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

YOLO FINAL REPORT

- MHP
- DMC-ODS

Prepared for:

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

Review Dates:

August 8-9, 2023

TABLE OF CONTENTS

- EXECUTIVE SUMMARY 6**
 - DMC-ODS INFORMATION..... 6
 - SUMMARY OF FINDINGS..... 6
 - SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS 7
- INTRODUCTION..... 9**
 - BASIS OF THE EXTERNAL QUALITY REVIEW 9
 - REVIEW METHODOLOGY..... 9
 - HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT
SUPPRESSION DISCLOSURE 11
- DMC-ODS CHANGES AND INITIATIVES 12**
 - ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS 12
 - SIGNIFICANT CHANGES AND INITIATIVES..... 12
- ACCESS TO CARE 16**
 - ACCESSING SERVICES FROM THE DMC-ODS 16
 - NETWORK ADEQUACY..... 16
 - ACCESS KEY COMPONENTS 18
 - ACCESS PERFORMANCE MEASURES 19
 - IMPACT OF ACCESS FINDINGS..... 24
- TIMELINESS OF CARE..... 25**
 - TIMELINESS KEY COMPONENTS 25
 - TIMELINESS PERFORMANCE MEASURES 26
 - IMPACT OF FINDINGS 30
- QUALITY OF CARE 31**
 - QUALITY IN THE DMC-ODS..... 31
 - QUALITY KEY COMPONENTS..... 32
 - QUALITY PERFORMANCE MEASURES..... 33
 - IMPACT OF QUALITY FINDINGS 41
- PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION..... 42**
 - CLINICAL PIP 42
 - NON-CLINICAL PIP..... 44
- INFORMATION SYSTEMS..... 46**
 - INFORMATION SYSTEMS IN THE DMC-ODS 46
 - INFORMATION SYSTEMS KEY COMPONENTS 47

INFORMATION SYSTEMS PERFORMANCE MEASURES	48
IMPACT OF INFORMATION SYSTEMS FINDINGS	50
VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE	51
TREATMENT PERCEPTION SURVEYS	51
PLAN MEMBER/FAMILY FOCUS GROUPS	52
SUMMARY OF MEMBER FEEDBACK FINDINGS.....	53
CONCLUSIONS.....	54
STRENGTHS	54
OPPORTUNITIES FOR IMPROVEMENT.....	54
RECOMMENDATIONS.....	55
EXTERNAL QUALITY REVIEW BARRIERS	56
ATTACHMENTS.....	57
ATTACHMENT A: REVIEW AGENDA	58
ATTACHMENT B: REVIEW PARTICIPANTS	59
ATTACHMENT C: PIP VALIDATION TOOL SUMMARY	63
ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE	71
ATTACHMENT E: CALEQRO APPROVED CLAIMS DATA DEFINITIONS	72
ATTACHMENT F: LETTER FROM THE DMC-ODS DIRECTOR	72

LIST OF FIGURES

Figure 1: Percentage of Eligibles and Members Served by Race/Ethnicity CY 2022.....	21
Figure 2: Wait Times to First Service and First MAT Service	27
Figure 3: Wait Times for Urgent Services.....	28
Figure 4: Percent of Services that Met Timeliness Standards.....	28
Figure 5: Percentage of Plan Members by Diagnosis Code CY 2022.....	34
Figure 6: Percentage of Approved Claims by Diagnosis Code CY 2022.....	34
Figure 7: CalOMS Living Status at Admission versus Discharge CY 2022	40
Figure 8: CalOMS Employment Status at Admission versus Discharge CY 2022.....	40
Figure 9: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA.....	51

LIST OF TABLES

Table A: Summary of Response to Recommendations.....	6
Table B: Summary of Key Components	6
Table C: Summary of PIP Submissions	7
Table D: Summary of Plan Member/Family Focus Groups	7
Table 1A: Yolo DMC-ODS Alternative Access Standards, FY 2022-23	17
Table 1B: Yolo DMC-ODS Out-of-Network Access, FY 2022-23	18
Table 2: Access Key Components	18
Table 3: Yolo DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022	19
Table 4: Yolo DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Racial/Ethnic Group, CY 2022	20
Table 5: Yolo DMC-ODS Members Served and PR by Eligibility Category, CY 2022...	21
Table 6: Yolo Average Approved Claims by Eligibility Category, CY 2022.....	22
Table 7: Yolo DMC-ODS Services Used by Members, CY 2022	22
Table 8: Yolo DMC-ODS Average Approved Claims by Service Categories, CY 2022.	23
Table 9: Timeliness Key Components.....	25
Table 10: Yolo DMC-ODS FY 2023-24 ATA	27
Table 11: Yolo DMC-ODS Days to First Dose of Methadone by Age CY 2022.....	29
Table 12: Yolo DMC-ODS Timely Transitions in Care Following Residential Treatment CY 2022	29
Table 13: Yolo Residential Withdrawal Management Readmissions, CY 2022.....	30
Table 14: Quality Key Components.....	32
Table 15: Yolo DMC-ODS Non-Methadone MAT Services by Age, CY 2022	35
Table 16: Yolo DMC-ODS 3+ Episodes of Residential WM and No Other Treatment, CY 2022	35
Table 17: Yolo DMC-ODS High-Cost Members by Age, CY 2022	36
Table 18: Statewide High-Cost Members by Age, CY 2022.....	36
Table 19: Yolo DMC-ODS Congruence of Level of Care Referrals with ASAM Findings, CY 2022 – Reason for Lack of Congruence.....	36
Table 20: Initiating and Engaging in Yolo DMC-ODS Services CY 2022	37
Table 21: Cumulative LOS in Yolo DMC-ODS Services CY 2022.....	38
Table 22: Yolo CalOMS Legal Status at Admission CY 2022	38
Table 23: Yolo CalOMS Discharge Status Ratings, CY 2022	39
Table 24: Yolo CalOMS Types of Discharges, CY 2022	39
Table 25: Contract Provider Transmission of Information to Yolo DMC-ODS EHR.....	47
Table 26: IS Infrastructure Key Components	47
Table 27: Yolo DMC-ODS Summary of Denied Claims by Reason Code CY 2022	49
Table 28: Yolo DMC-ODS Approved Claims by Month CY 2022	49
Table A1: CalEQRO Review Agenda	58
Table B1: Participants Representing the DMC-ODS and its Partners.....	60
Table C1: Overall Validation and Reporting of Clinical PIP Results	63
Table C2: Overall Validation and Reporting of Non-Clinical PIP Results	67

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

DMC-ODS INFORMATION

- Review Type** — Virtual
- Date of Review** — August 8-9, 2023
- DMC-ODS Size** — Medium
- 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	4	1	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	2	2	2
Quality of Care	8	6	2	0
Information Systems (IS)	6	2	1	3
TOTAL	24	14	5	5

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-up after Emergency Department (ED) visit for alcohol and other abuse or dependence.	Clinical	09/2022	Planning	Low Confidence
Pharmacology for Opioid Disorder	Non-Clinical	09/2022	Planning	Low 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 checked="" type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	
2	<input type="checkbox"/> Youth <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	11

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

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Yolo County has launched efforts to increase opioid prevention for youth, including community messaging through movie ads and billboards, along with maintaining active Friday Night Light and Club Live programs in the schools.
- Strong partnership with contract providers is evident by levels of communication and inclusion. New efforts include planning and communicating with providers on the anticipated Electronic Health Records (EHR) implementation.
- The partnership with a local federally qualified health center (FQHC), CommuniCare, is viewed as a great asset to members of Yolo DMC-ODS in meeting the needs of the co-occurring and perinatal clients.
- Yolo DMC-ODS staff are active in the community, participating in the National Alliance on Mental Illness (NAMI) Walk as a team, a recent Pride Parade, and other forms of outreach.
- Yolo now has the ability to create and analyze data through the use of the recently purchased Key Performance Indicators (KPI) dashboards.

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

- The limited number of local residential treatment slots delay clients getting into their appropriate residential level of care (LOC), and providers provide interim

services until clients are admitted. Yolo is procuring increased funding for recovery residence beds.

- The DMC-ODS is challenged to meet the timeliness standards that pertain to non-urgent appointments, follow-up after first offered appointments, and residential treatment.
- CalOMS data for the Yolo indicates a high level of “left before completion with unsatisfactory progress” discharge status at 73.8 percent, well above the statewide average of 50.20 percent.
- There is a lack of consistent aftercare planning for all LOCs, and utilization of Recovery Support Services is low.
- The Yolo QIWP and Evaluation Report for FY 2022-23 do not provide data elements used for evaluation or indicate the following steps within each goal’s outcome summary.

FY 2022-23 CalEQRO recommendations for improvement include:

- Continue efforts to expand local residential treatment, residential 3.2 Withdrawal Management (WM), and Recovery Residence (RR) capacity, including youth services.
- Develop a tracking mechanism to monitor no-shows and first-offered appointments that meet the state regulations for timely access to service.
- Take meaningful steps to analyze and collect data relevant to addressing members leaving treatment before completing the program. Review the discharge process in CalOMS. This should include enhanced strategies to keep and retain clients in treatment and improve treatment outcomes.
- Expand recovery support services (RSS) to all levels of care and facilitate enhanced care coordination (CC), working with DHCS to optimize billing options. Strong consideration should be given to introducing a peer support service model in RSS.
- Enhance the Quality Improvement Work Plan (QIWP) and evaluation report to include how data elements inform conclusions, guide decisions, and formulate next steps.

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 substance use disorder (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 Yolo DMC-ODS by BHC, conducted as a virtual review on August 8-9, 2023.

REVIEW METHODOLOGY

CalEQRO's review emphasizes the DMC-ODS' use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public SUD system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by SUD systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to 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 American Society of Addiction Medicine (ASAM), LOC data.

CalEQRO reviews are retrospective; therefore, data evaluated represent Calendar Year (CY) 2022 and FY 2022-23, unless otherwise indicated. As part of the pre-review process, each DMC-ODS is provided a description of the source of data, and a summary report of Medi-Cal approved claims data. These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the DMC-ODS identified as having a significant impact on access, timeliness, and quality of the DMC-ODS service delivery system in the preceding year. DMC-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 quality improvement (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 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

This review took place after the COVID-19 public health emergency ended; however, the DMC-ODS reported continued impact to the providers with the staffing challenges and COVID-19 outbreaks at treatment facilities. The DMC-ODS also reports leadership vacancies and staff changes; workforce challenges continue to be the challenges in Yolo.

SIGNIFICANT CHANGES AND INITIATIVES

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

- The DMC-ODS has a new contract provider, Granite Wellness Center, to provide ASAM LOC 3.1, 3.2, and 3.5 and perinatal services.
- Yolo will be launching the contingency management program in its effort to introduce best practices and address methamphetamine addiction among plan members.
- The DMC-ODS is addressing health disparities by organizing “affinity groups,” a design to afford safe and inclusive spaces for supporting local Black, Latinx, LGBT+, and other shared identity groups as requested by HHSA staff.
- The DMC-ODS reports that one of their medications assisted treatment (MAT) providers, MedMark Fairfield and Sacramento, decided to end their contract with the County on June 30, 2023.
- Yolo partnered with CommuniCare Health Centers utilizing Uptown Studios to develop a fentanyl media campaign for all ages. Emergency Services joined the Bridge program and can provide a first dose of buprenorphine after delivering an emergency dose of Narcan. Yolo SUD partnered with EMS to create a leave-behind QR code for those who refuse their first dose of buprenorphine. The QR code was available on the Yolo website and at the MAT providers.
- Yolo notes that current CalAIM changes are in the process of being implemented into its EHR, MyAvatar.
- KPI data dashboards are new to Yolo, and so the dashboards for routine data tracking for performance management will be accessible in the near future.

- Yolo updated several existing policies and developed new policies to align with the new CalAIM regulations, including EHR initiatives, with plans to implement an HIS that will address requirements under the DMC-ODS regulations.

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 from FY 2022-23

Recommendation 1: ASAM Continuum of Care improvements should include a reliable point of contact and instructions for providers to successfully refer clients to WellSpace for WM services.

Addressed Partially Addressed Not Addressed

- Yolo improved the ASAM Continuum of care by creating a centralized referral system through points of service access.
- The DMC-ODS has increased collaboration and coordination with their provider, WellSpace. They also added a new contract with Granite Wellness Center to provide residential WM for Yolo members.

Recommendation 2: Yolo should reestablish protocols, criteria, and messaging for contract providers to promote appropriate utilization of case management (CM), care coordination, Intensive Outpatient Treatment (IOT), RSS, and RR within the system.

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

Addressed Partially Addressed Not Addressed

- The DMC-ODS promoted appropriate utilization of CM, IOT, RSS, and RR by updating their policies and procedures and announcing them during the provider meetings.
- Providers have an updated contract to reflect new CalAIM guidance, and Yolo provided training aligned with those new requirements.

Recommendation 3: Yolo should collaborate with contracted providers to develop and implement a viable collection, tracking and analysis method that meets and fulfills all metrics for the Assessment of Timely Access (ATA).

(This recommendation is a carry-over from FY 2021-22, and will continue to be carried over FY 2023-24)

Addressed Partially Addressed Not Addressed

- Yolo has developed a tracking mechanism to collect data for first-offered appointments, first-offered non-urgent appointments, urgent services offered, and no-show metrics. The implementation is currently in the testing stages and should be available early 2024.
- Existing tracking exist, and efforts are underway to develop data mining and extraction capabilities for the purpose of monitoring and reporting on timeliness.

Recommendation 4: Yolo should develop and implement two active PIPs annually, one clinical and one non-clinical, with timely submission for the next scheduled EQR and continue to work with CalEQRO for TA as needed.

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

Addressed Partially Addressed Not Addressed

- Yolo has submitted two PIPs for review this year, though both were still in the planning phase.
- CalEQRO provided TA for both clinical and non-clinical PIPs during the review. TA throughout the year is recommended.

Recommendation 5: Yolo QI activities and presentations should include feedback from plan members, i.e., client family member (CFM) focus group, and data from the TPS, University of California, Los Angeles (UCLA) outcome report. Yolo QI activities should continue to address and take steps to identify Hispanic/Latino community culturally specific barriers to recognizing and accepting SUD treatment. Efforts should be continued until there is substantial gain in the number of Latinos served.

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

Addressed Partially Addressed Not Addressed

- The DMC-ODS developed two animation videos in Spanish to reach out to Latinos. They have trained the Promotores team in Yolo who are providing primary drug education and resources in their communities.
- Yolo has increased collaboration with Migrant Centers, the Mexican Consulate, and the Rapid Integrated Support & Engagement program.
- The DMC-ODS has developed Spanish SUD treatment materials and flyers for the community.

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 contractor operated providers in the DMC-ODS. Regardless of payment source, 100 percent of services were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 70 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to plan members 24 hours, 7-days per week that is operated by contract provider staff; members may request services through the Access Line as well as through walk-in at county clinics in Woodland, West Sacramento, and Davis for screening and referral via the access line. The DMC-ODS operates a centralized access team responsible for linking members to appropriate, medically necessary services. When the individual agrees to an SUD assessment, the clinician completes the assessment using the Yolo-developed ASAM form for SUD. All persons requesting services are screened for co-occurring disorders. After completing the assessment, the clinician makes a referral based on the ASAM indicated LOC with consideration of the member's preference.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services to adults. In FY 2022-23, the DMC-ODS reports having provided telehealth services to 217 adult members, no youth members, and <11 older adult members across its 15 contractor-operated sites. Among those served, <11 members received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

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

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

In May 2023, DHCS issued its FY 2022-23 NA Findings Report for all DMC-ODSs based upon its review and analysis of each DMC-ODS' Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual BHIN.

For Yolo County, the time and distance requirements are 60 miles and 90 minutes for outpatient SUD services, and 45 miles and 75 minutes for Narcotic Treatment Program/ Opioid Treatment Program (NTP/OTP) services. These services are further measured in relation to two age groups – youth (12-17) and adults (18 and over).

Table 1A: Yolo 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	N/A	N/A	20
# of allowable exceptions for the appointment time standard, if known (timeliness is addressed later in this report)	N/A	N/A	N/A	N/A
Distance and driving time between nearest network provider and zip code of the member furthest from that provider for AAS requests	N/A	N/A	N/A	N/A
Approximate number of members impacted by AAS or allowable exceptions	N/A	N/A	N/A	0
The number of AAS requests approved and related zip code(s)	N/A	N/A	N/A	1
Reasons cited for approval	N/A	N/A	N/A	pending
The number of AAS requests denied and related zip code(s)	N/A	N/A	N/A	pending
Reasons cited for denial	N/A	N/A	N/A	pending

- The DMC-ODS did not meet all time and distance standards and was required to submit an AAS request for youth, aged 12-17, for outpatient. It was pending approval by DHCS.
- The DMC-ODS engaged in improvement activities to improve access to services for members living within AAS areas by releasing a request for proposal (RFP)

and is in the process of establishing a contract with existing providers. An RFP is expected to develop additional service capacity for youth treatment.

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

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OON Details	
Contracts with OON Providers	
Does the DMC-ODS have existing contracts with OON providers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
OON Access for Plan Members	
The DMC-ODS ensures OON access for members in the following manner:	<input checked="" type="checkbox"/> The DMC-ODS has existing contracts with OON providers <input type="checkbox"/> Other: Click or tap here to enter text.

- The DMC-ODS has developed contract providers with OON providers.

ACCESS KEY COMPONENTS

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

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

Table 2: Access Key Components

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

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

- Yolo’s access line is available 24/7, and the DMC-ODS network of providers offer in-person, phone, and telehealth services based on members’ needs or preference.
- Yolo has noted their need to improve and increase services for youth and are engaged in a variety of efforts focused on this population.
- The Cultural Competence Plan was updated. Yolo provided a monthly stakeholder meeting and has a variety of initiatives that support the local community needs for culturally responsive education and treatment of SUD.

ACCESS PERFORMANCE MEASURES

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

The penetration rate (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 an average approved claim amount of \$5,998. Using PR as an indicator of access for the DMC-ODS, Yolo is doing a better job of getting members access to care than was seen statewide.

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

Table 3: Yolo 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	7,276	<11		0.26%	0.25%
Ages 18-64	35,041	513	1.46%	1.37%	1.19%
Ages 65+	5,918	-	-	0.72%	0.49%
Total	48,235	565	1.17%	1.11%	0.95%

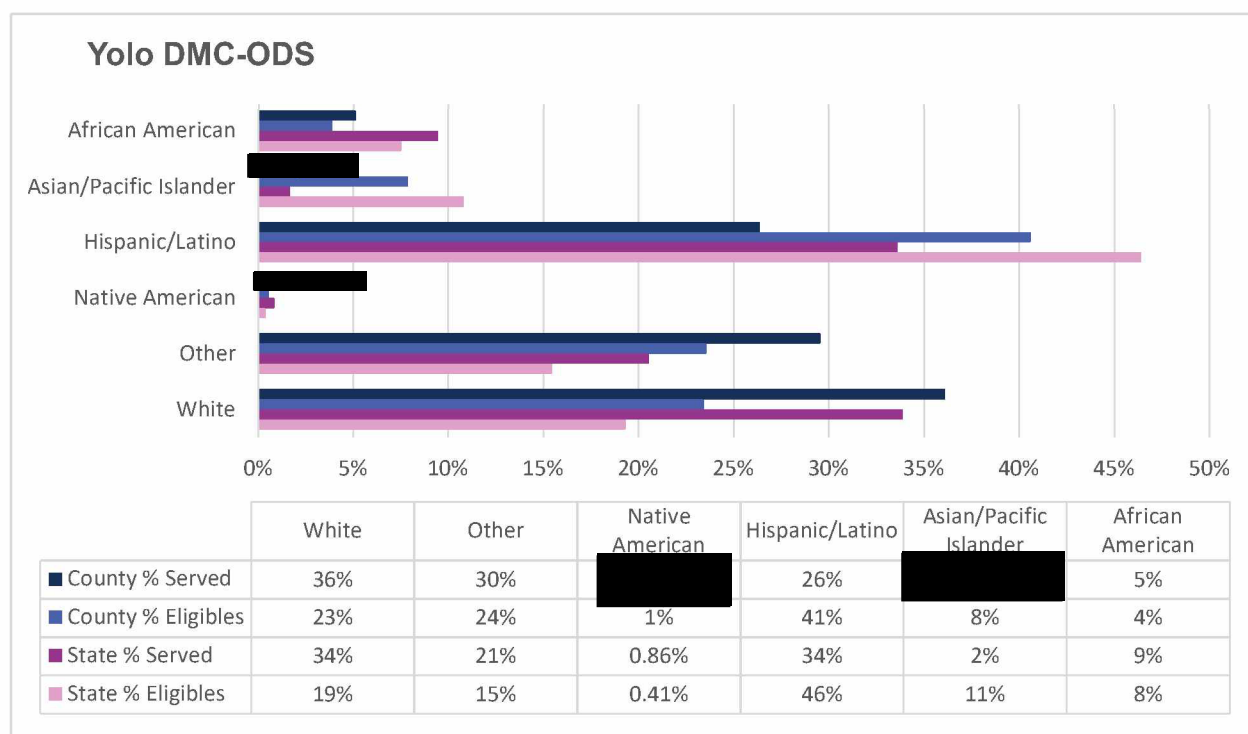
- The DMC-ODS’s overall PR for all age groups combined stands at 1.17 percent, which is higher than the statewide PR, as well as that of similarly sized counties. The PR and numbers served are similar to the prior year.
- The population primarily served by the DMC-ODS are adults ages 18 to 64. The PR for this group was 1.46 percent for CY 2022, which is higher than in other similarly sized counties and statewide.
- The number of older adults served is suppressed to protect the small number of youth served; the older adult PR exceeds that of similar sized counties and statewide.

Table 4: Yolo 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	1,888	29	1.54%	1.35%	1.19%
Asian/Pacific Islander	3,806	-	-	0.23%	0.15%
Hispanic/Latino	19,592	149	0.76%	0.69%	0.69%
Native American	280	<11	-	2.07%	2.01%
Other	11,368	167	1.47%	1.51%	1.26%
White	11,302	204	1.80%	1.85%	1.67%
Total	48,233	565	1.17%	1.11%	0.95%

- The PR for African American exceeds like-sized and statewide rates, though Asian/Pacific Islander and the Native American members were the lowest of all identified groups.
- Asian/Pacific Islander (not displayed due to HIPAA suppression rules, protecting the number of Native Americans) and Hispanic/Latino (0.76 percent) had the lowest PRs. However, both PRs were higher than similar sized counties and statewide.

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



- Most members served by the DMC-ODS were White, followed by people captured by the “Other” category. Native American, Asian/Pacific Islander, and African American populations were the least represented among those served by the DMC-ODS in CY 2022, and they also represent the smallest eligible populations.
- White and “Other” had the highest over-representation among those served by the DMC-ODS. Hispanic/Latino and Asian/Pacific Islander members are the most under-represented categories served by the DMC-ODS, though this is similar to statewide trends.

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

Eligibility Categories	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Affordable Care Act (ACA)	20,306	352	1.73%	1.68%	1.42%
Disabled	5,091	95	1.87%	1.65%	1.37%
Family Adult	10,132	122	1.20%	1.11%	0.94%
Foster Care	160	<11	-	1.62%	1.84%
Medicaid Children’s Health Insurance Program (MCHIP)	3,296	0	0.00%	0.18%	0.18%

Other Adult	5,000	<11	-	0.13%	0.09%
Other Child	4,322	<11	-	0.29%	0.27%
Total	48,233	565	1.17%	1.11%	0.95%

- The largest eligibility category served by the DMC-ODS was ACA, followed by the Family Adult and Disability categories. PRs for the adult categories included in Table 5 were higher for Yolo than the statewide PRs for those categories. PRs in all adult eligibility categories were down slightly from CY 2021.
- Extremely small numbers of youth were served across youth eligibility categories, and PRs for all youth eligibility categories were smaller than in similar counties and statewide.

Table 6: Yolo Average Approved Claims by Eligibility Category, CY 2022

Eligibility Categories	County AACM	County Size Group AACM	Statewide AACM
ACA	\$4,436	\$5,669	\$6,216
Disabled	\$4,146	\$5,769	\$5,707
Family Adult	\$4,382	\$5,322	\$5,296
Foster Care		\$1,917	\$2,716
MCHIP	\$0	\$2,663	\$3,594
Other Adult		\$4,740	\$4,075
Other Child		\$1,933	\$3,194
Total	\$4,432	\$5,621	\$5,998

- The overall and AACM across all eligibility categories were lower compared to similarly sized county and statewide averages. This may represent fewer services provided or services provided at lower cost.

Table 7: Yolo DMC-ODS Services Used by Members, CY 2022

Service Categories	County		Statewide	
	#	%	#	%
Ambulatory Withdrawal Mgmt	0	0.00%	56	0.04%
Intensive Outpatient	39	5.74%	14,422	9.58%
Narcotic Treatment Program	220	32.40%	37,134	24.67%
Non-Methadone MAT	37	5.45%	7,782	5.17%
Outpatient Treatment	222	32.70%	46,441	30.85%
Partial Hospitalization	0	0.00%	13	0.01%
Recovery Support Services	-	-	6,400	4.25%
Res. Withdrawal Mgmt	<11	-	10,429	6.93%

Residential Treatment	137	20.18%	27,841	18.50%
Total	670	100.00%	150,518	100.00%

- The three most utilized service modalities in Yolo were outpatient treatment (32.70 percent of services used), NTP/OTP (32.40 percent), and residential treatment (20.18 percent). This is congruent with the most-used services statewide, although the DMC-ODS utilization is higher in each of these categories than the statewide proportions.
- Non-methadone MAT services (5.45 percent) are slightly higher than the state average (5.17 percent). However, the numbers represented are very small.
- Ambulatory WM and partial hospitalization services were not provided in CY 2022. Few members received recovery support services, though this number is suppressed, not due to its small number but to protect the small number receiving residential WM.

Table 8: Yolo DMC-ODS Average 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	\$3,147	\$2,311	\$1,729
Narcotic Treatment Program	\$3,909	\$5,257	\$4,526
Non-Methadone MAT	\$2,138	\$1,842	\$1,660
Outpatient Treatment	\$2,197	\$2,270	\$2,547
Partial Hospitalization	\$0	\$0	\$2,802
Recovery Support Services		\$1,419	\$1,669
Res. Withdrawal Mgmt		\$2,254	\$2,392
Residential Treatment	\$6,748	\$8,691	\$10,178
Total	\$4,432	\$5,621	\$5,998

- The AACM were lower in all service categories for the DMC-ODS compared to statewide averages except for IOT and non-methadone MAT.
- The largest disparity between Yolo and statewide AACMs was in the residential treatment service category, where the DMC-ODS's average approved claim for that service was \$6,748 compared to the statewide average approved claim amount of \$10,178. The AACM for this service in similarly sized counties was \$8,691. Members receiving residential treatment may have shorter lengths of stay, or the contracted providers may be at lower cost than statewide.

IMPACT OF ACCESS FINDINGS

- Yolo is actively developing and implementing the CalAIM requirements and initiatives.
- The most utilized service modalities in Yolo were outpatient treatment (32.70 percent), NTP/OTP (32.40 percent), and residential treatment (20.18 percent). This is congruent with the most-used services statewide, although the Yolo DMC-ODS utilization is higher in each of these categories than the statewide proportions.
- The current lack of residential WM services is being addressed through issuing an RFP.
- DMC-ODS still underserves youth services. Currently, Yolo is in the RFP process to improve the accessibility and availability of services for this special population.

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

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

- The DMC-ODS does not currently possess the capability to monitor different measures of service timeliness. However, they have created tracking mechanisms

that are pending implementation. The current situation restricts CalEQRO's ability to assess the timeliness of care.

- Currently, all SUD services are contracted out and utilize their own EHR systems. DMC-ODS is in process of onboarding all SUD providers for full EHR access as well as implementing a new timeliness tracking mechanism. The new timeliness tracking forms have been created and are going to be implemented in the coming months.
- Yolo has initiated a number of action steps to address the opioid overdose epidemic. Their strong collaborative efforts have included community and stakeholder education regarding the efficacy and acceptance of MAT, induction to MAT services in jail and hospital sites, and the introduction to overdose reversal strategies, including naloxone training and the community-wide distribution of overdose prevention kits containing a supply of naloxone.

TIMELINESS PERFORMANCE MEASURES

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

For the FY 2023-24 EQR, the DMC-ODS reported in its submission of the ATA, representing access to care during the 12 month period of FY 2023-24. Table 10 and Figures 2-4 display data submitted by the DMC-ODS; an analysis follows. These data represent the entire system of care.

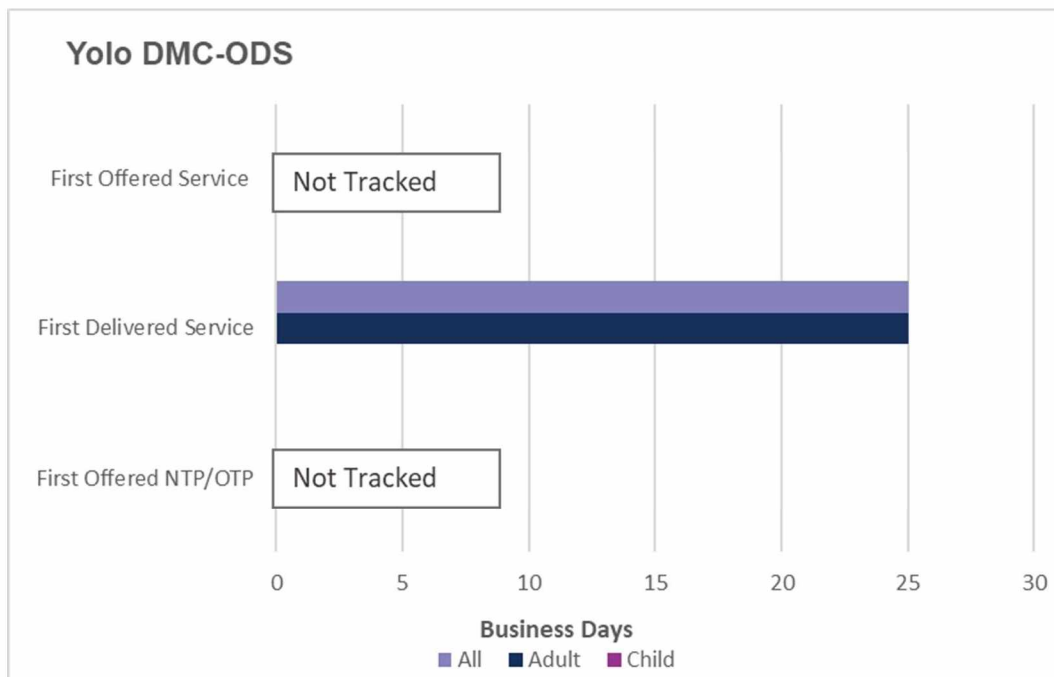
Yolo has recently acquired a Business Intelligence (BI) tool known as KPI Dashboards to enhance data-driven decision-making regarding timely access. When combined with the forthcoming implementation of timeliness tracking mechanisms within the system, Yolo will have the capability to monitor and report on the accessibility of services in a timely manner. 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: Yolo DMC-ODS FY 2023-24 ATA

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	***	10 Business Days*	***
First Non-Urgent Service Rendered	25 Days	10 Business Days	62%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	***	3 Business Days*	***
Urgent Services Offered	***	48 Hours**	***
Follow-up Services Post-Residential Treatment	***	7 Days	***
WM Readmission Rates Within 30 Days	1	n/a	n/a
No-Shows	***	***	***
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** DMC-ODS-defined timeliness standards ***DMC-ODSs did not report data for this measure			
For the FY 2023-24 EQR, the DMC-ODS reported its performance for the following time period: FY 2022-23.			

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



- Other than first delivered services, Yolo does not track timeliness metrics.

Figure 3: Wait Times for Urgent Services

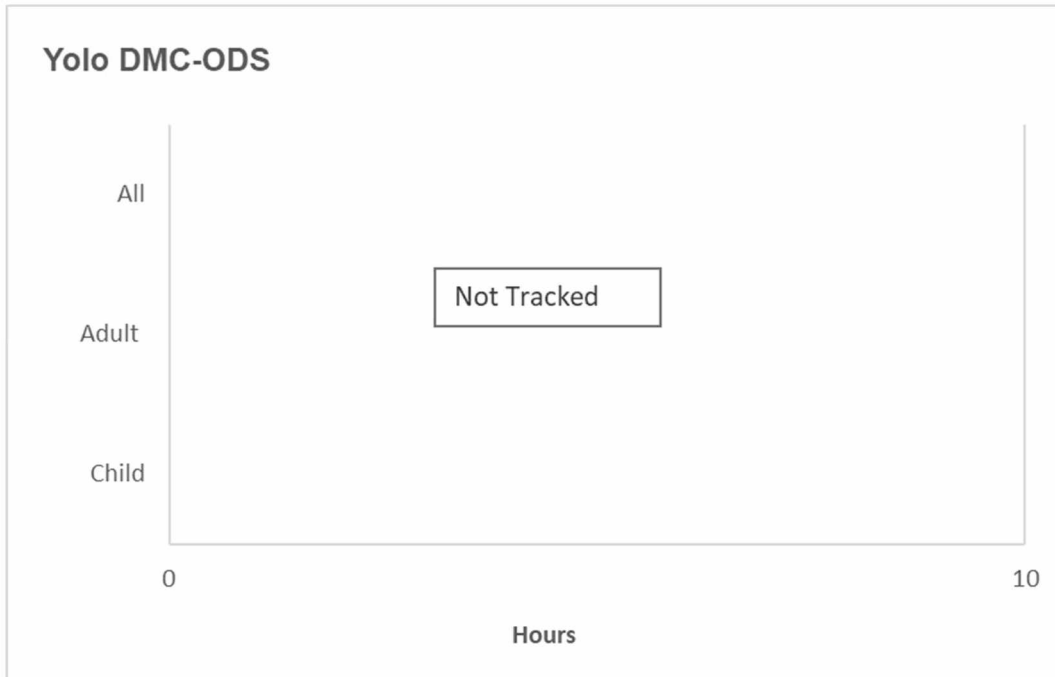
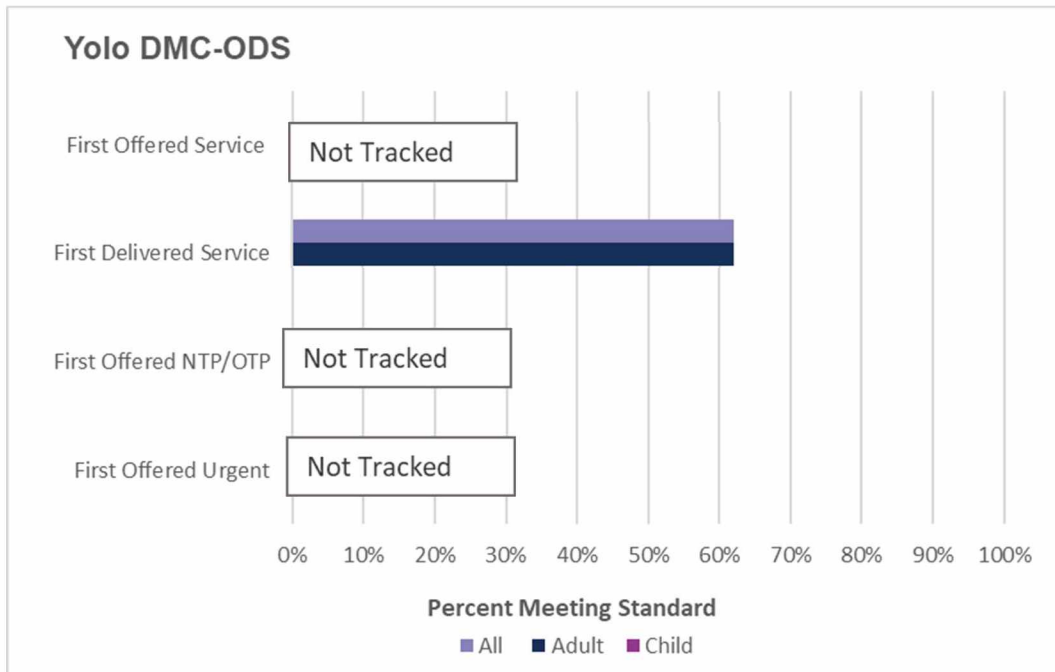


Figure 4: Percent of Services that Met Timeliness Standards



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: Yolo DMC-ODS Days to First Dose of Methadone by Age CY 2022

County				Statewide		
Age Groups	Members	%	Avg. Days	Members	%	Avg. Days
12 to 17	0	0.00%	0.00	15	0.04%	12.60
18 to 64	180	87.38%	1.28	31,839	87.46%	3.56
65+	26	12.62%	0.00	4,551	12.50%	0.57
Total	206	100.00%	1.12	36,405	100%	3.19

- Yolo's time to first dose of methadone was shorter than the statewide average wait times for both adults ages 18 to 64 and adults over 65.
- For adults ages 18 to 64, the DMC-ODS average was 1.28 days, whereas the statewide average was 3.56 days for that population.
- The overall average for Yolo was 1.12 days compared to the statewide average of 3.19 days. In many cases members are seen within 24 hours.

Transitions in Care

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

Table 12: Yolo DMC-ODS Timely Transitions in Care Following Residential Treatment CY 2022

County	N = 136		Statewide N= 27,232	
	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Number of Days				
Within 7 Days	<11	-	3,243	11.91%
Within 14 Days	<11	-	4,515	16.58%
Within 30 Days	17	12.50%	5,706	20.95%

- Members transitioned into follow-up services within 30 days in the DMC-ODS much less frequently than they did statewide. Transitions in care within 30 days are very low at only 12.50 percent compared to 20.95 percent statewide.

Residential Withdrawal Management Readmissions

Table 13: Yolo Residential Withdrawal Management Readmissions, CY 2022

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

- Access to residential WM in the DMC-ODS is extremely limited; only 11 members received this service. Due to the small numbers, it is difficult to compare to statewide readmission rates.
- Yolo’s internal data indicated 17 discharges and no readmissions within a 30-day period.
- Yolo is actively pursuing contracts with new vendors for residential WM.

IMPACT OF FINDINGS

- Based on claims data provided by CalEQRO, a comparatively low proportion of members received follow-up services within 30 days after discharge from residential treatment. This may be an indicator that there are issues with coordination of care or enough capacity available for timely transition; this needs to be addressed in order to facilitate timely and successful transitions to outpatient care.
- The CalEQRO data shows timely access to methadone care in Yolo.
- Yolo is currently planning to implement a timeliness tracking mechanism.
- No-shows are not tracked accurately. Tracking no-shows along with the first offered appointment, described above, would help provide clarity in the scheduling process and client engagement. Staff training on this procedure as the new mechanisms have been created will be necessary.
- The overall impact of the system of care currently being unable to track or report on these measures means that there is no effective or accurate way to determine a variety of potential needs for improvement.

QUALITY OF CARE

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

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

QUALITY IN THE DMC-ODS

In the DMC-ODS, the responsibility for QI is with Yolo County Health and Human Services Agency (HHSA), Behavioral Health (BH), through a Quality Management (QM) Program, and is inclusive of QAPI activities. QM is accountable to the HHSA director; the QM program supports program, administrative, and fiscal staff. QM's purpose is to develop, monitor, coordinate, and assign activities, as appropriate, with individuals and programs to ensure BH members receive value-based services that adhere to regulatory standards. QM program's activities are guided by the relevant sections of federal and California state regulations, including the C.F.R Title 42, the California Code of Regulations Title 9 and Title 22, WIC, as well as the County performance contract with the DHCS.

In the DMC-ODS, the responsibility for QI and its purpose is to organize and provide structure for QM activities throughout Yolo County and to systematically ensure adherence to the County-State Contracts with the California DHCS for the Mental Health Plan (MHP) and DMC-ODS, as well as regulations set forth by the CMS. Quality Management Work Plan (QMWP) provides a structured way to monitor QAPI activities, including but not limited to: review of plan members grievances, appeals, expedited appeals; fair hearings, expedited fair hearings; provider appeals; clinical records; PIPs; service accessibility, timeliness, quality, and outcomes; and the requirements for cultural and linguistic competence. The QMWP also includes evidence of whether QAPI activities have contributed to meaningful improvement in clinical care and plan member services.

The DMC-ODS monitors its quality processes through the Quality Improvement Committee (QIC), the QMWP, and the annual evaluation of the QMWP. The QIC is comprised of representatives from the following stakeholder groups: consumers, family members, Local Mental Health Board, QM Program staff, contract provider and HHSA staff, supervisors, and managers. It is scheduled to meet quarterly and as needed. Since the previous EQR, the DMC-ODS QIC met four times. Of the fourteen identified FY 2022 QMWP goals, the DMC-ODS has met six of their identified goals and partially

met eight. During the review, Yolo emphasized that they have vacancies within their QM division and are struggling to complete the activities outlined in the QMWP due to workforce challenges.

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	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:

- There is evidence of strong communications between the DMC-ODS to line staff and program supervisors regarding system planning and implementation.
- DMC-ODS has strong collaboration with criminal justice.
- Yolo has significant need for RSS, RR, WM services and youth services.
- The outcome summaries within the QMWP for goals specific to SUD do not consistently indicate how data informs management or guides decisions.

QUALITY PERFORMANCE MEASURES

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

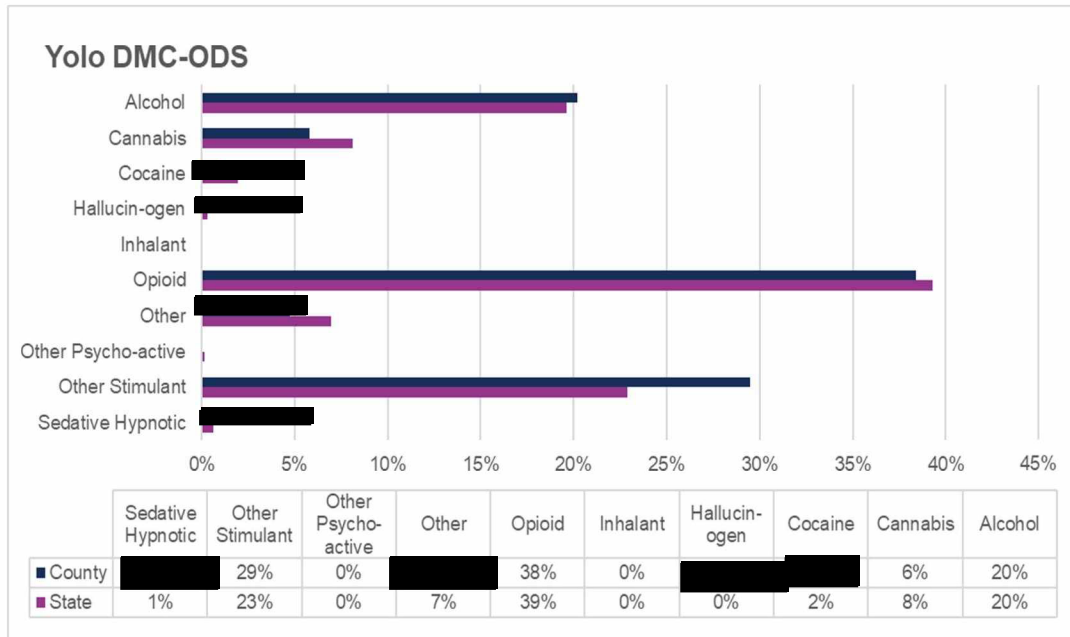
- Members served by Diagnostic Category
- Non-methadone MAT services
- Residential WM with no other treatment
- High-Cost Members (HCM)
- ASAM congruence
- Initiation and Engagement
- Length of Stay (LOS)
- CalOMS admission versus discharge for employment and housing status
- CalOMS Legal Status at Admission
- CalOMS Discharge Status Ratings

Diagnosis Data

Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity, 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. The second figure shows the percentage of approved claims by diagnostic category compared to statewide.

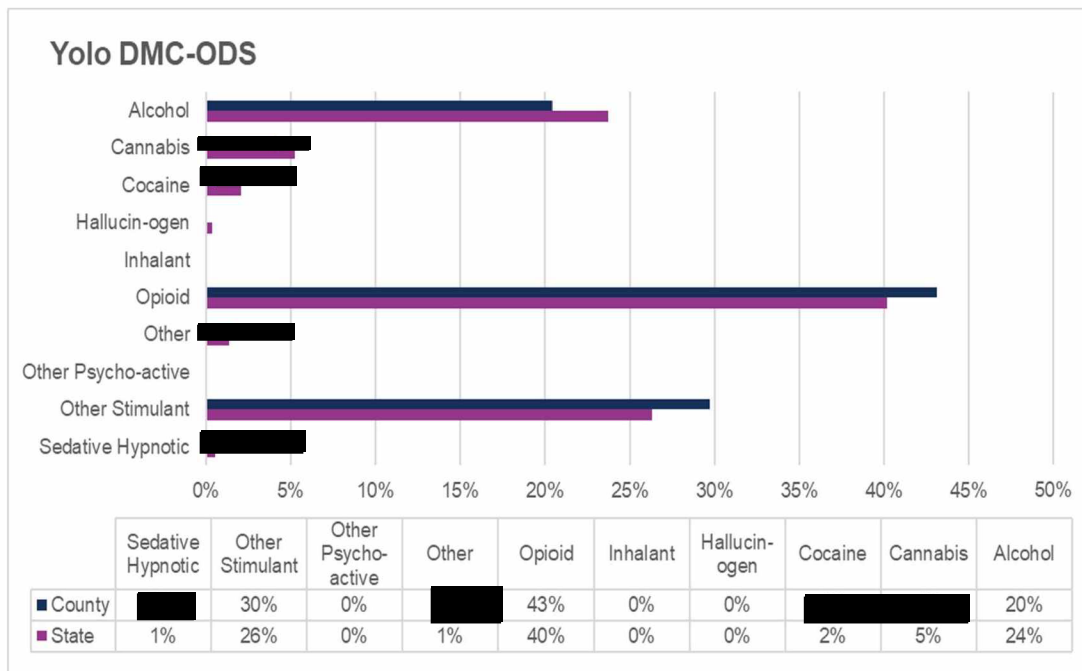
Initial assessment and services provided during the assessment process, except for residential treatment, may be provided without an established diagnosis for DHCS-defined periods of time. These deferred diagnoses are included in "Other." A complete description of the diagnoses included in each category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

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



- Other stimulant disorders are more prevalent in Yolo than statewide; alcohol disorders are slightly more prevalent, with opioid disorders slightly less prevalent.

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



- Yolo’s claims by diagnostic category are largely congruent with their diagnostic pattern, with slightly more resources allocated to opioid use disorders.

Non-Methadone MAT Services

Table 15: Yolo 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	37	6.55%	17	3.01%	7,925	7.13%	4,051	3.66%

- Yolo had a total of 37 DMC-ODS members with at least one non-methadone MAT service. Yolo had a total of 17 members who utilized three or more services. These are below the state percentages.

Residential Withdrawal Management with No Other Treatment

Table 16: Yolo 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%

- Data indicates that Yolo is proficient in connecting members with outpatient services after WM discharge. However, only 11 individuals received WM.

High-Cost Members

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

Table 17: Yolo DMC-ODS High-Cost Members by Age, CY 2022

Age Groups	Total Member Count	HCM Count	HCM % by Member Count	Average Approved Claims per HCM	HCM Total Claims	HCM % by Total Claims
Ages 12-17	<11	0	0.00%	\$0	\$0	0.00%
Ages 18-64	1,137	<11	-	-		
Ages 65+	101	0	0.00%	\$0	\$0	0.00%
Total	1,244	<11	-	-		

Table 18: Statewide High-Cost Members by Age, CY 2022

Age Groups	Total Member Count	HCM Count	HCM % by Member Count	Average Approved Claims per HCM	HCM Total Claims	HCM % by Total Claims
Ages 12-17	4,337	57	1.31%	\$26,397	\$1,504,639	10.32%
Ages 18-64	93,916	5,405	5.76%	\$24,539	\$132,634,739	22.68%
Ages 65+	7,404	262	3.54%	\$24,400	\$6,392,826	14.55%
Total	105,657	5,724	5.42%	\$24,551	\$140,532,204	21.84%

- Yolo has a very low rate of HCMs. This could be due to the lower level of acute care services such as WM residential and lower costs shown in residential treatment and NTP.

ASAM Level of Care Congruence

Table 19: Yolo 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	452	92.2%	124	90.5%	135	90.6%
Patient Preference	20	4.1%			<11	-
Level of Care Not Available	<11	-	0	0.0%	0	0.0%
Clinical Judgement	<11	-	0	0.0%	<11	-
Geographic Accessibility	<11	-	0	0.0%	0	0.0%
Family Responsibility	0	0.0%	0	0.0%	0	0.0%
Legal Issues	<11	-	<11	-	<11	-
Lack of Insurance/Payment	0	0.0%	0	0.0%	0	0.0%
Other	<11	-	<11	-	<11	-

Actual Level of Care Missing	0	0.0%	0	0.0%	0	0.0%
Total	490	100.0%	137	100.0%	149	100.0%

- Yolo has a high level of congruence between ASAM findings and referrals to various LOCs.

Initiation and Engagement

An effective system of care helps people who request treatment for their addiction to both initiate treatment services and then continue further to become engaged in them. Table 20 displays results of measures for two early and vital phases of treatment-initiating and then engaging in treatment services. Research suggests that those who can engage in treatment services are likely to continue their treatment and enter into a recovery process with positive outcomes. The method for measuring the number of 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 15th and 45th day following initial DMC-ODS service.

Table 20: Initiating and Engaging in Yolo DMC-ODS Services CY 2022

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Members with an initial DMC-ODS service	566		<11		99,855		4,026	
	#	%	#	%	#	%	#	%
Members who then initiated DMC-ODS services	510	90%	<11	-	83,830	84%	3,286	82%
Members who then engaged in DMC-ODS services	429	84%	<11	-	63,753	76%	2,202	67%

- Yolo does well in initiating and engaging members, demonstrating higher levels of both measures than was seen statewide for adults.

Length of Stay

Examining Plan members’ LOS in services provides another look at engagement in services and completion of treatment. Table 21 presents the number of members who discharged from treatment in CY 2022, defined as having zero claims for any DMC-

ODS services for 30+ days, the average and median LOS for members, and results indicating what proportions of members had accessed services for at least 90, 180, and 270 days, as well as statewide comparisons for reference.

Table 21: Cumulative LOS in Yolo DMC-ODS Services CY 2022

	County		Statewide	
Members discharged from care (no treatment for 30+ days)	754		89,610	
LOS for members across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	151	94	123	87
	#	%	#	%
Members with at least a 90-day LOS	399	53%	43,937	49%
Members with at least a 180-day LOS	235	31%	25,334	28%
Members with at least a 270-day LOS	140	19%	14,774	16%

- Yolo had higher proportions of members with 90,180, and 270 day LOS than were seen statewide, indicating strong engagement with members. This is notable given that proportionally longer LOS is also shown despite a comparatively lower AACM.

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 22: Yolo CalOMS Legal Status at Admission CY 2022

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	202	49.5%	56,511	65.5%
Under Parole Supervision by CDCR	20	4.9%	1,649	1.9%
On Parole from any other jurisdiction	<11	-	1,427	1.6%
Post release supervision - AB 109	143	35.0%	19,933	23.1%
Court Diversion CA Penal Code 1000	<11	-	1,312	1.5%
Incarcerated	0	0.0%	446	0.5%
Awaiting Trial	24	5.9%	5,038	5.8%
Total	408	100.0%	86,316	100.0%

- Yolo has a higher proportion of criminal justice system-involved members than the state as a whole.

Table 23: Yolo CalOMS Discharge Status Ratings, CY 2022

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment - Referred	<11	2.5%	19,232	21.6%
Completed Treatment - Not Referred	18	6.5%	5,687	6.4%
Left Before Completion with Satisfactory Progress - Standard Questions	31	11.3%	12,302	13.8%
Left Before Completion with Satisfactory Progress – Administrative Questions	-	-	7,046	7.9%
<i>Subtotal</i>	72	26.2%	44,267	49.8%
Left Before Completion with Unsatisfactory Progress - Standard Questions			15,497	17.4%
Left Before Completion with Unsatisfactory Progress - Administrative	105	38.2%	28,288	31.8%
Death	<11	0.4%	166	0.2%
Incarceration	<11	0.7%	740	0.8%
<i>Subtotal</i>	203	73.8%	44,691	50.2%
Total	275	100.0%	88,958	100.0%

- The DMC-ODS has a much lower proportion of members completing treatment and being referred for follow-up services than was seen statewide, and a much lower proportion of members with the discharge statuses that are generally regarded as “favorable” (represented by the top four rows in Table 23). Conversely, Yolo shows a much high rate of members discharging with “unfavorable” outcomes in comparison to the state (73.8 percent versus 50.2 percent statewide).

Table 24: Yolo CalOMS Types of Discharges, CY 2022

	County		Statewide	
	#	%	#	%
Standard Adult Discharges	151	54.9%	44,306	49.8%
Administrative Adult Discharges	124	45.1%	36,240	40.7%
Detox Discharges	0	0.0%	7,075	7.9%
Youth Discharges	0	0.0%	1,337	1.5%
Total	275	100.0%	88,958	100.0%

- Yolo has few youth served and no youth or detox discharges – none in CY 2022 – as these services are not highly represented in its system.

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

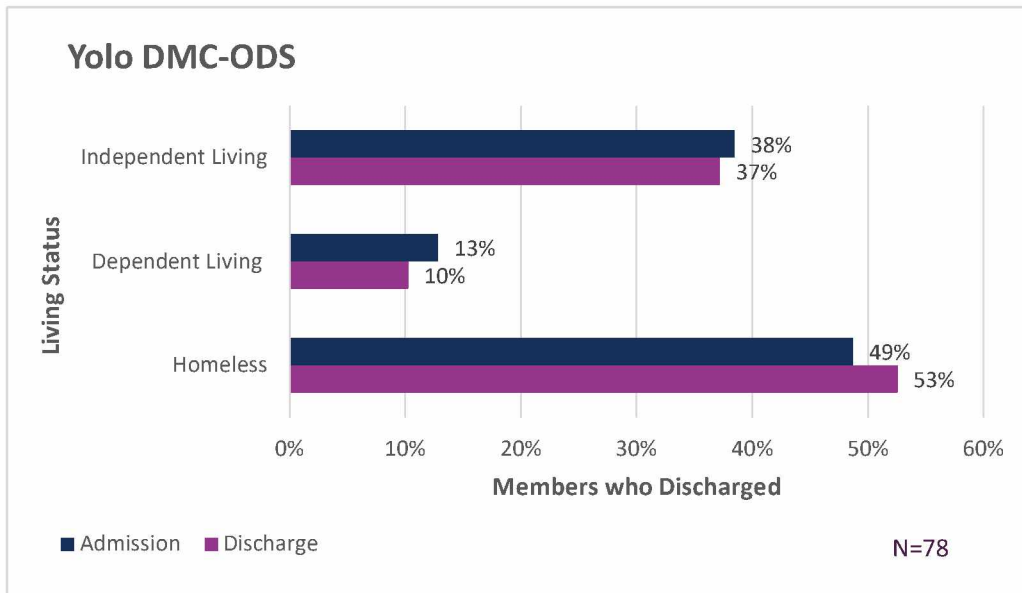
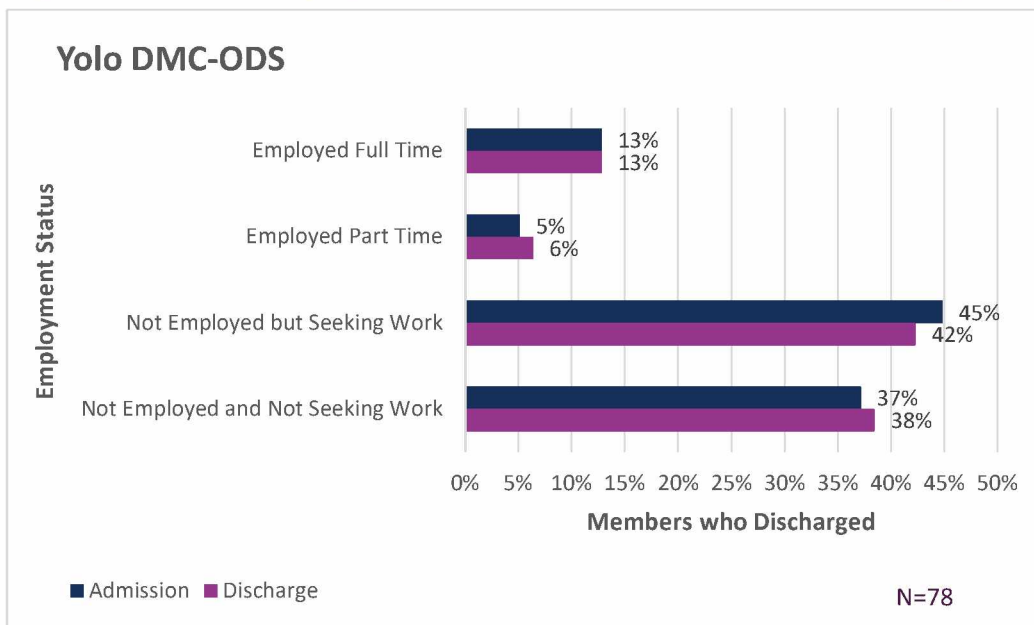


Figure 8: CalOMS Employment Status at Admission versus Discharge CY 2022



- From admission to discharge, there was very little change in housing and employment status for members who discharged from care.

IMPACT OF QUALITY FINDINGS

- Yolo's CalOMS data indicates a much lower proportion of members completing treatment and being referred for follow-up services than was seen statewide. High rate of members discharging with unfavorable outcomes in comparison to the state 73.8 percent in the DMC-ODS versus 50.2 percent statewide. Despite this, Yolo shows slightly longer LOS in treatment compared to statewide.
- Yolo strongly supports MAT services for both non-methadone MAT and NTP delivered methadone.
- The DMC-ODS quality team struggles to comply with all the major changes in QAPI management, systems, and oversight associated with CalAIM.

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: Follow-Up After emergency department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence

Date Started: September 2022

Aim Statement: "This PIP is designed to improve Yolo County's continuity of care (CC) activities and timely 7 and 30 days follow-up and substance use service linkage for Medi-Cal plan members who are seen in an ED with a primary diagnosis for Alcohol or Other Drug (AOD) abuse or dependence."

Target Population: 18 years old and above

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

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

This PIP focuses on a broad group of SUD clients seen at the hospital ED due to AOD use, but not subsequently admitted inpatient at the hospital. These individuals typically do not need hospitalization and can be treated in an SUD treatment setting.

Yolo County will join the SacValley MedShare Health Information Exchange (HIE) to secure real-time access to Yolo County Medi-Cal plan members' ED visit data. DMC-ODS will also develop a routine, real-time SUD visit data-sharing mechanism with two local county EDs. Yolo will assign county staff to review, no less than weekly, all available data via the EDs and the HIE to identify any plan members with an ED visit with a primary SUD diagnosis. The assigned county staff will engage with any identified members within seven calendar days of the ED visit. They will ensure County staff try to engage and offer to complete a Yolo County Substance Use Assessment with identified members and make referrals/service linkages accordingly.

In addition to the referral tracking mechanism, Yolo will assign a referral coordinator to monitor and follow up on referrals such as scheduling, rescheduling, appointment reminders, documenting critical information, and updating the treatment providers. Yolo reports they are just beginning the clinical PIP, currently in the planning phase.

TA and Recommendations

As submitted, this clinical PIP was found to have low confidence, because no interventions have started and the DMC-ODS is still working on building the necessary collaboration this project requires with the EDs in Yolo County.

The DMC-ODS did not request TA in the initial development of this PIP.

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

- Start the data analysis, provide regular training, and coordinate meetings with the SUD-assigned staff, hospital discharge planner, and data collection staff to monitor interventions and initial results.
- Work with the Managed Care Plan (MCP) and ED staff to collaborate on the interventions.
- At least monthly monitor the data collection and conduct analysis.
- Document barriers experienced by members in the ED to link with clinic environments and implement interventions to try to minimize these barriers for others.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Pharmacotherapy for Opioid Use Disorder (OUD)

Date Started: September 2022

Aim Statement: “By having real-time access to County Medi-Cal plan members data, specifically data regarding who has initiated pharmacotherapy for Opioid use, Yolo County HHSA will improve its identification of plan members in the target population and increase its CC efforts for this population, resulting in an improvement of treatment longevity (over 180 days) by 14 percent by the end of FY 2023-24.”

Target Population: 18 years old and above

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

Summary

This non-clinical PIP focuses on building the infrastructure to routinely access, exchange, and analyze pharmacy data from the MCP to focus CC strategies and ongoing QI efforts. Aside from the barriers to engaging in services due to the stigma around substance use, Yolo County lacks a system to receive members' service data timely with either the County MCP (Partnership HealthPlan) or with any County providers to access timely OUD treatment information.

The PIP includes assessment and care coordination support. Interventions to address stigma-related barriers to clients engaging in services. It will identify and address specific individualized treatment needs, engagement, and education. Same-day screening, intake, and initiation/continuation of OUD is intended to ensure no disruption of medication, and in turn, forced withdrawal due to gaps between systems.

TA and Recommendations

As submitted, this non-clinical PIP was found to have low confidence, because no interventions have started and the DMC-ODS is still working on building the necessary collaboration this project requires with the EDs, Primary Care Physicians, medical clinics and NTP/OTP providers.

The DMC-ODS did not request TA for this PIP outside of the review.

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

- Start the data analysis and provide regular training with involved staff and the data collection team.

- Work with the MCP, NTP/OTP, and ED to collaborate on the interventions.
- Monitor the data collection and findings on a monthly basis.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. Currently, the DMC-ODS has no plans to replace the current system, Netsmart/Avatar, which has been in place for five years and is functioning in a satisfactory manner.

Approximately 0.75 percent of the DMC-ODS budget is dedicated to supporting the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is under DMC-ODS control, and this year's allocation is the same as the previous year.

The DMC-ODS has 93 named users with log-on authority to the EHR, including approximately 44 county staff and 49 contractor staff. Support for the users is provided by 1.7 FTE IS technology positions. Currently all positions are filled.

As of the FY 2023-24 EQR, no contract providers have access to directly enter clinical data into the DMC-ODS' EHR. The DMC-ODS reports having the intent to provide access to providers and is working to mitigate barriers to implementation, though a specific timeline has not yet been identified. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for members by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

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

Table 25: Contract Provider Transmission of Information to Yolo DMC-ODS EHR

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange 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 type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
Direct data entry into DMC-ODS IS by provider staff	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	20%
Documents/files e-mailed or faxed to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	80%
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 the ability of members to have both full access to their medical records and 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 currently offer PHR access to plan members but does plan to implement a PHR within the next six months.

Interoperability Support

The DMC-ODS is not yet a member or participant in an HIE. The DMC-ODS is finalizing a contract with SacValley MedShare and hopes to be sharing information by the end of December 2023.

INFORMATION SYSTEMS KEY COMPONENTS

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

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

Table 26: 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	Not Met
4C	Integrity of Medi-Cal Claims Process	Partially Met
4D	EHR Functionality	Not Met
4E	Security and Controls	Met
4F	Interoperability	Not Met

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

- Yolo is currently busy updating the IS infrastructure to meet the increasing need of CalAIM and all of its requirements.
- Yolo is working hard on data collection and processing. However, during this rating period, the ODS had not yet implemented the solution to improve data collection.
- Yolo is in the process of updating their current EHR to conform with payment reform as well as a new county accounting system. Because of this, resources and the number of staff needed to process and review the integrity of the claims to meet the state timeliness requirements is behind.
- Yolo is working closely with the vendor Netsmart to ensure the security and controls of the EHR meets state guidelines and CalAIM sharing of data requirements.
- Yolo is currently implementing upgrades to Netsmart which will allow them to meet the needs of CalAIM including payment reform and HIE participation. This will take time to roll out.
- Interoperability is currently unmet due to regulation changes at a federal level. The county is slated to be compliant by March 2024 (in line with the state's due date), with the implementation of a client portal and provider directory API.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

Table 27 shows the amount of denied claims by denial reason, and Table 28 shows approved claims by month, including whether the claims are either adjudicated or denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2022.

Tables 27 and 28 appear to reflect a substantially complete claims data set for the time frame represented.

Table 27: Yolo DMC-ODS Summary of Denied Claims by Reason Code CY 2022

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Beneficiary not eligible	169	\$18,120	47.77%
Other Healthcare coverage must be billed first	534	\$9,945	26.22%
Duplicate/same day service without modifier or other info needed for adjudication			
Service location not eligible			
Total Denied Claims	881	\$37,929	100%
Denied Claims Rate	1.49%		
Statewide Denied Claims Rate	3.64%		

Table 28: Yolo DMC-ODS Approved Claims by Month CY 2022

Month	# Claim Lines	Total Approved Claims
Jan-22	5,481	\$177,035
Feb-22	5,124	\$180,561
Mar-22	5,760	\$210,746
Apr-22	5,408	\$178,714
May-22	5,839	\$198,818
Jun-22	5,483	\$184,303
Jul-22	5,060	\$220,608
Aug-22	4,978	\$216,296
Sep-22	4,861	\$236,555
Oct-22	5,281	\$268,010
Nov-22	5,035	\$244,417
Dec-22	4,833	\$199,537
Total	63,143	\$2,515,601

- The numbers of claim lines and approved claims by month appear to be consistent across CY 2022.
- Yolo's denied claims rate is well below the statewide rate.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Yolo is currently working with outside vendors and the EHR system Netsmart, to meet the ongoing needs of CalAIM, payment reform, and HIE. This is very difficult with limited staff and resources. The changes in the state requirements have rolled out quickly and they are doing their best to keep up with all of the requirements.
- The recent implementation of the KPI dashboards should help the DMC-ODS enhance data driven decision-making in the future.
- Yolo's IS team is small, but they are very supportive of each other when focusing on fulfilling state requirements and meeting the needs of community members.

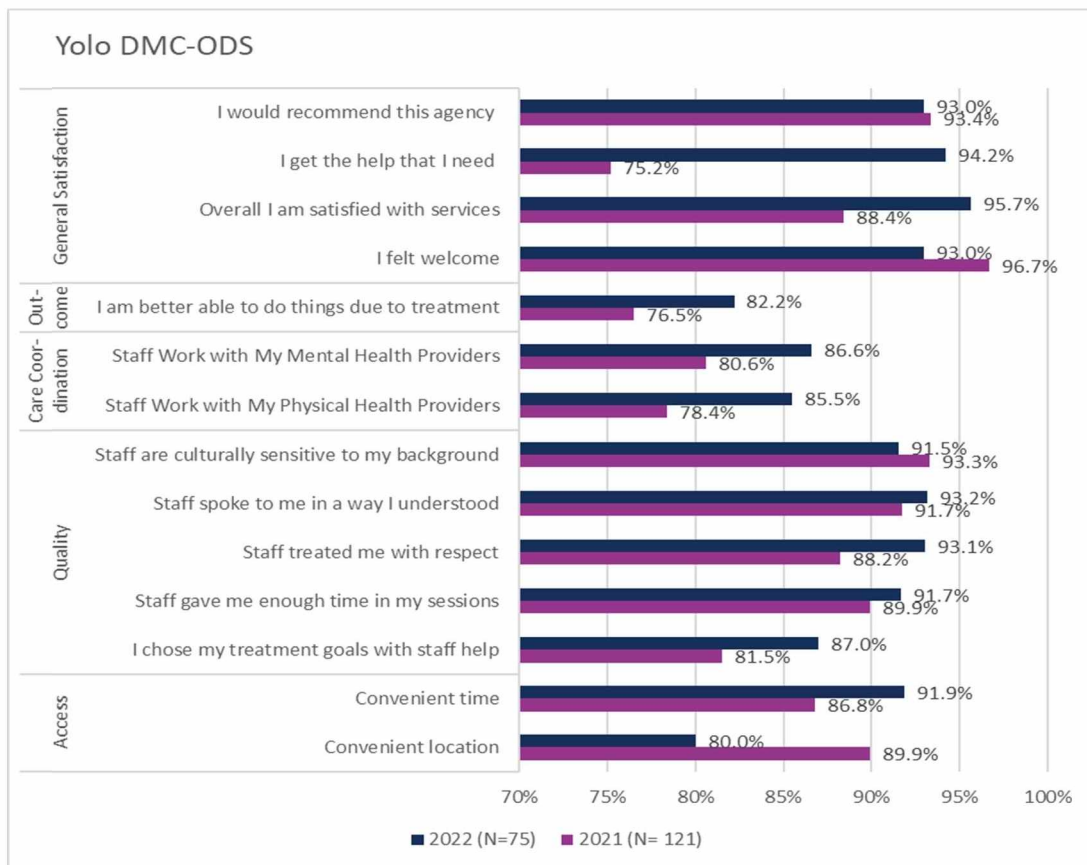
VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

The TPS consists of ratings from the 14 items yield information regarding five distinct domains: Access, Quality, CC, 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 UCLA evaluation team analyzes the data and produces reports for each DMC-ODS.

The DMC-ODS had fewer members complete the TPS in CY 2022 than in CY 2021. Most items had positive endorsements from higher proportions of members in CY 2022 compared to CY 2021 results. The items with the greatest increase in positive ratings were “I get the help that I need” and “Overall I am satisfied with services,” whereas the item with the largest decrease in positive ratings was “Convenient location,” which was also the least endorsed item in CY 2022.

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



*The horizontal axis starts at 70% to more easily discern differences between the two years displayed.

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 (DMC-ODS members) and/or their family, containing 10 to 12 participants each.

Plan Member/Family Focus Group One

CalEQRO requested a diverse group of adult members who initiated outpatient and IOT services in the preceding 12 months. The focus group was held virtually and included [REDACTED] participants. All members participating received clinical services from the DMC-ODS.

Summary of focus group findings

[REDACTED] members report they started treatment services within three days of assessment. The other members said they had to wait two to four weeks before beginning treatment. [REDACTED] members are receiving MAT services. MAT education was also provided during relapse prevention groups. All members have child protective services (CPS) cases.

Transportation is provided, and members can request bus passes. [REDACTED] described being on a long waiting list for residential treatment and reported they helped with a step down by admitting them into outpatient programs like CommuniCare within a week.

Recommendations from focus group participants included:

- Provide Recovery Support Services after completing a program.
- Provide better discharge planning.
- More recovery residence.

Plan Member/Family Focus Group Two

CalEQRO conducted a 90-minute focus group with members during the review of the DMC-ODS. CalEQRO requested a diverse group of adult member-consumers who initiated residential services in the preceding 12 months. The focus group was held virtually and included 11 participants. All members participating received clinical services from the DMC-ODS.

Summary of focus group findings

Participating members were referred to residential treatment by outside entities such as CommuniCare Outpatient, C.O.R.E. Medical Clinic, Mental Health Court, Diversion,

CPS Case Worker, Psychiatric Hospital, and Probation; [REDACTED] were self-referred. Regarding their intakes, [REDACTED] members had been admitted within a few days; the others waited two to four months. [REDACTED] members are on MAT services.

Members stated that the mental health court is “an extraordinary” program. They suggested that “everyone should get the assistance” given to those in that specialty court. They were assisted by providing wrap-around services. [REDACTED] members receive mental health services, including a psychiatry and therapy. Programs are sensitive to everyone’s cultural background.

Recommendations from focus group participants included:

- More counselors and therapists.
- More recovery residences or sober living options.
- More employment assistance programs to prepare you after the program.
- More activities in the program.
- Provide education on resources available and how to get help.
- Provide better discharge planning.
- Provide recovery support services.

SUMMARY OF MEMBER FEEDBACK FINDINGS

Members in both focus groups were generally happy with the services provided to them. They were complimentary towards their counselors and felt that the treatment programs were responsive to their needs. Most of the participants report that MAT is available to them. Both groups shared that they experienced a delay in access to treatment for residential services. Members noted that the program they are enrolled in has helped them improve their lives.

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 has a strong opioid prevention program that works with schools, effectively utilizes social media campaigns, and uses other methods to inform the community of the dangers of opioids and how to access treatment. (Access)
2. A strong partnership with contract providers is evident by levels of communication and inclusion. New efforts include planning and communication with providers regarding the EHR implementation. (Quality, IS)
3. Yolo has a well-coordinated FQHC program, CommuniCare, that provides physical and mental health care in their SUD programs. They work closely with hospitals to expand MAT services and coordinate SUD treatment. (Access, Quality)
4. Yolo DMC-ODS staff are active in the community, participating in the NAMI Walk as a team, a recent Pride Parade, and other forms of outreach. (Access)
5. The KPI dashboards are now operational for this FY, which should improve oversight of service access and delivery.

OPPORTUNITIES FOR IMPROVEMENT

1. The limited number of local residential treatment slots and available recovery residence sites delay getting clients into the appropriate LOC and maintaining treatment for clients who require housing to remain successfully engaged in services. (Access, Timeliness, Quality)
2. The DMC-ODS is challenged to meet the timeliness standards that pertain to non-urgent appointments, follow-up after first offered appointments, and residential treatment. (Access, Timeliness, Quality)
3. CalOMS data for the Yolo indicates a high level of "left before completion with unsatisfactory progress" discharge status at 73.8 percent, well above the statewide average of 50.20 percent. (Quality)
4. There is a lack of consistent aftercare planning for all LOCs, and utilization of Recovery Support Services is low. (Access, Timeliness and Quality)

5. The Yolo QIWP and Evaluation Report for FY 2022-23 do not provide data elements used for evaluation or indicate the following steps within each goal's outcome summary. (Quality)

RECOMMENDATIONS

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

1. Continue efforts to expand local residential treatment, residential 3.2 WM, and RR capacity, including youth services in all LOC. (Access, Timeliness, Quality)
2. Implement a tracking mechanism to monitor no-shows, first-offered appointments, and all the timeliness requirements to meet the state regulations for timely access to service. (Access, Timeliness, Quality)
(This recommendation is a carry-over from FY 2022-23.)
3. Take meaningful steps to analyze and collect data and make significant steps to address the members leaving the treatment before completing the program. Review the discharge process in CalOMS. This should include enhanced strategies to keep and retain clients in treatment and improve treatment outcomes. (Quality)
4. Expand RSS to all levels of care and facilitate enhanced client CC. Strong consideration should be given to introducing a peer support service model in RSS. (Access, Timeliness, Quality)
5. Enhance the QIWP and evaluation report to include how data elements inform conclusions, guide decisions, and formulate next steps. (Quality)

EXTERNAL QUALITY REVIEW BARRIERS

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

There were no barriers to this FY 2023-24 EQR.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: CalEQRO Approved Claims Definitions

ATTACHMENT F: Letter from DMC-ODS Director

ATTACHMENT A: REVIEW AGENDA

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

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions - Yolo DMC-ODS
Opening session – Significant changes in the past year, current initiatives, and status of previous year’s recommendations, baseline data trends and comparisons, and dialogue on results of PMs
Access to Care, Timeliness of Services, and Quality of Care
PIP Validation and Analysis
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS Network Adequacy
Validation and Analysis of the DMC-ODS Health Information System
Validation and Analysis of Member Satisfaction
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
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinical supervisors group interview – contracted
Clinical line staff group interview – contracted
Member/Client focus group such as residential treatment and Outpatient and IOT for youth, perinatal, or general adult – two focus group
Key stakeholders and community-based service agencies group interview
Closing session: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Anita Catapusan, Lead Quality Reviewer
Sharon Mendonca, Information System Reviewer
Diane Mintz, Consumer and Family Member Reviewer
Mykel Gayent, Consumer and Family Member Reviewer (trainee)

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

DMC-ODS County Sites

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
Ackerman	Spring	HHSA Forensic Discharge Coordinator	County
Azevedo	Marcie	HHSA Fiscal Interim Manager	County
Bano	Zikryia	HHSA BH QM Office Support Specialist	County
Barrett	Katherine	HHSA BH Compliance Officer	County
Boltz	Jonathan	Clinical Supervisor - 24/7 Access & Crisis Line	Contracted Agency- Heritage Oaks
Boyston	Tamara	HHSA fiscal supervisor	County
Budhathoki	Sajana	HHSA MHSA Adult Program Coordinator	County
Christenson	Laura	HHSA Forensic Supervisor	County
Couch	Rebekah	MAT Coordinator	Contracted Agency- Comprehensive Community Health Center (CCHC)
Crespin	Pamela	HHSA BH QM Administrative Analyst	County
Darlington	Jenna	Manager - 24/7 Access & Crisis Line	Contracted Agency- Heritage Oaks
Duarte	Sylvia	HHSA Fiscal Billing Supervisor	County
Edwards	Jennifer	HHSA MHSA Children’s Program Coordinator	County
Freitas	Julie	HHSA Clinical Manager Forensic/Homeless/AOD Administrator	County
Gallegati	Mario	HHSA Adult Access, Crisis & Wellness MH Clinical Manager	County

Last Name	First Name	Position	County or Contracted Agency
Gay	Jennifer	HHSA BH QM Supervising Clinician	County
Green	Mila	HHSA BH Special Projects Clinical Manager	County
Hardin	Terra	HHSA SUD Access Clinician	County
Inaba	Audrey	Information Technology Services Division (ITSD) Enterprise Applications (EA) Systems Software Specialist I	County
Jackson	Sheryl	HHSA BH QM Senior Staff Nurse	County
Jaime	Elena	Friday Night Live	County
Jakowski	Karleen	HHSA Deputy Director/Mental Health Director	County
Johnson	Glenn	HHSA SUD Program Coordinator	County
Johnson	Timothy	ITSD EA Systems Software Specialist I	County
Joyner	Adriana	HHSA BH QM Clinician	County
Kodani	Carisa	Jail Social Worker	County
Lipelt	Terri	HHSA BH Case Manager II Forensic Team	County
Peregrine	Sarah	Navigation Manager	Contracted Agency- CCHC
Sandoval	Blanca	HHSA BH QM Office Support Specialist	County
Sandoval	Sophia	HHSA BH QM Senior Administrative Services Analyst	County
Sidhu	Pam	ITSD EA Systems Software Specialist II	County
Smith	Tessa	HHSA Diversity, Equity, and Inclusion Coordinator	County
Stenson	Garrett	Program Director	CORE Medical

Last Name	First Name	Position	County or Contracted Agency
Stenson	Marshal	Business Services Director	CORE Medical
Strachan	Colin	ITSD Information Technology Manager	County
Tormey	Timothy	HHSA BH QM Clinician	County
Valle	Fabian	HHSA MHSA Community Planning Program Coordinator	County
Woods	Danyeil	HHSA BH QM Manager	County
Yung	Mary	HHSA Children's BH Clinical Manager	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 type="checkbox"/> Moderate confidence <input checked="" type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	Clinical PIP is in the planning phase, has been presented and reviewed.
General PIP Information	
MHP/DMC-ODS Name: Yolo DMC-ODS	
PIP Title: Follow-Up After ED visit for AOD	
PIP Aim Statement: This PIP is designed to improve Yolo County's CC activities and timely 7 and 30 days follow-up and substance use service linkage for Medi-Cal plan members who are seen in an ED with a primary diagnosis for AOD abuse or dependence.	
Date Started: 09/2022	
Date Completed: 06/2024	
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 checked="" type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children	
*If PIP uses different age threshold for children, specify age range here:	

General PIP Information						
<p>Target population description, such as specific diagnosis (please specify): Yolo county plan members who had an ED visit for substance use, the vast majority (88%) were 18 to 64 years old.</p>						
Improvement Strategies or Interventions (Changes in the PIP)						
<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): Members who are linked to appropriate SUD services in a timely manner will likely have improved health and functional outcomes in regard to their mental wellness and potential substance addiction issues, as well as avoid unintended substance overdoses.</p>						
<p>Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Two local EDs and local MCPs. Ensure county staff engage and offer to complete a Yolo County substance use assessment with an identified members and/or make referrals/service linkages accordingly will occur ongoingly as the team's supervisor will review engagement contact summaries with assigned staff weekly to ensure timely service delivery and appropriate engagement</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): Plan members and emergency room providers on an ongoing basis to increase access to SUD treatment post-ED visit.</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
PM 1. Percent of plan members in the target population receiving follow-up by county staff	- Oct 2022	104/148 70%	<input checked="" type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
PM 2. FUA Seven days follow-up. Number of plan members that staff provide follow-up for AOD ED visit plan members within seven days of ED visit / number of total ED visits for plan members with a primary AOD diagnosis.		46/458 10% FUA7 performance per DHCS data	<input checked="" type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
PM 3. FUA 30 days of plan members that staff provide follow-up for AOD ED visit plan members within 30 days of ED visit / # of total ED visits for plan members with a primary AOD diagnosis.		78/458 17% performance per DHCS data	<input checked="" type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
PIP Validation Information						
<p>Was the PIP validated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>“Validated” means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)</p>						
<p>Validation phase (check all that apply):</p> <p><input type="checkbox"/> PIP submitted for approval <input checked="" type="checkbox"/> Planning phase <input type="checkbox"/> Implementation phase <input type="checkbox"/> Baseline year</p> <p><input type="checkbox"/> First remeasurement <input type="checkbox"/> Second remeasurement <input type="checkbox"/> Other (specify):</p> <p>Validation rating: <input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input checked="" type="checkbox"/> Low confidence <input type="checkbox"/> No confidence</p> <p>“Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.</p>						

PIP Validation Information

EQRO recommendations for improvement of PIP:

As submitted, this clinical PIP was found to have low confidence because no interventions have started, and the DMC-ODS is still working on building the necessary collaboration this project requires with the EDs and in Yolo County.

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

- CalEQRO met with Yolo quality teams to review the clinical PIPs and provided TA.
- CalEQRO recommended starting the data analysis and providing regular training with CC staff and the data collection team.
- CalEQRO recommended working with MCP and ED to collaborate on the interventions.
- CalEQRO recommends ensuring data are measuring services that qualify as “follow up” in the HEDIS technical specifications and need to work on ways to get the data if the HIE is stalled and must explain the process/ progress.
- Recommended monthly monitoring and data collection.

Non-Clinical PIP

Table C1: Overall Validation and Reporting of Non-Clinical PIP Results

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input checked="" type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	<p>Non-clinical PIP was found to have low confidence because no interventions have started, and the DMC-ODS is still working on building the necessary collaboration this project requires in Yolo County. Currently on planning phase and establishing the real time data connection with HIE.</p>
<p>MHP/DMC-ODS Name: Yolo DMC-ODS</p>	
<p>PIP Title: Pharmacology for Opioid Use Disorder (POD)</p>	
<p>PIP Aim Statement: By having real-time access to County Medi-Cal plan members data, specifically data regarding who has initiated pharmacotherapy for Opioid use, the County will improve its CC efforts resulting in an improvement of treatment longevity (over 180 days) by 14 percent by the end of FY 2023-24.</p>	
<p>Date Started: 09/2022</p>	
<p>Goal : 06/2024</p>	
<p>Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)</p> <p><input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)</p> <p><input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)</p> <p><input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)</p>	
<p>Target age group (check one):</p> <p><input type="checkbox"/> Children only (ages 0–17)* <input checked="" type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children</p> <p>*If PIP uses different age threshold for children, specify age range here:</p>	

Target population description, such as specific diagnosis (please specify):						
18 years old and above						
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):						
Plan members that are receiving OUD pharmacotherapy						
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):						
Yolo MAT providers to provide OUD coordination, referral and data exchange.						
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):						
Shifting the system to more collaboration and communication to provide CC practices and related data exchange.						
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
			<input checked="" type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

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
			<input checked="" type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input checked="" type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PIP Validation Information
<p>Was the PIP validated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>“Validated” means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)</p>
<p>Validation phase (check all that apply):</p> <p><input type="checkbox"/> PIP submitted for approval <input checked="" type="checkbox"/> Planning phase <input type="checkbox"/> Implementation phase <input type="checkbox"/> Baseline year</p> <p><input type="checkbox"/> First remeasurement <input type="checkbox"/> Second remeasurement <input type="checkbox"/> Other (specify):</p>
<p>Validation rating: <input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input checked="" type="checkbox"/> Low confidence <input type="checkbox"/> No confidence</p> <p>“Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.</p>

PIP Validation Information

EQRO recommendations for improvement of PIP: As submitted, this non-clinical PIP was found to have low confidence because of its highly structured methodology. Yolo needs to finalize and establish the connection to the HIE for real-time data.

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

- More details on the intervention processes and different treatment programs offering the MAT and documenting techniques for motivating success. Barriers they encountered to MAT administration, especially those that might have an administrative solution, issues linked to cultural barriers, and others.
- Different agencies' staff discussed confidentiality issues with 42 CFR Part 2, making it difficult to coordinate care across agencies and integrate the use of problem list records. BHC suggested working on the confidentiality issues as they are beyond county control and getting released as much as possible to help with coordination when possible. Also, de-identify data for analysis if it can be done to understand the results of interventions.
- Address the stigma or the fact that people are unaware of the available services for OUD.
- Consistency and monitoring of the data analysis monthly or at least quarterly by the QI Team.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to, the Key Components, ATA, and PIP Validation Tool, are available at: <https://caleqro.com/dmc-eqro>

ATTACHMENT E: CALEQRO APPROVED CLAIMS DATA DEFINITIONS

This document is currently under revision.

It will be posted on the CalEQRO website in the following path: DMC-ODS – Review Materials – Helpful Reference Materials to Prepare for Review

https://caleqro.com/dmc-egro#!dmc-review_materials/FY%202023-24%20Review%20Preparation%20Materials/FY%202023-24%20Review%20Preparation%20Materials_Helpful%20Reference%20Materials%20to%20Prepare%20for%20Review%20-%20DMC-ODS

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ATTACHMENT F: LETTER FROM THE DMC-ODS DIRECTOR

A letter from the Director was not required as part of this report.