



Behavioral Health Concepts, Inc.
info@bhcegro.com
www.calegro.com
855-385-3776

FY 2023-24 MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

SANTA CLARA FINAL REPORT

- MHP
- DMC-ODS

Prepared for:

**California Department of Health Care
Services (DHCS)**

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EXECUTIVE SUMMARY

Highlights from the fiscal year (FY) 2023-24 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 — February 21-23, 2024

DMC-ODS Size — Large

DMC-ODS Region — Bay Area

SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding Performance Improvement Projects (PIPs); and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	1	5	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	4	1	1
Quality of Care	8	5	3	0
Information Systems (IS)	6	5	1	0
TOTAL	24	17	6	1

Table C: Summary Of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Medication for Opioid Use Disorders (MOUD)	Clinical	09/2022	Baseline	Moderate Confidence
Follow-up after Emergency Department (ED) Visits for Patients Using Alcohol and Other Drugs (FUA)	Non-Clinical	09/2022	Baseline	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█
2	<input type="checkbox"/> Youth <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█
3	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█

*Medication assisted treatment (MAT), Narcotic Treatment Program (NTP)

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS exhibited solid partnerships and joint programs with all criminal justice partners, including the Courts, the Sheriff’s Office, Detention Medical Services, Juvenile Hall, and Probation. This included several innovative diversion programs, treatment in Detention settings with transitions to DMC-ODS community programs, and efforts to provide intensive rehabilitation options for those coming out of prison settings.
- The DMC-ODS has an integrated program for youth using fentanyl and needing withdrawal management (WM) and opioid replacement therapies. This includes the hospital pediatrics department, NTP programs, outpatient mental health (MH), and substance use treatment programs.
- The DMC-ODS program has extensive prevention and treatment services linked to ten school districts and their sites, including wellness centers, education, and MH-coordinated programs. These efforts include extensive free Narcan distribution in vending machines.
- The DMC-ODS reported a 71.43 percent decrease in no-shows across all programs (56 percent vs. 16 percent) between the current and prior EQR cycles.

- The DMC-ODS hired an addiction-certified Medical Director to oversee the clinical care across the system of care and is planning to add a new office for substance use disorder (SUD) coordination with a Senior Division Manager.

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

- Based on member feedback and overdose trends, fentanyl withdrawal and treatment appear to need additional clinical support in both medication management as well as more intensive counseling/treatment support.
- The DMC-ODS does not have an agency-specific operational continuity plan (OCP) that is reviewed and tested annually. Instead, it currently relies on a Major Incident Management Process document composed by a team within Santa Clara County's central information technology (IT) department for the entire county.
- No timeliness data was available for SUD urgent services, which are defined as members in withdrawal from drugs or alcohol. Lack of access to WM services can put members at serious risk if they cannot access care promptly. The standard for timely access is 48 hours.
- The implementation process for payment reforms between network providers and the DMC-ODS is reported to be impacting members with service reductions in the SUD system of care.
- The Quality Improvement (QI) Plan included more SUD goals than the previous year, but data was not available for many of the goals. The QI work plan also identified more compliance goals versus those linked to quality-of-care issues. A balance of compliance and quality-of-care goals is needed.

Recommendations for improvement based upon this review include:

- Expand and evaluate the treatment and support needs for those experiencing fentanyl withdrawal in the NTP/OTP programs and across the system of care and take appropriate actions to address these needs.
- Santa Clara should invest in an agency-specific IS OCP to avoid attacks from ransomware. This will better prepare the DMC-ODS for successfully navigating adverse events that compromise data and the operation of care services.
- Continue efforts to enhance the data system to track urgent timeliness and other critical metrics linked to timely access and quality of care.
(This recommendation is a partial carry-over from FY 2022-23.)
- Continue important work toward a smooth implementation of payment reform with contract providers, minimizing service capacity impacts on members who need SUD specialty treatments.

(This recommendation is similar to a recommendation on network relations from FY 2022-23.)

- The QI Plan needs to focus more on quality issues in SUD care. In addition to compliance, the plan needs balanced MH and SUD quality goals and monthly data collection to measure its success. Adding an Addiction Medical Director and SUD Division Chief oversight will benefit this effort.

(This recommendation is a carry-over from FY 2022-23.)

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 February 2023.

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 Plan members 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 Plan members.

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 Plan member satisfaction. CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill (AB) 205 (Section 14197.05 of the California Welfare and Institutions Code [WIC]).

This report presents the FY 2023-24 findings of the EQR for Santa Clara DMC-ODS by BHC, conducted as a virtual review on February 21-23, 2024.

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 validate and analyze data, review DMC-ODS-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, Plan members, family, 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 California Outcomes Measurement System (CalOMS); and the American Society of Addiction Medicine (ASAM) level of care (LOC) data.

CalEQRO reviews are retrospective; therefore, county documentation that is requested for this review covers the time frame since the prior review. 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-ODSs are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.
- DMC-ODS activities in response to FY 2022-23 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 Plan member outcomes: Access, Timeliness, Quality, and IS.
- Validation and analysis of the DMC-ODS' two contractually required PIPs as per 42 CFR Section 438.330 (d)(1) - (4) – validation tool included as Attachment C.
- Validation and analysis of PMs as per 42 CFR Section 438.358(b)(1)(ii).
- Validation and analysis of each DMC-ODS' NA as per 42 CFR Section 438.68, including data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.
- Validation and analysis of the extent to which the DMC-ODS and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county DMC-ODS' reporting systems and methodologies for calculating PMs, and whether the DMC-ODS and its subcontracting providers maintain HIS that collect, analyze, integrate, and report data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.
- Validation and analysis of Plan members' perception of the DMC-ODS' service delivery system, obtained through review of satisfaction survey results and focus groups with Plan members and family members.
- Summary of DMC-ODS strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act, and in accordance with DHCS guidelines, CalEQRO suppresses values in the report tables when the count is less than 11, and then “<11” is indicated to protect the confidentiality of DMC-ODS members.

Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data or corresponding penetration rate (PR) percentages.

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 2022-23) EQR recommendations are presented.

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

The DMC-ODS did not experience any significant external issues affecting its operations.

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.

- In the process of addressing California Advancing and Innovating Medi-Cal (CalAIM) requirements related to payment reform, the DMC-ODS successfully incorporated all relevant Current Procedural Terminology/Healthcare Common Procedure Coding System (CPT/HCPCS) codes into its electronic health record (EHR), Avatar, to support billing for all internal and contracted providers. The transition to the new CPT/HCPCS codes was completed across Santa Clara's system of care in July 2023.
- Santa Clara implemented CalAIM reforms in integrating its clinical programs and provider network. Adjustments are still being made to the system to meet all requirements and address the needs of the MH and SUD programs for youth, adults, and older adults.
- Santa Clara hired Rand Corporation to help with strategies to enhance bed capacity for behavioral health (BH) and got recommendations they will be implementing with Board of Supervisor support.
- Santa Clara is working with ten school districts to establish wellness centers and treatment access for youth both on campus and in the community.
- Santa Clara, working with one of their providers, is adding 29 WM beds to the SUD continuum of care.
- BH navigators and peer counselors are being added across the system to facilitate access and support key goals of their PIPs.
- Santa Clara is actively expanding recovery residence opportunities for adults with children.

RESPONSE TO FY 2022-23 RECOMMENDATIONS

In the FY 2022-23 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2023-24 EQR, CalEQRO evaluated the status of those FY 2022-23 recommendations; the findings are summarized below.

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the county has either:

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

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

Recommendations not addressed may be presented as a recommendation again for this review. However, if the DMC-ODS has initiated significant activity and has specific plans to continue implementing these improvements, or if there are more important issues warranting recommendations this year, the recommendation may not be carried forward to the next review year.

Recommendations from FY 2022-23

Recommendation 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 a recommendation from FY 2021-22.

Addressed Partially Addressed Not Addressed

- The QI Plan includes more SUD goals, but 11 SUD goals for the first two quarters of FY 2023-24 had no data available. Of the 44 total FY 2023-24 QAPI goals, 22 were SUD goals.
- The FY 2023-04 QAPI SUD goals focused on timeliness, access test calls, SUD psychiatry, outpatient capacity, and engagement goals such as achieving four visits in 30 days. The DMC-ODS 180 Scan tracks key performance goals from 2019 to 2023 by quarter. PMs in the 180 Scan provide many opportunities to set and test additional quality goals linked to various issues needing investigation or improvements. The new Addiction Medicine certified Medical Director will be an essential resource to further develop the QAPI.

Recommendation 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 a recommendation from FY 2021-22.

Addressed Partially Addressed Not Addressed

- Peer support staffing and BH navigators were added and helped in various programs, including the PIPs.
- Other incentives and training programs were added to enhance the workforce with new employees and contractors with SUD experience and relevant certifications.

Recommendation 3: Timeliness and PM data need to be available in the new EHR system so it can be reported. These are essential requirements.

Addressed Partially Addressed Not Addressed

- This recommendation has been partially addressed. To centralize the process of capturing all timeliness data for internal and contracted providers and to facilitate the analysis and reporting thereof, the DMC-ODS' IS department has modeled into Avatar a form that will serve as the primary mechanism for collecting this critical data. This form currently resides in Avatar's development environment and is being vetted by two contracted and two internal programs in Avatar's development environment. Once the beta testing results are assessed and all necessary modifications are made, the form will be migrated to Avatar's Live environment and rolled out to providers across the entire care system.
- Following the release of this form, the IS department will create documentation and perform training to maximize all end users' ability to interact with this tool consistently and effectively. Furthermore, the agency's Analytics and Reporting unit will craft reporting tools that will enable Santa Clara to not only better manage and evaluate these data but also support the rendering of informed decisions that will promote the delivery of more timely services to members.
- In this review, urgent requests were still not available. The urgent definition for Santa Clara DMC-ODS members is individuals in withdrawal. Withdrawal events can involve severe risks to the member. The recommendation will be continued for urgent timeliness data.

Recommendation 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.

Addressed Partially Addressed Not Addressed

- Numerous meetings and training courses have occurred since the last review to meet this goal. Analysis and tools are needed to help providers successfully claim current services and maintain financial stability without limiting program effectiveness and member outcomes in the transition to payment reform.
- Quality requirements have also been communicated as DHCS shares new information notices/policies. Addressing these in a positive systematic manner,

which does not disrupt care, is important in collaboration with the provider network. The new DMC-ODS Medical Director and an experienced Division Chief for SUD treatment will support success in this complex transition.

Recommendation 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 the overall budget that should be allocated toward IS data analytics and QI functions, with a comparison of other large counties as a reference point.

Addressed Partially Addressed Not Addressed

- This recommendation was partially addressed. Although the DMC-ODS indicated that staff has gradually increased over the past year, no analysis was conducted to define the optimal percentage of the overall budget that should be allocated to support ongoing IS and data-analytics endeavors. Furthermore, no assessment of similar-sized counties was made to obtain comparative points of reference to facilitate this type of discussion.
- Currently, 15 FTEs (i.e., 12 internal and 3 contracted staff) have been dedicated to meeting the agency's IS needs. Additionally, the DMC-ODS has two teams comprising more than 30 analysts, which work on meeting data-analytics and reporting needs. While Santa Clara's IS leadership seems to be under the impression that these staffing levels are adequate to fulfill current demand, no data have been assembled or evaluated to support this contention. Moreover, no projections have been made about staffing levels if IS and/or data-analytics demands were to increase significantly.
- The DMC-ODS should consider investing time and resources to identify an optimal percentage of the budget to fund these activities. Also, efforts should be made to ascertain the number of trained staff required to satisfy all current data-analytics and IS needs. Securing budget and staffing information from similar-sized counties as points of comparison are encouraged in this process.

Recommendation 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 three days.

Addressed Partially Addressed Not Addressed

- This recommendation has been partially addressed. The DMC-ODS indicated that one of the primary factors contributing to delays in getting members to MAT services was related to the Access Call Center's performing all of the scheduling of appointments with NTP programs. This protocol was changed. Now, the Access Call Center simply obtains member information during the initial call, then the members are directly transferred (i.e., warm handoff) to an MAT clinic, thereby allowing them to schedule their own appointments.
- Although the modification of this process sounds promising, it is too recent to have yielded any meaningful changes in either the PM or timeliness data. While

the overall number of appointments that were offered met the DHCS three-day standard was only 63.64 percent, the fact that the agency is now in a position to report on and evaluate this metric consistently represents an improvement.

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 members 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 Plan members 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 Plan members 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 60 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to Plan members 24-hours, 7-days per week that is operated by county staff and an evening/weekend contract provider; members may request services through the Access Line as well as through the following system entry points: outpatient providers, NTP/OTPs, through criminal justice programs, schools programs, psychiatric emergency, EDs and the crisis same day services line. The DMC-ODS operates a centralized access team that is responsible for linking members to appropriate, medically necessary services. Members call and have phone tree choices related to their needs. There is a special language line for non-English speakers, a line for a navigator to help with the call, a line to select MH or SUD services, and a hotline for Suicide Prevention.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services to youth and adults. In FY 2022-23, the DMC-ODS reports having provided telehealth services to 712 adult Plan members, 146 youth Plan members, and 53 older adult Plan members across 8 county-operated sites and 13 contractor-operated sites. Among those served, 138 Plan members received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

An adequate network of providers is necessary for Plan members 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 May 2023, DHCS issued its FY 2022-23 NA Findings Report for all DMC-ODSs 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 (NTP/OTP) services. These services are further measured in relation to two age groups – youth (0-17) and adults (18 and over).

Table 1A: DMC-ODS Alternative Access Standards, FY 2022-23

Alternative Access Standards	
The DMC-ODS was required to submit an AAS request due to time and distance requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

Table 1B: Santa Clara DMC-ODS Out-of-Network Access, FY 2022-23

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the DMC-ODS have existing contracts with OON providers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- Because the DMC-ODS can provide necessary services to a member within time and distance standards using a network provider, the DMC-ODS was not required to allow members to access services via OON providers.

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system which provides access to Plan members and their family. 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 Plan member outcomes.

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

Table 2: Access Key Components

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

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

- The DMC-ODS is expanding bilingual staff and contractor capacity to expand access to underserved groups of members.
- Access issues will be enhanced with 29 new WM beds which were granted funding to make urgent treatment more readily available.
- The Access Call Center does not require all persons doing screenings to have ASAM training and to use a tool based on the ASAM dimensions for the screening process.

ACCESS PERFORMANCE MEASURES

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

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

The Statewide PR is 0.95% percent, with a statewide average approved claim amount of \$5,998. Using PR as an indicator of access for the DMC-ODS, the PR for Santa Clara was 0.73 percent, indicating more challenges with access to care than was seen statewide.

Based on data presented from 2019 to 2023, the adult and older adult population in treatment has not returned to pre-COVID engagement levels. Youth services, however, have been expanding rapidly with more school-based sites and peer navigators.

The race/ethnicity data can be interpreted to determine how readily the listed racial/ethnic subgroups comparatively access SUD treatment services 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 Plan members served.

Table 3: Santa Clara DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Ages 12-17	49,201	139	0.28%	0.29%	0.25%
Ages 18-64	241,429	2,313	0.96%	1.29%	1.19%
Ages 65+	70,156	171	0.24%	0.56%	0.49%
Total	360,786	2,623	0.73%	1.04%	0.95%

- At 0.73%, Santa Clara’s overall PR was lower than similar-sized counties and what was seen statewide.
- While adults ages 18-64 represented the largest group of eligibles, the PR for these members was lower than both points of comparison as well. Additionally, the PR for older adults followed the same pattern.
- The youth PR, however, was roughly analogous to similar-sized counties and slightly higher than statewide levels.

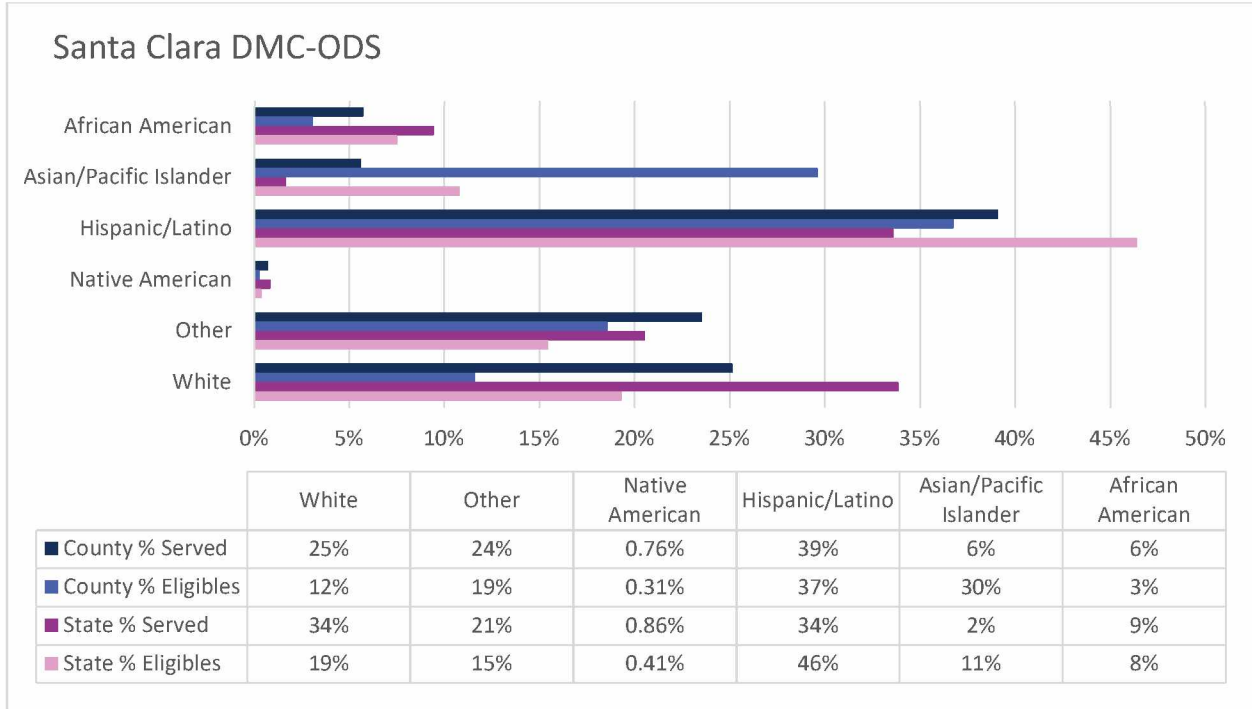
Table 4: Santa Clara DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Racial/Ethnic Group, CY 2022

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
African American	11,219	151	1.35%	1.29%	1.19%
Asian/Pacific Islander	106,852	148	0.14%	0.15%	0.15%
Hispanic/Latino	132,642	1,026	0.77%	0.74%	0.69%
Native American	1,104	20	1.81%	2.34%	2.01%
Other	67,063	618	0.92%	1.34%	1.26%
White	41,907	660	1.57%	1.89%	1.67%

- The largest group of eligibles during CY 2022 was Hispanic/Latino, followed by Asian/Pacific Islander. In terms of members served, however, while Hispanic/Latino members constituted the largest group, White and Other represented the next two most frequently served populations.

- Although the PRs for Hispanic/Latino and African American members slightly exceeded similar-sized county and statewide rates, PRs for all other racial/ethnic groups fell somewhat below both comparisons.

Figure 1: Percentage of Eligibles and Members Served by Race/Ethnicity, CY 2022



- Proportionally, the most overrepresented population of eligibles and members served in the DMC-ODS was White. Conversely, the most underrepresented group of eligibles and members served was Asian/Pacific Islander.
- Apart from the Asian/Pacific Islander population, the distributions of eligibles versus members served across the remaining categories illustrated that all other race/ethnicity groups were, to varying degrees, served in Santa Clara in CY 2022 closer to relative proportion of eligibles.

Table 5: Santa Clara DMC-ODS Plan Members Served and PR by Eligibility Category, CY 2022

Eligibility Categories	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Affordable Care Act (ACA)	159,058	1,750	1.10%	1.53%	1.42%
Disabled	27,249	280	1.03%	1.51%	1.37%
Family Adult	60,550	478	0.79%	1.03%	0.94%
Foster Care (FC)	586	12	2.05%	2.08%	1.84%
MCHIP (Maternal Child Health Medi-Cal)	21,220	46	0.22%	0.20%	0.18%
Other Adult	61,942	22	0.04%	0.10%	0.09%
Other Child	30,821	105	0.34%	0.32%	0.27%

Note: Eligibles may be in more than one aid code category during a year.

- The top three categories for eligibility were ACA, Family Adult, and Other Adult. The PRs associated with each of these eligibility categories, however, were below what was seen in either similar-sized counties or statewide.
- The Disabled PR was also lower than the corresponding rates for similar-sized and statewide. However, while the PRs for Maternal and Child Health Integrated Program (MCHIP) and Other Child slightly exceeded the two comparisons, the FC PR fell below similar-size counties but was higher than the statewide percentage.

Table 6: Santa Clara DMC-ODS Average Approved Claims by Eligibility Category, CY 2022

Eligibility Categories	County AACM	County Size Group AACM	Statewide AACM
ACA	\$4,436	\$5,742	\$6,216
Disabled	\$4,180	\$5,393	\$5,707
Family Adult	\$4,622	\$5,180	\$5,296
Foster Care	\$2,297	\$2,578	\$2,716
MCHIP	\$2,926	\$3,692	\$3,594
Other Adult	\$4,826	\$3,880	\$4,075
Other Child	\$3,641	\$3,427	\$3,194
Total	\$4,496	\$5,607	\$5,998

- The total AACM in the DMC-ODS was lower than in similar-sized counties and statewide.

- AACMs for all eligibility categories except Other Adult and Other Child conformed to this same pattern. The AACMs related to these latter two eligibility categories, however, were higher than what was reported in either similar-sized counties or statewide.

Table 7: Santa Clara DMC-ODS Services Used by Plan Members, CY 2022

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt	0	0.00%	56	0.04%
Intensive Outpatient	174	5.24%	14,422	9.58%
Narcotic Treatment Program	431	12.99%	37,134	24.67%
Non-Methadone MAT	147	4.43%	7,782	5.17%
Outpatient Treatment	1,630	49.11%	46,441	30.85%
Partial Hospitalization	0	0.00%	13	0.01%
Recovery Support Services	150	4.52%	6,400	4.25%
Res. Withdrawal Mgmt	294	8.86%	10,429	6.93%
Residential Treatment	493	14.85%	27,841	18.50%
Total	3,319	100.00%	150,518	100.00%

- The three most frequently used service modalities were Outpatient Treatment, Residential Treatment, and NTPs. While Santa Clara’s utilization rate for Outpatient Treatment was considerably higher than the statewide level (49.11 percent vs. 30.85 percent), utilization of Residential Treatment services in the DMC-ODS was 3.65 percentage points lower than the comparison (14.85 percent vs. 18.50 percent). Furthermore, member utilization of NTP services in the agency was much lower than what was observed statewide as well (12.99 percent vs. 24.67 percent).
- Intensive Outpatient and Non-Methadone MAT services evidenced lower member utilization as compared to statewide percentages; however, Recovery Support Services (RSS) and Residential WM had associated rates that slightly exceeded statewide numbers.
- In CY 2022, there was no utilization of Ambulatory WM or Partial Hospitalization services.

Table 8: Santa Clara DMC-ODS Approved Claims by Service Categories, CY 2022

Service Categories	County AACM	County Size Group AACM	Statewide AACM
Ambulatory Withdrawal Mgmt	\$0	\$234	\$484
Intensive Outpatient	\$2,346	\$1,207	\$1,729
Narcotic Treatment Program	\$2,556	\$4,279	\$4,526
Non-Methadone MAT	\$2,225	\$1,601	\$1,660
Outpatient Treatment	\$2,692	\$2,304	\$2,547
Partial Hospitalization	\$0	\$2,802	\$2,802
Recovery Support Services	\$2,793	\$1,660	\$1,669
Res. Withdrawal Mgmt	\$1,863	\$2,278	\$2,392
Residential Treatment	\$9,334	\$10,379	\$10,178
Total	\$4,496	\$5,607	\$5,998

- Despite Santa Clara’s high utilization rates for Residential Treatment and NTP/OTPs, the AACMs related to these service types were lower than was seen in similar-sized counties or statewide. AACMs for Outpatient Treatment services in the DMC-ODS, however, were higher than both comparisons.
- While the agency’s AACMs for Intensive Outpatient, Non-Methadone MAT, and RSS were all higher than similar-sized counties or statewide, AACMs for Residential WM in the DMC-ODS were lower than the numbers associated with both comparative groups.

IMPACT OF ACCESS FINDINGS

- Access-related member data indicated a lower level of adult and older adult services than statewide or similar-size counties, and there was data showing the adult utilization in terms of numbers of members served before the COVID-19 pandemic has not returned as of CY 2023.
- CalAIM medical necessity changes in access criteria are being implemented and have positively impacted youth access. No data was available on health plan services, but providers reported increased SUD treatment in primary care settings for non-methadone MAT.
- Santa Clara with the DMC-ODS has three levels of access for crisis services for MH and DMC-ODS, including mobile acute response, moderate need response, and an informational crisis line linked to a Suicide Prevention hotline for other information and referral services.

TIMELINESS OF CARE

The amount of time it takes for Plan members 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 with providing timely access to treatment services, the county must have the infrastructure to track timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. DHCS monitors DMC-ODS' compliance with required timeliness metrics identified in BHIN 22-033. Additionally, CalEQRO uses the following tracking and trending indicators to evaluate and validate DMC-ODS timeliness, including the Key Components and PMs addressed below.

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to Plan members. 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 member outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the PMs section.

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

Table 9: Timeliness Key Components

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Met
2B	First Non-Urgent Request to First Offered MAT Appointment	Met
2C	Urgent Appointments	Not Met
2D	Follow-Up Appointments after Residential Treatment	Partially Met
2E	Withdrawal Management Readmission Rates	Met
2F	No-Shows/Cancellations	Met

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

- Timeliness Key Components had started tracking these metrics during the last year and six months of data was available to analyze. Testing is underway for

timeliness data tracking linked to the EHR and Access Call Center. After testing, annual data for all services will be available within the data system.

- First offered appointment was within the DHCS requirements and generally met client needs per the focus group feedback, as well.
- No urgent data was available, which is critical because members need WM. The need for WM is defined as urgent for the DMC-ODS. WM must be available within 48 hours to be effective and safe. Concerns were particularly raised in the area of fentanyl WM which was reported to be painful and difficult by members in two focus groups and requiring extra support medically.

TIMELINESS PERFORMANCE MEASURES

In preparation for the EQR, DMC-ODS' complete and submitted the Assessment of Timely Access (ATA) 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 2023-24 EQR, the DMC-ODS reported in its submission of the ATA, representing access to care during the six-month period extending from June 1, 2023, through November 30, 2023. Table 10 and Figures 2-4 display data submitted by the DMC-ODS; an analysis follows. This data represents the entire system of care for first non-urgent appointments offered and first non-urgent appointments rendered. While counts associated with requests for first non-urgent NTP/OTP appointments were derived from county-operated services, frequencies pertaining to follow-up services after residential discharge and WM readmission rates within 30 days were predicated on contractor-operated services. Data for urgent services offered, however, were not tracked by the agency.

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 2023-24 Santa Clara DMC-ODS Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	8.2 Business Days	10 Business Days*	72.43%
First Non-Urgent Service Rendered	11.3 Business Days	10 Business Days**	63.35%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	4.8 Business Days	3 Business Days*	63.64%
Urgent Services Offered	***Hours	48 Hours*	***
Follow-up Services Post-Residential Treatment	18.8 Days	7 Days	15.20%
WM Readmission Rates Within 30 Days	7.14%	n/a	n/a
No-Shows	16%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** DMC-ODS-defined timeliness standards ***DMC-ODS did not report data for this measure			
For the FY 2023-24 EQR, the DMC-ODS reported its performance for the following time period: June 1, 2023 – November 30, 2023			

Figure 2: Wait Times to First Service and First MAT Service

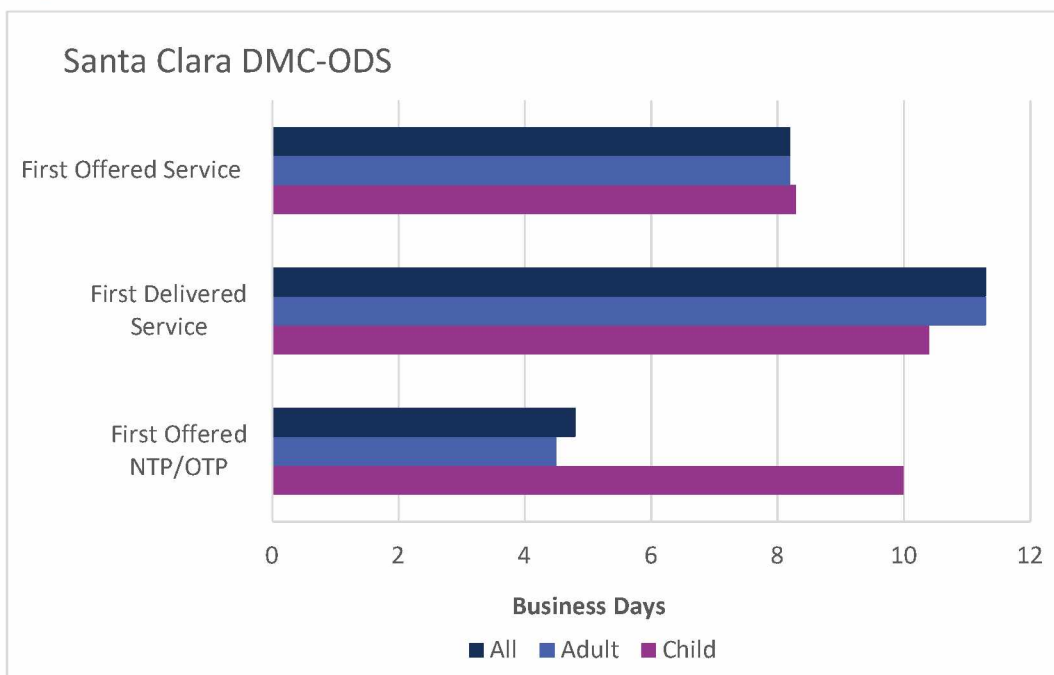


Figure 3: Wait Times for Urgent Services

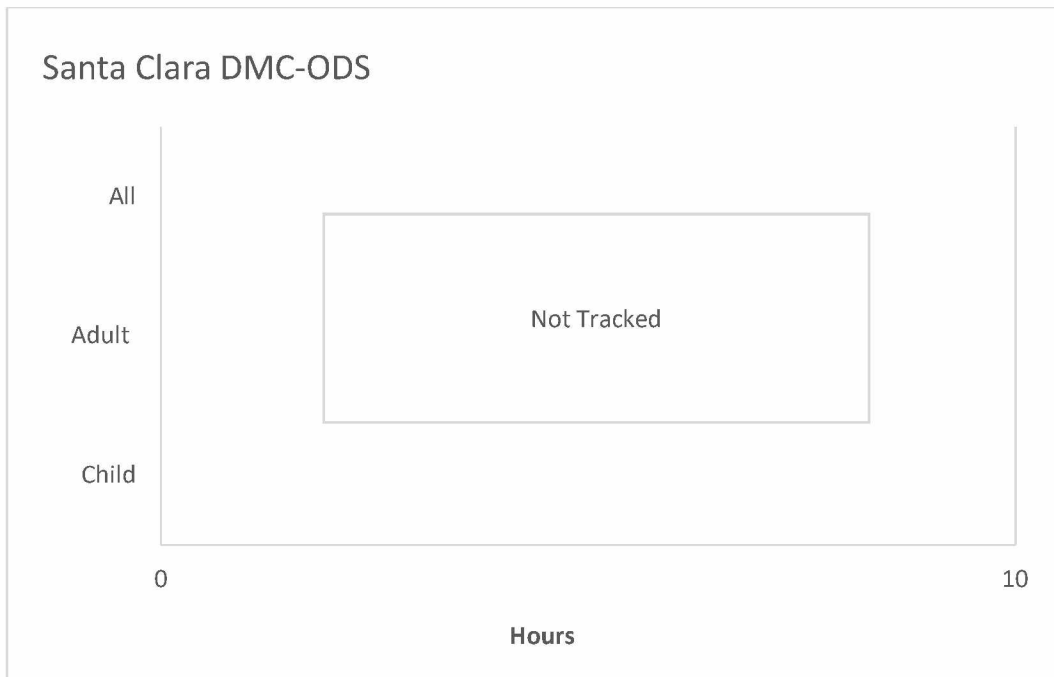
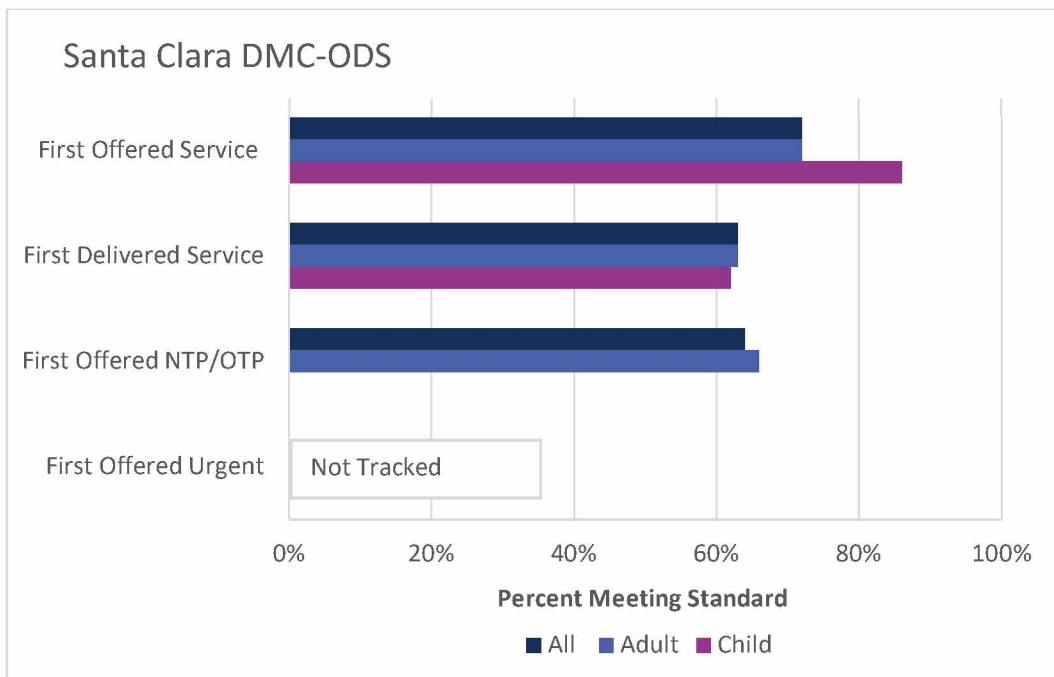


Figure 4: Percent of Services that Met Timeliness Standards



- The first delivered service had the lowest percentage of visits (63 percent) that were delivered within ten business days. This activity needs monitoring for improvement.

TIMELINESS FROM 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 2022 claims.

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

Table 11: Santa Clara DMC-ODS Days to First Dose of Methadone by Age, CY 2022

County				Statewide		
Age Groups	# of Members	%	Avg. Days	# of Members	%	Avg. Days
12 to 17	0	0.00%	N/A	15	0.04%	12.60
18 to 64	355	85.34%	2.49	31,839	87.46%	3.59
65+	61	14.66%	0.18	4,551	12.50%	0.56
Total	416	100.00%	2.15	36,405	100%	3.19

- The total average number of days from assessment to first dose of methadone in NTP/OTPs was a bit lower than the statewide average (2.15 days for the DMC-ODS vs. 3.19 days statewide).
- Although the average wait time to first dose for both adult and older adult members were lower than the comparisons, the average time to first dose for older adults was less than 1/3 the statewide rate (0.18 vs 0.56 days).

Transitions in Care

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

Table 12: Santa Clara DMC-ODS Timely Transitions in Care Following Residential Treatment, CY 2022

Number of Days	N = 489		Statewide N = 27,232	
	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	31	6.34%	3,243	11.91%
Within 14 Days	77	15.75%	4,515	16.58%
Within 30 Days	114	23.31%	5,706	20.95%

- Of the 489 members who received Residential Treatment in CY 2022, 6.34 percent transitioned to another service within 7 days, almost 16 percent within 14 days, and 23 percent transitioned within 30 days.
- The percentages of individuals in the DMC-ODS who experienced follow-up admissions to other services within 7 days and 14 days were lower than statewide; however, the percentage of individuals who transitioned to lower LOCs within the 30-day window was higher than the statewide comparison.
- Although timely transitions overall were more prevalent in the DMC-ODS than was seen statewide, it still appears that most members were not receiving timely transitions to lower LOCs (i.e., less than a quarter of members exiting Residential Treatment received a timely follow-up admission to other services within 30 days).

Residential Withdrawal Management Readmissions

Table 13: Santa Clara DMC-ODS Residential Withdrawal Management Readmissions, CY 2022

County		Statewide		
Total DMC-ODS admissions into WM	357		13,062	
	#	#	#	%
WM readmissions within 30 days of discharge	20	5.60%	1,148	8.79%

- The percentage of Residential WM admissions that resulted in a readmission within 30 days of discharge was lower in Santa Clara than statewide (5.60 percent vs. 8.79 percent).

IMPACT OF TIMELINESS FINDINGS

- While timely transitions to lower LOCs for members being discharged from residential treatment were more common in the DMC-ODS than statewide, only 23.31 percent of these members were able to obtain follow-up services within 30 days. This finding affords Santa Clara an opportunity to evolve and implement strategies that will result in members securing more timely access to lower LOCs.
- At 2.15 days, the average wait time to the first dose of methadone for members of the DMC-ODS was lower than the statewide average of 3.19 days. This metric represents a sphere of activity where the DMC-ODS was performing relatively well.
- Between the current and prior EQR (FY 2022-23 vs FY 2023-24), the DMC-ODS reported a 71.43 percent decrease in no-shows across all programs (56 percent vs. 16 percent). This dramatic change underscores another area where the agency's efforts are yielding positive outcomes.

- Urgent appointment timeliness is a critical element to track and can impact members' safety. No current data is available.

QUALITY OF CARE

CMS defines quality as the degree to which the PIHP increases the likelihood of desired outcomes of the Plan members 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 members. The contract further requires that the DMC-ODS' quality program "clearly define the structure of elements, assigns responsibility and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement."

QUALITY IN THE DMC-ODS

In the DMC-ODS, the responsibility for QI is to improve the outcomes and experience of members with services at the right LOC and in a timely manner that meets their clinical needs. Compliance related to DHCS requirements that are to be performed to meet basic standards of care. While the overall Quality Department includes both quality and compliance, the focus of the EQR review is primarily related to quality. There is staffing for both units of QI and Compliance, and they are supported by data analytics and training divisions. It is viewed as a continuous process across all of health including MH, SUD, and physical health. It is also supported by prevention activities in the DMC-ODS Prevention Plan as well as partnerships with the Public Health Department.

The DMC-ODS monitors its quality processes through the integrated Quality Improvement Committee (QIC), the QAPI work plan, and the annual evaluation of the QAPI work plan. The QIC is comprised of clinicians, key managers, analytics, and members with lived experience. It is scheduled to meet monthly with specific sub-committees able to meet more frequently. Since the previous EQR, the DMC-ODS QIC met 12 times. Of the 44 identified FY 2023-24 QAPI work plan goals, there were 22 SUD goals, but there was limited or no data on these goals for the first two quarters. A separate data set with goals called the "180 Scan," done every six months, showed more successful improvements in youth than adults and older adults and had more complete data.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD healthcare quality that are essential to achieving the underlying purpose of the service delivery system—to improve outcomes for Plan members. 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	Met
3C	Communication from DMC-ODS Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Partially Met
3D	Evidence of an ASAM Continuum of Care	Met
3E	MAT Services (both NTP and non-NTP) Exist to Enhance Wellness and Recovery	Met
3F	ASAM Training and Fidelity to Core Principles is Evident in Programs within the Continuum of Care	Met
3G	Measures Clinical and/or Functional Outcomes of Members 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 EHR and other improvements to implement CalAIM initiatives added critical data to evaluate the quality of the DMC-ODS. This improved data is being used to evaluate and set clearer, more precise goals and methods for improvements.
- Prevention linked to treatment initiatives showed positive gains in youth engagement and treatment.
- Specialized Criminal Justice programs and partnerships offered members many opportunities for SUD treatment, both in Detention and in the community.
- The QI Plan needs to be more balanced related to SUD quality goals and measures than primarily MH. The new DMC-ODS Medical Director and Division Chief can assist with this process.

QUALITY PERFORMANCE MEASURES

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

- Members served by Diagnostic Category
- Non-methadone MAT services
- Residential WM with no other treatment

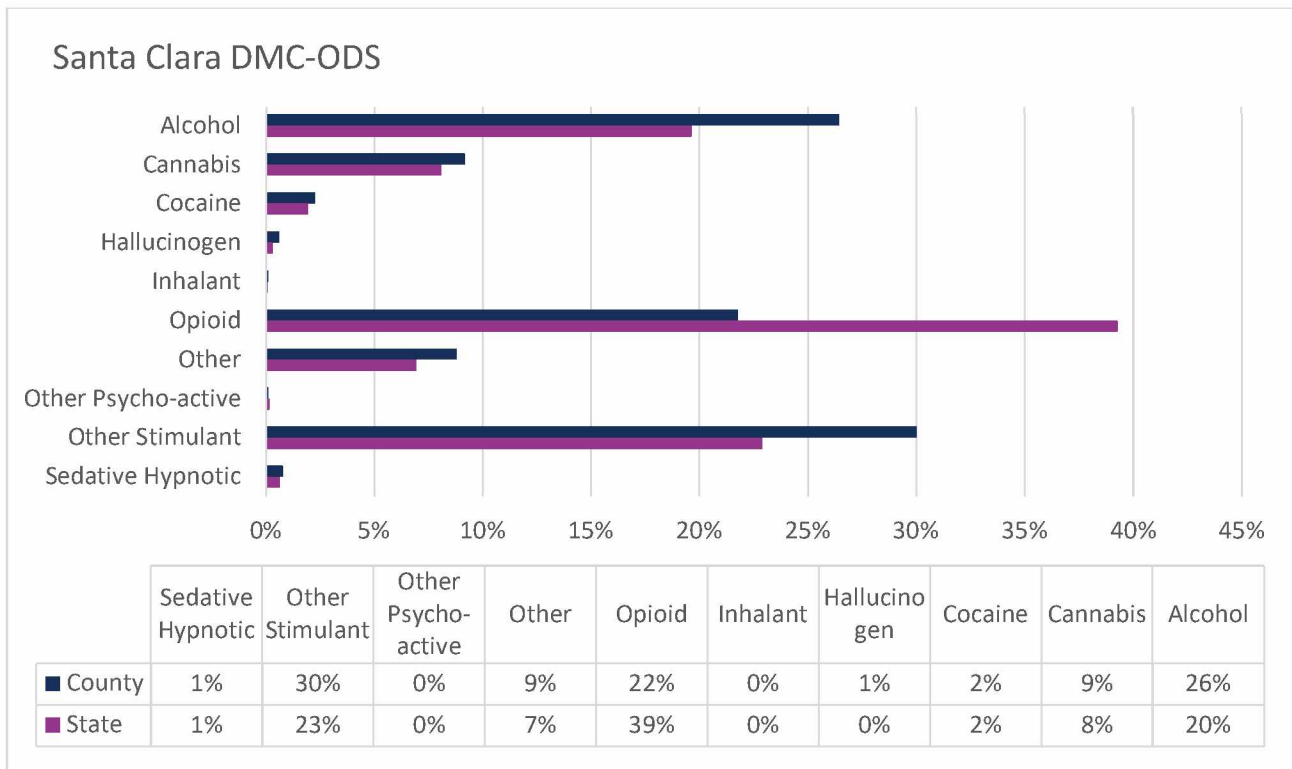
- High-Cost Members (HCM)
- ASAM congruence
- Initiation and Engagement
- Length of Stay (LOS)
- CalOMS admission versus discharge for employment and housing status
- CalOMS Legal Status at Admission
- CalOMS Discharge Status Ratings

DIAGNOSIS DATA

Developing a diagnosis, in combination with the level of functioning and other factors associated with medical necessity and eligibility for SUD treatment services, 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. Figure 5 shows the percentage of DMC-ODS members in a diagnostic category compared to statewide. This is not an unduplicated count, as a member may submit claims with different diagnoses crossing categories. Figure 6 shows the percentage of approved claims by diagnostic category compared to statewide.

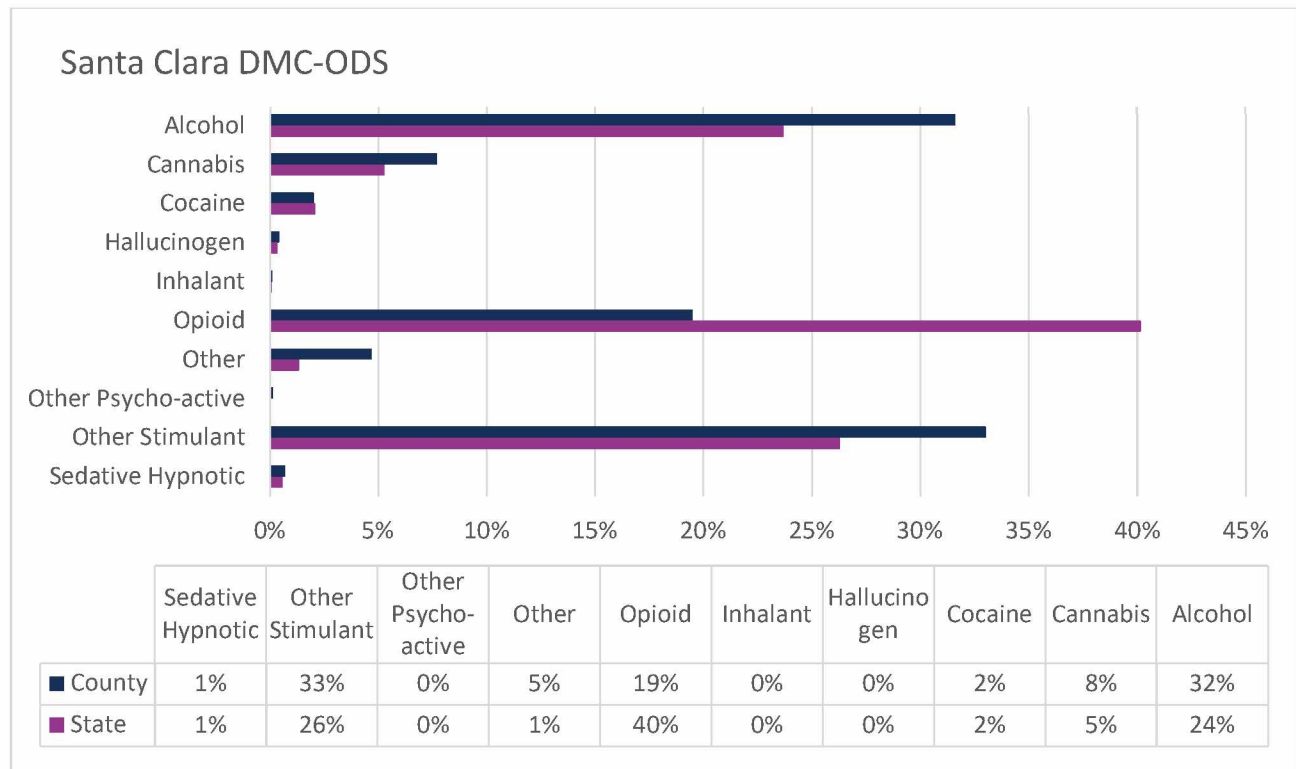
Initial assessment and services provided during the assessment process, except for residential treatment, may be provided without an established diagnosis for DHCS-defined periods of time. These deferred diagnoses are included in "Other."

Figure 5: Percentage of Plan Members by Diagnosis Code, CY 2022



- The most common diagnostic categories in the DMC-ODS were Other Stimulant (i.e., based on raw, CY 2022 PM data, well over 80 percent of the diagnosis records in this category related to moderate or severe amphetamine-type usage), Alcohol, and Opioid. In comparison to state percentages, while diagnoses of Other Stimulant (30 percent vs. 23 percent) and Alcohol-related disorders (26 percent vs. 20 percent) were more prevalent in Santa Clara, Opioid diagnoses (22 percent vs. 39 percent) occurred at a lower frequency.
- The percentage of members who received a diagnosis in one or more of the remaining diagnostic categories was comparable with the state’s rates.

Figure 6: Percentage of Approved Claims by Diagnosis Code, CY 2022



- Consistent with the diagnostic patterns in the DMC-ODS, the largest categories for approved claims were Other Stimulant, Alcohol, and Opioid. These three SUD types accounted for 84 percent of total claims.

NON-METHADONE MAT SERVICES

Table 15: Santa Clara DMC-ODS Non-Methadone MAT Services by Age, CY 2022

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	<11	-	<11	-	24	0.56%	13	0.30%
Ages 18-64	131	5.66%			7,473	7.96%	3,881	4.13%
Ages 65+	<11	-	<11	-	428	5.78%	173	2.34%
Total	147	5.60%	95	3.62%	7,925	7.13%	4,051	3.66%

- The percentage of adult members ages 18-64 who initiated in non-methadone MAT services in the DMC-ODS was more than two percentage points lower than the statewide rate (5.66 vs. 7.96 statewide). Furthermore, the percentage of adult members who engaged in three or more non-methadone MAT services

decreased to [REDACTED] percent, which was still lower than what was seen statewide (4.13 percent).

- Santa Clara’s overall rates of initiation and engagement for members who received non-methadone MAT services were both a bit lower than the statewide comparisons (Initiation: 5.60 percent vs. 7.13 percent; Engagement: 3.62 percent vs. 3.66 percent).

RESIDENTIAL WITHDRAWAL MANAGEMENT WITH NO OTHER TREATMENT

Table 16: Santa Clara DMC-ODS 3+ Episodes of Residential WM and No Other Treatment, CY 2022

	# Members with 3+ Episodes WM & No Other Services	% Members with 3+ Episodes WM & No Other Services
County	<11	-
Statewide	205	2.00%

- Although the count and percentage of members in the DMC-ODS that had three or more WM episodes and no other services were suppressed due to the small numbers involved, Santa Clara’s rate for this metric slightly exceeded what was observed statewide.

HIGH-COST MEMBERS

Tracking the HCMs provides another indicator of quality of care. In SUD treatment, this may reflect multiple admissions to residential treatment or residential WM. HCMs may be receiving services at a LOC not appropriate to their needs. HCMs for the purposes of this report are defined as those who incur SUD treatment costs higher than two standard deviations above the mean, which for CY 2022 equates to claims of \$17,188 or more.

Table 17: Santa Clara DMC-ODS and Statewide High-Cost Members, CY 2022

	Total Members Served	HCM Count	HCM % by Count	Average Approved Claims per HCM	HCM Total Claims	HCM % by Total Claims
County	2,623	78	2.97%	\$22,786	\$1,777,329	15.07%
Statewide	105,657	5,724	5.42%	\$24,551	\$140,532,204	21.84%

- In CY 2022, the proportion of members considered HCMs (2.97 percent vs. 5.42 percent) as well as the AACMs associated with this group (\$22,786 vs. \$24,551) were both lower in the DMC-ODS than statewide. Additionally, the percentage of total claims that were attributed to HCMs was almost seven

percentage points lower in Santa Clara than the point of comparison. (15.07 percent vs. 21.84 percent).

ASAM LEVEL OF CARE CONGRUENCE

Table 18: Santa Clara DMC-ODS Congruence of LOC Referrals with ASAM Findings, CY 2022 – Reason for Lack of Congruence

ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable /No Difference	█	█	2,282	88.28%	669	90.65%
Patient Preference	<11	-	221	8.55%	49	6.64%
Level of Care Not Available	0	0.00%	<11	-	<11	-
Clinical Judgment	<11	-	█	█	<11	-
Geographic Accessibility	0	0.00%	0	0.00%	0	0.00%
Family Responsibility	0	0.00%	0	0.00%	0	0.00%
Legal Issues	0	0.00%	<11	-	<11	-
Lack of Insurance/Payment	0	0.00%	<11	-	<11	-
Other	<11	-	43	1.66%	<11	-
Actual Level of Care Missing	0	0.00%	0	0.00%	0	0.00%
Total	117	100.00%	2,585	100.00%	738	100.00%

- The DMC-ODS had a congruence between LOC referrals and ASAM findings of █ percent at initial screening, which decreased to 88.28 percent at initial assessment. At the point of follow-up assessment, however, congruence increased to 90.65 percent.
- In comparison to CY 2021, the counts of initial screenings increased by 80 percent (65 vs.117); however, the rate of congruence at initial screening only decreased by 2.24 percentage points between the two CYs (95.40 percent vs. 93.16 percent). Furthermore, while the overall counts of initial assessments and follow-up assessments decreased, respectively, by 17.44 percent and 78.53 percent between CY 2021 and CY 2022, the percentage of congruence at initial assessment dropped by 5 percentage points, and congruence at follow-up assessment fractionally increased.
- Despite being suppressed due to the small number reported, the most frequently used category to explain differences between the ASAM-indicated LOC and the referral at initial screening was Patient Preference. This category also represented the primary reason the LOC recommendation differed from the referral at the other two screening intervals as well, which accounted for 8.55 percent of incongruence at initial assessment and 6.64 percent at follow-up assessment.

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 19 displays the 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 will likely continue their treatment and enter a recovery process with positive outcomes. The method for measuring the number of Plan members who initiate treatment begins with identifying the initial visit in which the member’s SUD is identified. This is called the anchor event. Based on claims data, the “initial DMC-ODS service” refers to the first approved or pending claim for a member that is not preceded by one within the previous 30 days. The second day or visit is what, in this measure, is defined as “initiating” treatment.

CalEQRO’s method of measuring service engagement is at least two billed DMC-ODS days or visits that occur after initiating services and are between the 14th and 34th day following an initial DMC-ODS service (anchor event).

Table 19: Initiating and Engaging in Santa Clara DMC-ODS Services, CY 2022

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Members with an initial DMC-ODS service	2,466		136		99,855		4,026	
	#	%	#	%	#	%	#	%
Members who then initiated DMC-ODS services	1,928	78%	89	65%	83,830	84%	3,286	82%
Members who then engaged in DMC-ODS services	1,326	69%	47	53%	63,753	76%	2,202	67%

- The rates of initiation and engagement in services for adult members in Santa Clara were lower than what was seen statewide (Initiation: 78 percent vs. 84 percent; Engagement: 69 percent vs. 76 percent). Additionally, initiation and engagement in services among the 136 youth members in the DMC-ODS who received an initial service fell below the comparisons as well (Initiation: 65 percent vs. 82 percent; Engagement: 53 percent vs. 67 percent). The observations associated with the metric identify an area of opportunity for improvement.

LENGTH OF STAY

Examining Plan members’ LOS in services provides another look at engagement in services and completion of treatment. Table 20 presents the number of members who discharged from treatment in CY 2022, defined as having zero claims for any DMC-ODS services for 30+ days, the average and median LOS for members, and

results indicating what proportions of members had accessed services for at least 90, 180, and 270 days, as well as statewide comparisons for reference.

Table 20: Cumulative LOS in Santa Clara DMC-ODS Services, CY 2022

	County		Statewide	
	Average	Median	Average	Median
Members discharged from care. (no treatment for 30+ days)	3,954		139,688	
LOS for members across the sequence of all their DMC-ODS services	125	78	158	90
	#	%	#	%
Members with at least a 90-day LOS	1,831	46%	69,919	50%
Members with at least a 180-day LOS	948	24%	43,096	31%
Members with at least a 270-day LOS	540	14%	27,677	20%

- The average and median LOS in Santa Clara for members who had been discharged from care for 30 or more days were lower than statewide. In addition, the proportions of DMC-ODS members across all LOS categories (90-day, 180-day, and 270-day LOS) were below statewide rates.

CALOMS DATA

CalOMS is one of the few national datasets that asks SUD service users about psychosocial information at both admission and discharge. These are critical outcomes that reflect areas of life functioning expected to be positively influenced by SUD treatment. The measures provided below allow for system evaluation and determine the efficacy of care provided. Additionally, the types of discharges and their ratings reflect the degree to which treatment episodes were considered successful.

Table 21: Santa Clara DMC-ODS CalOMS Legal Status at Admission, CY 2022

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	834	38.00%	56,511	65.47%
Under Parole Supervision by California Department of Corrections and Rehabilitation	52	2.37%	1,649	1.91%
On Parole from any other jurisdiction	57	2.60%	1,427	1.65%
Post-release supervision - AB 109	970	44.19%	19,933	23.09%
Court Diversion CA Penal Code 1000	43	1.96%	1,312	1.52%
Incarcerated	0	0.00%	446	0.52%
Awaiting Trial	239	10.89%	5,038	5.84%
Total	2,195	100.00%	86,316	100.00%

- The primary CalOMS legal status at admission for members in the DMC-ODS during CY 2022 was post-release supervision - AB 109, and the proportion of DMC-ODS members subsumed under this category was almost double the statewide percentage (44.19 percent vs. 23.09 percent).
- The second most prevalent legal status, however, related to members who had no criminal justice involvement. The proportion of members in this category was slightly more than 27 percentage points lower than the statewide comparison (38.00 percent vs. 65.47 percent).

Table 22: Santa Clara DMC-ODS CalOMS Discharge Status Ratings, CY 2022

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment - Referred	433	23.35%	19,232	21.62%
Completed Treatment - Not Referred	270	14.56%	5,687	6.39%
Left Before Completion with Satisfactory Progress - Standard Questions	417	22.49%	12,302	13.83%
Left Before Completion with Satisfactory Progress – Administrative Questions	271	14.62%	7,046	7.92%
<i>Subtotal</i>	<i>1,391</i>	<i>75.03%</i>	<i>44,267</i>	<i>49.76%</i>
Left Before Completion with Unsatisfactory Progress - Standard Questions	141	7.61%	15,497	17.42%
Left Before Completion with Unsatisfactory Progress - Administrative	299	16.13%	28,288	31.80%
Death	<11	-	166	0.19%
Incarceration	-	-	740	0.83%
<i>Subtotal</i>	<i>463</i>	<i>24.97%</i>	<i>44,691</i>	<i>50.24%</i>
Total	1,854	100.00%	88,958	100.00%

- The top four CalOMS-related discharge statuses in Table 22 are considered “positive” ratings as they indicate whether treatment was completed or if members were making satisfactory progress before treatment ended. Overall, 75.03 percent of total discharges in Santa Clara were satisfactory, which was approximately 1.5 times higher than the statewide rate. Furthermore, the percentage of discharges where members completed treatment and were referred, - as well as instances where members completed treatment and were not referred, - were both higher than what was seen statewide (Completed Treatment – Referred: 23.35 percent vs. 21.62 percent; Completed Treatment – Not Referred: 14.56 percent vs. 6.39 percent).
- The bottom four discharge statuses are typically not seen as positive since they reflect unsatisfactory progress, as well as members leaving treatment due to death and incarceration. 24.97 percent of all CalOMS discharges in CY 2022 were considered unsatisfactory for the DMC-ODS, which is slightly less than half the statewide rate (50.24 percent). The largest percentage of discharges within

this domain occurred when members “Left Before Completion with Unsatisfactory Progress – Administrative.” The percentage of discharges with this status, however, was more than 15 percentage points lower than the statewide point of comparison (16.13 percent vs. 31.80 percent).

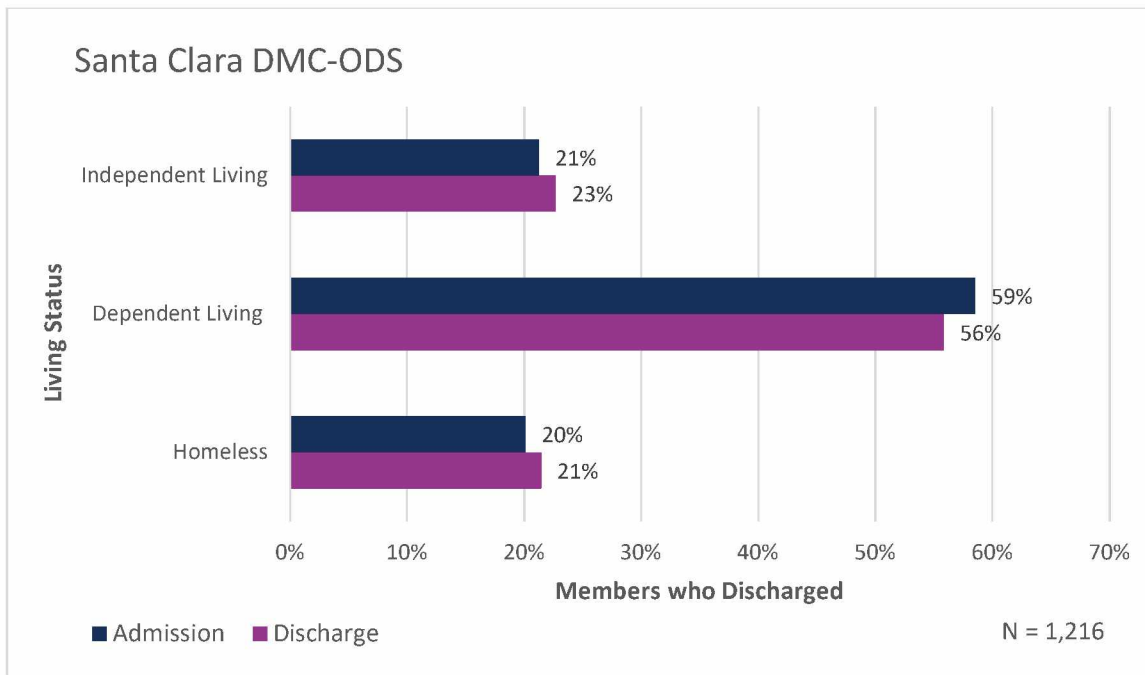
Table 23: Santa Clara DMC-ODS CalOMS Types of Discharges, CY 2022

Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	1,055	56.90%	44,306	49.81%
Administrative Adult Discharges	593	31.98%	36,240	40.74%
Detox Discharges	161	8.68%	7,075	7.95%
Youth Discharges	45	2.43%	1,337	1.50%
Total	1,854	100.00%	88,958	100.00%

- Standard Adult Discharges were the most common discharge type (56.90 percent), exceeding the statewide rate by 7 percentage points.
- Administrative Adult Discharges were the second most prevalent discharge type, which fell below the statewide comparison (31.98 percent vs. 40.74 percent statewide).
- Both detox and youth discharges in the DMC-ODS, however, occurred with a greater frequency in the DMC-ODS than statewide.

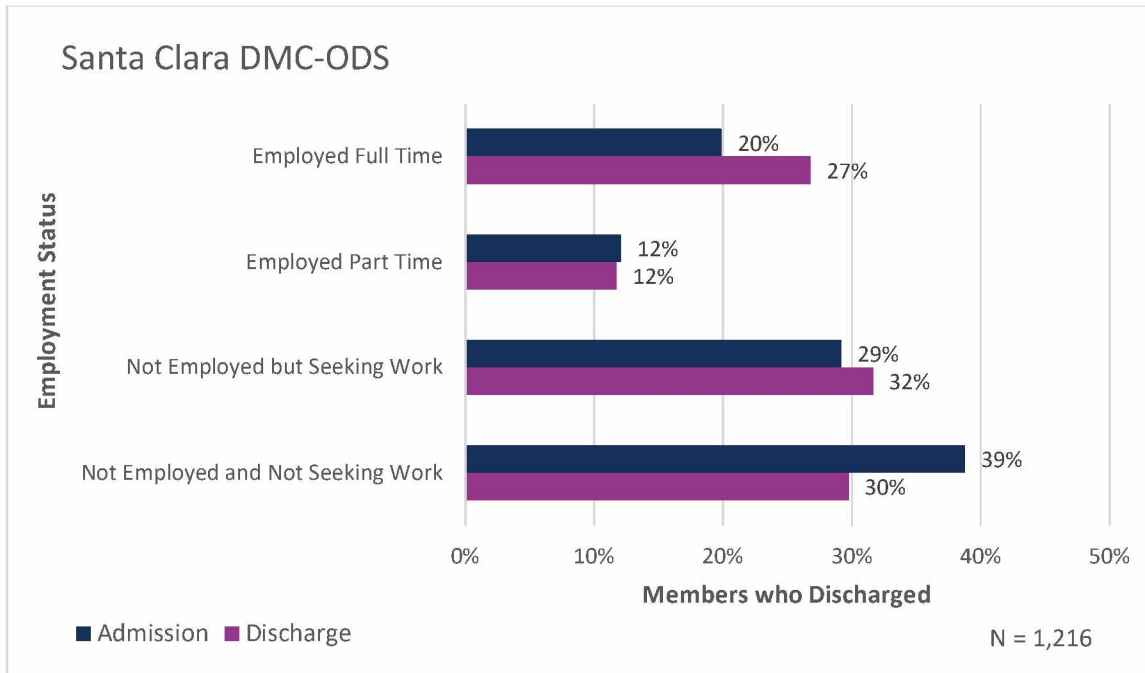
The data presented in Figures 7 and 8 reflect the percent change in living and employment status at discharge from admission. Both questions are asked in relation to the prior 30 days.

Figure 7: CalOMS Living Status at Admission versus Discharge, CY 2022



- The most frequently disclosed CalOMS living status among members at admission and discharge in CY 2022 was dependent living. While this status accounted for well over half of all admissions and discharges, there was a modest reduction in this living situation between admission and discharge. Conversely, although the percentages of members who reported being either homeless or living independently were considerably lower overall, both these statuses slightly increased at discharge.

Figure 8: CalOMS Employment Status at Admission versus Discharge, CY 2022



- The largest CalOMS employment status at admission was “Not Employed and Not Seeking Work,” followed by “Not Employed but Seeking Work.” However, while the percentage of discharges reporting the former status decreased by 9 percentage points, the discharges associated with the status of “Not Employed and Seeking Work” increased by three percentage points. Furthermore, between admission and discharge, there was a seven percentage-point increase in the number of members who indicated that they were “Employed full-time.” Therefore, the information in this metric suggests that by the end of treatment, there were more members who were either seeking work or employed.
- The percentages for the small number of members who disclosed that they were “Employed Part Time” did not change between admission and discharge.

IMPACT OF QUALITY FINDINGS

- CalOMS discharge status ratings for CY 2022 demonstrated that, collectively, slightly more than three-quarters of all discharges in the DMC-ODS were considered satisfactory. The agency’s rate was also more than 1.5 times higher than what was seen statewide (75.03 percent vs. 49.76 percent). This statistic compellingly illustrates an area where Santa Clara was performing well.
- Over the last few years, the DMC-ODS’ rates of initiation and engagement for adult and youth members have consistently fallen below statewide rates. These findings merit attention. More specifically, perhaps additional time and resources need to be invested in the process of determining the causal factors that are contributing to this imbalance. Furthermore, effective strategies need to be

developed to promote an increase in both the numbers of adult and youth members who initiate, and ultimately engage in, treatment services.

- The most common diagnosis in Santa Clara over the last two CYs (2021 and 2022) was Other Stimulant disorders. In CY 2022, this category represented 30 percent of all diagnoses and almost one-third of all claims. Upon further investigation, it was discovered that more than 80 percent of the raw data associated with this category pertained to members who were presenting with moderate-to-severe amphetamine-type usage. This observation suggests that the DMC-ODS should consider collaborating with prevention programs and providers – including local hospitals and primary care - to explore community education related to this disorder as well as expand the adoption and deployment of efficacious treatment modalities.
- Expanded integration of SUD quality goals and data tracking is needed within the Quality Improvement Work Plan (QIWP) and overall to plan effective treatment and prevention methods.

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 §§ 438.330¹ and 457.1240(b)². PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and Plan member satisfaction. They should have a direct Plan member 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.calegro.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: Medication for Opioid Use Disorders (MOUD)

Date Started: 09/2022

Aim Statement: "The goal of this PIP is to increase overall pharmacotherapy for opioid use disorders (POD) performance by 10% over baseline by June 2024 by providing opportunities for engagement, support, and continuity of care for individuals to initiate and maintain opioid therapy for 180+ days or more without gaps so beneficiaries are less likely to exhibit withdrawal or craving symptoms or use illicit opioids and also have them remain in treatment."

Target Population: All adults with Opioid Use Disorders (OUD)

Status of PIP: Baseline Year

¹ <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf>

² <https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf>

SUMMARY

The MOUD PIP focuses on referrals from the Valley Medical Center ED to the Valley Clinic NTP for opioid replacement therapies. The intervention is the addition of peer staff outreach, engagement, and support to link members to the county operated NTP clinic, which is on the same campus as the ED. The designated peer navigator began in September 2023. A new procedure was established for direct referrals of members with an OUD to peers with support in terms of benefits and screening by the Access Call Center. If successful, this procedure will be adopted and expanded to track referrals from the other hospitals in the county. Measures included tracking referrals, screenings by the Access Call Center, successful engagement of members in the NTP services at the Valley Clinic NTP, and the duration of their participation in opioid replacement treatment services. Currently, the PIP has limited data related to this intervention and its effectiveness. The goal is to do the first remeasurement when there is a full implementation of the intervention.

TA AND RECOMMENDATIONS

As submitted, this clinical PIP was found to have moderate confidence because the design is sound based on experience in other DMC-ODS programs. Also, data systems are being enhanced to monitor the process improvement events leading to successful engagement and retention in opioid replacement therapies for six months or more.

No TA was provided during the course of the year.

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

- Increase the number of PMs to track each phase of the process from new member identification to successful referrals.
- Include process PMs for successful contacts by peer navigator, successful initiations of opioid therapies for new referrals with and without peer navigator, and the number of new patients engaged in treatment for six months or more since the beginning of PIP intervention.
- Document barriers for the peer navigator and also for members' ability to be retained in MOUD treatment for the six-month interval called for by the PIP.

NON-CLINICAL PIP

GENERAL INFORMATION

Non-Clinical PIP Submitted for Validation: Follow-up after Emergency Department (ED) Visits for Patients Using Alcohol and Other Drugs (FUA)

Date Started: 09/2022

Aim Statement: “Increase follow-up visits from Valley Medical Center ED for members using alcohol and other drugs to DMC-ODS treatment from 8.7 percent to 10 percent by June 2024.”

Target Population: Adults and youth 12 years or older

Status of PIP: Baseline Phase

SUMMARY

The FUA PIP is related to referrals from the ED as well as other services, such as the Access Call Center, with the help of new peer navigators. The ED now has direct referral capacity based on a new procedure, and the peer navigator has three business days to engage and encourage members to begin treatment. The first attempt is to be completed within one business day of referral. If unable to contact the member, three additional attempts will be made.

With the recent hiring of the peer navigator, information on the peer intervention and the new referral procedure was limited at the time of the review. PMs include tracking peer navigator engagement attempts by the number of referrals and follow-up treatment admissions by members into treatment. Additional data enhancements were being added to track the process goals and to track non-white referrals and engagement compared to the overall referral and engagement rates. The PIP was rated moderate confidence.

TA AND RECOMMENDATIONS

As submitted, this non-clinical PIP was found to have moderate confidence because additional clarity on goals related to non-white referrals and PMs needs to be identified in the PM baseline and goals.

No TA was requested during the prior year as the DMC-ODS was working on an updated data tracking system and interoperability between the ED and BH data systems. Also, the DMC-ODS obtained TA from CalMHSA.

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

- Add process PMs to track each phase of the process and identify early problems with design or implementation for any needed corrections.
- Add another focus group with members to identify opportunities for improvements.
- Track both referrals and any readmissions to the ED.
- Santa Clara’s narrative discusses tracking non-white referrals and treatment engagement separately from other ethnic groups. However, this was not

indicated as a separate PM in the data with a baseline and corresponding separate goal.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by the county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, manages the system. The primary EHR system used by the DMC-ODS is Netsmart Technologies, Inc./Avatar, which has been in use for five years. The DMC-ODS continues to work to promote the optimization of the EHR by implementation new modules and functionality on an ongoing basis, Santa Clara must dedicate staff and resources to support this process.

Approximately 0.16 percent of the DMC-ODS budget is dedicated to supporting 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 (i.e., Technology Services and Solutions unit with County IS).

The DMC-ODS has 1,913 named users with log-on authority to the EHR, including approximately 325 county staff and 1,588 contractor staff. Support for users is provided by 12 full-time equivalent (FTE) IS technology positions and three contracted staff. Currently, there are two vacant positions (i.e., two IT Business Analysts) for which the DMC-ODS is actively recruiting.

As of the FY 2022-23 EQR, some contract providers can directly enter clinical data into the DMC-ODS' EHR. More precisely, these contract providers have the ability to directly enter data into Avatar relating to CalOMS admissions, annual updates and discharges, program admissions and discharges, diagnoses, and some demographics. Other clinical service data for members (e.g., progress notes, treatment plans/problem lists, and the like) are directly captured in the local EHR systems maintained by each respective contract agency. Contract providers also submit clinical service data to the DMC-ODS for claims processing on a daily and weekly basis through 837 batch file transfers, electronic data interchange, and direct entries made via a dedicated contractor portal into the system. These methods for transmitting information constitute 100 percent of all the data submittal transactions performed (see Table 24). 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 members by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

Contract providers submit member practice management and service data to the DMC-ODS IS as reported in the following table:

Table 24: Santa Clara DMC-ODS Contract Provider Transmission of Information to DMC-ODS EHR

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between DMC-ODS IS	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch	%
Electronic Data Interchange to DMC-ODS IS	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	34%
Electronic batch file transfer to DMC-ODS IS	<input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly	33%
Direct data entry into DMC-ODS IS by provider staff	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	33%
Documents/files e-mailed or faxed to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	%
Paper documents delivered to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	%
		100%

PLAN MEMBER PERSONAL HEALTH RECORD

The 21st Century Cures Act of 2016 promotes and requires members to have full access to their medical records and to have their medical records sent to other providers. Having a Personal Health Record (PHR) enhances members’ and their families’ engagement and participation in treatment. The DMC-ODS does not have a PHR; however, the agency plans to implement this functionality within the next two years.

INTEROPERABILITY SUPPORT

The DMC-ODS is a member or participant in an HIE and has begun electronically sharing data with other partners through this agency. The DMC-ODS engages in electronic information exchange with HIE partners, MH and SUD contract providers, and Federally Qualified Health Centers.

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 Plan member 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 the 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 25: 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	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:

- Medi-Cal claims processing is a strength for the agency. The DMC-ODS’ CY 2022 denied claims rate of 3.05 percent was 0.59 percentage points lower than the statewide rate (3.64). Additionally, the agency generated and maintained relatively consistent claim lines and made timely submissions during this period. These observations suggest that Santa Clara has a fiscal team that employs effective billing strategies.
- The DMC-ODS coordinates well with contract providers with respect to the efficient and centralized capture of member clinical data. For example, contract providers have been afforded access to directly enter a variety of clinical information into Avatar, such as CalOMS’ instruments, program admissions and discharges, diagnoses, and some demographics. Moreover, these agencies also possess the ability to directly upload 837 batch files into the system to support the ongoing and timely processing and submission of Medi-Cal claims to the state.
- The DMC-ODS does not have an agency-specific OCP that it uses, reviews, or tests. Instead, it relies on a document crafted by the Technology Services and Solutions unit within Santa Clara’s countywide IS department (i.e., Major Incident Management Process) to inform decisions regarding the management of critical business functions in the event of a cyberattack, disaster, or other emergency. Consequently, a rating of “Partially Met” was assigned to the IS Infrastructure Key Component 4E relating to Security and Controls.
- One of the DMC-ODS’ articulated goals is to become a data-driven agency. Toward that end, the DMC-ODS has access to a robust group of analysts to actualize this objective. More specifically, the IT department has two teams (i.e., Research and Outcomes Management, and Analytics and Reporting) that consist of more than 30 analysts. These teams are dedicated to identifying and addressing the data-analytics needs of the agency. Indeed, they are not only

responsible for designing and crafting individual Crystal Reports that are loaded into Avatar and made available to end users, but these staff also assess and translate outcome and service-related data into intelligible reports and dashboards that focus on areas such as access, equity, quality, and timeliness. These reports are then distributed to clinical and QI staff, program managers, and executive leadership to promote the creation of a system-of-care quality feedback loop that supports the making of data-informed decisions. The 180 Scan report, which tracks trends from quarters in CY 2019 to the present, is an excellent example of this process.

INFORMATION SYSTEMS PERFORMANCE MEASURES

MEDI-CAL CLAIMING

Table 26 shows the amount of denied claims by denial reason, and Table 27 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 2022.

Tables 26 and 27 appear to reflect a substantially complete claims data set for the time frame represented.

Table 26: Summary of Santa Clara DMC-ODS Denied Claims by Reason Code, CY 2022

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Beneficiary not eligible	847	\$144,319	37.51%
Service location not eligible	213	\$98,061	25.49%
NPI issue	3,160	\$53,720	13.96%
Duplicate/same day service without modifier or other info needed for adjudication	567	\$53,371	13.87%
Other healthcare coverage must be billed first	1,521	\$29,879	7.77%
Missing valid diagnosis	█	█	█
Late claim submission	█	█	█
Other	█	█	█
Total Denied Claims	6,332	\$384,721	100.00%
Denied Claims Rate	3.05%		
Statewide Denied Claims Rate	3.64%		

- The DMC-ODS denied claims rate was 3.05 percent, which was 0.59 percentage points below the statewide denial rate.

Table 27: Santa Clara DMC-ODS Claims by Month, CY 2022

Month	# Claim Lines	Total Approved Claims
Jan-22	8,310	\$835,275
Feb-22	10,612	\$888,970
Mar-22	11,175	\$1,255,782
Apr-22	8,880	\$939,881
May-22	8,611	\$909,602
Jun-22	8,204	\$835,872
Jul-22	9,293	\$1,076,201
Aug-22	9,734	\$1,144,058
Sep-22	9,323	\$1,041,838
Oct-22	9,380	\$1,079,790
Nov-22	11,554	\$1,160,479
Dec-22	10,896	\$1,061,301
Total	115,972	\$12,229,049

- The DMC-ODS generated and maintained consistent monthly claim lines, and also made timely submissions throughout CY 2022.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- The DMC-ODS successfully incorporated all relevant CPT/HCPCS codes into Avatar to support the claiming process for all internal and contract providers. The incorporation of these new codes into the EHR was completed in July 2023 and involved a significant investment of time and resources from the agency’s IT department. Claims associated with the delivery of services with these new codes by internal and contract providers have already been submitted to DHCS and payment has been received. Work remains to be done to refine, optimize, and adequately train staff on how to use these codes effectively to maximize opportunities to bill for services. This accomplishment was part of Santa Clara’s commitment to implementing CalAIM requirements.
- Santa Clara DMC-ODS and Health Agency demonstrated efforts to become a data-driven delivery system. The DMC-ODS has 30 talented analysts who have been tasked with defining and addressing the data-analytics needs associated with the BH system of care. The two resultant business-intelligence teams (i.e., Research and Outcomes Management and Analytics and Reporting) formed by these staff have produced and shared reports and interactive dashboards for clinical and administrative staff and decision-makers.

- Consistent reporting of timeliness data has been problematic for the DMC-ODS due to the fact that this information was sporadically collected in spreadsheets external to Avatar. To streamline and centralize this process, Santa Clara's IT department has modeled into the Avatar development environment a form that will be used by both internal and contracted providers to directly enter timeliness data into the EHR. This data-entry screen is presently undergoing beta testing and, when complete, will capture all metrics for timeliness required by DHCS and many more of interest to the QIWP and key decision-makers.

VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE

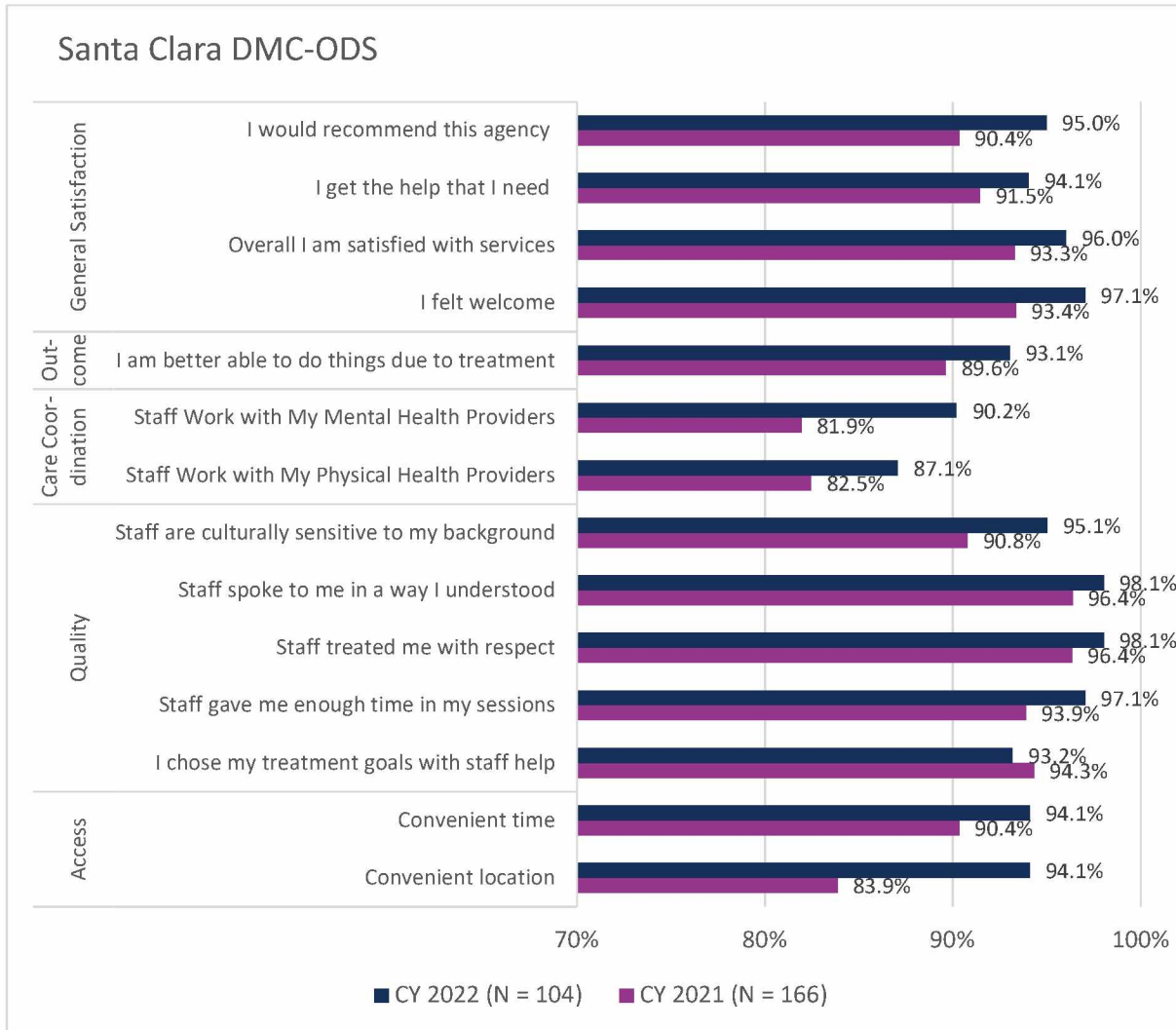
TREATMENT PERCEPTION SURVEYS

The TPS consists of ratings from the 14 items that yield information regarding five distinct domains: Access, Quality, Care Coordination, Outcomes, and General Satisfaction. DMC-ODSs administer these surveys to members 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 experienced a 37.35 percent decrease in the number of respondents who participated in the TPS data-collection cycle in CY 2022 (CY 2021: 166 vs. CY 2022: 104); however, ratings for all items except one increased from CY 2021.

The DMC-ODS improved in 2022 over 2021 in 13 ratings, but the number of respondents was extremely low (104 members) and difficult to interpret in terms of system changes or improvements. The rating domain where reduction occurred was clinical staff helping with treatment planning with members.

Figure 9: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA



* Note that the horizontal axis begins at 70 percent in order to display small differences in responses from calendar year to calendar year.

- The three lowest TPS ratings for CY 2022 pertained to the following items: “Staff work with my physical health providers” (87.1 percent). “Staff work with my MH providers” (90.2 percent). “I am better able to do things due to treatment” (93.1 percent).
- The highest ratings for CY 2022 were: “Staff spoke to me in a way I understood” (98.1 percent). “Staff treated me with respect” (98.1 percent). “Staff gave me enough time for sessions” (97.1 percent). “I felt welcome” (97.1 percent).
- According to the county staff of the DMC-ODS, no specific quality actions were taken based on the TPS.

PLAN MEMBER/FAMILY FOCUS GROUPS

Plan member and family (PMF) focus groups are an important 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 PMF involvement. CalEQRO provides gift cards to thank focus group participants.

As part of the pre-review planning process, CalEQRO requested three 90-minute focus groups with Plan members (DMC-ODS members) and/or their families, each containing [REDACTED] participants.

PLAN MEMBER/FAMILY FOCUS GROUP ONE SUMMARY

CalEQRO requested a diverse group of adult Plan members in the NTP program with members who began services within the last 12 months. The focus group was held at the Valley Clinic, a county-operated NTP located on the Valley Medical Center campus and included [REDACTED] participants. All Plan members participating receive clinical services from the DMC-ODS.

Plan members shared experiences with access and treatment. Transitions from the criminal justice system were timely. Other EDs and WM referrals took one week or less. Per members, other referrals were often longer. There was significant discussion and concern that those withdrawing from fentanyl were having severe and difficult symptoms for one week or more, depending on the level of use. Several members thought that inpatient or residential support was needed for this challenging phase of treatment. One member could not obtain their MH and physical health medications because the Medi-Cal office listed them as “in custody,” and another member was listed as being from another county. Even after requesting the change from Social Services, it took three months for the member’s Medi-Cal to be corrected. Some of the members had had recent overdose experiences. They reported their need for extra support services and more flexibility with dosing due to their addiction level and associated significant challenges with fentanyl withdrawal symptoms. Most felt the counseling groups and individuals were helpful and responsive. Frustration was expressed as a result of prescriber responsiveness to needs and experiences impacting their recovery.

Recommendations from focus group participants included:

- Consider special support services for those withdrawing from fentanyl, both in terms of counseling and dosing flexibility.
- More help is needed from staff with getting Medi-Cal changed from “in custody” to “moved from another county to Santa Clara County. This lack of an accurate Medi-Cal status impacted medication and other treatment access.
- More access to help with housing and job support to help with success in the community.

PLAN MEMBER/FAMILY FOCUS GROUP TWO SUMMARY

CalEQRO requested a diverse group of adult Plan members in residential treatment, including those who initiated in the last 12 months. The focus group, which included [REDACTED] participants, was held at Muriel Right Telecare Residential Treatment Center. All Plan members are participating in clinical services from the DMC-ODS.

Members reported that coordinated access to the program was timely, especially from the criminal justice system, ED, and WM programs. There was a positive response to the counseling and medication access and support by the members. They reported that the program was helping with a wide range of problems and needs and had a positive and caring atmosphere. All participants were assigned a case manager who helped with the program and their aftercare plan. When discharged, this case manager would visit weekly to help with transition issues and support needed to live in the community. There were regular visits from Alumni, the faith community, and 12-step groups.

Recommendations from focus group participants included:

- More family groups and a night where families can visit and meet the counselors would be helpful.
- “We all need help with jobs and housing to make our recovery last and work in the community.”
- “It would be great to have family visits when we meet specific goals in treatment.”
- “It would be good to have a class in criminal justice thinking and tendencies.”

PLAN MEMBER/FAMILY FOCUS GROUP THREE SUMMARY

CalEQRO requested a diverse group of adult Plan members who initiated RSS in the preceding 12 months. The focus group, which included [REDACTED] participants, was held at the North County outpatient clinic in San Jose. All Plan members are participating in clinical services from the DMC-ODS.

The members were appreciative of the services and quality of their counselors overall. They shared that it was most helpful when the counselor had some lived experience with SUD and the care system rather than just “book learning.” They felt the transition was made easier related to community success with regular help with housing, employment, and benefits such as food stamps, transportation, and getting help with physical health needs. Also, members reported ongoing support with family concerns, 12-step support, and developing new friends and activities would make success easier. “Social support, which is healthy, can make a big difference in not relapsing.”

Recommendations from focus group participants included:

- Counselors with lived experience can make the help more practical and realistic.

- Members need to be able to get help with benefits and other support programs. “Humans--not phone trees--are needed.”
- “Computer and internet help is needed to help with jobs, housing, and more social support activities.” Limited access to the internet and technology during treatment is a barrier.
- “Medi-Cal offices are not helpful, and we need to work with our counselors to fix problems.”

SUMMARY OF MEMBER FEEDBACK FINDINGS

Members raised a range of issues to help with their recovery needs. For those in the MAT group, there was significant concern about WM and fentanyl support, including dosing protocols, regular counseling, and care coordination needed. In two groups, concerns related to Medi-Cal benefit coordination were raised, impacting access to care, and creating barriers to treatment, including medications. Members in residential treatment were quite optimistic about their experience of treatment, but they also recommended that more family counseling, education, and access be included as part of their treatment. This was also a theme in the RSS group, particularly family support. Coordination with the legal system was appreciated and well-coordinated in the DMC-ODS based on feedback from all three groups.

CONCLUSIONS

During the FY 2023-24 annual review, CalEQRO found strengths in the DMC-ODS' programs, practices, and IS that have a significant impact on member 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 managed care system.

STRENGTHS

1. The DMC-ODS exhibited strong partnerships and joint programs with all criminal justice partners, including the Courts, the Sheriff's Office, Detention Medical Services, Juvenile Hall, and Probation. This included a number of innovative diversion programs, treatment in Detention settings with transitions to DMC-ODS community programs, and efforts to provide intensive rehabilitation options for those coming out of prison settings. (Access, Quality)
2. The DMC-ODS has an integrated program for youth using fentanyl and in need of WM and opioid replacement therapies. This special program includes the hospital pediatrics department, NTP programs, outpatient MH, substance use treatment programs, and family. (Access, Quality)
3. The DMC-ODS program has extensive prevention and treatment services linked to ten school districts and sites, including wellness centers, education, and MH-coordinated programs. These efforts included extensive Narcan distribution in vending machines for free. (Quality)
4. The DMC-ODS reported a 71.43 percent decrease in no-shows across all programs (56 percent vs. 16 percent) between the current and prior EQR cycles (FY 2022-23 vs FY 2023-24). (Timeliness)
5. The DMC-ODS hired an addiction-certified Medical Director to oversee the clinical care across the system of care and plans to add a new office for SUD coordination with a senior Division Manager. (Quality)

OPPORTUNITIES FOR IMPROVEMENT

1. Based on member feedback and overdose trends, fentanyl withdrawal and treatment appear to need additional clinical support in both medication management as well as more intensive counseling/treatment support. (Quality)
2. The DMC-ODS does not have an agency-specific OCP reviewed and tested annually. Instead, it currently relies on a Major Incident Management Process document composed by a team within Santa Clara County's main IT department for the entire county. (IS)

3. There was no data available for SUD urgent services, which is county-defined as WM and can put members at serious risk if they cannot access it in a timely manner. (Timeliness, Quality)
4. Contract providers reported they were having difficulties with their successful implementation of needed services linked to payment reform billing as well as maintaining SUD workforce skills to meet local SUD specialty care needs. (Quality)
5. The QI Plan included limited data for most of the SUD goals and appeared to have data challenges related to successfully monitoring these QI goals. There also were more compliance goals versus those linked to quality-of-care issues identified in the data reports. A balance of compliance and quality-of-care goals is needed. (Quality, IS)

RECOMMENDATIONS

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

1. Expand and evaluate the treatment and support needs for those experiencing fentanyl withdrawal in the NTP/OTP programs and across the system of care and take appropriate actions to address these needs. (Access, Quality)
2. It is important that Santa Clara invests in an IS OCP that is agency-specific to avoid attacks from ransomware. This will better prepare the DMC-ODS for successfully navigating adverse events that would compromise data and the operation of care services. (IS)
3. Continue to enhance the data system to track urgent appointment timeliness and other key metrics linked to timely access and quality of care. (Timeliness, Quality)
4. Continue important work toward a smooth implementation of payment reform with contract providers, minimizing service capacity impacts on members who need SUD specialty treatments. (Quality)
5. The QI Plan needs to focus more on quality issues in SUD care. In addition to compliance, the plan needs balanced MH and SUD quality goals and monthly data collection to measure its success. Adding an Addiction Medical Director and SUD Division Chief oversight will benefit this effort. (Quality)

(This recommendation is a modified version of a recommendation from FY 2022-23.)

EXTERNAL QUALITY REVIEW BARRIERS

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

There were no barriers to this FY 2023-24 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 A: REVIEW AGENDA

The following sessions were held during the EQR, as part of the system validation and key informant interview process. Topics listed may be covered in one or more review sessions.

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions - Santa Clara DMC-ODS
Opening session – Significant changes in the past year, current initiatives, and status of previous year’s recommendations, baseline data trends and comparisons, and dialogue on results of PMs
Access to Care, Timeliness of Services, and Quality of Care
PIP Validation and Analysis
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS NA
Validation and Analysis of the DMC-ODS Health Information System
Validation and Analysis of Member Satisfaction with three focus groups
Fiscal/Billing
Quality Improvement Plan, implementation activities, and evaluation results
General data use: staffing, processes for requests and prioritization, dashboards, and other reports
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS
Disparities: cultural competence plan, implementation activities, evaluation results
Health Plan, primary and specialty health care coordination with DMC-ODS
Clinical Line staff and Prevention Line Staff
Youth SUD treatment and School Health Coordination
MH, Criminal Justice, and DMC-ODS coordination
Clinic managers group interview – county
Clinic and Administrative managers group interview – contracted
Clinical line staff group interview – county and contracted
Key stakeholders and community-based service agencies group interview
Closing session: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CALEQRO REVIEWERS

Rama Khalsa, PhD, Quality Reviewer
Cynthia Hudgins, Quality Reviewer
Rick Jackson, IS Reviewer
Diane Mintz, Consumer Family Member Reviewer

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

DMC-ODS-COUNTY SITES

Santa Clara County Behavioral Health
761 E Santa Clara St.
San Jose, CA. 95112

All sessions were held via video conference.

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

Last Name	First Name	Position	County or Contracted Agency
Acevedo	Domingo	Program Manager (PM) III	SCC-BHSD (Santa Clara County Behavioral Health Services Department)
Alcantar	Vanessa	Health Care Program Analyst	SCC-BHSD
Alkaraishi	Lara	PM II	SCC-BHSD
Andrew	Kenneth	Clinical Line Staff	Pathway Society
Anviah	Berelyan	Health Care Compliance Analyst	SCC-BHSD
Azevedo	Justin	Clinical Line Staff	Caminar
Banerjee	Kakoli	Contract Provider Leadership	Pathway Society
Bray	Scott	Business Systems Analyst	SCC-BHSD
Brown	LouMeshia	PM III	SCC-BHSD
Buntic	Jazmin	PM II	SCC-BHSD
Cabrera	Brandon	Attorney	SCC-DAO
Castuciano	Carlo	Management Analyst	SCC-BHSD
Chui	Suzanne	PM III	SCC-BHSD
Clarke	Michael	Probation Division Manager	SCC-Probation
Copley	Bruce	Director of Access & Unplanned Services	SCC-BHSD
Cornejo	Vanessa	PM II	SCC-BHSD
Daniels	Robin	PM III	SCC-BHSD
Davidow	Tianna	Contract Provider Leadership	Pathway Society
Domenden	Gerald	Management Analyst	SCC-BHSD
Dong	Quan	PM III	SCC-BHSD

Last Name	First Name	Position	County or Contracted Agency
Fan	Joe	Senior Data Analyst	SCC-BHSD
Faria Costa	Zelia	Exec Team - Director of Children, Youth, and Families (CYF) SOC	SCC-BHSD
Fisk	Matthew	Director of Pre-Trial Release Services	SCC-PTS
Gonzalez	Graciela	PM II	SCC-BHSD
Gonzalez-Ortiz	Gaby	PM II	SCC-BHSD
Gorman	Jennifer	Contract Provider Leadership	Caminar
Grey	Courtney	Exec Team - Director of Quality Management	SCC-BHSD
Grijalva	Monique	Associate Management Analyst	SCC-BHSD
Grumbos	Christopher	Sheriff's Correctional Captain	SCC-Sheriff
Gutierrez	Sonia	PM III	SCC-BHSD
Hauck	Michelle	PM III	SCC-BHSD
Hernandez	Sandra	Division Director- Unplanned Services	SCC-BHSD
Herrera	Elizabeth	PM II	SCC-BHSD
Ho	Tiffany	Director Medical Services	SCC-BHSD
Houyee	Chow	Youth Program Manager	Asian American Recovery Services
Howard	Lim	Senior Business Systems Analyst	SCC-BHSD
Ibarra	Roberto	PM III	SCC-BHSD
Janini	Yasmina	PM II	SCC-BHSD
J-Ortiz	Rosa	PM II	SCC-BHSD

Last Name	First Name	Position	County or Contracted Agency
Jung	Soo	Division Director	SCC-BHSD
Kaur	Kiran	Health Care Compliance Analyst	SCC-BHSD
Kennedy	April	Clinical Line Staff	Pathway Society
Lai	Evonne	PM III	SCC-BHSD
Lam	Thaibo	PM II	SCC-BHSD
Lassette	Jill	MFT II	SCC-BHSD
Le	Mikelle	Division Director	SCC-BHSD
Lee	Barbara	Contract Provider Leadership	Asian American Recovery Services
Lemus	Rebeca	PM III	SCC-BHSD
Lien	Mego	PMIII-Prevention Services	SCC-BHSD
Lopez	Samantha	PM II	SCC-BHSD
Lozano	Gustavo	PM II	SCC-BHSD
Marquez	Veronica	PM II	SCC-BHSD
Mendoza	Sandy	Management Analyst	SCC-BHSD
Montrezza	Gary	Contract Provider Leadership	Pathway Society
Moral	Jeanne	Exec Team - PMIII Systems Initiatives, Planning & Communications	SCC-BHSD
Morales	Sara	Contract Provider Leadership	Momentum for Health
Moya	Marlina	Health Services Representative	SCC-BHSD
Musquiz	Alicia	PM III	SCC-BHSD

Last Name	First Name	Position	County or Contracted Agency
Nguyen	Anh-Thu	Program Social Worker (PSW) II	SCC-BHSD
Nguyen	Hung	Division Director- Quality Improvement	SCC-BHSD
Obilor	Margaret	Exec Team - Director of Adult/Older Adult SOC	SCC-BHSD
Odom	Sharon	Psychiatric Social worker	SCC-BHSD
Olivarez	Gabby	Division Director-	SCC-BHSD
Ortiz	Rosa	PM II	SCC-BHSD
Parwiz	Mira	Division Director	SCC-BHSD
Pham	Anh	PM II	SCC-BHSD
Pham	Jennifer	Division Director- Services	SCC-BHSD
Potens	Rachel	PM III	SCC-BHSD
Prabhakaran	Sujatha	Health Care Financial Analyst	SCC-BHSD
Preader	Melissa	PM III	SCC-BHSD
Ramirez	Sabry	Division Director	SCC-BHSD
Ramsey	Tammy	PM III	SCC-BHSD
Randall	Brian	Sheriff's Sergeant	SCC-SHF
Reagan	Michaelene	Assistant Dir Pretrial Service	SCC-PTS
Rocco	Roberto	PM III	SCC-BHSD
Sanchez	Edwin	PM II	SCC-BHSD
Silva	Debbie	Rehabilitation Counselor	SCC-BHSD

Last Name	First Name	Position	County or Contracted Agency
Soward	Clayton	Clinical Line Staff	Caminar
Sparks	Jessica	Clinical Line Staff	Pathway Society
Tansek	Joe	PM II	SCC-BHSD
Terao	Sherri	Exec Team - Director of BH	SCC-BHSD
Thai	Nam	PSW II	SCC-BHSD
Tom	Dena	IT Manager	SCC-BHSD
Tong	Trung	Clinical Line Staff	Asian American Recovery Services, HR360
Tran	An	Health Care Compliance Analyst	SCC-BHSD
Troy	Juan	PM II	SCC-BHSD
Valle	Adam	Sheriff's Correctional staff	SCC-SHF
Vierra	Amanda	PM III	SCC-BHSD
Villalobos	Alejandro	PM II	SCC-BHSD
Villanueva	Leilani	PMIII-QA	SCC-BHSD
Vu	Lily	PM II	SCC-BHSD
Wagner	Brian	Director of Analytics and Reporting	SCC-BHSD
Weare	Chris	Director of Research & Outcomes	SCC-BHSD
Weinstein	Aaron	PM III	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
<input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	Using referral data from Valley Medical Center and other sources, including Access Call Center and Clinics, a baseline of successful MOUD referrals was established. A ten percent improvement goal was set for the PIP and through the use of peer staff, outreach and engagement services will be offered. A special direct referral process was established to allow for rapid engagement and support for the treatment referral to the NTP for MAT services and counseling.
General PIP Information	
MHP/DMC-ODS Name: Santa Clara	
PIP Title: Medication for Opioid Use Disorders (MOUD)	
PIP Aim Statement: The goal of this PIP is to increase overall POD performance by 10% over baseline by June 2024 by providing opportunities for engagement, support, and continuity of care for individuals to initiate and maintain opioid therapy for 180+ days or more without gaps so beneficiaries are less likely to exhibit withdrawal or craving symptoms or use illicit opioids and also have them remain in treatment.	
Date Started: 09/2022	
Date Completed: 06/2024 completion goal	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <input type="checkbox"/> State-mandated (state-required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> 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:

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

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):

A peer mentor is added as an intervention to assist the members with OUD to engage and be retained in opioid therapies for 180+ days or more who are identified and referred to 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 track referrals and link them to the peer mentor for outreach and to assist the member with supports to facilitate engagement in treatment at the Central Valley NTP Clinic for MAT and counseling.

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 Central Valley Clinic is one of four potential sites for opioid replacement therapies and the goal is to evaluate and expand supports for increasing engagement and supports for ongoing needs to allow for continued treatment. Based on experience and lessons learned at the Central Valley Clinic NTP, this model will be expanded to all NTP MAT sites.

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
Initiation of medication for OUD maintained for 180+ days without gaps- goal is 10% increase	2022 for referrals with 180 days of MOUD	112/720, 16%	<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available	As of February 2024: 183/264, 69% at Valley had achieved 6 months of NTP MAT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input checked="" type="checkbox"/> <.05 Other (specify):

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
Members who have engaged in Peer Support Services and have a LOS of 180+ days	2023 for peer support	none	<input checked="" type="checkbox"/> Not applicable— PIP is in the planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
PIP Validation Information						
<p>Was the PIP validated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>“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.</p>						
<p>Validation phase (check all that apply):</p> <p><input type="checkbox"/> PIP submitted for approval <input type="checkbox"/> Planning phase <input type="checkbox"/> Implementation phase <input checked="" type="checkbox"/> Baseline year</p> <p><input type="checkbox"/> First remeasurement <input type="checkbox"/> Second remeasurement <input type="checkbox"/> Other (specify):</p> <p>Validation rating: <input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence</p> <p>“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.</p>						
<p>EQRO recommendations for improvement of PIP:</p> <ul style="list-style-type: none"> • Increase the number of PMs to track each phase of the process, from new member identification to successful referrals. • Include process PMs for successful contacts by peer navigator, successful initiations of opioid therapies for new referrals with and without peer navigator, and the number of new patients engaged in treatment for six months or more since the beginning of PIP intervention. • Document barriers for the peer navigator and members’ ability to be retained in MOUD treatment for the six months. 						

NON-CLINICAL PIP

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

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	Direct referrals to peer counselors from the Valley Medical Center ED were established to allow for rapid contact within 24 hours following the ED event. If unsuccessful within 24 hours, the peer counselor will continue engagement efforts for three days to encourage members to consider treatment at one of the DMC-ODS Clinics. Focus group information with members was used to understand the root causes of barriers and develop a design. Follow-up member focus groups are planned to continue to gather treatment access and retention issues.
General PIP Information	
MHP/DMC-ODS Name: Santa Clara	
PIP Title: Follow-up after Emergency Department (ED) Visits for Patients Using Alcohol and Other Drugs (FUA)	
PIP Aim Statement: Increase follow-up visits from Valley Medical Center ED for members using alcohol and other drugs to DMC-ODS treatment from 8.7 percent to 10 percent by June 2024.	
Date Started: 09/2022	
Date Completed: 06/2024 completion goal	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17) * <input type="checkbox"/> Adults only (age 18 and over) <input checked="" type="checkbox"/> Both adults and children *If PIP uses a different age threshold for children, specify the age range here: Youth 12 and over with Alcohol Use Disorders and other SUDs.	

Target population description, such as specific diagnosis (please specify): Members of all ages presenting in the Valley Medical Center ED using alcohol and other drugs who are determined to benefit from SUD treatment

Improvement Strategies or Interventions (Changes in the PIP)

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

Members are identified as needing SUD treatment in an ED episode. A peer navigator is directed via an electronic referral to do outreach with the member within one business day and continue outreach efforts for three additional days until the member is contacted and offered support and encouragement to engage 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):

ED staff initiate the referral to a peer navigator, who is required to contact the member within one business day and offer assistance engaging in treatment. Peer staff will continue efforts to contact, engage, and assist members, and these activities and barriers will be documented in the EHR. Admission to treatment will be documented as a follow-up visit in the EHR.

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):

PIP will begin with one hospital and test the success of the model and interventions. Based on what is gleaned from this intervention, the interventions will be expanded to the other EDs in Santa Clara County with additional peer navigators.

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
Number of beneficiaries Peer Navigators attempted to contact	FY22-23	Data unavailable	<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available	As of: 02/06/24 █ 100%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

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
Percentage of beneficiaries who agreed to Call Center screening	FY22-23	No historical data available, new procedure	<input checked="" type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available	As of:02/06/24 █ 17%	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
Percentage of beneficiaries admitted to DMC-ODS services within 60 days:	FY22-23	613/7092=8.7% Disclaimer: Referrals baseline reflects all Access Call Center referrals not just ED referrals	<input checked="" type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
Percentage of beneficiaries returning to emergency services within 30 days:	FY22-23	Baseline Data not available	<input checked="" type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
PIP Validation Information						
<p>Was the PIP validated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>“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.</p>						

PIP Validation Information

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:

- Add process PMs to track each phase of the process and identify early problems that are occurring with design or implementation for any needed corrections.
- Add another focus group with members to identify opportunities for improvements.
- Track both referrals and any readmissions to the ED.
- Santa Clara’s narrative discusses tracking non-white referrals and treatment engagement separately from other ethnic groups, but this not indicated as a separate PM in the data with a baseline and associated separate goal.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to the Key Components, ATA, PIP Validation Tool, and CalEQRO Approved Claims Definitions are available on the CalEQRO website: www.calegro.com

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

A letter from the DMC-ODS Director was not required for this report.