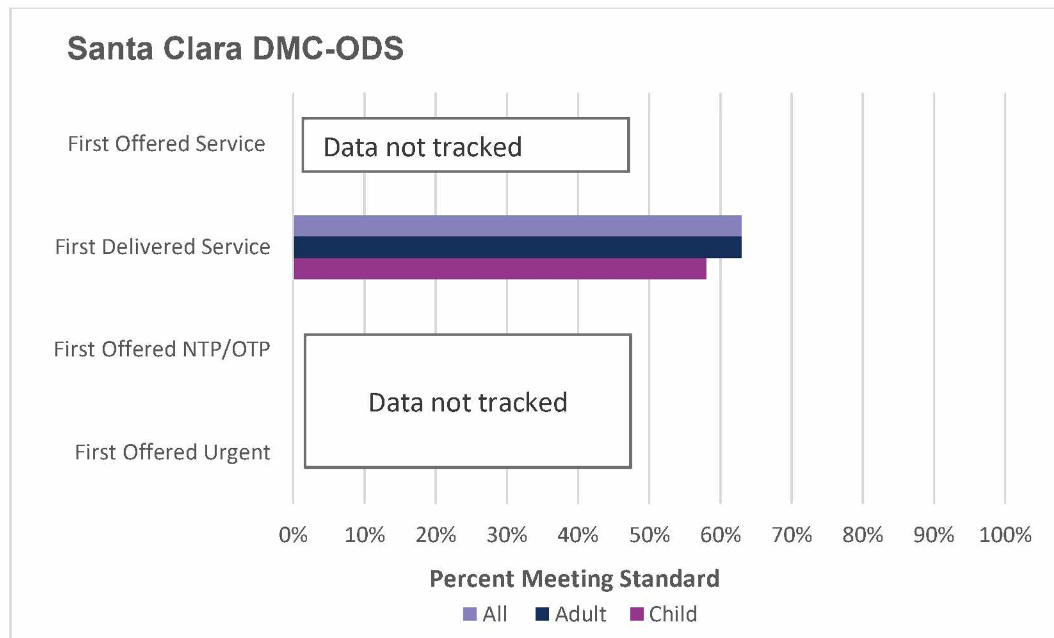


Figure 4: Percent of Services that Met Timeliness Standards



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 NTP 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	10	0.03%	10.20
18 to 64	442	78.65%	7.57	33,162	84.03%	3.41
65+	120	21.35%	0.19	6,292	15.94%	0.41
TOTAL	**562**	**100.00%**	**6.00**	**39,464**	**100.00%**	**2.94**

- On average, adults aged 18 to 64 received their first dose of methadone in 7.57 days, which is about 4 days slower than the statewide average of 3.41 days. Wait times for Older Adults are considerably faster at only 0.19 days compared to the statewide average of 0.41 days.

Timely Transitions

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 = 1,135		Statewide N = 58,923	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	90	7.93%	5,740	9.74%
Within 14 Days	170	14.98%	7,610	12.92%
Within 30 Days	256	22.56%	9,214	15.64%

- Of the 1,135 Santa Clara beneficiaries who were discharged from residential treatment, 7.93 percent had a follow-up admission to a lower LOC within 7 days, 14.98 percent within 14 days, and 22.56 percent within 30 days. Follow-up admissions were higher than the State in each category except for 7 days (7.93 percent vs. 9.74 percent).

Residential WM Readmissions

Table 13: Residential Withdrawal Management Readmissions, CY 2021

County			Statewide	
Total DMC-ODS admissions into WM	283		14,120	
	#	#	#	%
WM readmissions within 30 days of discharge	<11	-	1,128	7.99%

- There were less than eleven beneficiaries who were readmitted to residential WM so the data in Table 13 has been suppressed.

IMPACT OF FINDINGS

- Santa Clara identified data entry and form issues in the timeliness tracking process. Timeliness data for this EQR is mostly incomplete, and the County is actively working on fixes to this process to ensure accurate and complete data in the near future.
- The number of days for most clients (ages 18-64) first dose of methadone is 7.57 in Santa Clara, well above the 3.41 per day average found statewide, indicating a need to review workflow, protocols, or other causal factors.
- New medical necessity changes were reported to have enhanced timeliness access by a report of clinical staff.

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, assign 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 done in an integrated QI and QA (Quality Assurance) team which includes both MH and SUD programs. It is a department requirement and responsibility within Behavioral Health services. The program added a Program Manager III to DMC-ODS with responsibility for QI/QA for that program. Other positions to enhance this unit are proposed for the FY 2023-24 budget. Quality is considered a continuous process for both MH and the DMC-ODS.

The DMC-ODS monitors its quality processes through the QI Committee, the QAPI workplan, and the annual evaluation of the QAPI workplan. The Behavioral Health QI Committee (BHQIC), comprised of physicians, licensed psychologists and therapists, SUD counselors, family and client representatives, data analysts, and contract provider representatives, is scheduled to meet semi-annually with ten subcommittees which meet monthly and provide feedback to the BHQIC steering committee. The ten subcommittees of the BHQIC focus on specific populations served by the Department of Behavioral Health. This is a complex structure requiring more staff.

Since the previous EQR, the DMC-ODS BHQIC met two times and the adult, criminal justice, and youth QI subcommittees each met 12 times. Of the identified 11 FY 2021-22 QAPI workplan goals for the SUD treatment, the DMC-ODS identified one met related the ASAM integrity, one not met identifying data needed from the new EHR for physical exams, and nine partially met related to timeliness, case management at initial requests for services, test calls of the Access Center, and other quality measures. The biggest barrier was related to the challenges of the new EHR system as well as staff availability to provide the workforce for key activities and services.

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	Partially Met
3B	Data is Used to Inform Management and Guide Decisions	Partially Met
3C	Communication from DMC-ODS Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Not 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:

- The DMC-ODS had a comprehensive MAT program from prevention to treatment with strong support from the community, key stakeholders, and partner agencies.
- The organization needs more staffing to operationalize the ten subcommittees of the BHQIC and fully achieve both QI and QA via these subcommittees.
- Data is used to make decisions when it is available, but current systems are not working to provide many critical data points due to new EHR.
- Communication with contract agencies on CalAIM and the new rates, billing, and documentation is needed for them to be successful with implementation.
- The TPS did not appear to have been used to initiate any quality activities for low scoring sites or analyzed to enhance increased response rates.

QUALITY PERFORMANCE MEASURES

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

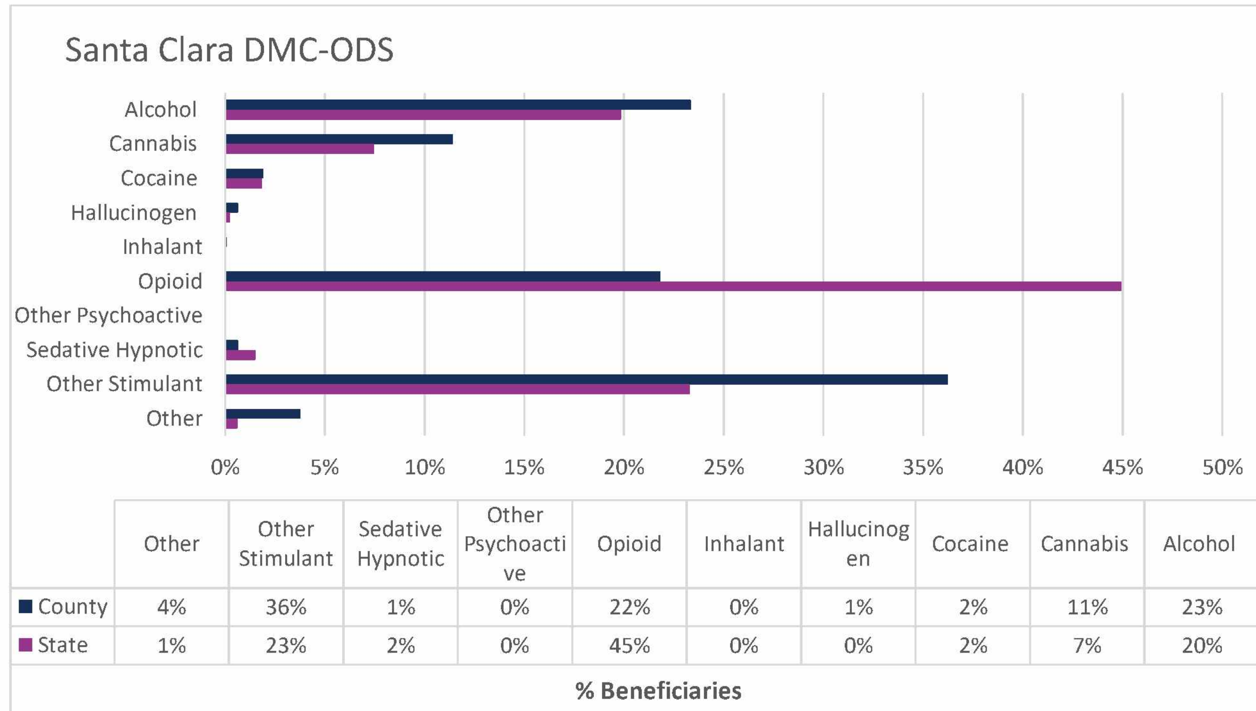
- Beneficiaries served by Diagnostic Category

- 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. Figures 5 and 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



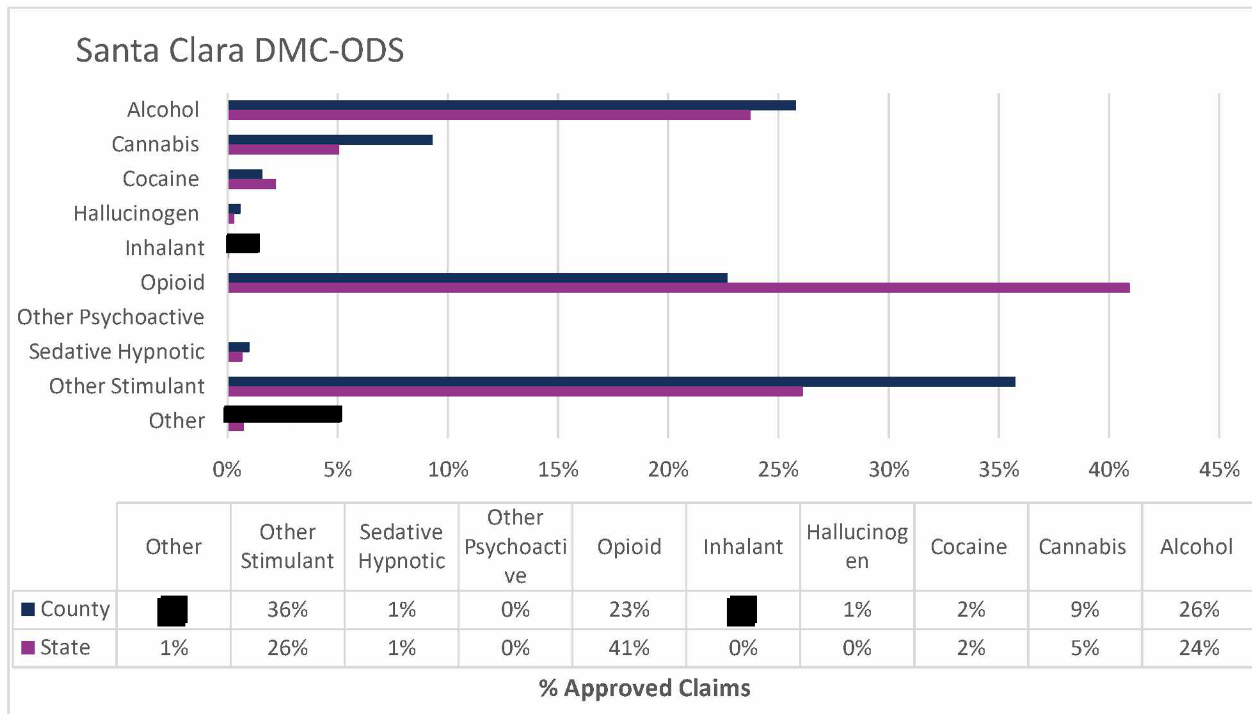
	Other	Other Stimulant	Sedative Hypnotic	Other Psychoactive	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
County	4%	36%	1%	0%	22%	0%	1%	2%	11%	23%
State	1%	23%	2%	0%	45%	0%	0%	2%	7%	20%

- For Santa Clara, 36 percent of beneficiaries have been diagnosed with an "other stimulant disorder" (typically methamphetamines), which is the leading diagnosis

for the DMC-ODS. This is ten percent more for the County (36 percent) than Statewide (26 percent). The next two most prevalent diagnoses are AUDs (23 percent) and OUD (22 percent). The percentage of Santa Clara beneficiaries with an OUD diagnosis is 23 percentage points below the statewide rate of 45 percent.

- The DMC-ODS is participating in the state's Contingency Management Pilot to help address their local SUD treatment population's high stimulant utilization and improve outcomes for this group.

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



	Other	Other Stimulant	Sedative Hypnotic	Other Psychoactive	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
County	[illegible]	36%	1%	0%	23%	[illegible]	1%	2%	9%	26%
State	1%	26%	1%	0%	41%	0%	0%	2%	5%	24%

- The distribution of approved claims is congruent with the diagnostic patterns displayed in Figure 5 as other stimulants, alcohol, and OUDs account for the top three diagnosis categories in approved claims. Also similar to Figure 5, there is a disparity in the percentage of approved claims between the County and State for these top three categories. Other stimulant disorders in Santa Clara account for 13 percentage points more of approved claims than the State (36 percent versus 23 percent), while OUDs account for 18 percentage points less than the State (23 percent versus. 41 percent), and AUDs account for two percentage points more approved claims than the State (26 percent versus 24 percent).

Non-Methadone MAT Services

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

County					Statewide			
Age Groups	At Least 1 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	-	-	-	-	12	0.37%	6	0.19%
Ages 18-64	165	6.67%			7,505	7.96%	3,873	4.11%
Ages 65+	12	5.48%	<11	-	447	5.01%	172	1.93%
Total	**177**	**6.29%**	**105**	**3.73%**	**7,964**	**7.15%**	**4,051**	**3.63%**

- At 6.67 percent, Santa Clara had a lower initiation in non-methadone MAT compared to the statewide rate of 7.96 percent for adults aged 18 to 64. The percentage of adult beneficiaries engaged in three or more non-methadone MAT services decreased to 3.92 percent which is also below the statewide rate of 4.11 percent.
- The overall rate for those retained for three or more non-MAT services is, however, 3.73 percent compared to statewide 3.63 percent.

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 Clara had a small number of WM clients with three or more episodes and no other services in CY 2021. Data is suppressed in Table 16 due to the number of beneficiaries being less than 11 who fell into this criterion.

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 WM. HCB 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	120	<11	-	-	-	-
Ages 18-64	2,473	[illegible]	[illegible]	$21,989	[illegible]	[illegible]
Ages 65+	219	-	-	-	-	-
Total	**2,812**	**51**	**1.81%**	**$21,852**	**$1,114,477**	**8.65%**

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%**

- Only 1.81 percent of beneficiaries in Santa Clara County were HCBs, which is much lower than the statewide rate of 5.66 percent. AACB for HCBs was also lower than the State ($21,852 vs. $23,746).
- Lower utilization of residential treatment and NTP services appear to be causal factors with the lower number of HCBs than other counties and statewide.

ASAM LOC Congruence

Table 19: Congruence of LOC 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	[redacted]	[redacted]	2,920	93.3%	3,107	90.4%
Patient Preference	<11	-	176	5.6%	284	8.3%
LOC Not Available	0	0.0%	<11	-	<11	-
Clinical Judgment	<11	-	<11	-	11	0.3%
Geographic Accessibility	0	0.0%	0	0.0%	<11	-
Family Responsibility	0	0.0%	0	0.0%	<11	-
Legal Issues	0	0.0%	0	0.0%	<11	-
Lack of Insurance/Payment Source	0	0.0%	0	0.0%	<11	-
Other	0	0.0%	<11	-	<11	-
Actual LOC Missing	0	0.0%	21	0.7%	18	0.5%
TOTAL	**65**	**100.0%**	**3,131**	**100.0%**	**3,437**	**100.0%**

- Santa Clara had a congruence of 95.4 percent at the time of initial ASAM screening, which decreased slightly to 93.3 percent at initial assessment, and decreased again to 90.4 percent at follow-up assessment.
- The main reason the LOC recommendation differed from the referral was "patient preference," which accounted for 5.6 percent of incongruence at the initial assessment, and 8.3 percent at follow-up assessment.
- Training and supervision activities for staff appear to have contributed to high ASAM congruence related to assessment and engagement of clients in motivational interviewing to accept the recommended services.

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 20 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	2,645		120		101,279		3,051	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	2,086	79%	94	78%	89,055	88%	2,583	85%
Clients who then engaged in DMC-ODS services	1,516	73%	61	65%	69,161	78%	1,823	71%

- Of the 2,645 adults with an initial DMC-ODS service, 79 percent then initiated services, which was below the statewide rate of 88 percent. The percentage of adult clients who engaged in services was also lower than statewide for adults (73 percent versus 78 percent).
- Initiation and engagement to services was also lower than the statewide rate for youth beneficiaries. Of the 120 youth beneficiaries with an initial DMC-ODS service, 78 percent then initiated services compared to 85 percent for the State, and 65 percent engaged in services, compared to 71 percent statewide.

Length of Stay

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

	County		Statewide	
Clients discharged from care. (no treatment for 30+ days)	2,516		89,610	
LOS for clients across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	106	75	123	87
	#	%	#	%
Clients with at least a 90-day LOS	1,114	44%	43,937	49%
Clients with at least a 180-day LOS	535	21%	25,334	28%
Clients with at least a 270-day LOS	260	10%	14,774	16%

- Of the 2,516 Santa Clara clients discharged with no treatment for 30 or more days, the mean (average) LOS was 106 days (with a median of 75 days). 44 percent of these clients had at least a 90-day LOS, which was 5 percentage points lower than the statewide rate. Of the discharged clients, 21 percent had at least a 180-day LOS (lower than the statewide rate of 28 percent), and 10 percent had at least a 270-day LOS which is below the statewide rate of 16 percent.
- The average number of days of 106 for LOS for Santa Clara is lower than the average LOS for the State at 123 days.
- Retention in care is associated with better outcomes and analysis of these lower retention rates is worth investigating.

CalOMS Discharge Ratings

Table 22: CalOMS Discharge Status Ratings, CY 2021

	County		Statewide	
Discharge Status	**#**	**%**	**#**	**%**
Completed Treatment - Referred	901	30.2%	20,256	19.1%
Completed Treatment - Not Referred	389	13.0%	7,645	6.1%
Left Before Completion with Satisfactory Progress - Standard Questions	671	22.5%	14,696	17.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	426	14.3%	7,834	7.4%
Subtotal	*2,387*	*80.1%*	*50,431*	*50.4%*
Left Before Completion with Unsatisfactory Progress - Standard Questions	135	4.5%	16,775	17.3%
Left Before Completion with Unsatisfactory Progress - Administrative	421	14.1%	30,398	29.7%
Death	<11	-	1,609	2.1%
Incarceration	-	-	785	0.8%
Subtotal	*593*	*19.9%*	*49,567*	*49.6%*
TOTAL	**2,980**	**100.0%**	**99,998**	**100.0%**

- Overall, 80.1 percent of Santa Clara CalOMS discharges were satisfactory, which is nearly 30 percentage points higher than the State (50.4 percent), and a notable strength of the DMC-ODS. The majority of these satisfactory discharges fell under the "Completed Treatment – Referred" category, which is 11.1 percentage points higher than the State (30.2 percent versus 19.1 percent).
- There is a large percentage of clients who are leaving before completion, 14.3 percent of these had satisfactory progress but 18.6 percent did not have satisfactory progress.

IMPACT OF QUALITY FINDINGS

- The DMC-ODS has a high level of stimulant abuse among current clients and is participating in the state's Contingency Management Pilot to enhance efforts to address this.
- Low level of retention in care indicates an issue worth investigating to identify causal factors.
- The new current structure of the BHQIC needs additional staff to be effective with the ten subcommittees meeting monthly on individual goals and work to implement CalAIM quality goals across all the population groups.

- ASAM congruence for Santa Clara is a positive quality indicator and efforts in this area include training and supervision of care recommendations.
- Treatment outcomes are positive compared to CalOMS data found statewide for other counties.

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: Pharmacotherapy for OUDs

Date Started: February 2022

Date Completed: Not yet completed.

Aim Statement: Santa Clara's Health Effectiveness Data and Information Set (HEDIS) measure for OUD diagnosis is 16 percent, which is below national standards, the goal is to increase this rate by 10 percent to 26 percent by increasing opportunities for engagement, support, and continuity of care and enhance initiation and retention in opioid pharmacotherapy.

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[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

Target Population: Adults and youth diagnosed with OUD with a special focus on those in minority populations where culturally relevant treatment is critical for successful engagement.

Validation Information: The DMC-ODS' clinical PIP is in the planning phase.

Summary

To engage and enhance retention in pharmacotherapy for new clients of diverse ethnic backgrounds, DMC-ODS is offering drop-in "mindfulness in recovery groups" at its NTP sites weekly. No reservation or enrollment is required for this intervention, and it will also be culturally competent in its presentation.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence, because: the background data on the counties current efforts related to pharmacotherapy were thorough and had excellent data for reviewing the history and issues of client engagement in care. The baselines were thoroughly completed, and reasonable goals set overall for improvement. The intervention is unique and generally experienced positively by clients when the mindfulness groups are done by experienced trained staff and in other languages as needed.

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

- Ensure the drop-in groups have Spanish language capacity as well as English for the mindfulness sessions.
- Peer mentors of similar cultural background would also enhance the interventions for this PIP in support of maintenance on medication.
- Track number of groups and participants and which medications they are using for treatment of their OUDs.
- Consider some type of reward or incentive for regular medication compliance in the first three months.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Follow-up After an ED Visit for Alcohol and other Drug Abuse or Dependence (FUA)

Date Started: February 2022

Date Completed: not completed.

Aim Statement: “The Hispanic and Asian populations have an extremely low follow-up rate from the ED (compared to white populations). Culturally competent outreach, education, and a new language specific brochure on AUD and other drugs and the benefits of SUD treatment. It also includes resources for services to increase follow-up from the ED from the current baseline levels. “

Target Population: Adults diagnosed with alcohol or other drug abuse presenting at the ED and needing assistance and motivation to engage in SUD treatment.

Validation Information: The DMC-ODS’ non-clinical PIP is in the planning phase.

Summary

Santa Clara County residents are truly diverse with 40 percent of the population being foreign born. This diversity is reflected in the ED visits from the population, and the concern and focus of this PIP is the low level of engagement in recommended treatment after the ED visit particularly of those of Hispanic and other minority groups. This presents risks to this population of returning to the ED or more grave consequences from their SUD conditions. In doing the root cause analysis, lack of education and motivational support related to the benefits of SUD treatment and availability were important causal factors. Thus, a language specific brochure will be developed for use for these groups of patients for utilization in the ED to assist clients with a positive discharge hopefully leading to treatment engagement in care.

TA and Recommendations

As submitted, this non-clinical PIP was found to have low confidence, because: a patient presenting in the ED in an altered state due to their SUD condition is often not able or willing to use a brochure to find relevant services without personal engagement and assistance. It is a positive thing to have these brochures in the ED to engage with the client, but the personal engagement element of a navigator or peer support possibly with a culturally relevant background would make this PIP more effective.

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

- There is not strong research available that a culturally competent brochure alone will be motivating for aftercare engagement for SUD populations concerned about stigma and trauma. Clinical interventions need to be partnered with the brochure in motivating the client to consider treatment, find a location close to their home, and understand there are also treatments now for cravings for AUD.
- This additional recommended intervention takes time in a one-on-one context with a navigator and possibly a peer mentor of the same cultural background to support the client in the engagement process. It is recommended that an additional clinical support intervention with a cultural orientation be added to the PIP strategies to enhance its effectiveness.

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, Information Technology (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-ODSs 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 system used by the DMC-ODS is Netsmart Technologies Avatar, which has been in use for four years. Currently, the DMC-ODS has a new system in place that was installed within the past five years where the DMC-ODS must dedicate staff and resources to implement all components of the EHR.

Approximately 0.17 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 percentage of DMC-ODS budget dedicated to support IS has decreased since the last EQR (1.30 percent in FY 2021-22 vs. 0.17 percent in FY 2022-23). However, Santa Clara County does utilize the same EHR, IS, and Data Analytics staff for both their MHP and DMC-ODS and allocates 1.31 percent of their total budget toward MHP IS. The optimal level for a functional EHR and support system is 2.5 percent of the budget for a health provider environment.

The DMC-ODS has 522 named users with log-on authority to the EHR, including approximately 260 county staff and 262 contractor staff. Support for the users is provided by 10 full-time equivalent (FTE) IS technology positions. Currently, there are three vacant FTE positions due to staff movement and two new FTE that were added since the last EQR. Santa Clara is actively recruiting to fill these vacant IS FTE positions. Given the competition in the county for IS positions, salary levels need careful monitoring to ensure hiring is successful.

As of the FY 2022-23 EQR, all contract providers have access to directly enter clinical data into the DMC-ODS' EHR. 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.

Contract providers 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	28%
Electronic batch file transfer to DMC-ODS IS	☐ Daily ☒ Weekly ☒ Monthly	36%
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	0%
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. Santa Clara County does not currently have a PHR, but they plan to implement this functionality within the next year through the myHealthPointe Consumer Portal within Avatar.

Interoperability Support

The DMC-ODS is not a member or participant in an HIE. However, they have implemented Care Quality, a functional exchange option offered with Avatar. It accomplished according to the county many of these essential functions of an HIE.

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	Partially Met
4F	Interoperability	Met

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

- Integrity of Medi-Cal claims processing is a notable strength for Santa Clara DMC-ODS as claims records indicate timely submittals to DHCS with a Medi-Cal claim denial rate below the statewide rate (11.57 percent vs. 16.08 percent).
- EHR functionality is another strength for the DMC-ODS as most clinical data are stored in electronic form and providers can reference beneficiary charts digitally.
- Integrity of data collection and processing is considered "partially met" because the DMC-ODS is in need of more FTE to support data analytics to keep up with CalAIM requirements which require increased data sharing, billing changes, and increased training for contract providers. Beyond CalAIM initiatives, more data analytics FTE positions are needed to meet the demands of the increased data and reporting capabilities of their new EHR, Avatar, and to fully track timeliness data.
- 4E, security and controls, is also considered "partially met" because the DMC-ODS does not have an operations continuity plan in place.

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, including whether the claims are either adjudicated or denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2021.

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	54,000	$1,196,383	65.16%
Other Healthcare Coverage	13,155	$284,591	15.50%
Duplicate/same day service	1,738	$262,084	14.27%
Service location not eligible	1,858	$79,661	4.34%
Missing valid diagnosis	134	$8,413	0.46%
Beneficiary not eligible	132	$4,652	0.25%
NPI issue	13	$190	0.01%
Total Denied Claims	**71,030**	**$1,835,974**	**100.00%**
Denied Claims Rate	**11.57%**		
Statewide Denied Claims	**16.80%**		

Table 26: Approved Claims by Month, CY 2021

Month	# Claim Lines	Total Approved Claims
Jan-21	15,347	$1,300,904
Feb-21	14,002	$1,264,121
Mar-21	15,521	$1,427,195
Apr-21	14,882	$1,257,293
May-21	16,945	$1,190,592
Jun-21	14,619	$1,222,769
Jul-21	12,979	$1,161,533
Aug-21	12,869	$1,100,401
Sep-21	12,575	$1,023,290
Oct-21	13,152	$1,077,191
Nov-21	12,643	$1,022,152
Dec-21	12,608	$982,969
Total	**168,142**	**$14,030,410**

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Santa Clara has completed a number of initiatives over the past year which include improved contractor billing functionality, and the full implementation of a new EHR.
- The Analytics and Reporting Division within the DMC-ODS is a relatively new unit which was established in CY 2020. Although there are roughly 30 FTE within this division, only 5.5 FTE are dedicated to Data Analyst positions. The County also has 13 FTE available for IS. During this year's EQR, IS and Data Analytics leadership discussed the need to acquire more staff and increase FTE positions in order to support the ongoing implementation of CalAIM, improve training for contractors, improve timeliness tracking, meet internal and external reporting requests, and fully implement data sharing functionality. An analysis that explores how much of the MHP/DMC-ODS budgets should be allocated toward IS and Data Analytics may be beneficial in order to optimize productivity and create efficiencies within their system.

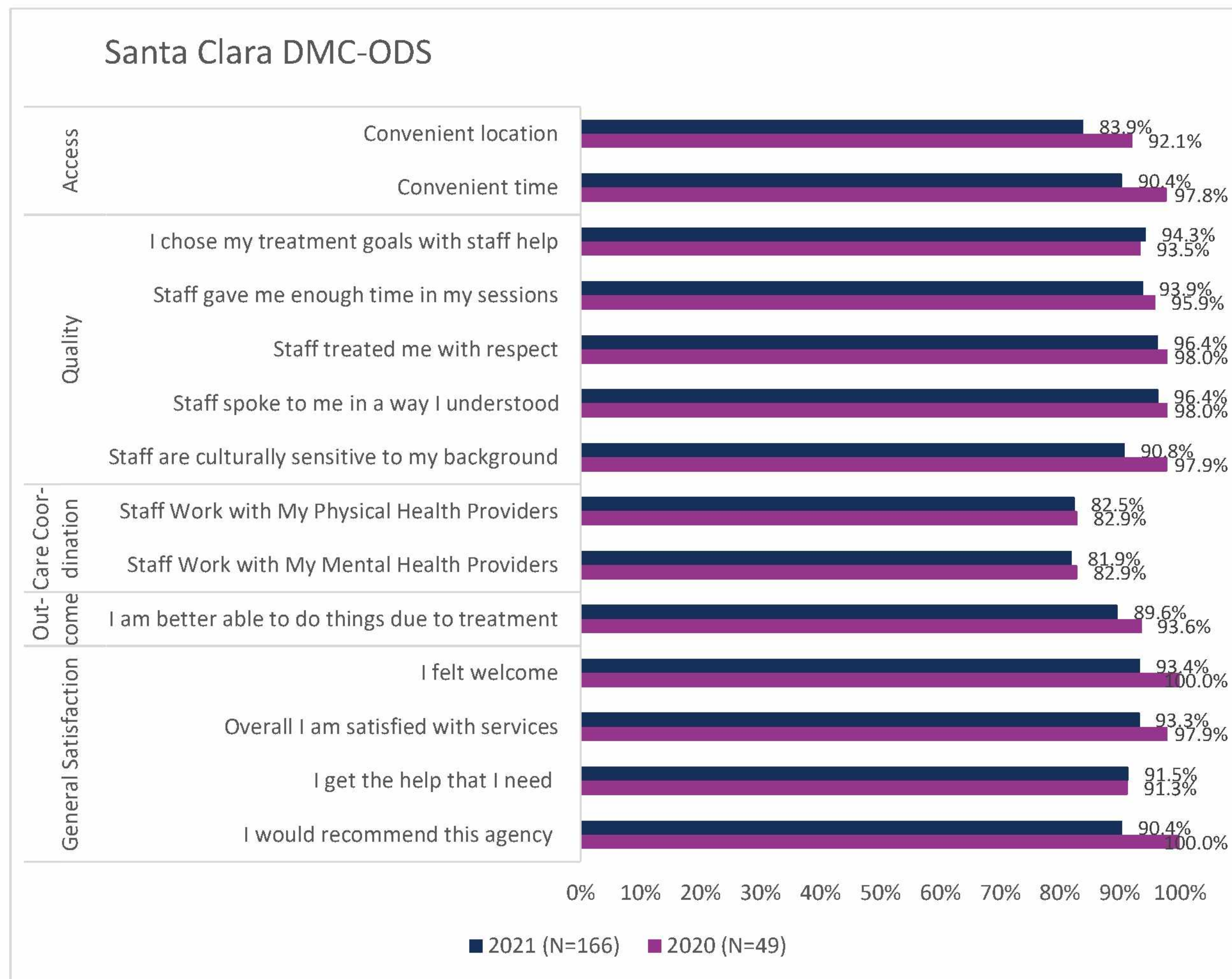
VALIDATION OF CLIENT PERCEPTIONS OF CARE

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 distributes the TPS to contractors and the BHQIC for review. No specific quality initiatives were carried out based on the findings, which are generally high but somewhat lower than last year in many areas such as cultural sensitivity, and convenient location.

Figure 7: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA



- The number of TPS respondents did increase to 166 however there are thousands of individuals that receive SUD services in this DMC-ODS and additional efforts to engage clients in completing the survey would be important for data integrity and to evaluate the impacts on subgroups such as specific ethnic minorities.

CONSUMER FAMILY MEMBER FOCUS GROUPS

Consumer and family member (CFM) focus groups are a key component of the CalEQRO review process; feedback from those who receive services provides important information regarding quality, access, timeliness, and outcomes. Focus group questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and CFM involvement. CalEQRO provides gift cards to thank focus group participants.

As part of the pre-review planning process, CalEQRO requested two 90-minute focus groups with consumers (DMC-ODS beneficiaries) and/or their family members, containing [redacted] participants each.

Consumer Family Member Focus Group One

CalEQRO requested a diverse group of beneficiaries receiving perinatal services. The focus group was provided using video technology and included [redacted] participants; and no language interpreter was used for this focus group. All clients participating receive clinical services from the DMC-ODS.

Summary of focus group findings:

The entry process into the program was generally found to be timely and the only challenge was the exceptionally long intake process and paperwork. Clients felt positive toward their counselors and the services. They felt the counselors were experienced with good skills and availability in a crisis. The group wanted more family groups and visitation by family and friends who are supporting them in their recovery. The program provides a lot of support for the court process with children's services. This was greatly appreciated.

Recommendations from focus group participants included:

- The group recommends more family focused sessions and visitation.
- The facility needs more toys for toddlers.
- The group recommended more information be online for youth, access to attorney services, and general SUD information on social media.
- The group recommended a father program similar to women's residential and outpatient perinatal.

Consumer Family Member Focus Group Two

CalEQRO conducted two 90-minute focus groups with consumers (DMC-ODS beneficiaries) and/or their family members during the review of the DMC-ODS. CalEQRO requested a diverse group of adult males in outpatient services for SUD treatment who had been or were in treatment in the last 12 months. The focus group was held virtually via video and included 13 participants; a language interpreter was not used for this focus group. All clients participating receive clinical services from the DMC-ODS.

Summary of focus group findings

Almost all clients found treatment from the criminal justice system and were receiving MAT for opioids or alcohol. The intake process was experienced as too long and repetitive. Many also had access to MH services. Transportation was not a problem for access to court or doctor visits or other treatments (MAT). There was access to services in your preferred language, and telehealth was available and helpful when you were working or trying to go to school. Counselors were helpful and compassionate.

Recommendations from focus group participants included:

- The group recommended the program have more staff so you could work more one-on-one with their counselors.
- "We need more groups on real life survival skills, to prepare us for community living, not just SUD groups."
- "There are lots of good groups, but we need more one-on-one time as some of us need more help."
- "If we had MH staff who work here and are available it would make things easier."
- "I really want to see my case manager more as they help with practical life skills. We need more case managers."

SUMMARY OF BENEFICIARY FEEDBACK FINDINGS

- More staffing was recommended for individual counseling and basic life skills including case managers and peers.
- More focus on family groups and visits would help us as we return to the community.
- Single Dads need to have some special groups and supports like the women.
- More activities are needed that include physical activity, outlets for stress and feeling better.

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. Santa Clara has fully implemented a new EHR and has established connections which give contractors the functionality to submit billing data into the county information system. (IS)
2. The DMC-ODS has a strong and effective relationship with the criminal justice system and provides a rich range of treatment and support services to support client outcomes. (Access, Quality)
3. CalOMS data indicates an elevated level of positive outcomes with 80.1 percent of clients either completing treatment or showing satisfactory progress. (Quality, IS)
4. The local Opioid Overdose Project has expanded county-wide and is doing Narcan education and distribution directly and through vending machines. They have also established a range of prevention education they provide and are doing much of this at school sites. (Quality)
5. Youth SUD treatment expanded in schools and in total clients served is higher than last year. The DMC-ODS also is doing coordination with the health plans to expand access at school sites. (Access)

OPPORTUNITIES FOR IMPROVEMENT

1. QI goals are limited in the activities and focus of SUD quality issues in comparison to those of formatted for MH. In addition, the workforce recommendations in recommendation 5 were only partially met. (Quality)
2. The DMC-ODS reports extreme challenges in workforce recruitment and retention impacting direct services and the support needed in its QI division. This also impacts recommendation one which was only partially met in terms of the range and service delivery capacity. (Quality)
3. Due to an EHR conversion, the timeliness data and no-show data are not available. (Timeliness)
4. Contract providers report they require additional training and communication on the EHR and CalAIM requirements and goals to be successful. (Quality, IS)

5. Although the Analytics and Reporting Division has 30 FTE, and IS has 13 FTE, a large county like Santa Clara could use more data analytics and IT staff to support ongoing State initiatives, internal and external reporting requests, improve training for contractors, and track timeliness data. (IS)
6. Methadone and MAT access to first dose is far higher than statewide access and not in compliance with the three-day standard. (Access)

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. The QAPI needs to have a balanced focus on SUD quality as well as MH quality needs in its goals and activities and enhance staffing in this area to fulfill recommendation one from FY 2021-22. (Quality)

   (This recommendation is a carryover from FY 2021-22.)
2. Workforce efforts for expansion and retention should continue with a special focus on adding peer support staffing to programs where it can support clinical goals and expand capacity to meet local needs as identified in recommendation five from FY 2021-22. (Access, Quality)

   (This recommendation is a carryover from FY 2021-22.)
3. Timeliness and PM data need to be available in the new EHR system so it can be reported. These are essential requirements. (Timeliness, Quality)

   (This recommendation is a carryover from FY 2021-22.)
4. The DMC-ODS needs to engage in intensive communication and training with its provider network to help them prepare for CalAIM billing, quality requirements, and documentation. (Quality, IS)
5. It is recommended that Santa Clara DMC-ODS perform an analysis of the number of FTE needed to support the data analytics and IS departments. The analysis should also determine the optimal percentage of overall budget that should be allocated toward IS and data analytics and QI functions, with a comparison of other large counties as a reference point. (Quality, IS)
6. Develop and implement a strategy to reduce the timeliness to access methadone and MAT in the NTP programs. This is a critical need, and the measure is far outside the norm statewide which is less than 3 days. (Access, Quality)

EXTERNAL QUALITY REVIEW BARRIERS

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

There were no review barriers to this FY 2022-23 EQR.

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 Clara 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
Evaluation of 42 CFR 438.358 (b)(1)(iii) compliance related to Medi-Cal/CHIP services overall and special terms and conditions related to Quality Improvement Plan, structure of QI system, validation of requirements identified in the DHCS Quality Strategy linked to EQR, implementation specific required activities, use of data for quality, and evaluation results
Information systems capability assessment/fiscal/billing integrity and security systems.
General data use for quality goals and measures: staffing, processes for requests and prioritization, dashboards, analytic systems related to QI, and other reports
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS data processes and use for quality goals and meeting key requirements.
Disparities: cultural competence plan, implementation activities, evaluation results.
PIPs production and evaluation based on CMS forms and standards
Network Adequacy Validation and review of grievances, data, NACT
MH and Health Plan, primary and specialty health care coordination with DMC-ODS
Medication treatments for SUD and access.
Criminal justice activities with DMC-ODS including treatment access and transitions in care.
Continuum of Care Session with details and service data, NACT review
Contract providers and managers group interview.
Clinic supervisors group interview.
Access Call Center data review related to requirements and access
Client/family member focus groups two- male adult outpatient and perinatal services
Youth Services programs, requirements, and initiatives relative to CalAIM and access
Exit interview: questions, additional data requested, and next steps

CalEQRO Review Sessions – Santa Clara DMC-ODS
Post-review of results for validation of CMS and DHCS requirements related to EQR as defined in the CalEQRO scope of work.

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Rama Khalsa, PhD, Lead Quality Reviewer
Jan Tice, Second Quality Reviewer
Brian Deen, IS Reviewer
Katie Faires, CF 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 and Contract Provider Sites

All sessions were held via video conference.

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

Last Name	First Name	Position	County or Contracted Agency
Acevedo	Domingo	Compliance	HHS
Alcantar	Vanessa	Sr Healthcare Prog Analyst-QI	SCC-BHSD
Alkoraishi	Lara	Program Manager (PM) II- DSSD-SUTS/AMT	SCC-BHSD
Aspiras	Catherine	Division Director BH	SCC-BHSD
Bray	Scott	Business Systems Analyst	County IT
Cabrera	Brandon	District Attorney	CSC- District Attorney Office
Castuciano	Carlo	Sr Healthcare Prog Analyst-QI	SCC-BHSD
Choudhuri	Indira	Director	IT
Copley	Bruce	Exec Team - Director, Access & Unplanned Services	SCC-BHSD
Cornejo	Vanessa	PM II-Cross Systems Initiatives	SCC-BHSD
Daniels-Wilson	Robin	PM III - Criminal Justice Division	SCC-BHSD
Domenden	Gerald	Sr Healthcare Prog Analyst-QI	SCC-BHSD
Enke	Jamie	Behavioral Health PM	SC Family Health Plan
Fan	Joe	Senior Data Analyst- Analytics and Reporting	SCC-BHSD
Faria Costa	Zelia	Exec Team - Director of Children, Youth, and Families (CYF) SOC	SCC-BHSD
Gibbins	Christine	Office Management Coordinator	SCC-BHSD
Gonzalez	Graciela	PMII - Juvenile Hall Clinic	SCC-BHSD
Gonzalez-Ortiz	Gaby	PMII- Quality Improvement	SCC-BHSD

Last Name	First Name	Position	County or Contracted Agency
Gray	Courtney	Exec Team - Director of Quality Management	SCC-BHSD
Hernandez	Sandra	Division Director Unplanned Services	SCC-BHSD
Ho	Tiffany	Exec Team - Medical Director	SCC-BHSD
Ho	Michelle	Division Director Residential Services	SCC-BHSD
Hogan	Sheryl	SR Health Care Program Analyst – Older Adults	SCC-BHSD
Ibarra	Roberto	Program Manager III - CYF	SCC-BHSD
Janini	Yasmina	Sr Healthcare Prog Analyst-QI	SCC-BHSD
Lai	Evonne	Exec Team -, Legislation and Board Communication	SCC-BHSD
Lemus	Rebeca	Manager III - MH Call Center	SCC-BHSD
Lien	Mego	Manager II – Health and Human Services	SCC-BHSD
Lim	Howard	Sonorousness Systems Analyst	IT
Lopez	Samantha	Sr Healthcare Prog Analyst-QI	SCC-BHSD
Lozano	Gustavo	Manager II- Quality Improvement	SCC-BHSD
Lu	Katelyn	Financial and Admin Service Manager	SCC-BHSD
Macatiag	Angeleah	Admin Services Manager II	SCC-BHSD
Macklin	Kalil	Manager - Bay Area	Anthem

Last Name	First Name	Position	County or Contracted Agency
Manley	Stephen	Judge	Court System
Marquez	Veronica	Manager II- Quality Improvement	SCC-BHSD
McNay	Misty	Manager II - Health	SCC-BHSD
Mendoza	Sandy	Sr Healthcare Prog Analyst-QI	SCC-BHSD
Moral	Jeanne	Exec Team – Manager III Systems Initiatives, Planning & Communications	SCC-BHSD
Nguyen	Hung	Division Director QI	SCC-BHSD
Obilor	Margaret	Exec Team - Director of Children, Youth, and Families (CYF)	SCC-BHSD
O'keefe	Mairead	Public Defender	Public Defenders Office
Olivares	Gabby	Division Director-	SCC-BHSD
Olson	Mollie	Medical SW II - Custody Health Services	SCC-BHSD
Parwiz	Mira	Division Director-	SCC-BHSD
Petrola	Orlie	Manager II - Managed Care	SCC-BHSD
Pham	Jennifer	Division Director BH Services	SCC-BHSD
Pham	Anh	Sr Healthcare Prog Analyst-QI	SCC-BHSD
Poon	Edwin	Exec Team - Deputy Director of Managed Care	SCC-BHSD
Potens	Rachel	Manager II- QI	SCC-BHSD
Nguyen	Hung	Division Director- QI	SCC-BHSD

Last Name	First Name	Position	County or Contracted Agency
Obilor	Margaret	Exec Team - Director of Children, Youth, and Families (CYF)	SCC-BHSD
O'keefe	Mairead	Public Defender	Public Defenders Office
Olivares	Gabby	Division Director-	SCC-BHSD
Olson	Mollie	Medical SW II - Custody Health Services	SCC-BHSD
Parwiz	Mira	Division Director	SCC-BHSD
Petrola	Orlie	PMII - Managed Care	SCC-BHSD
Pham	Jennifer	Division Director- Family Services	SCC-BHSD
Pham	Anh	Sr Healthcare Prog Analyst-QI	SCC-BHSD
Poon	Edwin	Exec Team - Deputy Director of Managed Care	SCC-BHSD
Potens	Rachel	Manager II- Quality Improvement	SCC-BHSD
Sweet	Tova	Manager II- QI	SCC-BHSD
Talamantez	Rachel	Division Director- Cross Systems	SCC-BHSD
Tan	Darren	Deputy Director	SCC-BHSD
Tansek	Joe	Manager II - MH Call Center	SCC-BHSD
Terao	Sherri	Exec Team - Director of BH	SCC-BHSD
Tom	Dena	IT Manager	Information Technology
Vargas	Mayra	Manager III - Juvenile Hall BH	SCC-BHSD
Villalobos	Alejandro	Manager II-SUD	SCC-BHSD

Last Name	First Name	Position	County or Contracted Agency
Villanueva	Leilani	Manager III- Business Services	SCC-BHSD
Vu	Lily	Manager II- Cultural Competency	SCC-BHSD
Wagner	Brian	Exec Team - Director of A&R	SCC-BHSD
Weare	Christopher	Director of Research and Measures	SCC-BHSD
Weinstein	Aaron	Exec Team - Director of Research	SCC-BHSD

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 BHQIP focuses on pharmacotherapy for OUDs and is still in the planning phase. The county has established the historic baseline and set goals for improvement using Mindfulness groups as the primary intervention. This was approved by DHCS according to county staff at this phase.
General PIP Information	
MHP/DMC-ODS Name: Santa Clara	
PIP Title: Pharmacotherapy for Opioid Use Disorders	
PIP Aim Statement: Santa Clara County Project for Opioid Disorders measure for OUDs is 16 percent, which is below national standards, the goal is to increase this percent by 10 percent by increasing opportunities for engagement, support, and continuity of care and enhance initiation and retention in opioid pharmacotherapy.	
Date Started: February 2022	
Date Completed: not complete	
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): Target population is adults and youth diagnosed with OUD and broken down by ethnic groups and languages to increase engagement through education with a new drop-in group at the Santa Clara County MAT program called “mindfulness in recovery.” The weekly drop-in group with focus on skills to reduce anxiety, reduce negative thought patterns, and cravings through breathing and stress reduction. Reviewing the data, the rate of 16 percent retention is consistent with white and Hispanic populations but only three percent with African American clients.

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 will be able to drop-in to mindfulness in recovery groups weekly at the County Medication sites for SUD and experience positive support and learn new skills to support retention in treatment.
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 will offer the mindful in recovery groups weekly that are open to all clients in the county clinics.
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 continue to enhance engagement and coping skill activities at the sites to help clients remain on methadone or other OUD drugs and expand opportunities for support.

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
No data is yet available on services or service impacts.			☐ Not applicable—PIP is in planning or implementation phase, results not available		☐ 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):

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: While this is a positive intervention to offer to clients coping with OUD and newly engaged in treatment, more powerful retention measures may be needed especially the first year of treatment, these could include gift card with flexible funds for those who take their medication regularly for each month. Also, the addition of weekly peer support assistance for those in the first six months would be another intervention to consider. It is important to provide some groups in Spanish for the high percent of Hispanic clients and have reward/success lunches or events to reinforce the value of the treatment especially with successful graduates with OUD.

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 BHQIP was recently approved by DHCS and included a targeted new brochure in different languages for those coming to the ED with AUD or other drug dependence. There are significant differences in engagement in treatment by ethnic group. African American and Asian Pacific Islander have the lowest levels of treatment engagement for AUDs and other drugs.

General PIP Information
MHP/DMC-ODS Name: Santa Clara
PIP Name: Follow-up After an Emergency Room Visit for Alcohol and other Drug Abuse or Dependence (FUA)
PIP Aim Statement: The Hispanic and Asian populations have an exceptionally low follow-up rate from the ED (compared to the white population). Culturally competent outreach, education and a new language specific brochure on AUD and the benefits of SUD treatment and resources will be implemented to increase follow-up from the ED from the current baseline levels.
Date Started: February 2022
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): Beneficiaries of this PIP would be all persons with SUD visiting the ED, but particularly those who do not have English as a primary language. 2021 HEDIS scores indicate that 34 percent of SUD clients presenting to the ED are Hispanic. Data revealed racial/ethnic and language barriers made it less likely they would follow-up with treatment after the ED. In 2021 8 percent of SUD visits to the ED were followed by a visit within seven days. Also, only 14 percent had a follow-up visit in 30 days. These rates are below the national benchmarks but on par with the CA rate. The goal is to increase these percents to at least the national average.

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 would need to accept and read the new brochure and follow-up with scheduling a visit at a treatment site.
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 would develop educational brochures in a variety of languages and distribute them in the ED to patients needing care for AUDs or other drug dependence.
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 behavioral health system would need to also train staff to engage clients in culturally relevant ways to ensure they understand the importance of follow-up treatment for AUD and other drugs.

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
No data was presented or available for the intervention.			☐ Not applicable—PIP is in planning or implementation phase, results not available		☐ 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): 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: There is not strong research available that a culturally competent brochure alone will be motivating for aftercare engagement for populations concerned about stigma and trauma. Clinical interventions need to be partnered with the brochure in motivating the client to consider treatment, find a location close to their home, and understand there are also treatments now for cravings for AUD and other drugs. This takes time in a one-on-one context with a navigator and possibly a peer mentor of the same cultural background to support the client in the engagement process. It is recommended an additional clinical support intervention with a cultural orientation be added to the PIP brochure strategy.

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		Statewide	
	#	%	#	%
Homeless	401	16.9%	24,459	28.0%
Dependent Living	1,423	60.0%	19,800	22.7%
Independent Living	549	23.1%	43,052	49.63%
Total	**2,373**	**100.0%**	**87,311**	**100.0%**

Table F2: CalOMS Legal Status at Admission, CY 2021

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	864	36.5%	56,468	64.7%
Under Parole Supervision by CDCR	61	2.6%	1,641	1.9%
On Parole from any other jurisdiction	52	2.2%	1,575	1.8%
Post-release supervision - AB 109	985	41.6%	21,095	24.2%
Court Diversion CA Penal Code 1000	-	-	1,321	1.5%
Incarcerated	<11	-	350	0.4%
Awaiting Trial	355	15.0%	4,798	5.5%
Total	**2,368**	**100.0%**	**87,248**	**100.0%**

Table F3: CalOMS Employment Status at Admission, CY 2021

Current Employment Status	County		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	475	20.0%	11,089	12.7%
Employed Part Time - Less than 35 hours	359	15.1%	6,543	7.5%
Unemployed - Looking for work	797	33.6%	26,943	30.9%
Unemployed - not in the labor force and not seeking	742	31.3%	42,736	48.9%
Total	**2,373**	**100.0%**	**87,311**	**100.0%**

Table F4: CalOMS Types of Discharges, CY 2021

Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	1,744	58.5%	50,245	50.2%
Administrative Adult Discharges	884	29.7%	40,626	40.6%
Detox Discharges	299	10.0%	7,740	7.7%
Youth Discharges	53	1.8%	1,387	1.4%
Total	**2,980**	**100.0%**	**99,998**	**100.0%**