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

SANTA CRUZ FINAL REPORT

- MHP
- DMC-ODS

Prepared for:

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

Review Dates:

September 12-14, 2023

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EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2023-24 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, “Santa Cruz” may be used to identify the Santa Cruz County DMC-ODS program, unless otherwise indicated.

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
TOTAL	24	20	4	0

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	3
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	5

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).

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

The United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid (Medi-Cal in California) Managed Care Services. The Code of Federal Regulations (CFR) specifies the EQR requirements (42 CFR § 438, subpart E), and CMS develops protocols to guide the annual EQR process; the most recent protocol was updated in February 2023.

The State of California Department of Health Care Services (DHCS) contracts with 31 county DMC-ODSs, comprised of 37 counties, to provide specialty SUD treatment services to Medi-Cal Plan members under the provisions of Title XIX of the federal Social Security Act. As PIHPs, the CMS rules apply to each Medi-Cal DMC-ODS. DHCS contracts with Behavioral Health Concepts, Inc., (BHC) the CalEQRO to review and evaluate the care provided to the Medi-Cal Plan members.

DHCS requires the CalEQRO to evaluate DMC-ODSs on the following: delivery of SUD in a culturally competent manner, coordination of care with other healthcare providers, and Plan member satisfaction. CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill 205 (Section 14197.05 of the California Welfare and Institutions Code [WIC]).

This report presents the FY 2023-24 findings of the EQR for Santa Cruz DMC-ODS by BHC, conducted as an onsite review on September 12-14, 2023.

REVIEW METHODOLOGY

CalEQRO's review emphasizes the DMC-ODS's use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public SUD system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by SUD systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to validate and analyze data, review DMC-ODS-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, Plan members, family, and other stakeholders. At the conclusion of the EQR process, CalEQRO produces a technical report that synthesizes information, draws upon prior year's findings, and identifies system-level strengths, opportunities for improvement, and recommendations to improve quality.

Data used to generate Performance Measures (PM) tables and graphs throughout this report, unless otherwise specified, are derived from multiple source files: Monthly Medi-Cal Eligibility Data System Eligibility File; DMC-ODS approved claims; the TPS; the CalOMS; and the ASAM LOC data.

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

Findings in this report include:

- Changes and initiatives the DMC-ODS identified as having a significant impact on access, timeliness, and quality of the DMC-ODS service delivery system in the preceding year. DMC-ODSs are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.
- DMC-ODS activities in response to FY 2022-23 EQR recommendations.
- Summary of DMC-ODS-specific activities related to the four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact Plan member outcomes: Access, Timeliness, Quality, and IS.
- Validation and analysis of the DMC-ODS' two contractually required PIPs as per 42 CFR Section 438.330 (d)(1)-(4) – summary of the validation tool included as Attachment C.
- Validation and analysis of PMs as per 42 CFR Section 438.358(b)(1)(ii). PMs include examination of specific data for Medi-Cal eligible minor and non-minor dependents in FC, as per California WIC Section 14717.5, and also as outlined DHCS's Comprehensive Quality Strategy. Data definitions are included as Attachment E.
- Validation and analysis of each DMC-ODS' NA as per 42 CFR Section 438.68, including data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.
- Validation and analysis of the extent to which the DMC-ODS and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county DMC-ODS' reporting systems and methodologies for calculating PMs, and whether the DMC-ODS and its subcontracting providers maintain HIS that collect, analyze, integrate, and report data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.
- Validation and analysis of perception of the DMC-ODS' service delivery system, obtained through review of satisfaction survey results and focus groups with plan members and family members.

- Summary of DMC-ODS strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

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

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

DMC-ODS CHANGES AND INITIATIVES

In this section, changes within the DMC-ODS' environment since its last review, as well as the status of last year's (FY 2022-23) EQR recommendations are presented.

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

The DMC-ODS sustained significant staff turnover during the COVID-19 pandemic and has undergone organizational changes since the previous EQR. Due to atmospheric river and winter storms until March 2023, Santa Cruz experienced unprecedented storms and weather conditions, including floods, landslides, breached river levees, and downed trees. The weather events reduced clinic and program access due to road closures and disruptions in telecommunication services. Many people are still displaced, including a supportive housing facility in Watsonville. DMC-ODS was part of the community response to support residents and provide basic needs.

SIGNIFICANT CHANGES AND INITIATIVES

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

- Santa Cruz has experienced a change in organizational leadership since the last EQR review, with a new Behavioral Health (BH) Director, BH Deputy Director, Director of SUD Services, Director of QI, and other key positions.
- Santa Cruz expanded residential capacity at ASAM levels 3.1, 3.2, and 3.5.
- The DMC-ODS has launched additional capacity for recovery residence housing.
- The DMC-ODS continues to implement the CalAIM program, including payment reform, coordination with managed care plan (MCP) providers, relevant training, form development and documentation, as well as instituting necessary operational changes.
- Santa Cruz will start the implementation of the contingency management program, a best practice which under the statewide pilot.

RESPONSE TO FY 2022-23 RECOMMENDATIONS

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

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the county has either:

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

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

Recommendations from FY 2022-23

Recommendation 1: Accelerate hiring processes to fill vacant positions. Consider rate increases for providers to allow for more competitive counselor salaries. Also continue to look for new ways to engage staff such as flexible work schedules, remote work, and other strategies to reduce turnover.

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

Addressed

Partially Addressed

Not Addressed

- The DMC-ODS and network providers have implemented many strategies to reduce staff turnover. Contract providers now allow their staff to adopt flexible work schedules, work remotely, and provide supportive supervision to reduce turnover. The DMC-ODS has supported providers in providing competitive wage/benefit packages for their staff through annual contract increases.
- Santa Cruz County's Human Resources department has made significant improvements to expedite the hiring process for county positions, which includes allowing hiring departments to work from a complete list of applicants instead of their previous limit of ten applicants at a time and reducing lag time for interviews from five days to three. Additionally, a new full-time employee (FTE) to support the administrative aspects of the hiring process was added.
- Despite the DMC-ODS's efforts, Santa Cruz and contract providers continue to report workforce staffing shortages, as is occurring throughout the state.

Recommendation 2: Expand the service delivery system to meet the demand for LOCs with insufficient capacity. Determinations should consider current and future needs and incorporate findings into an updated QI plan and continuum of care.

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

Addressed Partially Addressed Not Addressed

- The DMC-ODS has expanded its adult service capacity from 80 to 94 residential treatment beds. The DMC-ODS has contracted with a new residential treatment provider, The Camp Recovery Center, located in Scotts Valley.
- Despite efforts to expand local service levels, the DMC-ODS continues to have limited access ASAM Levels 3.1, 3.3, and 3.5 residential treatment, as well as recovery housing, and residential withdrawal management (WM), Level 3.2.

Recommendation 3: Improve billing claims processes by reviewing the claims denial rate and obtain more understanding of the root causes. Make the monthly billings more consistent and correct any inaccuracies in provider billing for Medication Assisted Treatment (MAT) or other SUD services. Put in place more robust verification processes and increase the staff necessary to sustain those processes on an ongoing basis.

Addressed Partially Addressed Not Addressed

- While the initial denial rate for SUD claims appears high, the billing team makes good use of their void and replace procedure. The final denial rate for SUD claims is acceptable.
- Santa Cruz identified inaccuracies in provider billing for residential MAT services. To remedy this, the DMC-ODS contracted with an external subject matter expert to analyze their MAT billing entries. The contractor is reviewing all MAT claims for FY 2022-23 to check for any inaccuracies and will make recommendations for any disallowable claims.
- The DMC-ODS is also developing MAT billing policies and training to ensure that MAT codes are used appropriately and that utilization review staff are trained to identify appropriate billing codes. The DMC-ODS has also consulted with DHCS and other counties to ensure that Santa Cruz has accurate and effective policies and procedures.

Recommendation 4: Expand EHR data collection and reporting capabilities for timeliness tracking across the system to allow for the identification and introduction of QI activities and monitoring to enhance member care.

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

Addressed Partially Addressed Not Addressed

- Santa Cruz introduced a pre-admit episode in October 2022. This episode provides useful information regarding timeliness of services. In addition, because

the ASAM initial screening exists within the pre-admit episode, providers who receive referrals now have access to relevant clinical information for the referred member.

- Santa Cruz continues to experience challenges related to the low rate of ASAM Follow-up Assessments.

Recommendation 5: Take meaningful steps to identify and streamline use of redundant or duplicative documentation requirements and make necessary workflow adjustments. This work should involve an expanded communication and planning role with providers.

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

Addressed

Partially Addressed

Not Addressed

- CalAIM implementation includes documentation changes intended to streamline and make documentation demands less burdensome. Santa Cruz QI has provided CalAIM training resources and EHR Tutorials to support providers, county, and contracted staff with leaner documentation practices.
- The DMC-ODS QI team collaborates with all providers on creating best practices for data entry, documentation quality, and monitoring staff performance with required documentation elements.

ACCESS TO CARE

CMS defines access as the ability to receive essential health care and services. Access is a broad set of concerns that reflects the degree to which eligible individuals or members are able to obtain needed health care services from a health care system. It encompasses multiple factors, including insurance/plan coverage, sufficient number of providers and facilities in the areas in which plan members live, equity, as well as accessibility—the ability to obtain medical care and services when needed. The cornerstone of DMC-ODS services must be access or plan members are negatively impacted.

CalEQRO uses a number of indicators of access, including the Key Components and PMs addressed below.

ACCESSING SERVICES FROM THE DMC-ODS

SUD services in the DMC-ODS are primarily delivered by contractor-operated providers, with a small number of services provided by county-operated providers. Regardless of payment source, approximately 0.9 percent of services were delivered by county-operated/staffed clinics and sites, and 99.1 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 92.7 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free access line available to plan members 24-hours, 7-days per week that is operated by county staff; members may request services through the Access Line as well as directly with providers for all LOC, including Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP), and Withdrawal Management (WM) services. The Access team staff are cross-trained to provide screenings for both MHP and SUD treatment requests during weekday business hours, and the Santa Cruz Answering Service is also cross-trained to address both types of requests made after hours on weekdays and weekends. The DMC-ODS operates a centralized access team that is responsible for linking members to appropriate, medically necessary services. Santa Cruz staff conduct screenings and use ASAM criteria to make referrals to DMC-ODS providers at levels of care appropriate to callers' needs. The access line is especially helpful for callers who need assistance in navigating and accessing the DMC-ODS.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services to youth and adults. In FY 2022-23, the DMC-ODS reports having provided telehealth services to 363 adults, 39 youth, and 13 older adults., across 1 county-operated site and 11 contractor-operated sites. Among those served, 14 members received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

An adequate network of providers is necessary for Plan members to receive the medically necessary services most appropriate to their needs. CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, through WIC 14197.05, California assigns responsibility to the EQRO for review and validation of specific data, by plan and by county, for the purpose of informing the status of implementation of the requirements of WIC Section 14197, including the information contained in Table 1A and Table 1B.

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

For Santa Cruz County, the time and distance requirements are 30 miles and 60 minutes for outpatient SUD services, and 4-12 miles and 3-12 minutes for NTP/OTP services. These services are further measured in relation to two age groups – youth (0-17) and adults (18 and over).

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

Alternative Access Standards				
The DMC-ODS was required to submit an AAS request due to time and distance requirements	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
AAS Details	Opioid Treatment		Outpatient SUD Services	
	Adults (age 18+)	Youth (age 12 -17)	Adults (age 18+)	Youth (age 12-17)
# of zip codes outside of the time and distance standards that required AAS request	0	17	0	0
# of allowable exceptions for the appointment time standard, if known (timeliness is addressed later in this report)	N/A	UK	N/A	N/A
Distance and driving time between nearest network provider and zip code of the member furthest from that provider for AAS requests	N/A	3-12 minutes / 4- 12 miles	N/A	N/A
Approximate number of members impacted by AAS or allowable exceptions	N/A	0	N/A	N/A
The number of AAS requests approved and related zip code(s)	N/A	CAP in process	N/A	N/A
Reasons cited for approval	N/A	CAP in process	N/A	N/A
The number of AAS requests denied and related zip code(s)	N/A	CAP in process	N/A	N/A
Reasons cited for denial	N/A	CAP in process	N/A	N/A

- The DMC-ODS did not meet all time and distance standards and was required to submit an AAS request.
- The DMC-ODS is not in agreement with the finding that they are out of compliance and are engaged in a review process with their Network Adequacy staff.

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

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
OON Details	
Contracts with OON Providers	
Does the DMC-ODS have existing contracts with OON providers?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Contracting status:	<input type="checkbox"/> The DMC-ODS is in the process of establishing contracts with OON providers. <input checked="" type="checkbox"/> The DMC-ODS does not have plans to establish contracts with OON providers
OON Access for Plan Members	
The DMC-ODS ensures OON access for members in the following manner:	<input type="checkbox"/> The DMC-ODS has existing contracts with OON providers. <input checked="" type="checkbox"/> Other: The DMC-ODS maintains a contract in the county for NTP for youth."

- The DMC-ODS was found to require Alternative Access Standards; however, they do not agree that they are out of compliance. They are working with DHCS to resolve this issue.
- The DMC-ODs does not have contracts with out-of-network providers because they have an in-county contract for youth NTP/OTP.

ACCESS KEY COMPONENTS

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

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

Table 2: Access Key Components

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

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

- Santa Cruz County BH Access staff and after-hours answering service staff maintain bilingual staff. Both groups also have access to the Language Service Associates (LSA) interpretive phone services for language needs beyond the threshold language (Spanish). The LSA also has the ability to offer video-conferencing when requested. In addition, all DMC-ODS network providers have access to the LSA phone interpretive services, funded by BHS. The 711 service is also used for callers with hearing challenges.
- The DMC-ODS collaborates with law enforcement and criminal justice entities to ensure that members involved with criminal justice have timely access to SUD services. This is accomplished by the DMC-ODS network providers providing ASAM assessments to persons in custody who express interest in receiving SUD treatment. This also allows for a seamless transition for criminal justice-involved members to enter treatment providers upon their release from jail or detention.

ACCESS PERFORMANCE MEASURES

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

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

The Statewide PR is 0.95 percent, with an average approved claim amount of \$5,998. Using PR as an indicator of access for the DMC-ODS, the Santa Cruz DMC-ODS demonstrate better access to services than was seen statewide. Santa Cruz continues to have very good PRs for all races and ethnicities that exceed the Statewide PRs. In

addition, the average approved claim amount for the DMC-ODS is \$9,800 which is much higher than the Statewide average.

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

Table 3: County Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Ages 12-17	9,349	64	0.68%	0.26%	0.25%
Ages 18-64	47,841	1,144	2.39%	1.37%	1.19%
Ages 65+	7,881	86	1.09%	0.72%	0.49%
Total	65,071	1,294	1.99%	1.11%	0.95%

Note: Total annual eligibles in Tables 3, 4, and 5 may show small differences due to rounding of different variables when calculating the annual total as an average of monthly totals.

- The number of eligibles decreased by 13 percent from CY 2021 to CY 2022, and the PR increased.
- The DMC-ODS exceeded the statewide and similar size county PRs for all age groups.

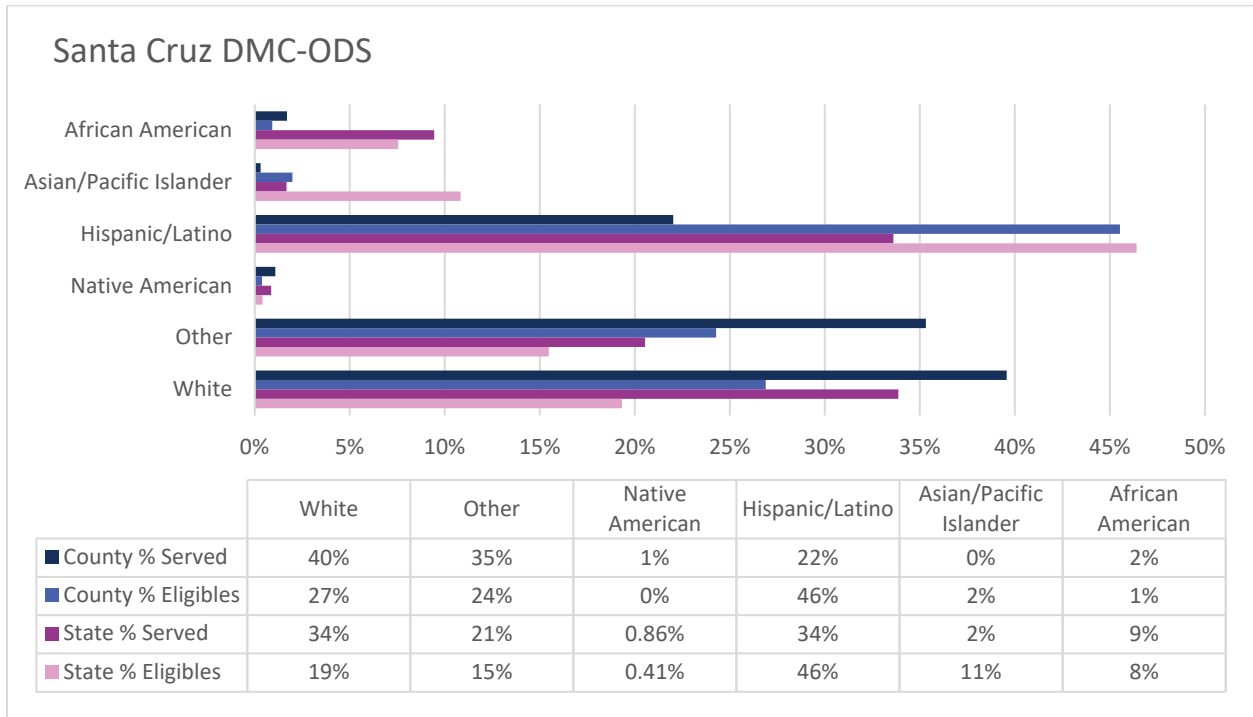
Table 4: County Medi-Cal Eligible Population, Members Served, and Penetration Rates by Racial/Ethnic Group, CY 2022

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	Same Size Counties PR	Statewide PR
African American	600	22	3.67%	1.35%	1.19%
Asian/Pacific Islander	1,293	<11	-	0.23%	0.15%
Hispanic/Latino	29,627	285	0.96%	0.69%	0.69%
Native American	251	-	-	2.07%	2.01%
Other	15,802	457	2.89%	1.51%	1.26%
White	17,500	512	2.93%	1.85%	1.67%
Total	65,069	1,294	1.99%	1.11%	0.95%

Note: Total annual eligibles in Tables 3, 4, and 5 may show small differences due to rounding of different variables when calculating the annual total as an average of monthly totals.

- The DMC-ODS PRs for all racial/ethnic groups exceed those of similar size counties and statewide PRs.
- The PRs in Table 4 are very similar to those from CY 2021.

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



- Data indicates that for the DMC-ODS, White and Other are the most proportionally over-represented racial/ethnic groups.
- The category Other represents 35 percent of members served. This category includes members who identify as multi-racial/ethnic as well as those who decline to answer.
- The most dramatic disparity in Santa Cruz is with Hispanic/Latino members served, who comprise 46 percent of eligibles but only 22 percent of members served. Although displaying a higher PR than statewide, Santa Cruz should consider identifying and addressing more of the barriers that this group experiences in accessing treatment compared to other groups.

Table 5: Plan Members Served and PR by Eligibility Category, CY 2022

Eligibility Categories	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
ACA	29,362	840	2.86%	1.68%	1.42%
Disabled	5,942	139	2.34%	1.65%	1.37%
Family Adult	13,718	264	1.92%	1.11%	0.94%
Foster Care	115	<11	-	1.62%	1.84%
MCHIP	3,111	-	-	0.18%	0.18%
Other Adult	6,258	14	0.22%	0.13%	0.09%
Other Child	6,646	51	0.77%	0.29%	0.27%
Total	65,069	1,294	1.99%	1.11%	0.95%

Note: Total annual eligibles in Tables 3, 4, and 5 may show small differences due to rounding of different variables when calculating the annual total as an average of monthly totals.

- The DMC-ODS PRs exceed those of similar size counties and the statewide rates for all of the individual eligibility categories.
- Affordable Care Act (ACA) is the most common eligibility category in Santa Cruz, followed by Family Adult.

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

Eligibility Categories	County AACM	County Size Group AACM	Statewide AACM
ACA	\$10,783	\$5,669	\$6,216
Disabled	\$8,860	\$5,769	\$5,707
Family Adult	\$7,766	\$5,322	\$5,296
Foster Care	\$3,947	\$1,917	\$2,716
MCHIP	\$4,038	\$2,663	\$3,594
Other Adult	\$11,375	\$4,740	\$4,075
Other Child	\$2,168	\$1,933	\$3,194
Total	\$9,800	\$5,621	\$5,998

- Total AACM in Santa Cruz is much higher than in similar size counties and statewide and is also much higher than it was in CY 2021 (\$8,434). The overall AACM increased 16 percent between CY 2021 and 2022.

Table 7: Services Used by Plan Members, CY 2022

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt.	0	0.00%	56	0.04%
Intensive Outpatient	121	6.01%	14,422	9.58%
Narcotic Treatment Program	511	25.37%	37,134	24.67%
Non-Methadone MAT	281	13.95%	7,782	5.17%
Outpatient Treatment	344	17.08%	46,441	30.85%
Partial Hospitalization	0	0.00%	13	0.01%
Recovery Support Services	56	2.78%	6,400	4.25%
Res. Withdrawal Mgmt.	279	13.85%	10,429	6.93%
Residential Treatment	422	20.95%	27,841	18.50%
Total	2,014	100.00%	150,518	100.00%

- Table 7 displays the service categories that Santa Cruz offers to members, the extent to which each is utilized, and how the utilization compares with statewide averages. Some members use multiple types of services during their treatment, appropriately transitioning from one to another as their treatment needs change. Therefore, the total number of 2,014 reflects member episodes rather than unduplicated members.
- Utilization of treatment is well distributed in Santa Cruz among the various service categories. The provider network is comprised of a few major providers, most of whom offer several levels of care (LOC). This makes transitions from one service type to the next easier to facilitate and feels less disruptive to members.
- The service categories with increased utilization over the last year include residential WM, residential treatment, intensive outpatient treatment (IOT), and recovery support services (RSS).
- Utilization of NTP decreased for the third year in a row, from 31.5 percent in CY 2020, to 27.7 percent in CY 2021, to 25.37 percent in CY 2022.
- Non-methadone MAT decreased as a percentage of total services delivered from 18.52 percent in CY 2021 to 13.92 percent in CY 2022. Many MAT services are provided in local federally qualified health centers (FQHCs), which accounts for at least some of the decrease in services.

Table 8: Average Approved Claims by Service Categories, CY 2022

Service Categories	County AACM	County Size Group AACM	Statewide AACM
Ambulatory Withdrawal Mgmt.	\$0	\$693	\$484
Intensive Outpatient	\$4,391	\$2,311	\$1,729
Narcotic Treatment Program	\$4,575	\$5,257	\$4,526
Non-Methadone MAT	\$1,108	\$1,842	\$1,660
Outpatient Treatment	\$2,780	\$2,270	\$2,547
Partial Hospitalization	\$0	\$0	\$2,802
Recovery Support Services	\$3,950	\$1,419	\$1,669
Res. Withdrawal Mgmt.	\$3,155	\$2,254	\$2,392
Residential Treatment	\$17,639	\$8,691	\$10,178
Total	\$9,800	\$5,621	\$5,998

- In CY 2022, the total AACM was 63 percent higher than the statewide average. The differences by treatment category were most marked for IOT, RSS, and residential treatment.
- The only service category in which the DMC-ODS is lower than statewide AACMs is Non-Methadone MAT. Many of the Non-Methadone MAT services are provided to Santa Cruz members in FQHCs and are not reflected in this data.
- There was a 3 percent increase from CY 2021 to CY 2022 in the statewide AACM, from \$5,821 to \$5,998. In contrast, the Santa Cruz AACM increased 16 percent from \$8,434 to \$9,800 over the same period.

IMPACT OF ACCESS FINDINGS

- As in prior reviews, Santa Cruz DMC-ODS PRs rank higher than those of similar size counties and statewide, which indicates the DMC-ODS is continuing to expand service availability for members. However, in addition to the LOC which still have marginal capacity, Latino/Hispanic members continue to be comparatively underserved by the DMC-ODS. Santa Cruz may benefit from working to identify and address access barriers for this population.
- Santa Cruz has a new youth residential treatment services provider called “The Camp Recovery Center.”
- The DMC-ODS has a strong community MAT providers that actively provide information on the benefits of methadone and non-methadone treatment services and are involved in community outreach and prevention initiatives.
- The DMC-ODS web page contains good information; however, it is very text heavy which makes it more difficult to read. It would be more user-friendly to

include some graphics and display information in smaller blocks of text. It would also be helpful to include information on the SUD home page, or a link to another page, containing SUD treatment initial access information. It should be as easy as possible for people to find information about how to access services, especially those who may be in an urgent or crisis situation.

TIMELINESS OF CARE

The amount of time it takes for Plan members to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likelihood individuals will not keep the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. DHCS monitors DMC-ODS' compliance with required timeliness metrics identified in BHIN 22-033. Additionally, CalEQRO uses the following tracking and trending indicators to evaluate and validate DMC-ODS timeliness, including the Key Components and PMs addressed below.

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to Plan members. The ability to track and trend these metrics helps the DMC-ODS identify data collection and reporting processes that require improvement activities to facilitate improved member outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the PMs section.

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

Table 9: Timeliness Key Components

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Met
2B	First Non-Urgent Request to First Offered MAT Appointment	Met
2C	Urgent Appointments	Met
2D	Follow-Up Appointments after Residential Treatment	Partially Met
2E	Withdrawal Management Readmission Rates	Met
2F	No-Shows/Cancellations	Met

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

- The DMC-ODS met the state timeliness standard for the first offered appointment with an average wait time of 4.4 days. They met the standard of 10 business days 88 percent of the time.
- The average time to follow-up contacts post-residential treatment was 29.8 days while the standard is established at 7 days. The DMC-ODS met the 7-day standard just 30 percent of the time.

TIMELINESS PERFORMANCE MEASURES

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

For the FY 2023-24 EQR, the DMC-ODS reported in its submission of the Assessment of Timely Access (ATA), representing access to care during the 12-month period of FY 2022-23. Table 10 and Figures 2-4 display data submitted by the DMC-ODS; an analysis follows. This data represents the entire system of care except for residential treatment, NTP/OTP and WM readmissions.

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

DMC-ODS-Reported Data

Table 10: FY 2023-24 Santa Cruz DMC-ODS Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	4.4 Business Days	10 Business Days*	88%
First Non-Urgent Service Rendered	9.8 Business Days	10 Business Days**	72%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	4.3 Business Days	3 Business Days*	43%
Urgent Services Offered	5.9 Hours	48 Hours**	99%
Follow-up Services Post-Residential Treatment	29.8 Days	7 Days	30%
WM Readmission Rates Within 30 Days	13%	n/a	n/a
No-Shows	2%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033			
** DMC-ODS-defined timeliness standards			
For the FY 2023-24 EQR, the DMC-ODS reported its performance FY 2022-23.			

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

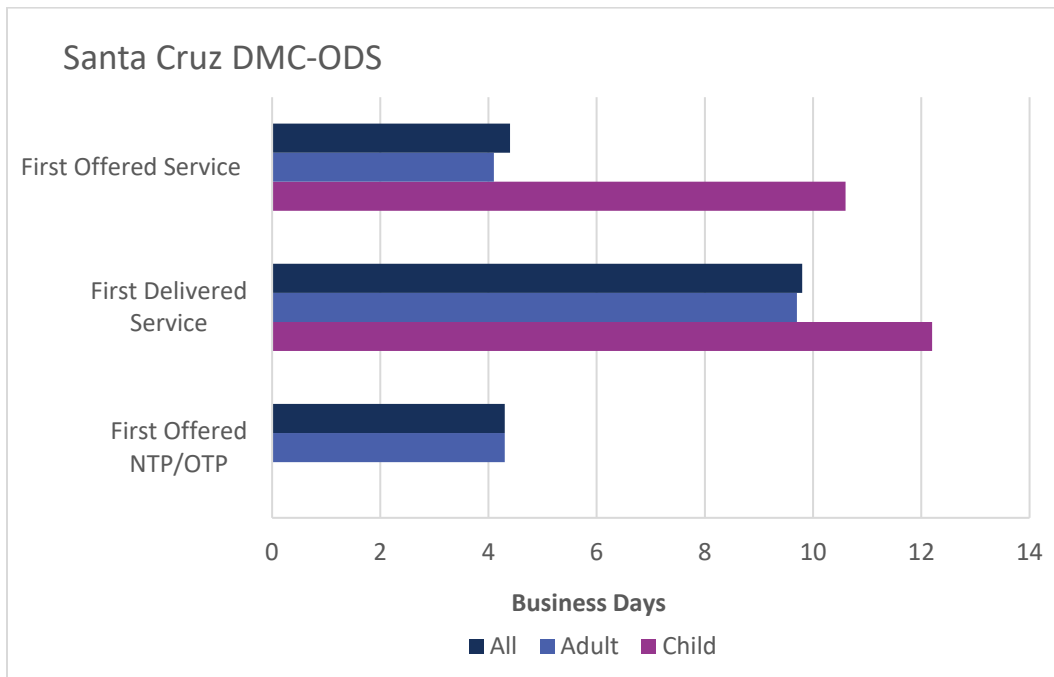


Figure 3: Wait Times for Urgent Services

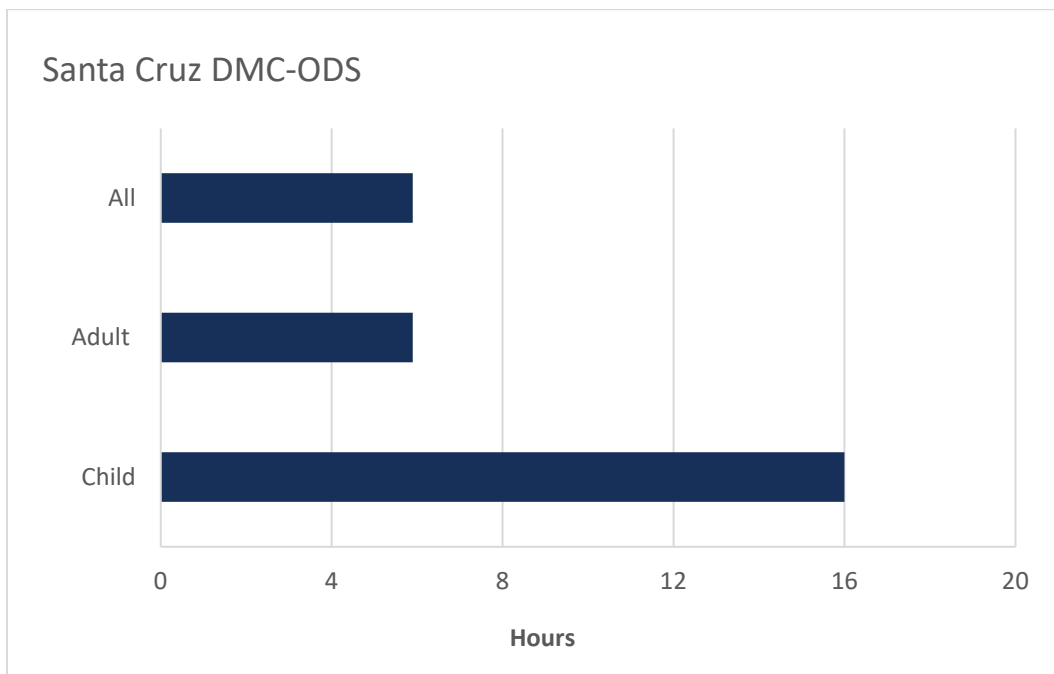
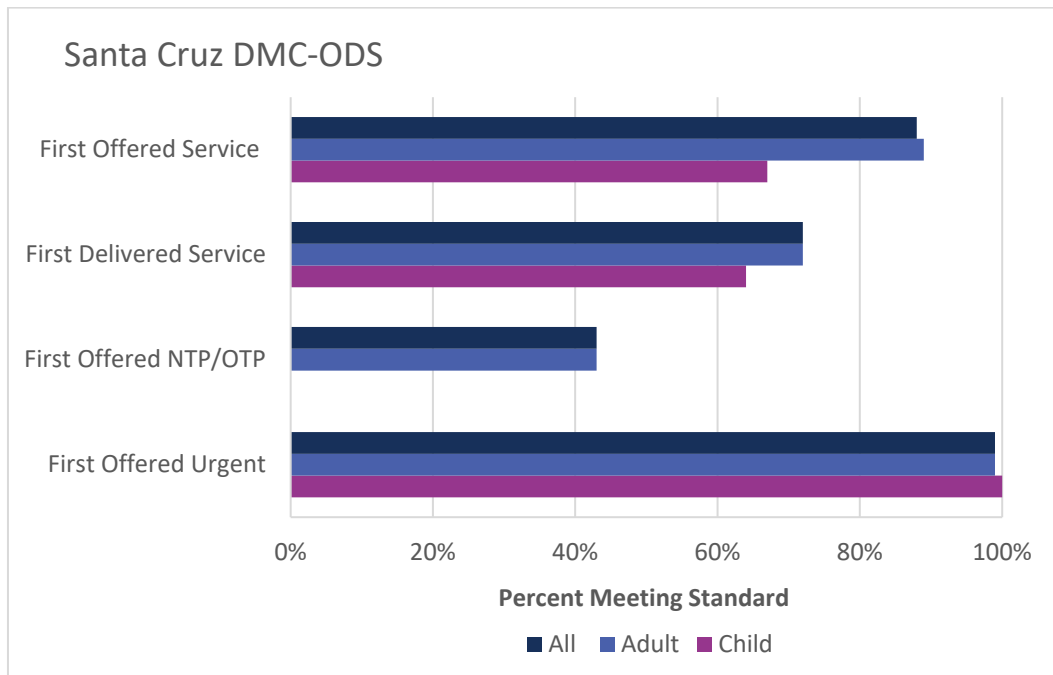


Figure 4: Percent of Services that Met Timeliness Standards



- The average wait time for delivery of a first service was 9.8 business days, which met their ten business day standard 72 percent of the time. The timeliness percentages for the first offered non-urgent NTP appointments exceeded the standard. For non-urgent NTP appointments offered, the DMC-ODS average was 4.3 business days; the standard is 3 business days which was met 43 percent of the time.
- The DMC-ODS average time offered for first appointment to address urgent conditions were well within state timeliness standards. Their average time was 5.9 hours, and the standard is 48 hours. The standard was met 99 percent of the time.
- The DMC-ODS reported that 13 percent of those admitted into residential WM were readmitted within 30 days of discharge. This rate represents a large increase from the 4 percent rate reported in the previous EQR report.

Timeliness from Medi-Cal Claims Data

The following data represents DMC-ODS performance related to methadone access and follow-up post-residential discharge, as reflected in the CY 2022 claims.

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

Table 11: Days to First Dose of Methadone by Age, CY 2022

County				Statewide		
Age Groups	Members	%	Avg. Days	Members	%	Avg. Days
12 to 17	0	0.00%	N/A	15	0.04%	12.60
18 to 64	474	93.68%	3.10	31,839	87.46%	3.59
65+	32	6.32%	0.00	4,551	12.50%	0.56
Total	506	100.00%	2.91	36,405	100%	3.19

- Santa Cruz is providing timely access to the first dose of methadone, with an average wait time to first dose of 2.91 days as compared to 3.19 days statewide.

Transitions in Care

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

Table 12: Timely Transitions in Care Following Residential Treatment, CY 2022

Number of Days	County N = 415		Statewide N = 27,232	
	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	27	6.51%	3,243	11.91%
Within 14 Days	40	9.64%	4,515	16.58%
Within 30 Days	57	13.73%	5,706	20.95%

- The cumulative percentages for 7-, 14-, and 30-day transitions in care increased for both the DMC-ODS and statewide from the previous year, though increases in the DMC-ODS were smaller than statewide increases.
- For CY 2022, rates of timely transitions at all three points in time were markedly lower than statewide rates.

Residential Withdrawal Management Readmissions

Table 13: Residential Withdrawal Management Readmissions, CY 2022

County		Statewide		
Total DMC-ODS admissions into WM	386		13,062	
	#	#	#	%
WM readmissions within 30 days of discharge	46	11.92%	1,148	8.79%

- WM admissions increased 46 percent from CY 2021 to CY 2022, and readmissions within 30 days of discharge doubled in CY 2022 as compared to CY 2021.

IMPACT OF FINDINGS

- As was noted in the previous EQR report, the DMC-ODS continues to face challenges in tracking no-show rates for the first appointment. The pre-admit episode was implemented into its tracking process in October 2022 to mitigate issues related to reporting no-shows and other data. Acknowledging having only partial data, Santa Cruz calculated their overall system no-show rate as 2 percent with the limited data available.
- The increase in WM readmissions indicates issues with discharge planning and follow-up case management, services which are impacted by a high number of staff vacancies.

QUALITY OF CARE

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

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

QUALITY IN THE DMC-ODS

In the DMC-ODS, the responsibility for QI is the Quality Management program that consists of the QI/UR team in partnership with senior leadership and program managers. Quality and Compliance are part of the responsibility of the QI team and is integrated with the MHP system. There is a specified role for staff training which is important with rapid CalAIM changes. The last report shared efforts to become a more efficient team via hiring a consultant, and validation sessions this year seem to indicate success.

The DMC-ODS monitors its quality processes through the Quality Improvement Committee (QIC), the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC, comprised of representatives from the BHS executive team, BHS program managers from both DMC-ODS and MHP, QI managers, contract providers, peer support and recovery, and family members. The QIC is scheduled to meet on a quarterly basis and met four times since the previous EQR. Monitoring categories includes access to 24/7 services, effectiveness of care, coordination of care, beneficiary satisfaction and involvement, utilization management and quality improvement and workforce development. Of the seven identified FY 2022-23 QAPI workplan goals, the DMC-ODS reviewed progress on all of them during the fourth quarter QIC meeting, providing highlights, successes, and barriers.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for Plan members. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

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

Table 14: Quality Key Components

KC #	Key Components – Quality	Rating
3A	QAPI are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	Met
3C	Communication from DMC-ODS Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Met
3D	Evidence of an ASAM Continuum of Care	Partially Met
3E	MAT Services (both NTP and non-NTP) Exist to Enhance Wellness and Recovery	Met
3F	ASAM Training and Fidelity to Core Principles is Evident in Programs within the Continuum of Care	Met
3G	Measures Clinical and/or Functional Outcomes of Members Served	Met
3H	Utilizes Information from the Treatment Perception Survey to Improve Care	Partially Met

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

- Santa Cruz QI workplan integrates well the DMC-ODS and MHP goals and objectives.
- Members are not familiar with or have not heard of Treatment Perception or similar surveys that obtain their feedback.
- Members benefit from long-term MAT providers within the DMC-ODS for both methadone and non-methadone treatment.

QUALITY PERFORMANCE MEASURES

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

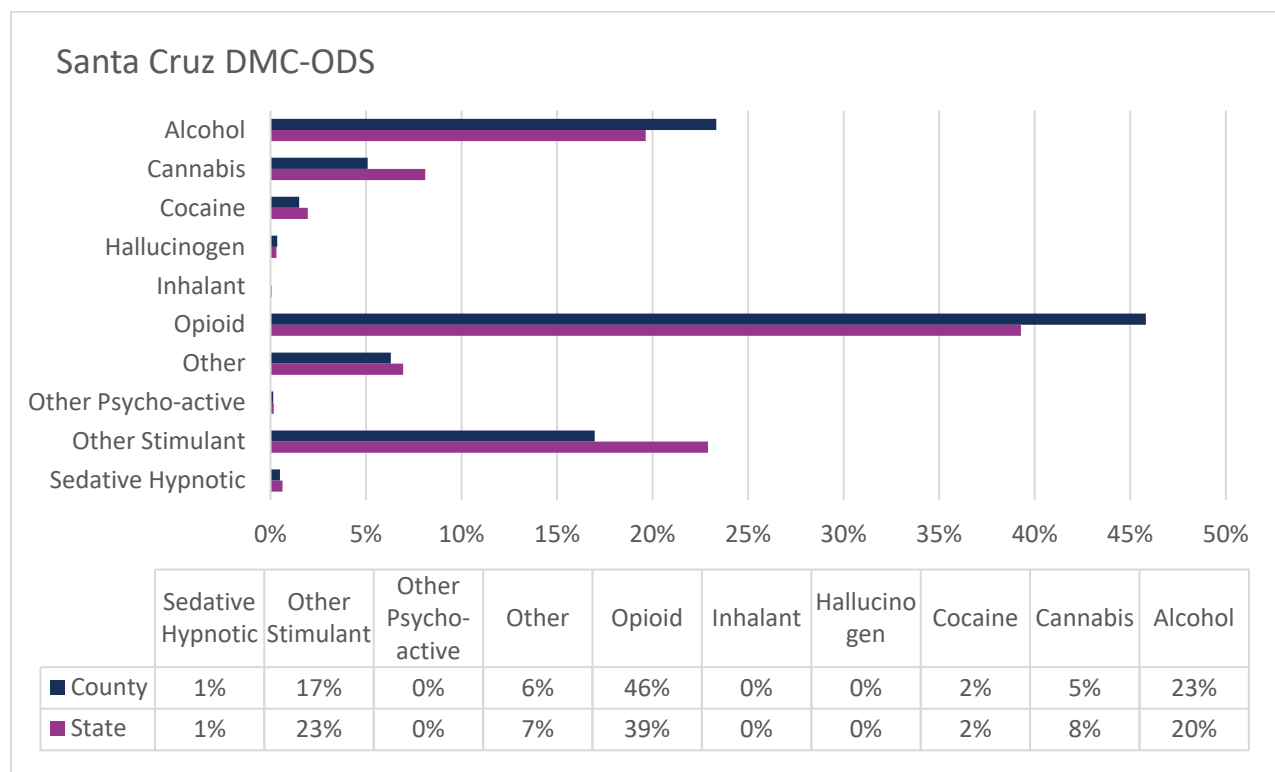
- Members served by Diagnostic Category
- Non-methadone MAT services
- Residential WM with no other treatment
- High-Cost Members (HCM)
- ASAM congruence
- Initiation and Engagement

- Length of Stay (LOS)
- CalOMS admission versus discharge for employment and housing status
- CalOMS Legal Status at Admission
- CalOMS Discharge Status Ratings

Diagnosis Data

Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity and eligibility for SUD, is a foundational aspect of delivering appropriate treatment. Figures 5 and 6 represent the primary diagnosis as submitted with the DMC-ODS' claims for treatment. The first figure shows the percentage of DMC-ODS members in a diagnostic category compared to statewide. This is not an unduplicated count as a member may have claims submitted with different diagnoses crossing categories. The second figure shows the percentage of approved claims by diagnostic category compared to statewide.

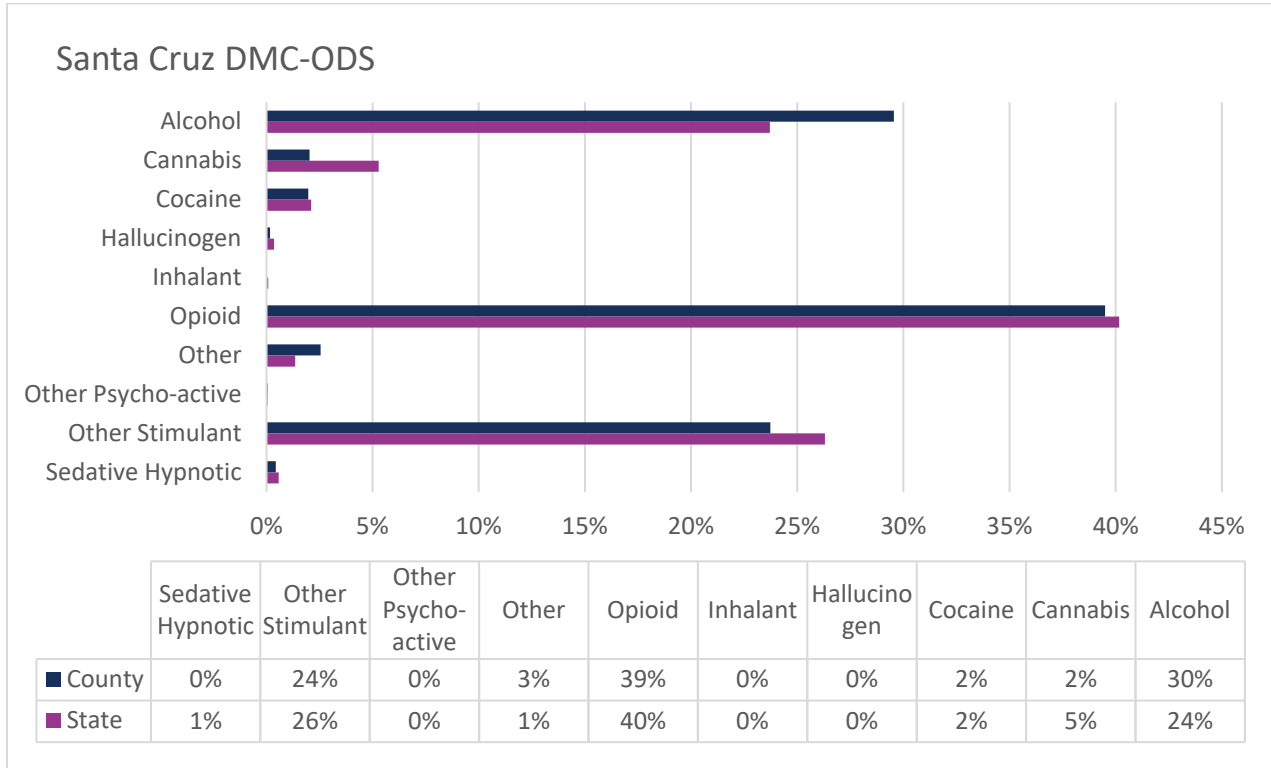
Figure 5: Percentage of Plan Members by Diagnosis Code, CY 2022



- Figure 5 reflects the diagnostic categories of SUD members treated by Santa Cruz and is not necessarily indicative of the prevalence of types of SUDs in the county's general population. Most DMC-ODS members in CY 2022 are diagnosed with opioid use disorder (OUD) (46 percent), alcohol use disorders (23 percent) and other stimulant abuse (17 percent).

- Notably, the percentage of members with OUD decreased from CY 2021 to CY 2022, though OUD was still more prevalent in the DMC-ODS than statewide.

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



- Santa Cruz claims more for alcohol disorders, and they are reflected more in the population served. Otherwise, the AACMs for CY 2022 are generally congruent with the diagnosis code proportions in the DMC-ODS and look similar to CY 2021.

Non-Methadone MAT Services

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

County	County				Statewide			
	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 0-17	0	0.00%	0	0.00%	24	0.56%	13	0.30%
Ages 18-64	257	22.47%	109	9.53%	7,473	7.96%	3,881	4.13%
Ages 65+	24	27.91%	13	15.12%	428	5.78%	173	2.34%
Total	281	21.72%	122	9.43%	7,925	7.13%	4,051	3.66%

- Table 15 reflects engagement in non-methadone MAT services.

- The DMC-ODS rates for at least one service, and for three or more services, exceed statewide rates for all age groups except for youth ages 0-17.
- The DMC-ODS measure for at least one service is greater than the statewide results by close to a factor of three. For three or more services, Santa Cruz’s rate is 9.43 percent, which is more than twice the Statewide rate of 3.66 percent.
- The Santa Cruz rates are lower in CY 2022 than in CY 2021. The DMC-ODS rate for at least one service was 30.41 percent in CY 2021 and 17.78 percent for three or more services.

Residential Withdrawal Management with No Other Treatment

Table 16: 3+ Episodes of Residential WM and No Other Treatment, CY 2022

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

- The number of members with three or more WM episodes and no other services remained low. This result is similar to CY 2021.

High-Cost Members

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

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

Age Groups	Total Member Count	HCM Count	HCM % by Member Count	Average Approved Claims per HCM	HCM Total Claims	HCM % by Total Claims
Ages 12-17	64	0	0.00%	\$0	\$0	0.00%
Ages 18-64	1144	172	15.03%	\$30,403	\$5,229,397	41.24%
Ages 65+	86	17	19.77%	\$29,757	\$505,866	3.99%
Total	1,294	189	14.61%	\$30,345	\$5,735,263	45.22%

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

Age Groups	Total Member Count	HCM Count	HCM % by Member Count	Average Approved Claims per HCM	HCM Total Claims	HCM % by Total Claims
Ages 12-17	4,337	57	1.31%	\$26,397	\$1,504,639	0.23%
Ages 18-64	93,916	5,405	5.76%	\$24,539	\$132,634,739	20.62%
Ages 65+	7,404	262	3.54%	\$24,400	\$6,392,826	0.99%
Total	105,657	5,724	5.42%	\$24,551	\$140,532,204	21.84%

- Santa Cruz has a much higher proportion of members who are considered HCMs than statewide (14.61 percent versus 5.42 percent), and these members incur a much higher percentage of Santa Cruz’s total DMC-ODS claims than statewide (45.22 percent vs. 21.84 percent).
- The DMC-ODS continues its history of a higher percentage of HCMs and a higher percentage of HCM claims to total claims.

ASAM Level of Care Congruence

Table 19: Congruence of Level of Care Referrals with ASAM Findings, CY 2022 – Reason for Lack of Congruence

ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable /No Difference	88	87.13%	1,454	89.98%	22	100.00%
Patient Preference	12	11.88%	108	6.68%	0	0.00%
Level of Care Not Available	0	0.00%	<11	-	0	0.00%
Clinical Judgement	0	0.00%	<11	-	0	0.00%
Geographic Accessibility	0	0.00%	0	0.00%	0	0.00%
Family Responsibility	0	0.00%	<11	-	0	0.00%
Legal Issues	0	0.00%	0	0.00%	0	0.00%
Lack of Insurance/Payment	0	0.00%	0	0.00%	0	0.00%
Other	1	0.99%	46	2.85%	0	0.00%
Actual Level of Care Missing	0	0.00%	0	0.00%	0	0.00%
Total	101	0.00%	1,616	100.00%	22	100.00%

- In October 2022 Santa Cruz implemented a pre-admit episode within their EHR that contains the completed initial ASAM screening. In CY 2022, 101 initial screenings were reported. Only 22 members received a follow-up assessment.

- Santa Cruz should review the reporting ASAM LOC process to DHCS to make sure the ASAM LOC congruence reasons are reported accurately.

Initiation and Engagement

An effective system of care helps people who request treatment for their addiction to both initiate treatment services and then continue further to become engaged in them. Table 20 displays results of measures for two early and vital phases of treatment initiating and then engaging in treatment services. Research suggests that those who can engage in treatment services are likely to continue their treatment and enter into a recovery process with positive outcomes. The method for measuring the number of Plan members who initiate treatment begins with identifying the initial visit in which the member’s SUD is identified. Based on claims data, the “initial DMC-ODS service” refers to the first approved or pended claim for a member that is not preceded by one within the previous 30 days. This second day or visit is what in this measure is defined as “initiating” treatment.

CalEQRO’s method of measuring engagement in services is at least two billed DMC-ODS days or visits that occur after initiating services and that are between the 15th and 45th day following initial DMC-ODS service.

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

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Members with an initial DMC-ODS service	1,211		63		99,855		4,026	
	#	%	#	%	#	%	#	%
Members who then initiated DMC-ODS services	1,111	92%	45	71%	83,830	84%	3,286	82%
Members who then engaged in DMC-ODS services	892	80%	23	51%	63,753	76%	2,202	67%

- The DMC-ODS rate of initiating adult members into treatment is higher than statewide (92 percent vs 84 percent). The rate of engaging adult members into treatment also exceeds the statewide rate (80 percent vs 76 percent). Initiation and engagement for youth members is lower than statewide. The number of youth members in the DMC-ODS is low.

Length of Stay

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

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

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

	County		Statewide	
Members discharged from care (no treatment for 30+ days)	1,479		139,688	
LOS for members across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	159	87	159	87
	#	%	#	%
Members with at least a 90-day LOS	720	49%	720	49%
Members with at least a 180-day LOS	456	31%	456	31%
Members with at least a 270-day LOS	290	20%	290	20%

- The DMC-ODS is retaining members in treatment at the same rates as statewide, in spite of staff shortages. Both the DMC-ODS and statewide retention rates at 90-, 180-, and 270-days improved in CY 2022 over CY 2021.

CalOMS Data

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

Table 22: CalOMS Legal Status at Admission, CY 2022

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	474	55.80%	56,511	65.47%
Under Parole Supervision by CDCR	<11	-	1,649	1.91%
On Parole from any other jurisdiction	<11	-	1,427	1.65%
Post release supervision - AB 109	235	27.60%	19,933	23.09%
Court Diversion CA Penal Code 1000	<11	-	1,312	1.52%
Incarcerated	0	0.00%	446	0.52%
Awaiting Trial	129	15.20%	5,038	5.84%
Total	850	100.00%	86,316	100.00%

- Admission data indicates that most members self-report that they do not have criminal justice involvement. The rates for post-release under AB 109 and of those awaiting trial are higher than found statewide. If the low level of members involved with the justice system represented with the data is inconsistent with program staff impression, Santa Cruz should review its intake process to determine criminal justice involvement more accurately.

Table 23: CalOMS Discharge Status Ratings, CY 2022

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment – Referred	144	21.60%	19,232	21.62%
Completed Treatment - Not Referred	53	7.90%	5,687	6.39%
Left Before Completion with Satisfactory Progress - Standard Questions	61	9.20%	12,302	13.83%
Left Before Completion with Satisfactory Progress – Administrative Questions	61	9.20%	7,046	7.92%
<i>Subtotal</i>	319	47.90%	44,267	49.76%
Left Before Completion with Unsatisfactory Progress - Standard Questions	163	24.60%	15,497	17.42%
Left Before Completion with Unsatisfactory Progress - Administrative	167	25.10%	28,288	31.80%
Death	<11	-	166	0.19%
Incarceration	-	-	740	0.83%
<i>Subtotal</i>	346	52.10%	44,691	50.24%
Total	665	100.00%	88,958	100.00%

- Table 22 displays ratings of members’ progress in treatment by providers as indicated on the CalOMS discharge summary form. The first four rating options are generally considered to be more “positive” discharges, and the last four rating options indicate a lack of satisfactory progress for a variety of reasons.
- 47.9 percent of discharges are positive (one of the first four ratings), whereas 52.1 percent show a lack of satisfactory progress.

Table 24: CalOMS Types of Discharges, CY 2022

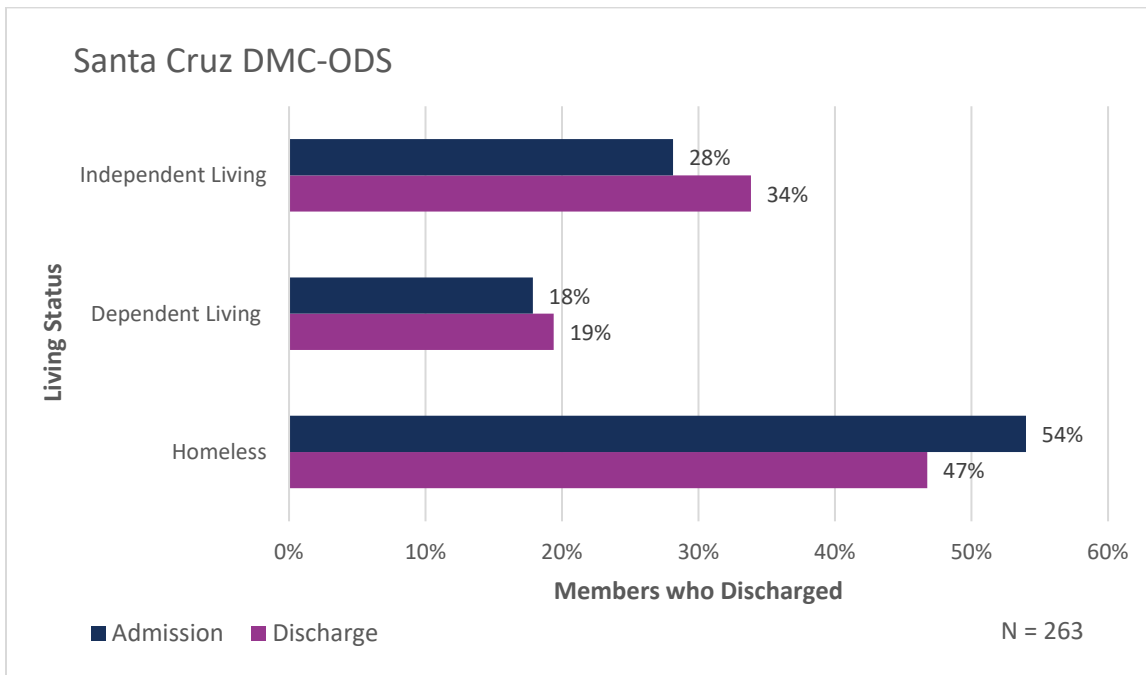
Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	387	58.20%	44,306	49.81%
Administrative Adult Discharges	244	36.70%	36,240	40.74%
Detox Discharges	34	5.10%	7,075	7.95%

Discharge Types	County		Statewide	
	#	%	#	%
Youth Discharges	0	0.00%	1,337	1.50%
Total	665	100.00%	88,958	100.00%

- Standard Adult Discharges are generally considered more desirable than Administrative Adult Discharges. In CY 2022, the DMC-ODS had a higher percentage of Standard Adult Discharges than statewide.

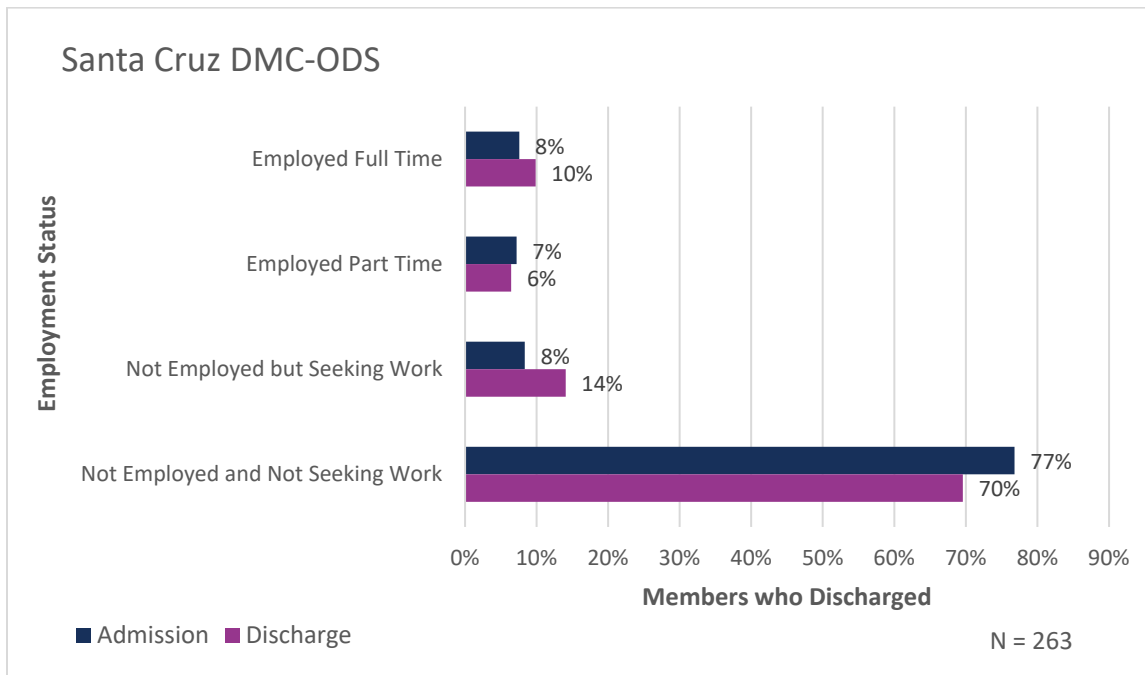
The data presented in Figures 7 and 8 reflect percent change at discharge from admission for both living status and employment status. Both questions are asked in relation to the prior 30 days.

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



- Figure 7 shows that members have a higher rate of independent living and a lower rate of homelessness upon discharge from Santa Cruz programs.

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



- More members are employed full-time or seeking work upon discharge. Fewer members report they are not employed and not seeking work upon discharge, which is a positive trend.

IMPACT OF QUALITY FINDINGS

- As last year, Santa Cruz is not systematically entering ASAM congruence data for Follow-up Assessments, showing 21 of them. Quality managers should follow up to identify the reasons for this and assist providers in addressing them.
- Santa Cruz should consider a more in-depth analysis of its HCMs to identify patterns and opportunities for improving treatment and care coordination.
- 29.5 percent of the members completed treatment. Though higher than statewide, this percentage is low and indicates room for improvement.
- Since the last review, DMC-ODS hired a consultant to help with improvements on the QI team and process. During this review, the QI team reports improvements in policy, communication with providers, and better monitoring of billing processes.
- The DMC-ODS should provide data from CalOMS to contract providers to inform them on their program's performance and outcomes.

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION

All DMC-ODSs are required to have two active and ongoing PIPs, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330¹ and 457.1240(b)². PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and Plan member satisfaction. They should have a direct Plan member impact and may be designed to create change at a member, provider, and/or DMC-ODS system level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested by individual DMC-ODSs, hosts quarterly webinars, and maintains a PIP library at www.calegro.com.

Validation tools for each PIP are located in Table C1 and Table C2 of this report. Validation rating refers to the EQRO's overall confidence that the DMC-ODS (1) adhered to acceptable methodology for all phases of design and data collection, (2) conducted accurate data analysis and interpretation of PIP results, and (3) produced significant evidence of improvement.

CLINICAL PIP

General Information

Clinical PIP Submitted for Validation: Pharmacotherapy for Opioid Use Disorder

Date Started: 09/2022

Aim Statement: "DMC-ODS plan will increase the percentage of new NTP treatment episodes that last at least 30 days by 5 percent over the CY 2022 baseline by assessing patient needs at intake as well as providing closed loop referrals to medication services."

Target Population: 16 years old and above.

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

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

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

Summary

The Pharmacotherapy for Opioid Use Disorder (POD) workgroup convened multiple meetings to identify POD-related barriers and potential strategies with the integrated Behavioral Health (IBH) program, which provides MAT within county-run primary care clinics. Once BHS and Janus, a contract provider, are using Unite Us, the workgroup will reengage with IBH and other frequent prescribers of buprenorphine, etc., to expand the use of Unite Us as the county's care coordination platform for referring members eligible for ongoing medication for opioid use disorder.

Janus is formalizing referral pathways between primary care, hospitals, and higher levels of treatment, focusing on high-risk populations, including pregnant women, stimulant users, and youth. Janus participates in the x-waivered physicians' MAT advisory group to share best practices in counseling and medication, distinguishing between primary care and treatment center needs, naloxone provision, and planning for a county-based sobering center. Janus also participates in community meetings to advance access to MAT in jails and to improve transitions between jails and treatment sites. Janus will sponsor five addiction certifications for licensed therapists and nine board certifications for providers within community health centers.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence because the DMC-ODS has a detailed plan on their intervention, data collection process and provided a detailed description of work and information on their clinical PIP. The DMC-ODS provided an updated clinical POD PIP after the review, and this information is based on the updated document.

CalEQRO and Santa Cruz met once between reviews for purposes of TA on this PIP. CalEQRO remains available to provide TA on this PIP.

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

- Establish PIP variables and PMs consistent with a clinical PIP and based upon the root causes identified.
- Begin the data analysis and provide regular training with care coordination staff and the data collection team.
- Work with MCP and ED to collaborate on the interventions identified.
- Maintain monthly monitoring and data collection.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Follow-Up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence

Date Started: 09/2022

Aim Statement: “By Q4 2023, Santa Cruz County’s DMC-ODS aims to increase by 5 percent over CY2021 baseline the percentage of all SUD related ED visits with 7-day and 30-day follow-up services (11.9 percent and 21.6 percent, respectively) and in particular, the percentage of Hispanic/Latino beneficiary follow-ups (7.6 percent and 13.5 percent), by (1) contracting with Santa Cruz County’s Health Information Organization (SCHIO) to provide real-time alerts for active DMC-ODS members upon admission to ED and (2) produce daily reports of beneficiaries discharged from the ED into the community with principal diagnoses of alcohol or other drugs (AOD), implementing follow-up procedures by appointed and trained DMC-ODS providers, and conducting closed-loop referrals.”

Target Population: 13 years and above.

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

Summary

There were a few significant challenges to implementing the proposed plan aside from those associated with coordinating planning efforts across multiple agencies. One challenge involved obtaining adoption from participating entities to follow CalAIM data sharing authorization guidance such as on transmitting admission, discharge, and transfer (ADT) data for all beneficiaries for the purpose of care coordination without enrollee authorization. The follow-up after an ED visit for alcohol and other drug abuse or dependence (FUA) workgroup conducted presentations and produced memorandums to educate stakeholders.

Other brief delays involved coordinating the transmission of ADT data from the hospital through SCHIO to Avatar and to the respective care teams. There was some confusion about what data needed to be transmitted and which entity was responsible for what type of transmission, resulting in a delay in the availability of ED admission reports.

TA and Recommendations

As submitted, this non-clinical PIP was found to have moderate confidence because performance measures, key performance indicator (KPI) indicators, and the promotional materials on follow-up appointments were submitted with appropriate detail. The DMC-ODS also submitted an updated FUA document during the review.

CalEQRO met with Santa Cruz quality teams and provided TA for the non-clinical PIP.

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

- Begin the data analysis and provide regular training with SUD navigator staff and the data collection team.
- Work with the MCP and ED to collaborate on identification and implementation of interventions.
- Maintain monthly monitoring and data collection.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

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

Approximately 2.45 percent of the DMC-ODS budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is allocated to the DMC-ODS but managed by the county's HSA. The budget allocation is similar to the previous year's allocation.

The DMC-ODS has 234 named users with log-on authority to the EHR, including approximately 37 county staff and 197 contractor staff. Support for the users is provided by 1.2 FTE IS technology positions within the DMC-ODS, and 5 FTE developers in the HSA IT Department. Currently one position is vacant in the IT Department.

As of the FY 2022-23 EQR, all contract providers have access to directly enter clinical data into the DMC-ODS' EHR. Contract providers enter registrations, fill out required forms (e.g., CalOMS, ASAM), as well as complete clinical documents within the EHR. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for members by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

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

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

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between DMC-ODS IS	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch	0%
Electronic Data Interchange to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
Electronic batch file transfer to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
Direct data entry into DMC-ODS IS by provider staff	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	95%
Documents/files e-mailed or faxed to DMC-ODS IS	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	5%
Paper documents delivered to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
		100%

Plan Member Personal Health Record

The 21st Century Cures Act of 2016 promotes and requires the ability of members to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances members’ and their families’ engagement and participation in treatment. While the technical requirements for PHR implementation will be completed soon after the EQR onsite review, the DMC-ODS still must create the infrastructure of policies and procedures and training for staff and members. The PHR project is currently a low priority due to low staffing and other higher priority projects.

Interoperability Support

The DMC-ODS is a member or participant in an HIE, the Santa Cruz Health Information Organization (SCHIO). The DMC-ODS engages in electronic exchange of information with MH, contract providers, the MCP, and the local hospital ED.

INFORMATION SYSTEMS KEY COMPONENTS

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

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

Table 26: IS Infrastructure Key Components

KC #	Key Components – IS Infrastructure	Rating
4A	Investment in IT Infrastructure and Resources is a Priority	Met
4B	Integrity of Data Collection and Processing	Partially Met
4C	Integrity of Medi-Cal Claims Process	Met
4D	EHR Functionality	Met
4E	Security and Controls	Met
4F	Interoperability	Met

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

- The DMC-ODS EHR is a mature system that is used by all contract providers, providing a common platform for all agencies to share information appropriately.
- There is a lack of sufficient data analytical staff providing support to quality improvement activities within the DMC-ODS.
- The DMC-ODS has a good working relationship with their HIE – SCHIO. They currently have projects to increase information exchange between the DMC-ODS and regional EDs when members present at an ED with SUD diagnoses.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

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

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

Table 27: Summary of Denied Claims by Reason Code, CY 2022

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Beneficiary not eligible	1,459	\$150,326	64.25%
Late claim submission	104	\$28,571	12.21%
NPI issue	70	\$17,562	7.51%
Other Healthcare coverage must be billed first	837	\$16,209	6.93%
Duplicate/same day service without modifier or other info needed for adjudication	32	\$10,598	4.53%
Service location not eligible	33	\$10,583	4.52%
Other	2	\$128	0.05%
Total Denied Claims	2,537	\$233,977	100.00%
Denied Claims Rate	1.78%		
Statewide Denied Claims Rate	3.64%		

Table 28: Approved Claims by Month, CY 2022

Month	# Claim Lines	Total Approved Claims
Jan-22	13,084	\$1,009,328
Feb-22	12,076	\$942,544
Mar-22	13,696	\$1,123,599
Apr-22	13,422	\$1,138,371
May-22	13,804	\$1,134,830
Jun-22	13,521	\$1,038,094
Jul-22	13,312	\$1,107,334
Aug-22	13,658	\$1,169,351
Sep-22	12,905	\$1,087,336
Oct-22	13,059	\$1,058,368
Nov-22	12,548	\$992,237
Dec-22	13,281	\$1,110,485
Total	158,366	\$12,911,876

- Monthly approved claims were stable throughout CY 2022. The approved claims were higher in CY 2022 than in CY 2021 by close to \$2 million.
- The DMC-ODS shows a low denial rate.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Santa Cruz BH sponsors an Avatar Improvement Group that meets regularly and is open to both county and contract provider staff. The group is well attended and active. The meetings are used to troubleshoot issues, provide training, discuss proposed changes, and provide input into priorities. This group supports super users in the programs and issues from front line support staff. It also provides input into Avatar development.
- The DMC-ODS leadership state one of their goals is to have the capacity to provide treatment on demand to expedite admission. Some Santa Cruz programs are either currently or have been at capacity for some time. To plan effectively for sufficient capacity, they need an accurate picture of the demand for treatment. They are investigating how and what data to gather as well as how to develop an algorithm to determine what demand may be. While it is still a work in progress, it demonstrates an understanding of the power of data in treatment planning and delivery.
- The DMC-ODS uses “widgets” within their Avatar EHR to provide up to date data to front line providers about their members and caseloads. In addition, they provide staff with on-demand reports which are used by supervisors and managers.
- Santa Cruz delivers monthly data sets to contract providers who request them. The providers use the data to produce their own reports.

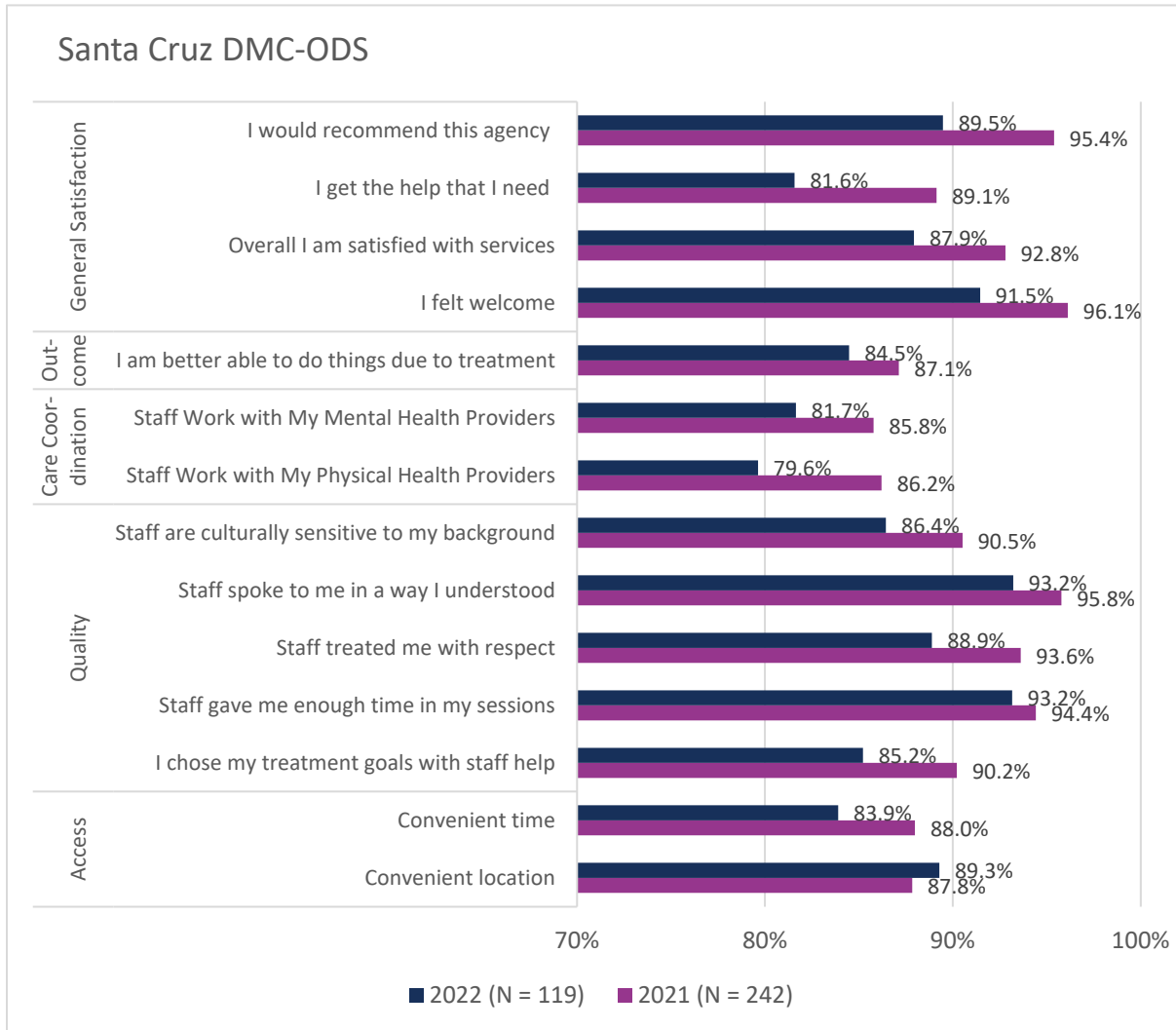
VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

The TPS consists of ratings from the 14 items yield information regarding five distinct domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction. DMC-ODSs administer these surveys to members once a year in the fall and submit the completed surveys to DHCS. As part of its evaluation of the statewide DMC-ODS Waiver, the University of California, Los Angeles (UCLA) evaluation team analyzes the data and produces reports for each DMC-ODS.

The DMC-ODS TPS results in CY 2021 showed an improvement over CY 2020; however, in CY 2022, the ratings dropped in every category except “convenient location.” The number of respondents dropped as well between the two years. In CY 2021, 242 members responded, and in CY 2022 only 119 responded.

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



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

- CY 2022 survey ratings overall were positive; however, the positive ratings were lower in CY 2022 over CY 2021 with the exception of the survey question relating to location.
- In 2022 there were half the number of surveys compared to the year prior.

PLAN MEMBER/FAMILY FOCUS GROUPS

Plan member and family (PMF) focus groups are an important component of the CalEQRO review process; feedback from those who receive services provides important information regarding quality, access, timeliness, and outcomes. Focus group

questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and PMF involvement. CalEQRO provides gift cards to thank focus group participants.

As part of the pre-review planning process, CalEQRO requested two 90-minute focus groups with plan members (DMC-ODS members) and/or their family, containing 10 to 12 participants each.

Plan Member/Family Focus Group One

CalEQRO requested PMF Focus Group (FG) parameters; a diverse group of adult Plan members who initiated services in the preceding 12 months. The focus group was held at the Santa Cruz Emeline location, which is at 1400 Emeline Avenue, Building K, 2nd floor, and included three participants; all participating members receive clinical services from the DMC-ODS.

Summary of focus group findings

Plan members reported that the access and intake process was done in a timely manner and that most of the staff are helpful. Members are admitted to the program via direct referral from the court, mental health provider, and self-referral. Some members report the counselors are supportive and encourage them to obtain sponsors. MAT is also discussed during intake or during their individual session(s) with clinicians. Members say that the program supports and accommodates personal, medical, mental health, probation, and other appointments. Transportation to appointments is provided by the program using MCP benefits or ride-share.

Recommendations from focus group participants included:

- Hire more counselors and clinicians.
- Ensure better coordination between MHP and SUD providers.
- Provide more training to counselors and clinicians.

Plan Member/Family Focus Group Two

CalEQRO conducted a second 90-minute focus group with Plan members (DMC-ODS members) and/or their family during the review of the DMC-ODS. CalEQRO requested a diverse group of adult plan members who initiated residential treatment services within the preceding 12 months. The focus group was held at Si Se Puede residential treatment program in Watsonville and included five male participants. A Spanish language interpreter was used for this focus group. All members participating receive clinical services from the DMC-ODS.

Summary of focus group findings

All members reported that the intake and assessment process was easy and that the staff was helpful. Members say “waiting for bed availability” takes a long time to get into the program. Members shared that the program they are enrolled in has helped them improve their lives. All members are very grateful and report their counselors are very helpful.

Recommendations from focus group participants included:

- Foster more outside activities such as AA/NA model services.
- Provide better communication between other services, especially mental health services, reporting “It’s hard to get an appointment.”
- Allow an alumni group to visit onsite in support of members.
- Provide more training to counselors and clinicians.
- Develop relationships with additional recovery residences and sober living homes.

SUMMARY OF MEMBER FEEDBACK FINDINGS

All plan members reported that the intake process was easy and that the staff was helpful with the process. Both groups shared that the program they are enrolled in has helped them improve their lives. When asked how to improve services, the primary recommendation provided by the first group was to hire more counselors and clinicians to provide treatment services. Additionally, they requested to have more time with their counselors, and to provide more staff training. The second focus group also recommended hiring more counselors and clinicians to provide therapeutic treatment services, improving program materials, and providing more recreational activities within residential settings. They also recommended providing more recovery residential services and/or sober living homes. All the members report that their counselors are very helpful.

CONCLUSIONS

During the FY 2023-24 annual review, CalEQRO found strengths in the DMC-ODS' programs, practices, and IS that have a significant impact on member outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SUD managed care system.

STRENGTHS

1. The DMC-ODS PRs are higher than like-size counties and statewide averages, indicating strong access throughout the community regarding available services. (Access)
2. Janus implemented an open access model to increase access to SUD treatment. (Access, Timeliness, Quality)
3. Santa Cruz implemented a practice standards committee that includes SUD, MHP, and contract providers to recommend and implement changes to policy and practices. (Quality)
4. Santa Cruz is following an innovative and practical path to increased integration of mental health and SUD services. For their Healing the Streets initiative, medical, behavioral health, and housing teams are working together to provide services to the unhoused. To enable effective communication among team members, they developed a four-page consent form that meets CFR 42 Part 2 standards for the disclosure of SUD treatment. Upon explanation, most members have agreed to provide consent. (Access, Quality)
5. Despite workforce challenges, Santa Cruz staff, from front line contract providers through Executive leadership, work cohesively for plan members' benefit. (Quality)

OPPORTUNITIES FOR IMPROVEMENT

1. Demand for transitional, recovery housing, and residential services remains greater than the system of care can provide. (Access, Timeliness, Quality)
2. The DMC-ODS EHR does not have sufficient IT support staff. The HSA IT team that supports DMC-ODS has one vacancy that needs to be filled. Within SUD, only 1.2 positions are dedicated to IT support of the DMC-ODS EHR. (IS, Quality)
3. DMC-ODS has ongoing workforce issues that impact staffing and programs at all LOC. (Access, Timeliness, Quality)
4. The DMC-ODS has not fully reported 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. (Quality)

5. Providers do not receive CalOMS reporting, or summaries of QI analysis, projects, and activities, which leaves them with no frame of reference in determining how to adjust services for members or employees. (Quality)

RECOMMENDATIONS

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

1. Continue 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. (Access, Timeliness, Quality)

(This is a carryover of a similar recommendation from FY 2021-22 and FY 2022-23)

2. Work to hire and allocate 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. (IS, Quality)

(This is a carryover of a similar recommendation from FY 2021-22 and FY 2022-23)

3. 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. (Quality)

(This recommendation is a carry-over from FY 2021-22 and FY 2022-23)

4. 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. (Timeliness, Quality)

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

5. 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. (Quality)

EXTERNAL QUALITY REVIEW BARRIERS

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

The DMC-ODS did not identify any barriers during the FY 2023-24 EQR.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT A: REVIEW AGENDA

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

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions – Santa Cruz DMC-ODS
Opening session – Significant changes in the past year, current initiatives, and status of previous year’s recommendations, baseline data trends and comparisons, and dialogue on results of PMs
Access to Care, Timeliness of Services, and Quality of Care
PIP Validation and Analysis
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS Network Adequacy
Validation and Analysis of the DMC-ODS Health Information System
Validation and Analysis of Member Satisfaction
Fiscal/Billing
Quality Improvement Plan, implementation activities, and evaluation results
General data use: staffing, processes for requests and prioritization, dashboards, and other reports.
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS.
Disparities: cultural competence plan, implementation activities, evaluation results
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinical supervisors group interview – contracted.
Clinical line staff group interview – county and contracted
Member/ member focus group such as residential treatment and Outpatient and IOT for youth, perinatal, or general adult – two focus group
Key stakeholders and community-based service agencies group interview
Closing session: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Anita Catapusan, Lead Quality Reviewer
Lorrie Sheets, Information Systems Reviewer
Jon Santoyo, Consumer/Family Member Reviewer

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

Sites for Santa Cruz's DMC-ODS Review

DMC-ODS County Sites

Santa Cruz Behavioral Health
1400 Emeline Building K
Santa Cruz, CA 95060

DMC-ODS Contract Provider Sites

Si Se Puede Residential Treatment
161 Miles Lane
Watsonville, CA 95076

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

Last Name	First Name	Position	County or Contracted Agency
Alexander	Judy	Prog Mang	Janus
Annon	Robert	Prog Mang	Santa Cruz
Arterberry	Jammie	Counselor	Sobriety Works
Avila	Sarah	UR specialist	Santa Cruz
Balderas	Isarel	App Dev	Santa Cruz
Bare	Adriana	Manager	Santa Cruz
Barker	Shelly	Manager	Santa Cruz
Bernabe	Jose	Peer Aide	Avenues
Blascovich	Dagny	Director	Vol Center
Bogren	Michael	SUD	Santa Cruz
Bolton	Beloved	UR specialist	Santa Cruz
Cains	Joann	Clinician	Encompass
Campbell	Brenda	Prog Mang	Santa Cruz
Chairez	Gil	member Spec	Santa Cruz
Chicoine	Dave	UR specialist	Santa Cruz
Cooper	Sarah	CEO	Sobriety Works
Crews	Daniel	Data Analyst	Santa Cruz
Crout	Wendy	Peer Specialist	Second Story
Crowder	Amanda	Prog Mang	Santa Cruz
Cruz	Sibiliano	App Dev	Santa Cruz

Last Name	First Name	Position	County or Contracted Agency
DeAnda	Fernando	Case Manager	Santa Cruz
Del Rosario	Kendra	SUD	PVPSA
Dettle	Donovan	LPHA	Parents Center
Echols	Adam	member Spec	Santa Cruz
Engeldram	Amanda	Director	PVPSA
Fernandez	Jorge	IT Manager	Santa Cruz
Flagg- Wilson	Leah	Prog Mang	Santa Cruz
Franck	Leelia	Director	Encompass
Friedman	Claire	Director	Sobriety Works
Gannon	McKenzie	Care Coord	New Life
Garcia	Dominic	Counselor	New Life
Goldfield	Gregory	SUDS intake	Santa Cruz
Gonzalez	Maria	Supervisor	Santa Cruz
Grijalva	Karen	Prog Mang	Encompass
Gutierrez- Wang	Lisa	Director	Santa Cruz
Haney	Kara	Clinical Mang	Encompass
Harrison	Steven	member Spec	Santa Cruz
Ismail	Jade	MHRS	Parents Center
Jeffries	Johanna	Supervisor	Santa Cruz

Last Name	First Name	Position	County or Contracted Agency
Kahoano	Briana	SUDS Sup	Santa Cruz
Ledvina	Emma	Director	Parents Center
Lewis	Angela	Supervisor	Santa Cruz
Long	Danielle	Prog Mang	Santa Cruz
Mackinnen	Phoenix	Counselor	Second Story
Macwhorter	Stephanie	Operating off	Janus
Mast	Nancy	UR specialist	Santa Cruz
McCormick	Eileen	Manager	Encompass
McEldowney	Carol	Counselor	Front St
McLaughlin	Colleen	Supervisor	New Life
Medina	Victor	member Spec	Comm connect
Miranda	Araceli	Manager	Parents Center
Montgomery	Courtney	Director	Janus
Morrison	Maisy	Director	Janus
Nair	Latha	Director	Santa Cruz
Najera	Jasmine	CEO	PVPSA
Nicol	Aaron	member Spec	Santa Cruz
Nunez	Griselda	Rep	Janus
Olinger	Kayla	Director	Comm connect

Last Name	First Name	Position	County or Contracted Agency
Olivares	Mario	Case Manager	Santa Cruz
Ortiz	Erica	admin officer	Santa Cruz
Owen	Madea	UR specialist	Santa Cruz
Palau	Stacy	CEO	New Life
Polanco	Davina	Director	Haven of Hope
Randall	Vanessa	SUD	Janus
Robertson	Sube	QI Director	Santa Cruz
Rocha	Angel	CBH	Santa Cruz
Rodriguez	Erica	Fam Partner	Santa Cruz
Rubacalva	Emilio	Director	Front St
Ruiz	Rosalba	Case Manager	Comm connect
Russell	James	Director	Santa Cruz
Russell	Lisa	CPO	Encompass
Salcedo	Maria	Prog Mang	Encompass
Sandoval	Clinton	Director	Janus
Sellers	Emily	SUD	Santa Cruz
Smiley	Sage	Mgr. SUD	Encompass
Solano	Nash	Social Worker	Dominican
Soria	Elizabeth	Manager	Santa Cruz

Last Name	First Name	Position	County or Contracted Agency
Stautz	Ricki	Prog Mang	Encompass
Stone	Jessica	Director	Janus
Suski	Ellen	UR specialist	Santa Cruz
Swank	Casey	SUDS Director	Santa Cruz
Tavarez	Minerva	MS	Encompass
Taylor	Steven	Clinician	Encompass
Tisdale	Sarah	QI Director	Encompass
Trejo	Olympia	CBH	Santa Cruz
Turnbull	Andrea	Prog Mang	Santa Cruz
Uribe	Paulina	Supervisor	Janus
Vitali	Paul	Supervisor	Santa Cruz
Warnke	Maria	IT analyst	Santa Cruz
Weitzel	Nancy	SUDS analyst	Santa Cruz
Wooden	Julie	Prog Director	Sobriety Works
Yarnell	Meg	CBH	Santa Cruz
Zamudio	Stephanie	Lead Clinician	PVPSA
Zinsmeyer	Mary	QA Manager	New Life

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	Clinical PIP was found to have moderate confidence, because the DMC-ODS has a detailed plan on their intervention, data collection process and provided a great description of work and information on their clinical PIP.
General PIP Information	
MHP/DMC-ODS Name: Santa Cruz DMC-ODS	
PIP Title: Pharmacotherapy for Opioid Use Disorder	
PIP Aim Statement: The DMC-ODS plan will increase the percentage of new NTP treatment episodes that last at least 30 days by five percent over the CY 2022 baseline by assessing patient needs at intake as well as providing closed-loop referrals to medication services.	
Date Started: 09/2022	
Date Completed: TBD	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17) * <input type="checkbox"/> Adults only (age 18 and over) <input checked="" type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:	

Target population description, such as specific diagnosis (please specify):
16 years old and above.

Improvement Strategies or Interventions (Changes in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):
Plan members that are receiving OUD pharmacotherapy or can benefit from MAT services.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):
MAT providers provide OUD coordination, referral and data exchange.

MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools):
Shifting the system to more collaboration, coordination and communication to provide referral practices and related data exchange.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
			<input checked="" type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PIP Validation Information

Was the PIP validated? Yes No

“Validated” means that the EQRO reviewed all relevant parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

PIP Validation Information

Validation phase (check all that apply):

- PIP submitted for approval Planning phase Implementation phase Baseline year
- First remeasurement Second remeasurement Other (specify):

Validation rating: High confidence Moderate confidence Low confidence No confidence

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

EQRO recommendations for improvement of PIP:

- Establish PIP variables and PMs consistent with a clinical PIP and based in the root causes identified.
- CalEQRO will meet with Santa Cruz quality teams and will provide TA for clinical PIPs.
- CalEQRO recommended starting the data analysis and providing regular training with care coordination staff and the data collection team.
- CalEQRO recommended working with MCP and ED to collaborate on the interventions.
- Recommended monthly monitoring and data collection.

Non-Clinical PIP

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

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	Non-clinical PIP was found to have moderate confidence, because performance measures, KPI indicators and the promotional materials on follow-up appointments are done in detail. The DMC-ODS also submitted an updated FUA document during the review.
General PIP Information	
MHP/DMC-ODS Name: Santa Cruz DMC-ODS	
PIP Title: Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence	
PIP Aim Statement: By Q4 2023, Santa Cruz County’s DMC-ODS aims to increase by 5 percent over MY2021 baseline the percentage of all SUD related ED visits with 7-day and 30-day follow-up services (11.9 percent and 21.6 percent, respectively) and in particular, the percentage of Hispanic follow-ups (7.6 percent and 13.5 percent), by contracting with Santa Cruz County’s Health Information Organization (SCHIO) to provide real-time alerts for active DMC-ODS members upon admission to ED and (2) daily reports of beneficiaries discharged from the ED into the community with principal diagnoses of alcohol or other drugs (AOD), implementing follow-up procedures by appointed and trained BHS providers, and conducting closed-loop referrals.	
Date Started: 09/2022	
Date Completed: TBD	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17) * <input type="checkbox"/> Adults only (age 18 and over) <input checked="" type="checkbox"/> Both adults and children	

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as specific diagnosis (please specify):
13 years and above.

Improvement Strategies or Interventions (Changes in the PIP)

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):
Members who are linked to appropriate SUD services in a timely manner will likely have improved health and functional outcomes in regard to their substance addiction issues, as well as avoid unintended substance overdoses.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):
Santa Cruz SUD navigation providers, ED provider and local MCPs.

MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools):
Plan members and emergency room providers on an ongoing basis to increase access to SUD treatment post-ED visit.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
			<input checked="" type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PIP Validation Information

Was the PIP validated? Yes No

“Validated” means that the EQRO reviewed all relevant parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.

Validation phase (check all that apply):

- PIP submitted for approval Planning phase Implementation phase Baseline year
- First remeasurement Second remeasurement Other (specify):

Validation rating: High confidence Moderate confidence Low confidence No confidence

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

EQRO recommendations for improvement of PIP:

- CalEQRO met with Santa Cruz quality teams and provided TA for Non-clinical PIPs.
- CalEQRO recommended starting the data analysis and providing regular training with SUD navigators staff and the data collection team.
- CalEQRO recommended working with MCP and ED to collaborate on the interventions.
- Recommended monthly monitoring and data collection.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to the Key Components, Assessment of Timely Access, PIP Validation Tool, and Approved Claims Definitions are available on the [CalEQRO website - DMC-ODS](#)

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

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