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2020-21
DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM EXTERNAL QUALITY REVIEW

VENTURA DMC-ODS REPORT

Prepared for:
California Department of Health Care Services

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VENTURA DMC-ODS REPORT

Beneficiaries Served in Fiscal Year (FY) 2019-20: 3,113.
Ventura Threshold Language(s): Spanish
Ventura Size: Large
Ventura Region: Southern
Ventura Location: Located east of Santa Barbara County, south of Kern County, west of Los Angeles County, north/east of the Pacific Ocean and includes two Channel Islands, Anacapa and San Nicolas.
Ventura Seat: City of Ventura
Ventura Review Process Barriers: As this review was limited to a desk review there were no consumer family member (CFM) focus groups.

Site Review Special Characteristics

This review took place during the COVID-19 pandemic when the Governor's Executive Order established restrictions on in-person gatherings and other public safety precautions. In response, CalEQRO worked with Ventura to design an alternative to the usual in-person onsite review format. Ventura requested and was granted a desk review that included email questions from the reviewers and email responses from Ventura during the review period. There was one follow up video meeting at the conclusion of the review for final questions and discussion. There were no CFM focus groups but some CFM surveys were submitted and reviewed, and findings were included.

Introduction

The Ventura DMC-ODS program is approximately half county operated and half contract provider operated. Ventura has implemented a care coordination unit to assist all clients in addition to case management provided by contract providers.

Ventura officially launched its Drug Medi-Cal Organized Delivery System (DMC-ODS) in December 2018 for Medi-Cal recipients as part of California's 1115 DMC Waiver. In this report, "Ventura" shall be used to identify the Ventura DMC-ODS program unless otherwise indicated.

During this FY 2020-21 Ventura review, the California External Quality Review Organization (CalEQRO) reviewers found the following overall significant changes, initiatives, and opportunities related to DMC access, timeliness, quality, and outcomes related to the second-year implementation of Ventura's DMC-ODS services. CalEQRO reviews are retrospective, therefore data evaluated is from FY 2019-20.

How Beneficiaries Access Care

There are some best practices important to DMC-ODS programs in how they organize their access to care. To understand whether a county is doing these, it is important to know how they have set up their access systems. In addition, the special terms and conditions (STCs) of the 1115 Waiver have specific requirements for the 24-hour beneficiary access line (BAL) or as many describe it their “Access Call Center”. The Access Call Centers play different roles in different counties in the linkage of clients to treatment depending on the size of the county and the design of the access points. To evaluate this element of quality, it is important first to know how this DMC-ODS has chosen to organize its access system to bring beneficiaries into the treatment system via screenings, assessments, as well as outreach and engagement.

Ventura DMC-ODS has developed their access system with the following elements:

Ventura has developed a centralized county operated BAL, which they encourage beneficiaries to utilize. They also allow evaluation for access to beneficiaries who reach out directly to local program sites without utilizing BAL, a “no wrong door” approach. Ventura reports all contract providers, in and out of county, will coordinate care for those clients who arrive or call without a referral or authorization, by coordinating with the BAL and Care Coordination Team (CCT). The BAL screens and refers beneficiaries for a full assessment to the CCT, a unit embedded with the BAL or directly to providers for assessment. There are five and one-half full time equivalent employees (FTE) dedicated to the DMC-ODS BAL, with two and one-half of these staff bilingual. The bilingual staff responds to the needs of those persons preferring to speak Spanish, but the language line is used as a back-up.

The BAL responds after hours and weekends as an integrated mental health (MH) and substance use services (SUS) team by combining the two-county operated BALs for efficiency during hours that have less demand. Cross training between the two-team occurred during FY 2019-20 and Ventura reports that the transition was very smooth.

The BAL uses both the electronic health record (EHR) Netsmart Avatar and CISCO Unified Intelligence Center Reporting Solutions to provide data and reports. They have a detailed report, showing multiple two-year trends for the BAL including calls by type, language, duration, day of week, and time of day, that was updated to include more detailed breakdowns of dropped calls.

Ventura has developed a brief assessment tool, an EQRO recommendation last year, to increase timeliness to treatment, and improve upon their year one approach which provided each client requesting services a full assessment prior to referral to treatment sites. The brief assessment is used throughout the system and is embedded in the electronic health record (EHR) at the BAL and the six county operated outpatient clinics. Contract providers use the tool, but access to the tool through the county EHR is still in process. The brief assessment has the potential to move clients to the appropriate level of care (LOC) more quickly, with the assessment completed by in-county contract providers,

both residential and outpatient. Those clients determined to need residential services out of county are assessed, authorized, and processed by the Care Coordination Team (CCT), prior to referral to treatment.

Ventura has an ASAM based full assessment and brief assessment, utilizing an evidenced-based approach to determine the appropriate LOC for each client. The BAL has the capacity to use a three-way call process but reports this does not happen frequently. It is primarily used by the BAL for the occasional request for narcotic treatment program's (NTP) access appointment. Timeliness to treatment remains an issue for Ventura at all levels of care except NTPs. This is, in part, a result of the number of out of county providers for residential, but also an issue with urgent and non-urgent requests for outpatient treatment. Ventura is tracking timeliness to outpatient treatment through a Non-Clinical PIP in an effort to reduce the length of time, a positive change.

Continuum of Care Overview

The STCs require an implementation plan with phased levels of care based on the ASAM continuum, expanding over time treatment options for clients to access based on their individual needs. Each year the CalEQRO reviews in depth the current services and capacity and plans for changes in the services by levels of care or capacity including consideration of locations, special needs, age groups, etc.

Ventura serves the majority of clients in the outpatient and NTP level of care (LOC). There are seven (six county operated, and one contract provided) outpatient clinic and five NTP programs spread throughout the county. Seventy-nine percent of clients receive services in these levels of care, higher than the statewide average of 62 percent. The outpatient programs struggle to provide timely first appointments resulting in Ventura focusing on this issue in a Non-Clinical PIP. The current intervention addressed the high number of clients who no-show, but additional strategies may be needed.

The Ventura model flexibly allocates the levels of residential 3.1, 3.3 and 3.5 in their contracts with providers. This flexibility allows clients to receive the LOC more readily they need in residential. It should be noted that Ventura uses very few 3.3 services and primarily treats clients in the other two residential LOC. Ventura has one in-county residential program for women and children that provides both withdrawal management (WM) and residential treatment, but all other residential locations are out of county. Ventura is aware that the lack of in-county services impacts the usage of this LOC and has been persistently soliciting request for proposals (RFPs) in order to develop additional in-county providers. As a result, some organizational conversations continue, but the COVID-19 crisis has slowed the process for several groups. Ventura is optimistic, despite slow progress, they will have additional in-county resources available in year three. Not surprising, the utilization percentage of residential treatment is less than the statewide average; however, the utilization and percentage of residential WM is about the same.

The use of Intensive Outpatient Treatment (IOT) is also used less in Ventura than the statewide average. Ventura could consider this for clients who need an alternative to out of county residential treatment; however, Ventura has very limited Recovery Residences or clean and sober housing options to support clients who may need the IOT LOC, but do not have stable housing, or drug-free housing. Ventura is soliciting organizations to operate Recovery Residences but has been unable to find an organization able to meet county contractual requirements.

Ventura is slowing expanding non-methadone medication assistance treatment (MAT) and has made this service available in the seven outpatient programs. Usage remains low but this is consistent with many counties in year two of their implementation. All of the Ventura NTP programs offer some non-methadone MAT.

Ventura has begun to provide Recovery Support Services (RSS) at the seven outpatient programs. This service is slowly expanding, but sometimes requires clients to change providers to access the service. Ventura may need to provide more training and education to staff and clients about this after treatment option and consider if there are any barriers that could be impacting usage.

Ventura is compliance with time and distance requirements for services from beneficiaries except for two remote zip codes in the northern area of the county that include both Ventura and Kern Counties. Ventura developed alternatives for this population including Telehealth and out of network contracts and is waiting for approval of these plans from the state.

Case Management/Care Coordination Model

Case management (CM) and coordination of care in a managed care model based on the ASAM continuum of care is a critical service. DMC-ODS programs have approached this element of the care system in vastly different ways. Because it has such a major impact on the clients and their outcomes, it is important to understand how the DMC-ODS has chosen to organize this service as part of the continuum of care. In many ways, it is the glue that makes the system work as a whole for the client versus siloed program elements. CM services include advocacy, linkage, support, and practical assistance based on a foundation of a therapeutic alliance with the client with SUD. Given the levels of impairment and stages of change experienced, many clients need these CM supports especially in early stages of treatment to be successful in initiation and engagement, and ultimately in progress and positive outcomes.

Ventura developed and has maintained a CCT to assess, authorize and coordinate care for each client assigned to treatment. A priority for this team is those clients who need the out of county residential and detox services, in which staff of the CCT work to ensure clients have completed the necessary steps for residential or detox services and assist with transportation as much as possible.

During this review it was reported that the CCT currently has only six staff, in part a result of the impact of COVID-19, which does not fully meet the current level of treatment demands and caseload. Each client is assigned a care coordinator who remains with them throughout their time in treatment and helps at points of transition or with services outside the DMC-ODS such as primary care or mental health. Large caseloads require prioritization of service response and Ventura hopes to increase this staff over time. Effective CM would require a very different staffing level.

Care coordination services may be provided anywhere in the community via face-to-face, telephone, or telehealth with the beneficiary. Services may be provided by an LPHA or certified alcohol and drug (AOD) counselors. Ventura has a draft policy that was shared. working to distinguish between care coordination and case management. Ventura reports the policy is being finalized with an aim to distinguish between care coordination and case management. All providers have authority to provide CM as they assist their clients to maximize their treatment experience. The CCT now relies on case managers to assist, but as staffing increases the goal is for the CCT to specifically assist with transitions of care and assistance with services outside of the DMC-ODS.

CM is a part of outpatient and residential treatment services and is provided by LPHAs or certified AOD counselors. CM services are designed to assist clients accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community service. Services include coordination with primary care and criminal justice. Services may be provided face-to-face, by telephone or by telehealth. In the county operated outpatient programs, the Non-Clinical PIP, designed to increase timeliness, is using outreach through CM to those clients who did not show for their appointments.

EXTERNAL QUALITY REVIEW COMPONENTS

The United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care programs by an External Quality Review Organization (EQRO). The External Quality Review (EQR) process includes the analysis and evaluation by an approved EQRO of aggregate information on quality, timeliness, and access to health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid managed care services. The CMS (42 CFR §438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations) regulations specify the requirements for evaluation of Medicaid managed care programs. DMC-ODS counties are required as a part of the California Medicaid Waiver to have an external quality review process. These rules require an annual on-site review or a desk review of each DMC-ODS Plan.

The State of California Department of Health Care Services (DHCS) has contracted with 30 separate counties and seven Partnership counties to provide Medi-Cal covered specialty DMC-ODS services to DMC beneficiaries under the provisions of Title XIX of the federal Social Security Act.

This report presents the FY 2020-21 EQR findings of Ventura's FY 2019-20 implementation of their DMC-ODS by the CalEQRO, Behavioral Health Concepts, Inc. (BHC).

The EQR technical report analyzes and aggregates data from the EQR activities as described below:

Validation of Performance Measures[1]

Both a statewide annual report and this DMC-ODS-specific report present the results of CalEQRO's validation of 16 performance measures (PMs) for ongoing implementation of the DMC-ODS Waiver as defined by DHCS. The 16 PMs are listed at the beginning of the PM chapter, followed by tables that highlight the results.

Performance Improvement Projects[2]

Each DMC-ODS county is required to conduct two PIPs—one clinical and one non-clinical during the 12 months preceding the review. These are special projects intended to

[1] Department of Health and Human Services. Centers for Medicare and Medicaid Services (2019). Protocol 1. Validation of Performance Measures: A Mandatory EQR-Related Activity, October 2019. Washington, DC: Author.

[2] Department of Health and Human Services. Centers for Medicare and Medicaid Services (2019). Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity, October 2019. Washington, DC: Author.

improve the quality or process of services for beneficiaries based on local data showing opportunities for improvement. The PIPs are discussed in detail later in this report. The CMS requirements for the PIPs are technical and were based originally on hospital quality improvement models and can be challenging to apply to behavioral health.

The CalEQRO staff provide trainings and technical assistance to the County DMC-ODS staff for PIP development. Materials and videos are available on the web site in a PIP library at http://www.caleqro.com/pip-library. PIPs usually focus on access to care, timeliness, client satisfaction/experience of care, and expansion of evidence-based practices and programs known to benefit certain conditions.

DMC-ODS Information System Capabilities[3]

Using the Information Systems Capabilities Assessment (ISCA) protocol, CalEQRO reviewed and analyzed the extent to which Ventura meets federal data integrity requirements for Health Information Systems (HIS), as identified in 42 CFR §438.242. This evaluation included a review of Ventura reporting systems and methodologies for calculating PMs. It also includes utilization of data for improvements in quality, coordination of care, billing systems, and effective planning for data systems to support optimal outcomes of care and efficient utilization of resources.

Validation of State and County Client Satisfaction Surveys

CalEQRO examined the Treatment Perception Survey (TPS) results compiled and analyzed by the University of California, Los Angeles (UCLA) which all DMC-ODS programs administer at least annually in October to current clients, and how they are being utilized as well as any local client satisfaction surveys. DHCS Information Notice 17-026 (describes the TPS process in detail) and can be found on the DHCS website for DMC-ODS. The results each year include analysis by UCLA for the key questions organized by domain. The survey is administered at least annually after a DMC-ODS has begun services and can be administered more frequently at the discretion of the county DMC-ODS. Domains include questions linked to ease of access, timeliness of services, cultural competence of services, therapeutic alliance with treatment staff, satisfaction with services, and outcome of services. Surveys are confidential and linked to the specific Substance Use Disorder (SUD) program that administered the survey so that quality activities can follow the survey results for services at that site. CalEQRO reviews the UCLA analysis and outliers in the results to discuss with the DMC-ODS leadership any need for additional quality improvement efforts.

[3] Department of Health and Human Services. Centers for Medicare and Medicaid Services (2019). Appendix A. Information Systems Capabilities Assessment, October 2019. Washington, DC: Author.

Review of DMC-ODS Initiatives, Strengths and Opportunities for Improvement

CalEQRO reviews also include meetings during in-person or virtual sessions with line staff, supervisors, contractors, stakeholders, agency partners, local Medi-Cal Health Plans, primary care, and hospital providers. Additionally, when possible, CalEQRO conducts site visits to new and unusual service sites and programs, such as the Access Call Center, Recovery support services, and residential treatment programs. These sessions and focus groups allow the CalEQRO team to assess the Key Components (KC) of the DMC-ODS as it relates to quality of care and systematic efforts to provide effective and efficient services to Medi-Cal beneficiaries.

CalEQRO assesses the research-linked programs and STCs of the Waiver as they relate to best practices, enhancing access to MAT, and developing and supervising a competent and skilled workforce with the ASAM criteria-based training and skills. The DMC-ODS should be able to establish and further refine an ASAM Continuum of Care modeled after research and optimal services for individual clients based upon their unique needs. Thus, each review includes a review of the Continuum of Care, program models linked to ASAM fidelity, MAT models, use of evidence-based practices, use of outcomes and treatment informed care, and many other components defined by CalEQRO in the Key Components section of this report that are based on CMS guidelines and the STCs of the DMC-ODS Waiver.

Discussed in the following sections are changes from the last year and since the launch of the DMC-ODS Program that were identified as having a significant effect on service provision or management of those services. This section emphasizes systemic changes that affect access, timeliness, quality, and outcomes, including any changes that provide context to areas discussed later in this report. This information comes from a special session with senior management and leadership from each of the key SUD and administrative programs.

PRIOR YEAR REVIEW FINDINGS

In this section, the status of last year's (FY 2019-20) EQRO review recommendations are presented, as well as changes within the DMC-ODS's environment since its last review.

Status of Prior Year Review of Recommendations

In the FY 2019-20 desk review report, the CalEQRO made a number of recommendations for improvements in the DMC-ODS's programmatic and/or operational areas. During this current FY 2020-21 desk review, CalEQRO and DMC-ODS staff discussed the status of those prior year recommendations, which are summarized below.

Assignment of Ratings

Met is assigned when the identified issue has been resolved.

Partially Met is assigned when the DMC-ODS 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 Met is assigned when the DMC-ODS performed no meaningful activities to address the recommendation or associated issues.

Prior Year Key Recommendations

Recommendation #1: Establish in-county facilities or expanded options for residential treatment and residential detox for both youths and adult men.

Status: Partially Met

- In FY 2020-21, Ventura County expanded its contract with one of its residential providers. The contract now includes two additional site locations outside of Ventura county for adults 18 years and older for a total of three locations providing services to adults.
- Over the last two years, Ventura has issued multiple requests for proposals (RFP) for residential services which have not yielded any responses.
- In FY 2019-20 Ventura County began discussions with a potential developer/provider group that intends to develop an in-county facility. The Department has provided a letter of support to the entity and intends to contract

with them upon the development of the facility and completion of the required State licensing and certification.

Recommendation #2: Establish in-county facilities for recovery residence beds and set quality standards for them.

Status: Partially Met

- In FY 2019-20 Ventura County released a request for proposal (RFP) for recovery housing. The sole applicant failed to meet the minimal standards. The RFP was re-released in FY 2020-21 and is pending.

Recommendation #3: Expand both IT and data analytical staff resources to ensure adequate levels of support are available for data analyses, dashboard reporting, and training needs going forward.

Status: Met

- Although no action was taken in FY 2019-20, in FY 2020-21 Ventura County Behavioral Health (VCBH) added a new analyst to expand data analysis and dashboard reporting functions.

- A position was also added to the Electronic Health Record Team to assist in the addition of the Care Manager population health software component.

- VCBH is evaluating future needs to ensure that adequate staffing and resources are available for all quality management functions.

Recommendation #4: Develop a transportation plan to assist clients who are receiving services out of county with transportation after the initial assessment and then back to Ventura County for stepdown treatment.

Status: Partially Met

- Currently, Ventura has an ongoing arrangement with Gold Coast, the County Managed Care Plan, to provide transportation services for clients both within and out of county.

- After the initial assessment, the Ventura DMC-ODS CCT arranges transportation with Gold Coast.

- Non-VCBH providers also utilize the transportation service for clients in both Residential and Outpatient levels of care.

Recommendation #5: Streamline the screening and assessment processes by developing an ASAM criteria-based screening tool and more quickly assessing those callers appearing to need intensive services.

Status: Met

- In FY 2018-19 Ventura developed and in July FY 2019-20, Ventura implemented a new Request for Services (RFS) screening tool to streamline the screening and assessment processes. The new RFS was implemented on July 15, 2020.

- The previous RFS screening tool was expanded to gather more information to assess for acuity and includes information on level of care indicated/referred.

- Presently, only counselors/clinicians conduct the screening tool to better assist clients that may have urgent needs.

- Since implemented the new screening tool and simplifying the initial assessment, there has been a decrease in time spent assessing clients, which allows them faster access to treatment.

- The RFS tool is now also used to refer directly to some providers instead of delaying referrals until after the assessment.

Recommendation #6: Assure sufficient clinical staffing to meet the treatment service demands in Ventura with particular attention to care coordination staff, assessment staff, and contract provider vacancies impacting program delivery.

Status: Not Met

- As a result of the COVID-19 pandemic, all VCBH hiring and onboarding was temporarily halted during Quarter-three FY 2019-20 and Quarter-one FY 2020-21.

- Some hiring has resumed during Quarter-two FY 2020-21, Ventura is in the process of onboarding additional clinical staff to address the increasing needs of assessment and care coordination services.

- As of July 1, 2020, one of the contracted providers expanded their services with the addition of MAT and has hired additional clinical staff.

Recommendation #7: Update the Behavioral Health provider directory so it meets all the technical requirements of MHSUDS Information Notice 18-020 and there is an easy pathway to find it on the Behavioral Health webpage.

Status: Met

- In 2019, Quality Management (QM) staff was assigned the responsibility of ensuring that the Provider Directory is updated monthly.

- QM staff worked with VCBH providers and contractors to gather information regarding provider level cultural capabilities and clinic ADA accommodations.

- The ADA accommodations category are categorized as the following: parking, exterior building, interior building, restroom, and exam/treatment room.

Additionally, the lunch time hours and formatting requirements were met on 1/13/20.

- IT Services placed a tile on Ventura County's main website (www.ventura.org) to connect directly to the VCBH website (www.vcbh.org).

- The SUD information and provider directory are found on the Patient Resources page of the VCBH website (https://vcbh.org/en/information-resources/patient-resources#).

Recommendation #8: Expand adolescent services through outreach and engagement activities to the non-criminal justice youth population, increasing staff as needed to accommodate the growth in service demand.

Status: Met

- VCBH has created a new partnership with the Ventura County Office of Education (VCOE) and Red Leaf Resources (VCBH Prevention Contractor) to train school district intervention counselors on how to access VCBH Substance Use Treatment Services.

- The partnership provides individualized services to students and their families to reduce and prevent alcohol and other drug use and violence.

- As part of their training on the Brief Risk Reduction Interview Intervention and Model (BRRIIM), counselors are trained to refer at-risk students to VCBH, are advised on the screening process, and reasonable expectations for entering into services. The training part of an online course that district staff can access on-demand is the required course within the BRRIIM training.

- The model is designed to provide an "umbrella" of prevention, intervention, and support strategies. School district staff collaborate with families and community services to address students' needs and help them succeed academically and personally.

Recommendation #9: Encourage programs to communicate more directly with new clients about complaint/appeal/grievance procedures and their beneficiary rights to use them.

Status: Partially Met

- In June 2020, VCBH Quality Improvement program hosted its quarterly Quality Management Action Committee meeting to solicit stakeholder feedback about how to communicate more directly with new clients about grievance/appeal procedures and their beneficiary rights to use them.
- Based on stakeholder feedback, VCBH now requires that the QM 18 Notice of Problem Resolution Process be distributed to all new clients at the time of admission/enrollment.

Recommendation #10: Study and develop strategies to improve interoperability between Avatar EHR and contract providers' other EHRs for enhanced electronic data exchange that supports timely and seamless portability of client information across systems and with contract providers.

Status: Not Met

- VCBH is currently involved in multiple interoperability efforts, mainly related to population health initiatives such as Whole Person Care, Full-Service Partnership (FSP) clients, and co-dependent client case management.

- These efforts represent a new dimension within the EHR functionality paradigm. VCBH expects to plan and see expansions within this area over the strategic time frame of five to seven years.

- It is expected that opportunities to adopt industry standard methods for the sharing of data from business partners, including contract providers, will be included in these future projects.

Recommendation #11: Enhance the usefulness for quality improvement purposes of the 24/7 BAL Comparative Summary Report by producing and distributing it on a monthly basis to all relevant managers for quality improvement purposes and add into it a table featuring the number of referrals to each program.

Status: Met

- Quality management team has taken the lead on reviewing Access Line data on a monthly basis to compile an extensive report including many data points such as calls handled by time of day/day of the week, average hold time, dropped calls and call types.

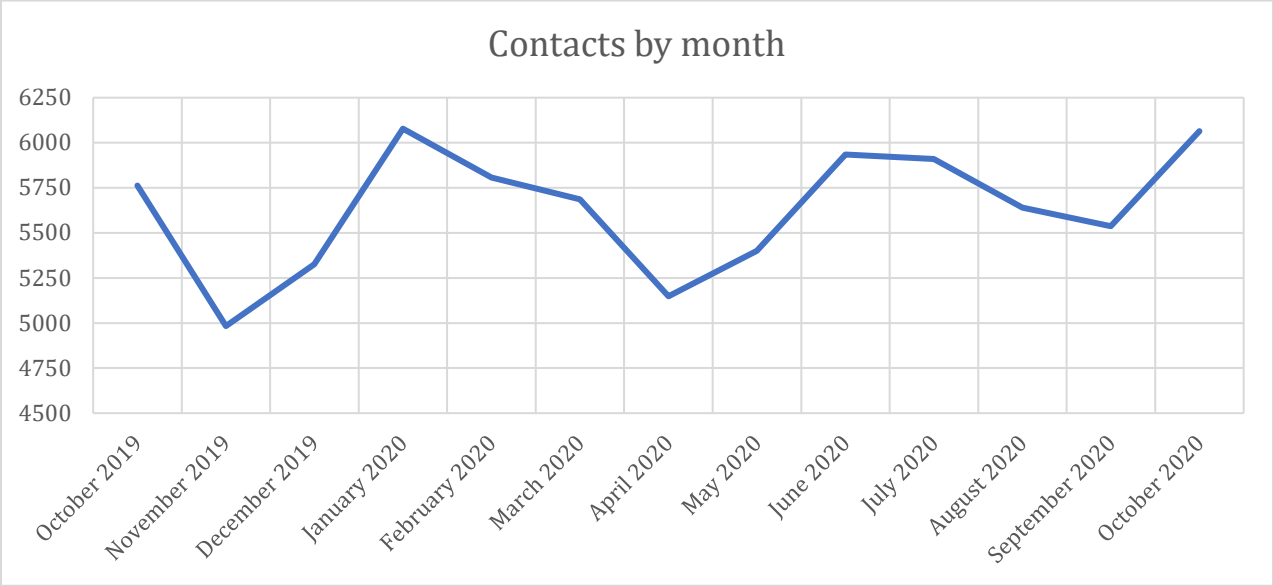
- Recently, this report was updated to show calls received from the Access Line separately from the county outpatient clinics.

- Since the request for service screening updates in July 2020, we have been able to capture data on level of care indicated and referred at the time of the screening which was missing from our previous screening.

OVERVIEW OF KEY CHANGES TO ENVIRONMENT AND NEW INITIATIVES

Changes to the Environment

1. The initial response to COVID-19 was limited due to statewide mandates and restrictions. However, by April 2020 Ventura returned to providing the same if not a greater number of services, mostly via telehealth and telephone. The chart below plots the number of unique contacts (or services) per month from October 2019 to October 2020. As seen, the number of contacts initially decreased in the initial months of COVID-19 but have increased since then to the level prior to COVID-19.



2. What has increased the most is individual services. Previously, Ventura was not optimized for individual services via telehealth. Individual services were not a billable service prior to Ventura's DMC-ODS waiver, but the successful delivery of individual services via telehealth has demonstrated to staff that individual services are possible.

3. There was an initial slow-down in the admission process in March and early April after the stay-at-home order was issued, but operations quickly adapted to telehealth and telephone services. There were no delays in assessment scheduling or referrals. Operational staff have indicated that the shift to telehealth services has been very successful. Ventura continues to provide screenings and other services via telehealth and phone.

4. The county Stay-at-Home order and COVID-19 response protocol limits the number of people who can enter the building. Though most client services shifted to telehealth and telephone, some clients still need to enter the building for MAT

services and emergency response. These clients are required to be screened before entering. The number of staff is also limited, with most now working from home. There is always at least one office staff and Clinic Administrator (CA) at each site, but staff only show up as needed and on a rotating basis per county guidelines and protocols. All clients who needed access were accommodated.

5. For both clients and staff, there was an initial learning and adjustment period in transitioning to services via telehealth and telephone; however, this did not negatively impact services in the long run. Telephone and individual services have increased for beneficiaries with access issues to computers or Wi-Fi.

6. The transition to telehealth has been a cultural shift for clients and counselors. Services that were previously done in the clinic are now done (virtually) in the client's home, which brings changes in behaviors and boundaries that were not present in group sessions at the clinic. For instance, clients may dress and act much more casually, and there is a need for more focus on group rule adherence and confidentiality to ensure clients can feel safe within a virtual environment.

7. DHCS and Substance Abuse Mental Health Service Administration's (SAMHSA) early adoption of verbal consent and consent for treatment has allowed Ventura to keep services intact and provide essential services at a similar level of quality.

Past Year's Initiatives and Accomplishments

1. MAT is now at all outpatient sites. Initially MAT services were started at two clinics and has expanded to seven outpatient clinics, including one contract provider.

2. There has been an expansion of recovery services to all county-run clinics. Two contractors are now approved for recovery services (Prototypes and Alternative Action programs (AAP) and one has started billing (AAP).

3. An RFP was opened for recovery housing twice, though at this time no new contracts have been awarded.

4. An RFP was opened for outpatient and intensive outpatient treatment programs (IOT) with no new contract awarded.

5. After-hours calls to the BAL are now handled by a dedicated VCBH crisis team, consisting of combined Mental Health and SUS staff.

6. Based on EQRO input, changes were made to the RFS screening and assessment tools.

7. A new RFS screening tool was implemented on 7/15/2020. The RFS and overall assessment process were updated.

8. VCBH's initial RFS screening tool was expanded to gather more information to assess for acuity and now includes information on indicated/referred level of care.

9. Only counselors and clinicians conduct the screening, to better assist clients that may have urgent needs.

10. The initial assessment has been simplified. Since then, there has been a decrease in time spent assessing clients, which allows them faster access to treatment.

11. The screening tool is also used to refer clients directly to some providers instead of delaying referrals until after the assessment.

12. Based on EQRO input, the Treatment Authorization Request (TAR) was removed from WM 3.2 services, simplifying the process for clients to enter treatment.

13. There was an expansion of treatment via telehealth.

Ventura Goals for the Coming Year

1. Contracts with Tarzana Treatment Centers were expanded to include their Long Beach and Lancaster facilities for levels of care 3.1, 3.3, 3.5, and 3.2 (both male and female).

2. There is continued effort within the county to expand youth and adult residential providers (3.1, 3.3, and 3.5). There is also an effort to expand WM 3.2 services.

3. There is continued effort to expand recovery housing.

4. Ventura is in the process of restructuring the CCT to refer residential assessments to treatment sites with LPHAs designated to deliver services and coordinate with the CCT. This will allow improved communication with beneficiaries and providers on level of care placement and treatment services.

PERFORMANCE MEASURES

The purpose of PMs is to foster access to treatment and quality of care by measuring indicators with solid scientific links to health and wellness. CalEQRO conducted an extensive search of potential measures focused on SUD treatment, and then proceeded to vet them through a clinical committee of over 60 experts including medical directors and clinicians from local behavioral health programs. Through this thorough process, CalEQRO identified 12 performance measures to use in the annual reviews of all DMC-ODS counties. Data were available from DMC-ODS claims, eligibility, provider files, the Treatment Perception Survey (TPS), CalOMS, and the ASAM level of care data for these measures.

1. CalOMS Treatment Data Collection Guide:

   http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

2. TPS:

   http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information_Notice_17-026_TPS_Instructions.pdf

3. ASAM Level of Care Data Collection System:

   http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notice_17-035_ASAM_Data_Submission.pdf

The first six PMs are used in each year of the Waiver for all DMC-ODS counties and statewide. The additional PMs are based on research linked to positive health outcomes for clients with SUD and related to access, timeliness, engagement, retention in services, placement at optimal levels of care based on ASAM assessments, and outcomes.

As noted above, CalEQRO is required to validate the following PMs using data from DHCS, client interviews, staff and contractor interviews, observations as part of site visits to specific programs, and documentation of key deliverables in the DMC-ODS Waiver Plan. The measures are as follows:

- Total beneficiaries served by each county DMC-ODS to identify if new and expanded services are being delivered to beneficiaries.
- Number of days to first DMC-ODS service after client assessment and referral.
- Total costs per beneficiary served by each county DMC-ODS by ethnic group.
- Cultural competency of DMC-ODS services to beneficiaries.

- Penetration rates for beneficiaries, including ethnic groups, age, language, and risk factors (such as disabled and foster care aid codes).
- Coordination of care with physical health and mental health (MH).
- Timely access to medication for Narcotics Treatment Program (NTP) services.
- Access to non-methadone MAT focused upon beneficiaries with three or more MAT services in the year being measured.
- Timely coordinated transitions of clients between levels of care, focused upon transitions to other services after residential treatment.
- Availability of the 24-hour access call center line to link beneficiaries to full ASAM-based assessments and treatment (with description of call center metrics).
- Identification and coordination of the special needs of high-cost beneficiaries (HCBs).
- Percentage of clients with three or more Withdrawal Management (WM) episodes and no other treatment to improve engagement.

For counties beyond their first year of implementation, four additional performance measures have been added. They are:

- Use of ASAM Criteria in screening and referral of clients (also required by DHCS for counties in their first year of implementation).
- Initiation and engagement in DMC-ODS services.
- Retention in DMC-ODS treatment services.
- Readmission into residential withdrawal management within 30 days.

HIPAA Guidelines for Suppression Disclosure

Values are suppressed on PM reports to protect confidentiality of the individuals summarized in the data sets where beneficiary count is less than or equal to 11 (* or blank cell), and where necessary a complimentary data cell is suppressed to prevent calculation of initially suppressed data. Additionally, suppression is required of corresponding percentages (n/a); and cells containing zero, missing data, or dollar amounts (-).

Year Two of Waiver Services

This is the second year that Ventura has been implementing DMC-ODS services. Performance Measure data was obtained by CalEQRO from DHCS for claims, eligibility, the provider file (FY 2019-20), and from UCLA for TPS, ASAM (FY 2019-20), and CalOMS data (FY 2018-19). The results of each PM will be discussed for that time period, followed by highlights of the overall results for that same time period. DMC-ODS counties have six months to bill for services after they are provided and after providers have obtained all appropriate licenses and certifications. Thus, there may be a claims lag for services in the data available at the time of the review. CalEQRO used the time period of FY 2019-20 to maximize data completeness for the ensuing analyses. The results of each PM will be discussed for that time period, followed by highlights of the overall results for that same time period. CalEQRO included in the analyses all claims for the specified time period that had been either approved or pended by DHCS and excluded claims that had been denied.

DMC–ODS Clients Served in FY 2019-20

Clients Served, Penetration Rates and Approved Claim Dollars per Beneficiary

Table 1 shows Ventura's number of clients served and penetration rates overall and by age groups. The rates are compared to the statewide averages for all actively implemented DMC-ODS counties.

The penetration rate is calculated by dividing the number of unduplicated beneficiaries served by the monthly average enrollee count. 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.

Ventura served 3,114 clients in FY 2019-20, the majority of whom were in the 18 to 64. year-old age group. The penetration rate for this age group was 2.32 percent, higher than the statewide average of 1.33 percent.

Table 1: Penetration Rates by Age, FY 2019-20

Ventura				Large Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages12-17	30,058	163	0.54%	0.34%	0.32%
Ages 18-64	115,680	2689	2.32%	1.55%	1.33%
Ages 65+	19,368	262	1.35%	0.97%	0.81%
TOTAL	**165,105**	**3,114**	**1.89%**	**1.27%**	**1.10%**

Table 2 below shows Ventura's average approved claims per beneficiary served overall and by age groups. The amounts are compared with the statewide averages for all actively implemented DMC-ODS counties. Ventura's overall average approved claim is $4,235, slightly lower than the statewide average of $4,515. Average claims for youth were low at $798 compared to the statewide average of $2,046.

Table 2: Average Approved Claims by Age, FY 2019-20

Ventura			Statewide
Age Groups	**Average Approved Claims**	**Total Approved Claims**	**Average Approved Claims**
Ages 12-17	$798	$130,021	$2,046
Ages 18-64	$4,370	$11,751,589	$4,613
Ages 65+	$4,987	$1,306,531	$4,837
TOTAL	**$4,235**	**$13,188,141**	**$4,515**

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.

Ventura's largest race/ethnicity group for both eligible and clients served is Latino/Hispanic. However, near equal percentages of White clients were served as Latino/Hispanic clients, even though the number of eligible was much lower for White individuals. Only 21.8 percent of eligibles were White but comprised 37.1 percent of clients served. For Latino/Hispanics, this race/ethnicity group made up 54.8 percent of eligibles but only 39.5 percent of clients served.

Figure 1: Percentage of Eligibles and Clients Served by Race/Ethnicity, FY 2019-20

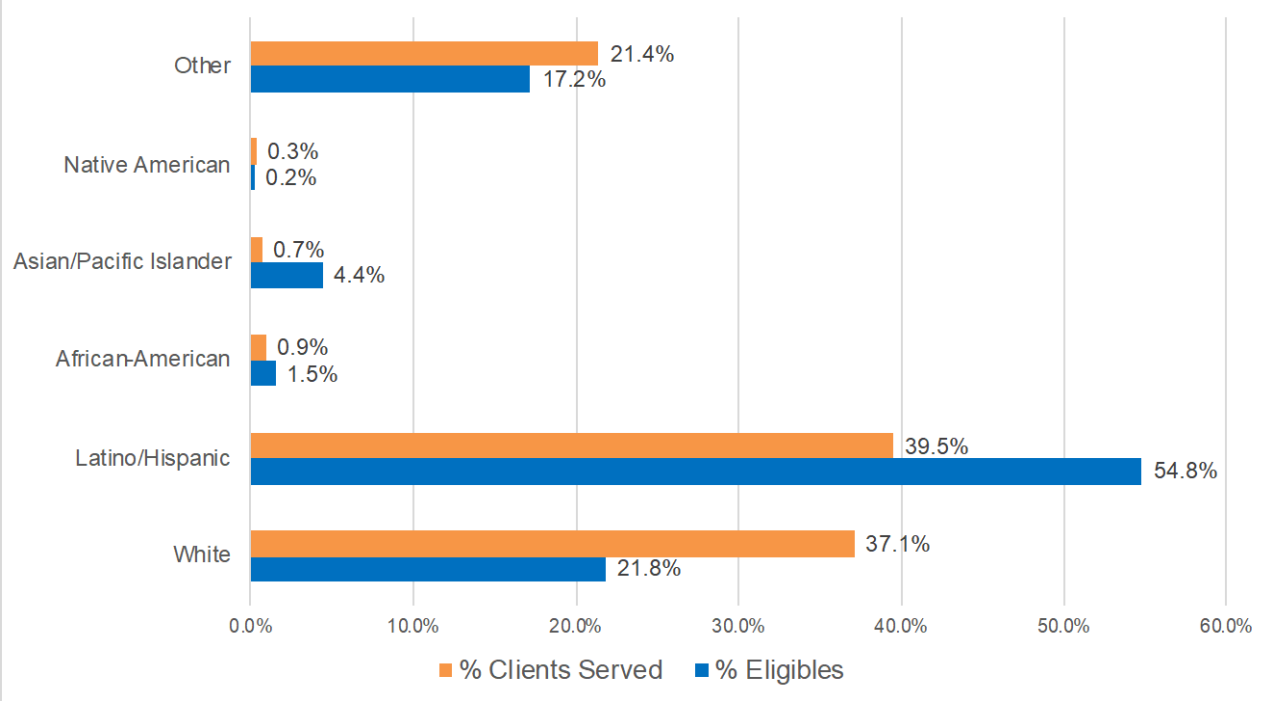


Table 3 shows the penetration rates by race/ethnicity compared to counties of like size and statewide rates. The penetration rate for White clients was 3.21 percent, higher than other large counties and statewide. The penetration rate for Latino/Hispanic clients was 1.36, which is also higher than like-sized counties and statewide.

Table 3: Penetration Rates by Race/Ethnicity, FY 2019-20

Ventura				Large Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	36,027	1,156	3.21%	2.61%	2.08%
Latino/Hispanic	90,477	1,230	1.36%	0.85%	0.76%
African American	2,514	29	1.15%	1.65%	1.44%
Asian/Pacific Islander	7,280	*	n/a	0.20%	0.19%
Native American	400	*	n/a	3.07%	1.91%
Other	28,409	667	2.35%	1.54%	1.38%
TOTAL	**165,107**	**3,114**	**1.89%**	**1.27%**	**1.10%**

The totals for penetration rates and average number of eligibles per month are not direct sums of the averages above it. The averages are calculated independently.
Asterisks and n/a, if included, indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation).

Table 4 below shows Ventura's penetration rates by DMC eligibility categories. The rates are compared with statewide averages for all actively implemented DMC-ODS counties. Ventura's penetration rates for the youth eligibility categories are higher than the statewide rates and include Foster Care, Other Child, and Medi-Cal Children's Health Insurance Program (MCHIP). The majority of clients served in Ventura are eligible through the Affordable Care Act (ACA), with a penetration rate of 2.97 percent which is higher than the statewide rate of 1.74 percent.

Table 4: Clients Served and Penetration Rates by Eligibility Category, FY 2019-20

Ventura				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Clients Served	Penetration Rate	Penetration Rate
Disabled	15,072	486	3.22%	1.88%
Foster Care	483	14	2.90%	2.46%
Other Child	17,073	106	0.62%	0.34%
Family Adult	29,170	710	2.43%	1.15%
Other Adult	27,513	48	0.17%	0.13%
MCHIP	13,708	64	0.47%	0.24%
ACA	61,752	1,832	2.97%	1.74%

Table 5 below shows Ventura's approved claims per penetration rates by DMC eligibility categories. The claims are compared with statewide averages for all actively implemented DMC-ODS counties. Average approved claims for Ventura are lower than statewide for youth categories, Other Adult, and ACA, but higher for Disabled and Family Adult.

Table 5: Average Approved Claims by Eligibility Category, FY 2019-20

Ventura				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Clients Served	Average Approved Claims	Average Approved Claims
Disabled	15,072	486	$4,685	$4,513
Foster Care	483	14	$833	$1,578
Other Child	17,073	106	$684	$1,943
Family Adult	29,170	710	$4,269	$3,792
Other Adult	27,513	48	$3,308	$4,042
MCHIP	13,708	64	$710	$2,039
ACA	61,752	1,832	$4,144	$4,667

Table 6 shows the percentage of clients served and the average approved claims by service categories. This table provides a summary of service usage by clients in FY 2019-20. The majority of DMC-ODS clients in Ventura are served in NTPs (42.6 percent).

Outpatient services are the next most common service category, serving 36.2 percent of the total clients served.

Table 6: Percentage of Clients Served and Average Approved Claims by Service Categories, FY 2019-20

Service Categories	# of Clients Served	% Served	Average Approved Claims
Narcotic Tx. Program	1,677	42.6%	$5,305
Residential Treatment	352	8.9%	$6,825
Res. Withdrawal Mgmt.	262	6.7%	$2,092
Ambulatory Withdrawal Mgmt.	-	-	-
Non-Methadone MAT	116	2.9%	$1,525
Recovery Support Services	44	1.1%	$405
Partial Hospitalization	-	-	-
Intensive Outpatient Tx.	60	1.5%	$139
Outpatient Services	1,422	36.2%	$801
TOTAL	**3,933**	**100.0%**	**$4,235**

Asterisks and n/a, if included, indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation).

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

Methadone is a well-established evidence-based practice for treatment of opiate addiction using a narcotic replacement therapy approach. Extensive research studies document that with daily dosing of methadone, many clients with otherwise intractable opiate addictions are able to stabilize and live productive lives at work, with family, and in independent housing. However, the treatment can be associated with stigma, and usually requires a regular regimen of daily dosing at an NTP site.

Persons seeking methadone maintenance medication must first show a history of at least one year of opiate addiction and at least two unsuccessful attempts to quit using opioids through non-MAT approaches. They are likely to be conflicted about giving up their use of addictive opiates. Consequently, if they do not begin methadone medication soon after requesting it, they may soon resume opiate use and an addiction lifestyle that can be life-threatening. For these reasons, NTPs regard the request to begin treatment with methadone as time sensitive.

The median time from initial, qualifying request to first dose of methadone in Ventura is one day. This is comparable to the statewide average and is well within the DHCS standard of three days.

Table 7: Days to First Dose of Methadone by Age, FY 2019-20

Ventura				Statewide		
Age Groups	**Clients**	**%**	**Median Days**	**Clients**	**%**	**Median Days**
Ages 12-17	-	-	-	*	n/a	n/a
Ages 18-64	1,563	94.9%	<1	37,884	90.8%	<1
Ages 65+	84	5.1%	<1	*	n/a	n/a
TOTAL	**1,647**	**100.0%**	**<1**	**41,714**	**100.0%**	**<1**

Asterisks and n/a indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Services for Non-Methadone MATs Prescribed and Billed in Non-DMC-ODS Settings

Some people with opiate addictions have become interested in newer-generation addiction medicines that have increasing evidence of effectiveness. These include buprenorphine and long-acting injectable naltrexone that do not need to be taken in as rigorous a daily regimen as methadone. While these medications can be administered through NTPs, they can also be prescribed and administered by physicians through other settings such as primary care clinics, hospital-based clinics, and private physician practices. For those seeking an alternative to methadone for opiate addiction, or a MAT for another type of addiction such as alcoholism, some of the other MATs have the advantages of being available in a variety of settings that require fewer appointments for regular dosing. The DMC-ODS Waiver encourages delivery of MATs in other settings additional to their delivery in NTPs. Many counties work closely with primary care and other medical settings to access this service. No specific data was available for this in Ventura.

Expanded Access to Non-Methadone MATs through DMC-ODS Providers

Table 8 displays the number and percentage of clients receiving three or more MAT visits per year provided through Ventura DMC-ODS providers and statewide for all actively implemented DMC-ODS counties in aggregate. Three or more visits were selected to identify clients who received regular MAT treatment versus a single dose. The numbers for this set of performance measures are based upon DMC-ODS claims data analyzed by the EQRO.

Ventura served 120 clients with at least one non-methadone MAT service, and of those 70 went on to have three or more services (58.3 percent).

Table 8: DMC-ODS Non-Methadone MAT Services by Age, FY 2019-20

Ventura					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	-	-	-	-	*	n/a	*	n/a
Ages 18-64	120	4.2%	70	2.5%	6,504	6.8%	3,036	3.2%
Ages 65+	-	-	-	-	*	n/a	*	n/a
TOTAL	**120**	**3.85%**	**70**	**2.25%**	**6,658**	**6.3%**	**3,095**	**2.9%**

Asterisks and n/a indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Transitions in Care Post-Residential Treatment – FY 2019-20

The DMC-ODS Waiver emphasizes client-centered care, one element is the expectation that treatment intensity should change over time to match the client's changing condition and treatment needs. This treatment philosophy is in marked contrast to a program-driven approach in which treatment would be standardized for clients according to their time in treatment (e.g., week one, week two, etc.).

Table 9 shows two aspects of this expectation: 1) whether and to what extent clients discharged from residential treatment receive their next treatment session in a non-residential treatment program, and (2) the timeliness with which that is accomplished. The table shows the percentage of clients who began a new level of care within seven days, 14 days, and 30 days after discharge from residential treatment. Also shown in the table are the percent of clients who had follow-up treatment from 31-365 days.

Follow-up services that are counted in this measure are based on DMC-ODS claims data and include outpatient, IOT, partial hospital, MAT, NTP, WM, CM, recovery supports, and physician consultation. CalEQRO does not count re-admission to residential treatment in this measure. Additionally, CalEQRO was not able to obtain and calculate Fee for Service (FFS)/Health Plan Medi-Cal claims data at this time.

Overall, 12.0 percent of clients had a DMC-ODS follow-up service post-residential treatment, lower than the statewide rate of 19.9 percent.

Table 9: Timely Transitions in Care Following Residential Treatment, FY 2019-20

Ventura (n= 452)			Statewide (n= 30,303)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	*	n/a	2,312	7.6%
Within 14 Days	*	n/a	3,161	10.4%
Within 30 Days	22	4.9%	3,987	13.2%
Any days (TOTAL)	**54**	**12.0%**	**6,016**	**19.9%**

Asterisks and n/a indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Access Line Quality and Timeliness

Most prospective clients seeking treatment for SUDs are understandably ambivalent about engaging in treatment and making fundamental changes in their lives. The moment of a person's reaching out for help to address a SUD represents a critical crossroad in that person's life, and the opportunity may pass quickly if barriers to accessing treatment are high. A county DMC-ODS is responsible to make initial access easy for prospective clients to the most appropriate treatment for their particular needs. For some people, an Access Line may be of great assistance in finding the best treatment match in a system that can otherwise be confusing to navigate. For others, an Access Line may be perceived as impersonal or otherwise off-putting because of telephone wait times. For these reasons, it is critical that all DMC-ODS counties monitor their Access Lines for performance using critical indicators.

Table 10 shows Access Line critical indicators from 12/1/19 through 11/30/20.

Table 10: Access Line Critical Indicators, 12/1/19 through 11/30/20

Ventura	
Average Volume	539 calls per month
% Dropped Calls	15.9%
Time to answer calls	21 seconds
Monthly authorizations for residential treatment	n/a
% of calls referred to a treatment program for care, including residential authorizations	23% of callers are linked to treatment through the Access Line
Non-English capacity	There are bilingual staff for Spanish speakers; language assistance services available through contracts with vendor.

High-Cost Beneficiaries

Table 11a provides several types of information on the group of clients who use a substantial number of DMC-ODS services in Ventura. These persons, labeled in this table as high-cost beneficiaries (HCBs), are defined as those who incur SUD treatment costs at the 90th percentile or higher statewide, which equates to at least $12,973 in approved claims per year. The table lists the average approved claims costs for the year for Ventura HCBs compared with the statewide average. Some of these clients use high-cost high-intensity SUD services such as residential WM without appropriate follow-up services and recycle back through these high-intensity services again and again without long-term positive outcomes. The intent of reporting this information is to help DMC-ODS counties identify clients with complex needs and evaluate whether they are receiving individualized treatment including care coordination through case management to optimize positive outcomes. To provide context and for comparison purposes, Table 11b provides similar types of information as Table 11a, but for the averages for all DMC-ODS counties statewide.

In Ventura, only a small percentage of clients served met the threshold to be considered high-cost beneficiaries. Their claims comprised 6.9 percent of total claims for FY 2019-20.

Table 11a: High-Cost Beneficiaries by Age, Ventura, FY 2019-20

Ventura						
Age Groups	**Total Beneficiary Count**	**HCB Count**	**HCB % by Count**	**Average Approved Claims per HCB**	**HCB Total Claims**	**HCB % by Total Claims**
Ages12-17	163	-	-	-	-	-
Ages 18-64	2,689	*	n/a	n/a	n/a	n/a
Ages 65+	262	*	n/a	n/a	n/a	n/a
TOTAL	**3,114**	**55**	**1.8%**	**$16,487**	**$906,773**	**6.9%**

Asterisks and n/a, if included, indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Table 11b: High-Cost Beneficiaries by Age, Statewide, FY 2019-20

Statewide					
Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims
Ages 12-17	5,018	22	0.4%	$18,095	$398,083
Ages 18-64	91,813	5,377	5.9%	$19,374	$104,171,358
Ages 65+	10,592	41	0.4%	$18,713	$767,217
TOTAL	**107,423**	**5,440**	**5.1%**	**$19,363**	**$105,336,659**

Residential Withdrawal Management with No Other Treatment

This PM is a measure of the extent to which the DMC-ODS is not engaging clients upon discharge from residential WM. If there are a substantial number or percent of clients who frequently use WM and no treatment, that is cause for concern and the DMC-ODS should consider exploring ways to improve discharge planning and follow-up case management.

Ventura served 261 clients in WM, and none had three or more WM episodes with no other treatment. This is a very positive finding.

Table 12: Residential Withdrawal Management with No Other Treatment, FY 2019-20

Ventura			Statewide	
	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services
TOTAL	261	0.0%	7,836	3.4%

Use of ASAM Criteria for Level of Care Referrals

The clinical cornerstone of the DMC-ODS Waiver is use of ASAM Criteria for initial and ongoing level of care placements. Screeners and assessors are required to enter data for each referral, documenting the congruence between their findings from the screening or assessment and the referral they made. When the referral is not congruent with the LOC indicated by ASAM Criteria findings, the reason is documented.

Ventura had a high congruence of indicated LOC to referred LOC in initial assessments (87.1 percent) and follow-up assessments (92.5 percent). When there was lack of congruence, the primary reason was patient preference for initial assessments and clinical judgement for follow-up assessments.

Table 13: Congruence of Level of Care Referrals with ASAM Findings, FY 2019-20

Ventura ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
If assessment-indicated LOC differed from referral, then reason for difference						
Not Applicable - No Difference	-	-	4028	87.1%	1,437	92.5%
Patient Preference	-	-	317	6.8%	29	1.9%
Level of Care Not Available	-	-	*	n/a	-	-
Clinical Judgement	-	-	249	5.4%	83	5.3%
Geographic Accessibility	-	-	*	n/a	*	n/a
Family Responsibility	-	-	*	n/a	-	-
Legal Issues	-	-	-	-	-	-
Lack of Insurance/Payment Source	-	-	-	-	-	-
Other	-	-	18	0.4%	*	n/a
Actual Referral Missing	-	-	-	-	-	-
TOTAL	-	-	**4,625**	**100.0%**	**1,554**	**100.0%**

Initiating and Engaging in Treatment Services

Table 14 displays results of measures for two early and vital phases of treatment—initiating and then engaging in treatment services. They are part of a set of newly adopted measures by CalEQRO for counties in their second year of DMC-ODS implementation. An effective system of care helps people who request treatment for their addiction to both initiate treatment services and then continue further to become engaged in them. Research suggests that those who are able to engage in treatment services are likely to continue their treatment and enter into a recovery process with positive outcomes. Several federal agencies and national organizations have encouraged and supported the widespread use of these measures for many years.

The method for measuring the number of clients who initiate treatment begins with identifying the initial visit in which the client's SUD is identified. Since CalEQRO does this through claims data, the "initial DMC-ODS service" refers to the first approved or pended claim for a client that is not preceded by one within the previous 30 days. This second day or visit is what in this measure is defined as "initiating" treatment. For adults in Ventura, 74.5 percent initiated treatment after their initial visit, lower than the statewide percentage of 88.2 percent.

CalEQRO's method of measuring engagement in services is at least two billed DMC-ODS days or visits that occur after initiating services and that are between the 15th and 45th day following initial DMC-ODS service. Engagement rates for adults were also lower in Ventura compared to statewide (63.5 percent compared to 78.1 percent statewide.)

Table 14: Initiating and Engaging in DMC-ODS Services, FY 2019-20

	Ventura				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	1,849		165		93,923		4,825	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	810	74.5%	32	52.5%	82,854	88.2%	3,877	80.4%
Clients who then engaged in DMC-ODS services	514	63.5%	18	56.3%	64,689	78.1%	2,744	70.8%

Table 15 tracks the initial DMC-ODS service used by clients to determine how they first accessed DMC-ODS services and shows the diversity of the continuum of care. The majority of clients in Ventura access DMC-ODS services through outpatient services (65.8 percent). NTPs are the next most common entry point for clients (23.3 percent).

Table 15: Initial DMC-ODS Service Used by Clients Entering Care, FY 2019-20

Ventura			Statewide	
DMC-ODS Service Modality	#	%	#	%
Outpatient treatment	1325	65.8%	34,506	34.9%
Intensive outpatient treatment	*	n/a	4,484	4.5%
NTP/OTP	470	23.3%	35,276	35.7%
Non-methadone MAT	-	-	225	0.2%
Ambulatory Withdrawal	-	-	20	0.0%
Partial hospitalization	-	-	26	0.0%
Residential treatment	121	6.0%	17,509	17.7%
Withdrawal management	87	4.3%	6,042	6.1%
Recovery Support Services	*	n/a	660	0.7%
TOTAL	**2,014**	**100.0%**	**98,748**	**100.0%**

Asterisks and n/a, if included, indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Retention in Treatment

Table 16 is a measure of how long the system of care is able to retain clients in its DMC-ODS services, and counts the cumulative time that clients were involved across however many types of service they received sequentially without an interruption of more than 30 days. Defined sequentially and cumulatively in this way, research suggests that retention in treatment and recovery services is predictive of positive outcomes. To analyze the data for this measure, CalEQRO first identified all the discharges during the measurement year (in this case CY 2018), defined as the last billed service after which no further service activity was billed for over 30 days. Then for these clients, CalEQRO

identified the beginning date of the service episode by counting back in time to the date before which there was no treatment for at least 30 days. The claims data used for these calculations covers 18 months of utilization data, going back six months prior to the year in which discharges are counted. Clients in outpatient programs are counted as having seven days per week if they had at least one outpatient visit in a week.

The mean (average) length of stay for Ventura clients was 162 days (median 113 days), compared to the statewide mean of 133 (median 87 days). 55.8 percent of clients had at least a 90-day length of stay; 38.3 percent had at least a 180-day stay, and 26.3 percent had at least a 270-day length of stay.

Table 16: Cumulative Length of Stay (LOS) in DMC-ODS Services, FY 2019-20

Ventura			Statewide	
Clients with a discharge anchor event	3,248		100,971	
Length of stay (LOS) for clients across the sequence of all their DMC-ODS services	Mean (Average)	Median (50th percentile)	Mean (Average)	Median (50th percentile)
	162	113	133	87
	#	%	#	%
Clients with at least a 90-day LOS	1,811	55.8%	49,332	48.9%
Clients with at least a 180-day LOS	1,244	38.3%	28,635	28.4%
Clients with at least a 270-day LOS	855	26.3%	17,711	17.5%

Residential Withdrawal Management Readmissions

Table 17 measures the number and percentage of residential withdrawal management readmissions within 30 days of discharge. Of 313 admissions into residential WM in Ventura, 4.2 percent were readmitted within 30 days of discharge as compared to the 9.9 percent statewide average for all DMC-ODS counties.

Table 17: Residential Withdrawal Management (WM) Readmissions, FY 2019-20

Ventura			Statewide	
Total admissions into residential withdrawal management (WM)	313		10,104	
	#	%	#	%
Readmissions into WM within 30 days of discharge	13	4.2%	999	9.9%

Diagnostic Categories

Table 18 compares the breakdown by diagnostic category of the Ventura and statewide number of beneficiaries served and total approved claims amount, respectively, for FY 2019-20. Opioid use disorders (OUDs) are the most common diagnosis codes for DMC-ODS clients in Ventura (61.2 percent). Other Stimulant Abuse and Alcohol Use Disorders are also common (17.3 percent and 13.1 percent, respectively).

Table 18: Percentage Served and Average Cost by Diagnosis Code, FY 2019-20

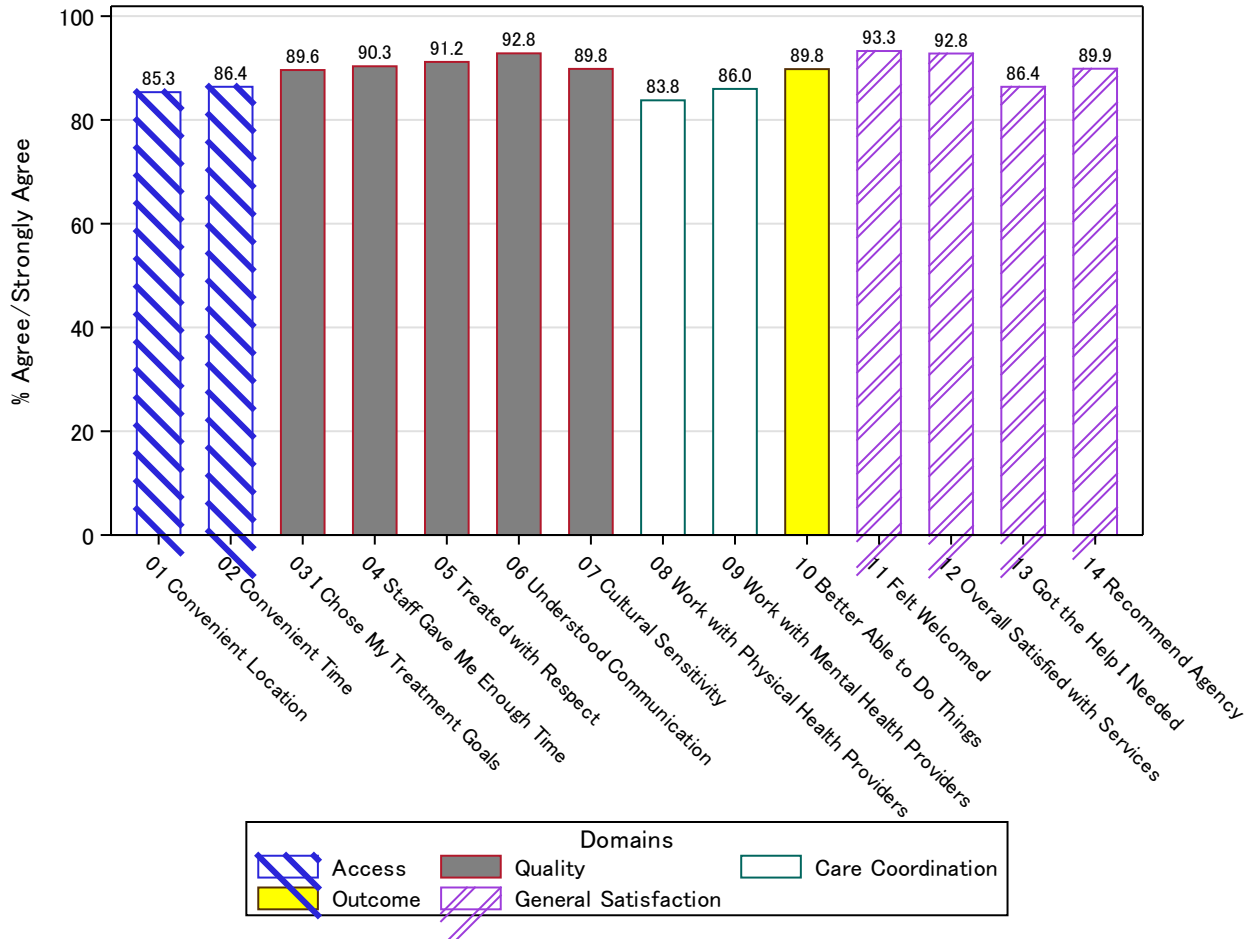
Diagnosis Codes	Ventura		Statewide	
	% Served	Average Cost	% Served	Average Cost
Alcohol Use Disorder	13.1%	$3,343	17.1%	$5,317
Cannabis Use	6.9%	$1,013	9.0%	$2,328
Cocaine Abuse or Dependence	0.6%	$860	1.9%	$5,273
Hallucinogen Dependence	0.0%	$0	0.23%	$5,151
Inhalant Abuse	0.03%	$470	0.03%	$6,809
Opioid	61.2%	$5,988	45.7%	$5,084
Other Stimulant Abuse	17.3%	$2,362	24.4%	$4,723
Other Psychoactive Substance	0.0%	$0	0.11%	$6,172
Sedative, Hypnotic Abuse	0.8%	$2,576	0.52%	$5,095
Other	0.1%	$762	0.90%	$3,259
Total	**100.0%**	**$4,607**	**100.0%**	**$4,776**

Client Perceptions of Their Treatment Experience

CalEQRO regards the client perspective as an essential component of the EQR. CalEQRO uses quantitative information from the TPS administered to clients in treatment. DMC-ODS counties upload the data to DHCS, it is analyzed by the UCLA Team evaluating the statewide DMC-ODS Waiver, and UCLA produces reports they then send to each DMC-ODS County. Ratings from the 14 items yield information regarding five distinct domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction.

Ventura adult clients report high levels of satisfaction across the TPS domains. The Care Coordination domain is rated lowest, but still rated positively.

Figure 2: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA (N = 239)



CalOMS Data Results for Client Characteristics at Admission and Progress in Treatment at Discharge

CalOMS data is collected for all substance use treatment clients at admission and the same clients are rated on their treatment progress at discharge. The data provide rich information that DMC-ODS counties can use to plan services, prioritize resources, and evaluate client progress.

Tables 19-21 depict client status at admission compared to statewide regarding three important situations: living status, criminal justice involvement, and employment status. These data provide important indicators of what additional services Ventura will need to consider and with which agencies they will need to coordinate. Ventura has fewer clients compared to statewide who are homeless (16.0 percent compared to 27.8 percent). Far more clients in Ventura have a dependent living status compared to statewide (41.0 percent compared to 26.0 percent statewide).

Table 19: CalOMS Living Status at Admission, FY 2018-19

Admission Living Status	Ventura		Statewide	
	#	%	#	%
Homeless	429	16.0%	34,316	27.8%
Dependent Living	1,101	41.0%	32,097	26.0%
Independent Living	1,155	43.0%	57,048	46.2%
TOTAL	**2,685**	**100.0%**	**123,461**	**100.0%**

Clients in Ventura are slightly more likely to have criminal justice involvement compared to statewide (55.3 percent compared to 37.6 percent).

Table 20: CalOMS Legal Status at Admission, FY 2018-19

Admission Legal Status	Ventura		Statewide	
	#	%	#	%
No Criminal Justice Involvement	1,200	44.7%	77,761	62.4%
Under Parole Supervision by CDCR	51	2.1%	2,232	1.8%
On Parole from any other jurisdiction	*	n/a	1,597	1.3%
Post release supervision - AB 109	1,138	42.4%	34,542	27.7%
Court Diversion CA Penal Code 1000	185	6.9%	2,188	1.8%
Incarcerated	*	n/a	720	0.6%
Awaiting Trial	68	2.5%	5,509	4.4%
TOTAL	**2,685**	**100.0%**	**124,549**	**100.0%**

Asterisks and n/a, if included, indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation).

Ventura has slightly higher numbers of clients who work part- or full-time (28.4 percent compared to 20.6 percent).

Table 21: CalOMS Employment Status at Admission, FY 2019-20

Current Employment Status	Ventura		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	492	18.3%	15,683	12.6%
Employed Part Time - Less than 35 hours	271	10.1%	9,910	8.0%
Unemployed - Looking for work	666	24.8%	36,869	29.6%
Unemployed - not in the labor force and not seeking	1,226	46.7%	62,119	49.8%
TOTAL	**2,685**	**100.0%**	**124,581**	**100.0%**

The information displayed in Tables 22-23 focus on the status of clients at discharge, and how they might have changed through their treatment. Table 22 indicates the percent of clients who left treatment before completion without notifying their counselors (Administrative Discharge) vs. those who notified their counselors and had an exit interview (Standard Discharge, Detox Discharge, or Youth Discharge). Without prior notification of a client's departure, counselors are unable to fully evaluate the client's progress or, for that matter, attempt to persuade the client to complete treatment.

The administrative discharge rate for Ventura clients is lower than statewide (26.9 percent compared to 46.6 percent). The majority of clients are in the Standard Adult Discharges category (60.2 percent) which is positive.

Table 22: CalOMS Types of Discharges, FY 2018-19

Discharge Types	Ventura		Statewide	
	#	%	#	%
Standard Adult Discharges	1,705	60.2%	58,885	43.8%
Administrative Adult Discharges	762	26.9%	62,542	46.6%
Detox Discharges	270	9.5%	9,882	7.3%
Youth Discharges	93	3.3%	3,011	2.2%
TOTAL	**2,830**	**100.0%**	**134,320**	**100.0%**

Table 23 displays the rating options in the CalOMS discharge summary form counselors use to evaluate their clients' progress in treatment. This is the only statewide data commonly collected by all counties for use in evaluating treatment outcomes for clients with SUDs. The first four rating options are positive. "Completed Treatment" means the client met all their treatment goals and/or the client learned what the program intended for clients to learn at that level of care. "Left Treatment with Satisfactory Progress" means the client was actively participating in treatment and making progress, but left before

completion for a variety of possible reasons other than relapse that might include transfer to a different level of care closer to home, job demands, etc. The last four rating options indicate lack of satisfactory progress for different types of reasons.

Slightly more clients in Ventura have positive discharge ratings compared to statewide (47.2 percent compared to 45.8 percent).

Table 23: CalOMS Discharge Status Ratings, FY 2018-19

Discharge Status	Ventura		Statewide	
	#	%	#	%
Completed Treatment - Referred	636	22.5%	25,720	19.3%
Completed Treatment - Not Referred	240	8.5%	8,374	6.3%
Left Before Completion with Satisfactory Progress - Standard Questions	270	9.5%	17,486	13.1%
Left Before Completion with Satisfactory Progress – Administrative Questions	190	6.7%	9,419	7.1%
Subtotal	*1,336*	*47.2%*	*60,999*	*45.8%*
Left Before Completion with Unsatisfactory Progress - Standard Questions	922	32.6%	19,485	14.6%
Left Before Completion with Unsatisfactory Progress - Administrative	456	16.1%	50,941	38.2%
Death	*	n/a	207	0.2%
Incarceration	*	n/a	1,633	1.2%
Subtotal	*1,492*	*52.7%*	*72,266*	*54.2%*
TOTAL	**2,828**	**100.0%**	**133,265**	**100.0%**

Asterisks and n/a, if included, indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation).

Performance Measures Findings: Impact and Implications

Access to Care

- Ventura's penetration rates are higher than statewide rates across age groups, eligibility categories, and most race/ethnicity groups. Ventura's predominant Medi-Cal eligible population are Latino/Hispanics, which make up nearly 40 percent of clients served for FY 19-20.

- The Access Call Center receives a steady volume of callers a month (on average 539); however, the dropped call percentage is 15.9 percent up from 14.1 percent last year.

Timeliness of Services

- Only 11.95 percent of clients discharged from residential treatment receive a follow-up service within any days of discharge, compared to 19.95 percent statewide. Ventura's clinical PIP is focused on retention and engagement post-residential treatment and hopefully the team has learned what some of the barriers to continuing treatment are for clients post-discharge.

Quality of Care

- Adults who responded to the Treatment Perception Survey rated Quality items remarkably high. Understandably, with the barriers to survey administration due to COVID-19 the number of respondents went down from 681 in October 2019 to 239 in November 2020. Still, ratings remained positive across domains.

- Ventura is using ASAM-based criteria for initial assessments and follow-up assessments, with high congruence for assessed LOC to referred LOC.

Client Outcomes

- The administrative discharge rate for CalOMS in FY 18-19 was 26.9 percent, lower than the statewide rate of 46.6 percent. The number of clients with a positive discharge status was 47.2 percent, just above the statewide number of 45.8 percent.

INFORMATION SYSTEMS REVIEW

Understanding the capabilities of a DMC-ODS information system is essential to evaluating its capacity to manage the health care of its beneficiaries. CalEQRO used the written responses to standard questions posed in the California-specific ISCA, additional documents submitted by the DMC-ODS, and information gathered in interviews to complete the information systems evaluation.

Key Information Systems Capabilities Assessment (ISCA) Information Provided by the DMC-ODS

The following information is self-reported by the DMC-ODS through the ISCA and/or the site review.

ISCA Table 1 shows the percentage of DMC-ODS budget dedicated to supporting IT operations, including hardware, network, software license, consultants, and IT staff for the current and the previous two-year period, as well as the corresponding similar-size DMC-ODS and statewide averages.

ISCA Table 1: Percentage of Budget Dedicated to Supporting IT Operations

Entity	FY 2020-21	FY 2019-20	FY 2018-19
Ventura	2.63%	1.2%	n/a
Large	N/A	3.09%	3.94%
Statewide	N/A	2.40%	3.16%

The budget determination process for information system operations is:

- ☐ Under DMC-ODS control
- ☐ Allocated to or managed by another County department.
- ☒ Combination of DMC-ODS control and another County department or Agency

The following business operations information was self-reported in the ISCA tool and validated through interviews with key DMC-ODS staff by CalEQRO.

ISCA Table 2: Business Operations

Business Operations	Status	
There is a written business strategic plan for IS.	☐ Yes	☒ No

Business Operations	Status	
There is a Business Continuity Plan (BCP) for critical business functions that is compiled and maintained in readiness for use in the event of a cyber-attack, emergency, or disaster.	☐ Yes	☒ No
If no BCP was selected above; the DMC-ODS uses an ASP model to host EHR system which provides 24-hour operational support.	☒ Yes	☐ No
There is at least one person within the DMC-ODS organization clearly identified as having responsibility for Information Security.	☐ Yes	☒ No
If no one within the DMC-ODS organizational chart has responsibility for Information Security, does either the Health Agency or County IT assume responsibility and control of Information Security?	☒ Yes	☐ No
The DMC-ODS performs cyber resiliency staff training on potential compromise situations.	☒ Yes	☐ No

ISCA Table 3 shows the percentage of services provided by type of service provider.

ISCA Table 3: Distribution of Services by Type of Provider

Type of Provider	Distribution
County-operated/staffed clinics	51.4%
Contract providers	48.6%
Total	**100%**

Summary of Technology and Data Analytical Staffing

DMC-ODS self-reported IT staff changes by full-time equivalents (FTE) since the previous CalEQRO review are shown in ISCA Table 4.

ISCA Table 4: Technology Staff

Fiscal Year	Total FTEs (Include Employees and Contractors)	Number of New FTEs	Employees / Contractors Retired, Transferred, Terminated (FTEs)	Currently Unfilled Positions (FTEs)
2020-21	3	0	0	0

Fiscal Year	Total FTEs (Include Employees and Contractors)	Number of New FTEs	Employees / Contractors Retired, Transferred, Terminated (FTEs)	Currently Unfilled Positions (FTEs)
2019-20	3	0	0	0
2018-19	n/a	n/a	n/a	n/a

DMC-ODS self-reported data analytical staff changes by FTEs since the previous CalEQRO review are shown in ISCA Table 5.

ISCA Table 5: Data Analytical Staff

Fiscal Year	Total FTEs (Include Employees and Contractors)	Number of New FTEs	Employees / Contractors Retired, Transferred, Terminated (FTEs)	Currently Unfilled Positions (FTEs)
2020-21	5	0	0	0
2019-20	2	0	0	0
2018-19	n/a	n/a	n/a	n/a

The following should be noted with regard to the above information:

- IS and Data Analytic staff serve both DMC-ODS and MHP areas; the eight listed FTEs are not dedicated solely to DMC-ODS. The county estimates that these staff dedicate 40 percent of their time to DMC-ODS efforts.
- Technology and data analytical staff are county resources, not located within the department.

Summary of User Support and EHR Training

ISCA Table 6 provides the number of individuals with log-on authority to the DMC-ODS EHR. The information was self-reported by DMC-ODS and does not account for user's log-on frequency or time spent daily, weekly, or monthly using EHR.

ISCA Table 6: Count of Individuals with EHR Access

Type of Staff	Count of DMC-ODS Staff with EHR Log-on Account	Count of Contract Provider Staff with EHR Log-on Account	Total EHR Log-on Accounts
Administrative and Clerical	36	21	57
Clinical Healthcare Professional	41	16	57
Clinical Peer Specialist	0	0	0
Quality Improvement	22	1	23
Total	99	38	137

ISCA Table 7: EHR User Support

EHR User Support	Status	
DMC-ODS maintains a local Data Center to support EHR operations.	☐ Yes	☒ No
DMC-ODS utilizes an ASP model to support EHR operations which is hosted at IS vendor Data Center and staffed 24/7.	☒ Yes	☐ No
DMC-ODS also utilizes QI staff to directly support EHR operations.	☒ Yes	☐ No
DMC-ODS also utilizes Local Super Users to support EHR operations.	☒ Yes	☐ No

ISCA Table 8: New Users EHR Training

New Users EHR Training				
Training Category	**QI**	**IT**	**ASP**	**Local Super Users**
Initial network log-on access	☐	☒	☐	☐
User profile and access setup	☐	☒	☐	☐
Screen workflow and navigation	☐	☒	☐	☐

ISCA Table 9: Ongoing EHR Training and Support

Ongoing EHR Training and Support	Status	
DMC-ODS maintains a formal record of EHR training activities to evaluate quality of training material.	☒ Yes	☐ No
DMC-ODS routinely administers EHR competency tests for users to evaluate training effectiveness.	☐ Yes	☒ No
DMC-ODS maintains a formal record of HIPAA and 42 CFR Security and Privacy trainings along with attendance logs.	☒ Yes	☐ No

Telehealth Services Delivered by County

DMC-ODS county-operated clinics and program currently provides services to beneficiaries using a telehealth application:

☒ Yes ☐ No ☐ Implementation Phase

ISCA Table 10: Summary of DMC-ODS Telehealth Services

Telehealth Services	Count
Total number of sites currently operational	40
Number of county-operated telehealth sites	37
Number of contract providers' telehealth sites	3

Identify primary reason(s) for using telehealth as a service extender (check all that apply):

☒ Hiring healthcare professional staff locally is difficult.
☒ For linguistic capacity or expansion
☒ To serve outlying areas within the county
☒ To serve beneficiaries temporarily residing outside the county
☒ To serve special populations (i.e., children/youth or older adult)
☒ To reduce travel time for healthcare professional staff
☒ To reduce travel time for beneficiaries
☒ To support NA time and distance standard
☒ To address and support COVID-19 contact restrictions

Summarize DMC-ODS use of telehealth services to manage the impact of COVID-19 pandemic on beneficiaries and DMC-ODS provider staff.

- Ventura was able to move to telehealth and telephone services to adjust to COVID-19 limitations on in-person treatment. While there was an initial drop in contacts immediately after the statewide shelter-in-place order, the county

ensured that individual services were provided via telehealth/telephone and have been able to maintain pre-COVID-19 levels of services.

Identify from the following list of California-recognized threshold languages that are directly supported by the DMC-ODS or by contract providers during the past year. Do not include language line capacity or interpreter services.

☐ Arabic	☐ Armenian	☐ Cambodian
☐ Cantonese	☐ Farsi	☐ Hmong
☐ Korean	☐ Mandarin	☐ Other Chinese
☐ Russian	☒ Spanish	☐ Tagalog
☐ Vietnamese		

Telehealth Services Delivered by Contract Providers

Contract providers use telehealth services as a service extender:

☒ Yes ☐ No ☐ Implementation Phase

ISCA Table 11: Contract Providers Delivering Telehealth Services

Contract Provider	Count of
Dennis M. Giroux & Associates, Inc. (Alternative Action Programs)-AB 109/Todd Road	1
Aegis Treatment Centers, LLC-NTP Services	1
HealthRIGHT 360-Prototypes Women Center	1
Tarzana Treatment Centers, Inc.-SUS Services	3

Current DMC-ODS Operations

- The Ventura Avatar system (version 2019) is vendor hosted. Most software maintenance and system upgrades are performed by the vendor. BHS and County IT staff support desktop and internet browser issues. Avatar Helpdesk phone support is available Monday through Friday from 8:00AM to 5:00PM.

ISCA Table 12 lists the primary systems and applications the DMC-ODS uses to conduct business and manage operations. These systems support data collection and storage; provide EHR functionality; produce Drug Medi-Cal and other third-party claims; track revenue; perform managed care activities; and provide information for analyses and reporting.

ISCA Table 12: Primary EHR Systems/Applications

System/Application	Function	Vendor/Supplier	Years Used	Hosted By
myAvatar	Practice Mgmt	Netsmart	11	Vendor
myAvatar	Clinical	Netsmart	7	Vendor
OrderConnect	Medications & Labs	Netsmart	7	Vendor

The DMC-ODS Priorities for the Coming Year

- DMC-ODS Data Analytic Dashboards
- Population Health Services Implementation

Major Changes since Prior Year

- DMC-ODS Performance Metrics Tracking System
- DMC-ODS Client Recovery Services

Plans for Information Systems Change

- No plans to replace current system.

DMC-ODS EHR Status

ISCA Table 13 summarizes the ratings given to the DMC-ODS for EHR functionality.

ISCA Table 13: EHR Functionality

Function	System/ Application	Rating			
		Present	Partially Present	Not Present	Not Rated
Alerts	myAvatar / Netsmart	☒	☐	☐	☐
Assessments	myAvatar / Netsmart	☒	☐	☐	☐
Care Coordination		☐	☐	☒	☐

Function	System/ Application	Rating			
		Present	Partially Present	Not Present	Not Rated
Document Imaging/ Storage	myAvatar / Netsmart	☒	☐	☐	☐
Electronic Signature—DMC-ODS Beneficiary	myAvatar / Netsmart	☒	☐	☐	☐
Laboratory results (eLab)	myAvatar / Netsmart	☒	☐	☐	☐
Level of Care/Level of Service	myAvatar / Netsmart	☒	☐	☐	☐
Outcomes	myAvatar / Netsmart	☒	☐	☐	☐
Prescriptions (eRx)	myAvatar / Netsmart	☒	☐	☐	☐
Progress Notes	myAvatar / Netsmart	☒	☐	☐	☐
Referral Management		☐	☐	☒	☐
Treatment Plans	myAvatar / Netsmart	☒	☐	☐	☐
FY 2020-21 Summary Totals for EHR Functionality:		10	0	2	0
FY 2019-20 Summary Totals for EHR Functionality:		9	0	3	0

Progress and issues associated with implementing an EHR over the past year are summarized below:

- *Ventura* continues to work with contract providers on charting in Avatar. Staff continue to provide training to support providers on authorization forms and clinical documentation necessary for the DMC-ODS requirements.

Contract Provider EHR Functionality and Services

ISCA Table 14 identifies methods available for contract providers to submit beneficiary clinical and demographic data; practice management and service information; and transactions to the DMC-ODS's EHR system, by type of input methods.

ISCA Table 14: Contract Providers' Transmission of Beneficiary Information to DMC-ODS EHR

Type of Input Method	Percent Used	Frequency
Health Information Exchange (HIE) securely share beneficiary medical information from contractor EHR system to DMC-ODS EHR system and return message or medical information to contractor EHR		Not used
Electronic data interchange (EDI) uses standardized electronic message format to exchange beneficiary information between contract provider EHR systems and DMC-ODS EHR system		Not used
Electronic batch files submitted to DMC-ODS for further processing and uploaded into DMC-ODS EHR system	20%	Monthly
Direct data entry into DMC-ODS EHR system by contract provider staff	80%	Daily
Electronic files/documents securely emailed to DMC-ODS for processing or data entry input into EHR system		Not used
Paper documents submitted to DMC-ODS for data entry input by DMC-ODS staff into EHR system		Not used

ISCA Table 15: Type of Input Method for NTP/OTP Providers

Type of Input Method For NTP/OTP Providers	Status	
NTP/OTP providers enter data on dosing and counseling services directly into DMC-ODS EHR system.	☐ Yes	☒ No
NTP/OTP providers enter dosing and counseling services into local EHR and submits batch file for upload into DMC-ODS EHR system.	☐ Yes	☒ No
NTP/OTP providers enter dosing and counseling services into local EHR and produces EDI 837 transaction claim file which is submitted to DMC-ODS who then submits claim file to DHCS for adjudication.	☒ Yes	☐ No

Some contact providers have EHR systems which they rely on as their primary system to support operations. ISCA Table 16 lists the IS vendors currently in-place to support transmission of beneficiary and services information from contract providers to the DMC-ODS.

ISCA Table 16: EHR Vendors Supporting Contract Provider to DMC-ODS Data Transmission

EHR Vendor	Product	Count of Providers Supported
Welligent, Inc.		1
Netsmart	myAvatar	2 (Tarzana and Dennis M. Giroux)
Aegis Treatment Centers	PHASE System	1

Special Issues Related to Contract Agencies

- Double data entry of client data into Avatar for contract providers with their own EHR vendors remains a huge expense of staff resources and is prone to data entry errors.

Findings Related to ASAM Level of Care Referral Data, CalOMS, and Treatment Perception Survey

ISCA Table 17: Findings Related to ASAM Level of Care Referral Data, CalOMS, and Treatment Perception Survey

Findings Related to ASAM Level of Care Referral Data, CalOMS, and Treatment Perception Survey	Yes	No
ASAM Criteria is used for assessment for clients in all DMC Programs.	x	
ASAM Criteria is used to improve care.	x	
ASAM screening is entered directly into the EHR.	x	
ASAM assessment is entered directly into the EHR.	x	
TPS is administered in all Medi-Cal Programs.	x	
CalOMS is administered on admission, discharge, and annual updates.	x	
CalOMS is used to improve care by tracking discharge status and other outcomes.	x	

Highlights or challenges of use of outcome tools above:

- The CalOMS 26.9 percent administrative discharge rate was lower than the statewide rate of 46.6 percent.
- CalOMS was used to monitor timeliness of data entry for admission, discharge, and annual record updates. CalOMS were also analyzed as part of the clinical PIP that seeks to improve retention and engagement of clients post-residential.

Overview and Key Findings

Operations and Structure

- None noted.

Key Findings

- Direct data entry by the majority of contract providers is burdensome and creates the risk of data entry errors.
- The Metrics team within Behavioral Health serve as the departmental liaison to the county IS department. The Metrics team recently began meetings with IS to develop data dashboards, and the county reported that this collaborative process has gone smoothly.

NETWORK ADEQUACY

Network Adequacy Certification Tool Data Submitted in April 2020

As described in the CalEQRO responsibilities, key documents were reviewed to validate Network Adequacy as required by state law. The first document to be reviewed is the NACT which outlines in detail the DMC-ODS provider network by location, service provided, population served and language capacity of the providers. The NACT also provides details of the rendering provider's NPI number as well as the professional taxonomy used to describe the individual providing the service. As previously stated CalEQRO will be providing technical assistance in this area if there are problems with consistency with the federal register linked to these different types of important designations.

If DHCS found that the existing provider network did not meet required time and distance standards for all zip codes, an AAS recommendation would be submitted for approval by DHCS.

The time to get to the nearest provider for a required service level depends upon a county's size and the population density of its geographic areas. For Ventura, the time and distance requirements are 60 minutes and 30 miles for substance use disorder services, and 60 minutes and 30 miles for NTP/OTP services. The two types of care that are measured for DMC-ODS NA compliance with these requirements are outpatient SUD services and NTP/OTP services. These services are separately measured for time and distance in relation to two age groups-youth (0-20) and adults (21 and over).

Review of Documents

CalEQRO reviewed separately and with DMC-ODS staff all relevant documents (NACT, AAS) and maps related to NA issues for their Medi-Cal beneficiaries. CalEQRO also reviewed the special NA form created by CalEQRO for AAS zip codes, out-of-network providers, efforts to resolve these access issues, services to other disabled populations, use of technology and transportation to assist with access, and other NA related issues.

Review Sessions

CalEQRO conducted a desk review and so had no client and family member focus groups, or stakeholder interviews. The review was conducted by a thorough review of documents and follow up emails with questions answered by email with one follow up session with staff on access and timeliness issues to identify problems for beneficiaries in these areas.

Findings

There were two zip codes with a conditional pass pending review of the ODS Plan's AAS submission from Ventura County. These zip codes (93255 and 93252) were in the northern area of the county, straddling the Ventura and Kern County lines, far from urban centers and were not meeting time or distance standards for outpatient substance use services and NTP/OTP services for youth and adults. The other zip codes for the DMC-ODS, for youth and adult substance use disorder outpatient services and NTP/OTP services, met time and distance standards as required by DHCS.

Ventura identified that there was a total of 31 Medi-Cal beneficiaries in these two communities of the Frazier Park and Maricopa areas. Ventura does not believe this low number of total Medi-Cal beneficiaries would support the establishment of a certified provider site in these areas. Ventura can provide full DMC-ODS services for all beneficiaries residing in these zip code areas via telehealth as long as the beneficiaries agree with this modality. All VCBH and contracted providers now have the capacity to provide HIPAA compliant services via telehealth. Ventura identified the closest providers in these zip codes (which are in Kern County) for adult and youth outpatient and adult NTP/OTP services and has requested AAS approval from DHCS. Ventura reports they do not currently provide In-Network NTP/OTP services to minors.

If in-person services are requested or deemed necessary, Ventura reports they have received written communications from specific provides located within Kern County attesting to their willingness to establish a Single Case Agreement or to utilize currently established in-network contracts (Aegis), in order to serve Ventura County Medi-Cal beneficiaries.

In the Fraiser Park area (93225) zip code with 19 beneficiaries potentially impacted, the nearest outpatient adult and youth providers are in the County of Kern in the cities of Bakersfield, Taft, and Lamont (adult only), north of the county line. There is an average of 43 minutes (range 45 to 37 minutes) and distances were an average of 43 miles (range of 46 to 37 miles). The nearest adult NTP/OTP providers are in the County of Kern in the City of Bakersfield, north of the county line. There is an approximate 45-minute drive to the site and 46-mile distance.

In the Maricopa area (93252) zip code, with 12 beneficiaries potentially impacted, the nearest outpatient adult and youth provider are in the County of Kern in the cities of Taft, Lamont, and Bakersfield, north of the county. line. There is an average of 33 minutes (range of 9 to 46 minutes) and distances were an average of 30 miles (range of 9 to 43 miles). The nearest adult NTP/OTP providers are in the County of Kern in the City of Bakersfield, north of the county line. There is an approximate 46-minute drive to the site and 43-mile distance.

Ventura has submitted a request for approval to DHCS of new AAS. Ventura has requested that the standard for outpatient, established for Kern County, of 90 minutes and 60 miles be established for the Ventura Outpatient programs in these zip codes as the

AAS. Ventura requests that the standard for the NTP/OTP programs, established for Kern of 75 minutes be established for Ventura as the AAS but the since the miles are farther than the Kern 45 miles standard a different AAS will need to be established for distance. Ventura did not specifically ask for an AAS for distance in their request but in review of maps it seems that an AAS of 50 miles would be adequate to meet the needs of the Medi-Cal beneficiaries.

Plan of Correction/Improvement by DMC-ODS to Meet NA Standards and Enhance Access for Medi-Cal Patients

Ventura reports that in addition to the above, if Medi-Cal eligible beneficiaries living in the Ventura County sections of the 93255 and/or 93252 zip code areas are not willing to receive services via Telehealth, and if for whatever reasons VCBH is unable to establish a Single Case Agreement with any of the above Out-of-Network Providers, then Ventura would plan to make arrangements to transport the beneficiary to the closest In-Network provider site to receive appropriate DMC-ODS Outpatient or OTP services.

Also discussed as part of NA were access issues for physically disabled beneficiaries. Ventura reports that interpreter services are available to all beneficiaries who need this service. In addition, all facilities have accommodations for people with physical disabilities. The specific accommodations for each provider site are available in the provider directory, that is easily accessible online, such as which sites offer TTY and TDD. All locations are ADA compliant for physical accessibility and this is reviewed as part of contract monitoring. Ventura has special expertise in providing accommodation for persons with serious mental health issues as the county operated MH and SUD are co-located in order to enhance accessibility.

In addition, Ventura DMC-ODS monitors transportation needs of members to support access to care in partnership with the Gold Coast Health Plan. Either the client or counselor can call to arrange transportation, preferably 24-48 hours in advance, to arrange transportation, but urgent arrangement can be coordinated when necessary. Clients are informed about this transportation assistance by their clinical staff as well as posters being displayed in the clinics to inform clients about this service. Ventura reports that in their review, coordination of transportation works smoothly, even to accommodate for urgent needs. They also plan to incorporate this area into future client feedback research.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

A PIP is defined by CMS as “a project designed to assess and improve processes and outcomes of care that is designed, conducted, and reported in a methodologically sound manner.” CMS’ EQR Protocol: Validating Performance Improvement Projects mandates that the EQRO validate one clinical and one non-clinical PIP for each DMC-ODS that were initiated, underway, or completed during the reporting year, or featured some combination of these three stages.

CMS revised the protocols in October of 2019. On the first page of the new protocol a PIP is defined by: "A PIP is a project conducted by the MCP that is designed to achieve significant improvement, sustained over time, in health outcomes and enrollee satisfaction. A PIP may be designed to change behavior at a member, provider, and/or MCP/system level. "

Ventura DMC-ODS PIPs Identified for Validation

Each DMC-ODS is required to conduct two PIPs during the 12 months preceding the review. CalEQRO reviewed two PIPs and validated two PIPs, as shown below.

PIP Table 1: PIPs Submitted by Ventura

PIPs for Validation	Number of PIPs	PIP Titles
Clinical PIP	1	Study of care coordination post-discharge
Non-Clinical PIP	1	Study of timeliness from first contact to assessment

Clinical PIP

PIP Table 2: General PIP Information, Clinical PIP

DMC-ODS Name	Ventura
PIP Title	Study of care coordination post-discharge
PIP Aim Statement	Can the percentage of clients discharged from residential services who transition to follow-up services at a lower level of care within seven days be increased from 6% to 10%, by implementing an intervention in which care coordination staff initiate management and discharge planning seven days prior to discharge from residential treatment?

DMC-ODS Name	Ventura
Was the PIP state-mandated, collaborative, statewide, or DMC-ODS choice? (check all that apply) ☐ State-mandated (state required DMC-ODS to conduct PIP on this specific topic) ☐ Collaborative (multiple DMC-ODSs or MHP and DMC-ODS worked together during planning or implementation phases) ☒ DMC-ODS choice (state allowed DMC-ODS to identify the PIP topic)	
Target age group (check one): ☐ Youth only (ages 12-17)* ☐ Adults only (age 18 and above) ☒ Both Adults and Youth *If PIP uses different age threshold for youth, specify age range here:	
Target population description, such as specific diagnosis (please specify): All clients discharging from residential treatment.	

PIP Table 3: Improvement Strategies or Interventions, Clinical PIP

PIP Interventions (Changes tested 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): Clients receive targeted case management and discharge planning to facilitate transition to the next level of care.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Care Coordination Team does the following: • Receives notification of client upcoming discharge seven days prior to event. • Receives training on intervention. • Ensures an intake appointment at the next LOC is scheduled post discharge. • Provides motivational interviewing to engage client if client does not want to continue treatment. • Provides outreach to those clients who leave treatment prematurely.

PIP Interventions (Changes tested in the PIP)
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): • Care Coordination Team ensures an intake appointment at the next LOC is scheduled post discharge. • Care Coordination Team provides motivational interviewing to engage client if client does not want to continue treatment. • Care Coordination Team provides outreach to those clients who leave treatment prematurely.

PIP Table 4: Performance Measures and Results, Clinical PIP

Performance Measures	Baseline Year	Baseline Sample Size and Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Sample Size and Rate (if applicable)	Demonstrated Performance Improvement	Statistically Significant Change in Performance
Percentage of clients who discharge from residential and begin treatment in a low LOC within seven days	1/1/19-9/30/19	160 5.8%	10/1/19-9/1/20	166 6.6%	☒ Yes ☐ No	☐ Yes ☒ No p-value: ☐ <.01 ☐ <.05 Other (specify):

Was the PIP validated?	☒ Yes	☐ No

Validation phase:

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

Validation rating:

☐ High confidence
☒ Moderate confidence
☐ Low confidence
☐ No confidence

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

EQRO recommendations for improvement of PIP: The preliminary data shows the intervention, in place for 11 months, does not result in much change. Further analysis may be needed to determine:

1. The amount and timing of the case management for each discharge to determine if timing and/or quantity makes a difference.
2. Details on the timing to the next LOC including 14 days, 30 days, or 364 days so that progress can be viewed incrementally compared to baseline.
3. The impact of the Care Coordination Team low staffing to see if that is impacting the intervention.
4. Possibly a small PDSA to test out any new intervention on a small scale in case a change needs to be made. If a new intervention is tested and found not to achieve the desired results it will not be implemented, saving time.

The technical assistance (TA) provided to the DMC-ODS by CalEQRO consisted of:
Feedback was provided to Ventura on 9/22/20 and in the course of the review.

*PIP is in planning and implementation phase if NA is checked.

Non-clinical PIP

PIP Table 5: General PIP Information, Non-Clinical PIP

DMC-ODS Name	Ventura
PIP Title	Study of timeliness from first contact to assessment
PIP Aim Statement	Can the number of days between initial request for service and assessment for treatment for outpatient services be reduced from 20 to less than 10 days by initiating an intervention where clinical staff at outpatient clinics are asked to fill out no-show notes, reschedules, cancellation notes, and any other key dates during the opened appointment time due to the no-show / cancellation and use the time to outreach to the client?
Was the PIP state-mandated, collaborative, statewide, or DMC-ODS choice? (check all that apply) ☐ State-mandated (state required DMC-ODS to conduct PIP on this specific topic) ☐ Collaborative (multiple DMC-ODSs or MHP and DMC-ODS worked together during planning or implementation phases) ☒ DMC-ODS choice (state allowed DMC-ODS to identify the PIP topic)	
Target age group (check one): ☐ Youth only (ages 12-17)* ☐ Adults only (age 18 and above) ☒ Both Adults and Youth *If PIP uses different age threshold for youth, specify age range here:	
Target population description, such as specific diagnosis (please specify): All clients requesting outpatient services during the study period.	

PIP Table 6: Improvement Strategies or Interventions, Non-Clinical PIP

PIP Interventions (Changes tested 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): Clients receive an outreach call after a no-show.

PIP Interventions (Changes tested in the PIP)
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Clinical staff to fill out no-show notes, reschedules, cancellation notes, and any other key dates during the opened appointment time due to the no-show / cancellation. Staff conduct client outreach after no-shows.
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): Staff held more accountable with more precise documentation of no-shows or cancellations and whether they engaged in outreach in response to now shows.

PIP Table 7: Performance Measures and Results, Non-Clinical PIP

Performance Measures	Baseline Year	Baseline Sample Size and Rate	Most Recent Remeasurement Year	Most Recent Remeasurement Sample Size and Rate (if applicable)	Demonstrated Performance Improvement	Statistically Significant Change in Performance
Number of days between client's initial request for service and first clinical appointment in outpatient services	1/1/19-7/31/20	685 20.3 days	8/1/20-10/31/20	67 14.9 days	☒ Yes ☐ No	☐ Yes ☒ No p-value: ☐ <.01 ☐ <.05 Other (specify):

Was the PIP validated?	☒ Yes	☐ No

Validation phase:

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

Validation rating:

☐ High confidence
☒ Moderate confidence
☐ Low confidence
☐ No confidence

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

EQRO recommendations for improvement of PIP:

The first measurement shows some promise of improvement however additional analysis must be made:

1. Compare the demographics between baseline and first measurements.
2. Measure outreach and case management
3. Tie the outcomes to the interventions to best understand the study impact.

The technical assistance (TA) provided to the DMC-ODS by CalEQRO consisted of:

A technical assistance meeting was held on 9/22/20 and during the course of the review.

*PIP is in planning and implementation phase if NA is checked.

CLIENT SURVEY FEEDBACK

CalEQRO conducted a desk review for Ventura. This was negotiated when Ventura notified CalEQRO they were significantly impacted as a result of their required response to COVID-19. Ventura reported they, nor their providers, had adequate staff available to coordinate client focus groups. However, one provider was able to send surveys to clients and the surveys CalEQRO received are included to provide a limited source of client feedback.

Six clients responded to the survey and the results of their feedback is described below? Participants described their experience as the following:

The clients participate in MAT/NTP services.

Question	Average	Range
1. I easily found the treatment services I needed.	4.0	2-5
2. I got my assessment appointment at a time and date I wanted.	4.6	4-5
3. It did not take long to begin treatment soon after my first appointment.	4.5	4-5
4. I feel comfortable calling my program for help with an urgent problem.	4.7	4-5
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	4.6	4-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	3.5	1-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	4.7	4-5
8. Because of the services I am receiving, I am better able to do things that I want.	4.6	4-5
9. I feel like I can recommend my counselor to friends and family if they need support and help.	4.8	4-5

Client Feedback Findings and Experience of Care

The six survey responses rated culturally competent care the lowest and confidence to refer the program to peers the highest. Client comments expressed high satisfaction with relationships with the staff and program content.

One Client stated, “So far it’s been better than I expected.”

Another reported,”…grateful for them to welcome me into their program. It makes me feel good knowing if one of my friends is going through the same problems I go through, there is always help”.

Client Survey Findings and Experience of Care

Overview

There were six surveys returned that represented people receiving MAT services.

Access Feedback from Client Focus Groups

- Need services that are more geographically accessible.
- Would like more Telehealth appointments with the doctor rather than mandatory face to face sessions.

Timeliness of Services Feedback from Client Focus Groups

- The assessments were scheduled at times that clients wanted.
- It did not take long to begin treatment after the assessment.

Quality of Care Issues from Client Focus Groups

- Things were described as “tough” during the pandemic, but staff has been really accommodating.
- High satisfaction was expressed for counselors, nurses, and physicians.
- Clients report feeling comfortable calling with urgent problems.

Client Outcomes Feedback from Client Focus Groups

- Clients report being helped by the program and succeeding.
- Clients felt comfortable recommending their counselor to friends and family.

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS

CalEQRO emphasizes the county DMC-ODS use of data to promote quality and improve performance. Components widely recognized as critical to successful performance management include an organizational culture with focused leadership and strong stakeholder involvement, effective use of data to drive quality management, a comprehensive service delivery system, and workforce development strategies that support system needs. These are discussed below, along with their quality rating of Met (M), Partially Met (PM), or Not Met (NM).

Access to Care

KC Table 1 lists the components that CalEQRO considers representative of a broad service delivery system that provides access to clients and family members. An examination of capacity, penetration rates, cultural competency, integration, and collaboration of services with other providers forms the foundation of access to and delivery of quality services.

KC Table 1: Access to Care Components

KC Table 1: Access to Care Components		
	Component	**Quality Rating**
1A	Service Access are Reflective of Cultural Competence Principles and Practices	PM
Ventura has an integrated cultural competence plan and reports the Behavioral Health Board holds community forums to identify needs. The results of these original forums include the development of 12 mental health programs and only 2 SUD special programs. The cultural competence plan needs to be more balanced in addressing issues for persons impacted by SUD issues and not just those with mental health disorders. Ventura reports that it is expected the cultural competence plan will be updated annually; however, that has not occurred in the last two years. Ventura provided no current data on improved outcomes as a result of the work identified in the cultural competence plan. Ventura reports they plan to develop metrics to measure the impact of the work identified in the cultural competence plan during 2021.		
1B	Manages and Adapts its Network Adequacy to Meet SUD Client Service Needs	M
Ventura monitors demand caseload numbers at each level of care. Ventura did provide data that quantified the types of clinical providers and programs but not against needed services. Timeliness of services continues to be an issue in Ventura but barriers to timeliness have been identified and a Clinical PIP established to address some of the issues. Ventura has planned for Telehealth to address		

KC Table 1: Access to Care Components		
Component		**Quality Rating**
geographic location and driving time issues. In addition, they report contracts can be established for clients requesting out of county service and that transportation could also be arranged for clients if that were a barrier to in-county service.		
1C	Collaboration with Community-Based Services to Improve SUD Treatment Access	M
Ventura meets regularly with the health plans and coordinates with health providers and hospitals. Ventura is an integrated behavioral health system and regularly coordinates with mental health. Ventura serves a high percentage of persons in the criminal justice system and coordinates with that system. Faith-based organizations are included in committee work in the CCP, the purpose of which is to improve access for underserved populations. Ventura coordinates with the VCOE that supports SUD prevention and Friday Night Live programs in the schools.		

Timeliness of Services

As shown in KC Table 2, CalEQRO identifies the following components as necessary to support a full-service delivery system that provides timely access to DMC-ODS services. This ensures successful engagement with clients and family members and can improve overall outcomes, while moving beneficiaries throughout the system of care to full recovery.

KC Table 2: Timeliness to Care Components

KC Table 2: Timeliness to Care Components		
Component		**Quality Rating**
2A	Tracks and Trends Access Data from Initial Contact to First Appointment	M
Ventura provides detailed data in their timeliness tracking in their Quality Assessment and Performance Improvement Work Plan and Evaluation. Ventura reports that the data is provided monthly to both PIPs and relevant staff for improvements.		
2B	Tracks and Trends Access Data from Initial Contact to First Methadone MAT Appointment	M
Ventura provides details of timeliness and annual summary comparisons of time between initial request and first MAT face to face assessment. Data is also reported monthly to both PIPs and relevant staff for improvements. The annual data showed that timeliness decreased for these services in the review year compared to the previous year. In FY 2018-19, 91.2 percent of clients met the three-day standard; however, in FY 2019-20 only 79.3 percent met that standard. It is possible this change was in part due to COVID-19, but that would only be for four of the twelve months.		

KC Table 2: Timeliness to Care Components		
Component		**Quality Rating**
2C	Tracks and Trends Access Data for Timely Appointments for Urgent Conditions	PM
Ventura operationally defines urgent conditions, and documents them in the EHR; however, there was no evidence of staff training in the last year. Ventura does track timeliness of urgent appointments and reported that only 52 percent meet the urgent standard of 48 hours with their data showing the average is 11 days. Ventura did not identify a strategy to that would improve timeliness for urgent conditions.		
2D	Tracks and Trends Timely Access to Follow-Up Appointments after Residential Treatment	M
Ventura has established a standard of seven days for clients discharging from residential treatment to begin the next lower level of care. Ventura tracks the timeliness of this process for all clients discharging from residential treatment. Ventura reported that only six percent begin at lower level of care within seven days following residential treatment. This is higher than the EQRO data that shows two percent of clients begin treatment in a lower level of care within seven days; however, it should be noted that the reporting periods are slightly different between Ventura and EQRO. Ventura also identifies barriers that may be impacting timeliness and has established a clinical PIP to increase timeliness of clients entering the next lower level of care following residential treatment discharge.		
2E	Tracks and Trends Data on Follow-up and Re-Admission to Residential Withdrawal Management	M
Ventura tracks re-admission within 30 days of discharge from residential WM. Ventura evaluates the performance through data analysis. Ventura reports readmission of clients back to residential WM is 3.5 percent (EQRO data shows 4.2 percent) but either rate does not require performance improvement activities.		
2F	Tracks Data and Trends No-Show Data for Initial Appointment	PM
Ventura uses a process to track no-shows for first appointments to outpatient programs. Ventura tracks no-shows separately from those who cancel their appointment. Ventura performs routine data analysis. Ventura has established a Non-Clinical PIP in order to address timeliness to the first appointment in which no-shows has been identified as a barrier. Ventura tracks this data only for county operated outpatient programs and not for NTP or residential programs.		

Quality of Care

CalEQRO identifies the components of an organization that is dedicated to the overall quality of care. Effective quality improvement activities and data-driven decision making require strong collaboration among staff (including client/family member staff), working in information systems, data analysis, clinical care, executive management, and program leadership. Technology infrastructure, 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 service delivery system and organizational operations.

KC Table 3: Quality of Care Components

KC Table 3: Quality of Care Components		
Component		**Quality Rating**
3A	Quality management and performance improvement are organizational priorities	M
Ventura has a Quality Assurance Performance Improvement (QAPI) Work Plan and Evaluation for FY 2019-20 and an interim plan for FY 2020-21. The Quality Management Program is responsible to the Behavioral Health Director and includes the units of Quality Assurance, Quality Improvement (QMAC), Medical Records, Training and Pharmacist. The QMAC is a multidisciplinary entity including community stakeholders and beneficiaries that makes policy and performance improvement recommendations; however, it is not clear if any of these people have been involved in SUS. Ventura has a specific analyst dedicated to DMC-ODS that works on data extraction and analysis in coordination with an IT liaison and QA staff. The Ventura QAPI workplan is integrated with mental health and DMC-ODS. Issues are identified separately in the report for mental health and SUS.		
3B	Data is used to inform management and guide decisions	PM
Ventura measures specific data elements that reflect SUS quality including timeliness and care coordination with the health plans and other county partners. Findings were regularly reported to leaders and appropriate staff. Issues are identified and plans are created to make changes as evidence by the work on the PIPs. However, there was no tracking of client outcomes as a result of treatment. The Clinic Administrators have continued to observe group sessions on zoom in order to evaluate quality; however, the collection of the fidelity instrument data has been suspended. Although there was baseline data for some items there were few time bound goals in the QAPI plan, reducing accountability for action		
3C	Evidence of effective communication from DMC-ODS administration and SUD stakeholder input and involvement on system planning and implementation	PM
Feedback from line staff is solicited in some QI focus groups specific to PIPs. Resources have been distributed to staff in the last year. Communication from the SUS Manager to the CA provides information about relevant issues. Other community groups were limited to those regarding public health issues. Communication soliciting input from SUS clients and family members was limited in the last year.		

KC Table 3: Quality of Care Components		
Component		**Quality Rating**
3D	Evidence of an ASAM continuum of care	M
Ventura has an adequate continuum of care to effectively use the ASAM tools; however, increased residential and detox programs would be beneficial. Ventura monitors client engagement and no-shows and reports out this information in order to improve the system. Ventura has a sufficient continuum of care but is challenged with client transition from residential to lower levels of care. This may be due to the residential programs being out of county and clients needing increased assistance to both engage and step down from these programs. Recovery services are still limited in Ventura and need to be expanded to benefit more clients.		
3E	MAT services (both outpatient and NTP) exist to enhance wellness and recovery:	M
Ventura reports that MAT is now available at all outpatient programs including Acamprosate, Antabuse, Naltrexone, Vivitrol, Naloxone, Buprenorphine-Suboxone. Although available the use of non-methadone MAT remained low during the review year serving a total of 116 clients in both outpatient and NTP/OTP programs. Ventura reports that if clients are determined to need methadone, they are referred to an NTP site. Clients are allowed to participate in IOT while receiving methadone. Ventura has a monthly meeting to discuss issues related to medication that includes the medical director, senior RN, pharmacist, and SUS managers. The Ventura County Opioid Abuse Suppression Taskforce (COAST) tracks accidental opioid related overdose deaths from 2016 to 2019. It also monitors prescribing information for all opioid prescriptions (last updated 2018). COAST uses prevention activities to encourage families to secure any controlled substance.		
3F	ASAM training and fidelity to core principles is evident in programs within the continuum of care	M
Clients are provided with a range of services levels of care; however, Ventura continues to primarily use outpatient and NTPs with 79 percent of clients participating in those LOC. This is not similar to statewide data. Ventura does engage persons in detox with a low number returning within 30 days. Transitions between some LOCs are not timely, and Ventura has developed a PIP to increase timeliness from residential discharge to the next lower LOC. Ventura needs to evaluate and analyze the time from request to admission into residential, as lack of timeliness may be a factor in the low number participating in this LOC. Ventura requires county and provider staff to complete ASAM 1 and ASAM 2 prior to billing for services which is available online through the Change Company. Counselors consult with the LPHA on the ASAM assessment. Clients are reassessed after a relapse to determine the next appropriate level of care.		

KC Table 3: Quality of Care Components		
Component		**Quality Rating**
3G	Measures clinical and/or functional outcomes of clients served	M
Ventura uses client level outcome data to make changes in the system most notably in the two PIPs, focused on system improvement in the areas of engagement in outpatient and timely transition from residential to the next lower level of care.		
3H	Utilizes information from client perception of care surveys to improve care	PM
Ventura targeted that 75 percent of clients would participate in the TPS and 62 percent participated. Ventura reports that county-wide results were shared with all clinic administrators and leadership at contract sites. Site-specific results for 2019 were reviewed by the treatment services manager and DMC-ODS Behavioral Health Manager but have not been shared with individual sites. Although Ventura does review this data, there have been no specific improvement strategies established as a result of the feedback.		

DMC-ODS REVIEW CONCLUSIONS

Access to Care

Strengths:

- Ventura has a higher penetration rate in all age ranges accessing DMC-ODS services compared to other large counties or statewide averages. In addition, Ventura developed strategies to increase access to youth through partnerships with the VCOE and a Prevention Contractor to train school district intervention counselors resulting in a small increase of youth served in FY 2019-20 compared to the previous year.

- The Ventura penetration rate of Latino beneficiaries is comparatively high compared to other large counties and statewide averages. Ventura excels with threshold language capacity that is well developed in services and in the communication pathways to county services.

- The Ventura County Behavioral Health Website is easy to navigate. It provides translation in a variety of languages via linkages to the desired language. The Home page lists Crisis Referral Line, Suicide Prevention Lifeline, Substance Use Treatment services, and the 24-hour Access Line. The departments are listed, as well as maps, telephone numbers and business hours. Youth and Children's Services includes a drop-down list of the hospitals, SUD services, location, and phone number.

- From the beneficiary or family member perspective, the website is user friendly and provides the most salient information readily without requiring links to be navigated. A unique element of the web page is the opportunity to leave feedback regarding one's experience of the website, followed with the ability to leave comments.

- Threshold language capacity appears to be well developed in services and in the communication pathways on the website to county services.

- The Ventura response to COVID-19 was quick to continue critical services. Ventura reports that although there was a drop in client contacts in the first month of the pandemic, that quickly returned to normal levels by April by providing the same or a greater number of services, mostly via telehealth and telephone. The largest increase was in individual services, allowing individuals to receive critical SUS. In addition, Ventura was able to maintain in-person services for those clients who needed to receive MAT or emergency response services.

- Ventura has MAT services available in all six-county operated, and one contract provider, outpatient clinics with Acamprosate, Antabuse, Naltrexone, Vivitrol, Naloxone, and Buprenorphine-Suboxone medications.

- Ventura has integrated after hours BAL services with an integrated county operated crisis team that includes a combination of MH and SUS staff. The transition from the contracted services to this new model was reported to be a smooth process.

- Ventura has increased residential services by ten beds by increasing the contract with Tarzana Treatment Center in two new locations, both farther away from Ventura. The ten beds can be flexibly used for residential 3.1, 3.3, 3.5 and WM.

Opportunities:

- The BAL does not currently have a way to get feedback from clients about their satisfaction with the service. There is a future plan to add a secret shopper program in order to better understand the client experience. Ventura reports that the DMC-ODS Behavioral Health Manager has made occasional secret shopper calls to receive some feedback. Ventura would benefit from implementing a secret shopper program as well as putting in place a customer satisfaction survey for those accessing the BAL.

- Ventura acknowledges that in-county residential programs for adults and youth are critical and has continued to pursue the RFP process faithfully and advertised widely in this effort. However, after two years there has been no resulting programs. Ventura would benefit from exploring additional strategies in this critical effort.

- Clients report that assistance is needed in both transportation and finding appropriate places to live while working on recovery. Ventura needs to increase in-county facilities for recovery residence beds, setting quality standards for them.

- Recovery services billing are low. These need to be evaluated to determine if there are barriers inadvertently built into the Ventura model. Recovery services need to be made more accessible to clients exiting multiple levels of treatment.

- The QAPI Work Plan does not include specific timelines for the achievement FY 2020-21 SUS goals. Ventura reports a workgroup will be convened in January 2021 to address this issue.

- The Cultural Competence Plan reports the Behavioral Health Board holds community forums to identify needs in the community; however, this has led to primarily programs under Mental Health and only two programs addressing SUD special issues. Ventura needs to better address access to DMC-ODS services in this plan.

- Ventura reports the Cultural Competence Plan is to be reviewed and updated annually but this has not occurred in two years. Ventura reports that a QAPI workgroup will be convened starting in mid-January to address this issue.

- The Ventura Cultural Competence Plan but could be broadened by partnering with expanded Client Network committee members, with specific SUS experience, to develop engagement strategies for culturally appropriate drug and alcohol service programs. Once it is safe to reconvene the Client Network meetings, recommend expansion of the invitations to Youth, Black community, and Native Americans. The Ventura Office of Health Equity and Cultural Diversity began this work prior to the pandemic and plans to resume this collaborative work, as described, during 2021.

- Although Ventura was able to expand residential services by ten beds these services remain under-utilized. The percentage of clients receiving these services in year two continues to be very low compared to other like size counties. As Ventura has not been able to attract in-county programs, they need to find additional strategies to expand this LOC and to assist clients to coordinate their admission and discharges from these programs in order assure clients can benefit from all the levels of care they need.

- The IOT is underutilized by both adults and youth. Ventura needs to better assess clients for this level of care including assessment of housing needs and transportation. Training of staff on this level of care may also be beneficial.

- Ventura does not have adequate clean and sober living or recovery residences to assist those persons that need this level of care. Their efforts at expanding these resources needs to continue.

Timeliness of DMC-ODS Services

Strengths:

- Ventura has developed a report that tracks timeliness for adults and children and compares data over time for initial request to first routine appointment, initial request to first face to face appointment, initial routine MAT request to NTP appointment/contact, request for urgent appointment to actual face to face encounter and follow up services post residential treatment discharge.

- The new RFS form was implemented last year for county operated outpatient programs. This is an important step in accurately tracking timeliness to services.

Opportunities:

- Ventura on average is 21 days from initial request to first visit compared to the DHCS standard of ten days; however, Ventura has established a PIP to address this timeliness issue.

- Ventura has a low number of clients discharged from residential programs who are accessing the next LOC within the standard of seven days (2.0 percent) compared to the statewide average (7.6 percent). In addition, there is a low percentage of clients discharged from residential programs who receive any service within any days of discharge (11.95) percent compared to statewide average (19.95 percent). Ventura does have an active clinical PIP to address this issue.

- Ventura reports the percent of urgent appointments seen within 48 hours decreased in FY 2019-20 compared to FY 2018-19. They cannot yet explain this change and report they will investigate this with analysis and inquiry to the site clinic administrators but do not have a timeline for this activity.

- The new RFS form, reported as implemented during the last review, was delayed, and not implemented at the county operated services until the current fiscal year on July 7, 2020. Ventura's plan is to implement the tool with the contract provider outpatient program in March 2021 but and has no specific date for implementation at contracted residential provider sites. This complicates timeliness tracking and does not count those persons who begin services by contacting the residential programs directly.

Quality of Care in DMC-ODS

Strengths:

- Ventura tracks metrics of the SUS Call Center, reporting out metrics to operational staff and plans to develop a test call procedure in FY 2020-21; however, there is no specific date for this plan.

- Ventura is successful in assuring clients in WM engage in treatment as evidenced by the very low readmission rate within 30 days of 4.2 percent compared to the statewide average of 9.9 percent.

- Ventura is able to keep clients engage in treatment longer than the statewide average with the percentage of clients staying at least 90 days 55.8 percent compared to the statewide average of 48.9 percent, clients staying at least 180 days 38.3 percent compared to 28.4 percent, and clients staying at least 270 days 26.3 percent compared to 17.5 percent.

- Although Ventura was not able to expand staff analyst staff during the review period, they report there has been an addition of a new analyst to assist with data analysis and dashboard reporting functions and a new position added to the EHR Team to assist with the Care Manager software put in place in FY 2020-21.

- Ventura restructured their CCT to increase efficiencies by directing the clinic LPHA staff to focus on assessments and directly coordinate between the clinics

and CCT regarding LOC and placement needs. This allows the CCT to focus on the other necessary care coordination efforts.

- Ventura reports that the Fall 2019 TPS findings were broken down by organization and modality but only county-wide results were shared with all clinic administrators and leadership at contract sites. Site-specific results were only reviewed by the Services Manager and DMC-ODS Behavioral Health Manager. Ventura reports they plan to share the site-specific results when the 2020 TPS results are sent out.

Opportunities:

- The grievance and appeals process are mandated but have not been improved since last year's recommendation. Ventura reports a new policy was developed and distributed in early FY 2020-21 to assure discussion of grievance and appeals process is part of the new client orientation. However, there were zero grievances and appeals in FY 2019-20, the review year. Ventura is encouraged to review closely the grievances and appeals that are being reported and solved at the clinic level to better understand the issues.

- Although COVID-19 impacted many activities in the six months between January and June of 2020 the Quality Committee met only once in the first six months of the year and should meet at least quarterly.

- Ventura has a lower percentage of all clients who initiated DMC-ODS services compared to the statewide average (74.5 percent of adults compared to 88.2 percent and 52.5 percent of youth compared to 80.4 percent). Ventura also has a lower percentage of all clients who engage in DMC-ODS services compared to the statewide average (63.5 percent of adults compared to 78.1 percent and 56.3 percent of youth compared to 70.8 percent). Ventura should evaluate their engagement process to determine if there are strategies for improvement.

- Ventura has a very low usage of recovery services. Their reported flow process is for person in residential or NTP services to move to IOT services and then to recovery services. Although Ventura reports this is not a barrier, the number of clients in IOT is extremely low, and this plan may be a barrier to recovery services expansion.

- Direct data entry by the majority of contract providers is burdensome and creates the risk of data entry errors.

Client Outcomes for DMC-ODS

Strengths:

- Ventura adult clients reported on the TPS that they were very satisfied (80 percentile or higher in all categories) and 90 percentile or higher in the areas of

staff giving me enough time, treated with respect, understood communication, cultural sensitivity, better able to do things, felt welcomed, overall satisfied with services, got the help needed and recommend the agency. Understandably, with the barriers to survey administration due to COVID-19 the number of respondents went down from 681 in October 2019 to 239 in November 2020. Still, ratings remained positive across domains.

Opportunities:

- Ventura did not provide current data in improved outcomes as a result of the work of committees and programs in the Cultural Competence Plan. As an example, dollars budgeted on interpreter and translation services are identified, but data on how this improved either access or clinical outcomes is not provided.

- Ventura regularly implements strategies for improvement but sometimes only measures whether the strategy was implemented rather than the impact of the strategy. Ventura may rely too heavily on feedback from the executive team and QMAC in their determination of strategy effectiveness. Ventura could benefit from identifying metrics to determine if a strategy were effective at improving the client experience.

Recommendations for DMC-ODS for FY 2019-20

1. Ventura needs to continue its work to expand recovery services.

2. Ventura continues to underutilize residential beds for adults and youth. Ventura is challenged with most residential bed capacity out of county which may be a barrier to this LOC. Ventura needs to consider existing program expansion or engagement with a developer/provider group or other strategies to augment the RFP process.

3. Ventura needs to establish recovery residence beds and set standards for them.

4. Ventura does assist with transportation as possible but needs to develop a consistent transportation plan to assist clients who are receiving services out of county to the residential program and then back to Ventura County for stepdown treatment.

5. There continue to be zero reported grievances or appeals by clients receiving DMC-ODS services. Although Ventura reports a change in process there was still zero grievances or appeals. Ventura needs to develop an educational program to assure that clients are aware of how to utilize this process if they are not getting the services they have requested and assure that staff are documenting this process correctly.

ATTACHMENTS

Attachment A: CalEQRO Review Agenda

Attachment B: Review Participants

Attachment C: County Highlights

- None at this time

Attachment D: Continuum of Care Form

Attachment E: Acronym List Drug Medi-Cal EQRO Reviews

Attachment A: CalEQRO Review Agenda

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

Table A1: CalEQRO Review Sessions - Ventura DMC-ODS
Exit interview: questions and next steps

Attachment B: Review Participants

CalEQRO Reviewers

Maureen Bauman, LCSW, MPA, Lead Reviewer
Rod Libby, Second Reviewer
Melissa Martin-Mollard, PhD., Information Systems
Luann Baldwin, LCSW, Client/Family Member Consultant
Yvronda Thompson, 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 meetings to support the desk review and in preparing the recommendations within this report.

Sites for Ventura's DMC-ODS Review

Desk Review

No sites visited.

Table B1: Participants Representing Ventura			
Last Name	**First Name**	**Position**	**Agency**
Ashur	Ophra	Quality Management - Compliance Senior Manager	VCBH
Burt	Sloane	Quality Improvement Manager	VCBH
Denering	Loretta	Division Chief - Substance Abuse Services	VCBH
Washington	Chauntrece	Quality Assurance Behavioral Health Manager - Substance Abuse Services	VCBH
Yanez	Terri	Division Chief - Administrative Services	VCBH
Yomtov	Dani	Program Administrator - Quality Improvement	VCBH
Zanolini	Shanna	Senior Psychologist - Quality Improvement	VCBH

Attachment C: County Highlights

None at this time.

Attachment D: Continuum of Care Form

Continuum of Care: DMC-ODS/ASAM

DMC-ODS Levels of Care & Overall Treatment Capacity:

County: **Ventura** Review date(s): **January 6 – 8, 2020**
Person completing form**: Dani Yomtov**

Please identify which programs are billing for DMC-ODS services on the form below.

Percent of all treatment services that are contracted: 62.5%

	County-run Sites	Contractor Sites	% Contracted
Outpatient	6	1	14.3%
Residential	-	2	100.0%
Withdrawal management	-	2	100.0%
NTP	-	5	100.0%
Total	6	10	62.5%

County role for Access and coordination of care for persons with SUD requiring social work/linkage to coordinate care and ancillary services.

Describe county role and functions linked to access processes (Access Call Center) and coordination of care linked to access services:

Access Call Center:
The Access Line center is a component of the DMC-ODS operations located within the department's Alcohol and Drug Programs Oxnard Clinic location. The 24/7 Access Line is staffed during the business hours, 7AM to 7PM, Monday through Friday by county staff. After hours and weekend (including Holidays), coverage is also provided by VCBH staff. A primary function of the Beneficiary Access Line is to serve as the central portal into the county's DMC-ODS- Substance Use Services (SUS), provide timely access to services and to serve as a linkage to mental health and primary care services.

Calls coming into the Access Line Center are routed through the Cisco Finesse Auto Attendant/Automated Call Distribution Phone system, developed by the county's IT Services department. The features of the system equip the Access Line with an overall real-time call management tool for the routing, monitoring and evaluation of calls. The system provides all callers immediate connection to a live agent (staff person), as well as, providing callers with

Care Coordination linkages to care:

A component of the VCBH Drug Medi-Cal Organized Delivery System (DMC-ODS) includes Ventura County Centralized Care Coordination (VCCCC). Care Coordination services are provided to assist beneficiaries in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services to support their recovery, as defined in the Special Terms and Conditions (STCs). To receive care coordination services, the beneficiary must be Medi-Cal eligible, reside in Ventura County, and meet established medical necessity criteria (as defined in Title 22) determined by a medical director or Licensed Practitioner of the Healing Arts (LPHA).

Each beneficiary receives an assigned Care Coordinator who assists them throughout the course of treatment and subsequent recovery services, as medically necessary. Care Coordinators are responsible for coordinating case management services for the beneficiary in all elements of program involvement, including collaborating with county-contracted providers to assist the client throughout treatment. Care Coordinators also coordinate necessary services with physical and/or mental health to ensure appropriate level of care. Care Coordination services focus on coordination of substance use disorder (SUD) care, integration around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, as necessary.

Care Coordination services may be provided anywhere in the community via face-to-face, telephone, or telehealth with the beneficiary. Care Coordination services can be provided at DMC provider sites, county locations, regional centers or as outlined by the county in the implementation plan. Services may be provided by LPHA or certified AOD (alcohol and drug) counselors.

As outlined in the STCs, Care Coordination services include:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of care
2. Transition to a higher or lower-level SUD of care
3. Development and periodic revision of a client plan that includes service activities.
4. Communication, coordination, referral, and related activities
5. Monitoring service delivery to ensure beneficiary access to service and the service delivery system
6. Monitoring the beneficiary's progress
7. Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services
8. Compliance with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law.

<u>Case Management</u>- Describe if it is done by DMC-ODS via centralized teams or integrated into DMC certified contract or county programs or both:

Monthly estimated billed units of case management: **398.1 hours**

Comments:

Case management in VCBH is done both by programs and centralized teams.

Various Case Management services may be provided by an LPHA and/or certified AOD counselor. Case Management services assist a beneficiary in accessing needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of substance use treatment services (SUTS), (SUD) care, integration around primary care (especially for beneficiaries with a chronic SUD), and interaction with the criminal justice system, if needed. Case Management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary and may be provided anywhere in the community.

Case Management services include:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of Case Management services.
2. Transition to a higher or lower level SUTS of care.
3. Development and periodic revision of a client plan that includes service activities.
4. Communication, coordination, referral, and related activities.
5. Monitoring service delivery to ensure beneficiary access to service and the service delivery system.
6. Monitoring the beneficiary's progress; and
7. Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

<u>Recovery Services</u> – Support services for clients in remission from SUD having completed treatment services but requiring ongoing stabilization and supports to remain in recovery including assistance with education, jobs, housing, relapse prevention, peer support.

Pick 1 or more as applicable and explain below		
1)	Included with Access sites for linkage to treatment	✓
2)	Included with outpatient sites as step-down	✓
3)	Included with residential levels of care as step down	✓
4)	Included with NTPs as stepdown for clients in remission	✓
Total Legal entities offering recovery services		7
Total number of legal entities billing DMC-ODS		2
Monthly estimated billed units of recovery services		35.5 hours

Comments:

VCBH currently has seven providers offering recovery services, all of which currently bill to DMC-ODS.

Recovery Services 1) focus on the beneficiary's central role in managing his/her health, 2) promote the use of effective self-management skills, and 3) ensure linkage to community resources. These services may be accessed, if medically necessary, after the beneficiary has completed a course of treatment and is triggered, has relapsed, or as a preventative measure to prevent relapse. If Recovery Services are provided in the community, the provider must be linked to a physical site that is a DMC-certified, County-contracted facility. Based on treatment recommendations, type of service, and preferences of the client, services can be provided in-person, by telephone or via telehealth.

The components of Recovery Services are:

1. Outpatient Counseling: Individual or group counseling to stabilize the beneficiary and reassess if further care is needed.
2. Recovery Monitoring: Recovery coaching and monitoring in-person, by telephone or via telehealth.
3. Substance Abuse Assistance: Peer-to-peer services and relapse prevention.
4. Support for Education and Job Skills: Linkages to life skills, employment services, job training, and education services.
5. Family Support: Linkages to childcare, parent education, child development support services, and family/marriage education.
6. Support Groups: Linkages to self-help and faith-based support.
7. Ancillary Services: Services may include but are not limited to linkages to housing assistance, vocational services, transportation, and individual services coordination (e.g., linkage support to appointments).

Level 1 WM and 2 WM: Outpatient Withdrawal Management – Withdrawal from SUD related drugs which lead to opportunities to engage in treatment programs (use DMC definitions).

Number of Sites: N/A

Total number of legal entities billing DMC-ODS: N/A

Estimated billed units per month: N/A

How are you structuring it? - *Pick 1 or more as applicable and explain below.*

1) NTP
2) Hospital-based outpatient
3) Outpatient
4) Primary care sites

Choice(s): Enter choice(s) here.

Comments:

N/A

Level 3.2 WM: Withdrawal Management Residential Beds- withdrawal management in a residential setting which may include a variety of supports.

Number of sites		2
Total number of legal entities billing DMC-ODS		2
Number of beds		68
Average estimated billed bed days/units per month		138.4
Pick 1 or more as applicable and explain below		
1)	Hospitals	
2)	Freestanding	
3)	Within residential treatment center	✓

Comments:

VCBH has two contracted providers who offer WM services, both currently residential (LOC 3.2). Each beneficiary resides at the facility and is monitored during the detoxification process. The components of Withdrawal Management services are:

1. Intake
2. Observation and monitoring (course of withdrawal)
3. Medication services (lawfully authorized medical staff)
4. Discharge services.

NTP/OTP Programs- Narcotic treatment programs for opioid addiction and stabilization including counseling, methadone, other FDA medications, and coordination of care.

Total legal entities in county		5
In county NTP		
	Sites	5
	Slots	1830
Out of county NTP sites		
	Sites	0
	Slots	N/A
Total estimated billed hours per month		2440.2
Are all NTPs billing for non-methadone required medications?		No

Comments:

VCBH has five contract providers who provide NTP services.

NTP services are provided in NTP licensed facilities by a licensed physician or prescriber (e.g., nurse practitioner). NTP beneficiaries must receive 50-200 minutes of individual or group counseling per month. Medications authorized for prescription under NTP include, but are not limited to: Methadone, Buprenorphine, Naloxone (aka Narcan), Disulfiram, and Naltrexone.

Non-NTP-based MAT programs - Outpatient MAT medical management including a range of FDA SUD medications other than methadone, usually accompanied by counseling and case management for optimal outcomes.

Total legal entities: 7 Number of sites: 7
Total estimated billed units per month: 15 hours per month for outpatient, 11 hours per month for residential/WM MAT.

Comments:

Level 1: Outpatient – Less than 9 hours of outpatient services per week (6 hrs./week for adolescents) providing evidence-based treatment.

Total legal entities	7
Total sites	7
Total number of legal entities billing DMC-ODS	7
Average estimated billed hours per month	1333.6

Comments:

VCBH has eight providers offering LOC 1 services, all of which currently bill to DMC-ODS.

Outpatient Services are provided by an LPHA or certified AOD counselor in a DMC-ODs-certified, County-contracted facility. If Outpatient Services are provided in the community, the provider must be linked to a physical site that is a DMC-certified, County-contracted facility. Based on treatment recommendations, type of service, and preferences of the client, services can be provided in-person, by telephone or via telehealth.
Outpatient includes counseling services and administration of oral naltrexone. Services are not to exceed nine (9) hours a week for adults.

Level 2.1: Outpatient/Intensive – 9 hours or more of outpatient services per week to treat multidimensional instability requiring high-intensity, outpatient SUD treatment.

Total legal entities	7
Total sites for all legal entities	7
Total number of legal entities billing DMC-ODS	4
Average estimated billed hours per month	92.1

Comments:

VCBH has seven providers certified for LOC 2.1 services, and four that currently bill to DMC-ODS.

Level 2.1 intensive outpatient programs provide 9–19 hours of weekly structured programming for adults or 6–19 hours of weekly structured programming for adolescents. Programs may occur during the day or evening, on the weekend, or after school for adolescents. Intensive outpatient programs are primarily delivered by substance use disorder outpatient specialty providers but may be delivered in any appropriate setting that meets state licensure or certification requirements. These programs have direct affiliation with programs offering more and less intensive levels of care as well as supportive housing services.

Interdisciplinary team of appropriately credentialed addiction treatment professionals including counselors, psychologists, social workers, addiction-credentialed physicians, and program staff, many of whom have cross-training to aid in interpreting mental disorders and deliver intensive outpatient services. At a minimum, this level of care provides a support system including medical, psychological, psychiatric, laboratory, and toxicology services within 24 hours by telephone or within 72 hours in person. Emergency services are available at all times, and the program should have direct affiliation with more or less intensive care levels and supportive housing.

Level 2.1 intensive outpatient services include individual and group counseling, educational groups, occupational and recreational therapy, psychotherapy, MAT, motivational interviewing, enhancement and engagement strategies, family therapy, or other skilled treatment services.

Level 2.5: Partial Hospitalization – 20 hours or more of outpatient services per week to treat multidimensional instability requiring high-intensity, outpatient treatment but not 24-hour care.

Total sites for all legal entities: N/A
Total number of legal entities billing DMC-ODS: N/A
Total number of programs: N/A
Average client capacity per day: N/A
Average estimated billed treatment units per month: N/A

Comments:

N/A

Level 3.1: Residential Structured SUD treatment / recovery services that are provided in a 24-hour residential care setting with patients receiving at least 5 hours of clinical services per week.

Total sites for all legal entities	2
Total number of legal entities billing DMC-ODS	2
Number of program sites	2
Total bed capacity	194
Average estimated billed bed days per month	648.9

Comments:

VCBH has two contracted providers offering LOC 3.1 services.

3.1 Residential Treatment Services are 24/7, non-medical, short-term residential services that provide rehabilitation services to beneficiaries with a substance use disorder diagnosis when determined by a Medical Director or LPHA as medically necessary and in accordance with the individual treatment plan.
Residential Treatment Services are provided to non-perinatal and perinatal beneficiaries. Providers and residents work collaboratively to define barriers, set priorities, establish individualized goals, create treatment plans, and solve problems. Goals may include but are not limited to reducing the harm of alcohol and other drug use, obtaining, and sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care. Residential Treatment Services may only be provided in a DHCS licensed and certified residential facility that also has been designated by DHCS to meet ASAM Criteria.3.4 There is no bed capacity limit for facilities. Residential Treatment Services can be provided in facilities of any size. Lengths of stay must not exceed 90 days. Beneficiaries are allowed two (2) non-continuous 90-day placements in a one-year period (365 days). If medically necessary, providers may apply for a one-time extension of up to 30 days - beyond the maximum length of stay of 90 days - for one (1) continuous length of stay in a one-year period (365 days).

Residential Treatment Service components include but are not limited to intake; individual and group counseling; patient education; family therapy; safeguarding medications; collateral services; crisis intervention services; treatment planning; transportation services; and discharge services.

Level 3.3: Clinically Managed, High-Intensity Residential Services – 24-hour structured living environments with high-intensity clinical services for individuals with significant cognitive impairments.

Total sites for all legal entities	1
Number of program sites	1
Total number of legal entities billing DMC-ODS	1

Total bed capacity	152
Average estimated billed bed days/units per month	9.9

(Can be flexed and combined in some settings with 3.5)

Comments:

VCBH has one contracted provider offering LOC 3.3 services.

This gradation of residential treatment is specifically designed for the population of adult patients with significant cognitive impairments resulting from substance use or other co-occurring disorders. This level of care is appropriate when an individual's temporary or permanent cognitive limitations make it unlikely for them to benefit from other residential levels of care that offer group therapy and other cognitive-based relapse prevention strategies. These cognitive impairments may be seen in individuals who suffer from an organic brain syndrome as a result of substance use, who suffer from chronic brain syndrome, who have experienced a traumatic brain injury, who have developmental disabilities, or are older adults with age and substance-related cognitive limitations. Individuals with temporary limitations receive slower paced, repetitive treatment until the impairment subsides and s/he is able to progress onto another level of care appropriate for her/his SUD treatment needs.

Services are often provided in a structured, therapeutic rehabilitation facility and traumatic brain injury programs located within a community setting, or in specialty units located within licensed healthcare facilities where high-intensity clinical services are provided in a manner that meets the functional limitations of patients. Such programs have direct affiliation with more or less intensive levels of care as well as supportive services related to employment, literacy training and adult education. Physicians, physician extenders, and appropriate credentialed mental health professionals lead treatment. On-site 24-hour allied health professional staff supervise the residential component with access to clinicians competent in SUD treatment. Clinical staff knowledgeable about biological and psychosocial dimensions of SUD and psychiatric conditions who have specialized training in behavior management support care. Patients have access to additional medical, laboratory, toxicology, psychiatric and psychological services through consultations and referrals.

Specialized services are provided at a slower pace and in a repetitive manner to overcome comprehension and coping challenges. This level of care is appropriate until the cognitive impairment subsides, enabling the patient to engage in motivational relapse prevention strategies delivered in other levels of care. Services may be provided in a deliberately repetitive fashion to address the special needs of individuals for whom a Level 3.3 program is considered medically necessary. Daily clinical services designed to improve the patient's ability to structure and organize the tasks of daily living and recovery, to stabilize and maintain the stability of the individual's substance use disorder symptoms, and to help them develop and apply recovery skills are provided. The skilled treatment services include a range of cognitive, behavioral, and other therapies administered on an individual and group basis; medication management and medication education; counseling and clinical monitoring; educational groups; occupational and recreational therapies; art, music, or movement therapies; physical therapy; clinical and didactic motivational interventions; and related services directed exclusively toward the benefit of the Medicaid-eligible individual.

Level 3.5: Clinically Managed, High-Intensity Residential Services – 24-hour structured living environments with high-intensity clinical services for individuals who have multiple challenges to recovery and require safe, stable recovery environment combined with a high level of treatment services.

Total sites for all legal entities: Enter the number of sites.
Number of program sites: Enter total number of program sites.
Total number of legal entities billing DMC-ODS: Enter the total number of legal entities billing.
Total bed capacity: Enter total bed capacity.
Average estimated billed bed days/units per month: Enter number of bed days/units.
(Can be flexed and combined in some settings with 3.5)

Total sites for all legal entities	2
Number of program sites	2
Total number of legal entities billing DMC-ODS	2
Total bed capacity	194
Average estimated billed bed days/units per month:	508.3

Comments:

VCBH has two contracted providers offering LOC 3.5 services.

This gradation of residential programming is appropriate for individuals in some imminent danger with functional limitations who cannot safely be treated outside of a 24-hour stable living environment that promotes recovery skill development and deters relapse. Patients receiving this level of care have severe social and psychological conditions. This level of care is appropriate for adolescents with patterns of maladaptive behavior, temperament extremes and/or cognitive disability related to mental health disorders.

• Setting: Services are often provided in freestanding, licensed facilities located in a community setting or a specialty unit within a licensed health care facility. Such programs rely on the treatment community as a therapeutic agent.
• Provider Type: Interdisciplinary team is made up of appropriately credentialed clinical staff including addictions counselors, social workers, and licensed professional counselors, and allied health professionals who provide residential oversight. Telephone or in-person consultation with a physician is a required support, but -on-site physicians are not required.
• Treatment Goal: Comprehensive, multifaceted treatment is provided to individuals with psychological problems, and chaotic or unsupportive interpersonal relationships, criminal justice histories, and antisocial value systems. The level of current instability is of such severity that the individual is in imminent danger if not in a 24-hour treatment setting. Treatment promotes abstinence from substance use, arrest, and other negative behaviors to effect change in the patients' lifestyle, attitudes, and values, and focuses on stabilizing current severity and preparation to continue treatment in less intensive levels of care.
• Therapies: Level 3.5 clinically managed residential services are designed to improve the patient's ability to structure and organize the tasks of daily living, stabilize, and maintain the stability of the individual's substance use disorder symptoms, to help them develop and apply sufficient recovery skills, and to develop and practice prosocial behaviors such that immediate or imminent return to substance use upon transfer to a less intensive level is avoided. The skilled treatment services include a range of cognitive, behavioral and other therapies administered on an individual and group basis; medication management and medication education; counseling and clinical monitoring; random drug screening; planned clinical activities and professional services to develop and apply recovery skills; family therapy; educational groups; occupational and recreational therapies; art, music or movement therapies; physical therapy; and related services directed exclusively toward the benefit of the Medicaid-eligible individual.

Level 3.7: Medically Monitored, High-Intensity Inpatient Services/ or WM -24-hour, professionally directed medical monitoring and addiction treatment in an inpatient setting. (May be billing Health Plan/FFS not DMC-ODS but can you access service??) ☒ Yes ☐ No

Number of program sites: N/A
Total number of legal entities billing DMC-ODS: N/A
Number of legal entities: N/A
Total bed Capacity: N/A
Average estimated billed bed days/units per month: N/A

Comments:

N/A but plan to start.

Level 4: Medically Managed Intensive Inpatient Services or WM – 24-hour services delivered in an acute care, inpatient setting. (Billing Health Plan/FFS can you access services? ☒ Yes ☐ No Access)

Number of program sites: N/A
Total number of legal entities billing DMC-ODS: N/A
Number of legal entities: N/A
Total bed capacity: N/A
Average estimated billed bed days/units per month: N/A

Comments:

N/A but plan to start.

Recovery Residences – 24-hour residential drug free housing for individuals in outpatient or intensive outpatient treatment elsewhere who need drug-free housing to support their sobriety and recovery while in treatment.

Total sites for all legal entities: N/A
Number of program sites: N/A

Bed capacity for women with children: N/A
Total bed capacity: N/A

Comments:

Sober living facilities are available, but not funded or contracted by VCBH at this time. A contract is currently being worked on.

Are you still trying to get additional services Medi-Cal certified? Please describe:

None at this time

Attachment E: Acronym List Drug Medi-Cal EQRO Reviews

ACA	Affordable Care Act
ACL	All County Letter
ACT	Assertive Community Treatment
AHRQ	Agency for Healthcare Research and Quality
ART	Aggression Replacement Therapy
ASAM	American Society of Addiction Medicine
ASAM LOC	American Society of Addiction Medicine Level of Care Referral Data
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CalEQRO	California External Quality Review Organization
CalOMS	California's Outcomes Measurement System
CANS	Child and Adolescent Needs and Strategies
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CCL	Community Care Licensing
CDSS	California Department of Social Services
CFM	Client and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CJ	Criminal Justice
CMS	Centers for Medicare and Medicaid Services
CPM	Core Practice Model
CPS	Child Protective Service
CPS (alt)	Client Perception Survey (alt)
CSU	Crisis Stabilization Unit
CWS	Child Welfare Services
CY	Calendar Year
DBT	Dialectical Behavioral Therapy
DHCS	Department of Health Care Services
DMC-ODS	Drug Medi-Cal Organized Delivery System
DPI	Department of Program Integrity
DSRIP	Delivery System Reform Incentive Payment
DSS	State Department of Social Services
EBP	Evidence-based Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
FC	Foster Care
FY	Fiscal Year
HCB	High-Cost Beneficiary
HHS	Health and Human Services
HIE	Health Information Exchange

HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HITECH	Health Information Technology for Economic and Clinical Health Act
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IA	Inter-Agency Agreement
ICC	Intensive Care Coordination
IMAT	Integrated Medication Assisted Treatment
IN	State Information Notice
IOM	Institute of Medicine
IOT	Intensive Outpatient Treatment
ISCA	Information Systems Capabilities Assessment
IHBS	Intensive Home-Based Services
IT	Information Technology
LEA	Local Education Agency
LGBTQ	Lesbian, Gay, Bisexual, Transgender, or Questioning
LOC	Level of Care
LOS	Length of Stay
LSU	Litigation Support Unit
MAT	Medication Assisted Treatment
M2M	Mild-to-Moderate
MDT	Multi-Disciplinary Team
MH	Mental Health
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MCBHD	Medi-Cal Behavioral Health Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconation Therapy
NCF	National Quality Form
NCQF	National Commission of Quality Assurance
NP	Nurse Practitioner
NTP	Narcotic Treatment Program
NSDUH	National Survey on Drug Use and Health (funded by SAMHSA)
PA	Physician Assistant
PATH	Projects for Assistance in Transition from Homelessness
PED	Provider Enrollment Department
PHI	Protected Health Information
PIHP	Prepaid Inpatient Health Plan
PIP	Performance Improvement Project
PM	Performance Measure
PP	Promising Practices

QI	Quality Improvement
QIC	Quality Improvement Committee
QM	Quality Management
RN	Registered Nurse
ROI	Release of Information
SAMHSA	Substance Abuse Mental Health Services Administration
SAPT	Substance Abuse Prevention Treatment – Federal Block Grant
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDMC	Short-Doyle Medi-Cal
SELPA	Special Education Local Planning Area
SED	Seriously Emotionally Disturbed
SMHS	Specialty Mental Health Services
SMI	Seriously Mentally Ill
SOP	Safety Organized Practice
STC	Special Terms and Conditions of 1115 Waiver
SUD	Substance Use Disorder
TAY	Transition Age Youth
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TPS	Treatment Perception Survey
TSA	Timeliness Self-Assessment
UCLA	University of California Los Angeles
UR	Utilization Review
VA	Veteran's Administration
WET	Workforce Education and Training
WITS	Web Infrastructure for Treatment Services
WM	Withdrawal Management
WRAP	Wellness Recovery Action Plan
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version