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FY 2021-22
MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

SACRAMENTO FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

Tuesday, May 17 – Thursday, May 19, 2022

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EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2021-22 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, "Sacramento" shall be used to identify the Sacramento County DMC-ODS program, unless otherwise indicated.

DMC-ODS INFORMATION

DMC-ODS Reviewed — Sacramento

Review Type — Virtual

Date of Review — Tuesday, May 17 – Thursday, May 19, 2022.

DMC-ODS Size — Large

DMC-ODS Region — Central

DMC-ODS Location — South of Placer and Sutter Counties, west of El Dorado and Amador Counties, north of Contra Costa and San Joaquin Counties and east of Yolo and Solano Counties.

DMC-ODS Beneficiaries Served in Fiscal Year (FY) 2020-21 — 5,379

DMC-ODS Threshold Language(s) — English, Spanish, Russian, Vietnamese, Cantonese, Hmong, Arabic and Farsi

SUMMARY OF FINDINGS

Of the eight recommendations for improvement that resulted from the FY 2020-21 EQR, the DMC-ODS addressed or partially addressed seven recommendations.

California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the following four Key Components that impact beneficiary outcomes; among the 23 components evaluated, the DMC-ODS met or partially met the following, by domain:

- Access to Care: 66.6 percent met (two of three components), and 33.3 percent partially met (one of three)

- Timeliness of Care: 50 percent met (three of six components), and 50 percent partially met (three of six)

- Quality of Care: 50 percent met (four of eight components), and 50 percent partially met (four of eight)

- Information Systems (IS): 83 percent met (five of six components), and 17 percent partially met (one of six)

The DMC-ODS submitted both required Performance Improvement Projects (PIPs). The clinical PIP, ASAM Level of Care Determination is in the final remeasurement phase and now completed with a moderate confidence validation rating. The non-clinical PIP, Treatment Perception Survey (TPS), is in final remeasurement phase, and now completed with a low confidence validation rating.

CalEQRO conducted two consumer family member focus groups, comprised of a total of nine participants.

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The DMC-ODS demonstrated significant strengths in the following areas: a robust NTP and MAT network of providers throughout the Sacramento region and recent collaboration to launch a certified program in an FQHC as part of the Bridge Grant MAT project; key participant in the city's sober station that gives individuals a low barrier pathway to treatment in lieu of incarceration; has a well stated plan to address health equity issues; taken active steps to address the local overdose and fatality issues related to substance use; continued to make determinations and orchestrate planning for new information system.

The DMC-ODS was found to have notable opportunities for improvement in the following areas: referral management issues have resulted in throughput and lag times for clients seeking treatment; both county and providers have experienced workforce hiring and retention issues; timely access for first appointments is low and no-show rates are elevated; efforts to maintain momentum with overdose prevention initiatives were slowed by new application requirements from DHCS to obtain Narcan.

FY 2021-22 CalEQRO recommendations for improvement include: additional residential treatment and withdrawal management capacity should be actively sought; referral management protocols should be reviewed and revisions made where indicated with active participation from contract providers; enhanced or innovative hiring and recruiting strategies should be developed to address vacancies; efforts are need to assure complete and accurate tracking of urgent service requests; mitigation efforts should continue as determined by ongoing review of the local nature of county's drug overdose crisis.

INTRODUCTION

BACKGROUND

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 October 2019.

The State of California Department of Health Care Services (DHCS) contracts with 31 county Drug Medi-Cal-Organized Delivery Systems (DMC-ODS), comprised of 37 counties, to provide substance use treatment services to Medi-Cal beneficiaries under the provisions of Title XIX of the federal Social Security Act. As PIHPs, the CMS rules apply to each DMC-ODS. DHCS contracts with Behavioral Health Concepts, Inc., the California EQRO, to review and evaluate the care provided to the Medi-Cal beneficiaries.

Additionally, DHCS requires the CalEQRO to evaluate counties on the following: delivery of substance use disorder (SUD) treatment services in a culturally competent manner, coordination of care with other healthcare providers, and beneficiary satisfaction. CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill (AB) 205.

This report presents the fiscal year (FY) 2021-22 findings of the EQR for Sacramento DMC-ODS by Behavioral Health Concepts, Inc., conducted as a virtual review on Tuesday, May 17 – Thursday, May 19, 2022.

METHODOLOGY

CalEQRO's review emphasizes the county's use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public behavioral health system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by substance use disorder systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to analyze data, review county-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, beneficiaries, family members, 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 are derived from multiple source files, unless otherwise specified. These statewide data sources include: Monthly Medi-Cal Eligibility Data System Eligibility File, DMC-ODS approved claims, the Treatment Perception Survey (TPS), CalOMS, and the American Society of Addiction Medicine (ASAM) level of care data. CalEQRO reviews are retrospective; therefore, data evaluated are from FY 2020-21, unless otherwise indicated. As part of the pre-review process, each county is provided a description of the source of data and a summary report of their performance measures, including Medi-Cal approved claims data. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

FINDINGS

Findings in this report include:

- Changes, progress, or milestones in the county's approach to performance management – emphasizing utilization of data, specific reports, and activities designed to manage and improve quality of care – including responses to FY 2020-21 EQR recommendations.

- Review and validation of two elements pertaining to NA: Alternative Access Standards (AAS) requests and use of out-of-network (OON) providers.

- Summary of county-specific activities related to the following four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact beneficiary outcomes: Access, Timeliness, Quality, and IS.

- PM interpretation and validation, including sixteen PMs.

- Review and validation of submitted PIPs.

- Assessment of the Health Information System's (HIS) integrity and overall capability to calculate PMs and support the county's quality and operational processes.

- Consumer perception of the county's service delivery system, obtained through satisfaction surveys and focus groups with beneficiaries and family members.

- Summary of county 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 (HIPAA), and in accordance with DHCS guidelines, CalEQRO suppressed values in the report tables when the count was less than or equal to 11 and replaced it with an asterisk (*) to protect the confidentiality of county beneficiaries. Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data; its corresponding penetration rate percentages; and cells containing zero, missing data, or dollar amounts.

CHANGES IN THE DMC-ODS ENVIRONMENT AND WITHIN THE COUNTY

In this section, the status of last year's (FY 2020-21) EQRO review recommendations are presented, as well as changes within the county's environment since its last review.

ENVIRONMENTAL IMPACT

This review took place after the Coronavirus Disease 2019 (COVID-19) pandemic that occurred during the last 26 months across the state. The DMC-ODS has continued to experience a variety of challenges including but not limited to restricted access due to outbreaks, staff leaves and illness, and the need to adjust the service delivery system to ensure both beneficiary and staff safety. CalEQRO worked with the county to design an alternative agenda due to the above factors. CalEQRO was able to complete the review without any insurmountable challenges.

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.

- Telehealth and telephonic SUD assessments have continued due to fluctuations in case rates and other public health concerns related to COVID-19.

- COVID outbreaks in treatment facilities were experienced and that has put a strain on providers and staff.

- A residential program suffered a large fire that impacted access and bed capacity.

- Preparations for CalAIM have been a draw on resources and required adjustments in system priorities.

- Sacramento is participating in the sobering station, Substance Use Respite and Engagement Center (SURE) Program, which provides a safe portal and alternative for those with apparent SUD that come in contact with law enforcement.

- Noting the rise in overdose and fatalities, the DMC-ODS has facilitated a number of community events to raise awareness including a Methamphetamine and Fentanyl Awareness Safety Fair, and a Fentanyl Awareness Town Hall.

- Sacramento is coordinating a clinical enhancement to a local emergency department (ED) Bridge program funded through the medication assisted treatment (MAT) Expansion project that includes participation of the medical

programs from University of California (UC) at Davis and obtaining Drug Medi-Cal (DMC) certification.

- Noting the prevalence of methamphetamine abuse within their beneficiary population, the DMC-ODS has successfully applied for participation in the statewide Contingency Management pilot which is designed to enhance persistence in care and clinical outcomes.

RESPONSE TO FY 2020-21 RECOMMENDATIONS

In the FY 2020-21 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2021-22 EQR, CalEQRO evaluated the status of those FY 2020-21 recommendations; the findings are summarized below.

<u>Assignment of Ratings</u>

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.

<u>Recommendations from FY 2020-21</u>

Recommendation 1: Sacramento should continue its excellent work to build needed capacity in its ASAM continuum including residential treatment, withdrawal management (WM), youth services across the continuum, non-methadone medication assisted treatment (MAT), as well as case management (CM) and recovery support services (RSS) to meet client needs.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- Sacramento notes its continued efforts to expand service capacity within the American Society of Addiction Medicine (ASAM) continuum. The DMC-ODS is currently working with a youth residential providing technical assistance for DMC certification. Sacramento has also brought on two new youth outpatient providers and is working with a non-methadone MAT provider to also get this agency DMC certified.

- The DMC-ODS has continued to work with system providers on discussing both CM and RSS, discussing the importance these services play through all modalities of services. The need to increase service utilization has been a frequent item of discussion at monthly provider management and residential program meetings.

- Based on data Sacramento provided to CalEQRO, CM service levels remain low for a large county and that just one of the 13 legal entities which can provide RSS is billing for these services.

Recommendation 2: Sacramento should prioritize its operationalization of urgent appointment requests along with the data collection and tracking capability to trend timely access for individuals who have this level of urgent need and monitor timeliness overall with new Avatar software systems including routine visit access, and particularly access to first appointments and residential where there appear to be issues at least for some clients.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The DMC-ODS notes that urgent appointment needs are addressed the same day. The counselor of the day will take all crisis calls or urgent requests if other counselors are not available.

- Data is collected and tracked on the phone assessment log. Timeliness is monitored through service request disposition date. Urgent clients are placed directly into care based on available beds at a provider site.

- CalEQRO notes that the section for urgent service request data on Assessment for Timely Access form was not completed. In discussion with analytic and quality management staff it was apparent that while there may be workflows and protocols to see clients with urgent needs on the same day, reporting of this is not available.

Recommendation 3: In addition to its PIP to increase the number of TPS responses, Sacramento should take meaningful steps, such as real time monitoring of provider involvement to secure participation of both non-English speaking and adolescent clients in the next administration of this survey which is confirmed to be in September by UCLA.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- Sacramento developed a one-page flyer on TPS, targeting beneficiaries, that had a QR code and information regarding the importance of the TPS survey and request for client participation.

- Adolescent clients were responsive to the flyer and youth TPS completions increased substantially from the prior year.

Recommendation 4: Sacramento should work to improve CalOMS administrative discharge rates that reduce the reliability of its data for use for outcomes and evaluating client improvements based on discharge status.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The DMC-ODS transferred the CalOMS admission and discharge process into the Avatar EHR system.

- Avatar now requires CalOMS admission and discharge to be conducted for all treatment episodes with system providers responsible to ensure is timely, accurate, and complete submissions.

- Sacramento has developed reports to monitor compliance with data collection.

Recommendation 5: The Access Call Center does not do screenings but signs everyone up for assessments which may result in some of the delays in timeliness to first appointment and it is recommended this workflow be reviewed carefully. Also, night calls have taken messages and called back in the morning which is not a 24/7 access service providing information and linkage to care. Three-way call capacity to providers for referrals and appointments is much more effective for linkage to successful engagement and should be considered as well.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The DMC-ODS reports that three-way call capacity will continue to be explored as a way to assist with timeliness to first service but the system continues to not have this capability for real time connections between the call center, providers and incoming clients.

- Sacramento notes that after hours, a staff member provides a brief screen, resources and linkages to the Assessment that takes place the next day.

Recommendation 6: Based on stakeholder interviews more involvement beyond executive leadership with contract agencies in quality improvement and treatment initiatives such as cultural competence and EBP clinical communications in general would be beneficial to foster teamwork and enhance ASAM models of care, adoption of MAT as a core component of care, and reduction of older concepts of care.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- Sacramento notes they continue to encourage participation by executive leadership and line staff internally and externally. Providers representing various levels of care and county staff participate in monthly Executive Director meetings.

- Sacramento notes that their contract monitors and QM division offer support and technical assistance pertaining to the ASAM, documentation, and cultural competence needs during monthly meetings, compliance reviews and as needed.

- The DMC-ODS has invited outside experts such as Dr. David Mee-Lee to train and support on the ASAM. Also, MAT training is a requirement for providers and Sacramento ensures necessary supports for MAT services as outlined in provider contracts.

Recommendation 7: Work to align Avatar to match SUD requirements for those providers and not MH as long as they are different to reduce confusion and problems with charting and billing.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- The DMC-ODS continues to work through the quality management and Avatar teams to develop reports and tools that are specific to SUD services.

- Avatar updates have included system and service code updates for SUD programs.

Recommendation 8: Consider planning for additional recovery residence beds especially as additional housing and homeless funding is available to build needed capacity. This capacity is critical to link to outpatient and recovery services and reduce any delays from residential discharge.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The DMC-ODS reports that they continue to market and work toward Recovery Residence bed expansion to address homeless and housing needs and reduce delays from residential discharge.

- Sacramento notes they have been trending utilization and at current Recovery Residence is not at full capacity. However, they continue to work with current contracted providers to expand capacity.

NETWORK ADEQUACY

BACKGROUND

CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, the California State Legislature passed AB 205 in 2017 to specify how NA requirements must be implemented in California. The legislation and related DHCS policies and Behavioral Health Information Notices (BHINs) assign responsibility to the EQRO for review and validation of the data collected and processed by DHCS related to NA.

All DMC-ODSs submitted detailed information on their provider networks in July 2021 on the Network Adequacy Certification Tool (NACT) form, per the requirements of DHCS BHIN 21-023. The NACT outlines in detail the DMC-ODS provider network by location, service provided, population served, and language capacity of the providers; it also provides details of the rendering provider's NPI number as well as the professional taxonomy used to describe the individual providing the service. DHCS reviews these forms to determine if the provider network meets required time and distance standards.

The travel time to the nearest provider for a required service level depends upon a county's size and the population density of its geographic areas. The two types of care that are measured for DMC-ODS NA compliance with these requirements are outpatient SUD services and Narcotic Treatment Program (NTP)/Opioid Treatment Program (OTP) services, for youth and adults. If these standards are not met, DHCS requires the DMC-ODS to improve its network to meet the standards or submit a request for a dispensation in access.

CalEQRO verifies and reports if a DMC-ODS can meet the time and distance standards with its provider distribution. As part of its scope of work for evaluating the accessibility of services, CalEQRO reviews separately and with DMC-ODS staff all relevant documents and maps related to NA for their Medi-Cal beneficiaries and the DMC-ODS's efforts to resolve NA issues, services to disabled populations, use of technology and transportation to assist with access, and other NA-related issues. CalEQRO reviews timely access-related grievance and complaint log reports; facilitates beneficiary focus groups; reviews claims and other performance data; reviews DHCS-approved corrective action plans; and examines available beneficiary satisfaction surveys conducted by DHCS, the DMC-ODS, or its subcontractors.

FINDINGS

For Sacramento County, the time and distance requirements are 30 minutes and 15 miles for outpatient SUD services, and 30 minutes and 15 miles for NTP/OTP services.

These services are further measured in relation to two age groups – youth (0-17) and adults (18 and over)[1].

Alternative Access Standards and Out-of-Network Access

DHCS required the DMC-ODS to submit an AAS request for 55 zip codes for which time and/or distance standards were not met: 95823; 95828; 95838; 95660; 95822; 95824; 95820; 95815; 95670; 95843; 95842; 95624; 95758 95833; 95608; 95610; 95621; 95821; 95825; 95826; 95632; 95841; 95834; 95827; 95829; 95757 95673; 95832; 95831; 95628; 95835; 95630; 95662; 95818; 95817; 95864; 95626; 95742; 95693 95814; 95816; 95819; 95655; 95811; 95690; 95638; 95641; 95683; 95615; 95652; 95830; 95837 95680; 95639; 94571.

The 55 zip codes were specific to youth access to OTP/NTP and represent a significant increase from the single zip code which required an AAS during the prior review cycle. Based on information provided by DHCS, Sacramento notes that 259,303 beneficiaries are impacted by the AAS request though no historical prevalence or demand for service data (likely to be much smaller) was provided to CalEQRO. This number reflects the total youth beneficiaries that have Medi-Cal and can potentially access services, not the number of youth requesting OTP/NTP services.

Sacramento County submitted an Alternative Access Standard request to DHCS addressing this finding. The AAS request stated that Sacramento County does provide MAT services throughout Sacramento. All MAT Providers serve 18+ and provide treatment or linkage to youth.

Planned Improvements to Meet NA Standards

There are currently no OON providers that meet the time and distance standards for youth OTP/NTP. Sacramento does contract with all the available NTP services within the county. They noted that there is some contractor capacity to provide telehealth services for opioid treatment. The DMC-ODS has responsibility for client transportation should time or distance be an issue. The Health Plans have transportation which is also available to clients if they prefer.

DMC-ODS Activities in Response to FY 2020-21 AAS

DHCS authorized the DMC-ODS to use AAS and Sacramento has continued its efforts to solicit contractor interest within the county to improve adherence to time and distance standards. The DMC-ODS notes it has engaged in strategies to assure beneficiary access to services including telehealth services which are provided to anyone who notes difficulty attending sessions due to transportation or health care concerns. A new

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[1] AB 205 and BHIN 21-023

program, Let's Recover (telehealth provider in multiple counties, based out of San Diego) provides physician consultation and assessment.

The DMC-ODS has designated high risk zip codes in their community and are trying to identify services within a 15-minute radius of those communities to better connect. Black, lesbian gay bisexual transgender questioning (LGBTQ), and youth communities are some where growth in services would benefit consumers connecting to services. This exercise did result in the addition of a provider in one of the designated areas making services more accessible for these communities.

ACCESS TO CARE

BACKGROUND

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 beneficiaries 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 beneficiaries 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 beneficiaries are negatively impacted.

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

ACCESS IN SACRAMENTO COUNTY

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, 100 percent of services were claimed to contractor-operated/staffed clinics and sites. Overall, approximately 92 percent of services provided are claimed to Medi-Cal.

The DMC-ODS has a toll-free System of Care (SOC) access line available to beneficiaries 24 hours, 7 days per week that is operated by county staff; beneficiaries may request services through the SOC which provides screening, assessment, coordination or care, linkage to referrals and notify receiving SUD providers by sending a service request through the EHR. The SOC staff are responsible for linking client beneficiaries to program options that would best suit them based on need. SOC staff also provide linkage to ancillary services, physical health, and other community-based services they may need.

In addition to clinic-based services, the DMC-ODS provides telehealth services. Specifically, the DMC-ODS delivers crisis, group therapy, group education and support, individual therapy, case management, and new client intake and assessment services via telehealth to youth and adults. In FY 2020-21, the DMC-ODS reports having served 587 adult beneficiaries, 71 youth beneficiaries, and 19 older adult beneficiaries via telehealth across zero county-operated sites and 45 contractor-operated sites. Among those served, 67 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

ACESS KEY COMPONENTS

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

Each Access 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 1: Key Components – Access

KC #	Key Component – Access	Rating
1A	Service Access are Reflective of Cultural Competence Principles and Practices	Met
1B	Manages and Adapts its Network Adequacy to Meet SUD Client Service Needs	Met
1C	Collaboration and Coordination of Care to Improve Access	Partially Met

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

- Sacramento participates in a racial and health equity collaborative that continues to look at building community trust by providing equitable resource distribution to address underserved areas of the county. Example, the project has designated high risk zip codes in their community and are trying to identify services within a 15-minute radius of those communities to better connect. Black, LGBTQ, and youth communities all need some growth in terms of connecting to services.

- Clients in focus groups conducted by CalEQRO note that those interviewed had to wait, sometimes for months, to be admitted from a waiting list to residential services.

- Interview sessions conducted by CalEQRO with SUD provider management staff revealed protocols and workflows put in place for residential care appear to be causing lag times for entry. This is often due to a time-intensive follow-up process requiring them to obtain viable names from referral logs maintained by Sacramento staff. The lag time results in providers having empty beds despite clients waiting to secure admission for weeks, sometimes longer.

PERFORMANCE MEASURES

In addition to the Key Components identified above, the following PMs further reflect access to care in the DMC-ODS:

- Total beneficiaries served, stratified by age and race/ethnicity;

- Penetration rates, stratified by age, race/ethnicity, and eligibility categories;

- Approved claims per beneficiary (ACB) served, stratified by age, race/ethnicity, eligibility categories, and service categories;

- Initial service used by beneficiaries.

Total Beneficiaries Served

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

Sacramento primarily served adults between the ages of 18-64, with a penetration rate of 1.49 percent. The 1.30 percent penetration rate in all age groups, is higher than other DMC-ODS large counties and the statewide average.

Table 2: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2020

Sacramento				Large Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Beneficiaries Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages 12-17	63,972	108	0.17%	0.26%	0.25%
Ages 18-64	300,985	4,484	1.49%	1.44%	1.26%
Ages 65+	49,813	787	1.58%	0.90%	0.77%
TOTAL	**414,770**	**5,379**	**1.30%**	**1.18%**	**1.03%**

Penetration rates by race/ethnicity are higher than other large counties as well as statewide rates, with the exceptions of the African-American, Native American, and Other population groups which are below the large county averages.

Table 3: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity, CY 2020

Sacramento				Large Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	95,976	2,282	2.38%	2.34%	1.96%
Latino/Hispanic	85,497	694	0.81%	0.76%	0.69%
African-American	56,753	737	1.30%	1.53%	1.34%
Asian/Pacific Islander	60,352	183	0.30%	0.17%	0.17%
Native American	2,779	59	2.12%	2.77%	1.84%
Other	113,414	1,424	1.26%	1.58%	1.41%
TOTAL	**414,771**	**5,379**	**1.30%**	**1.18%**	**1.03%**

The race/ethnicity results in Figure 1 can be interpreted to determine how readily the listed race/ethnicity subgroups access treatment through the DMC-ODS. If they all had similar patterns, one would expect the proportions they constitute of the total population of DMC-ODS enrollees to match the proportions they constitute of the total beneficiaries served as clients.

The percentage of eligible beneficiaries accessing services are lowest in the Latino/Hispanic and Asian/Pacific Islander race/ethnicity groups.

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2020
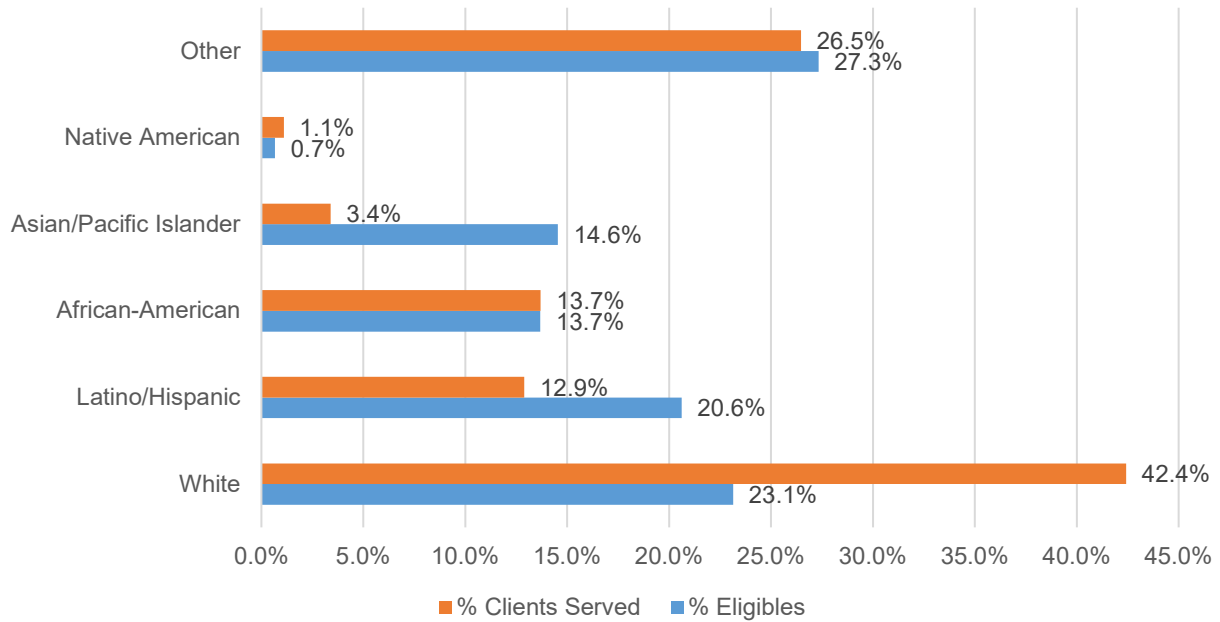
Penetration Rates and Approved Claim Dollars by Eligibility Category

The average approved claims per beneficiary served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year.

Tables 4 and 5 highlight penetration rates and average approved claims by eligibility category.

The Affordable Care Act (ACA) is the primary eligibility category for clients in Sacramento. Disabled and Family Adult are the next most common eligibility categories. The youth eligibility categories have smaller numbers of clients served compared to adult categories, and the penetration rates are generally higher than the statewide rates in all categories with the exceptions of Foster Care, Other Child, and MCHIP.

Table 4: Clients Served and Penetration Rates by Eligibility Category, CY 2020

Sacramento				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Penetration Rate	Penetration Rate
Disabled	61,570	1,443	2.3%	1.8%
Foster Care	1,489	28	1.9%	2.3%
Other Child	41,370	73	0.2%	0.3%
Family Adult	90,235	1,377	1.5%	1.1%
Other Adult	47,546	139	0.3%	0.1%
MCHIP	22,885	24	0.1%	0.2%
ACA	148,678	2,461	1.7%	1.6%

Average approved claims results are lower than the statewide average in all eligibility categories except in the Other Adult category.

Table 5: Average Approved Claims by Eligibility Category, CY 2020

Sacramento				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Average Approved Claims	Average Approved Claims
Disabled	61,570	1,443	$4,104	$4,559
Foster Care	1,489	28	$996	$2,037
Other Child	41,370	73	$1,437	$2,492
Family Adult	90,235	1,377	$3,776	$4,231
Other Adult	47,546	139	$3,592	$3,386
MCHIP	22,885	24	$1,679	$2,748
ACA	148,678	2,461	$3,469	$5,131

The majority of clients entering services had an initial service in NTP/OTP (69.4 percent). This reflects a higher initial service in NTP/OTP services than the statewide

average (40.0 percent). Outpatient treatment (25.6 percent) and residential treatment (3.4 percent) followed as the most prevalent initial service modalities.

Table 6: Initial DMC-ODS Service Used by Beneficiaries, CY 2020

Sacramento			Statewide	
DMC-ODS Service Modality	#	%	#	%
Outpatient treatment	1,344	25.6%	33,885	33.1%
Intensive outpatient treatment	*	n/a	2,679	2.6%
NTP/OTP	3,648	69.4%	40,908	40.0%
Non-methadone MAT	-	0.0%	291	0.3%
Ambulatory Withdrawal	-	0.00%	22	0.02%
Partial hospitalization	-	0.00%	23	0.02%
Residential treatment	177	3.4%	16,620	16.3%
Withdrawal management	*	n/a	6,790	6.6%
Recovery Support Services	-	0.0%	1,006	1.0%
TOTAL	5,256	100.0%	102,224	100.0%

The majority of clients in Sacramento were served in NTP (62.4 percent), followed by outpatient services (24.3 percent) and residential treatment (4.4 percent). Average approved claims were below the statewide average in all service modalities, except for NTP and non-methadone MAT.

Table 7: Average Approved Claims by Service Categories, CY 2020

Service Categories	% Served	Statewide % Served	Average Approved Claims	Statewide Average Approved Claims
Narcotic Tx. Program	62.4%	30.7%	$4,255	$4,097
Residential Treatment	4.4%	17.5%	$5,944	$8,846
Res. Withdrawal Mgmt.	1.9%	6.8%	$1,541	$2,057
Ambulatory Withdrawal Mgmt.	0.0%	0.0%	$0	$654
Non-Methadone MAT	3.5%	5.2%	$2,464	$1,093
Recovery Support Services	0.0%	2.7%	$1,378	$1,521
Partial Hospitalization	0.0%	0.0%	$0	$1,926
Intensive Outpatient Tx.	3.5%	6.4%	$119	$966
Outpatient Services	24.3%	30.6%	$1,690	$2,037
TOTAL	**100.0%**	**100.0%**	**$3,780**	**$4,894**

IMPACT OF FINDINGS

The DMC-ODS has made multiple service delivery adjustments due to the COVID-19 pandemic and has made health equity initiatives a priority with identified targets and measurable aims to improve diversity in staff, improved community relations, and promote racial equity as an organization and in its delivery of services. Sessions with CalEQRO revealed that Sacramento's SUD providers feel they have minimal input into large system changes that impact their workflow, caseloads and resources noting that some changes have resulted in increased lag times for clients to gain access to services they need. Sacramento acknowledges the impact that implementation of the DMC-ODS and EHR enhancements have had on provider workloads and workflow noting it has made and will continue efforts to give opportunity for them to share feedback and input to processes and workflow.

TIMELINESS OF CARE

BACKGROUND

The amount of time it takes for beneficiaries to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likely the delay will result in not following through on keeping 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 the 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. CalEQRO uses a number of indicators for tracking and trending timeliness, including the Key Components and Performance Measures addressed below.

TIMELINESS IN SACRAMENTO COUNTY

The DMC-ODS reported timeliness data in aggregate. Further, timeliness data presented to CalEQRO represented the complete DMC delivery system.

Consumer focus group participants expressed concerns related to delays from the point of screening/assessment to entry into residential treatment that took several months in most situations.

TIMELINESS KEY COMPONENTS

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

Each Timeliness 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 8: Key Components – Timeliness

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

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

- Readmissions to WM within 30 days of discharge (as reported by Sacramento) is just 1.5 percent, significantly lower than the statewide rate of 11.5 percent.

- First offered appointments are not tracked, and the average time for the first rendered service meets the 10-day business day standard just 22 percent of the time.

- Urgent service requests are reportedly handled as they come in, but current data and reporting appears to be incomplete, showing just 20 such requests this past annum and having an inordinate time to service.

- Monthly no-show rates for initial appointments are averaging very high with outpatient at 63 percent and intensive outpatient intake at 74 percent.

- Residential services are at capacity, with many individuals waiting for a clinically indicated admission as the centralized placement process is being formally reviewed to improve timely access.

PERFORMANCE MEASURES

DHCS has established timeliness metrics to which DMC-ODSs must adhere for initial offered appointments for non-urgent outpatient substance use disorder (SUD) services, non-urgent MAT, and urgent care. In preparation for the EQR, DMC-ODSs complete and submit the Assessment of Timely Access form in which they identify DMC performance across several key timeliness metrics for a specified time period.

Additionally, utilizing approved claims data, CalEQRO analyzes DMC performance on withdrawal management readmission and follow up after residential treatment.

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

- First Non-urgent Appointment Offered

- First Non-urgent Appointment Rendered

- Non-Urgent MAT Request to First NTP/OTP Appointment

- Urgent Services Offered

- Average Days for Follow-up Post-Residential Treatment

- Withdrawal Management (WM) Readmission Rates Within 30 Days

- No-Shows

DMC-ODS-Reported Data

For the FY 2021-22 EQR, the DMC-ODS reported its performance for July 1, 2021 through March 31, 2022.

- Average wait time from initial service request to first non-urgent SUD appointment offered is not available, as it is not currently tracked by the DMC-ODS

- Average wait time of 37.2 days from initial service request to first non-urgent NTP/OTP appointment offered

- Average wait time of 2,502 hours from initial service request to first urgent appointment offered

Table 9: FY 2021-22 DMC Assessment of Timely Access

FY 2021-22 DMC Assessment of Timely Access			
Timeliness Measure	Average/Rate	Standard[2]	% That Meet Standard
First Non-Urgent Appointment Offered	n/a Days	10 Business Days	n/a%
First Non-Urgent Service Rendered	44 Days	10 Business Days	22%
Non-Urgent MAT Request to First NTP/OTP Appointment	37.2 Days	3 Business Days	13%
Urgent Services Offered	2,502 Hours	48 Hours	0%
Follow-up Services Post-Residential Treatment	n/a	7 Days	21%
WM Readmission Rates Within 30 Days	1.5%	n/a	n/a
No-Shows	37%	n/a	n/a

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 FY 2020-21 claims.

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

On average, clients in Sacramento receive their first dose of methadone within one day.

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[2] DHCS-defined standards, unless otherwise noted.

Table 10: Days to First Dose of Methadone by Age, CY 2020

Sacramento				Statewide		
Age Groups	Clients	%	Median Days	Clients	%	Median Days
Ages 12-17	*	n/a	<1	*	n/a	n/a
Ages 18-64	2,891	79.7%	<1	33,027	80.4%	<1
Ages 65+	*	n/a	<1	*	n/a	n/a
TOTAL	**3,627**	**100.0%**	**<1**	**41,093**	**100.0%**	**<1**

Transitions in Care

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

Sacramento discharged 303 clients from residential treatment. Of those, 9.57 percent had a follow-up service within any days, which is less than half the statewide average of 20.31 percent.

Table 11: Timely Transitions in Care Following Residential Treatment, CY 2020

Sacramento (n= 303)			Statewide (n= 49,799)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	*	n/a	3,757	7.54%
Within 14 Days	*	n/a	5,160	10.36%
Within 30 Days	*	n/a	6,422	12.90%
Any days (TOTAL)	**29**	**9.57%**	**10,112**	**20.31%**

Residential Withdrawal Management Readmissions

Sacramento had 120 clients admitted into residential WM in CY 2020. The number of clients readmitted within 30 days of discharge has been suppressed.

Table 12: Residential Withdrawal Management Readmissions, CY 2020

Sacramento				Statewide
Total DMC-ODS admissions into WM		120		11,647
	#	#	#	%
WM readmissions within 30 days of discharge	*	n/a	1,291	11.1%

IMPACT OF FINDINGS

Time to service for urgent appointment requests is incomplete and leaves the DMC-ODS with no visibility on levels of acuity at time of intake. Of those appointment requests tracked, none meet the 48-hour standard and average wait time is 104 days. According to claims data provided by CalEQRO, timely follow-up for clients exiting residential treatment is low, though Sacramento's more current data indicates transitions are occurring consistent with state averages. For both urgent and post-residential discharge same day linkage may be occurring but current process for data collection is not capturing it. Extremely high levels of no-show for initial appointments likely indicates low rates of engagement when clients first contact the system of care. Reporting and review of timeliness data is infrequent, either semi-annually or annually.

QUALITY OF CARE

BACKGROUND

CMS defines quality as the degree to which the PIHP increases the likelihood of desired outcomes of the beneficiaries through:

- Its structure and operational characteristics.

- The provision of services that are consistent with current professional, evidenced-based knowledge.

- Intervention for performance improvement.

In addition, the contract between the DMC-ODSs and DHCS requires the DMC-ODSs to implement an ongoing comprehensive Quality Assessment and Performance Improvement (QAPI) Program for the services furnished to beneficiaries. The contract further requires that the DMC-ODS's 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 SACRAMENTO COUNTY

In the DMC-ODS, the responsibility for QI is Quality Management (QM). The integrated Behavioral Health Services Quality Management and Research Evaluation and Performance Outcomes units is composed primarily of shared staff with the MHP. There is an integrated staff from this unit who work with contract liaisons, administrative, fiscal, billing and the Sacramento SUD leadership to assist with grants, compliance, audits, and reviews.

The DMC-ODS monitors its quality processes through an integrated QI Work Plan (QIWP) that details goals, activities, and data to measure levels of improvement. The Sacramento QIWP tracks activities, performance indicator development and refinement, ongoing and time-limited performance improvement projects or focused studies and other monitoring to ensure quality care. The QIC is comprised of executive leadership, ethnic service manager, medical staff, licensed and counseling staff, providers client advocates and consumer representatives and is scheduled to meet monthly except for March. Since the previous EQR, the DMC-ODS QIC met eleven times. Of the 14 identified FY 2021-22 QIWP goals, the DMC-ODS provided a summary of activities, along with quarterly findings for seven, but had not assigned a rating on progress met.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD services healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for beneficiaries. These key components include an organizational culture that prioritizes quality, utilizes data to inform and make decisions, engages in QI activities, matches beneficiary needs to appropriate services, coordinates care with other providers, routinely monitors outcomes, satisfaction, and medication practices, and promotes transparent communication with focused leadership and strong stakeholder involvement.

Each Quality 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 13: Key Components – Quality

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

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

- Sacramento has continued to focus on special SUD populations, including perinatal, by bringing in an expert on prenatal substance exposure, training health care providers and teaching them to refer them directly into the perinatal

program which consists of sober living along with the whole continuum of care from residential to outpatient.

- Utilization of Recovery Support services and Case Management is low for a large county though Sacramento notes that such supports are present and may not be reflected as a billable activity.

- In sessions with CalEQRO, contract provider management noted that system changes occur with little opportunity for them to give input and that while the DMC-ODS has continued to articulate partnering with them, true collaboration has become increasingly remote.

- Recent TPS administrations continue to yield few responses for youth.

PERFORMANCE MEAUSRES

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

- Beneficiaries served by Diagnostic Category

- Non-methadone MAT services

- Residential WM with no other treatment

- High-Cost Beneficiaries (HCB)

- ASAM congruence

- Initiation and Engagement

- Length of Stay (LOS)

- CalOMS Discharge Status Ratings

Diagnosis Data

The majority of clients receiving services in Sacramento have been diagnosed with an Opioid Use Disorder (70.4 percent), reflective of the high utilization of NTP services. Other Stimulant Abuse is the next most common diagnosis (11.5 percent).

Table 14: Percentage Served and Average Cost by Diagnosis Code, CY 2020

Diagnosis Codes	Sacramento		Statewide	
	% Served	Average Cost	% Served	Average Cost
Alcohol Use Disorder	10.2%	$2,695	17.6%	$5,936
Cannabis Use	6.4%	$1,668	8.0%	$2,921
Cocaine Abuse or Dependence	1.2%	$2,505	1.8%	$5,769
Hallucinogen Dependence	0.0%	$0	0.2%	$6,112
Inhalant Abuse	0.0%	$0	0.0%	$8,581
Opioid	70.4%	$4,452	47.4%	$4,788
Other Stimulant Abuse	11.5%	$2,456	23.1%	$5,269
Other Psychoactive Substance	0.0%	$0	0.1%	$7,114
Sedative, Hypnotic Abuse	0.2%	$3,673	0.5%	$6,077
Other	0.1%	$1,081	1.2%	$2,923
Total	**100.0%**	**$3,838**	**100.0%**	**$4,962**

Non-Methadone MAT Services

As seen in Table 15, Sacramento served 209 clients with at least one non-methadone MAT service, and 65 percent of these clients continued to receive three or more services, which is higher than statewide rate (47.5 percent). Additionally, it is possible that clients continued to receive MAT through non-DMC-ODS providers, such as FQHCs.

Table 15: DMC-ODS Non-Methadone MAT Services by Age, CY 2020

Sacramento							Statewide	
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 12-17	-	0.0%	-	0.0%	*	n/a	*	n/a
Ages 18-64	195	4.3%	129	2.9%	6,698	7.6%	3,227	3.7%
Ages 65+	14	1.8%	*	n/a	*	n/a	*	n/a
TOTAL	**209**	**3.9%**	**136**	**0.5%**	**7,146**	**7.0%**	**3,397**	**3.3%**

Residential Withdrawal Management with No Other Treatment

Table 16 identifies clients who enter WM multiple times without ever engaging in follow-up treatment. This measure is a proxy for lack of effective discharge planning and case management follow-up to ensure that clients engage in treatment after WM. Of the 113 WM clients in Sacramento, 0.88 percent had three or more WM episodes and no other treatment.

Table 16: Residential Withdrawal Management with No Other Treatment, CY 2020

Sacramento			Statewide	
	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services
TOTAL	113	0.88%	8,824	3.34%

High-Cost Beneficiaries

Tracking the HCBs provides another indicator of quality of care. High cost of care typically occurs when a beneficiary continues to require more intensive care at a greater frequency than the rest of the beneficiaries receiving services. This often indicates system or treatment failures to provide the most appropriate care in a timely manner. Further, HCBs may disproportionately occupy treatment slots that may cause cascading effect of other beneficiaries not receiving the most appropriate care in a timely manner, thus being put at risk of becoming higher utilizers of services themselves. HCB percentage of total claims, when compared with the HCB count percentage, provides a proxy measure for the disproportionate utilization of intensive services by the HCB beneficiaries.

As seen in Tables 17 and 18, 0.45 percent of clients served by the DMC-ODS accounted for 1.99 percent of total claims for CY 2020. This is a significantly lower rate of HCBs than the statewide average (5.42 percent).

Table 17: High-Cost Beneficiaries by Age, DMC-ODS, CY 2020

Sacramento						
Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages12-17	108	*	n/a	n/a	n/a	n/a
Ages 18-64	4,484	23	0.51%	$16,960	$390,077	2.33%
Ages 65+	787	*	n/a	n/a	n/a	n/a
TOTAL	**5,379**	**24**	**0.45%**	**$16,879**	**$405,107**	**1.99%**

Table 18: High-Cost Beneficiaries by Age, Statewide, CY 2020

Statewide					
Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims
Ages 12-17	3,980	53	1.33%	$19,547	$1,036,014
Ages 18-64	89,545	5,355	5.98%	$20,688	$110,786,886
Ages 65+	10,277	217	2.11%	$20,676	$4,486,743

Statewide				
Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims
TOTAL	103,802	5,625	5.42%	$20,677	$116,309,644

ASAM Level of Care Congruence

Sacramento showed high congruence of LOC referrals with ASAM findings in initial and follow-up assessments. Patient preference was the primary reason the initial assessment-indicated LOC differed from referral.

Table 19: Congruence of Level of Care Referrals with ASAM Findings, CY 2020

Sacramento ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
CY 2020	#	%	#	%	#	%
If assessment-indicated LOC differed from referral, then reason for difference						
Not Applicable - No Difference	1,866	84.13%	3,055	92.92%	1,680	95.57%
Patient Preference	207	9.33%	93	2.83%	19	1.08%
Level of Care Not Available	20	0.90%	19	0.68%	*	n/a
Clinical Judgement	31	1.40%	24	0.73%	17	0.97%
Geographic Accessibility	*	n/a	0	0.0%	0	0.0%
Family Responsibility	*	n/a	*	n/a	0	0.0%
Legal Issues	*	n/a	*	n/a	*	n/a
Lack of Insurance/Payment Source	*	n/a	*	n/a	0	0.0%
Other	73	3.30%	92	2.80%	38	2.16%
Actual Level of Care Missing	0	0.0%	0	0.0%	0	0.0%
TOTAL	2,218	100.0%	3,288	100.0%	1,758	100.0%

Initiation and Engagement

Sacramento adults had higher rates in both initiating and engaging in service when compared to statewide averages, while youth had lower rates initiating and engaging in services.

Table 20: Initiating and Engaging in DMC-ODS Services, CY 2020

	Sacramento				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	5,151		105		98,320		3,904	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	4,868	94.5%	79	75.2%	87,609	89.1%	3,179	81.4%
Clients who then engaged in DMC-ODS services	4,229	86.9%	55	69.6%	69,099	78.9%	2,230	70.1%

Length of Stay

The mean (average) LOS for Sacramento clients was 144 days (median 90 days), compared to the statewide mean of 142 (median 88 days). 50 percent of clients had at least a 90-day length of stay; 31.8 percent had at least a 180-day stay, and 21.3 percent had at least a 270-day length of stay. The LOS is higher than the statewide average for each measured period.

Table 21: Cumulative LOS in DMC-ODS Services, CY 2020

Sacramento					Statewide
Clients with a discharge anchor event		4,183			110,817
LOS for clients across the sequence of all their DMC-ODS services	Mean (Average)	Median (50th percentile)	Mean (Average)	Median (50th percentile)
	144	90	142	88
	#	%	#	%
Clients with at least a 90-day LOS	2,093	50.0%	54,782	49.43%
Clients with at least a 180-day LOS	1,331	31.8%	32,644	29.46%
Clients with at least a 270-day LOS	893	21.3%	20,256	18.28%

CalOMS Discharge Ratings

Sacramento clients had a positive discharge status of 48.7 percent, which is slightly higher than the statewide average (46.0 percent). A high number of these positive discharges are "Left Before Completion with Satisfactory Progress – Administrative Questions" (21.7 percent).

Table 22: CalOMS Discharge Status Ratings, CY 2020

Discharge Status	Sacramento		Statewide	
	#	%	#	%
Completed Treatment - Referred	253	10.3%	16,988	17.8%
Completed Treatment - Not Referred	352	14.3%	5,541	5.8%
Left Before Completion with Satisfactory Progress - Standard Questions	59	2.4%	13,830	14.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	534	21.7%	7,566	7.9%
Subtotal	*1,198*	*48.7%*	*43,925*	*46.0%*

Discharge Status	Sacramento		Statewide	
	#	%	#	%
Left Before Completion with Unsatisfactory Progress - Standard Questions	49	2.0%	13,918	14.6%
Left Before Completion with Unsatisfactory Progress - Administrative	1,197	48.6%	36,618	38.3%
Death	*	n/a	341	0.4%
Incarceration	*	n/a	722	0.8%
Subtotal	*1,263*	*51.3%*	*51,599*	*54.0%*
TOTAL	**2,461**	**100.00%**	**95,524**	**100.00%**

IMPACT OF FINDINGS

CalOMS data indicates a low level of program completion with referral, a high level of administrative discharge for categories of satisfactory and unsatisfactory, indicating a need to address outcomes performance with system providers. The QIWP annual evaluation lacks progress ratings or necessary steps being taken to overcome any obstacles for its identified objectives. Providers shared with CalEQRO that guidance and direction is at times inconsistent meaning that meeting standards is difficult because they get one answer from QM, a different view from their contract monitor, and another from a fiscal person. "Everyone is just not on the same page."

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

BACKGROUND

Each DMC-ODS is 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 §§ 438.330[3] and 457.1240(b)[4]. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction. They should have a direct beneficiary impact and may be designed to create improvement at a member, provider, and/or DMC system level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested individually by the DMC-ODS, hosting quarterly webinars, and maintaining a PIP library at www.caleqro.com.

Validation tools for each PIP are located in Appendix C of this report. "Validation rating" refers to the EQRO's overall confidence that the PIP (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.

CLINCIAL PIP

General Information

Clinical PIP Submitted for Validation: ASAM Level of Care Determination

Date Started: April 2020

Aim Statement: Will the standardized use of the ASAM/SUD assessment to determine appropriate level of care improve the continuity of care for SUD clients through increasing the number of transitions in care from a higher LOC (residential) to a lower of LOC, for those who have a recommendation to transition, by 10 percent, within 12 months of the implementation of the assessment?

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[3] https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf

[4] https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf

<u>Target Population</u>: Adult clients being ASAM assessed for and within specified residential service programs.

<u>Validation Information</u>: The DMC-ODS's clinical PIP is in the remeasurement phase, active and now considered completed.

Summary

Sacramento noted that baseline data from FY 2018-19 indicates that just 7 percent of clients exiting residential services transitioned to a lower level of care. Given the high level of clients leaving prior to completion of care, it was determined that utilizing a standardized way of assessing the appropriate level of care for clients was needed. It was thought that through the use of the ASAM criteria, client outcomes would likely improve. In addition to the placement at the proper level of care, there was a commensurate increase in case management services utilized during level of care transitions, staff training on discharge and care planning as well as setting the client's expectation for transition success by educating them of the benefits of the continuum of care. Identified workflow, protocol and data issues were addressed and access to community resources such as housing and financial support were available to reduce barriers.

Current data provided to CalEQRO indicates that most clients who successfully discharge from a residential treatment program are going into a treatment program with a lower level of care or transferring. Additionally, data shows an increase over time in the percent of clients who successfully complete residential treatment. Completion outcomes for residential treatment has improved from a baseline measurement of 40 percent in FY 2018-19 to 61 percent in re-measurement period of October 2021 through December 2021. Improved completions suggest that ASAM assessment is assisting in proper placement of clients resulting in better treatment program outcomes.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence, because: the design was sound in terms of the PIP principles, adjustments made to correct for identified issue, and the use and analysis of data collected. Refinement in the use of the ASAM criteria has likely served to improve proper placement and persistence in care, a key to improving client outcomes.

The TA provided to the DMC-ODS by CalEQRO consisted of:

- Noted and discussed the inclusion of an exit plan referencing a step down to a lower level of care in the initial and ongoing treatment plan has also benefitted program performance with an increase in successful completions.

- Discussed the data entry inconsistencies which the DMC-ODS has addressed with participating providers.

- Discussed items found in the electronic health records data identified to be in error and inconsistent with what is known by staff to be accurate and true, along with necessary steps taken to correct issues noted by PIP team.

CalEQRO recommendations for improvement of this clinical PIP include:

- The DMC-ODS will utilize successful education, discharge planning, and oversight strategies identified in the PIP across other levels of care to improve step-down or successful discharge to natural resource for continued recovery activities.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Treatment Perception Survey (TPS)

Aim Statement: Will expanding the modalities of notification (i.e., secure email, text, telehealth platforms, or flyers) increase TPS response rates of youth beneficiaries from 4.3 percent to 30 percent or higher during the November 2021 survey period?

Target Population: Adolescent youth

Validation Information: The DMC-ODS's non-clinical PIP is in the remeasurement phase and considered active and now completed.

Summary

Sacramento has administered TPS and reviewed response levels for two survey periods. While service providers were directed to administer the surveys to all beneficiaries in treatment for the October 2019 cycle, only 12 of the 1,382 respondents were youth. During the November 2020 cycle, only 1 (one) of the 497 respondents were youth.

By contrast, Sacramento noted a very high rate of youth response to their annual MH satisfaction surveys. The PIP committee identified a variety of barriers contributing to the low response rates of youth beneficiaries from discussions with county staff and contracted youth treatment providers. Based on this input, it was determined that the improvement strategy will consist of enhanced administrative processes and youth engagement. County and provider staff will apply interventions to notify and remind youth to complete the TPS using strategies that are targeted toward communication methods used most frequently by youth. An added strategy was to send a reminder to beneficiaries to encourage survey completion from line staff upon completion of the clinical treatment appointment.

While there was an improvement in the number of surveys submitted by beneficiaries, the number (43) was larger than the number of beneficiaries that received services (26). Contact with UCLA who handles the TPS data accumulated by DMC-ODS counties, revealed that no survey identifier is present that would be helpful in removing any duplicated responses. As TPS cycles occur just one time per year, true improvement was unsupported by the data and no attempts to correct will be possible until the next administration.

TA and Recommendations

As submitted, this non-clinical PIP was found to have low confidence, because: small number of responses in a single TPS cycle that exceeded known number of clients served. At best, the results while showing an increase are inconclusive.

The TA provided to the DMC-ODS by CalEQRO consisted of:

- Discussed ways to determine causes of more surveys than clients served.
- Discussed the strategies and how to increase yield while assuring non duplicate submissions.

CalEQRO recommendations for improvement of this non-clinical PIP include:

- Contact UCLA to review additional questions and obtain more context on how to manage or control for response rates.
- Continue efforts to increase TPS surveys including those from youth.

INFORMATION SYSTEMS (IS)

BACKGROUND

Using the Information Systems Capabilities Assessment (ISCA) 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' Electronic Health Records (EHR), Information Technology (IT), claims, outcomes, and other reporting systems and methodologies to support IS operations and calculate PMs.

INFORMATION SYSTEMS IN SACRAMENTO COUNTY

California DMC-ODS EHRs fall into two main categories, those that are managed by county IT and those being 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 Avatar, which has been in use for eleven years. Currently, the DMC-ODS has selected a new system but is not yet in the implementation phase.

Approximately 1.64 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 a combined process involving DMC-ODS control and another county department or agency.

The DMC-ODS has 2,035 named users with log-on authority to the EHR, including approximately 561 county-operated staff and 1474 contractor-operated staff. Support for the users is provided by eleven full-time equivalent (FTE) IS technology positions. Currently there is one vacant IS position.

As of the FY 2021-22 EQR, all contract providers have access to directly enter data into the DMC-ODS' EHR. Line staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors, and it provides for superior services for beneficiaries by having full access to progress notes and medication lists by all providers to the EHR 24/7. If there is no line staff access, then contract providers submit beneficiary practice management and service data to the DMC-ODS IS as reported in the following table:

Table 23: Contract Providers' Transmission of Beneficiary Information to DMC-ODS EHR

	Submittal Method	Frequency	Submittal Method Percentage
☐	Health Information Exchange (HIE) between DMC IS	☐ Real Time ☐ Batch	0%
☐	Electronic Data Interchange (EDI) to DMC IS	☐ Daily ☐ Weekly ☐ Monthly	0%
☐	Electronic batch file transfer to DMC IS	☐ Daily ☐ Weekly ☐ Monthly	0%
☒	Direct data entry into DMC IS by provider staff	☒ Daily ☒ Weekly ☒ Monthly	90%
☒	Documents/files e-mailed or faxed to DMC IS	☒ Daily ☒ Weekly ☒ Monthly	10%
☐	Paper documents delivered to DMC IS	☐ Daily ☐ Weekly ☐ Monthly	0%
			100%

Beneficiary Personal Health Record

The 21st Century Cures Act (Cures Act) of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances beneficiaries' and their families' engagement and participation in treatment. The DMC-ODS does not currently have a PHR.

Interoperability Support

The DMC-ODS is not a member or participant in a HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and electronic consult. The DMC-ODS engages in electronic exchange of information with the following departments/agencies/organizations: Sacramento mental health providers, hospitals, and DMC-ODS contracted providers.

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 necessary to promote positive beneficiary outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present in

order to demonstrate that analytic findings are used to ensure overall quality of the SUD delivery system and organizational operations.

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

Table 24: Key Components – IS Infrastructure

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 has an organized ongoing training schedule to support the use of the EHR for both clinical staff and providers as well as administrative support staff.

- While data validation processes do exist and occur, there are still multiple data integrity issues, particularly as it relates to data collection regarding timeliness to services.

- The DMC-ODS only has one current data analytics staff dedicated to supporting Sacramento's continuum of care.

IMPACT OF FINDINGS

The DMC-ODS has a solid foundation of good practices associated with the training and administrative support behind the system. With a new EHR implementation in the near future, and with 100 percent of DMC-ODS services being contracted, the DMC-ODS would benefit from ensuring that interoperability of systems is communicated as a high priority. The DMC-ODS would also benefit from including contracted providers early in the process to ensure the implementation will be fully functional and work within the DMC-ODS system of care throughout their network of providers.

The low number of data analytics staff dedicated to the DMC-ODS system of care does not allow the DMC-ODS to timely and fully address data collection issues, and future support capacity may further be impacted given the updates through CalAIM

# VALIDATION OF CLIENT PERCEPTIONS OF CARE

BACKGROUND

CalEQRO examined available client satisfaction surveys conducted by DHCS, the DMC-ODS, or its subcontractors.

TREATMENT PERCEPTION SURVEY

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 beneficiaries 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 clients gave high ratings in Quality, Outcomes, and General Satisfaction domains and rated Access and Care Coordination questions slightly lower. Clients assigned lower ratings to Work with Physical Health Provider and Work with Mental Health Provider questions, which is not inconsistent with the client response ratings from other DMC-ODS counties. There was a slight improvement in the response rate for clients with 512 completing the TPS this cycle compared to 496 from the previous survey administration.

Figure 2: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA
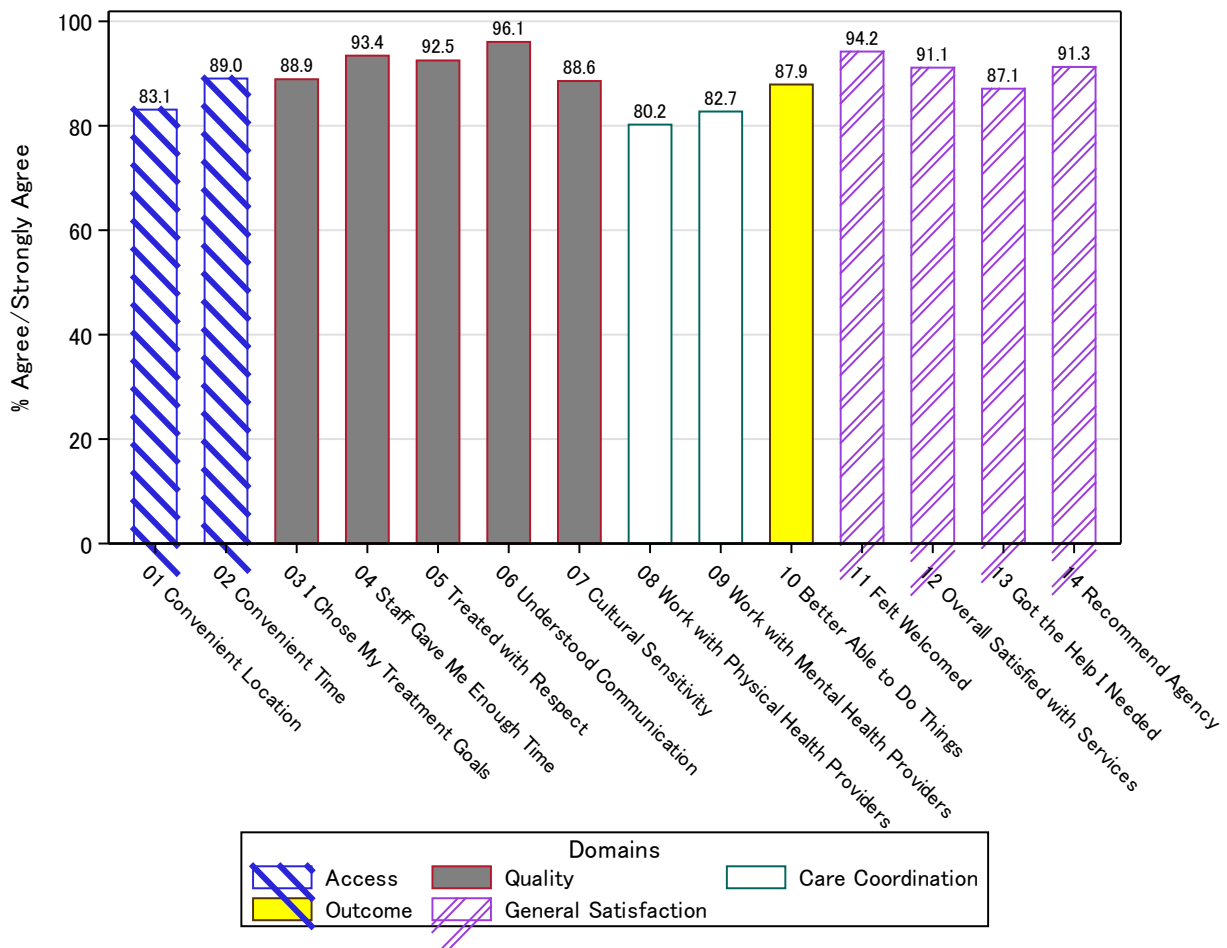
CONSUMER FAMILY MEMBER FOCUS GROUP

Consumer and family member (CFM) focus groups are an important component of the CalEQRO site 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 CFM involvement. CalEQRO provides gift cards to thank focus group participants.

As part of the pre-site planning process, CalEQRO requested two 90-minute focus groups with clients and/or their family members, containing 10 to 12 participants each.

Consumer Family Member Focus Group One

CalEQRO requested a diverse group of adult consumers who initiated services in the preceding 12 months. The focus group involved clients from the River City Recovery and WellSpace residential programs and was conducted online utilizing a video conference platform and included six participants; all participants spoke English and a language interpreter was not used for this focus group. All clients participating receive clinical services from the DMC-ODS.

CalEQRO provided instructions for participants to complete a nine-item online survey several days prior to the focus group. The instructions were given to a Sacramento contact who in turn conveyed the materials to the treatment providers for handoff to the participants. The survey includes nine items for participants to rate on a five-point scale using feeling facial expressions with the happiest expression scored as five (5) and the most unhappy as one (1). The instructions explain the goal of the survey is to understand the clients' experiences in accessing and engaging in treatment.

Due to a process error making Sacramento's survey responses indistinguishable between the two groups, the online survey results as noted in the single table below, are a compilation for both focus groups.

Participants described their experience as the following:

There were six men in the group. While all reported generally positive experiences with their counselors and program, all clients' noted access was difficult and wait times for admission was long. In some cases, participants noted waiting for over 100 days or even up to five and six months. An exception to this was a client whose intake was coordinated from the local jail. Counselors appear to be engaged but at times the facility is "understaffed" and there is noted concern by participants about the staff who must cover extra activities. Clients also noted the support they received in crisis situations and in dealing with court mandates or appointments. Relapses are apparently handled case-by-case though some noted that should someone be summarily discharged because of drug use, they would have to wait six months to return.

Recommendations from focus group participants included:

- More treatment beds for residential programs.
- Reduce wait times for admission to residential services.
- Allow access to outside meetings to secure recovery support system.
- More activities to improve relationships, family, and parenting skills.
- More staff for the program, which is impacted by lack of resources and complex psychiatric cases.

Consumer Family Member Focus Group Two

CalEQRO requested a second session of a diverse group of adult consumers who initiated services in the preceding 12 months. The focus group involved clients from several programs and was conducted online utilizing a video conference platform and included three participants; all participants spoke English and a language interpreter was not used for this focus group. All clients participating receive clinical services from the DMC-ODS.

CalEQRO provided instructions for participants to complete a nine-item online survey several days prior to the focus group. The instructions were given to a Sacramento contact who in turn conveyed the materials to the treatment providers for handoff to the participants. The survey includes nine items for participants to rate on a five-point scale using feeling facial expressions with the happiest expression scored as five (5) and the most unhappy as one (1). The instructions explain the goal of the survey is to understand the clients' experiences in accessing and engaging in treatment.

Due to a process error making Sacramento's survey responses indistinguishable between the two groups, the online survey results as noted in the single table below, are a compilation for both focus groups.

Participants in the two groups described their experience as the following:

Table 25: CFM Focus Groups

Question	Average	Range
1. I easily found the treatment services I needed.	4.4	3-5
2. I got my assessment appointment at a time and date I wanted.	4.3	2-5
3. It did not take long to begin treatment soon after my first appointment.	4.3	1-5
4. I feel comfortable calling my program for help with an urgent problem.	4.3	3-5
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	4.2	2-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	4.6	4-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	4.6	4-5
8. Because of the services I am receiving, I am better able to do things that I want.	4.5	3-5

Question	Average	Range
9. I feel like I can recommend my counselor to friends and family if they need support and help.	4.5	3-5

Two women and one man participated in the group. The wait time for access was between one to two months. All reported positive experiences with their counselors. Life skills such as time management, handling anger and working through depression were viewed as helpful. Lapses in sobriety are handled clinically, though for clients in residential it was noted "they kick you out." Participants noted some diversity in staff though numbers and approach could improve to increase cultural sensitivity. Clients were vague regarding if any education was provided on the benefit of MAT and some noted concern because of a lack of formal discharge planning.

Recommendations from focus group participants included:

- Address the trauma life experience of many clients including those recently released from incarceration.

- Provide language translation in residential programs for Spanish and Chinese.

- Increase ethnic diversity of program staff.

IMPACT OF FINDINGS

Participants in both groups spoke favorably about their experience once they were assessed and admitted. Complexity and a lengthy wait time to get into care for residential treatment was consistent with a viewpoint shared by the system providers. Clients noted that both programs appear to be stretched due to lack of staff, capacity, and other resources. While some life skills that support recovery have been available, there is a lack of licensed staff and participants noted individual therapy sessions are infrequent. An allowance to access community supports and have more effective after-care planning was also desired.

CONCLUSIONS

During the FY 2021-22 annual review, CalEQRO found strengths in the DMC-ODS's programs, practices, and IS that have a significant impact on beneficiary 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 DMC-ODS managed care system.

STRENGTHS

1. There is a robust NTP and MAT network of providers throughout the Sacramento region. For example, the DMC-ODS have partnered with Sierra Valley Medical Society (largest and most respected physician group in the area – membership includes all FQHC's providers and large hospitals), who have a new $300,000 contract focusing on stigma reduction, raising awareness of MAT, and enlisting more healthcare MAT providers through education to support using MAT as a treatment option. (Access, Quality)

2. Sacramento partners with WellSpace Health who run the city's sobering center, the SURE program which is a low barrier public health response that aims to reduce untoward outcomes with law enforcement. The program transforms a stand-alone "criminal" encounter into a clinical touchpoint and has thus far served over 450 individuals the majority of which were intoxicated at admission. At least 20 percent of these individuals have accepted SUD treatment referrals at discharge. (Access, Quality)

3. With eight threshold languages, Sacramento has continued to take a proactive role in addressing health equity issues within the county. There is a cultural implementation plan and racial equity plan that intersects specifically with their system providers, some of whom have staff that act as "cultural brokers" to encourage hesitant populations to utilize SUD services. (Access, Quality)

4. The DMC-ODS has continued to provide necessary resources to support community and public health efforts regarding the pandemic, including but not limited to participation in "pop-up" vaccination clinics for the population they serve. (Access, Quality)

5. EHR development has continued, even in the midst of evaluating and making decisions leading to implementation of a new EHR with a target of the summer of 2023. (IS)

OPPORTUNITIES FOR IMPROVEMENT

1. Wait times to residential and withdrawal management are excessive which appears to be related to a lack of bed capacity within the DMC-ODS. (Access, Timeliness)

2. There are multiple reports of referral management issues as it relates to clients needing to access programs of contract providers. It appears that the current centralized process and communication restrictions can lead to under-utilization of providers as well as the inability to utilize a no-wrong-door policy of access. (Access, Timeliness, Quality)

3. Sacramento and its service providers have workforce recruitment, vacancy and retention issues similar to those being experienced across the state. The DMC-ODS has received only eight new staff positions during its implementation which does not appear sufficient to maintain timely monitoring for quality assurance and quality improvement functions. (Quality)

4. Performance in time to services shows low levels of adherence to the 10-day standard for first rendered appointments and tracking issues provide no evidence that urgent needs are identified and handled promptly. There are also waiting lists for residential services and a high no-show rate for outpatient and intensive outpatient. This indicates a need for enhanced system management, a lack of which can have a deleterious impact on client care. (Timeliness)

5. Sacramento has seen a surge in overdose and fatalities involving opioids, fentanyl, and methamphetamine. While distributing more than 4,000 naloxone overdose prevention kits annually, the DMC-ODS has experienced delays recently due to additional steps and materials required now by DHCS in obtaining these urgently needed supplies. (Access, 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 beneficiary outcomes:

1. Continue to pursue additional contracts for residential treatment and withdrawal management beds to provide sufficient capacity and address the issues with timeliness into these modalities. (Access, Timeliness)

2. Create a workgroup with contracted providers with the intention of revising the current referral management and access processes that are causing delays and under-utilizing certain providers. (Access, Timeliness, Quality)

3. Continue to investigate enhanced recruitment strategies, provide technical support for system providers to decrease vacancies and would benefit from additional support staff positions with a focus on addressing access, timeliness, and data needs specific to the DMC-ODS. (Access, Timeliness, IS)

4. The DMC-ODS needs to take immediate steps to ensure accurate tracking of all urgent service requests along with making necessary adjustments to reduce no-shows, increase client engagement and to move towards meeting standards for timely services. (Access, Timeliness, Quality)

5. The DMC-ODS should continue its work to assess its local overdose and drug use patterns, enhance overdose prevention efforts, implement within its continuum innovative practice specific to the unique characteristics of prevalent drugs and coordination of MAT access with key partners such as the local Sheriff's department to optimize use of best practices within inmate facilities and upon reentry. (Quality)

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: Additional Performance Measure Data

ATTACHMENT E: County Highlights

ATTACHMENT A: REVIEW AGENDA

The following sessions were held during the DMC-ODS review:

Table A1: CalEQRO Review Sessions – Sacramento DMC-ODS

Table A1: CalEQRO Review Sessions – Sacramento DMC-ODS
Opening session – Changes in the past year, current initiatives, status of previous year's recommendations (if applicable), baseline data trends and comparisons, and dialogue on results of performance measures
Quality Improvement Plan, implementation activities, and evaluation results
Information systems capability assessment (ISCA)/fiscal/billing
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
PIPs
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments (MATs)
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview – contracted
Clinical line staff group interview – county and contracted
Client/family member focus groups such as adult, youth, special populations, and/or family
Exit interview: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Patrick Zarate, Lead Quality Reviewer
Sharon Loveseth, Quality Reviewer
Joel Chain, Information Systems Reviewer
Leah Hanzlicek, Information Systems Reviewer
Luann Baldwin, Client/Family Member Consultant

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-site and the post-site meetings and in preparing the recommendations within this report.

Sites for Sacramento's DMC-ODS Review

DMC-ODS Sites

Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Contract Provider Sites

All sessions were held via video conference.

Table B1: Participants Representing the DMC-ODS

Last Name	First Name	Position	Agency
Alexander	Lisa	Substance Use Counselor	WellSpace Health
Amos	Heather	Program Coordinator/QM	BHS
August	Nicole	Personal Services Counselor	Hope Cooperative
Bartlett	Joyce	Program Coordinator/Youth prevention monitor	BHS
Besse	Michelle	Program Coordinator/Program SOC	BHS
Brooks	Kendra	Substance Use Counselor	Towns Health
Castillon	Monica	Sr. Office Assistance/Program Line Staff	BHS
Cauckwell-Rafferty	Kathrina	Associate Director-WSH (O/P, IOTS, Residential, Residential WM)	WellSpace Health
Chan Robison	Connie	PHI/CCP's Executive Director	Center for Collaborative Planning
Collins	Thomasina	Substance Use Counselor	St. Johns
Cox	Greg	Executive Director	River City Recovery
Daniel	Rich	Sr. Office Assistance/Program Line Staff	BHS
Dasalla	Stephanie	Program Planner/Administration	BHS
Durbin	Lori	Substance Use Counselor	Core Capitol
Duthler	Kristina	Program Planner/Avatar	BHS
Dziuk	Ed	Program Manager/Administration	BHS
Gaylor	Joseph	Substance Use Counselor	Towns Health
Genera	Richard	ASO II/Avatar EHR Fiscal	BHS
Gillette	Robert	Sr. Accounting Mgr./Fiscal	DHS
Gonzales	Christie	Director of Behavioral Operations	BHS

Last Name	First Name	Position	Agency
Grimes	Kimberly	Program Planner/Program	BHS
Guthrey	Kelly	Substance Use Counselor	Hope Cooperative
Harper	Nicole	Program Coordinator/Program SOC	BHS
Hale	Barb	Sr. Mental Health Counselor	BHS
Her	Mai	Sr. Accountant/Fiscal	DHS
Ibarra	Melony	ASO II/Avatar EHR Lead	BHS
Isbell	Talia	ASO I/Program Admin Support	BHS
Jackson	Anthony	Substance Use Counselor	WellSpace Health
Johnson	Rene	Substance Use Counselor	Core Capitol
Knutson	Christy	Executive Director	Bridges Inc.
LeMaster	Mike	Residential Supervisor-WSH	WellSpace Health
Leonesio	Jenifer	Outpatient Counselor - WSH	WellSpace Health
Lewis	Sevina	Program Planner/REPO	BHS
Logan	Linares	Program Coordinator	BHS
Lopez	DeAnna	Operations Manager-WSH (O/P, IOTS, Residential, Residential WM)	WellSpace Health
Manzano	Eriberto	Program Coordinator/NTP monitor	BHS
Mendonsa	Andrew	Program Manager/Clinical	BHS
Miller	Lori	Division Manager	BHS
Miller	Natalie	Residential Counselor - WSH	WellSpace Health
Mumford	Cynthia	Omni Youth Programs, Inc.'s Executive Director	Omni Youth Programs
Nakamura	Mary	Program Manager/ Ethnic Services, Cultural Competency, and WET	BHS
Orrock	Joelle	Coordinator	Sacramento County Office of Education
Owens	Whitney	Program Planner/QM	BHS

Last Name	First Name	Position	Agency
Parker	Kelsey	Senior Mental Health Counselor/ SOC	BHS
Parker	Trisha	Program Coordinator/Youth treatment monitor	BHS
Pichardo	William	Sr. Mental Health Counselor	BHS
Prasad	Sarita	Substance Use Counselor	WellSpace Health
Pregano	Rhonda	ASO I/Avatar Fiscal	BHS
Quist	Ryan	Behavioral Health Director	BHS
Rechs	Alex	Program Manager/QM Manager	BHS
Sawyer	John	ASO II/EHR Technology Analyst	DTech
South	Tanisha	Senior Mental Health Counselor/ SOC	BHS
Staats	Alyssia	Substance Use Counselor	Bridges Inc.
Stenson	Garrett	Director	Core Capitol
Sweatt	Melanie	Substance Use Counselor	VOA
Viscarra	Melissa	Program Coordinator	BHS
Williams	Dawn	Program Manager/REPO	BHS
Wood	Michelle	Substance Use Counselor	Core Capitol
Yang	Yeng	Sr. Office Assistant	BHS

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
☐ →High confidence ☒ →Moderate confidence ☐ →Low confidence ☐ →No confidence	Current data indicates that most clients who successfully discharge from a residential treatment program are going into a treatment program with a lower level of care or transferring. Additionally, data shows an increase over time in the percent of clients who successfully complete residential treatment. Improved completions suggest that ASAM assessment is assisting in proper placement of clients resulting in better treatment program outcomes.
General PIP Information	
MHP/DMC-ODS Name: Sacramento	
PIP Title: ASAM Level of Care Determination	
PIP Aim Statement: Will the standardized use of the ASAM/SUD assessment to determine appropriate level of care improve the continuity of care for SUD clients through increasing the number of transitions in care from a higher LOC (residential) to a lower of LOC, for those who have a recommendation to transition, by 10 percent, within 12 months of the implementation of the assessment?	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	

General PIP Information

Target age group (check one):

☐ Children only (ages 0–17)*   ☒ Adults only (age 18 and over)   ☐ Both adults and children

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

Target population description, such as specific diagnosis (please specify): Adult clients being ASAM assessed for residential services.

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)
Exposure to education on need for follow-up care; agree to case management enrollment

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)
Provided staff and client education on value of follow-up; solicit enrollment in engagement activities

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)
Adjust provider workflow, introduce protocols to assure fidelity to interventions, resources for case management

Performance measures (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
Percent of successful transitions from residential to lower level of care (successfully discharged)	FY 2018-19	7%	☐ Not applicable—PIP is in Planning or implementation phase, results not available 1st quarter 2022	73% to lower LOC, 19% transferred, 0% to higher LOC	☒ Yes ☐ No Increase shown over time	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): statistical analysis will likely show significance, but data continues to be reconciled due

Performance measures (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
						to errors
Percent of clients who successfully completed residential treatment	FY 2018-19	40%	☐ Not applicable—PIP is in Planning or implementation phase, results not available 1st quarter 2022	48%	☒ Yes ☐ No Increases shown over time	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): data entry issues, and a need for data reconciliation which is currently continuing
Number of hours of case management services provided to clients	n/a	n/a	☐ Not applicable—PIP is in Planning or implementation phase, results not available 1st quarter 2022	31.9 hours	☐ Yes ☐ No n/a no baseline	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): no baseline
Percent of clients who return to residential within 90 days of discharge	FY 2018-19	8%	☐ Not applicable—PIP is in Planning or implementation phase, results not available 1st quarter 2022	0%* No admissions were allowed during this period due to a COVID-19 outbreak Current increase despite initial reduction	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): data entry issues, and a need for data reconciliation which is currently continuing

Performance measures (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
Average number of days in residential program	FY 2018-19	46 days	☐ Not applicable— PIP is in Planning or implementation phase, results not available 1st quarter 2022	n/a this measure was removed	☐ Yes ☐ No n/a measure removed	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): data entry issues, and a need for data reconciliation which is currently continuing
Average number of days in residential program for those clients who successfully complete	FY 2018-19	75 days	☐ Not applicable— PIP is in Planning or implementation phase, results not available 1st quarter 2022	75.2 days Fluctuates, but lower number of days may be accounted for by appropriate adjustments to LOC	☒ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): data entry issues, and a need for data reconciliation which is currently continuing

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No
"Validated" means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)

Validation phase (check all that apply):
☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year
☐ First remeasurement ☐ Second remeasurement ☒ Other (specify): active, now completed

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.

PIP Validation Information
EQRO recommendations for improvement of PIP: • The DMC-ODS will adjust for fidelity to workflow and data tracking expectations. As use of the ASAM continues, refine fidelity for data collection, continue reconciliation of the data set to confirm positive outcomes. Consider utilization of successful education, discharge planning, and oversight strategies identified in the PIP across other levels of care to improve step-down or successful discharge to natural resource for continued recovery activities.

Non-Clinical PIP

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

PIP Validation Rating (check one box)	Comments
☐ →High confidence ☐ →Moderate confidence ☒ →Low confidence ☐ →No confidence	While there was an improvement in the number of surveys submitted by beneficiaries, the number (43) was larger than the number of beneficiaries that received services (26). As TPS cycles occur just one time per year, true improvement was unsupported by the data and no attempts to correct will be possible until the next administration.
General PIP Information	
MHP/DMC-ODS Name: Sacramento	
PIP Title: TPS	
PIP Aim Statement: Will expanding the modalities of notification (i.e., secure email, text, telehealth platforms, or flyers) increase TPS response rates of youth beneficiaries from 4.3 percent to 30 percent or higher during the November 2021 survey period?	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	

General PIP Information

Target age group (check one):

☒ Children only (ages 0–17)*   ☐ Adults only (age 18 and over)   ☐ Both adults and children

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

Target population description, such as specific diagnosis (please specify): Adolescent youth

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)
Received TPS solicitation materials, promotional flyers, social media and electronic prompts, complete TPS upon request

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)
Re-enforce expectations for staff regarding their role in disseminating TPS materials during the survey cycle

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)
Educate and train provider staff on need for TPS input, oversee education / training on new solicitation materials, monitor TPS cycle

Performance measures (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Number of youths served	2019 TPS Cycle	36	☐ Not applicable—PIP is in Planning or implementation phase, results not available 2021 TPS Cycle	26	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): data collection issues; see narrative
Number of survey forms received	2019 TPS Cycle	12	☐ Not applicable—PIP is in Planning or implementation phase, results not available 2021 TPS Cycle	43 Unreliable number received, nearly double those served	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): data collection issues; see narrative
Percent of forms received	2019 TPS Cycle	33%	☐ Not applicable—PIP is in Planning or implementation phase, results not available 2021 TPS Cyle	Unable to determine as number exceeded the number of youth served	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): data collection issues; see narrative

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

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

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): completed

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: consider additional controls to assure one TPS for each participating respondent, continue discussion with UCLA on managing for next TPS administration, ongoing work with providers to secure overall better response rate akin to that seen for consumer satisfaction from the MHP programs.

ATTACHMENT D: ADDITIONAL PERFORMANCE MEASURE DATA

Table D1: CalOMS Living Status at Admission, CY 2020

Admission Living Status	Sacramento		Statewide	
	#	%	#	%
Homeless	521	21.7%	25,577	27.9%
Dependent Living	838	34.8%	22,882	25.5%
Independent Living	1,046	43.5%	43,711	46.6%
TOTAL	**2,405**	**100.0%**	**92,170**	**100.0%**

Table D2: CalOMS Legal Status at Admission, CY 2020

Admission Legal Status	Sacramento		Statewide	
	#	%	#	%
No Criminal Justice Involvement	1,649	68.6%	58,971	64.0%
Under Parole Supervision by CDCR	61	2.5%	1,849	2.0%
On Parole from any other jurisdiction	22	0.9%	1,305	1.4%
Post release supervision - AB 109	604	25.1%	23,836	25.9%
Court Diversion CA Penal Code 1000	41	1.7%	1,382	1.5%
Incarcerated	*	n/a	442	0.5%
Awaiting Trial	*	n/a	4,348	4.7%
TOTAL	**2,404**	**100.0%**	**92,133**	**100.0%**

Table D3: CalOMS Employment Status at Admission, CY 2020

Current Employment Status	Sacramento		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	331	13.8%	10,461	11.3%
Employed Part Time - Less than 35 hours	200	8.3%	6,784	7.4%
Unemployed - Looking for work	590	24.5%	28,853	31.3%
Unemployed - not in the labor force and not seeking	1,284	53.4%	46,072	50.0%
TOTAL	2,405	100.0%	92,170	100.0%

Table D4: CalOMS Types of Discharges, CY 2020

Discharge Types	Sacramento		Statewide	
	#	%	#	%
Standard Adult Discharges	683	27.7%	40,731	42.6%
Administrative Adult Discharges	1,748	71.0%	45,247	47.4%
Detox Discharges	*	n/a	7,946	8.3%
Youth Discharges	*	n/a	1,600	1.7%
TOTAL	2,461	100.0%	95,524	100.0%

ATTACHMENT E: COUNTY HIGHLIGHTS

None at this time.