



## **FY 2023-24 Attachments**

# **EXTERNAL QUALITY REVIEW REPORT**

## **DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM**

Prepared for the California Department of Health Care Services  
By Behavioral Health Concepts, Inc.

November 15, 2024

**BHC** | Behavioral Health  
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## ALAMEDA EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — January 9-11, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

**Table B: Summary of Key Components**

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	8	7	0	1
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>21</b>	<b>2</b>	<b>1</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Care Coordination for Residential Substance Use Disorder (SUD) Services	Clinical	08/2022	Implementation	Low confidence
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	08/2022	Implementation	Low confidence

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<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	█
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	█

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS has secured the services of David Mee Lee M.D. (an author of the American Society of Addiction Medicine Criteria) to meet with SUD treatment staff on a monthly basis. This resource is seen as an invaluable tool to promote further skill development for staff which will result in increasingly higher quality treatment for Plan members.
- The DMC-ODS has created a robust partnership with criminal justice in the county and plays a major role in working within the Specialty Courts and supporting SUD services in Santa Rita jail, including three therapeutic housing units in the jail.
- Stakeholder communication has greatly improved, which was validated during CalEQRO’s provider focus group. Monthly, quarterly, and annual meetings designed for bidirectional communication are held with stakeholders. The Quality Improvement Committee has integrated Plan members and families into subcommittees and workgroups.
- The Office of the Medical Director/Integrated Care Services is partnering with Bay Area Community Health (BACH) to support behavioral health and primary health care integration. One aspect of this partnership has resulted in the establishment of the Asian Wellness Project. The Project is designed to reach and engage the Asian/Pacific Islander population which is extremely underrepresented in the DMC-ODS.
- The Quality Improvement Data Analytics Division (QIDAD) is a considerable asset to the DMC-ODS providing valuable information to inform planning and policy development. Since the last review, the DMC-ODS completed a successful initiative to deliver data to their community providers making not only standard data available, but providers can also make specific data requests.

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

- Alameda’s no-show rate for first scheduled appointments after screening for residential treatment continues to increase year over year and is currently measured at 66 percent.
- Youth SUD treatment services appear minimal with just 61 youth currently in treatment through the DMC-ODS. There are a significant number of mental health providers (15) on 149 school sites; however, SUD providers are only providing services on 25 school sites. Resistance to SUD services from school sites is a contributing factor to the small number.

- MAT utilization is extremely low, dropping from 200 members last review to 67 members in CY 2022. While there are other entities offering MAT services, it is difficult to determine if MAT is being utilized effectively in the County for those who need it.
- Alameda continues to have a very low percentage of members completing treatment at 17.97 percent, leaving over 80 percent of members discharging prior to completion.
- The 24/7 Access Line does not effectively meet the needs of all members who may call for help. Evening and weekend calls are received by Alameda County Crisis Support (CSS) with messages taken and provided to the DMC Access Call Center to follow-up on the next business day.

Recommendations for improvement based upon this review include:

- Conduct a thorough analysis to determine the root causes of the high no-show rates for residential treatment and take active steps to increase the number of potential clients that attend their first scheduled appointment.  
(This recommendation is a carry-over from FY 2022-23.)
- Determine if the level of SUD services provided on school sites by mental health providers is effectively addressing SUD for the youth. Increase the population of youth participating in SUD treatment in the DMC-ODS.
- Take steps to learn how many Medi-Cal members are receiving MAT from allied health care providers such as Federally Qualified Health Centers (FQHC) and The Bridge Clinic, to get a more accurate picture of MAT utilization and the success of expansion activities in Alameda County.
- Take steps to determine the root causes of the high rate of discharges prior to completion of treatment and take active steps to decrease the number of members discharging prematurely.  
(This recommendation is a carry-over from FY 2022-23.)
- Take active steps to develop a 24/7 access line with SUD trained staff available to provide a brief screen and referral after business hours, comparable to what is provided during business hours.

## CONTRA COSTA EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — January 17-19, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	4	1	0

**Table B: Summary of Key Components**

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

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Decrease the Readmission Rate to Residential Withdrawal Management (WM)	Clinical	03/2022	Second Remeasurement	Moderate confidence
Improve Follow-up Rates After Emergency Department (ED) Visits for Individuals Experiencing Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	03/2023	Planning	High confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

\*Medication Assisted Treatment (MAT), Narcotic Treatment Program (NTP)

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS reorganized its management team into functional areas to promote more leadership by subject matter expertise and has begun reviewing area-specific service data with the new SmartCare electronic health record (EHR).
- The implementation and expansion efforts in the Hispanic/Latino services with bilingual staff support is a positive shift in addressing a historically underserved population.
- The DMC-ODS expanded mobile enhanced services, including recovery support services (RSS) before, during, and after treatment through the transition team, recovery coaches, mobile crisis, and peer support specialists.
- The DMC-ODS expanded options for direct access to care by adding key Access-linked staff for detention, juvenile hall, psychiatric emergency services (PES), hospitals, perinatal residential; further, a family navigator and certified peers were also added.
- Policy and program expansions were implemented to address persons missing in treatment (MIT), particularly persons with significant substance use disorder (SUD) needs, including homeless individuals and monolingual members.
- The Contra Costa County Health system structure, including county operations and integration with the Health Plan, behavioral health, hospitals, and primary care, has greatly enhanced coordination and data exchange. This is a positive model for improving care coordination for members.

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

- There are opportunities to debrief and continue to partner with contract providers to educate and clarify California Advancing and Improving Medi-Cal (CalAIM) changes, specifically CalAIM Payment Reform. There were reported payment delays, reconciliation delays, and lack of clarity in seeing different rates within SmartCare for the services provided.
- There are delays in accessing mental health (MH) treatment for members in DMC-ODS residential and outpatient programs with psychiatric needs.

- California Outcomes Measurement System (CalOMS) administrative discharges (dropouts from programs before completing treatment) are high, accounting for seven out of ten admissions. There is also a high level of lack of treatment completion in CalOMS.
- Completion of multiple high-priority projects to add functionality within the SmartCare system are reportedly impacted due to staffing constraints. These include but are not limited to provider network data updates, CalOMS data reporting, and aggregation of American Society of Addiction Medicine (ASAM) data, which may impact staff and management decisions.
- There are critical residential and outpatient programs currently unavailable for youth and monolingual female adults, specifically in residential treatment levels of care (LOC).

Recommendations for improvement based upon this review include:

- The DMC-ODS needs to enhance communications for system contractors with more engagement and debriefing related to the new rate model, payment reform implementation challenges, CalAIM requirements, and to discuss delays impacting this year's contracts.
- Improving timely access to MH treatment services is needed for those members in SUD outpatient and residential treatment who have co-occurring disorders requesting treatment.
- Analysis and actions are needed to reduce administrative discharges in CalOMS by identifying those at risk of service withdrawal and enhancing engagement in discharge planning.
- Additional information technology (IT) resources are needed for transitions for key projects related to SmartCare, the interface with the Epic MH EHR, CalAIM initiatives, and workflows required by the provider network.
- A plan for adding vital DMC-ODS services is needed for monolingual women and youth residential treatment.

## EL DORADO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — January 10-11, 2024

**DMC-ODS Size** — Small

**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	3	2	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	3	3	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>17</b>	<b>7</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Follow-Up After Emergency Department Visit for Alcohol Use Disorder or Other Substance Use Disorder (FUA)	Clinical	09/2022	First Remeasurement	Moderate confidence
Pharmacotherapy for Opioid Use Disorder (POD)	Non-Clinical	09/2022	First Remeasurement	Low confidence

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	
* Medication assisted treatment (MAT), Narcotic Treatment Program (NTP) 		

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- El Dorado reallocated staff resources and created more intake slots to promote easier access; this change has been shown to improve access across all demographic groups.
- Recruitment efforts to address staff shortages have been significant through implementation of telework, flexible schedules, financial supports for new and renewing credentials associated to the position requirements, recruitment bonuses, and other incentives.
- El Dorado providers express a high regard for the DMC-ODS, particularly toward their efforts that promote care coordination and responsiveness to member needs.
- El Dorado continues to address challenges associated with linkage to medical services, particularly with winter and snow conditions, even as there is ongoing work with Public Health to identify a dedicated obstetrician gynecologist who will serve Medi-Cal eligibles and treat women perinatal and post-partum.
- The DMC-ODS partnership with Marshall Hospital and the emergency department (ED) provides strong support for the Behavioral Health Quality Improvement Program (BHQIP). The partnership encourages efficiencies such as utilization of the existing substance use navigator (SUN) position to expand member assessments within the ED.

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

- El Dorado’s ability to meaningfully collect, track, and evaluate the system of care’s compliance with DHCS timeliness standards is not reliable or consistently reported.
- Intensive outpatient (IOT) utilization is very low, and providers are interested in developing strategies with El Dorado to increase member engagement and retention within IOT and other levels of care (LOC).
- Within the newly formatted DMC-ODS Quality Management (QM) Work Plan (QMWP) and Evaluation Report stated goals do not universally include baseline data, improvement activities, improvement goals, or analysis of outcomes that are needed to determine if goals are met.
- Very few youth received services through the DMC-ODS.
- Just 32 percent of first offered non-urgent narcotic treatment program/opioid treatment program (NTP/OTP) met the three-day standard, with an average wait time of 6.62 days to the first NTP/OTP appointment.

- The DMC-ODS lacks the capacity to provide adequate reporting for management of operations.

Recommendations for improvement based upon this review include:

- Research and develop methods to centralize the process of collecting timeliness data which includes provider entries, tracking, and evaluating timeliness information (e.g., model a form into Avatar to capture data). This recommendation applies to all six-timeliness metrics, using DHCS standards. Data for this EQR was not provided for follow-up appointments after residential treatment.
- Collaborate with providers and research best practices for engagement with an additional focus on IOT services and develop strategies to increase member engagement and retention in treatment services.
- Continue to rebalance the QMWP as a quality improvement (QI) instrument that is similar in nature to PIPs. Measure impacts of selected interventions and strategies through data analysis, determine if goals are met or not met, and if goals met improve the quality of member treatment, other services and/or other areas of the system of care.

(This recommendation is a partially addressed carryover since FY 2020-21.)

- Work to increase engagement of youth in SUD treatment.
- Collaborate with the NTP provider, Aegis, to improve timely access to care for members requesting NTP/OTP services.
- Consider implementation of a data warehouse for improved analytic reporting.

## FRESNO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Onsite

**Date of Review** — October 10-12, 2023

**DMC-ODS Size** — Large

**DMC-ODS Region** — Central

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	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	5	1	0
Quality of Care	8	5	3	0
Information Systems (IS)	6	6	0	0
<b>TOTAL</b>	<b>24</b>	<b>20</b>	<b>4</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Improving Engagement in Care	Clinical	01/2022	Second Remeasurement	Low Confidence
Follow-Up After Emergency Department Visit for Alcohol Use Disorder or Other Substance Use Disorder (FUA)	Non-Clinical	09/2022	First Remeasurement	Low Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- DMC-ODS staff met with representatives from Fresno County Superintendent of Schools to determine how to better integrate substance use disorder (SUD) services into school settings. As of July 2023, a contracted provider has a presence on all high schools within the county and many of the junior high schools to provide access to SUD services for youth.
- The DMC-ODS designated an additional staff member to assist in clearing CalOMS errors within Fresno’s Behavioral Health IS. Fresno demonstrates that it is a learning organization that is willing to make changes to their system.
- Fresno was part of a departmentwide implementation of the California Mental Health Services Authority’s (CalMHSA) semi-statewide electronic health record (EHR), SmartCare by Streamline, on July 1, 2023.
- Outpatient, residential, withdrawal management, and telehealth service expansion for the DMC-ODS is in various stages of consideration, contracting, and implementation.
- Fresno provided a letter of support for Westside Family Preservation Services’ Network application for Youth Opioid Response California, which contained three grant strategies to increase capacity for prevention and treatment, including MAT.

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

- Online information for the contract provider network is not regularly monitored nor scheduled for website updates.
- Members and staff report that additional staff are needed for residential and other services so that they can provide family counseling and assist members with reunification needs.
- MAT services can only be accessed through narcotic treatment program (NTP) providers.
- Due to the lack of documented activity this past year, the clinical PIP submission received a low confidence rating.
- Although Fresno is proactive in efforts to communicate changes and updates, the perception of some staff and contract provider indicates that communication with the DMC-ODS remains more informational and directive.

FY 2023-24 CalEQRO recommendations for improvement include:

- Ensure the website information is monitored, current, and scheduled for regular updates.  
(This recommendation was a partial carryover from FY 2022-23)
- Make the provision of family-centered therapies available to appropriate members, including perinatal programs as well as expand the DMC-ODS workforce for residential and other SUD programs experiencing critical staffing challenges.  
(This recommendation was a partial carryover from FY 2022-23)
- Take meaningful steps to establish a MAT oversight committee to review trends related to treatment and overdoses data and expand access to MAT services. within the DMC-ODS.
- Provide sufficient resources, time and staffing to oversee, implement, report, and track two required PIPs activities as outlined within the project design.
- Create a formal quality improvement process of discussions with staff, providers, and other interested stakeholders that supports and considers input.

## IMPERIAL EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — December 5-6, 2023

**DMC-ODS Size** — Small

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	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	4	2	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>18</b>	<b>6</b>	<b>0</b>

**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 Drug Abuse or Dependence (FUA)	Clinical	07/2023	Implementation	Low Confidence
Decreasing administrative CalOMS discharges to improve the treatment outcome	Non-Clinical	07/2023	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	1

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS has sufficient capacity to serve monolingual Spanish-speaking members, which account for 88 percent of their members.
- Medication assisted treatment (MAT) services are easily accessible through the DMC-ODS outpatient and intensive outpatient treatments. All substance use disorder (SUD) treatment programs accept members utilizing MAT.
- Imperial has taken meaningful steps to improve coordination and collaboration with the criminal justice system. The local jail system now provides MAT and will allow individuals that come in on methadone to continue MAT services while incarcerated.
- Penetration rates (PR) for all ethnic groups are higher than those like-sized counties and statewide, as well as for all age groups. This correlates with Imperial’s extensive and targeted outreach in the community and work to provide SUD youth services.
- Imperial has worked diligently on California Advancing and Innovating Medi-Cal (CalAIM) program implementation, making policy and IS changes and was a pioneer county for the new billing and electronic health record (EHR) system of SmartCare since February 2023.

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

- California Outcomes Measurement System (CalOMS) outcome results indicate that just 12.81 percent of discharged members exit treatment with satisfactory progress compared to 49.81 percent statewide.
- Imperial has multiple staff vacancies in administrative and direct service positions and has not been able to initiate a peer support staff program in the DMC-ODS.
- Imperial’s efforts to expand residential treatment and residential withdrawal management (WM) capacity with a local, in-county facility are still in the planning stage.
- Undeveloped relationships with local ED and other health plans may create barriers to serving SUD services members including MAT.
- While SmartCare has some data tool advantages, Imperial has identified some capability issues specific to gaps in DMC-ODS tracking and reporting features that are required.

Recommendations for improvement based upon this review include:

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- Continue to work on identifying reasons for high rates of summary exits and high levels of unsatisfactory progress in treatment and follow up with interventions to improve treatment outcomes.

(This recommendation was a carryover from FY 2022-23.)

- Formulate recruiting incentives to attract administrative and direct service staff to fill vacancies and re-establish manageable DMC-ODS caseloads. Working with Imperial County Human Resources (HR) and executive management may be necessary to expedite the hiring process and make progress on expanding hiring to include peer support positions.

(This recommendation was a carryover from FY 2022-23.)

- Continue efforts to establish a local, in-county residential treatment program with residential WM bed availability and expand Recovery Residence capacity.

(This recommendation was a carryover from FY 2022-23)

- Increase collaboration with local EDs, healthcare system and managed care plans to improve and strengthen relationships with key partners.

- Continue to work with California Mental Health Services Authority (CalMHSA) in designing reporting functionality within SmartCare for better tracking in timeliness and other features that make the system fully compatible with requirements.

## KERN EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — August 22- 24, 2023

**DMC-ODS Size** — Large

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	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	5	1	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>20</b>	<b>4</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Recovery Incentives Program (RIP)	Clinical	06/2023	Implementation	Low
Same Day SUD Assessments	Non-Clinical	07/2023	Implementation	Low

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<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	1
2	<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	1

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS benefits from a county-run access center which includes coverage 24/7.
- Kern has multiple low barrier access points such as a sobering station and embedded substance use disorder (SUD) staff with homeless outreach projects, increasing engagement of individuals in need of treatment beyond a clinic-based model.
- In addition to the annual Treatment Perception Survey (TPS), the DMC-ODS utilizes a local recovery survey to enhance program performance and increase the frequency for input regarding member satisfaction.
- Kern participates in the Statewide Equity Project as it seeks new ways to improve its penetration rate for Latino/Hispanic members who may need SUD services.
- SmartCare implementation appears to be handled proactively as the DMC-ODS works with its providers and agency partners to secure an efficient transition to a new electronic health record (EHR).

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

- Satisfactory outcomes remain low as evidenced in the CalOMS data set with a low rate of treatment completions and high rate of administrative discharges.
- The DMC-ODS has a low number of criminal justice system involved members that enter treatment for SUD.
- Kern data provided by CalEQRO indicates that length of stay (LOS) is substantially lower than statewide rates for each measured time period.
- The DMC-ODS continues to experience a lack of SUD providers (specifically for residential treatment) which negatively impacts time to service and meet the demand for that LOC.
- SmartCare implementation limits the DMC-ODS ability to track data and effectively monitor program performance and currently requires workarounds or duplicative data tracking, burdening staff, and resources.

FY 2023-24 CalEQRO recommendations for improvement include:

- Kern should take additional steps, such as more training with providers and/or adding CalOMS clinical and performance analytics into a data dashboard to better trend and inform opportunities for program improvement.

## ATTACHMENTS

- The DMC-ODS should be a full partner in executive and leadership discussions across agency lines with other departments that share the same population such as child welfare and criminal justice in order to collaboratively work towards increased access and coordination of care.
- Quality Assurance, in coordination with contract monitor staff, should develop a review and technical assistance process with contracted providers in higher LOCs. Specifically, staff should focus on residential treatment, in order to strengthen the discharge planning and case management.
- Kern should continue to explore strategies and obtain agency partner/county-level support to increase residential treatment capacity such as releasing solicitations on a recurring basis for this LOC.
- The DMC-ODS should continue to be proactive in exploring SmartCare functionality to fully implement automated reporting. A plan should be formalized to validate data once reporting is available to ensure a complete data set.

## LOS ANGELES EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type:** Onsite

**Date of Review:** November 13-16, 2023

**DMC-ODS Size:** Very Large

**DMC-ODS Region:** Los Angeles

### 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	5	0	0

**Table B: Summary of Key Components**

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

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Expanding Patients treated for Opioid Use Disorder (OUD) for 180 days or more	Clinical	11/2022	Planning	Moderate confidence
Enhancing Follow-up Service Rates after Emergency Department Visits with Alcohol and other SUD Disorders among HealthNet Medi-Cal members (FUA)	Non-Clinical	04/2023	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 type="checkbox"/> Outpatient <input checked="" type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	1
2	<input type="checkbox"/> Youth <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input checked="" type="checkbox"/> Perinatal <input type="checkbox"/> Other	2
3	<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	1
4	<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	2

\*Medication-assisted treatment (MAT), Narcotic Treatment Program (NTP/OTP)

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS developed a 2023-2028 Strategic Plan with goals built on California Advancing & Improving Medi-Cal (CalAIM) principles as well as local access and treatment needs.
- The DMC-ODS developed and implemented a three-tier rate system for the provider network which included payment incentives linked to quality and system improvements.
- The DMC-ODS developed and expanded a range of services for high-need youth as part of criminal justice reform efforts.
- The DMC-ODS expanded access and engagement efforts with a range of public media tools and websites available on a range of SUD topics and needs in multiple languages.
- The DMC-ODS expanded services in prevention and American Society of Addiction Medicine (ASAM) levels of care for at-risk SUD conditions (Level 0.5) as well as adding treatment sites and new providers to address Network Adequacy (NA) requirements and enhance treatment access.

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

- Most non-OTP outpatient and residential programs are not currently billing the DMC-ODS for medication services for MAT as a direct part of their services at those levels of care (LOC). Integration of MAT provides easier access for the members to this evidence-based practice and would require adding a prescriber integrated into the program with associated policies and procedures.
- There is currently no DMC-ODS data capacity for monitoring no-shows for assessment services after referral from the Access Call Center or for those directly requesting services from the provider network.
- The DMC-ODS requires additional staffing resources to fully meet the needs for provider network monitoring and to support for the new reimbursement system, as well as the CalAIM requirements for additional reporting.

- There continues to be a higher level of overdose events in the central downtown area with homeless encampments.
- There were some providers using drug testing to evaluate admission needs for specific programs. This was creating a barrier to admission and did not appear to be clinically needed.

FY 2023-24 CalEQRO recommendations for improvement include:

- The DMC-ODS should continue efforts to engage providers in adding MAT prescribers to their treatment programs with incentives.
- The DMC-ODS should continue working with the provider network to implement the capability of documenting and tracking no-shows for admission assessments and visits as part of the Electronic Health Record (EHR) or other methods in 2024.
- The DMC-ODS requires additional staffing resources to fully meet the needs for provider network monitoring and support for the new reimbursement system, and CalAIM requirements for developing new quality-related data and clinical documentation requirements.
- There is a concentration of overdose events in specific areas of the county. Outreach and engagement efforts as well as addition of potential new sites should prioritize areas of the county that have a higher concentration of overdoses.
- As part of the “95 Percent Campaign” to bring persons with SUD into the care system, the DMC-ODS should help providers review admission processes to eliminate potential barriers to admission into care including drug testing.

## MARIN EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — November 29-30, 2023

**DMC-ODS Size** — Medium

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	5	0	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	6	0	0
Quality of Care	8	7	1	0
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>21</b>	<b>3</b>	<b>0</b>

**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 Drug Abuse or Dependence (FUA)	Clinical	10/2022	Second Remeasurement	High Confidence
Pharmacotherapy for Opioid Use Disorder (OUD)	Non-Clinical	10/2022	First Remeasurement	Moderate Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Marin conducted a county-wide training on Sexual Orientation and Gender Identify (SOGI), conducted public outreach, provided educational materials, and began collecting SOGI data into the electronic health record (EHR).
- Overdose-Free Marin Coalition continues efforts to develop innovative ways to educate local communities and stakeholders, conduct outreach for youth, and provide community resources to address the opioid, fentanyl, and methamphetamine crises.
- Field-based mobile crisis services are expanding to include substance use disorder (SUD) counselors and peers on intervention teams.
- Marin’s California Outcomes Measurement Systems (CalOMS) discharge data indicates a rate of successful program completion for its members at 42.03 percent, nearly twice that found statewide (21.62 percent), and a commensurate low level of unsatisfactory administrative discharges at just 17.38 percent compared to 31.80 percent statewide indicating a high level of program efficacy.
- Leadership’s application of “human-centered design” (HCD) is a new management approach to problem solving to develop solutions by involving the human perspective in all steps of the problem-solving process. HCD is part of Marin’s focus to improve equity, reduce policy failure, and to bring member voices directly into the work.

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

- Marin staff and stakeholders expressed concerns regarding the quality and accessibility of translation and interpretation services for members in SUD care.
- The DMC-ODS’s providers are experiencing workforce issues that include a high level of staff turnover and capacity to retain qualified staff.
- Feedback from the focus groups’ participants indicates some confusion among the members on accessibility to recovery coach supports. Members believe such supports are only for Drug Court or specialty populations. Recovery coach services include but are not limited to care coordination and transportation support.
- Focused interview sessions indicate provider perception of the DMC-ODS making all decisions without seeking input or feedback; they experience system planning and implementation of new initiatives as not collaborative.

- Marin agrees that substantial work needs to take place to address claims denials and to regain prior data analytic capabilities.

Recommendations for improvement based upon this review include:

- Research and explore options to address concerns regarding provider and member accessibility to quality translation and interpretation services.
- Work to identify solutions and continue efforts to address issues pertaining to workforce recruitment, training, and retention obtaining provider input for options to support staff.
- Take steps to clarify recovery coach functions and the availability of this service to members, making necessary adjustments to workflow and policies surrounding recovery coach utilization and assuring both provider and member awareness on how to access this support service.
- Explore options and take meaningful steps to improve transparency, communication, and morale with the SUD provider network.
- Implement solutions to decrease claim denials, regain and improve data compilation and analytics efforts across multiple sources, and ensure timely delivery of data to decision makers.

## MERCED EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — November 2-3, 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	1	2	2

**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	4	1	1
Quality of Care	8	6	2	0
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>19</b>	<b>4</b>	<b>1</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Medication for Opioid Use Disorders Maintenance	Clinical	07/2022	Implementation	Low Confidence
Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drugs (FUA)	Non-Clinical	07/2022	Implementation	Moderate Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The average number of days to the first dose of methadone for members in Merced was less than half the statewide average (1.52 days vs. 3.19 days).
- Merced has robust partnerships and protocols to support collaboration and care coordination with the probation department.
- The DMC-ODS endeavors to review and evaluate member input. In this connection, it regularly creates reports based on Treatment Perception Survey (TPS) data. More specifically, one of the reports that the agency has developed places an emphasis on disclosing information obtained from the open-ended responses that members provide during this data-collection cycle.
- For calendar year (CY) 2022, the DMC-ODS maintained consistent and effective monthly claiming and timely submissions, which yielded an overall denied claims rate of just █ percent.
- The quality team routinely evaluates the effectiveness of quality assessment and performance improvement (QAPI) activities. Systems are in place to monitor and track utilization activities and treatment authorization request monitoring to improve compliance to assure responsiveness to any corrective actions requested.

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

- Merced has no American Society of Addiction Medicine (ASAM) residential withdrawal management (WM) 3.2 level of care (LOC) to serve the local community.
- Providers and members report staffing shortages with system programs.
- While Merced has provided opportunities for line staff to provide meaningful input into improving access to services through focus groups, staff have not been involved in the DMC-ODS Quality Improvement Committee (QIC). Additionally, DMC-ODS clients have rarely been involved in QIC meetings.
- The Hispanic/Latino community represents the largest group of eligibles in the DMC-ODS; however, the penetration rate (PR) for this racial/ethnic group continues to fall below similar-sized county and statewide rates.
- In CY 2022, Merced’s California Outcomes Measurement System (CalOMS) related administrative discharges well exceed those found statewide as was the percentage of administratively discharged members with unsatisfactory progress.

FY 2023-24 CalEQRO recommendations for improvement include:

- Continue efforts to implement ASAM 3.2 residential WM LOC treatment services.  
(This recommendation is a carry-over from FY 2022-23.)
- Take meaningful steps to reduce workforce shortage and enhance recruitment efforts to improve staffing for both County and Contract providers.
- Provide opportunities for line staff and members to give input into system change and system development through participation in the DMC-ODS QIC. Take steps to encourage and support consistent line staff representation. Consider encouraging clients, through incentives or other means, who are invested in their recovery to attend and participate in QIC meetings regularly.  
(This recommendation is a carry-over from FY 2022-23.)
- The DMC-ODS needs to coordinate with internal and contracted providers, as well as local community secular and faith-based organizations, to study, isolate, define, and address the specific factors that are contributing to the existence of persistently low PRs among the Hispanic/Latino population that is served by the system of care.  
(This recommendation is a carry-over from FY 2022-23.)
- The DMC-ODS needs to take additional steps and investigate the CalOMS discharge ratings to identify the underlying causal factors and develop strategies to reduce the number of administrative discharges that continue to occur.  
(This recommendation is a carry-over from FY 2022-23.)

## MONTEREY EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — February 12-15, 2024

**DMC-ODS Size** — Medium

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

**Table B: Summary of Key Components**

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	3	3	0
Quality of Care	8	7	1	0
Information Systems (IS)	6	3	3	0
<b>TOTAL</b>	<b>24</b>	<b>16</b>	<b>8</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Substance Use Disorder (SUD) Clinical PIP Using American Society of Addiction Medicine (ASAM) Criteria to Place Individuals into Residential Treatment	Clinical	09/2023	Planning Phase	Low Confidence
Follow-up After Emergency Department (ED) Visit for Alcohol or Other Drug Abuse or Dependence (FUA)	Non-Clinical	07/2022	Implementation Phase	Low Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Monterey’s overall system structure, including County operations and integration with the health plan, behavioral health, local hospitals, and primary care providers, has dramatically enhanced care coordination. This is a positive model for improving care coordination for DMC-ODS members.
- Timeliness to follow-up care following residential treatment improved in the DMC-ODS for each measured time period, with members accessing follow-up care at higher rates than statewide in the month following discharge.
- The members’ Treatment Perception Survey (TPS) shows high satisfaction, with 97.2 percent of members saying they highly recommend their providers and 96.7 percent stating that they felt welcome in their program.
- The successful system updates under California Advancing and Innovating Medi-Cal (CalAIM), including documentation and payment reform, are notable achievements, as they required a concerted effort across the system of care to update, train, and implement with Monterey’s contract providers.
- The continued integration of contract providers in the use of the DMC-ODS’s Electronic Health Record (EHR) provides a strong foundation for Monterey’s future data collecting and systemwide reporting efforts.

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

- The 24/7 Access Line does not effectively meet the needs of all members who may call for help. Alameda’s County Crisis Support (CSS) receives all evening and weekend calls, and messages are taken and provided to the Monterey Access Call Center staff to follow up on the next business day.
- Timeliness to the first dose of methadone in the DMC-ODS remains almost triple the Department of Health Care Services (DHCS) standard of three business days.
- The limited number of local residential treatment slots and paucity of available recovery residence (RR) sites serve to delay members’ admission into the appropriate level of care (LOC) and impair Monterey’s ability to support those members who require recovery housing in continued treatment services.
- Monterey American Society of Addiction Medicine (ASAM) LOC recommendation data for initial screenings were not reported. The referral congruence at initial assessment

compared to placement was 41.57 percent of members admitting to an LOC based on “personal preference.”

- Investment in IS and data analytic staffing or contracted support remains low and continues to impact the implementation of priority projects, including but not limited to an automated authorization and referral process, data collecting and reporting support, and initiatives related to CalAIM.

Recommendations for improvement based upon this review include:

- Take active steps to develop a 24/7 Access Line with substance use disorder (SUD) trained staff available to provide brief assessment and referral after business hours, comparable to what is provided during business hours.
- Provide oversight and direction to contracted Narcotic Treatment Program (NTP) providers to ensure that members receive their first dose of methadone in alignment with the DHCS timeliness standard of three business days.  
(This recommendation is a carry-over from FY 2022-23.)
- Expand local residential treatment, residential 3.2 withdrawal management (WM), and RR capacities; increase capacity for youth treatment in all LOC's.
- Identify the root causes for ASAM LOC initial screening and assessment incongruence. Provide training and assistance specific to ASAM LOC to help clinicians and counselors assist members in accessing the most suitable LOC for their individual circumstance.  
(This recommendation was a carryover from FY 2022-23)
- Add resources for new IS and data analytics positions and expand strategies to successfully fill vacancies to meet the increased demands of CalAIM, data integration, payment reform initiatives, and ongoing EHR development and data reporting needs.  
(This recommendation is a carry-over from FY 2022-23.)

## NAPA EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — December 12-13, 2023

**DMC-ODS Size** — Small

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components (KC) 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	5	0	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	4	2	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>18</b>	<b>6</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	09/2022	First Remeasurement	Low Confidence
Follow-Up After Emergency Department Visit for Alcohol Use Disorder or Other Substance Use Disorder (FUA)	Non-Clinical	09/2022	First Remeasurement	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	1
2	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input checked="" type="checkbox"/> Other*	0

\*Youth Parent/Caregiver

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Napa’s utilization rate for recovery support services in calendar year (CY) 2022 was 9.56 percent, twice the statewide average of 4.25 percent.
- Under the Medical Director’s leadership, the DMC-ODS has plans to implement in-county medication assisted treatment (MAT) services early FY 2024-25 at HHSA-BH County Medication Clinic.
- The DMC-ODS is active in the provision of youth prevention and treatment services with their contracted provider that has a presence in 11 schools.
- The DMC-ODS upgraded the use of technical equipment and computer infrastructure, to support staff in utilizing concurrent/collaborative documentation in the field as appropriate.
- The DMC-ODS has contracted with Kings View for support with the new electronic health record (EHR). Kings View is a subsidiary of Qualifacts, which owns Credible, and will develop reporting from the new EHR.

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

- Napa is experiencing a high rate of staff turnover and burnout. Throughout the discussions, staff expressed concerns regarding the quality of leadership communication during a time of significant changes.
- County staff are not clear about telehealth protocols, and members are not clear on criteria for accessing telehealth, particularly when telehealth may be more convenient.
- The DMC-ODS tracks follow-up services post residential treatment standard ten business days rather than seven calendar days.
- Napa’s timeliness data for urgent services is very low for both adults and youth, suggesting that this element may need more attention at the initial screening.
- Napa shares two Information Systems (IS) technology full time equivalent (FTEs) with HHSA to address support for DMC-ODS needs, which appears to limit this resource for DMC-ODS operations.

Recommendations for improvement based upon this review include:

- Continue to prioritize staff retention efforts by identifying areas of needed improvement through soliciting department wide communications, addressing workload capacity, and causes leading to workforce expressions of burnout.

## ATTACHMENTS

- Given the input from staff and members regarding telehealth utilization for members, Napa should establish protocols to improve staff and the Plan members' understanding of local practices for utilization of telehealth services.
- Research and implement ways to improve and meet timeframe standards for timely transitions in care following residential treatment.
- Investigate the workflow process for screening, assessment, and identification of members with more acute needs and the referral process for those with urgent needs.
- Undertake an analysis of IS staff needs for the DMC-ODS and take steps to assure that those resources are fully resourced to fulfill mandatory DMC-ODS reporting requirements.

## NEVADA EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — April 3-4, 2024

**DMC-ODS Size** — Small

**DMC-ODS Region** — Superior

### 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	1	4	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	4	2	0
Quality of Care	8	5	3	0
Information Systems (IS)	6	6	0	0
<b>TOTAL</b>	<b>24</b>	<b>19</b>	<b>5</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
"Follow-Up After Emergency Department Visit for Substance Use (FUA)"	Clinical	09/2022	Second Remeasurement	Moderate confidence
"Pharmacotherapy for Opioid Use Disorder (POD)"	Non-Clinical	06/2023	Second Remeasurement	High confidence

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<input checked="" type="checkbox"/> Adults <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> MAT/NTP <input type="checkbox"/> Perinatal	

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Members confirmed to CalEQRO their appreciation of the strong support from Nevada and the “the recovery community.” This was echoed by system contractors who also acknowledged the communication and transparency of county DMC-ODS staff.
- The DMC-ODS is in negotiations to expand Let’s Recover contract services to include in-county Youth MAT and telehealth treatment.
- A new Day Reporting Center for unhoused people is operational and also provides participants with access to SUD and MH services.
- The DMC-ODS reorganized its management team to promote more leadership based on subject matter expertise and has begun to target and review specific service data.
- The DMC-ODS reallocated staff resources and created more intake slots to promote easier access for members which has shown improved access across all demographic groups.

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

- Wait times for the first treatment appointment are lengthy, as members report it is problematic to obtain an urgent appointment when needed. The lag in access is reflected in the timeliness data for Nevada, though the system noted issues with data entry errors which have been addressed through training. Contractors are frustrated with inefficiencies in the workflow process for data collection regarding timeliness metrics.
- California Outcome Measurement System (CalOMS) successful discharges look strong on paper, but an analysis may prove there are data entry issues there as well. Both the DMC-ODS and several providers stated accurate data is an issue and training has yet to reach all programs. A contractor representative also stated they did not know about the discharge summary form.
- The treatment perception survey (TPS) outcome report has yet to be disaggregated at the provider level, limiting Nevada’s ability to identify program level areas that may need improvement.
- The DMC-ODS states they would not be able to fully evaluate the need for more full-time employees (FTEs) until they complete the EHR implementation even as there continues to be a need for more data analytics and Information Systems staff who are understaffed and overwhelmed.
- Challenges with continuum of care include ongoing lack of residential capacity and Intensive outpatient treatment (IOT) data continues to show low utilization rates.

Recommendations for improvement based upon this review include:

- Take meaningful steps to identify barriers to timely intake appointments, develop initiatives to address barriers and assure that programs have protocols for urgent service requests which include messaging to members. Develop and implement standards and training for staff and contractors on the new timeliness forms in the electronic health record (EHR) that will also encourage utilization of the centralized data source location.
- Continue to assist providers with identification of staff who need CalOMS training and to monitor and ensure provider staff attendance at CalOMS trainings.  
(This recommendation is a carry-over from FY 2021-22.)
- Engage providers in meaningful discussions focused on areas of improvement identified in the individual provider TPS outcome report.
- Conduct an IS internal analysis to determine the number of FTEs required to adequately support data analytics and IS responsibilities for the DMC-ODS.  
(This recommendation was a carryover from FY 2022-23)
- Conduct a root cause analysis of low utilization for intensive outpatient treatment, to better identify solutions to enhance its use – especially in light of the very high ASAM congruence reported. Collaborate and strategize with providers on evidence-based practices (EBP) including motivational interviewing and stages of change. Continue efforts to increase residential services for members.  
(This recommendation was a carryover from FY 2022-23)

## ORANGE EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — September 19-21, 2023

**DMC-ODS Size** — Large

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 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	6	0	0
Quality of Care	8	8	0	0
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>22</b>	<b>2</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Increase services and individual counseling for Outpatient Members to Improve Satisfactory Progress	Clinical	09/2023	Submitted for approval	Moderate
Increasing Linkage to Lower Residential lower level of care following Withdrawal	Non-Clinical	09/2023	Submitted for approval	Moderate

Management Residential Detox Discharge				
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**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP <input checked="" type="checkbox"/> Perinatal <input type="checkbox"/> Other	█
2	<input type="checkbox"/> Youth <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█
3	<input checked="" type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█
* If number of participants is less than 3, feedback received during the session is incorporated into other sections of this report to ensure anonymity.		

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS completed a reorganization of its administration and resources resulting in the implementation of a new substance use disorder (SUD) Division dedicating leadership and subject matter expertise to SUD treatment.
- The DMC-ODS continues to provide multiple entryways into treatment. The “No Wrong Door” initiative is well established with all assessment staff trained in both Mental Health (MH) and SUD assessments. All treatment programs are capable of treating some co-occurring disorders.
- Medication Assisted Treatment (MAT) services are easily accessible through the DMC-ODS. All SUD treatment programs accept members utilizing MAT, all recovery residences are required to accept members utilizing MAT, four NTP sites provide MAT to adolescents, and the jails provide MAT and will allow inmates that come in on methadone to continue.
- The development of data dashboards and the examples of CalOMS data review is at a useful development stage as the DMC-ODS moves towards interoperability opportunities.
- The Behavioral Health Equity Committee (BHEC) is an excellent example of the DMC-ODS’ community collaboration efforts. The BHEC public meetings are designed for brainstorming and discussion of current cultural issues related to behavioral health. Attendees break out into tables of small groups enabling meaningful bi-directional communication.

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

- The no-show rate for the DMC-ODS members’ first appointment is 51.95 percent. Although this is a slight improvement from the previous year (54.48 percent), over fifty percent of members do not attend their initial appointment.
- Although a new quarterly meeting with contract provider QI coordinators has been launched, providers continue to express frustration with the DMC-ODS in relation to their partnership and communication. Contract providers stated, and review of meeting agendas and minutes confirm the meetings are driven by the needs of the DMC-ODS and they do not experience meaningful bi-directional communication.

- Despite the successful MAT expansion activities, non-methadone MAT utilization is extremely low. In CY 2022, the percentage of members receiving three or more MAT services was 0.63 percent while the statewide average was 3.66 percent indicating a disconnect between access and utilization.
- The DMC-ODS, along with many other counties, revised their existing MHP cultural competence plan to meet the requirements for the DMC-ODS Waiver. The current version the DMC-ODS continues to use is outdated and does not support cultural competence information and activities for SUD as effectually as the MHP.
- IS teams within the Orange Health Care Agency (HCA) are under-staffed due to increased workloads of ongoing development and support, combined with the changes required by CalAIM and SmartCare. The vacant staff positions are critical for effective and timely assessment of system capacity, timeliness, and performance measures used in making data-informed decisions.

FY 2023-24 CalEQRO recommendations for improvement include:

- The DMC-ODS should take active steps to address the no-show rates. A comprehensive analysis should be conducted which should include feedback from contracted program staff as well as the DMC-ODS operated programs. The new SUD Division could benefit by prioritizing effective information gathering on no-show rates from all program line staff and supervisors.  
(This is a continuation of a similar Recommendation from the previous two EQRs.)
- The DMC-ODS should consider creating a meeting for contract provider clinicians and line staff inviting them to propose ideas for improvement, provide insight into what staff are experiencing, and share success stories.
- The DMC-ODS should take steps to address the extremely low MAT utilization in the County. The DMC-ODS could benefit from enhancing relationships with NTPs to allow for meaningful discussions and problem solving regarding non-methadone MAT utilization.
- DMC-ODS should utilize the new SUD division to work in partnership with QI and the BHEC to develop a revised cultural competence plan specific to SUD.  
(This is a continuation of a similar recommendation since FY 2021-22.)
- Additional IS staff positions for the Orange County HCA are needed for ongoing support and development within the DMC-ODS system of care. The DMC-ODS HCA would benefit from enhanced support from County HR for the successful recruitment of vacant data analytics positions.

## PARTNERSHIP EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — April 23-25, 2024

**DMC-ODS Size** — Medium

**DMC-ODS Region** — Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, and Solano Counties contracted with PHC.

### 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	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	5	1	0
Quality of Care	8	5	3	0
Information Systems (IS) <sup>1</sup>	5	3	1	1
<b>TOTAL</b>	<b>23</b>	<b>16</b>	<b>6</b>	<b>1</b>

<sup>1</sup> Please note that one Key Component in Information Systems is not applicable as the multi-county model does not lend itself to a Plan EHR. Therefore, the total items rated equals 23.

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Enhancing linkage between acute care and substance use disorder (SUD) providers with community health workers (CHW) assisting with transitions in care	Clinical	01/2024	Planning	Low Confidence
Administrative support tools for CHWs supporting acute care and SUD providers coordination for members	Non-Clinical	01/2024	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 type="checkbox"/> Outpatient <input checked="" type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█
2	<input type="checkbox"/> Youth <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- PHC expanded care coordination with counties to enhance transitions to care and access for members, including positions to assist with outpatient and recovery residence access after completing residential treatment. PHC has 80 staff members in its care coordination unit.
- PHC expanded and coordinated MAT access, including NTPs, primary care clinics, and emergency department (ED) Bridge prescribers, supporting members in transition or with medical complexity. This effort includes incentives for coordinated transitions from the EDs and cross-program coordinated care for alcohol and opioid MAT providers.
- New performance improvement projects (PIPs) focused on systemwide funding and service capacity for specially trained community health workers (CHWs) in hospital EDs, documenting service engagement and coordinating care on step-downs into SUD treatments, with a \$4 million investment in interventions.
- Youth wellness and prevention programs linked to behavioral health (BH) services and health equity services were expanded. These programs are both in schools and community-based locations. Solano has been a role model for this by joining programs with the County Office of Education and BH systems of care.
- Member participation in care is reflected in high penetration rates (PRs). PHC expanded the SUD Continuum to meet rising member requests for treatment. Five new providers were added in the last year, and seven are in negotiations to meet service needs. PHC coordinated efforts with county leadership to help with startup, facility identification, and infrastructure.

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

- Overdose rates continue to be high, particularly for Native American members in Mendocino and Lassen Counties, based on the 2022 DHCS opioid surveillance dashboard.<sup>2</sup> This is despite PHC having 37 providers providing MAT in tribal communities.
- Access Call Center services require many handoffs of members between three or more access staff before members are given an appointment for an assessment. This discourages members from getting treatment and increases dropped calls.
- The regional model has unmet service needs for youth, particularly residential treatment. County stakeholders and medical leadership explained how youth and family members need these intensive services within the region.
- The ASAM dataset has less than 11 follow-up assessments, indicating that more data tracking or staff training is needed to monitor ongoing members using services.
- Website information for members with urgent or crisis needs requires some updates to provide as much clarity as possible regarding emerging mobile crisis services and the focus on integrated care with MH.

Recommendations for improvement based upon this review include:

- Consider areas where enhanced MAT is needed for Native American populations and work with the Department of Healthcare Services (DHCS) and key local stakeholders to expand access sites and mobile services.
- With new services emerging, such as mobile crisis, coordinate with the regional model counties to streamline Access Call Center processes. This is particularly critical for both urgent and non-urgent members calling for care or information. These integrated access numbers and services should also be reflected on the PHC website and linked to the regional model counties' BH websites.
- Collaborate with regional model counties and other key stakeholders to identify opportunities to add these needed youth residential services and/or propose pilot programs to help fill critical gaps in care.
- Work with the provider network and staff involved in ASAM data systems to evaluate why these numbers are so low and take corrective actions.
- Enhance the PHC website in coordination with regional model counties to clearly identify urgent and non-urgent BH treatment resources for members, including new mobile crisis resources.

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<sup>2</sup> [www.skylab.cdph.ca.gov](http://www.skylab.cdph.ca.gov)

## PLACER EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — August 29-31, 2023

**DMC-ODS Size** — Medium

**DMC-ODS Region** — Central

### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the Drug Medi-Cal Organized Delivery System (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 PIPs; and member feedback obtained through focus groups. Summary findings include:

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	1	2

**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	3	1	2
Quality of Care	8	5	2	1
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>17</b>	<b>4</b>	<b>3</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Early Engagement with Intensive Outpatient Treatment (IOT)	Clinical	11/2021	Third Remeasurement Phase	No Confidence
Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	09/2022	Planning Phase	No 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 type="checkbox"/> Residential <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	0
3	<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	0**
<p>** The third group was the county's effort to obtain member participation during the review when the two planned focus groups did not have sufficient participation.</p>		

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Implementation of SmartCare Electronic Health Record (EHR) will improve efficiency and resolve, over time, data collection issues that have been lingering.
- Contract providers have a high regard for Placer and spoke positively of their relationship.
- Through adoption of change management strategies, the DMC-ODS sustains an attitude of “how can we do better?”
- Care Coordination provided by the DMC-ODS is recognized by members and providers as a reliable service.
- A new contract negotiation with Paradise Oaks Youth Services is pending DMC-ODS certification.
- A location and building on the Dewitt Campus have been identified and considered by Placer Behavioral Health for 44 in-county residential beds. This will be contingent upon receiving grant funding from DHCS.

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

- Placer did not provide data for the first offered appointment, first offered non-urgent Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP) appointment and no-shows.
- Stakeholder feedback suggests there is an opportunity for Placer to utilize the TPS to develop provider QI strategies.
- Contract providers are not aware of or consider themselves informed of the on-going changes that are occurring, e.g., SmartCare.
- Both PIP submissions received no confidence ratings. The non-clinical PIP submission did not document any activity during the review period.
- California Outcomes Measurement System (CalOMS) unsatisfactory discharge status ratings continue to remain an issue.

FY 2023-24 CalEQRO recommendations for improvement include:

## ATTACHMENTS

- The DMC-ODS should take meaningful steps to track all standardized timeliness metrics.  
(This recommendation in similar form is carried over since FY 2021-2022.)
- Develop a strategy to utilize the Treatment Perception Survey (TPS) report outcomes for quality improvement projects/activities.  
(This recommendation in similar form is carried over from FY 2021-22 and FY 2022-23.)
- Efforts to engage and improve communications with providers should continue.
- Implement and document PIP and Behavioral Health Quality Improvement Program (BHQIP) refinements, enhancements tracking and monitoring as planned.
- The DMC-ODS should continue efforts to reach the 55 percent stated goal for CalOMS satisfactory discharge ratings.  
(This is carried over from FY 2022-23.)

## RIVERSIDE EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Hybrid

**Date of Review** — May 14-16, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	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	1	1	4
Quality of Care	8	6	2	0
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>16</b>	<b>4</b>	<b>4</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Residential Treatment Re-engagement Groups	Clinical	02/2022	Implementation Phase	Moderate Confidence
Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug (AOD) Abuse or Dependence	Non-Clinical	09/2022	Implementation Phase	Moderate Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS and its stakeholders, including its contract providers and criminal justice partners, have developed a strong culture of communication and collaboration. Providers report being informed of system changes and have the opportunity to provide meaningful input.
- The DMC-ODS has a strong opioid prevention program, most notably their Friday Night Live program, that works with schools and effectively utilizes youth-created social media campaigns and other pathways to educate and inform the community on the dangers of opioids as well as how to access treatment.
- Riverside has a no-wrong-door policy, with an impressive degree of access and coordination throughout the entire substance use disorder (SUD) system of care. The case management system is centralized and collaborates with peer support staff within treatment programs. This wrap-around case management system supports members' initial treatment engagement and effective transitions between levels of care (LOC).
- The DMC-ODS has developed a successful bed tracking system as well as data exchange processes with treatment providers, the combination of which services to streamline member admission into treatment and enhance ongoing collaboration with providers.
- Riverside has robust IS and Data Analytics staffing, facilitating routine maintenance as well as enhancing reporting capacity while also expanding initiatives involving new technology such as predictive Artificial Intelligence (AI) models for homelessness risk factors.

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

- Tracking first offered appointments (non-urgent and urgent) and no-shows to first offered appointments would allow Riverside to develop engagement and intervention strategies for members who require follow-up and support to engage in treatment.
- Fidelity to initial American Society of Addiction Medicine (ASAM) LOC recommendations was challenged in rural areas, especially in terms of MAT services.
- Riverside's Quality Improvement Work Plan (QIWP) and Evaluation Report for FY 2023-24 does not provide the data elements used for evaluation, and the outcome summary does not indicate the subsequent steps within each goal.
- The DMC-ODS' NTP reporting for the timely first dose of methadone is discrepant from state data.

- Staffing shortages exist among counselors, case managers, administrative support staff, and peer support specialists.

Recommendations for improvement based upon this review include:

- Continue development of a tracking mechanism to monitor no-shows and first-offered appointments that conforms with state guidelines for timely access to SUD care.  
(This recommendation is a carry-over from FY 2022-23.)
- To meet members' treatment needs, the DMC-ODS should expand its ASAM-based continuum of care to include the provision of telehealth, withdrawal management (WM), and NTP/MAT services in rural and remote areas.  
(This recommendation is a carry-over from FY 2022-23.)
- The DMC-ODS' integrated SUD/mental health plan (MHP) QIWP would benefit from identifying more tracked objectives and goals and including trend data with each element. This would enable the viewer to access narrative conclusions and review the supporting data.  
(This recommendation is a carry-over from FY 2022-23.)
- Investigate the discrepancy between Riverside's reported average days to the first dose of methadone and CalEQRO data and identify any potential outliers or data inconsistencies that may have contributed to this seemingly discordant finding.
- Explore innovative ways to obtain funding for additional counselors, case managers, administrative support staff, and peer support specialists to alleviate contract provider staff workload burdens and ensure the adequacy of support services.

## SACRAMENTO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — April 16-18, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Central

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

**Table B: Summary of Key Components**

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	3	0	3
Quality of Care	8	3	2	3
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>16</b>	<b>5</b>	<b>3</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Cross Referrals	Clinical	07/2023	Baseline	Low Confidence
Information Dissemination	Non-Clinical	07/2023	Baseline	Low Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Prevention and education efforts within the DMC-ODS are robust with focused outreach and campaigns addressing the local substance use issues impacting the Plan members of Sacramento. Locally, there has been a significant drop in Opioid overdose which is being attributed in part to these prevention efforts.
- Collaboration with the Sacramento Sheriff's Department and city police department, includes teams from all entities focused on substance use and mental health issues. The behavioral health teams work with the law enforcement teams to divert individuals to appropriate treatment services instead of incarceration.
- Sacramento has implemented various initiatives to improve cultural competence in SUD programs and engage underserved communities. The Behavioral Health Racial Equity Collaborative (BHREC) focused on the African American community and through this and other activities, Sacramento was able to increase bilingual staff from 10 percent to 49 percent.
- Access to MAT services continues to be robust within the DMC-ODS, with timeliness to first dose of methadone twice as fast as the statewide average. Additionally, since the implementation of MAT induction in the jails, there have been no inmate overdose deaths when previous to implementation, there had been several.
- The continued inclusion and training of contract providers in the use of the newly implemented SmartCare EHR has put the providers in an excellent position to effectively use the new EHR.

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

- There are many opportunities for improvement in the Access Call Center. Attempting to conduct a complete ASAM in one hour is not feasible and is not needed prior to admission. Some staff, including management, do not have a working knowledge of addiction and substance use disorder (SUD) treatment, which has led to ineffective procedures and barriers to appropriate access for members.
- Access and timeliness continue to be impacted based on a lack of capacity in multiple modalities including Residential Treatment and WM and providers who were not prepared for No Wrong Door.
- The Quality Improvement Plan (QIP) includes a number of areas where the term Mental Health is used when SUD or SUPT should be referenced instead. Also noted was a lack of member and line staff involvement in QI activities.

- While the level of follow-up care after discharge from residential treatment improved from the prior year, there still appears to be a significant lack of successful transitions into Outpatient and Recovery Support Services.
- The level of system reporting currently available from the SmartCare EHR is a known issue which has impacted both State mandated reporting requirements and the DMC-ODS reporting that supports clinical care as well as management review.

Recommendations for improvement based upon this review include:

- Take meaningful and ongoing steps to improve the Access Call Center process. Ongoing SUD specific training should be conducted for all staff including management. Replace the full ASAM assessment with a brief screening tool to save time and relieve the pressure on staff to complete a full ASAM assessment in one hour.
- Continue aggressively soliciting providers to expand the number of residential beds available. Additionally, engage in bidirectional discussion with providers on the challenges No Wrong Door is presenting and engage in collaborative problem solving.
- Take meaningful steps to find new and innovative ways to invite and engage line staff and Plan members to become involved in the QI process. Also, ensure the QI Work Plan (QIWP) for SUD is clearly and consistently defined as such and delete any misplaced mental health verbiage and erroneous staff positions.
- Expand collaboration with provider management and line staff to engage in a problem-solving process to address the low follow-up rates after discharge from residential treatment, and the low numbers of members accessing recovery support services.
- Continue to build internal IS and data analytic capacity of SmartCare reporting simultaneous to the statewide development efforts of CalMHSA.

## SAN BENITO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — March 19-20, 2024

**DMC-ODS Size** — Small

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	2	4	0

**Table B: Summary of Key Components**

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	3	1	0
Timeliness of Care	6	4	1	1
Quality of Care	8	4	3	1
Information Systems (IS)	6	3	2	1
<b>TOTAL</b>	<b>24</b>	<b>14</b>	<b>7</b>	<b>3</b>

**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 Drug Abuse or Dependence (FUA)	Clinical	09/2022	First Remeasurement	Moderate Confidence
Pharmacotherapy for Opioid Use Disorders (POD)	Non-Clinical	09/2022	First Remeasurement	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	1

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- San Benito DMC-ODS and Mental Health (MH) launched SmartCare as their new electronic health record (EHR) in July 2023 and have been billing and working with key staff and their contractors related to training, tools, and integration opportunities.
- The DMC-ODS has strong bilingual staffing and mobile capacity to serve members in the clinics and to provide care coordination in the field.
- The DMC-ODS shows strong transitions from residential to outpatient by county outpatient staff providing care coordination and helping with discharge planning into outpatient.
- Overall, the DMC-ODS had higher penetration rates (PRs) in all age groups than statewide and similar size counties, including the Hispanic/Latino population.
- The DMC-ODS is seeking to expand youth services and has a presence in two high schools, with two counselors assigned to the continuation school where youth with challenges or special needs attend.

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

- Urgent services and requests were still not tracked as part of the timeliness data for all age groups. The operational definition for urgent includes members in withdrawal and who are pregnant with substance use disorders (SUD). This will be a recommendation until the data for urgent is tracked separately from routine timeliness.
- Overdose rates are higher per capita than in most areas of California, and there are no MAT outpatient providers or NTP presence within the county, creating barriers to access to MAT for those with Opioid Use Disorders (OUD).
- Administrative discharges based on California Outcomes Measurement System (CalOMS) data are at 60 percent, which is much higher than statewide. Administrative discharges are when the member leaves the program without notice and does not return.
- The lack of key finance, clinical, and IS positions is impacting the DMC-ODS's ability to implement many initiatives of California Advancing and Improving Medi-Cal (CalAIM), such as criminal justice reforms, payment reform, Care Court, youth initiatives, mobile crisis, and quality requirement changes such as Healthcare Effectiveness Data and Information Set (HEDIS®)<sup>3</sup>. Without these key staff resources, there are financial risks related to revenue loss and a lack of critically needed services to the community.

<sup>3</sup> HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA)

- The San Benito website includes outdated information, and it is difficult for members to find urgent and routine treatment services.

Recommendations for improvement based upon this review include:

- Promote the Access Line for urgent needs and track urgent service capacity and responses to allow for rapid engagement of members in withdrawal or who are pregnant and needing urgent substance use services.

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

- Continue recruitment, hiring, and contracting efforts to establish outpatient MAT access within San Benito County and support timely access to NTP services in Monterey. Take steps to promote this service. Ensure that urgent calls to the Access phone line during the day, on weekends, and in the evening can be identified and directed to treatment.

(This recommendation is carried over from FY 2022-23)

- Enhance member engagement related to discharge planning and individualize treatment needs early in treatment episodes to reduce administrative discharges in CalOMS and enhance planned discharges to recovery support and community resources.
- Enlist expanded support for human resource activities to prioritize, classify, and fill essential finance, IS, and clinical positions, providing needed capacity for successfully implementing CalAIM initiatives. Areas needing support include criminal justice reform, payment reform, clinical services such as Care courts, mobile crisis, new quality requirements, and youth initiatives.
- Review and enhance the San Benito Behavioral Health website to improve member access to needed information. Establish a regular update process for provider numbers, locations, and information changes.

## SAN BERNARDINO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — March 5-7, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 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	3	2	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	4	1	1
Quality of Care	8	7	1	0
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>19</b>	<b>4</b>	<b>1</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	09/2022	Baseline	Low Confidence
Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	09/2022	Baseline	Low Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	11
2	<input checked="" type="checkbox"/> Adult <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input checked="" type="checkbox"/> Perinatal <input checked="" type="checkbox"/> Other	13

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- In partnership with Public Health, the DMC-ODS Fentanyl Awareness campaign expanded Narcan distribution and training. Narcan is either delivered or mailed out upon request. The DMC-ODS website provides facts about fentanyl and shares a video titled “*Dead on Arrival*” educating the public on risks and realities of this lethal substance.
- San Bernardino Department of Behavioral Health (DBH) developed a peer specialist career ladder through its peer program division, which has successfully been placing individuals with lived experience with providers. Peer providers do not need to be certified to start, and the County will pay for training and certification.
- A 16-week dual diagnosis cross-training was developed by the medical staff and the training is taught to substance use disorder (SUD) counselors by nurses. DBH and the local Probation office are an integrated team and utilize the “functional family therapy model” (6-9 months) for members and their families. DBH is reported to be the only integrated team in the nation with this type of interagency partnership. Co-occurring programs are integrated into all department operations.
- Upon discharge, San Bernardino had more members living independently then upon admission. CalOMS data also indicate a markedly low level of administrative discharges well below what is seen in most Plans. Strategies implemented to obtain this level of program performance should be shared statewide.
- San Bernardino DBH has received several award notifications, including from the opioid settlement funds, and has established expansion strategies and completion timelines for specified regions within the county, to occur between December 2026 to 2031. Plans include new construction for residential and recovery residences, campuses, and renovations for existing locations such as St. John of God (SJOG), a large residential program provider.

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

- Wait times until the first treatment appointment are lengthy and members report that there is no other method to obtain an urgent appointment when needed.
- Discussions with residential treatment provider staff indicate that they do not understand that they can admit members after-hours on the weekend.

- System contractor providers need training on how to use the available translation services, and to teach staff on how to focus on engaging with the members and their needs rather than the mechanics of using the virtual translation services.
- Strategies are needed for communities like Lucerne and other remote areas to improve member treatment access and support. Members made requests for enhanced clubhouse services and suggested that collaborative efforts with other stakeholders and existing faith-based organizations in the area to benefit the services. In some regions of San Bernardino County, existing clubhouse services are insufficient for members' needs.
- The Webpage resources are primarily flat page directories that require scrolling to locate resources (directories and pamphlets) with a font size that is smaller than 16 point.

Recommendations for improvement based upon this review include:

- Continue to take meaningful steps to identify barriers to timely intake appointments, develop initiatives to address those barriers and ensure that programs have protocols for urgent service requests which include messaging to members.  
(This recommendation was a carryover from FY 2022-23)
- Take steps to ensure timely residential admissions for members who present after normal business hours, including weekends, provide clear messaging and protocols for providers and their staff.
- Develop clinical training on the use of virtual translation services and teach staff how to remain engaged with the member rather than to focus on the mechanics of the translation service.
- Continue to conduct outreach to faith-based organizations and other appropriate stakeholders in the more isolated regions of the county. Develop partnerships and collaborations with a focus on enhancing existing Club House services and adding other member needed support services.  
(This recommendation was a carryover from FY 2022-23)
- Update the Website page to include criminal justice system resources for family and adolescent services, (e.g., include school resources, community centers and other appropriate youth programs such as Friday Night Live). Review the consistency of the Webpage font size to improve the ease of locating providers and other resources.

## SAN DIEGO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — March 19-21, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 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	6	0	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>20</b>	<b>4</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	07/2022	Implementation Phase	Moderate Confidence
Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	06/2022	Implementation Phase	Low Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

\*Medication Assisted Treatment (MAT), Narcotic Treatment Program (NTP)

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- San Diego’s Medication Assisted Treatment (MAT) service delivery system exhibits an impressive degree of collaboration between its 10 opioid treatment programs (OTP), which provide methadone and buprenorphine to over 5,000 members. They adopted flexible take-home dosing models without requiring daily visits to obtain doses based on program progress. Moreover, MAT services are expanding to outpatient clinics within the DMC-ODS, some of which have begun launching integrated MAT services with grant funding and increased partnerships.
- The DMC-ODS’s system of care for youth evidences a robust and well-integrated network of alliances and partnerships spanning across outpatient teen recovery centers, school-based services, justice system partnerships and strong coordination with allied mental health (MH) and physical health providers.
- Exceptional levels of inter-agency coordination with allied partners, such as courts and probation, vital for assuring access to substance use services for members involved with the criminal justice system, is evident in San Diego.
- The decision to align the DMC-ODS electronic health record (EHR) with the current MH EHR transition has the potential to provide substantial efficiencies in system administration efforts as well as providing a framework for integration of data collection, reporting, and interoperability development moving forward.
- The continued investment in county Information Systems (IS) and Data Analytic resources speaks to the effort being made in improving the quality and availability of data to inform the system of care. Notable progress is seen since the prior EQR tied to prior recommendations, including the addition of the IS Principal position.

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

- The DMC-ODS has a small number of Withdrawal Management (WM) beds (77) relative to need within a large county that provided substance use disorder (SUD) treatment services to more than 11,000 members in calendar year (CY) 2022.
- Feedback obtained during focus groups with providers revealed a need for expanded bed capacities in both residential treatment and recovery residences.
- The lack of a formal referral management process and care coordination is evident, specifically with the DMC-ODS’ Access and Crisis Line (ACL) and appears to be impacting the timeliness of transitions between levels of care (LOC).

- While San Diego has taken steps at improving bi-directional communication with contract providers since the last EQR cycle, providers expressed a need for greater transparency and sense of collaboration in their interactions with the DMC-ODS.
- The recent decision to transition from the San Diego Web Infrastructure for Treatment Services (SanWITS) EHR to the SmartCare EHR impacts many high-priority system development projects that have been in process. The timeline for system functionality will now be delayed due to the shift to a new system.

Recommendations for improvement based upon this review include:

- San Diego should take meaningful steps to increase system capacity for member access to WM services.
- The DMC-ODS should continue its efforts to build more capacity in both residential treatment and recovery residences.
- The DMC-ODS should improve and develop more transparent communication pathways with its providers while continuing to engage with them to improve data tracking, analysis, and integrity via groups such as the SUD provider association.
- The DMC-ODS should seek to revise the structure and processes of the ACL in order to provide referral management and the ability to provide an initial American Society of Addiction Medicine (ASAM) screening or assessment for member callers seeking services. This can increase the likelihood of referral to the appropriate LOC.
- San Diego should be proactive in exploring SmartCare functionality to fully implement available system options upon transition.

## SAN FRANCISCO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — September 26-28, 2023

**DMC-ODS Size** — Large

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
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	5	1	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	6	0	0
<b>TOTAL</b>	<b>24</b>	<b>21</b>	<b>3</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Increasing follow-up care for Alcohol or Other Drug Use Disorder (AOD) after an Emergency Department (ED) visit at Zuckerberg San Francisco General Hospital and Trauma Center (ZSFG)	Clinical	09/2022	Second Remeasurement Phase	Low
Improving retention on Pharmacotherapy for Opioid Use Disorder (POD) with incentivized support and expanded OTP access.	Non-Clinical	09/2022	Completed	Moderate

**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	█

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- In addition to Medication Assisted Treatment (MAT) and overdose prevention, the DMC-ODS has introduced a variety of innovative projects for individuals with an opioid or other substance use disorder, providing potential access points for treatment.
- San Francisco has a very strong relationship with the various entities of criminal justice from jail services to courts and probation. For example, all inmates entering the local jail (about 8,000 unique individuals per year) are screened for Opioid Use Disorder (OUD) and are automatically considered as candidates for MAT.
- Overall, the DMC-ODS Penetration Rate (PR) is higher than statewide, especially for at-risk groups like African Americans and Native Americans, evidence of a set of focused and intentional outreach strategies.
- San Francisco has conducted a series of evaluations, studies, and analyses regarding those in need of services, local substance use, and overdose patterns, along with service trends providing them with data-informed insights to drive a population health model that seeks to provide traditional substance use disorder (SUD) services alongside a myriad of local outreach and engagement initiatives to reach identified at-risk groups.
- San Francisco has tremendous IS, data analytic, and billing support infrastructure throughout the system of care which will enable a smooth transition to the new EHR, Epic, along with the adaptations needed for California Advancing and Innovating Medi-Cal (CalAIM).

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

- Feedback from CalEQRO member focus groups indicate that programs can be understaffed and expressed operational concerns (e.g. employee demeanor and food quality), that tools utilized in group sessions are outdated, while having little recourse for members to relay concerns.
- The DMC-ODS has workforce challenges due to such factors as high cost of living and lack of affordable housing resulting in a nearly 30 percent staff vacancy rate, which, in turn, has had an impact on service delivery.
- Utilization of DMC-ODS services by youth who primarily need SUD treatment is extremely low as are the use of recovery support and case management services with providers noting confusion regarding billing being an impediment.
- San Francisco has an ability to monitor residential treatment capacity in near real-time, is actively strategizing for bed optimization, and meets its own time to service standards. However, the number of Level 3.1 beds remains low for a large county DMC-ODS.
- Annual TPS survey results are reportedly not distributed to contracted providers for examination for improvement opportunities.

FY 2023-24 CalEQRO recommendations for improvement include:

- San Francisco should enhance program monitoring to ensure programs have updated treatment tools, allow for member input to address concerns, and are operated in a safe and professional manner.
- Continue existing efforts to engage and recruit workforce, optimize workflows and protocols allowing for best use of available staff.
- Take active steps to increase the adolescent treatment population and the number of youth treatment programs. Additionally, expand the use of recovery support services and ensure the new EHR can effectively bill for these services.
- Continue efforts to improve the capacity and timeliness of residential treatment and housing resources for the DMC-ODS.
- Communicate results from member satisfaction surveys with providers, identify issues of poor performance, and work to address them.

## SAN JOAQUIN EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — May 21-23, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Central

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	2	1

**Table B: Summary of Key Components**

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

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorders (POD)	Clinical	07/2022	Other – Fourth Remeasurement	Moderate Confidence
Follow-up after Emergency Department (ED) Visits for Alcohol Use Disorders (AUD) and other SUDs (FUA)	Non-Clinical	07/2022	Second Remeasurement	High Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

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

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

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

issues with leadership had impacted their ability to implement some of the California Advancing and Improving Medi-Cal (CalAIM) changes and goals successfully.

Recommendations for improvement based upon this review include:

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

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

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

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

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

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

## SAN LUIS OBISPO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — January 23-24, 2024

**DMC-ODS Size** — Medium

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 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	3	2	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	4	2	0
Quality of Care	8	5	3	0
Information Systems (IS)	6	3	3	0
<b>TOTAL</b>	<b>24</b>	<b>16</b>	<b>8</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	09/2022	First Remeasurement	Moderate Confidence
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	09/2022	First Remeasurement	Moderate Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█
2	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█
*Medication assisted treatment (MAT), Narcotic Treatment Program (NTP)		

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- San Luis Obispo’s PR is significantly higher than similar-sized counties and statewide for all age groups and racial/ethnic groups.
- There is a strong level of inter-agency coordination with allied partners such as the courts and probation to assure access for those members involved with the criminal justice system including those assigned under Assembly Bill (AB) 109.
- San Luis Obispo has achieved high level use of medication assisted treatment (MAT), both methadone and non-methadone forms, and has facilitated an opioid local safety coalition since 2016 with well-defined objectives and activities that include overdose prevention, naloxone distribution, community education, and prevention to limit the negative impact of the overdose epidemic.
- The DMC-ODS has well established partnerships with middle and high schools that support access for youth in need substance use disorder (SUD) services. Within county-run clinics there is an integrated treatment approach that allows members to benefit from SUD and mental health services designed for a youth population, ages 12 to 21. These efforts dovetail with youth prevention initiatives which focus on local initiatives to assist this vulnerable population understand the risks and realities of alcohol and other drug use.
- San Luis Obispo implemented SmartCare in July 2023 with the support of California Mental Health Services Authority (CalMHSA) and has assigned adequate internal information system (IS) and data analytics resources to assure implementation to completion.

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

- While San Luis Obispo has taken some steps to increase local residential Withdrawal Management (WM) and treatment capacity, options for those in need of this level of care (LOC) remain scarce with beds out of county often not found to be acceptable for members in need of 24/7 care.
- While the DMC-ODS tracks and reports on urgent service requests utilizing a 48-hour standard, it reports that for the FY 2022-23 just 18 individuals were identified and provided expedited access to care due to a more acute presentation.
- System treatment programs rated more than 64 percent of discharges as unsuccessful in California Outcomes Measurement System (CalOMS), with the majority of members

leaving treatment before completion. Most of these summary exits (47 percent) are administrative discharges.

- The DMC-ODS has 10 recovery residence sites with 125 beds. However, just one of those sites accept perinatal women and with just five beds for those with children in a residence that does not allow use of MAT.
- Treatment Perception Survey (TPS) responses decreased more than 59 percent in calendar year (CY) 2022.

Recommendations for improvement based upon this review include:

- The DMC-ODS should continue to solicit interest in identifying new providers or supporting existing programs in developing additional local residential treatment capacity.
- San Luis Obispo should review its urgent service request definition, protocol, workflow, and tracking, make meaningful adjustments as warranted to assure it can provide comprehensive identification and expeditious access for individuals who have a more acute need for SUD services.
- Additional analysis needs to be performed to determine the antecedents of unsuccessful CalOMS administrative discharges in order to identify and inform solutions and training needs, as well as to assure complete and accurate data is filed.
- San Luis Obispo should research necessary enhancements to support recovery residence contractors to expand housing for perinatal women and those who are on MAT and have children.
- The DMC-ODS needs to re-emphasize the importance of TPS administration within their clinics and to contractors, and provide necessary training, prompts or incentives to increase response rates better enabling the system to benefit from consumer feedback.

## SAN MATEO EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — February 6-7, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	0	3	2

**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	1	4	1
Quality of Care	8	8	0	0
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>18</b>	<b>5</b>	<b>1</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	09/2022	Implementation Phase	Moderate confidence
Follow-Up After Emergency Department Visit for Alcohol Use Disorder or Other Substance Use Disorder (FUA)	Non-Clinical	07/2022	Planning Phase	Moderate confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS’s broad availability of recovery support services (RSS) across the continuum of care, spanning from pre-admission to post-treatment, is innovative and should serve as a model for how this service might be deployed in other counties. Similarly noteworthy is San Mateo’s robust and sophisticated system of care for medication assisted treatment (MAT), coordinated via the DMC-ODS’ Integrated Medication-Assisted Treatment (IMAT) team, which has recently embedded an addiction psychiatrist several days a week within their Street Medicine program, enabling members to access MAT services more swiftly.
- San Mateo exhibits an impressive degree of inter-agency coordination between the DMC-ODS and its many partners within the criminal justice system as exemplified by its collaboration between Correctional Health Services and the IMAT team, wherein incarcerated member MAT is provided to the member upon their scheduled release from custody, minimizing delays in obtaining MAT post-release as well as reducing the risk of relapse due to needed MAT continuation being unavailable.
- Clinical outcomes are very strong with system providers reporting under California Outcomes Measurement System (CalOMS) rates of successful completion well above that found statewide and unsatisfactory administrative discharges well below that reported statewide. Similarly, indicators for both housing and employment denote that members are showing improved levels of functioning upon discharge.
- San Mateo has begun offering hiring incentive packages for hard to fill positions. Loan repayment and staff retention programs are also ways the county has moved forward with improving employment opportunities.
- DMC-ODS contract providers, primary care providers (PCPs), and area hospitals can access the current Netsmart electronic health record (EHR) system and use the Health Level Seven (HL7) standards with the support of the Business Intelligence Team.

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

- While the DMC-ODS has taken some steps toward improving their relationships with their providers, more efforts are needed in increasing both the quality and relevance of communication with their contractor partners, most crucially in the domain of California Advancing and Innovating Medi-Cal (CalAIM) payment reform implementation.

- Feedback provided to CalEQRO during this review suggests that linguistically competent interpretation and translation services are not consistently provided to all plan members who need them during treatment.
- The DMC-ODS' American Society of Addiction Medicine (ASAM) Level of Care (LOC) determination data are incomplete, likely due to a combination of insufficient staff training and inconsistently applied data collating processes.
- San Mateo's efforts to convene a county-wide overdose workgroup with community partners and stakeholders collaborating on a comprehensive approach to the opioid and overdose epidemic appeared to have stalled at the time of the review, related to securing the sustainable funding for the community health planner position that the DMC-ODS hopes would spearhead this undertaking.
- The lack of sufficient information system (IS) and analytic staff poses a continuing barrier for the current and future development of DMC-ODS initiatives.

Recommendations for improvement based upon this review include:

- The DMC-ODS would benefit greatly by increasing the quality and relevance of communication with their program contractors taking active steps to increase and enhance communication and involvement with these programs as system partners.  
(This recommendation is a carry-over from FY 2022-23.)
- San Mateo should take more robust steps to ensure the availability of linguistically competent interpretation and translation services across the continuum of care.
- The DMC-ODS should conduct ASAM trainings more frequently to ensure that all staff—including those newly hired—are well-versed in the ASAM assessment framework. Additionally, San Mateo should consider the use of fidelity checks for staff already trained to ensure their ongoing adherence to the ASAM model of assessment and placement. Finally, San Mateo should investigate and resolve any identified ASAM-related data collection discontinuities.  
(This recommendation is a carry-over from FY 2022-23.)
- San Mateo should explore how it might proceed with launching the county-wide overdose workgroup with the DMC-ODS' community health planner position's hiring and onboarding.  
(This recommendation is a carry-over from FY 2022-23.)
- In order to meet both CalAIM payment reform requirements and the implementation of a new EHR system, more IS and analytic support appears to be needed.  
(This recommendation is a carry-over from FY 2022-23.)

## SANTA BARBARA EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — April 9-11, 2024

**DMC-ODS Size** — Medium

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 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	1	4	0

**Table B: Summary of Key Components**

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

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	12/2022	Implementation Phase	Moderate Confidence
Follow-up after Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	09/2022	Implementation Phase	High Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<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	1
2	<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	1

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Santa Barbara boasts a total penetration rate (PR) of 1.64 percent, surpassing the statewide PR of 0.95 percent.
- Santa Barbara has robust partnerships and protocols to support collaboration and care coordination with the criminal justice services and probation department.
- Santa Barbara has taken meaningful steps to improve coordination and collaboration with the managed care plan (MCP), federally qualified health center (FQHC), local emergency departments (EDs), and primary care physicians (PCP) to improve access to substance use disorder (SUD) services.
- Cultural competency programs across the system of care are noteworthy for their levels of engagement within the community and collaboration with various groups.
- Santa Barbara demonstrated a lower rate of total denied claims, standing at just 2.12 percent, a figure notably below the statewide percent of 3.64.

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

- Providers and staff report that the capacity needed for recovery residence housing is not available to all members who do not have stable housing, particularly coming out of residential treatment and needing ongoing outpatient care.
- Low participation in the Treatment Perception Survey (TPS) made it difficult to assess member satisfaction and the perceived quality of services fully, though performance decreased in a number of areas.
- During the member focus group, some of the participants shared that they were unaware of transportation availability to assist them with SUD treatment.
- Santa Barbara American Society of Addiction Medicine (ASAM) level of care (LOC) data at the follow-up assessment was not reported in CY 2022.
- Contract providers feel that documentation processes have become more time-consuming, reducing the time available for direct patient interaction – as is often the case for new users of new systems. They expressed the need for more training to efficiently use the new EHR.

Recommendations for improvement based upon this review include:

- Improve access by continued efforts to expand recovery residence (RR), residential treatment center (RTC), and withdrawal management (WM) in the local community. Continue efforts to secure funding for additional local, in-county RR beds to support the continuum of care. Santa Barbara needs to continue exploring the financial feasibility of funding additional in-county residential and WM programs.
- Improve participation in TPS with expanded efforts, including paper surveys and wide distribution of results for improvement. Review areas in which TPS performance decreased to identify potential areas for improvement.
- Take steps to fully inform and educate the members about transportation availability.
- Identify root causes for incomplete ASAM LOC follow-up assessments. As needed, provide training and assistance specific to ASAM LOC to help clinicians and counselors assist members in accessing the LOC most appropriate for successful outcomes.
- Establish an EHR workgroup to train staff, rectify errors, and reduce documentation time. This group should be open to county and contract provider staff and provide access to EHR super users.

## SANTA CLARA EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — February 21-23, 2024

**DMC-ODS Size** — Large

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

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

**Table B: Summary of Key Components**

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

**Table C: Summary Of PIP Submissions**

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

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

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

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

- Based on member feedback and overdose trends, fentanyl withdrawal and treatment appear to need additional clinical support in both medication management as well as more intensive counseling/treatment support.
- The DMC-ODS does not have an agency-specific operational continuity plan (OCP) that is reviewed and tested annually. Instead, it currently relies on a Major Incident Management Process document composed by a team within Santa Clara County’s central information technology (IT) department for the entire county.
- No timeliness data was available for SUD urgent services, which are defined as members in withdrawal from drugs or alcohol. Lack of access to WM services can put members at serious risk if they cannot access care promptly. The standard for timely access is 48 hours.

- The implementation process for payment reforms between network providers and the DMC-ODS is reported to be impacting members with service reductions in the SUD system of care.
- The Quality Improvement (QI) Plan included more SUD goals than the previous year, but data was not available for many of the goals. The QI work plan also identified more compliance goals versus those linked to quality-of-care issues. A balance of compliance and quality-of-care goals is needed.

Recommendations for improvement based upon this review include:

- Expand and evaluate the treatment and support needs for those experiencing fentanyl withdrawal in the NTP/OTP programs and across the system of care and take appropriate actions to address these needs.
- Santa Clara should invest in an agency-specific IS OCP to avoid attacks from ransomware. This will better prepare the DMC-ODS for successfully navigating adverse events that compromise data and the operation of care services.
- Continue efforts to enhance the data system to track urgent timeliness and other critical metrics linked to timely access and quality of care.

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

- Continue important work toward a smooth implementation of payment reform with contract providers, minimizing service capacity impacts on members who need SUD specialty treatments.

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

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

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

## SANTA CRUZ EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — Onsite

**Date of Review** — Sept 12-14, 2023

**DMC-ODS Size** — Medium

**DMC-ODS Region** — Bay Area

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	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	5	1	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>20</b>	<b>4</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	09/2022	Implementation	Moderate Confidence
Follow-up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	09/2022	Implementation	Moderate Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input 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	█

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS penetration rates (PR) are higher than like-size counties and statewide averages, indicating strong access throughout the community regarding available services.
- Janus implemented an open access model to increase access to substance use disorder (SUD) treatment.
- Santa Cruz implemented a practice standards committee that includes SUD, mental health plan (MHP), and contract providers to recommend and implement changes to policy and practices.
- Santa Cruz is following an innovative and practical path to increased integration of mental health and SUD services with their Healing the Streets initiative.
- Despite workforce challenges, Santa Cruz staff, from front line contract providers through executive leadership, work cohesively for plan members’ benefit.

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

- Demand for transitional, recovery housing and residential services remains greater than the system of care can provide.
- The DMC-ODS has ongoing workforce issues that impacts staffing and programs at all levels of care (LOC).
- The DMC-ODS electronic health record (EHR) is not sufficiently staffed, as evidenced by the vacancy in the Health Services Agency (HSA) Information Technology (IT) team. Within SUD, a total of only 1.2 positions are dedicated to supporting the DMC-ODS EHR.
- The DMC-ODS has not fully reported American Society of Addiction Medicine (ASAM) data for the last two years. The lack of ASAM initial screenings was to have been mitigated by the implementation of the Pre-Admit Episode in October 2022. The lack of ASAM follow-up assessments remains unaddressed by Santa Cruz.
- Treatment Perception Survey (TPS) and California Outcomes Measurement System (CalOMS) reporting includes suggestions on ways that the quality of services can be improved, although this data is shared with contract partners via email and in the county-led utilization review meetings, contract partners expressed wanting more feedback and dialogue regarding the results of the TPS.

FY 2023-24 CalEQRO recommendations for improvement include:

- Continue to look for new pathways to expand capacity for residential treatment and recovery residences perhaps considering securing alternative funding and discuss successful development strategies with other like sized DMC-ODS counties.  
(This is a carryover of a similar recommendation from FY 2021-22 and FY 2022-23.)
- Work to allocate and hire additional staff to support the EHR and IS functions overall. Additional staff would allow for the timely completion of a greater number of projects found in the IS project queue including a number of CalAIM initiatives.  
(This is a carryover of a similar recommendation from FY 2021-22 and FY 2022-23.)
- Continue to look for meaningful ways to address workforce issues including the pursuit to streamline the hiring process, as well as consider a review of both separation and retention patterns to identify commonalities that may inform workplace adjustments to retain staff.  
(This is a carryover of a similar recommendation from FY 2021-22 and FY 2022-23.)
- Undertake an analysis of the reasons that ASAM follow-up assessments are not being completed and take appropriate action to increase the timely reporting of ASAM data.  
(This recommendation is a carryover from FY 2022-23.)
- Increase communication and input regarding QI activities. This should include sharing outcomes data such as CalOMS with contract providers. Additionally, QI activities and presentations should include feedback from members (e.g., data from the TPS report and member focus groups).

## STANISLAUS EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** - Virtual

**Date of Review** - October 3-5, 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	3	1	1

**Table B: Summary of Key Components**

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	2	0
Quality of Care	8	7	1	0
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>20</b>	<b>4</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder	Clinical	09/2022	Implementation	Moderate Confidence
Follow-up after Emergency Department (ED) Visit for Alcohol Use Disorder or Other Substance Use Disorder (SUD)	Non-Clinical	09/2022	Implementation	Moderate Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	<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	1
2	<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	1
[REDACTED]		

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Stanislaus’ narcotic treatment provider (NTP) facility opened another service site in the South County city of Turlock, adding medication assisted treatment (MAT) services and improving access to care.
- The DMC-ODS expanded field-based services by adding five counselors for outpatient/intensive outpatient treatment (OP/IOT), an additional peer support staff, and enhancing substance use disorder (SUD) services at local school districts.
- Stanislaus obtained Board of Supervisor (BOS) approval to initiate planning of an Integrated Care Center (ICC) in partnership with the managed care plan (MCP), health insurance, and private organizations, and is in the process of engaging a consulting firm and identifying a site. The Plan has identified current provider sites that may act as satellite access sites.
- Improved coordination and collaboration with the criminal justice system is in place.
- Stanislaus is a fully integrated and coordinated system for both the Mental Health Plan (MHP) and SUD services.

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

- System providers shared feedback that indicated a need to improve communication, training, and support regarding SmartCare and payment reform.
- The wait time for the first offered non-urgent NTP service averages five days, with the three-day standard met just 50 percent of the time. Timely appointments for urgent service requests are longer than the 48-hour standard, averaging 96 hours.
- While the percentage of members rated as having favorable treatment progress at time of discharge is higher than found statewide (54 percent vs 49.76 percent) a very high percent of individuals (37 percent) left treatment prior to completion, well above the statewide rate of 13.83 percent.
- Stanislaus’ capacity to track the first offered appointment and no-show data is limited, which restricts their ability to track and report or monitor trends regarding initial contact.
- Although a countywide Information Technology (IT) strategic plan exists and is followed, the lack of an agency-specific IT strategic plan makes it challenging to establish priorities and implement agency-level systems.

FY 2023-24 CalEQRO recommendations for improvement include:

- Take meaningful steps to improve provider communication, training, and support for implementing SmartCare and payment reform.
- Identify commonalities and address root causes that lead to delays in order to improve the timeliness of services in accordance with regulations and appropriate clinical standards. This includes NTP, opioid treatment program (OTP) services, and urgent service requests.
- Address the high rate of clients discharging treatment with a California Outcomes Measurement System (CalOMS) discharge status of “left before completion with satisfactory and unsatisfactory progress.” This should include enhanced strategies to keep and retain members, increase attendance rates, and persistence in care, along with other activities designed to improve treatment outcomes.
- Continue to develop a method to capture service access requests that makes data analysis feasible and reduces duplication of effort.
- Follow the County IT strategic plan framework and develop an agency-specific IT strategic plan to identify agency-level IT priorities and ensure technology solutions and systems are implemented timely, efficiently, and able to produce desired outcomes.

## TULARE 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, “Tulare” may be used to identify the Tulare County DMC-ODS program.

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — May 7-9, 2024

**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	2	2	1

**Table B: Summary of Key Components**

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	0	2
Quality of Care	8	5	3	0
Information Systems (IS)	6	2	4	0
<b>TOTAL</b>	<b>24</b>	<b>15</b>	<b>7</b>	<b>2</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	01/2023	Second Remeasurement	Moderate Confidence
Increasing the Number of Hispanic Individuals Who Utilize DMC-ODS Services	Non-Clinical	07/2022	Second Remeasurement	High Confidence

**Table D: Summary of Plan Member/Family Focus Groups**

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

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Collaboration between the DMC-ODS and contracted providers is excellent. The providers and the DMC-ODS work well to resolve real time issues to support member placement and success.
- The DMC-ODS has developed effective partnerships with hospitals, meeting monthly and providing educational substance use disorder (SUD)-themed presentations. Tulare is currently recruiting for positions to conduct assessments in emergency departments during overnight hours.
- Providers, including line staff, report that they understand the functionality of SmartCare, use it effectively, and feel they are well trained.
- There has been significant improvement in responses in all domains and for most individual questions within the treatment perception survey (TPS).
- Members of the quality improvement (QI) team have begun visiting provider sites and are meeting with members to gather feedback on treatment services.

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

- There is no withdrawal management (WM) available through the DMC-ODS.
- Non-methadone MAT services are not utilized in the DMC-ODS. There were no claims submitted for this service during the FY 2023-24 year, suggesting that the contracted NTPs that may have non-methadone forms of MAT available are not prescribing them.
- The Native American overdose rate is extremely high at 59 percent compared to the White population, with the next highest rate at 20 percent. Other populations were under 11 percent.

- As the integration of mental health (MH) and SUD becomes a reality, providers noted that when the two are combined into one meeting, mental health takes the bulk of the meeting time, leaving little room for discussion of SUD making the meeting almost meaningless for SUD providers.
- The website is difficult to find and navigate. Offered services were not easy to locate, and the welcome banner lists many services, including mental health, but does not list SUD-specific information.

Recommendations for improvement based upon this review include:

- Take the necessary steps to add withdrawal management services to the DMC-ODS continuum of care as soon as possible.
- Prioritize expansion of non-methadone MAT services, with a focus on securing MAT providers that are not NTPs.  
(This recommendation is a carryover since FY 2020-21.)
- Capitalize on the collaboration with Tule River Indian Health to develop and implement an outreach and education plan for the Native American population.
- Take meaningful steps now to ensure SUD has appropriate time allotted for discussion during integrated quality improvement committee (QIC) meetings. Website redesign should be a priority to provide easy access to important phone numbers such as the 24-hour access line and the 988-suicide prevention line and SUD services.
- Website redesign should be a priority to provide easy access to important phone numbers, such as the 24-hour access line and the 988 suicide prevention line. The numbers should be on any landing pages and prominently displayed.

## VENTURA EXECUTIVE SUMMARY

### DMC-ODS INFORMATION

**Review Type** — On-site

**Date of Review** — December 5-7, 2023

**DMC-ODS Size** — Large

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

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

**Table A: Summary of Response to Recommendations**

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	4	2	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	4	2	0
Quality of Care	8	8	0	0
Information Systems (IS)	6	5	1	0
<b>TOTAL</b>	<b>24</b>	<b>21</b>	<b>3</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Study of member engagement and retention in early outpatient treatment.	Clinical	04/2021	Second Remeasurement Phase	Moderate
Follow-Up After Emergency Department (ED) Visit for Alcohol Use Disorder or Other Substance Use Disorder (SUD)	Non-Clinical	09/2022	Baseline Year	Low

**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 type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	█

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS’ medication assisted treatment (MAT) program’s innovative incorporation of half-time rotation of Addiction Medicine fellows through the clinic’s two sites, supports best practices medication prescribing and monitoring.
- Average days to the first offered non-urgent NTP/OTP appointment (0.4 days) is timelier than the three-day standard.
- Ventura saw a significant increase in the number of TPS responses in CY 2022 compared to CY 2021 (199 to 349). Moreover, positive member perceptions increased for virtually every domain.
- Data for CY 2022 indicates much higher penetration rates than statewide as well as other large counties, including within all age groups, genders, Hispanic/Latino, within most levels of care, and overall.
- The DMC-ODS maintains a well-developed opioid prevention program that serves as a central hub for naloxone distribution across the county with greater than 60 distribution partners.

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

- Transitions to lower levels of care (LOC) following residential treatment frequently do not meet the timeliness standard.
- Telephone hold times as well as the number of dropped calls remain elevated for members seeking to access substance use disorder (SUD) treatment through the DMC-ODS’ Access Line.
- ASAM incongruence rates attributed to clinical judgment remain high both at the time of initial assessment as well as at subsequent follow-up assessment.
- A significant percentage of members leave treatment before completion with unsatisfactory progress.
- Timeliness of first offered urgent appointments frequently exceed the 48-hour standard.

FY 2023-24 CalEQRO recommendations for improvement include:

- Ventura is encouraged to revisit the manner in which Requests for Services (RFS) are being processed by the “Access Line,” a recent change which the DMC-ODS

acknowledges has contributed to the number of dropped calls as well as to excessive caller wait times.

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

- The DMC-ODS should ensure that staff receive the necessary training to decrease the incidence of ASAM LOC placement incongruence due to “clinical judgment.” Moreover, Ventura should explore the feasibility of instituting post-training fidelity checks.

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

- As Ventura reports that it can now track timeliness data for all LOCs, the DMC ODS should prioritize the development and implementation of a strategy designed to increase the timeliness of post-residential treatment LOC transitions.
- Identify and analyze the potential causes for members’ precipitous termination of treatment with unsatisfactory progress and launch an initiative aimed at reducing the frequency of such departures.
- Develop a tracking mechanism within the SmartCare by Streamline platform which will allow for greater precision in the DMC-ODS’s efforts to track the timeliness of first offered urgent appointments.

## YOLO EXECUTIVE SUMMARY

### 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
<b>TOTAL</b>	<b>24</b>	<b>14</b>	<b>5</b>	<b>5</b>

**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	1
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 2023-24 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.

## ATTACHMENTS

- 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.