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

SAN JOAQUIN 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, “San Joaquin” may be used to identify the San Joaquin County DMC-ODS program.

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — May 21-23, 2024

DMC-ODS Size — Large

DMC-ODS Region — Central

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
5	2	2	1

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	0	1
Quality of Care	8	5	3	0
Information Systems (IS)	6	5	1	0
TOTAL	24	19	4	1

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorders (POD)	Clinical	07/2022	Other – Fourth Remeasurement	Moderate Confidence
Follow-up after Emergency Department (ED) Visits for Alcohol Use Disorders (AUD) and other SUDs (FUA)	Non-Clinical	07/2022	Second Remeasurement	High 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 type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input checked="" type="checkbox"/> Other	7
2	<input type="checkbox"/> Youth <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input checked="" type="checkbox"/> Perinatal <input type="checkbox"/> Other	5

*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 reallocated staff resources and created integrated access capacity and staff co-location to promote easier access and foster engagement. This includes immediate engagement with substance use disorder (SUD) screenings, support, and care coordination groups to facilitate engagement and a smooth linkage to treatment.
- The DMC-ODS works with Public Health and an Opioid Coalition to expand education, prevention, and increased access to MAT treatment through new and expanded sites. This includes a current pending application for mobile MAT services for rural areas from an NTP.
- The DMC-ODS has worked with their seven hospitals to fund SUD navigators for screenings and links to withdrawal management (WM) and MAT.
- The Quality Improvement (QI) Plan demonstrates positive results through its cultural competence initiatives and goals, which improve access to the Latino population and bilingual workforce.
- The DMC-ODS expanded residential BH treatment with a 16-male and 16-female bed adult facility opened in April 2024. The facility's staff are trained and provide co-occurring disorder groups.

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

- Workforce recruitment challenges continued, with a 36.7 percent vacancy rate. Particular challenges exist in hiring SUD counselors and experienced SUD treatment staff to support new programs and members' needs.
- Youth services penetration rates (PRs) are half of the statewide average and below similar size counties.
- MAT education and engagement is needed in areas of the county with very high overdose rates.
- New data systems and payment reform requirements have challenged county and contractor staff who requested clarifications, more training, and assistance to record their services properly.
- Contract providers have not been able to engage with senior leadership staff on key planning and problem-solving needs and issues. This need for more dialogue on key issues with leadership had impacted their ability to implement some of the California Advancing and Improving Medi-Cal (CalAIM) changes and goals successfully.

Recommendations for improvement based upon this review include:

- Continue workforce improvements related to continued issues and FY 2022-23 recommendations, providing incentives, pay adjustments, and reclassifications to enhance SUD counselor staff, MAT prescribers, and lead clinicians with SUD supervisory experience.

(This recommendation is continued in modified form from FY 2022-23.)

- Expand youth services engagement efforts, building on prevention activities and providers. Expand service opportunities to increase SUD treatment for youth. Continue efforts with School collaboration, partnerships with criminal justice, and child welfare services to identify and provide SUD treatment.

(This recommendation continues from FY 2021-22 and FY 2022-23.)

- Continue efforts to expand prevention and treatment options for NTP and MAT services in the high overdose areas of the community identified in the California Overdose Dashboard provided through the California Department of Public Health. Given the rural nature of these areas of the county with high overdose rates, using mobile services is a positive strategy to expand.
- Expand efforts to engage and educate line staff and supervisors within county and contract programs to assist with billing and documentation challenges and record American Society of Addiction Medicine (ASAM) and California Outcomes Measurement System (CalOMS) data for placements and outcomes.

- Enhance communication and planning opportunities for the SUD contract providers with senior leadership staff to support successful CalAIM initiatives and support a quality continuum of coordinated care.

(This recommendation is continued in modified form 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 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 San Joaquin DMC-ODS by BHC, conducted as a virtual review on May 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 CalOMS; and the ASAM level of care (LOC) data.

CalEQRO reviews are retrospective; therefore, Plan 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 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

Although the DMC-ODS did not experience new environmental issues within the 12 months preceding the review, post-pandemic staffing challenges have continued to affect operations.

SIGNIFICANT CHANGES AND INITIATIVES

Below are discussed changes since the last CalEQRO review identified as significantly affecting service provision or management. 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 July 2023, the County Behavioral Health (BH) department, including the DMC-ODS programs, implemented Smartcare, a new electronic health record (EHR) and payment reform.
- There were six new recovery residence providers, adding 127 new beds for a total of 286 beds for members with SUD.
- The DMC-ODS added a contract with Tarzana Health for the residential treatment of youth and has been using it successfully.
- Youth treatment was added to the NTP network to increase youth access to this important service.
- The DMC-ODS added an addiction psychiatrist to their outpatient program to assist the BH medical director with expanding MAT for members.
- A new integrated "point of entry" includes additional SUD staff for assessments and includes care coordinators as well as groups for all members until they are engaged in treatment. This included a site move to a better location for easier member access and "one-stop shopping" for BH services.

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 significant issues warranting recommendations this year, the recommendation may not be carried forward to the next review year.

Recommendations from FY 2022-23

Recommendation 1: Continue efforts to expand treatment capacity and utilization of youth outpatient services. Expand capacity through new provider sites, contracts, and staffing as needed. Increase utilization through continued outreach to potential referral sources, especially the schools and community entities serving youth.

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

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- There were some expanded services added in residential treatment and NTP services, but the PR is half the rate of statewide services and lower than similar size counties.
- This youth services recommendation will be carried over for this year's report.

Recommendation 2: Continue efforts to identify root causes and solutions for the continued lack of timely access to non-urgent offered appointments and services. Implement strategies and consider using proven continuous QI models or a "rapid cycle improvement model" for administrative management to assess the referral and linkage process of beneficiaries to services.

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

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The rate of timeliness for these services improved with new service approaches and providers but needs careful monitoring given the current vacancy rate for positions.
- The DMC-ODS also expanded treatment options for impacted services in surrounding counties, particularly residential treatment, which also assisted in getting routine access to be timelier.

Recommendation 3: Continue identifying and implementing strategies to improve line staff workplace satisfaction. Improve two-way communication between administrative management and line employees to keep staff informed of various system changes. Give staff opportunities to share concerns, and to provide meaningful input into system planning and improvement of service delivery. Consider approaches such as employee advisory groups to improve two-way communication and dialogue.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS did a series of staff surveys, implemented a system of care newsletter, and created a special committee to continue monitoring this important issue. Staff reported improvements during the review and increased overall satisfaction.

Recommendation 4: Establish new and specific opportunities for contract providers to give meaningful input into system change and participate in system development. Take steps to ensure that forums are designed to include bidirectional dialogue with providers. Increase the collaborative and partnering environment with contract providers.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The contract providers have monthly meetings with an SUD program manager but reported not having enough engagement in the planning process and implementation issues with CalAIM with senior management. This impacted their ability to implement new complex changes and successfully share challenges that need attention.
- This contractor communication recommendation will continue this year, with a focus on senior SUD leadership engagement and communication, since some improvements have been addressed.

Recommendation 5: Refresh the DMC-ODS website to provide updated SUD information for the community and clarify the services available to beneficiaries, including youth services. Include information regarding the continuum of care from prevention to treatment services.

☐ Addressed ☐ Partially Addressed ☒ Not Addressed

- The DMC-ODS has plans to work on this in the next year and was integrating new mobile crisis services and other CalAIM changes.
- Given the number of higher-priority issues to be addressed and the planning already accomplished, this recommendation will not be carried over.

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. Approximately 12.62 percent of services were delivered by county-operated sites, and 87.38 percent were delivered by contractor-operated sites. Overall, approximately 92.46 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, which is operated by county staff. Members may request services through the Access Line as well as directly through outpatient providers of SUD and NTP programs. The DMC-ODS operates a centralized Access Team that is responsible for linking members to appropriate, medically necessary services. This year a new model called the “Point of Entry” program was developed to improve convenience for members and rates of engagement. This includes screening and assessments as well as care coordination and support groups. The program site was also -located to be more convenient for members. All members are given a care coordinator and offered group support until they transition to an ongoing treatment program linked to their ASAM assessment results. The additional supports are designed to reduce dropouts and enhance treatment motivation and retention.

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 3,013 adults, 27 youth, and 38 older adults across 3 county-operated sites and 20 contractor-operated sites. Among those served, 76 members received telehealth services in a language other than English.

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 Behavioral Health Information Notice (BHIN).

San Joaquin County's time and distance requirements are 30 miles and 60 minutes for outpatient SUD services and 30 miles and 60 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
AAS Details	Opioid Treatment		Outpatient SUD Services	
	Adults (age 18+)	Youth (age 12 -17)	Adults (age 18+)	Youth (age 12-17)
# of zip codes outside of the time and distance standards that required AAS request	n/a	33	n/a	South County zip codes
# of allowable exceptions for the appointment time standard, if known (timeliness is addressed later in this report)	n/a	unknown	n/a	unknown
Distance and driving time between nearest network provider and zip code of the member furthest from that provider for AAS requests	n/a	65 miles plus	n/a	unknown
Approximate number of members impacted by AAS or allowable exceptions	n/a	All youth	n/a	South county youth
The number of AAS requests approved and related zip code(s)	n/a	One	n/a	One
Reasons cited for approval	n/a	NTP addition	Clinic Addition	Clinic Addition
The number of AAS requests denied and related zip code(s)	n/a	None	n/a	None
Reasons cited for denial	n/a	n/a	n/a	n/a

- The DMC-ODS did not meet all time and distance standards for CY 2022 and was required to submit an AAS request, and DHCS provided recommended Corrected Action Plan (CAP) actions.
- The DMC-ODS engaged in the following improvement activities to improve access to services for members living within AAS areas:

- The DMC-ODS added youth services to one of their NTP contracts for access to opioid treatment.
- The DMC-ODS contracted with Tarzana Health for youth residential treatment services and has utilized this resource for SUD youth.
- The DMC-ODS added capacity to a mental health (MH) outpatient clinic to provide outpatient DMC-ODS services in the area where time and distance were out of compliance for timely access.
- On April 28, 2023, DHCS informed the DMC-ODS that they had approved the implemented FY 2021-22 CAP with a resolution.

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system that provides access to Plan members and their families. 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 service access and availability 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	Met

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

- The DMC-ODS enhanced Access Team services and service availability through the new “Point of Care” system with a set of rich engagement services to respond to member and family requests for services. This included bilingual capacity and regular test calls to ensure quality responses to member needs.
- The Access Call Center does not have call center-specific software to monitor demand and dropped calls. This area is being studied for adding this important tool for effective service management.

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 statewide rate is the same as the county rate of overall PR, but the youth rate remains much lower than statewide and similar-sized county PRs.

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: San Joaquin 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	43,196	20	0.05%	0.26%	0.25%
Ages 18-64	167,599	1,984	1.18%	1.37%	1.19%
Ages 65+	27,841	262	0.94%	0.72%	0.49%
Total	238,636	2,266	0.95%	1.11%	0.95%

- San Joaquin's total PR increased from 0.93 percent in CY 2021 to 0.95 percent in CY 2022, paralleling a corresponding increase in the county size group and statewide rates. However, the PR in the DMC-ODS was lower than in counties of similar-size. The numbers of eligibles and members served in San Joaquin were both lower in CY 2022 than in the prior CY.
- PRs for age groups other than 65 and older were lower in San Joaquin than in large counties overall and statewide.
- San Joaquin's PR was lower than that of similar-sized counties (0.95 percent vs. 1.11 percent) and equal to the statewide rate (0.95 percent). Their average

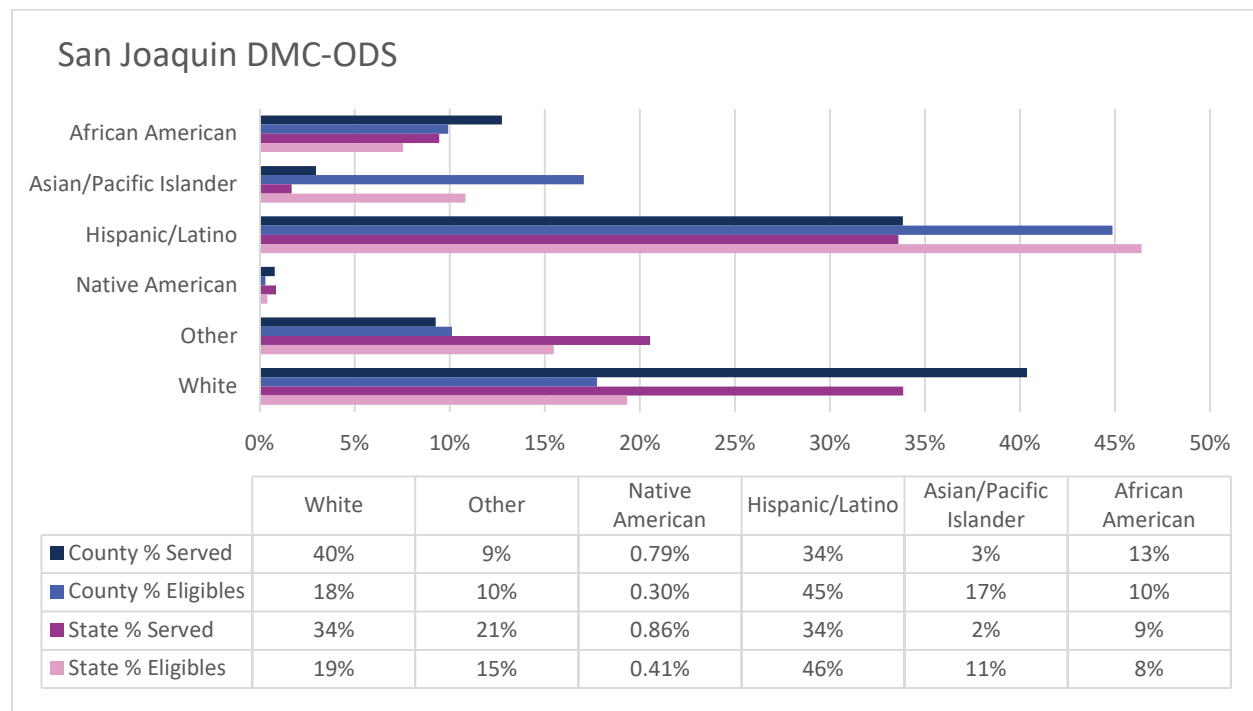
claim amount of \$6,434 was greater than that of similar-sized counties and the statewide average.

Table 4: San Joaquin 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	Same Size Counties PR	Statewide PR
African American	23,656	289	1.22%	1.35%	1.19%
Asian/Pacific Islander	40,713	67	0.16%	0.23%	0.15%
Hispanic/Latino	107,064	767	0.72%	0.69%	0.69%
Native American	706	18	2.55%	2.07%	2.01%
Other	24,155	210	0.87%	1.51%	1.26%
White	42,345	915	2.16%	1.85%	1.67%

- PRs for all racial/ethnic groups other than that listed as “Other” were higher than statewide.
- Native American and White represented the racial/ethnic groups with the highest PRs.
- The numbers of eligibles were highest for the Hispanic/Latino population, with the highest number of members served being White.
- The PR for Hispanic/Latino population was higher than in similar-sized counties and statewide.

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



- San Joaquin’s eligible population was largely comprised of Hispanic/Latino, with this group comprising 45 percent of the eligible population and 34 percent of those served. This was very closely aligned with the statewide percentages.
- White members comprised the next largest racial/ethnic group, representing 18 percent of the eligible population and 40 percent of those served.
- White was proportionally the most over-represented racial/ethnic group in the DMC-ODS, while Hispanics/Latinos and Asians/Pacific Islanders were the most under-represented in services. This is consistent with CY 2021 data.

Table 5: San Joaquin 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
ACA	88,419	1,310	1.48%	1.68%	1.42%
Disabled	24,203	433	1.79%	1.65%	1.37%
Family Adult	57,784	547	0.95%	1.11%	0.94%
Foster Care	739	<11	-	1.62%	1.84%
MCHIP	17,384	<11	-	0.18%	0.18%
Other Adult	23,050	21	0.09%	0.13%	0.09%
Other Child	27,537	<11	-	0.29%	0.27%

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

- The most prevalent eligibility category in San Joaquin was Affordable Care Act (ACA), with Family Adult being the second most common eligibility category.
- The eligibility category with the highest PR was Disabled, though with comparatively smaller numbers, followed by ACA.
- PRs for all eligibility categories other than Disabled were lower than those in similar sized counties. This is consistent with CY 2021 data.

Table 6: San Joaquin DMC-ODS Average Approved Claims by Eligibility Category, CY 2022

Eligibility Categories	County AACM	County Size Group AACM	Statewide AACM
ACA	\$5,902	\$5,669	\$6,216
Disabled	\$6,730	\$5,769	\$5,707
Family Adult	\$6,900	\$5,322	\$5,296
Foster Care	\$2,291	\$1,917	\$2,716
MCHIP	\$3,909	\$2,663	\$3,594
Other Adult	\$4,595	\$4,740	\$4,075
Other Child	\$2,537	\$1,933	\$3,194
Total	\$6,434	\$5,621	\$5,998

- San Joaquin members overall had higher AACMs than in similar-sized counties and statewide.

Table 7: San Joaquin DMC-ODS Services Used by Plan Members, CY 2022

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt	0	0.00%	56	0.04%
Intensive Outpatient	81	2.94%	14,422	9.58%
Narcotic Treatment Program	1,600	58.06%	37,134	24.67%
Non-Methadone MAT	128	4.64%	7,782	5.17%
Outpatient Treatment	514	18.65%	46,441	30.85%
Partial Hospitalization	0	0.00%	13	0.01%
Recovery Support Services	34	1.23%	6,400	4.25%
Res. Withdrawal Mgmt	85	3.08%	10,429	6.93%
Residential Treatment	314	11.39%	27,841	18.50%
Total	2,756	100.00%	150,518	100.00%

- More than half of the members served were in NTP, and more than double the percentage of members received NTP services in San Joaquin compared to statewide.
- Consequently, the rates for intensive outpatient, non-methadone MAT, outpatient treatment, recovery support services (RSS), residential WM, and residential treatment were lower than comparative statewide rates.

Table 8: San Joaquin DMC-ODS Approved Claims by Service Categories, CY 2022

Service Categories	County AACM	County Size Group AACM	Statewide AACM
Ambulatory Withdrawal Mgmt	\$0	\$693	\$484
Intensive Outpatient	\$226	\$2,311	\$1,729
Narcotic Treatment Program	\$5,609	\$5,257	\$4,526
Non-Methadone MAT	\$4,235	\$1,842	\$1,660
Outpatient Treatment	\$3,371	\$2,270	\$2,547
Partial Hospitalization	\$0	\$0	\$2,802
Recovery Support Services	\$310	\$1,419	\$1,669
Res. Withdrawal Mgmt	\$1,434	\$2,254	\$2,392
Residential Treatment	\$10,128	\$8,691	\$10,178
Total	\$6,434	\$5,621	\$5,998

- The DMC-ODS AACM for RSS was notably lower than that of similar-sized counties and the statewide average, as was intensive outpatient.
- The AACM for non-methadone MAT and residential treatment was higher in the DMC-ODS than in similar-sized counties.
- The DMC-ODS outpatient treatment and NTP AACMs were higher in San Joaquin compared to those in similar-sized counties and statewide.
- The DMC-ODS AACM for residential WM was lower than in similar-sized counties and statewide.

IMPACT OF ACCESS FINDINGS

- The San Joaquin PR was lower than PRs for similar-sized counties and statewide for youth.
- San Joaquin data demonstrated a proportional over-representation of White members and under-representation of Hispanic/Latino and Asian/Pacific Islander members. San Joaquin would benefit from continuing expansion strategies to reach the Hispanic/Latino and Asian/Pacific Islander populations and increase the number of service providers who are perceived as welcoming by these communities.

- Improvements were made in Access Call Center services, and some important programs for youth were added, including MAT and residential treatment.
- Youth PRs are significantly lower than similar size counties and statewide (0.05 percent compared to 0.26 percent and 0.25 percent, respectively). This suggests eligibles needing treatment may not be seeking it, and San Joaquin might consider increasing its outreach efforts.
- Older adult PRs almost doubled the statewide rates, and mobile outreach to this population appears to be successful.
- Other efforts in the DMC-ODS continuum of care include an application for mobile NTP services, coordinated outreach with public health-related prevention education, and mobile distribution of Narcan.

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 likelihood individuals will not keep the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. DHCS monitors DMC-ODS' compliance with required timeliness metrics identified in BHIN 22-033. Additionally, CalEQRO uses the following tracking and trending indicators to evaluate and validate DMC-ODS timeliness, including the Key Components and PMs addressed below.

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to 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	Met
2D	Follow-Up Appointments after Residential Treatment	Met
2E	Withdrawal Management Readmission Rates	Met
2F	No-Shows/Cancellations	Not Met

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

- Timeliness improved with new coordinated care and access efforts in all categories compared to the prior year's review.
- First delivered service met the DMC-ODS standard 93 percent of the time for adults and 98 percent of the time for youth.

- No-shows and cancellations were not tracked in the new EHR. These are important elements, especially if they are ASAM assessments for placement into care.

TIMELINESS PERFORMANCE MEASURES

In preparation for the EQR, DMC-ODS completes and submits 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 must also 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 12-month period of CY 2023. Table 10 and Figures 2-4 display data submitted by the DMC-ODS; an analysis follows. These data represent county-operated and contract-operated services. The DMC-ODS reported timeliness to urgent services in units of business days, which were converted to hours by the EQRO. No-shows are not tracked by the DMC-ODS.

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 San Joaquin DMC-ODS Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	7.2 Business Days	10 Business Days*	79.2%
First Non-Urgent Service Rendered	12.2 Business Days	10 Business Days**	52.4%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	0.9 Business Days	3 Business Days*	93.0%
Urgent Services Offered	43.2 Hours***	48 Hours**	76.1%
Follow-up Services Post-Residential Treatment	5.0 Calendar Days	7 Calendar Days	31.1%
WM Readmission Rates Within 30 Days	10.0%	n/a	n/a
No-Shows	****	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 22-033 ** DMC-ODS-defined timeliness standards *** Converted to hours from days by EQRO **** 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: CY 2023			

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

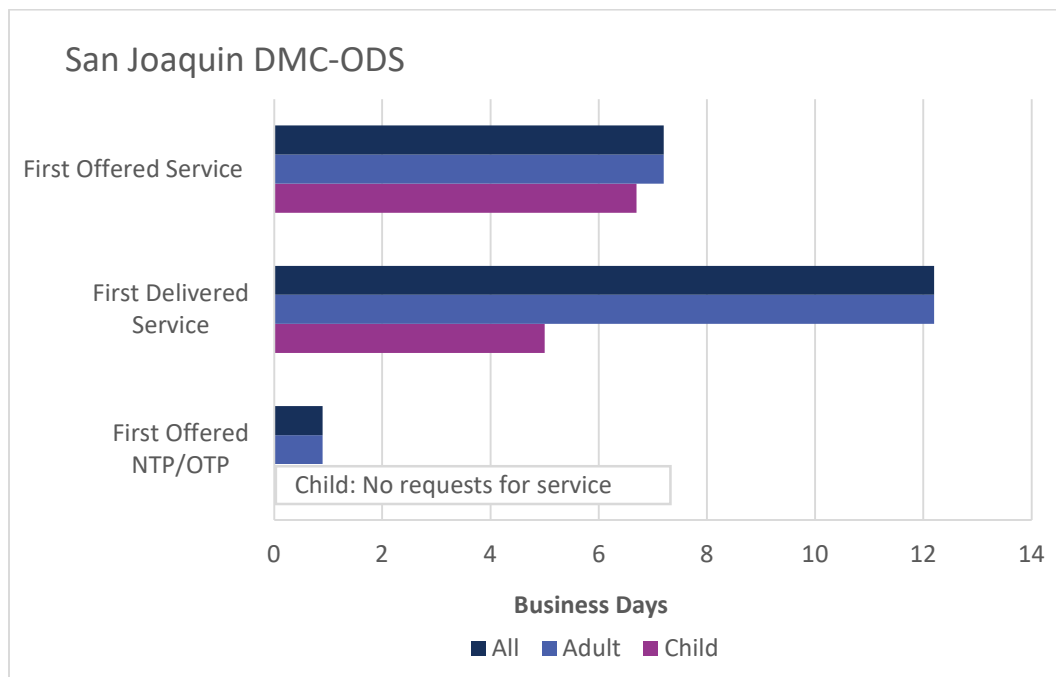


Figure 3: Wait Times for Urgent Services

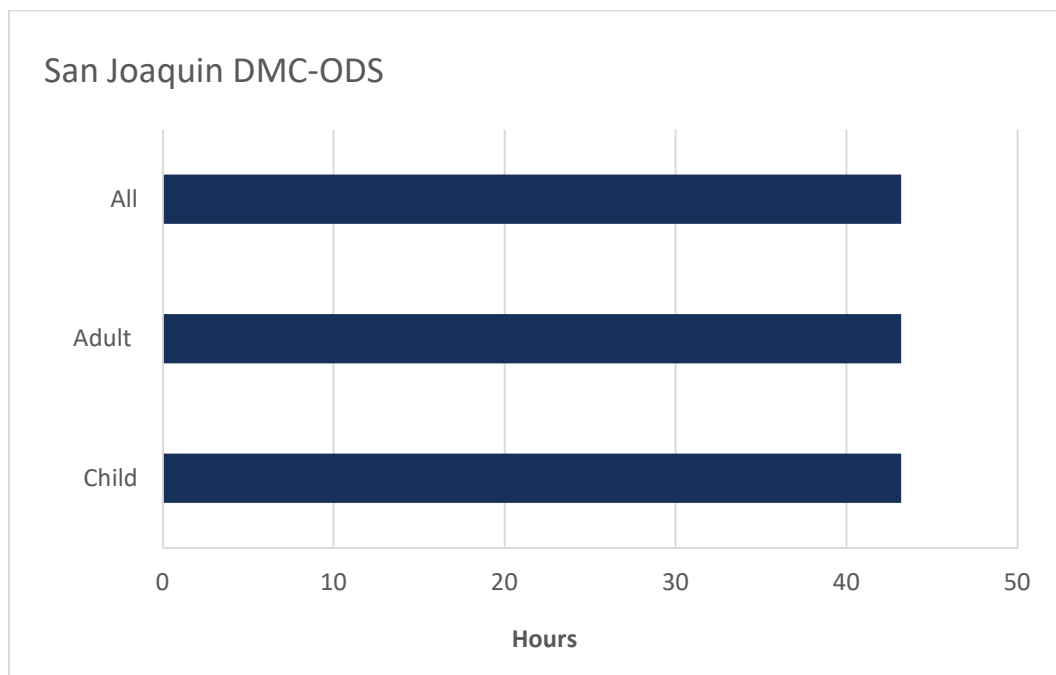
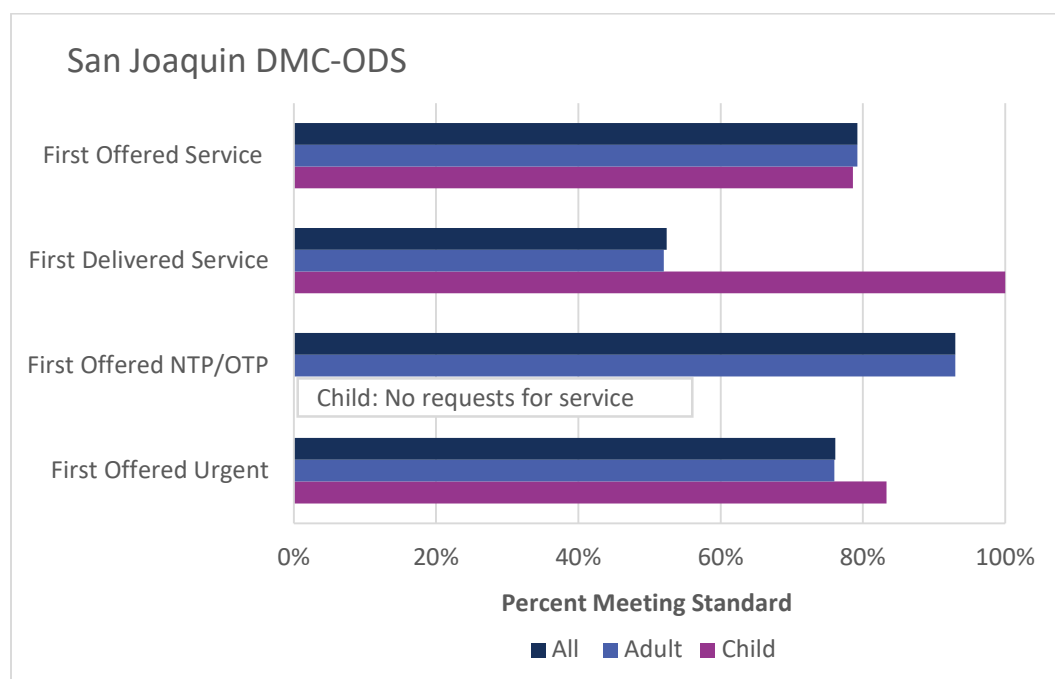


Figure 4: Percent of Services that Met Timeliness Standards



- One area for improvement in timeliness is the time for the first delivered service, which is over ten business days. Improvement in this metric requires more appointments to be offered in a timely manner. While seven business days meets the DHCS standard, it is often not sufficient for members with SUD needs.
- It is also helpful to track no-shows, especially for the first service after the initial request is made, which is usually the ASAM assessment. A follow-up system for engaging members who miss this appointment, which is helpful for engagement, is a best practice.

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: San Joaquin 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	1,343	85.43%	1.27	31,839	87.46%	3.59
65+	229	14.57%	0.02	4,551	12.50%	0.56
Total	1,572	100.00%	1.09	36,405	100%	3.19

- The overall average number of days to the first dose of methadone is two days faster than the statewide average (1.09 days vs. 3.19 days).

Transitions in Care

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

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

	County N = 309		Statewide N= 27,232	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	24	7.77%	3,243	11.91%
Within 14 Days	32	10.36%	4,515	16.58%
Within 30 Days	40	12.94%	5,706	20.95%

- Of the 309 members who received residential treatment approximately 8 percent transitioned to another service within 7 days, over 10 percent within 14 days, and almost 13 percent transitioned within 30 days.
- The cumulative percentages of members transitioning to other services are lower than those seen statewide, and most members are not receiving timely transitions to lower LOCs.

Residential Withdrawal Management Readmissions

Table 13: San Joaquin DMC-ODS Residential Withdrawal Management Readmissions, CY 2022

County			Statewide	
Total DMC-ODS admissions into WM	92		13,062	
	#	%	#	%
WM readmissions within 30 days of discharge	<11	-	1,148	8.79%

- The percentage of readmissions to WM are lower than those seen statewide.

IMPACT OF TIMELINESS FINDINGS

- San Joaquin's robust system of MAT services throughout the county continues to enable members access to NTP services efficiently. On average, DMC-ODS members can access their first dose of methadone in 1.09 days compared to the 3.19 days statewide.
- Timeliness has improved across all state-required metrics compared to the prior year with new models, expanded care coordination, and the addition of new treatment services.
- Tracking of no-shows, especially for assessments and other important visits such as MAT, needs to be addressed.
- The contract agencies are implementing new EHR software, which assists with timeliness tracking for these providers. The contract providers requested additional training and support in this area.

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, QI is a systemic effort to improve outcomes for members using best practices and strategic interventions for problem areas. The QI efforts and compliance efforts are both reflected in the Quality Workplan. These efforts are integrated across MH and SUD services and include several specific initiatives for members with co-occurring MH and SUD needs. The team meets once every two months but has specific goals for each area, interventions, and tracking systems for results. The DMC-ODS subcommittee of the Quality Improvement Committee (QIC) met monthly. The Health Services Agency, San Joaquin managed care plan, and hospital systems coordinate to support QI activities and goals, prevention efforts, and treatment access. The BH department funds SUD navigators in all six hospitals across the county with local funds.

The DMC-ODS monitors its quality processes through the QIC, the QAPI work plan, and the annual evaluation of the QAPI work plan. The QIC is scheduled to meet six times yearly, and the DMC-ODS QIC has met 12 times since the last EQR. It is comprised of clinical staff, contractors, medical leadership, data analysts, and members with lived experience. Of the 19 identified FY 2022-23 QAPI work plan goals, 6 of the 19 were met, and 4 improved but did not meet the target goals. Themes for improvement focused on timeliness measures, access to care, care transitions, care coordination improvements, and increased PRs for Latino members. The cultural competence goals improved more overall than others, and the subcommittee's monthly team efforts showed positive results. There were also goals related to enhanced coordination of care with MH, physical healthcare, and member satisfaction, as reflected in the TPS surveys, which were analyzed by LOC and program.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for 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	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	Partially 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 Treatment Perception Survey to Improve Care	Partially Met

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

- Quality is an organizational priority, as reflected by numerous reports and dashboards linked to goals. Also, evidence of actions following up on key goals for member service improvements. Enhancements to the new data system linked to quality goals were given priority in the development.
- The effectiveness of the cultural competence activities in expanding Latino member participation and satisfaction was positive, and more actions were planned to continue this trend.
- The TPS-related goals were positive, but members' participation was not adequate to evaluate service effectiveness and satisfaction. More member engagement is needed to use this tool to assess quality and outcomes.
- Communication and engagement in areas of both quality and operations with contract providers were not adequate to meet the needs of these providers to implement key elements of CalAIM. Additional assistance and collaboration were requested.

QUALITY PERFORMANCE MEASURES

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

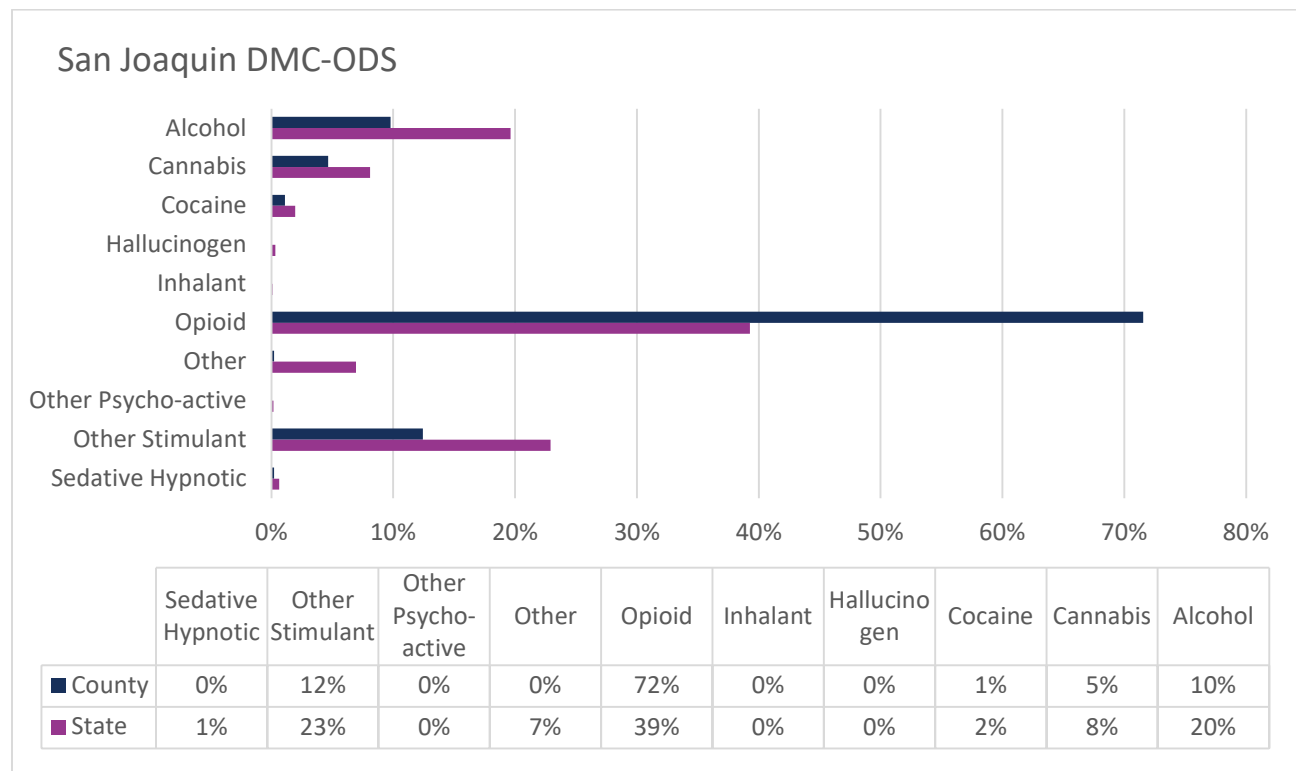
- Members served by Diagnostic Category
- Non-methadone MAT services
- Residential WM with no other treatment
- High-Cost Members (HCM)
- ASAM congruence
- Initiation and Engagement
- Length of Stay (LOS)
- CalOMS admission versus discharge for employment and housing status
- CalOMS Legal Status at Admission
- 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 have claims submitted with different diagnoses crossing categories. Figure 6 shows the percentage of approved claims by diagnostic category compared to statewide.

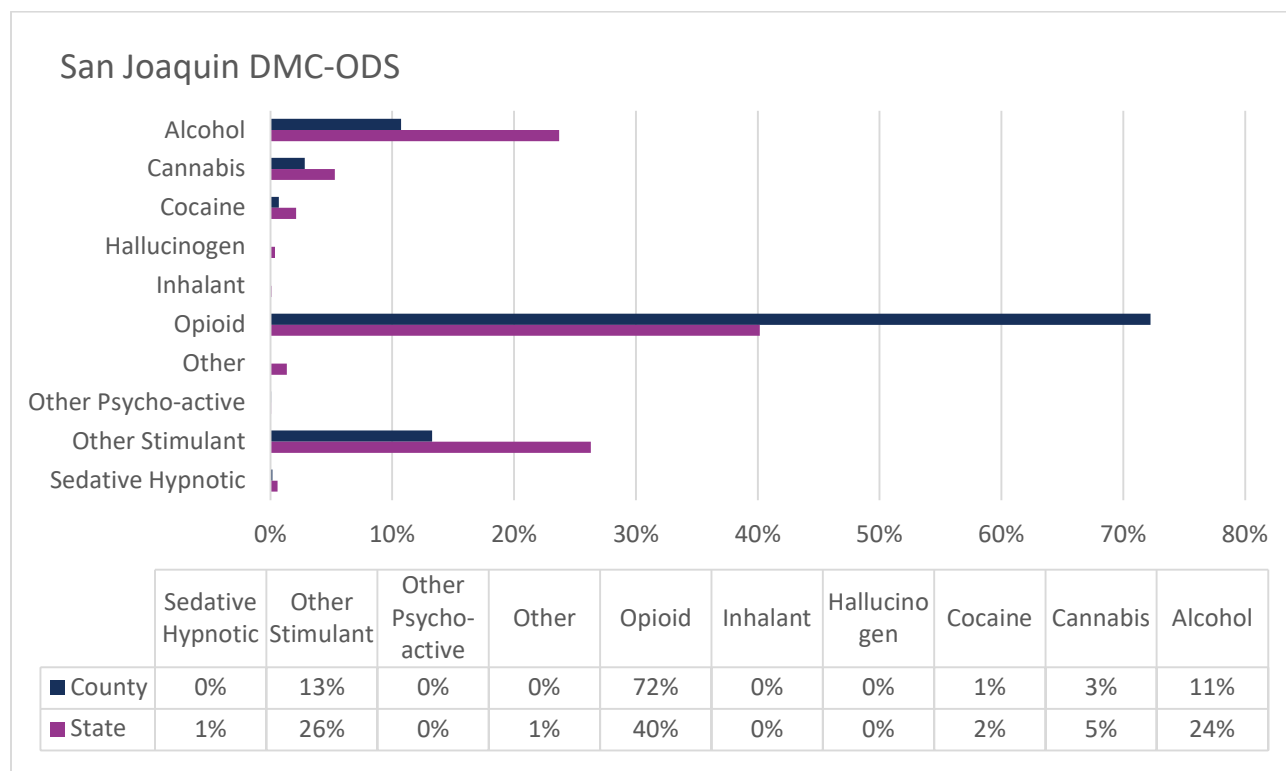
Initial assessment and services provided during the assessment process, except for residential treatment, may be provided without an established diagnosis for DHCS-defined periods of time. These deferred diagnoses are included in "Other."

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



- Approximately 72 percent of members were diagnosed with an opioid use disorder (OUD), which is much higher than the 39 percent statewide. In turn, all other diagnoses were less prevalent than statewide.

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



- The proportions of claims by diagnosis codes largely correspond with the proportions of members by diagnosis code and are dominated by OUD.

NON-METHADONE MAT SERVICES

Table 15: San Joaquin 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	0	0.00%	0	0.00%	24	0.56%	13	0.30%
Ages 18-64	-	-	-	-	7,473	7.96%	3,881	4.13%
Ages 65+	<11	-	<11	-	428	5.78%	173	2.34%
Total	128	5.65%	114	5.03%	7,925	7.13%	4,051	3.66%

- San Joaquin had fewer members who received non-methadone MAT services in CY 2022 than the statewide average.

RESIDENTIAL WITHDRAWAL MANAGEMENT WITH NO OTHER TREATMENT

Table 16: San Joaquin 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	0	0.00%
Statewide	205	2.00%

- San Joaquin had no members who received three residential WM episodes with no other treatment.

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 LOCs that are inappropriate for their needs. For the purposes of this report, HCMs 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: San Joaquin 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	2,267	57	2.51%	\$28,245	\$1,609,967	11.04%
Statewide	105,657	5,724	5.42%	\$24,551	\$140,532,204	21.84%

- The proportion of members in San Joaquin considered to be HCMs (2.51 percent) was much lower than statewide (5.42 percent).
- While San Joaquin's AACM was higher than the statewide average (\$28,245 vs. \$24,551), the percentage of total claims attributed to HCMs in the DMC-ODS was notably lower than statewide (11.04 percent vs. 21.84 percent).

ASAM LEVEL OF CARE CONGRUENCE

Table 18: San Joaquin DMC-ODS Congruence of Level of Care 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	<11	-	75	85.23%	48	73.85%
Patient Preference	0	0.00%	0	0.00%	<11	-
LOC Not Available	<11	-	<11	-	<11	-
Clinical Judgment	0	0.00%	0	0.00%	<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%	0	0.00%	0	0.00%
Lack of Insurance/Payment	0	0.00%	0	0.00%	0	0.00%
Other	0	0.00%	0	0.00%	0	0.00%
Actual LOC Missing	<11	-	<11	-	<11	-
Total	11	100.00%	88	100.00%	65	100.00%

- San Joaquin had a congruence rate of 85.23 percent at the time of initial assessment, and congruence decreased to 73.85 percent at the follow-up assessment.
- The number of ASAMs across all points in care are exceptionally low compared to the number of total members served.

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 are likely to continue their treatment and enter into 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. Based on claims data, the "initial DMC-ODS service" refers to the first approved or pended claim for a member that is not preceded by one within the previous 30 days. This second day or visit is what, in this measure, is defined as "initiating" treatment.

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

Table 19: Initiating and Engaging in San Joaquin DMC-ODS Services, CY 2022

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Members with an initial DMC-ODS service	2,227		19		99,855		4,026	
	#	%	#	%	#	%	#	%
Members who then initiated DMC-ODS services	2,077	93%	15	79%	83,830	84%	3,286	82%
Members who then engaged in DMC-ODS services	1,759	85%	11	73%	63,753	76%	2,202	67%

- For adults with an initial DMC-ODS service, 93 percent initiated services, which was greater than the statewide rate of 84 percent. The percentage of adult members who engaged in services was also greater than the statewide rate (85 percent vs. 76 percent).
- For youth with an initial DMC-ODS service, 79 percent initiated services, which was less than the statewide rate of 82 percent. The percentage of youth members who engaged in services was, however, greater than the statewide rate (73 percent vs. 67 percent).

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 were 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 San Joaquin DMC-ODS Services, CY 2022

	County		Statewide	
Members discharged from care. (no treatment for 30+ days)	2,333		139,688	
LOS for members across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	159	78	158	90
	#	%	#	%
Members with at least a 90-day LOS	1,064	46%	69,919	50%
Members with at least a 180-day LOS	697	30%	43,096	31%
Members with at least a 270-day LOS	472	20%	27,677	20%

- Of the 2,333 members discharged with no treatment for 30 or more days, the average LOS was 159 days, just above the statewide average of 158 days and much higher than the 119 days seen in CY 2021.
- Of those who began treatment, 46 percent of members had at least a 90-day LOS, comparable to the statewide rate of 50 percent. San Joaquin and statewide rates for at least a 180-day LOS were comparable (30 percent vs 31 percent), and the DMC-ODS rate for at least a 270-day LOS was equal to that seen statewide (20 percent for both).

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: San Joaquin DMC-ODS CalOMS Legal Status at Admission, CY 2022

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	1,300	64.90%	57,878	65.62%
Under Parole Supervision by CA Dept of Corrections (CRDC)	122	6.09%	1,675	1.90%
On Parole from any other jurisdiction	159	7.94%	1,465	1.66%
Post-release supervision - AB 109	410	20.47%	20,314	23.03%
Court Diversion CA Penal Code 1000	<11	-	1,326	1.50%
Incarcerated	<11	-	460	0.52%
Awaiting Trial	<11	-	5,078	5.76%
Total	2,003	100.00%	88,196	100.00%

- There is a slightly lower proportion of DMC-ODS members who have no criminal justice involvement than statewide, and the DMC-ODS has a lower rate of members served from the Assembly Bill 109 post-release supervision population.
- A higher proportion of DMC-ODS members are under California Department of Rehabilitation (CDCR) parole supervision and on parole by another jurisdiction than statewide.

Table 22: San Joaquin DMC-ODS CalOMS Discharge Status Ratings, CY 2022

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment – Referred	440	18.33%	22,790	22.03%
Completed Treatment - Not Referred	128	5.33%	7,636	7.38%
Left Before Completion with Satisfactory Progress - Standard Questions	177	7.38%	13,465	13.02%
Left Before Completion with Satisfactory Progress – Administrative Questions	211	8.79%	8,322	8.05%
<i>Subtotal</i>	<i>956</i>	<i>39.83%</i>	<i>52,213</i>	<i>50.48%</i>
Left Before Completion with Unsatisfactory Progress - Standard Questions	619	25.79%	17,832	17.24%
Left Before Completion with Unsatisfactory Progress - Administrative	800	33.33%	32,329	31.26%
Death	<11	-	200	0.19%
Incarceration	-	-	856	0.83%
<i>Subtotal</i>	<i>1,444</i>	<i>60.17%</i>	<i>51,217</i>	<i>49.52%</i>
Total	2,400	100.00%	103,430	100.00%

- The first four discharge statuses listed in Table 22 are generally considered to be positive as they indicate treatment was either completed, or the member was making satisfactory progress when treatment ended. San Joaquin had lower proportions of members leaving treatment with a positive discharge status compared to statewide.
- The bottom four discharge statuses generally indicate that treatment ended with unsatisfactory progress, or due to incarceration or death. San Joaquin had a higher rate of members discharging in these categories compared to the statewide rate.

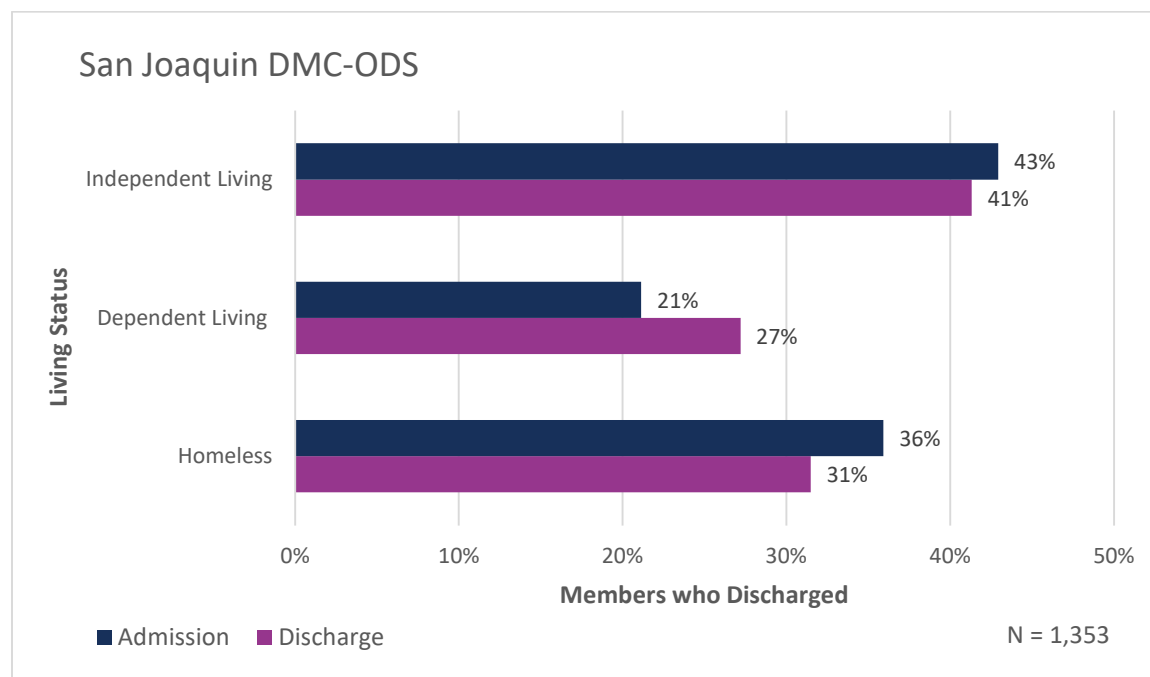
Table 23: San Joaquin DMC-ODS CalOMS Types of Discharges, CY 2022

Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	1,353	56.38%	52,677	49.81%
Administrative Adult Discharges	1,036	43.17%	41,707	40.74%
Detox Discharges	0	0.00%	7,233	7.95%
Youth Discharges	11	0.46%	1,813	1.50%
Total	2,400	100.00%	103,430	100.00%

- DMC-ODS standard adult discharges were 13 percent higher than statewide, impacted by the lack of detox discharges and few youth discharges.
- The DMC-ODS administrative adult discharges were 6 percent higher than statewide.

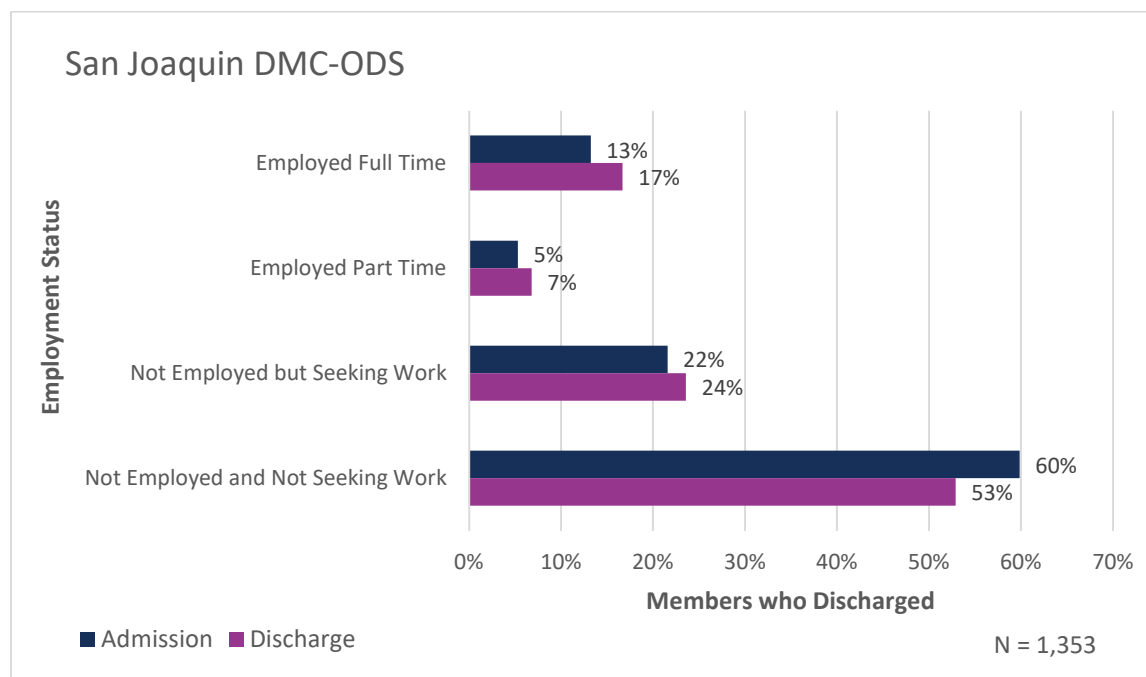
The data presented in Figures 7 and 8 reflect percent change at discharge from admission for both living status and employment status. Both questions are asked in relation to the prior 30 days.

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



- San Joaquin had fewer proportions of members living independently upon discharge and more dependent living upon discharge than upon admission. The figure illustrates that 36 percent were homeless upon admission, with this number being reduced to 31 percent upon discharge.
- Outreach efforts to those unhoused and assisting this population with finding housing before discharge appear to be fairly effective in the DMC-ODS.

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



- Thirteen percent of members reported being employed full-time when they were admitted, compared to 17 percent upon discharge. Sixty percent of members reported not being employed and not seeking work when they were admitted, compared to 53 percent upon discharge.
- It appears that members are receiving support with seeking employment.

IMPACT OF QUALITY FINDINGS

- Quality efforts related to Latino member access showed improvements, and additional activities are planned for this engagement through the cultural competence committee.
- Focus groups and member experiences revealed helpful coordination with hospital systems related to SUD navigators' services, stable funding for these services, and linkage to care, both physical health and SUD treatment.
- Expanded use of TPS is needed to understand member satisfaction and outcomes fully at all LOCs and sites.
- ASAM data appears under-reported, and evaluation of this issue is needed to ensure complete ASAM screenings, assessments, and follow-up assessments are done properly and reported as required.

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: Pharmacotherapy for Opioid Use Disorders (POD)

Date Started: 07/2022

Date Completed: 03/2024

Aim Statement: "By Quarter 4 of 2023, the DMC-ODS will increase by 5 percent, over the baseline of 40.7 percent, the percentage of new NTP treatment episodes lasting at least 60 days by assessing patient needs, fostering interagency communication, and strengthening referral pathways."

Target Population: All members with OUD evaluated and referred to NTP services.

Status of PIP: Other phase - fourth remeasurement.

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 clinical PIP is focused on enhancing members' access to ongoing MAT for OUD. San Joaquin identified six NTPs that provide the majority of MAT to members. The PIP did a thorough root cause analysis and identified a need for a more thorough assessment of members' needs and barriers to ongoing MAT by the SUD counselors in the NTPs. A new evaluation tool, Medication Monitoring Needs Assessment (MMNA), was developed to meet this goal. Based on this enhanced evaluation, the NTP staff would work on these barriers to support members' continued MAT treatment. Also, enhanced monitoring of the referrals from sites to the NTPs and closed referral loops occurred. Strategies included monitoring enhanced referrals to ancillary service needs of the members such as care coordination and MH services.

Outcome goals included increasing 60-day sustained MAT participation by members, increasing the number of members with enhanced retention who had been evaluated using the MMNA, and increasing the number of NTPs participating in the PIP. The number increased for four sites out of six.

Four remeasurements were made and the number of members in treatment for 60 days or more improved by 21.6 percent over baseline. The MMNA was not as helpful as anticipated, so it was discontinued. Training and care coordination services appeared to play the largest role in enhancing sustained treatment. Administrative streamlining of referral and follow-up activities also appeared to enhance outcomes.

TA AND RECOMMENDATIONS

As submitted, this clinical PIP was found to have moderate confidence because the methodology was sound and included an evaluation of root causes, relevant research, and data evaluation at each phase of the PIP implementation.

One TA session was provided outside of the review to discuss findings related to low referrals using the special needs assessment evaluation, other DMC-ODS approaches, and interventions to enhance retention in the early phases of treatment.

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

- Evaluate methods of enhanced training for NTP counselors and clinical staff to develop more comprehensive SUD and BH treatment plans.
- Consider focus groups with current clients in MAT to refine interventions and tools to support sustained engagement.
- In early phases of treatment, consider incentives for regular dosing and counselor sessions for members.
- Consider expanded access strategies for MAT treatment with primary care partners to enhance options for ease of access to all forms of MAT related to OUD treatment.

NON-CLINICAL PIP

GENERAL INFORMATION

Non-Clinical PIP Submitted for Validation: Follow up after Emergency Department (ED) Visits for Alcohol Use Disorders (AUD) and other SUDs (FUA)

Date Started: 07/2022

Date Completed: 04/2024

Aim Statement: “By Q4 2023, the DMC-ODS Plan will significantly increase³ the percentage of (AOD)-related ED visits receiving 7- and 30-day follow-ups, over the 2022 baseline of 18.8% to 26.4% and 24.8% to 32.7%, respectively,⁴ by implementing (1) patient & provider engagement, education, and promotion; (2) closed-loop referrals; and (3) centralized follow-up.”

Target Population: All members with SUD diagnoses presenting to an acute care ED seeking assistance.

Status of PIP: Second remeasurement phase

SUMMARY

The FUA PIP focused on intervention strategies to enhance smooth transitions between acute care EDs and SUD treatment. These included enhanced training and promotion activities at the hospital EDs. A survey was also conducted to assess how much the acute care staff knew about evaluating SUD conditions and how to access SUD care. Training was then provided over a series of sessions with promotional materials. Referrals were then tracked with new streamlined data systems.

The number of referrals and engagement in treatment were monitored for 7-day and 30-day follow-ups and admissions into care. Various administrative changes were made to streamline referrals to make them timelier and more individualized for members' needs. This included a centralized tracking and follow-up structure linked to the Access Team. Access was engaged to assist with the members' evaluation and to support the SUD navigator in implementing the best plan possible for the members.

The BH leadership also set up regularly scheduled meetings with key MCP and hospital staff to continue joint work on smooth transitions into care, especially for those with complex conditions and who are not in stable housing.

³ Statistically significant at $p < .05$ using chi-sq test. Assumes $n^2 = n^1/4$ (one-quarter of MY2022's data). If $n^1 = 634$ then $n^2 = 159$.

⁴ August 2, 2021-July 31, 2022 ED admissions, from CalMHSA data

TA AND RECOMMENDATIONS

As submitted, this non-clinical PIP was found to have high confidence because the methodology was sound and included an evaluation of root causes, relevant research, and data evaluation at each phase of the PIP implementation.

One TA session was provided outside of the review to discuss findings related to low referrals using the special needs assessment evaluation, other DMC-ODS approaches, and interventions to enhance retention in the early phases of treatment.

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

- Continue positive interventions with navigators and the Access Team to ensure the navigators get supervision and support to make the best possible plans and engagement options relevant to individualized member needs.
- Identify, through quarterly meetings, capacity assessments, and program gaps, additional actions that would enhance smooth transitions for members into SUD care settings. Also, the support needed to reduce challenges for members without stable housing should be identified.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

California's DMC-ODSs' EHRs are generally managed by the county or 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 SmartCare by Streamline, which has been used for 0.75 years. The DMC-ODS is actively implementing a new system that requires heavy staff involvement to develop fully. The EHR was implemented as part of the California MH Services Act (CalMHSA) semi-statewide EHR initiative.

Approximately 1.22 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 involves the DMC-ODS, County Administration, and Health Care Services. The budget reflects a slight decrease when compared to the prior EQR (1.22 percent vs. 1.57 percent).

The DMC-ODS has 305 named users with log-on authority to the EHR, including approximately 192 county staff and 113 contractor staff. Support for the users is provided by 15 full-time equivalent (FTE) IS technology positions. Currently, there are four vacant FTEs and four new FTEs since the last EQR.

As of the FY 2023-24 EQR, some contract providers have access to directly enter clinical data into the DMC-ODS' EHR. Although the DMC-ODS reported that 87.38 percent of its DMC-ODS claimed services are provided by contract providers, only a few of those providers have direct access to San Joaquin's EHR. Most contract provider services are provided through the NTPs, and they utilize their own EHRs, which are better designed for the highly regulated workflow requirements of NTPs. 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 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: San Joaquin 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	0%
Electronic Data Interchange to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
Electronic batch file transfer to DMC-ODS IS	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	80%
Direct data entry into DMC-ODS IS by provider staff	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	20%
Documents/files e-mailed or faxed to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
Paper documents delivered to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
		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. This functionality is expected to be implemented within the next year.

INTEROPERABILITY SUPPORT

The DMC-ODS is a member or participant in an HIE. Connex will be the new HIE, but it is currently being implemented and is not yet used. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and/or electronic consultation. The contract providers have access to the EHR or engage in electronic information exchange with the EHR.

INFORMATION SYSTEMS KEY COMPONENTS

CalEQRO identifies the following KCs related to DMC-ODS system infrastructure that are necessary to meet the quality and operational requirements and 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 comprises 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	The integrity of Medi-Cal Claims Process	Partially Met
4D	EHR Functionality	Met
4E	Security and Controls	Met
4F	Interoperability	Met

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

- Implementing and providing technical support for a new EHR are exceptionally large tasks. Since the last EQR, San Joaquin's MHP and DMC-ODS have increased IS technology positions by four FTEs and analytic positions by six FTEs to assist in the success of this endeavor.
- Due to the implementation of the new EHR and the limited number of staff, cross-training among the fiscal/billing staff is being delayed until FY 2024-25. The implementation and system changes will be documented at that time, and the cross-training will be easier.

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, resulting in incomplete claims data presented in this report for CY 2022.

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

The DMC-ODS reports that their claiming is current through October 2023. However, the claiming was delayed due to changes related to CalAIM, payment reform, and the implementation of the new EHR.

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

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Beneficiary not eligible	1,139	\$306,011	85.65%
Other Healthcare coverage must be billed first	1,260	\$27,954	7.82%
Missing valid diagnosis	39	\$15,352	4.30%
Duplicate/same-day service without modifier or other info needed for adjudication	68	\$7,581	2.12%
Late claim submission	1	\$246	0.07%
Other	8	\$123	0.03%
NPI issue	1	\$15	0.00%
Total Denied Claims	2,516	\$357,282	100.00%
Denied Claims Rate	2.39%		
Statewide Denied Claims Rate	3.64%		

- San Joaquin had a lower denied claims rate than statewide. The most common denial reason was “beneficiary not eligible,” followed by “other healthcare coverage must be billed first,” and “missing valid diagnosis.”

Table 27: San Joaquin DMC-ODS Claims by Month, CY 2022

Month	# Claim Lines	Total Approved Claims
Jan-22	36,382	\$1,123,790
Feb-22	33,453	\$1,024,789
Mar-22	37,022	\$1,143,843
Apr-22	35,633	\$1,099,375
May-22	36,340	\$1,116,385
Jun-22	35,434	\$1,094,666
Jul-22	36,426	\$1,256,183
Aug-22	36,921	\$1,303,826
Sep-22	35,218	\$1,277,223
Oct-22	36,469	\$1,404,765
Nov-22	34,694	\$1,396,284
Dec-22	35,216	\$1,377,066
Total	429,208	\$14,618,196

- In CY 2022 there was a consistent volume of claim submissions from month to month ensuring a steady stream of revenue for the DMC-ODS.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- San Joaquin has implemented a new EHR to meet CalAIM's needs. The implementation and new system requirements are a huge undertaking. Four vacant IS technology positions make these efforts more challenging. San Joaquin has created a "War Room," which was a safe place for staff to go and try to work out EHR issues.
- Within the next year, San Joaquin has a plan to have more knowledge of the updated billing system and be able to begin cross-training.
- CalAIM and the implementation of payment reform have made it difficult for the contracted providers to update billing systems quickly, putting claiming behind. The DMC-ODS has initiated monthly meetings with contract providers to increase program support and timeliness of claiming.
- The new CalMHSA EHR will have the ability to work with Connex which will be the new HIE.
- San Joaquin has built SUD dashboards that pull data from various measures related to census, services, service integration, access to care and timeliness, admissions, linkage to outpatient, readmission, and other outcomes. These are reviewed regularly through weekly SUD Quality and Compliance meetings and once every two months with the department.

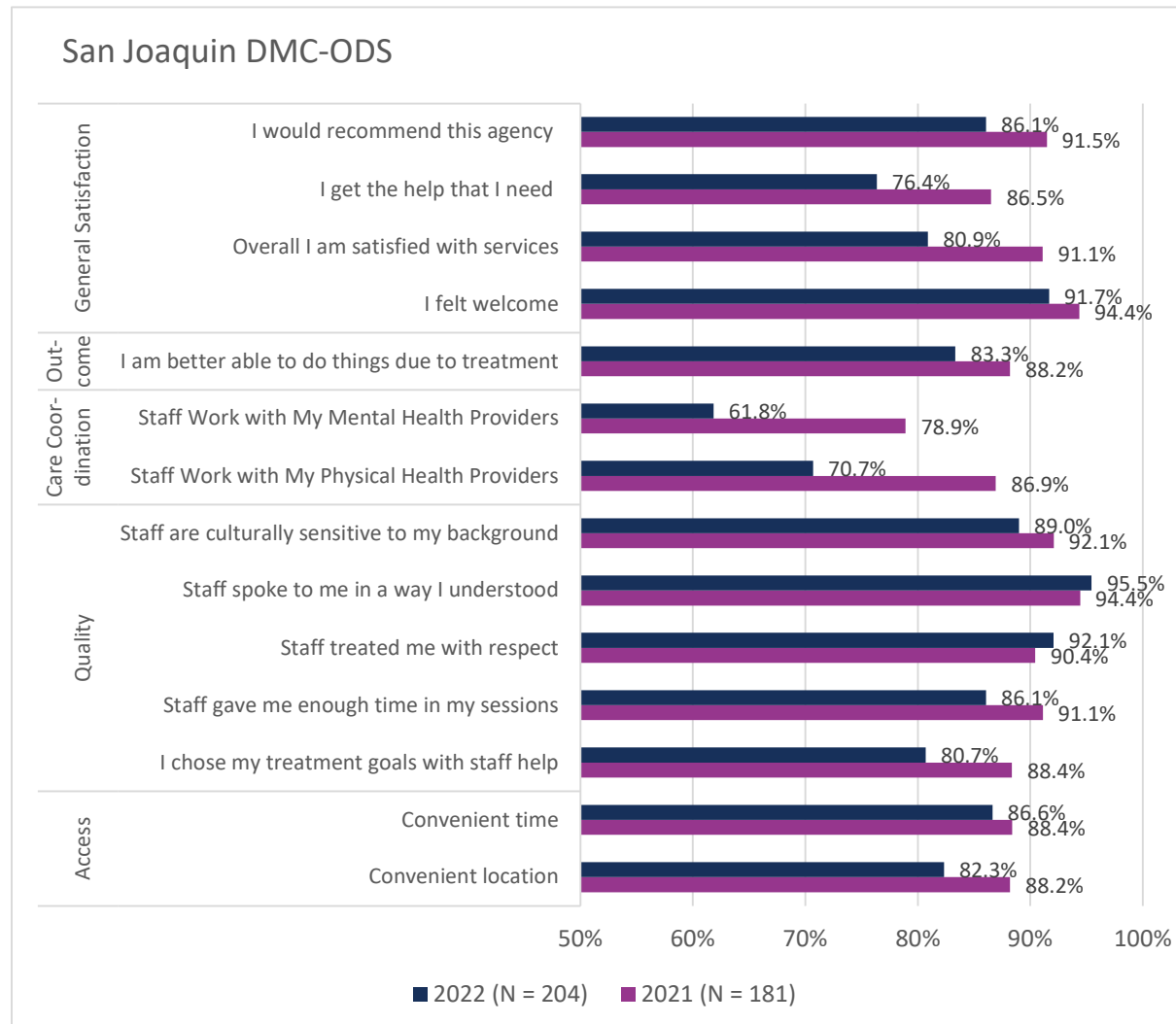
VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

The TPS consists of ratings from the 14 items yield information regarding five distinct domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction. DMC-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 had slightly more TPS responses in CY 2022 as compared to the prior year, but the ratings were lower in almost all areas. The largest decrease was seen in “staff work with my mental health providers,” and “staff work with my physical care providers.”

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



* Note that the horizontal axis begins at 50% in order to display small differences in responses from year to year.

- Per Figure 9, there were 23 more participants in CY 2022 than in CY 2021; overall, 12 of the 14 had favorable ratings of over 80 percent. The areas needing the most improvement were care coordination with MH and physical health providers.
- San Joaquin may want to conduct further research on why CY 2022 TPS results were lower in almost all areas compared to the prior CY. The most dramatic decrease is in “staff work with my mental health providers,” which was at 61.8 percent, down from CY 2021’s 78.9 percent. The second most dramatic decrease is in “staff work with my primary health providers,” which was 70.7 percent, down from CY 2021’s 86.9 percent.

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 two 90-minute focus groups with Plan members and/or their families, each containing 8 to 10 participants.

PLAN MEMBER/FAMILY FOCUS GROUP ONE SUMMARY

CalEQRO requested a diverse group of adult Plan members who initiated services in the preceding 12 months and had participated in a recovery residence program linked to outpatient care. The focus group was held at the Chemical Dependency Counseling Center, 620 N Aurora STE 1, Stockton, CA. 95202. Members also reside in recovery residence housing supported by the DMC-ODS. The focus group included seven participants. All Plan members participating receive clinical services from the DMC-ODS.

Summary of focus group findings

All members shared that they had MH services that also helped recovery. Admission time to SUD treatment ranged from two days to three weeks, with the latter being in detention. All members appreciated the positive support of recovery residence staff and outpatient treatment staff. Several asked if more alumni from the program could come and share what worked for them and how they transitioned to permanent housing after their time in the recovery residence ended; this was a big source of anxiety for the group.

It was often mentioned as the group's main recommendation regarding areas needing more support and assistance. Most mentioned they could get jobs, but finding a permanent living place was difficult. They reported they did not know about MAT options for their illness.

Recommendations from focus group participants included:

- Proactively assist members in transitioning to permanent housing after their discharge from recovery residences. One participant said, "I worry about housing the most. I am on lists, but they can take years. I do not want to be homeless again."
- More counselor time for one-on-one support and family therapies would help with the next steps for recovery.
- Childcare would help with groups at the clinic.

PLAN MEMBER/FAMILY FOCUS GROUP TWO SUMMARY

CalEQRO requested a diverse group of adult Plan members who initiated treatment services in the past 12 months and participated in a perinatal residential treatment program. The focus group, which included five participants, was held at Family Ties Residential Treatment, 500 W. Hospital Road, French Camp, CA 95231. All Plan members participating received clinical services from the DMC-ODS.

Summary of focus group findings

Access and intake were not difficult, especially when stepping down from detention. Their assessment experience was long but occurred over the first three days. The staff was helpful and supportive. The programs were helpful with setting goals and activities to sustain recovery and understand their illness. The staff encouraged them to meet with and get services from their primary care doctors and MH to help with health and recovery. They reported their counselors were good at helping them coordinate with Child Welfare, the courts, the MAT clinic, and transportation to support services.

Recommendations from focus group participants included:

- More group sessions to stay busy and focus on recovery.
- More time to plan for the next steps and family challenges.
- “As much time as possible to be able to see family, especially my kids. It helps with motivation and my goals.”

SUMMARY OF MEMBER FEEDBACK FINDINGS

Key themes for clients were additional residential treatment groups, childcare to help remove barriers to groups and treatment, and housing after completing the recovery residence program. One group reported they did not know anything about MAT for their illness and were interested in learning more. Family unification was a big theme for both 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 SUD managed care system.

STRENGTHS

1. The DMC-ODS reallocated staff resources and created integrated access capacity and co-location of staff to promote easier access and foster engagement. This includes immediate engagement with substance use disorder (SUD) screenings, support, and care coordination groups to facilitate engagement and a smooth linkage to treatment. (Access)
2. The DMC-ODS works with Public Health and an Opioid Coalition to expand both education, prevention, and increased access to MAT treatment through new and expanded sites. This includes a current pending application for mobile MAT services for rural areas from an NTP. (Quality, Access)
3. The DMC-ODS has worked with its seven hospitals to fund SUD navigators for screenings and links to WM and MAT. (Quality)
4. The QI Plan has achieved positive results through its cultural competence initiatives and goals, which improve access to the Latino population and more bilingual workforce. (Access)
5. The DMC-ODS expanded residential BH treatment with a 16-male and 16-female bed adult facility opened in April 2024. The facility's staff are trained and provide co-occurring disorder groups. (Access, Quality)

OPPORTUNITIES FOR IMPROVEMENT

1. Workforce recruitment challenges continued, with a 36.7 percent vacancy rate. Particular challenges exist in hiring SUD counselors and experienced SUD treatment staff to support new programs and members' needs. (Access, Quality)
2. Youth services PRs are half of the statewide average and below similar-sized counties. (Access)
3. MAT education and engagement are needed in areas of the county with exceedingly high overdose rates. (Access)
4. New data systems and payment reform requirements have challenged county and contract staff who requested clarifications, more training, and assistance to record their services properly. (IS)
5. Contract providers have not been able to engage with senior DMC-ODS leadership staff on key planning and problem-solving needs and issues. They

reported that the need for more dialogue on key issues with leadership had impacted their ability to successfully implement some of the CalAIM changes and goals. (Quality)

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. Continue providing incentives, pay adjustments, and reclassifications to enhance SUD counselor staff, MAT prescribers, and lead clinicians with SUD supervisory experience. (Access, Quality)

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

2. Expand youth services engagement efforts, building on prevention activities and providers. Expand service opportunities to increase SUD treatment for youth. Continue efforts with school collaboration and partnerships with criminal justice and Child Welfare Services to identify SUD needs and refer to SUD treatment. (Access)

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

3. Continue efforts to expand prevention and treatment options for NTP and MAT services in the high overdose areas of the community identified in the California Overdose Dashboard provided through DHCS Public Health. Given the rural nature of these areas of the county with high overdose rates, using mobile services is a positive strategy to expand. (Access)
4. Expand efforts to engage and educate line staff and supervisors within county and contract programs to assist with billing and documentation challenges and in appropriately recording ASAM and CalOMS data for placement and outcomes. (IS, Quality)
5. Enhance communication and planning opportunities for the SUD contract providers with senior leadership to support successful CalAIM initiatives and to support a quality continuum of coordinated care. (Quality)

EXTERNAL QUALITY REVIEW BARRIERS

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

The DMC-ODS did not identify any barriers to this FY 2023-24 EQR review.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Directors Letter

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 - San Joaquin 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
Access Team interview- line staff and managers
PIP Validation and Analysis
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS Network Adequacy
Validation and Analysis of the DMC-ODS Health Information System
Validation and Analysis of Member Satisfaction
Two Plan Member/Family 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
Medication-assisted treatments
MH coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic 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, Lead Quality Reviewer
Anita Catapusan, RN, Quality Reviewer
Sharon Mendonca, IS Reviewer
Jon Santoyo, Consumer/Family Member Reviewer

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

DMC-ODS CONTRACT PROVIDER SITES

Member focus groups were held at the following sites:

Chemical Dependency Counseling Center
620 N Aurora St, suite 1
Stockton, CA. 95202

Family Ties Residential Treatment
500 W. Hospital Rd
French Camp, CA 95231

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
Ahern	Denise	Counseling Supervisor	Contracted Agency
Baker	Ashley	MH Clinician II	County
Beck	Victoria	Executive Director of Aegis Stockton 5 th Street and Assistant Regional Director North Central Valley	Contracted Agency
Benner	Dale	New Directions	Contracted Agency
Berdahl	Michelle	Substance Abuse Program Manager	County
Bickham	Donna	Deputy Director, Quality Assessment & Performance Improvement and Medical Records	County
Bringas	Giselle	Chief MH Clinician, 24-Hour Services	County
Brown	Monique	Chief MH Clinician, Justice, and Community Integration	County
Brown	Monique	Chief MH Clinician, Justice & Community Involvement	County
Bryant	Crystal	Nirvana	Contracted Agency
Clinton	Stefenee	Chief MH Clinician, Quality Assessment & Performance Improvement	County
Crummett	Tamara	Substance Abuse Program Supervisor	County
Davenport	Crystal	MH Clinician	County
DeWitte	Tiffany	Deputy Director, Adult and Older Adult Services	County
Dunn	Cara	Assistant BH Director	County
Eagleton	Georgina	MH Specialist	County
Englent	Kim	Accounting Manager	County
Facaros	Susan	Retired Clinician	County
Flores	Courtney	Interim Deputy Director, Children and Youth Services	County

Last Name	First Name	Position	County or Contracted Agency
Gaona	April	Redwood Family Center	Contracted Agency
Garcia	Julio	Chief MH Clinician, Justice, and Community Involvement	County
Godfrey	Sarah	Nirvana	Contracted Agency
Gomez	Rosemary	Substance Abuse Program Supervisor	County
Graves	Dawn	Substance Abuse Counselor I	County
Guerrero	Melissa	MH Clinician III	County
Hana	Nora	Director II of MH Student Service and Prevention Programs	Contracted Agency
Hope	Jimenez	Accounting Manager	County
Jones-Mitchell	Shahloh	Management Analyst III	County
Keitzke	Jennifer	Court Analyst	County – Superior Court
Kim	Daniel	Health Promotion Programs Coordinator	County
Lozano	Nia	Medical Director	County
Mace	Kathy	Nirvana	Contracted Agency
McCarthy	Priscilla	MH Specialist	County
McGillvary	Roger	Substance Use Navigator	Community Partner
Mendoza	Carlos	Substance Abuse Program Supervisor	County
Merchant	Zarmeen	Department IS Manager	County
Mero	Kathy	New Directions	Contracted Agency
Molina	Rico	Chief MH Clinician	County

Last Name	First Name	Position	County or Contracted Agency
Moran	Tyler	Chief MH Clinician- Correctional Health	County – Correctional Health
Morris	Robert	Department Applications Analyst IV	County
Patel	Vimesh	Management Analyst II	County
Pelletier	Paul	Substance Abuse Program Manager	County
Pettis	Betsey	Deputy Director, Substance Disorder Services	County
Poulos	Cynthia	Staff Nurse IV, Quality Assessment & Performance Improvement	County
Preap	Jennifer	Executive Director of Aegis Lodi	Contracted Agency
Rambo	Chelsea	Chief MH Clinician, SUD Services	County
Ray	Daniel	Management Analyst I	County
Reyes	Gina	Substance Abuse Program Supervisor	County
Rimmer	JoJo	Substance Abuse Counselor	County
Sabean	Jeffrey	Deputy Director, Justice, and Community Integration	County
Saelee	Cindy	Chief MH Clinician, Adult Services	County
Saelee	Cindy	Chief MH Clinician	County
Salwolke	John	Management Analyst II	County
Santos	Marc	Management Analyst III, Quality Assessment & Performance Improvement	County
Shingu	Eric	Substance Abuse Program Manager	County
Smith	Randy	Department Applications Analyst II	County

Last Name	First Name	Position	County or Contracted Agency
Sumano	Jennie	Substance Abuse Counselor	County
Susskind	Jennifer	Consultant	County
Takata	Alicia	Compliance Officer	County
Towns	Mark	Towns Health	Contracted Agency
Truong	Le	Substance Use Navigator	Community Partner
Vaccarezza	Lisa	Substance Abuse Counselor	County
Valentine	Genevieve	BH Director	County
Vasquez	Cory	Substance Abuse Program Supervisor	County
Viera	Fay	Assistant BH Director	County
Vivero	Joaquin	Substance Abuse Program Manager	County
Wieland	Jessica	Chief MH Clinician, Access, and Point of Entry	County
Yocham	Amanda	Chief MH Clinician, Children and Youth Services	County
Young	Michael	Substance Abuse Program Supervisor	County
Zerbo	Rachel	Public Health Educator	County

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	This PIP is focused on enhancing POD through a series of interventions related to tracking and exchanging data, assessments at NTPs of barriers to retention in SUD treatment and specifically methadone, and options to remove those barriers including social barriers to health and wellness. Data includes relevant sections of reports delivered to DHCS in September 2022, 2023, and March 2024.
General PIP Information	
MHP/DMC-ODS Name: San Joaquin	
PIP Title: Pharmacotherapy for Opioid Use Disorders (POD)	
PIP Aim Statement: By Quarter 4 of 2023, the DMC-ODS will increase by 5 percent, over the baseline of 40.7 percent, the percentage of new NTP treatment episodes lasting at least 60 days by assessing patient needs, fostering interagency communication, and strengthening referral pathways.	
Date Started: 07/2022	
Date Completed: 03/2024	
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 different age threshold for children, specify age range here: Youth ages 12 and over who participate in NTP services as well as	

adults and older adults.						
Target population description, such as specific diagnosis (please specify): All members will have a primary diagnosis of OUD and be evaluated by NTP clinical staff to confirm this diagnosis.						
Improvement Strategies or Interventions (Changes in the PIP)						
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): Members will be evaluated by NTP physicians and counseling staff and have an in-depth special interview related to barriers to sustained participation in SUD treatment, specifically methadone or other MAT provided by the NTP. In coordination with the SUD supervisor, their counselor will utilize the information for new referrals and support. The goal of this special evaluation is to remove as many social barriers to health services as possible.						
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): NTP staff will conduct the new enhanced assessment of barriers and needs, including those with co-occurring disorders. The barriers identified will be impacted to reduce them as much as possible and make referrals for additional treatments in the BH and physical health arenas with new referral pathways. New data systems for referrals and tracking across the system will be developed.						
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): New data exchange processes and a more thorough evaluation of member needs and barriers will be added to the DMC-ODS system of care.						
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
Increased NTP treatment episodes lasting 60 days or more (over baseline 40.7%).	2/2021-5/2022	477/1173 40.7%	<input type="checkbox"/> Not applicable—PIP is in the planning or implementation phase, and results not available	110/222 49.5% 21.6% change from baseline	<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
# of NTP sites implementing new member Medication Management Needs Assessment (MMNA). Goal four sites, three at the onset of PIP.	FY 2021-22	3 legal entities/6 sites	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available	Added 4 th site in Oct 2023 which added 4 of 6 NTP sites. 66% of sites completing the special assessment	<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):
Number of documented referrals to MH, SUD, and managed care programs following the special Needs Assessment. Goal increased referrals each month.	No baseline Special needs assessment is new.	NA	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available	Referrals remained stable and did not increase. 10/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
Number and Percent of referrals resulting in successful engagement by staff following MMNA. Goal 75% of documented referrals.	No baseline	NA	<input checked="" type="checkbox"/> Not applicable—PIP is in the planning or implementation phase, and results not available	59/128 referrals were evaluated using MMNA and linked to NTPs. 47% across participating sites 10/23	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
Number and percent of documented follow-up services as tracked in SmartCare. Goal 50% of referrals will have a service in SUD.	No baseline	NA	<input checked="" type="checkbox"/> Not applicable—PIP is in the planning or implementation phase, and results not available	4/12 clients were admitted to NTP with new trt episodes. 33%	<input type="checkbox"/> Yes <input checked="" 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):
PIP Validation Information						
Was the PIP validated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No “Validated” means that the EQRO reviewed all relevant parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.						

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): 4th Remeasurement

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

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

EQRO recommendations for improvement of PIP:

1. Evaluate methods of enhanced training for NTP counselors and clinical staff to develop more comprehensive SUD and BH treatment plans;
2. Consider focus groups with current clients in MAT to refine interventions and tools to support sustained engagement; and
3. Consider in early phases of treatment incentives for regular dosing and counselor sessions for members; and
4. Consider expanded access strategies for MAT treatment with primary care partners to enhance options for ease of access to all forms of MAT related to OUD treatment.

NON-CLINICAL PIP

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

PIP Validation Rating (check one box)	Comments
<input checked="" type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	<p>The FUA PIP used a variety of interventions to enhance smooth referrals from the acute care EDs in the county to SUD treatment. The PIP tracks 7 and 30-day follow-up interventions and includes new supports for the substance use navigators in the EDs, including training and promotion materials, streamlined administrative processes for timelier access, and centralized follow-up with the Access Team providing additional evaluation supports and assistance to the navigators related to access. The monitoring of outcomes has continued beyond the PIP period and also includes quarterly case and system enhancement meetings between BH leadership, Health Plans, and hospital partners. Outcomes show positive results for members. Confidence in PIP design was high.</p>
General PIP Information	
MHP/DMC-ODS Name: San Joaquin	
PIP Title: Follow up after Emergency Department (ED) Visits for Alcohol Use Disorders (AUD) and other SUDs (FUA)	
PIP Aim Statement: By Q4 2023, the DMC-ODS Plan will significantly increase ⁵ the percentage of (AOD)-related ED visits receiving 7- and 30-day follow-ups over the 2022 baseline of 18.8% to 26.4% and 24.8% to 32.7%, respectively, ⁶ by implementing: (1) patient & provider engagement, education and promotion; (2) closed-loop referrals; and (3) centralized follow-up.	
Date Started: 07/2022	
Date Completed: 03/2024	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)	

⁵ Statistically significant at $p < .05$ using chi-sq test. Assumes $n^2 = n^1/4$ (one-quarter of MY2022's data). If $n^1 = 634$ then $n^2 = 159$.

⁶ August 2, 2021, 2022 ED admissions, from CalMHSA data

<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)
<p>Target age group (check one):</p> <p> <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 </p> <p>*If PIP uses a different age threshold for children, specify the age range here; 12 and over members includes youth with SUD diagnoses.</p>
<p>Target population description, such as specific diagnosis (please specify): Any member presenting in the EDs with alcohol or SUD diagnoses.</p>
<p>Improvement Strategies or Interventions (Changes in the PIP)</p>
<p>Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):</p> <p>Members will have enhanced navigator support in the ED environment and through Access Team consultation to identify treatment options that best meet member needs.</p>
<p>Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or nonfinancial incentives, education, and outreach): Providers had new data and referral pathways and substance use navigators to assist in the referral and engagement processes.</p> <p>The DMC-ODS added enhanced interventions to support the navigator referral process. These enhancements included support from the Access Team, who were familiar with the best treatment options for specific needs and support resources to make access easier. Also, the DMC-ODS added ongoing quarterly meetings with Health Plan and Hospital partners to coordinate data exchange and problem-solve specific barriers to treatment for complex cases. With adding these elements, two additional months beyond the end of the PIP were monitored, showing enhanced referral and engagement levels of members into SUD.</p>
<p>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):</p> <p>The DMC-ODS developed a budget supporting ongoing funding of the navigators in the EDs and new systems linkages and support for those navigators with the Access Team. Also, quarterly meetings were established with Health Plan and Hospital partners as an ongoing activity with the County BH leadership and Access staff to remove barriers to treatment engagement for complex clients and the system overall.</p>

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
Follow-up treatment services at 7 and 30 days from St Joseph's Hospital referrals for SUD treatment in the SUD care system. Target for 7 days 20.9% Target for 30 days 24.7%	8/2021-7/2022	7 days 25/157 15.9% 30 days 31/157 19.7%	<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available	7 days 5/17 29.4% 30 days 7/17 41.2%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7 days-84.9% improvement 30 days-109.1% improvement	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): P=.16 for 7 days /not significant P=.04 for 30 days Is significant
Follow-up treatment services at 7 and 30 days from all EDs into treatment in the SUD care system. Target for 7 days 23.8% Target for 30 days 29.8%	8/2021-7/2022	7 Days 119/634 18.8% 30 days 157/634 24.8%	<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available	7 days 26/106 24.5% 30 days 40/106 37.7%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 7 days 30% improvement 30 days 52.0%	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): 7 days P=.17 not significant 30 days P=.005 significant
PIP Validation Information						
Was the PIP validated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "Validated" means that the EQRO reviewed all relevant parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.						

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 design and data collection phases, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

EQRO recommendations for improvement of PIP: The design and continued refinement of this PIP, including beyond the end of the designated period, shows an intention to have enhanced access to treatment for the FUA-related members. The recommendations include:

- Continue positive interventions with navigators and Access Team to ensure the navigators get supervision and support to make the best possible plans and engagement options relevant to individual member needs.
- Identify, through quarterly meetings, capacity, and program gaps that would enhance smooth transitions for members into SUD care settings and support needed to reduce equity challenges for members without stable housing.

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: DIRECTORS LETTER

A letter from the DMC-ODS Director was not required as part of this review.