



Behavioral Health Concepts, Inc.  
info@bhcegro.com  
www.calegro.com  
855-385-3776

# FY 2022-23 MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

## VENTURA FINAL REPORT

- MHP
- DMC-ODS

Prepared for:

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

Review Dates:

**November 8-11, 2022**

# TABLE OF CONTENTS

<b>EXECUTIVE SUMMARY .....</b>	<b>6</b>
DMC-ODS INFORMATION.....	6
SUMMARY OF FINDINGS.....	6
SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS .....	7
<b>INTRODUCTION.....</b>	<b>9</b>
BASIS OF THE EXTERNAL QUALITY REVIEW .....	9
REVIEW METHODOLOGY.....	9
HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE .....	11
<b>DMC-ODS CHANGES AND INITIATIVES.....</b>	<b>12</b>
ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS .....	12
SIGNIFICANT CHANGES AND INITIATIVES.....	12
<b>RESPONSE TO FY 2021-22 RECOMMENDATIONS .....</b>	<b>14</b>
<b>ACCESS TO CARE .....</b>	<b>18</b>
ACCESSING SERVICES FROM THE DMC-ODS .....	18
NETWORK ADEQUACY.....	19
ACCESS KEY COMPONENTS .....	20
ACCESS PERFORMANCE MEASURES .....	20
IMPACT OF ACCESS FINDINGS.....	25
<b>TIMELINESS OF CARE.....</b>	<b>26</b>
TIMELINESS KEY COMPONENTS .....	26
TIMELINESS PERFORMANCE MEASURES .....	27
IMPACT OF FINDINGS .....	31
<b>QUALITY OF CARE .....</b>	<b>33</b>
QUALITY IN THE DMC-ODS .....	33
QUALITY KEY COMPONENTS.....	34
QUALITY PERFORMANCE MEASURES.....	35
IMPACT OF QUALITY FINDINGS .....	41
<b>PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION.....</b>	<b>43</b>
CLINICAL PIP .....	43
NON-CLINICAL PIP .....	45
<b>INFORMATION SYSTEMS.....</b>	<b>47</b>
INFORMATION SYSTEMS IN THE DMC-ODS .....	47

INFORMATION SYSTEMS KEY COMPONENTS .....	48
INFORMATION SYSTEMS PERFORMANCE MEASURES .....	49
IMPACT OF INFORMATION SYSTEMS FINDINGS .....	51
<b>VALIDATION OF CLIENT PERCEPTIONS OF CARE.....</b>	<b>52</b>
TREATMENT PERCEPTION SURVEYS.....	52
CONSUMER FAMILY MEMBER FOCUS GROUPS.....	53
SUMMARY OF BENEFICIARY FEEDBACK FINDINGS.....	55
<b>CONCLUSIONS.....</b>	<b>56</b>
STRENGTHS.....	56
OPPORTUNITIES FOR IMPROVEMENT.....	56
RECOMMENDATIONS.....	57
<b>EXTERNAL QUALITY REVIEW BARRIERS .....</b>	<b>59</b>
<b>ATTACHMENTS.....</b>	<b>60</b>
ATTACHMENT A: REVIEW AGENDA.....	61
ATTACHMENT B: REVIEW PARTICIPANTS .....	62
ATTACHMENT C: PIP VALIDATION TOOL SUMMARY .....	70
ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE .....	78
ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR .....	79
ATTACHMENT F: ADDITIONAL PERFORMANCE MEASURE DATA.....	80

## LIST OF FIGURES

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity CY 2021 .....	22
Figure 2: Wait Times to First Service and First MAT Service, in Days .....	29
Figure 3: Wait Times for Urgent Services.....	29
Figure 4: Percent of Services that Met Timeliness Standards.....	30
Figure 5: Percentage of Beneficiaries by Diagnosis Code, CY 2021 .....	36
Figure 6: Percentage of Approved Claims by Diagnosis Code, CY 2021.....	37
Figure 7: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA.....	52

## LIST OF TABLES

Table A: Summary of Response to Recommendations.....	6
Table B: Summary of Key Components .....	6
Table C: Summary of PIP Submissions .....	7
Table D: Summary of Consumer/Family Focus Groups.....	7
Table 1A: DMC-ODS Alternative Access Standards, FY 2021-22 .....	19
Table 1B: MHP OON, FY 2021-22 .....	19
Table 2: Access Key Components .....	20
Table 3: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2021 .....	21
Table 4: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity CY 2021 .....	21
Table 5: Beneficiaries Served and PR by Eligibility Category, CY 2021.....	23
Table 6: Average Approved Claims by Eligibility Category, CY 2021 .....	23
Table 7: Services Used by Beneficiaries, CY 2021 .....	24
Table 8: Average Approved Claims by Service Categories, CY 2021 .....	24
Table 9: Timeliness Key Components.....	26
Table 10: FY 2022-23 DMC Assessment of Timely Access .....	28
Table 11: Days to First Dose of Methadone by Age, CY 2021 .....	30
Table 12: Timely Transitions in Care Following Residential Treatment, CY 2021 .....	31
Table 13: Residential Withdrawal Management Readmissions, CY 2021 .....	31
Table 14: Quality Key Components.....	34
Table 15: DMC-ODS Non-Methadone MAT Services by Age, CY 2021 .....	37
Table 16: Residential Withdrawal Management with No Other Treatment, CY 2021 ....	38
Table 17: High-Cost Beneficiaries by Age, County DMC-ODS, CY 2021.....	38
Table 18: High-Cost Beneficiaries by Age, Statewide, CY 2021 .....	38
Table 19: Congruence of Level of Care Referrals with ASAM Findings, CY 2021 – Reason for Lack of Congruence (Data through Oct 2021) .....	39
Table 20: Initiating and Engaging in DMC-ODS Services, CY 2021 .....	40
Table 21: Cumulative LOS in DMC-ODS Services, CY 2021 .....	40
Table 22: CalOMS Discharge Status Ratings, CY 2021.....	41
Table 23: Contract Provider Transmission of Information to DMC-ODS EHR.....	48

Table 24: IS Infrastructure Key Components .....	49
Table 25: Summary of CY 2021 Medi-Cal Claim Denials.....	50
Table 26: Approved Claims by Month CY 2021 .....	50
Table A1: CalEQRO Review Agenda .....	61
Table B1: Participants Representing the DMC-ODS and its Partners.....	63
Table C1: Overall Validation and Reporting of Clinical PIP Results .....	70
Table C2: Overall Validation and Reporting of Non-Clinical PIP Results .....	74
Table F1: CalOMS Living Status at Admission, CY 2021.....	80
Table F2: CalOMS Legal Status at Admission, CY 2021 .....	80
Table F3: CalOMS Employment Status at Admission, CY 2021 .....	80
Table F4: CalOMS Types of Discharges, CY 2021 .....	81

## EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2022-23 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, “Ventura” may be used to identify the Ventura County DMC-ODS program, unless otherwise indicated.

### DMC-ODS INFORMATION

**Review Type** — Virtual

**Date of Review** — November 8-11, 2022

**DMC-ODS Size** — Large

**DMC-ODS Region** — Southern

### SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 2021-22 EQR recommendations for improvement; four categories of Key Components that impact beneficiary outcomes; activity regarding Performance Improvement Projects (PIPs); and beneficiary feedback obtained through focus groups. Summary findings include:

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

# of FY 2021-22 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	1	4	0

**Table B: Summary of Key Components**

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	5	1	0
Quality of Care	8	8	0	0
Information Systems (IS)	6	4	2	0
<b>TOTAL</b>	<b>24</b>	<b>21</b>	<b>3</b>	<b>0</b>

**Table C: Summary of PIP Submissions**

Title	Type	Start Date	Phase	Confidence Validation Rating
Study of client engagement and retention in early outpatient treatment	Clinical	04/2021	Second Remeasurement	Moderate
Reducing no-shows to assessment appointments for outpatient care	Non-Clinical	04/2021	Second Remeasurement	High

**Table D: Summary of Consumer/Family Focus Groups**

Focus Group #	Focus Group Type	# of Participants
1	Adults receiving medication assisted treatment (MAT)	6
2	Adult women in intensive outpatient	5

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS has a robust system of MAT services with very high penetration rates (PRs) for both methadone and non-methadone.
- Ventura has cross trained its Access Call Center DMC-ODS and Mental Health Plan (MHP) staff to triage callers to appropriate care in a more efficient and effective manner.
- The DMC-ODS PRs are higher than similar size county and statewide averages in almost all Levels of Care (LOC).
- The DMC-ODS has a strong opioid prevention program that informs the community of the dangers of opioids and where to receive treatment.
- The DMC-ODS has developed strong collaborative relationships with its contract providers and other stakeholders.

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

- Clinical staff report challenges in helping clients to transition between higher and lower LOC within the continuum of care.
- The DMC-ODS experienced an increase in dropped calls to its access line from 12 percent to 35 percent since implementing a new Request for Service (RFS)

form and in the transition of integrating the SUD and MHP access lines and staff, who are triage incoming calls.

- The DMC-ODS line staff report that they receive little information from executive/administrative management and have little opportunity to give meaningful input into system services.
- The DMC-ODS minimally uses CalOMS data to inform treatment system services.
- Non-congruence for ASAM LOC placement due to clinical judgment is high when compared to client choice.
- Though Ventura's youth PR exceeds the average of other large counties and the statewide average, youth initiation and engagement rates are lower.

FY 2022-23 CalEQRO recommendations for improvement include:

- Improve processes and tracking throughout the continuum of care, including timeliness and no-shows for residential treatment.
- Reduce hold times and dropped calls for those who call the access line.
- Improve two-way communication between line staff and executive/administrative management.
- Expand use of CalOMS data to inform service delivery.
- Increase training and/or support to clinical staff to decrease ASAM LOC placement incongruence due to clinical judgment.
- Expand data analysis for youth services to inform how to increase youth access to treatment, including initiation and engagement rates.



## INTRODUCTION

### BASIS OF THE EXTERNAL QUALITY REVIEW

The United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid (Medi-Cal in California) Managed Care Services. The Code of Federal Regulations (CFR) specifies the EQR requirements (42 CFR § 438, subpart E), and CMS develops protocols to guide the annual EQR process; the most recent protocol was updated in October 2019.

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

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

This report presents the FY 2022-23 findings of the EQR for Ventura DMC-ODS by BHC, conducted as a virtual review on November 8-11, 2022.

### REVIEW METHODOLOGY

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

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

CalEQRO reviews are retrospective; therefore, data evaluated represent calendar year (CY) 2021 and FY 2021-22, unless otherwise indicated. As part of the pre-review process, each DMC-ODS is provided a description of the source of data and a summary report of Medi-Cal approved claims data. These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the DMC-ODS identified as having a significant impact on access, timeliness, and quality of the DMC-ODS service delivery system in the preceding year. DMC-ODS' are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.
- DMC-ODS activities in response to FY 2021-22 EQR recommendations.
- Summary of DMC-ODS-specific activities related to the four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact beneficiary outcomes: Access, Timeliness, Quality, and IS.
- Evaluation of the DMC-ODS' two contractually required PIPs as per Title 42 CFR Section 438.330 (d)(1)-(4) – validation tool included as Attachment C.
- Analysis and validation of Access, Timeliness, Quality, and IS PMs as per 42 CFR 438.358(b)(1)(ii).
- Review and validation of each DMC-ODS' NA as per 42 CFR Section 438.68 and compile data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.
- Assessment of the extent to which the DMC-ODS and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county DMC-ODS' reporting systems and methodologies for calculating PMs, and whether the DMC-ODS and its subcontracting providers maintain HIS that collect, analyze, integrate, and report data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.
- Beneficiary perception of the DMC-ODS' service delivery system, obtained through review of satisfaction survey results and focus groups with beneficiaries and family members.
- Summary of DMC-ODS strengths, opportunities for improvement, and recommendations for the coming year.

## HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act, and in accordance with DHCS guidelines, CalEQRO suppresses values in the report tables when the count is less than 12, then “≤11” is indicated to protect the confidentiality of DMC-ODS beneficiaries. Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data, its corresponding PR percentages, and cells containing zero, missing data, or dollar amounts.

## DMC-ODS CHANGES AND INITIATIVES

In this section, changes within the DMC-ODS' environment since its last review, as well as the status of last year's (FY 2021-22) EQR recommendations are presented.

### ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

This review took place during and after the Coronavirus Disease 2019 (COVID-19) pandemic. As most of California, the DMC-ODS experienced a second major wave of a COVID-19 variant with an associated outbreak during FY 2021-22. The DMC-ODS is experiencing a nearly 30 percent vacancy rate resulting in clinical staff carrying higher caseloads and administrative staff having heavier workloads. Additionally, the DMC-ODS has struggled to get clients to want to return to clinic sites for in-person services. Approximately 75 percent of clinical services are provided via telehealth. Due to these factors, CalEQRO worked with the DMC-ODS to design an alternative agenda with virtual rather than onsite review sessions. CalEQRO was able to complete the review without any insurmountable challenges.

### SIGNIFICANT CHANGES AND INITIATIVES

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

- Test calls for the DMC-ODS access line began in November 2021. Feedback from these test calls is used for quality assurance (QA) and QI. This feedback has been important to the integration of the call center staff as of July 2021 when all SUD and mental health (MH) calls are filtered to one cross trained team.
- The DMC-ODS has significantly refined and improved time to service data:
  - Data queries were updated to reflect changes in the RFS process, new billing codes, and telehealth appointments.
  - Sources of discrepancies and outliers have been identified and ameliorated.
  - After extensive testing, timeliness results were found to be more accurate than previous reports.
  - The newest automated timeliness report is now available to clinical staff.
- The DMC-ODS created two new Behavioral Health divisions in 2022 as part of a broader trend towards greater integration of behavioral health services.
  - The Access and Outreach Division was created to support the integration of MH and SUD services as well as to support the California Advancing and Innovating for Medi-Cal (CalAIM) implementation.

- The Quality of Care Division was created to further Ventura's goals of providing care at high a level.
- A new 24-hour Recovery Residence became available starting in October 2022.
  - The provider is located within the county and serves the adult male population.
  - The provider accepts clients who are on MAT.
  - Solicitation continues for additional providers.
- A Care Manager module (an application that pairs with the Avatar electronic health record (EHR)) was implemented, stemming from the DHCS Behavioral Health Integration (BHI) 3.3 grant focused on improving medication management for psychotropic, opioid use disorder, and alcohol use disorder medications. The new module allows for more detailed tracking and record reconciliation for medication monitoring.
- In July of 2023, Ventura will transition to a new EHR as part of the CalMHSA Avatar cohort.

## RESPONSE TO FY 2021-22 RECOMMENDATIONS

In the FY 2021-22 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2022-23 EQR, CalEQRO evaluated the status of those FY 2021-22 recommendations; the findings are summarized below.

### Assignment of Ratings

**Addressed** is assigned when the identified issue has been resolved.

**Partially Addressed** is assigned when the county has either:

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

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

### Recommendations from FY 2021-22

**Recommendation 1:** Continue efforts to expand Recovery Support (RS), as both billed units and average claims per month are low for a large county and less than half the statewide average. Expanding use of RS was a recommendation in the prior EQR and continuing efforts to increase this service will benefit the recovery process for DMC-ODS beneficiaries.

Addressed

Partially Addressed

Not Addressed

- The DMC-ODS has significantly increased its PR of Recovery Support Services (RSS), more than doubling the number and percentage of individuals receiving this level of service. Additionally, the DMC-ODS increased its average claims per month; however, the average claims per beneficiary remain less than half of similar size counties and the statewide average.
- To fully meet this recommendation, the EQRO recommends that the DMC-ODS continue its efforts to strengthen RSS services to increase retention and come closer to the statewide average of approved claims per beneficiary for this service level.
- Although this recommendation is being discontinued due to the significant improvement in RSS PR, Ventura is strongly encouraged to improve its retention rates of these continuing care services.

**Recommendation 2:** Expand timeliness tracking across the system to allow the county to expand its QI activities and enhance client care. Currently, the ODS is tracking

county-provided outpatient timeliness but not provider timeliness and other LOCs, nor is it tracking no-shows and cancellations for all LOCs.

Addressed                       Partially Addressed                       Not Addressed

- The DMC-ODS has expanded timeliness tracking across the system, currently tracking timeliness data for all outpatient LOC and providers (including county-run and contractor locations) and for its Narcotic Treatment Programs (NTP) which are all contracted. Combined, this represents approximately 88% of clients served annually. Time to residential service is not currently tracked due to lack of integrated EHR systems, though in the year ahead, QI plans to develop tracking methods to include residential services.
- No-shows and cancellations are tracked for all outpatient providers, representing approximately 45% of clients served. No-shows are reported by Ventura’s NTP providers, though this data is not part of the EHR system and must be processed manually. No-shows are not tracked for residential services.
- This recommendation is being continued as part of an additional new recommendation.

**Recommendation 3:** Provide expanded data analysis on youth services; evaluate and implement areas for improvement to increase the quality of care and the number of youths served. Youth had comparable initiation rates compared to statewide rates (81.3 percent compared to 81.4 percent); however, after entering treatment, engagement for youth dropped off to 53.2 percent, which is much lower than the statewide rate of 70.1 percent. An increased focus on youth services was a recommendation in the prior EQR and expanding this focus will benefit Ventura youth.

Addressed                       Partially Addressed                       Not Addressed

- The DMC-ODS instituted an ASAM 0.5 (early intervention) LOC. Curriculum training has been provided to all staff. The DMC-ODS is working with local schools to implement early intervention curriculum at school sites. A new position was filled to liaison between school officials and DMC-ODS substance use treatment clinics to ensure a streamlined referral process to early intervention services. This implementation of early intervention services builds a link to treatment, which should result in an increase of youth accessing needed services.
- Though the DMC-ODS did demonstrate better than similar size county and state-wide averages for youth PR, its engagement rates did not improve over last year.
- A significant aspect of this recommendation is for Ventura to provide “expanded data analysis on youth services; evaluate and implement areas for improvement to increase the quality of care and the number of youths served.” There is no evidence of data analysis exposing factors contributing to the poor outcomes of



youth engagement nor is there a description of the intervention strategies implemented to improve youth engagement.

- This recommendation is being carried over.

**Recommendation 4:** The Cultural Competency Plan (CCP) is primarily focused on MH services and includes limited focus on the DMC-ODS. There is evidence of meeting linguistic needs for SUS clients, but strategies addressing the cultural, racial, and ethnic needs of these clients is not articulated. The plan includes a great deal of data on MH clients and services but there is no data on SUD services and clients. Although the Cultural Competency report on trainings includes trainings focused on MH needs, there are no SUD-specific trainings, nor mention of substance use as it relates to cultural competency. Providing a more balanced focus on both MH and substance use treatment when addressing cultural competence will be beneficial for all clients.

Addressed

Partially Addressed

Not Addressed

- After last year's EQR, the DMC-ODS updated the CCP to include more SUD services information and client data/information at the end of the CY.
- The update to the CCP included adding a section specific to SUD services.
- For the current CY, the CCP is being updated further, and completion is projected for December 2022. Accordingly, the following steps are currently in process: Analysis and integration of SUD client-level demographic data, with assistance from QI, and collection and integration of information tied to linguistic proficiency as it relates to SUD staff and operations.

**Recommendation 5:** Ventura should continue to take meaningful steps to identify redundant or duplicative documentation requirements and make necessary workflow adjustments. Both county staff and providers reported paperwork is burdensome, adding to counselor burn-out and difficulty enlisting and maintaining a trained, effective counseling workforce. Ventura has developed a new referral tool that gathers additional assessment information and is going to form a staff advisory group that will provide input on documentation and clinical workflow. Ventura will expand on these existing efforts. Addressing redundant paperwork will result in increased counselor availability and morale and will also assist in providing more timely treatment for clients.

Addressed

Partially Addressed

Not Addressed

- With the initiation of CalAIM, Ventura continues to explore options to streamline and simplify documentation. Through internal efforts towards continuous QI, combined with statewide CalAIM changes such as a shift to one standardized EHR system, Ventura aims to implement improved systematic and efficient processes to ensure effective clinical documentation and smooth communication between systems.



- Ventura has made efforts to simplify and make more efficient the process for admission to treatment by revising its RFS tool. This has helped streamline some of the admission paperwork for the admissions staff; however, it has had unintended consequences of longer phone calls to the access line resulting in long waits for callers and an increase in dropped calls.
- Since the last EQR, workflow adjustments to documentation have been primarily due to CalAIM and the revised RFS tool. Meanwhile, clinical staff continue to experience burdensome paperwork requirements contributing to burn-out and difficulty in maintaining a trained, effective counseling workforce.
- This recommendation is being discontinued because the DMC-ODS will continue to make documentation adjustments due to direction coming from the state through continued CalAIM implementation.

## ACCESS TO CARE

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

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

## ACCESSING SERVICES FROM THE DMC-ODS

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 53 percent of services were delivered by county-operated/staffed clinics and sites, and 47 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 73 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to beneficiaries 24-hours, 7-days per week that is operated by county staff; beneficiaries may request services through the Access Line as well as through the following system entry points: access center walk-in assessments, outpatient clinics, IOT programs, NTPs, MAT (other than NTPs), residential treatment programs, and residential withdrawal management (WM) programs. The DMC-ODS operates a centralized access team that is responsible for linking beneficiaries to appropriate, medically necessary services. Beneficiaries may access services by calling the access call center or by visiting any of the above-described points of access. When beneficiaries first contact the DMC-ODS to request services, they are first screened by counseling staff using the RFS screening tool that is based on an abbreviated version of the full ASAM assessment. Once screened and determined to be appropriate, beneficiaries are linked for a full ASAM assessment to determine LOC to which clients are connected. The DMC-ODS uses the ASAM criteria to assess treatment needs of beneficiaries with substance use issues and co-occurring disorders. Beneficiaries are screened on the six dimensions of the ASAM, including their current substance use treatment needs, substance use history, severity of symptoms, related physical and MH issues, available resources, and living environment. For each dimension, clients are assigned a score on a zero to four scale with four being high risk. The resulting total score is used to determine the appropriate LOC based on a client's current needs, severity of symptoms, and risk level. Beneficiaries are then linked to the appropriate LOC.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services via video and phone to youth and adults. In FY 2021-22, the DMC-ODS reports having

provided telehealth services to 1,081 adult beneficiaries, 179 youth beneficiaries, and 16 older adult beneficiaries across six county-operated sites and eight contractor-operated sites. Among those served, 105 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

## NETWORK ADEQUACY

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

In November 2021, DHCS issued its FY 2021-22 NA Findings Report for all MHPs based upon its review and analysis of each DMC-ODS' Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual BHIN.

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

**Table 1A: DMC-ODS Alternative Access Standards, FY 2021-22**

Alternative Access Standards	
The DMC-ODS was required to submit an AAS request due to time and distance requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- The DMC-ODS met all time and distance standards and was not required to submit an AAS request.

**Table 1B: MHP OON, FY 2021-22**

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

- Because the DMC-ODS can provide necessary services to a beneficiary within time and distance standards using a network provider, the DMC-ODS was not required to allow beneficiaries to access services via OON providers.

## ACCESS KEY COMPONENTS

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

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

**Table 2: Access Key Components**

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

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

- The DMC-ODS PRs in almost every category exceed those of similar size counties and statewide averages, including the overall averages.
- Ventura has cross trained all Access Call Center staff to manage callers with substance use concerns and/or MH concerns. As such, callers are required to talk with fewer individuals as they go through the screening and assessment process in order to access services in the DMC-ODS and the MHP.

## ACCESS PERFORMANCE MEASURES

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

The PR is a measure of the total beneficiaries served based upon the total Medi-Cal eligible. It is calculated by dividing the number of unduplicated beneficiaries served (receiving one or more approved Medi-Cal services) by the monthly average eligible count. The average approved claims per beneficiary (AACB) 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. Where the median

differs significantly from the average, that information may also be noted throughout this report.

The Statewide PR is 0.85% percent, with an average approved claim amount of \$5,821. Using PR as an indicator of access for the DMC-ODS, the PR for Ventura is 1.33 percent which is higher than the statewide average.

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

**Table 3: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2021**

Age Groups	# of Eligibles per Month	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
Ages 0-17	63,999	99	0.15%	0.10%	0.10%
Ages 18-64	125,925	2,659	2.11%	1.43%	1.30%
Ages 65+	31,384	194	0.62%	0.51%	0.43%
<b>TOTAL</b>	<b>221,308</b>	<b>2,952</b>	<b>1.33%</b>	<b>0.93%</b>	<b>0.85%</b>

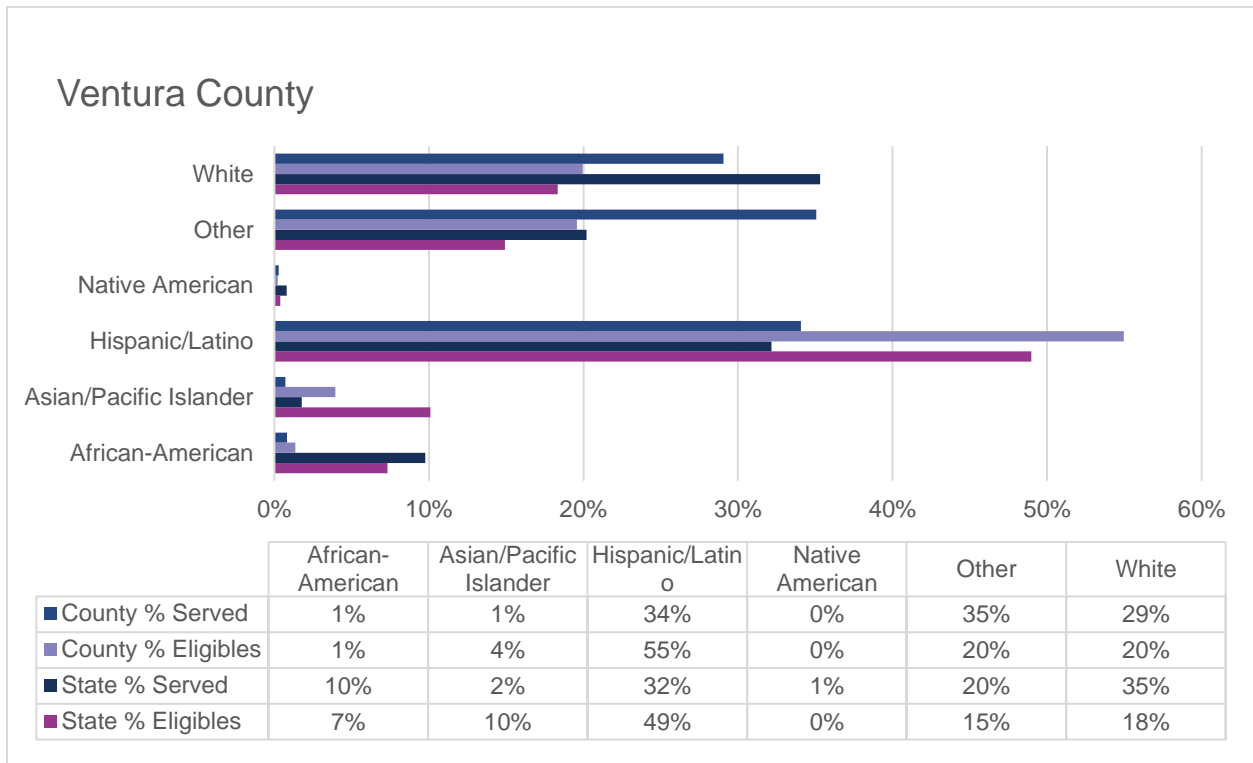
- The DMC-ODS primarily served adults between the ages of 18-64, with a PR of 2.11 percent within the age group. Youth PR also exceeds the average of other large counties and the statewide average.

**Table 4: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity CY 2021**

Race/Ethnicity Groups	# of Eligibles per Month	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
African-American	2,986	24	0.80%	1.18%	1.13%
Asian/Pacific Islander	8,731	-	-	0.15%	0.15%
Hispanic/Latino	121,648	1,006	0.83%	0.58%	0.56%
Native American	468	≤10	-	2.13%	1.75%
Other	43,339	1,035	2.39%	1.32%	1.15%
White	44,138	858	1.94%	1.84%	1.64%
<b>TOTAL</b>	<b>221,308</b>	<b>2,952</b>	<b>1.33%</b>	<b>0.93%</b>	<b>0.85%</b>

- The PR by race/ethnicity decreased across the state since the prior review, however Ventura still exceeds the large county and statewide averages.

**Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity CY 2021**



- The largest gap in percentage of eligible beneficiaries accessing services is seen in the Hispanic/Latino and Asian/Pacific Islander race/ethnicity groups.

**Table 5: Beneficiaries Served and PR by Eligibility Category, CY 2021**

Eligibility Categories	Eligibles per Month	# of Beneficiaries Served	County PR	Similar Size Counties PR	Statewide PR
Affordable Care Act (ACA)	75,926	1,862	2.45%	1.66%	1.55%
Disabled	16,105	366	2.27%	1.74%	1.54%
Family Adult	35,113	706	2.01%	1.15%	1.05%
Foster Care	836	≤10	-	1.25%	1.25%
MCHIP	26,703	36	0.13%	0.09%	0.08%
Other Adult	31,883	-	-	0.09%	0.07%
Other Child	37,652	67	0.18%	0.11%	0.10%
<b>Total</b>	<b>221,308</b>	<b>2,952</b>	<b>1.33%</b>	<b>0.93%</b>	<b>0.85%</b>

- The primary eligibility category for clients served in Ventura is ACA. Family Adult and Disabled are the next most common eligibility categories. The youth eligibility categories have significantly smaller numbers of clients served compared to adult categories, however all categories exceed the statewide averages with the exception of foster care.

**Table 6: Average Approved Claims by Eligibility Category, CY 2021**

Eligibility Categories	County AACB	Similar Size Counties AACB	Statewide AACB
ACA	\$4,772	\$5,493	\$5,999
Disabled	\$5,455	\$5,205	\$5,549
Family Adult	\$4,181	\$4,789	\$5,010
Foster Care	\$964	\$2,870	\$2,826
MCHIP	\$2,476	\$3,989	\$3,783
Other Adult	\$4,179	\$4,379	\$4,547
Other Child	\$2,387	\$3,888	\$3,460
<b>Total</b>	<b>\$4,809</b>	<b>\$5,395</b>	<b>\$5,821</b>

- Average approved claims results are lower than the large county and statewide average in all eligibility categories except in the Disabled category.

**Table 7: Services Used by Beneficiaries, CY 2021**

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt	0	0.00%	41	0.03%
Intensive Outpatient	≤ 90	-	14,586	9.73%
Narcotic Treatment Program	1,496	34.35%	40,196	26.81%
Non-Methadone MAT	494	11.34%	7,837	5.23%
Outpatient Drug Free	1,431	32.86%	44,111	29.42%
Partial Hospitalization	0	0.00%	19	0.01%
Recovery Support Services	186	4.27%	5,439	3.63%
Res. Withdrawal Mgmt	344	7.90%	10,869	7.25%
Residential Treatment	319	7.32%	26,859	17.91%
<b>Total</b>	<b>4,355</b>	<b>100.00%</b>	<b>149,957</b>	<b>100.00%</b>

- The majority of clients receiving services were in NTP services (34.35 percent), 28 percent higher than the statewide average (26.81 percent). This suggests strong treatment enrollment for Opioid Use Disorders (OUD). Outpatient was the next most accessed modality at 32.86 percent (compared to 29.42 percent statewide), followed by Non-Methadone MAT (11.34 percent) which was provided at more than twice the statewide average (5.23 percent).

**Table 8: Average Approved Claims by Service Categories, CY 2021**

Service Categories	County AACB	Similar Size AACB	Statewide AACB
Ambulatory Withdrawal Mgmt	\$0	\$47	\$996
Intensive Outpatient	\$258	\$1,189	\$1,630
Narcotic Treatment Program	\$4,872	\$3,935	\$4,271
Non-Methadone MAT	\$1,249	\$1,340	\$1,454
Outpatient Drug Free	\$2,038	\$2,370	\$2,581
Partial Hospitalization	\$0	\$5,027	\$5,027
Recovery Support Services	\$812	\$1,870	\$1,761
Res. Withdrawal Mgmt	\$2,368	\$2,396	\$2,438
Residential Treatment	\$7,481	\$10,433	\$10,157
<b>Total</b>	<b>\$4,809</b>	<b>\$5,395</b>	<b>\$5,821</b>



- The average approved claims per beneficiary (AACB) for Ventura is generally lower than the large county and statewide average with the exception of NTP which is significantly higher.

## IMPACT OF ACCESS FINDINGS

- The DMC-ODS PRs in almost every category exceed those of similar size counties and statewide averages, including the overall averages.
- Ventura has integrated its access and crisis call center services where DMC-ODS and MHP staff have been cross trained, enabling Ventura to more efficiently manage and screen calls for further assessment.
- The DMC-ODS is continually striving to increase efficiency of the screening assessment process. As such, the RFS form was revised, and that has resulted in more efficient clinical assessments, including ASAM assessments. However, an unintended consequence of this is that call center staff often spend more time on the phone with callers than before the revision resulting in longer hold times and an increase in dropped calls. Since implementation of the revised RFS form, dropped calls increased from 12 percent to 35 percent.
- Early impacts of CalAIM on the DMC-ODS have been felt on the clinical line level as some documentation requirements have changed, such as the elimination of treatment plans and implementation of listing of problems with clients. Clinical staff report that some of the changes are challenging and limit them as to how to work with clients. These changes require them to work with clients in a different way than they had previously.

## TIMELINESS OF CARE

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

### TIMELINESS KEY COMPONENTS

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

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

**Table 9: Timeliness Key Components**

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

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

- In response to last year's EQR recommendation number two, Ventura expanded tracking of timeliness data across all outpatient services, including providers and NTPs representing 88 percent of clients served annually.

- The DMC-ODS 30-day readmission rate following residential WM is lower than the statewide average (5.97 percent versus 7.99 percent).
- While there is a difference in the timely transitions in care data provided by BHC and the DMC-ODS, this is consistent with other EQR reviews. As in this case, the DMC-ODS is reporting for FY 2020-21 and BHC has used CY 2021. There are other factors which may include different denominators or activities that do not result in claims data under Medi-Cal. That said, with such a high rate in comparison to the data provided by BHC, the DMC-ODS is encouraged to determine what differences Ventura should review or adjust to manage by data more effectively.
- The DMC-ODS has set a standard for 30 days post residential discharge but does not have a set standard for seven days post residential discharge. Ventura should set a standard for seven days post residential discharge.

## TIMELINESS PERFORMANCE MEASURES

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

For the FY 2022-23 EQR, the DMC-ODS reported in its submission of the Assessment of Timely Access (ATA), representing access to care during the 12-month period of FY 2021-22. Table 10 and Figures 2 – 4 display data submitted by the DMC-ODS; an analysis follows. This data represented the entire system of care.

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

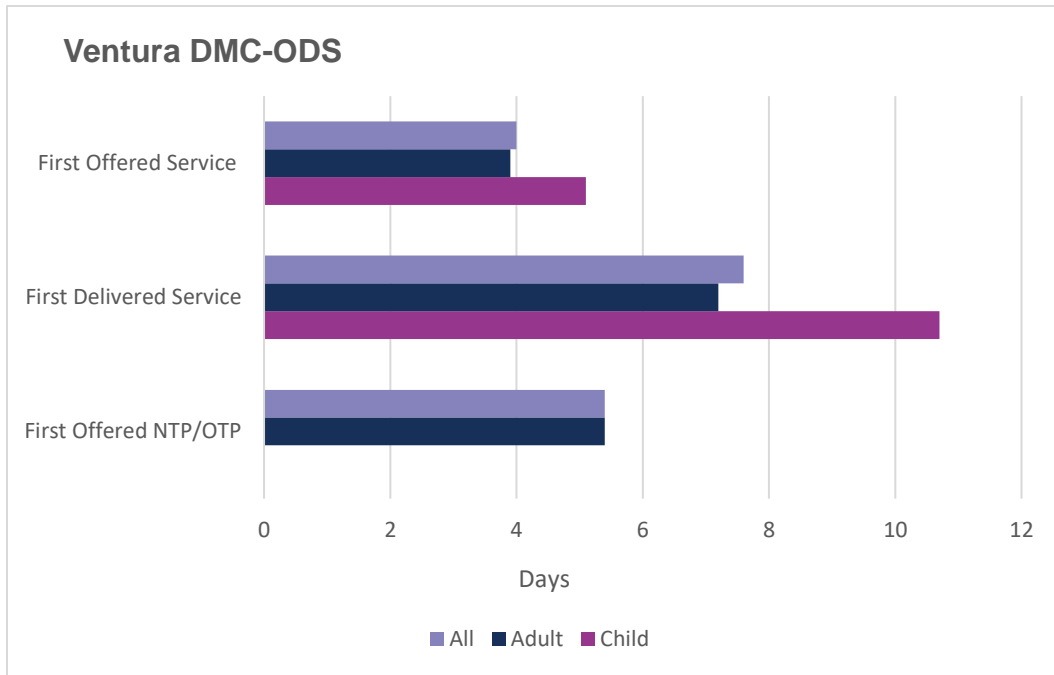
## DMC-ODS-Reported Data

Table 10: FY 2022-23 DMC Assessment of Timely Access

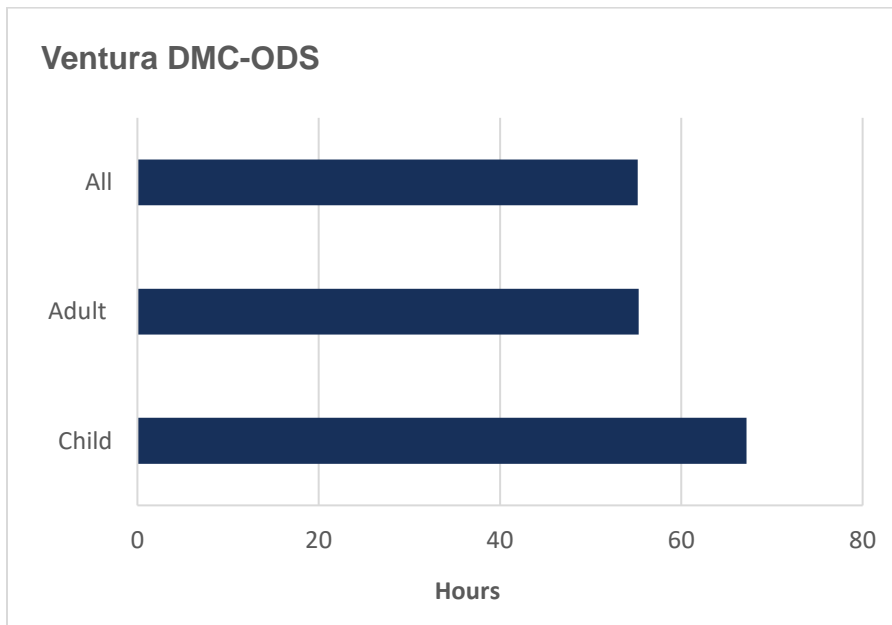
FY 2022-23 DMC Assessment of Timely Access			
Timeliness Measure	Average/Rate	Standard <sup>1</sup>	% That Meet Standard
First Non-Urgent Appointment Offered	4.0 Days	10 Business Days*	90.5%
First Non-Urgent Service Rendered	7.6 Days	10 Days	78.3%
Non-Urgent MAT Request to First NTP/OTP Appointment	5.4 Days	3 Business Days*	54.2%
Urgent Services Offered	55.2 Hours	48 Hours*	64.8%
Follow-up Services Post-Residential Treatment	n/a	7 Days	14.3%
WM Readmission Rates Within 30 Days	7%	n/a	n/a
No-Shows	29.3% **	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033			
** The DMC-ODS percentage of no-shows only reports for the outpatient LOC.			
For the FY 2022-23 EQR, the DMC-ODS reported its performance for FY 2021-22			

<sup>1</sup> DHCS-defined standards, unless otherwise noted.

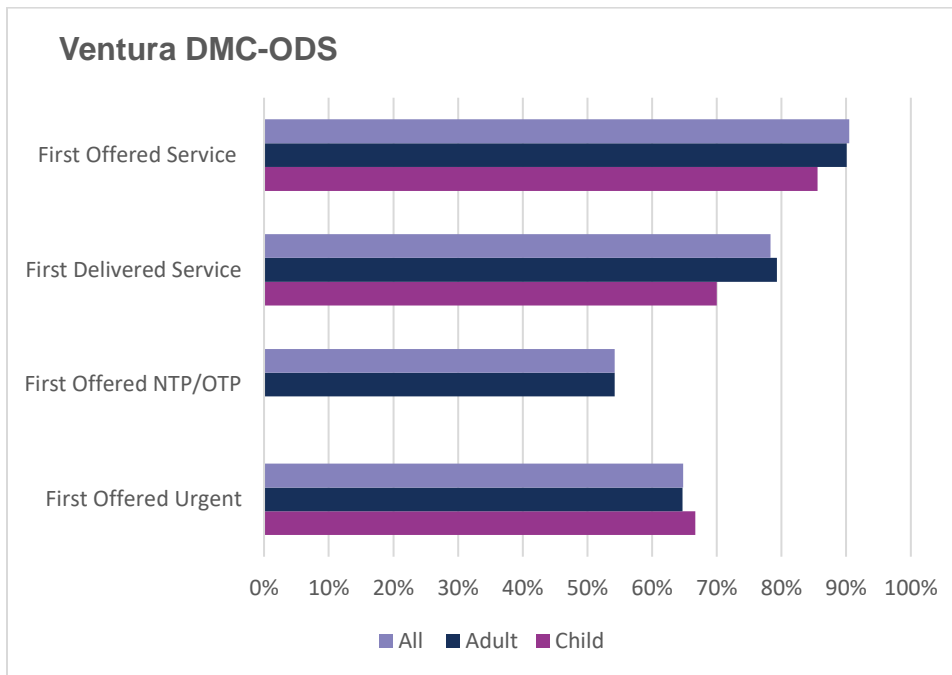
**Figure 2: Wait Times to First Service and First MAT Service, in Days**



**Figure 3: Wait Times for Urgent Services**



**Figure 4: Percent of Services that Met Timeliness Standards**



**Medi-Cal Claims Data**

The following data represents DMC-ODS performance related to methadone access and follow-up post-residential discharge, as reflected in the CY 2021 claims.

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

**Table 11: Days to First Dose of Methadone by Age, CY 2021**

Age Groups	County			Statewide		
	Clients	%	Avg. Days	Clients	%	Avg. Days
0 to 17	≤ 11	-	-	10	0.03%	10.20
18 to 64	1,344	90.93%	3.06	33,162	84.03%	3.41
65+	≤ 140	-	0.28	6,292	15.94%	0.41
<b>TOTAL</b>	<b>1,478</b>	<b>100%</b>	<b>2.87</b>	<b>39,464</b>	<b>100%</b>	<b>2.94</b>

- On average, clients in the DMC-ODS receive their first dose of methadone in 2.87 days, which is similar to the statewide average of 2.94 days.

## Transitions in Care

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

**Table 12: Timely Transitions in Care Following Residential Treatment, CY 2021**

County	N= 314		Statewide N=	26,513
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	18	5.73%	2,912	10.98%
Within 14 Days	20	6.37%	3,766	14.20%
Within 30 Days	24	7.64%	4,476	16.88%

- The DMC-ODS discharged 314 clients from residential treatment. Of those, 7.6 percent had a follow-up service within 30 days, significantly less than the statewide average of 16.88 percent. The low rate of clients transitioning to a lower LOC following residential treatment is significant to note as there is strong correlation between continuing care and success in recovery.

## Residential Withdrawal Management Readmissions

**Table 13: Residential Withdrawal Management Readmissions, CY 2021**

County	Statewide			
Total DMC-ODS admissions into WM	419		14,120	
	#	#	#	%
WM readmissions within 30 days of discharge	25	5.97%	1,128	7.99%

- The DMC-ODS had 419 clients admitted into residential WM in CY 2021. The number of clients readmitted within 30 days of discharge was 25 (5.97 percent), less than the statewide average (7.99 percent).

## IMPACT OF FINDINGS

- The DMC-ODS days to first dose of methadone is slightly lower than the statewide average.
- The timely transitions in care following residential treatment for the DMC-ODS is significantly lower than the statewide average for 7, 14 and 30 days. This indicates that Ventura should do a deep dive into its low rates of transitions from residential treatment. Clients who do not receive continuing care following residential treatment are not as successful in recovery as those that do and often re-enter the same LOC. There does exist a discrepancy in data analysis between

the DMC-ODS and DHCS with regards to timely transitions in care following residential treatment in which Ventura's internal data shows a much higher rate compared to the state provided data. For example, the DMC-ODS's data show that transitions to lower LOC within 30 days following residential treatment is 29 percent which is nearly double the statewide average of 16.88 percent. The DMC-ODS is strongly encouraged to work with CalEQRO and/or DHCS to reconcile the differences in methodology to determine what, if any, issues exist so that Ventura can effectively manage by data and address potential service delivery system issues.

- The DMC-ODS set a standard of 30 days post residential discharge but does not have a set standard for seven days post residential discharge. As transitions within seven days are tracked by DHCS, Ventura is encouraged to set a standard for transitions within seven days. The sooner an individual enters a lower LOC following residential services, the greater likelihood for continued success.



## QUALITY OF CARE

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

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

## QUALITY IN THE DMC-ODS

In the DMC-ODS, the responsibility for QI and QA falls within the Ventura County Behavioral Health Quality Program. Until recently, Ventura's Quality Program resided within the Administration Division and was overseen by the Administration Division Chief with support from the compliance senior manager. As of November 2022, a new Quality Care division was created within which all quality management teams fall. QA overall activities include ensuring and monitoring compliance with county, federal and state regulations; contract requirements; department policies and procedures; conducting utilization reviews, provider credentialing, and site certifications. QI overall activities include coordination, planning, oversight, and communication of quality and performance improvement projects. QI activities also include analyses, findings, monitoring, and evaluating specialty MH services and substance use services (SUD). Ventura's Quality Program is comprised of one team that approaches quality as a continuous process across systems of care.

The DMC-ODS monitors its quality processes through the Quality Improvement Committee (QIC), the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC, comprised of DMC-ODS practitioners, MHP practitioners, providers, community members, consumers, and family members, is scheduled to meet twice a year. Since the previous EQR, the DMC-ODS QIC met two times. Ventura's FY 2021-22 QAPI workplan is designed to address QA and program improvement for both the DMC-ODS and the MHP. Objectives and goals are set for the behavioral health department and progress is tracked separately for both the DMC-ODS and the MHP. Additionally, the QIC, which Ventura calls its Quality Management Action Committee (QMAC), established a QMAC-Special Interests Group in FY 2021-22 to facilitate smaller group sessions and gather specific feedback on key QI initiatives. This group meets three times per year.

## QUALITY KEY COMPONENTS

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

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

**Table 14: Quality Key Components**

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

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

- The DMC-ODS has a robust system of MAT services, both methadone and non-methadone. MAT services are strategically located throughout the county for easy access, as reflected in the PRs in Table 7. Buprenorphine prescribing has greatly increased in the DMC-ODS since it became a covered benefit.
- The DMC-ODS communicates well with its contract providers through regular quarterly meetings. Providers shared that they receive regular and updated information from the state and locally through the DMC-ODS. Providers also feel they have opportunities to give meaningful input into system planning and changes.

## QUALITY PERFORMANCE MEASURES

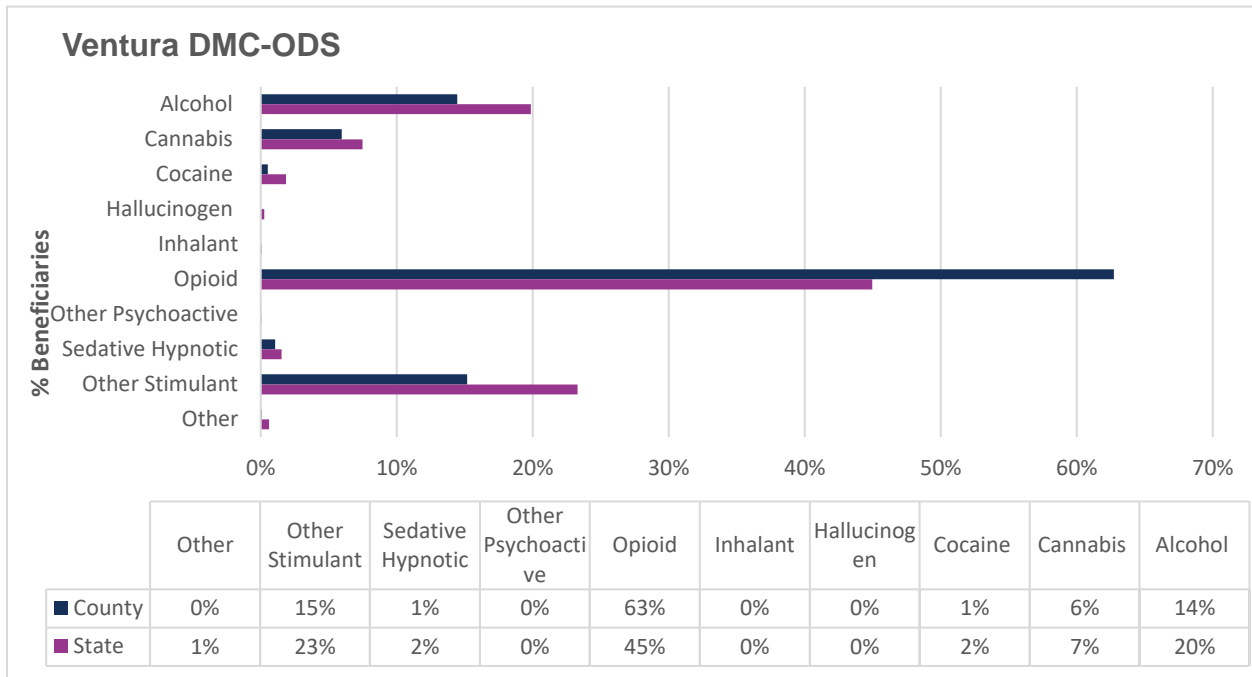
In addition to the Key Components identified above, the following PMs further reflect the Quality of Care in the DMC-ODS:

- Beneficiaries served by Diagnostic Category
- Non-methadone MAT services
- Residential WM with no other treatment
- High-Cost Beneficiaries (HCB)
- ASAM congruence
- Initiation and Engagement
- Length of Stay (LOS)
- CalOMS Discharge Status Ratings

### Diagnosis Data

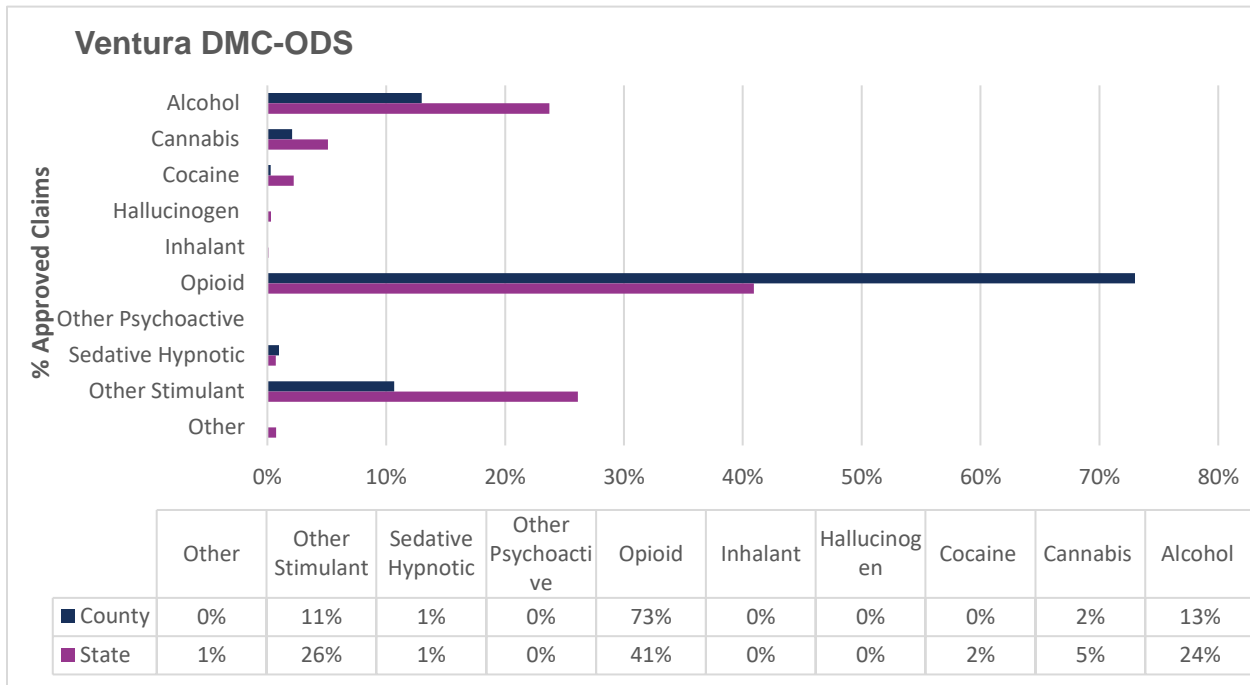
Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity and eligibility for SUD, is a foundational aspect of delivering appropriate treatment. Figures 5 and 6 represent the primary diagnosis as submitted with the DMC-ODS' claims for treatment.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

**Figure 5: Percentage of Beneficiaries by Diagnosis Code, CY 2021**



- In Ventura, 63 percent of clients receiving services have been diagnosed with an Opioid Use Disorder, 40 percent higher than seen statewide (45 percent). Other Stimulant and Alcohol are the next most common diagnoses in the DMC-ODS, each considerably lower than the respective diagnoses occur statewide.

**Figure 6: Percentage of Approved Claims by Diagnosis Code, CY 2021**



- Opioid Use Disorders account for 73 percent of the Medi-Cal claims in the DMC-ODS, compared to the statewide average of 41 percent. Conversely, the percentage of approved claims for Other Stimulant and Alcohol diagnoses are approximately half the statewide average.

### Non-Methadone MAT Services

**Table 15: DMC-ODS Non-Methadone MAT Services by Age, CY 2021**

County					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 0-17	≤ 10	-	≤ 10	-	12	0.37%	6	0.19%
Ages 18-64	472	17.75%	282	10.61%	7,505	7.96%	3,873	4.11%
Ages 65+	-	-	≤ 10	-	447	5.01%	172	1.93%
<b>TOTAL</b>	<b>495</b>	<b>16.77%</b>	<b>291</b>	<b>9.86%</b>	<b>7,964</b>	<b>7.15%</b>	<b>4,051</b>	<b>3.63%</b>

- The DMC-ODS had more than twice the percentage of beneficiaries who received at least one and more than three non-methadone MAT services than seen statewide, indicating strong initiation and engagement in these services.

## Residential Withdrawal Management with No Other Treatment

Table 16: Residential Withdrawal Management with No Other Treatment, CY 2021

	# WM Clients with no other Services	# WM Clients with 3+ Episodes & No Other Services	% WM Clients with 3+ Episodes & No other Services
County	339	≤ 10	-
Statewide	10,707	370	3.46%

## High-Cost Beneficiaries

Tracking the HCBs provides another indicator of quality of care. In SUD treatment, this may reflect multiple admissions to residential treatment or residential WM. High-cost beneficiaries may be receiving services at a LOC not appropriate to their needs. HCBs for the purposes of this report are defined as those who incur SUD treatment costs at or above the 90<sup>th</sup> percentile statewide.

Table 17: High-Cost Beneficiaries by Age, County DMC-ODS, CY 2021

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages 0-17	99	-	-	-	-	-
Ages 18-64	2,660	-	-	-	\$793,298	6.13%
Ages 65+	194	0	0.00%	\$0	\$0	0.00%
<b>TOTAL</b>	<b>2,953</b>	<b>37</b>	<b>1.25%</b>	<b>\$21,440</b>	<b>\$793,298</b>	<b>5.59%</b>

Table 18: High-Cost Beneficiaries by Age, Statewide, CY 2021

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB% by Total Claims
Ages 0-17	3,230	66	2.04%	\$23,446	\$1,547,458	13.12%
Ages 18-64	94,361	5,669	6.01%	\$23,766	\$134,727,122	23.65%
Ages 65+	8,925	289	3.24%	\$23,432	\$6,771,773	13.99%
<b>TOTAL</b>	<b>106,516</b>	<b>6,024</b>	<b>5.66%</b>	<b>\$23,746</b>	<b>\$143,046,352</b>	<b>22.71%</b>

- As seen in tables 17 and 18, 1.25 percent of clients served by the DMC-ODS accounted for 5.59 percent of total claims for CY 2021. This is a significantly lower rate of HCBs than the statewide average of 5.66 percent.

### ASAM Level of Care Congruence

**Table 19: Congruence of Level of Care Referrals with ASAM Findings, CY 2021 – Reason for Lack of Congruence (Data through Oct 2021)**

ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable /No Difference	0	0.0%	1,565	73.9%	1,113	68.6%
Patient Preference	0	0.0%	107	5.0%	59	3.6%
LOC Not Available	0	0.0%	0	0.0%	0	0.7%
Clinical Judgement	0	0.0%	332	15.7%	264	16.3%
Geographic Accessibility	0	0.0%	0	0.0%	0	0.0%
Family Responsibility	0	0.0%	0	0.0%	0	0.0%
Legal Issues	0	0.0%	0	0.0%	0	0.0%
Lack of Insurance/Payment Source	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	114	5.4%	186	11.5%
Actual LOC Missing	0	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>0</b>	<b>0.0%</b>	<b>2,118</b>	<b>100.0%</b>	<b>1,622</b>	<b>100.0%</b>

- The DMC-ODS did not have data for initial screening and showed relatively high congruence of LOC referrals with ASAM findings in initial assessments. Clinical judgement was noted as the primary reason the assessment-indicated LOC differed from referral.

### Initiation and Engagement

An effective system of care helps people who request treatment for their addiction to both initiate treatment services and then continue further to become engaged in them. Table 21 displays results of measures for two early and vital phases of treatment-initiating and then engaging in treatment services. Research suggests that those who can engage in treatment services are likely to continue their treatment and enter into a recovery process with positive outcomes. The method for measuring the number of clients who initiate treatment begins with identifying the initial visit in which the client’s SUD is identified. Based on 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.

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 15 and 45 day following initial DMC-ODS service.

**Table 20: Initiating and Engaging in DMC-ODS Services, CY 2021**

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	2,800		106		101,279		3,051	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	2,435	87%	85	80%	89,055	88%	2,583	85%
Clients who then engaged in DMC-ODS services	1,957	70%	59	56%	69,161	68%	1,823	60%

- Other than the high rates of initiation and engagement in non-methadone MAT (Table 15), adult clients had similar overall rates in both initiation and engagement in service when compared to statewide averages. Youth rates were lower in Ventura.

### Length of Stay

**Table 21: Cumulative LOS in DMC-ODS Services, CY 2021**

	County		Statewide	
	Average	Median	Average	Median
Clients with a discharge episode	2,635		89,610	
LOS for clients across the sequence of all their DMC-ODS services	165	128	123	87
	#	%	#	%
Clients with at least a 90-day LOS	1,549	59%	43,937	49%
Clients with at least a 180-day LOS	1,086	41%	25,334	28%
Clients with at least a 270-day LOS	795	30%	14,774	16%

- The mean (average) LOS for DMC-ODS clients was 165 days (median 128 days), compared to the statewide mean of 123 (median 87 days). 59 percent of



clients had at least a 90-day LOS; 41 percent had at least a 180-day stay, and 30 percent had at least a 270-day LOS. The LOS is higher than the statewide average for each measured period.

## CalOMS Discharge Ratings

Table 22: CalOMS Discharge Status Ratings, CY 2021

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment - Referred	218	19.7%	11,892	19.1%
Completed Treatment - Not Referred	42	3.8%	3,798	6.1%
Left Before Completion with Satisfactory Progress - Standard Questions	115	10.4%	10,888	17.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	70	6.3%	4,643	7.4%
<i>Subtotal</i>	<i>445</i>	<i>40.3%</i>	<i>31,221</i>	<i>50.1%</i>
Left Before Completion with Unsatisfactory Progress - Standard Questions	380	34.4%	10,791	17.3%
Left Before Completion with Unsatisfactory Progress - Administrative	240	21.7%	18,522	29.7%
Death	≤10	-	1,301	2.1%
Incarceration	-	-	485	0.8%
<i>Subtotal</i>	<i>659</i>	<i>59.7%</i>	<i>31,099</i>	<i>49.9%</i>
<b>TOTAL</b>	<b>1,104</b>	<b>100.0%</b>	<b>62,320</b>	<b>100.0%</b>

- A high number, 59.7 percent are unsatisfactory discharges with the majority of clients having “Left Before Completion with Unsatisfactory Progress – Standard Questions”, at twice the statewide average. This is worthy of analysis to identify potential causes for clients leaving treatment early.

## IMPACT OF QUALITY FINDINGS

- The provision of MAT services is a priority in Ventura. The DMC-ODS has a robust system of methadone and non-methadone MAT services. The use of fellows in rotation through MAT programs enhances Ventura’s ability to train doctors in the provision of MAT as well as retain them in the system of care. This is made possible through a strong collaboration between community primary care, the MHP and the DMC-ODS in providing MAT services in the community.

This strategy strengthens Ventura's ability in the long term to provide high quality MAT services to its beneficiaries.

- The DMC-ODS HCB claims (5.66 percent) are approximately one-fourth the statewide averages (22.71 percent), which indicates that a higher percentage of clients may be receiving effective evidence-based care appropriate to their needs. It also coincides with the low readmission rates to higher cost residential WM services.
- Though the DMC-ODS showed relatively high congruence of LOC referrals with ASAM findings in initial assessments, the percentage of incongruence due to clinical judgment was much higher than patient preference. This may indicate the need for additional training for clinical staff to help ensure that beneficiaries are placed in the most appropriate LOC.
- CalOMS discharge data show that a high percentage of discharges are unsatisfactory; the majority of clients "Left Before Completion with Unsatisfactory Progress – Standard Questions", which is twice the statewide average. This is worthy of analysis to identify potential causes for clients leaving treatment early and to identify potential interventions to increase length of stay.
- To support integration of MH and SUS, Ventura created a new division of Access and Outreach in February 2022. Additionally, Ventura created a new Quality Care Division in November 2022.

## PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION

All DMC-ODSs are required to have two active and ongoing PIPs, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330<sup>2</sup> and 457.1240(b)<sup>3</sup>. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction. They should have a direct beneficiary impact and may be designed to create change at a member, provider, and/or DMC-ODS system level.

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

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

### CLINICAL PIP

#### General Information

Clinical PIP Submitted for Validation: Study of client engagement and retention in early outpatient treatment.

Date Started: 04/2021

Aim Statement: "Can the average number of contacts per client within the first 90 days of outpatient treatment be increased by 5 percent by April 2023, by implementing an intervention in which clients identify an obstacle to attendance and related problem-solving strategy during their treatment planning session?"

Target Population: All adult clients (ages 18 and above) admitted to the DMC-ODS in-scope outpatient program between 6/1/21 and 1/2/22.

---

<sup>2</sup><https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf>

<sup>3</sup> <https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf>

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

## Summary

Through a robust stakeholder process, the DMC-ODS determined that adult client retention in outpatient services was low and needed to improve. Baseline data indicated that the DMC-ODS needed to improve retention when considering the frequency of contacts that might be expected of clients who fully adhere to treatment goals, particularly in the first 90 days of treatment. Client engagement was seen as key to improvement. To increase client retention, clinical staff ask clients to identify obstacles to treatment attendance as part of their treatment plan. The clients and clinical staff then work together to address the identified obstacles throughout the treatment episode.

The aim of this PIP is to increase the average number of contacts per client by 5 percent within the first 90 days of outpatient treatment by April 2023. The DMC-ODS implemented an intervention in which clients identify an obstacle to attendance and related problem-solving strategies during their treatment planning sessions. The primary PM is the average number of treatment contacts per client early in treatment (first 90 days). The secondary metric is the average number of contacts for a client's full episode, from admission to discharge (typically 180 days for outpatient care). These data are collected through the DMC-ODS EHR. As of June 30, 2022, the average number of treatment contacts per client during the first 90 days of treatment increased by 5 percent. As of June 30, 2022, the average number of treatment contacts per client in their overall treatment episode decreased by 3 percent.

## TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence, because: although this PIP has not yet yielded desired results, the DMC-ODS has implemented credible and valid methods to achieve them. A major factor affecting this PIP has been the COVID-19 pandemic; CalEQRO encourages the DMC-ODS to continue this clinical intervention to increase client retention. The methodology was well researched and involves clients identifying the potential obstacles that would prevent treatment attendance during treatment planning. Clients and clinicians then work preemptively to identify solutions to overcome those barriers.

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

- Continue interventions as outlined and gather additional data to determine the efficacy of this approach to increasing client retention. As this PIP was implemented during the height of the COVID-19 pandemic, it is yet difficult to ascertain the effectiveness of this clinical intervention.

## NON-CLINICAL PIP

### General Information

percNon-Clinical PIP Submitted for Validation: Reducing no-shows to assessment appointments for outpatient care.

Date Started: 04/2021

Date Completed: 10/2022

Aim Statement: “Can the percentage of client no-shows and cancellations for assessments be reduced by 5 percent by October 2022, by implementing an intervention in which reminder calls are made the day before a scheduled assessment appointment?”

Target Population: All adult clients (ages 18 and above) admitted to a DMC-ODS in-scope outpatient program between 5/1/21 and 1/2/22.

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

### Summary

Through a robust stakeholder process in conjunction with analyzing baseline data, the DMC-ODS determined that no-show and cancellation rates to outpatient assessment appointments were persistently high among adult clients. This was determined to be problematic because attendance in the early stages of treatment is critical to successful treatment outcomes as clients are most vulnerable during this period. The intervention that was implemented to decrease no-show and cancellation rates was to develop a consistent reminder call process across the adult outpatient system of care and for office support staff to make reminder calls one day prior to assessment appointments. The DMC-ODS EHR provides consistent and accurate data collection to evaluate progress.

The aim of this PIP is to reduce by 5 percent adult client no-shows and cancellations for assessments by October 2022 through the above-described intervention. Office staff were trained on recording reminder calls in the appointment scheduler, clinicians were trained to enter service codes for no-show and cancellations, and staff were trained on data entry processes. Improvement of this PIP was assessed through monthly monitoring of no-show and cancellation rates for assessment appointments. The DMC-ODS demonstrated a decrease of 5.8 percentage points from baseline in no-show and cancellation rates to assessment appointments. This outcome was found to be statistically significant using a chi-square test of homogeneity.

## TA and Recommendations

As submitted, this non-clinical PIP was found to have high confidence, because: the DMC-ODS demonstrated a 5.8 percentage point decrease from baseline in no-show and cancellation rates to assessment appointments through the intervention of phone call reminders to clients. This outcome was found to be statistically significant using a chi-square test of homogeneity.

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

- This PIP is concluded; therefore, no additional TA was provided. CalEQRO strongly supports the DMC-ODS in continuing this intervention on an ongoing basis.

## INFORMATION SYSTEMS

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

### INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is Netsmart/Avatar, which has been in use for 13 years. Currently, the DMC-ODS is actively implementing a new system which requires heavy staff involvement to fully develop.

Approximately 6.5 percent of the DMC-ODS budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving DMC-ODS control and another county department or agency.

The DMC-ODS has 160 named users with log-on authority to the EHR, including approximately 102 county staff and 58 contractor staff. Support for the users is provided by two full-time equivalent (FTE) IS technology positions. In addition to the positions noted as primary support for the DMC-ODS system of care, an additional 14.6 FTE IS positions support the department. All IS staff positions support functionality in both the MH and DMC-ODS systems. Currently two positions are vacant, and the department had 1.6 new FTEs added since the last EQR.

As of the FY 2022-23 EQR, all contract providers have access to directly enter clinical data into the DMC-ODS' EHR, although all providers do not currently utilize the functionality. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for beneficiaries by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

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

**Table 23: Contract Provider Transmission of Information to DMC-ODS EHR**

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between MHP IS	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch	%
Electronic Data Interchange to MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	%
Electronic batch file transfer to MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	20%
Direct data entry into MHP IS by provider staff	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	80%
Documents/files e-mailed or faxed to MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	%
Paper documents delivered to MHP IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	%
		100%

### Beneficiary Personal Health Record

The 21st Century Cures Act of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances beneficiaries’ and their families’ engagement and participation in treatment. The MHP does not currently have a PHR. The functionality is expected to be implemented within the next two years with the new EHR.

### Interoperability Support

The DMC-ODS is not a member or participant in an HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and/or electronic consult. The DMC-ODS engages in electronic exchange of information with MHP staff and DMC-ODS contract providers.

## INFORMATION SYSTEMS KEY COMPONENTS

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

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



**Table 24: IS Infrastructure Key Components**

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

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

- The DMC-ODS has selected the CalMHSA semi-statewide EHR, SmartCare, as the replacement for the current system. The DMC-ODS is engaged with CalMHSA in weekly meetings to begin planning for the implementation of the new EHR, with an anticipated go-live of July 2023.
- The DMC-ODS maintains policies, procedures, and training on the Med-Cal claiming process, and the claim denial rate is higher than the statewide average claim denial rate.

## **INFORMATION SYSTEMS PERFORMANCE MEASURES**

### **Medi-Cal Claiming**

The timing of Medi-Cal claiming is shown in Table 25, including whether the claims are either adjudicated or denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2021.

The DMC-ODS claim denial rate for CY 2021 of 22.27 percent is higher than the statewide average of 16.80%, with the majority of denied claims due to exceeding the maximum rate.

**Table 25: Summary of CY 2021 Medi-Cal Claim Denials**

<b>Ventura DMC-ODS</b>			
<b>Denial Code Description</b>	<b>Number Denied</b>	<b>Dollars Denied</b>	<b>Percentage of Total Denied</b>
Exceeds maximum rate	38,304	\$3,610,421	87.28%
Duplicate/same day service	3,127	\$324,444	7.84%
Other Healthcare Coverage	2,077	\$110,302	2.67%
Other	655	\$89,436	2.16%
Beneficiary not eligible	13	\$1,881	0.05%
Missing valid diagnosis	3	\$91	0.00%
<b>Total Denied Claims</b>	<b>44,179</b>	<b>\$4,136,575</b>	<b>100.00%</b>
<b>Denied Claims Rate</b>	<b>22.27%</b>		
<b>Statewide Denied Claims Rate</b>	<b>16.80%</b>		

- In Table 26, the chart appears to reflect a largely complete or very substantially complete claims data set for the time frame claimed.

**Table 26: Approved Claims by Month CY 2021**

<b>Month</b>	<b># Claim Lines</b>	<b>Approved Claims</b>
Jan-21	11,090	\$1,124,877
Feb-21	10,668	\$1,099,797
Mar-21	11,635	\$1,209,426
Apr-21	12,032	\$1,246,181
May-21	11,543	\$1,223,845
Jun-21	12,364	\$1,273,977
Jul-21	12,448	\$1,279,569
Aug-21	12,094	\$1,261,261
Sep-21	12,449	\$1,284,234
Oct-21	12,210	\$1,283,652
Nov-21	9,891	\$1,013,438
Dec-21	11,198	\$1,137,419
<b>Total</b>	<b>139,622</b>	<b>\$14,437,677</b>

## IMPACT OF INFORMATION SYSTEMS FINDINGS

- The base of 16 FTEs supporting the overall agency IS functionality will provide a solid foundation during the EHR transition. The dedicated data analytics staff assigned to supporting the EHR would benefit from additional staffing resources as they confirm the new system reporting capabilities and determine the level of ongoing staffing required to develop and maintain the system.
- The ongoing system limitations within the current EHR will continue to prohibit efficient data collection and reliable timeliness and system capacity reporting, due to the manual nature of the workaround solutions used.
- Ongoing collaboration and system planning with contracted providers is vital to ensure the future system will provide functionality within an integrated system of care.

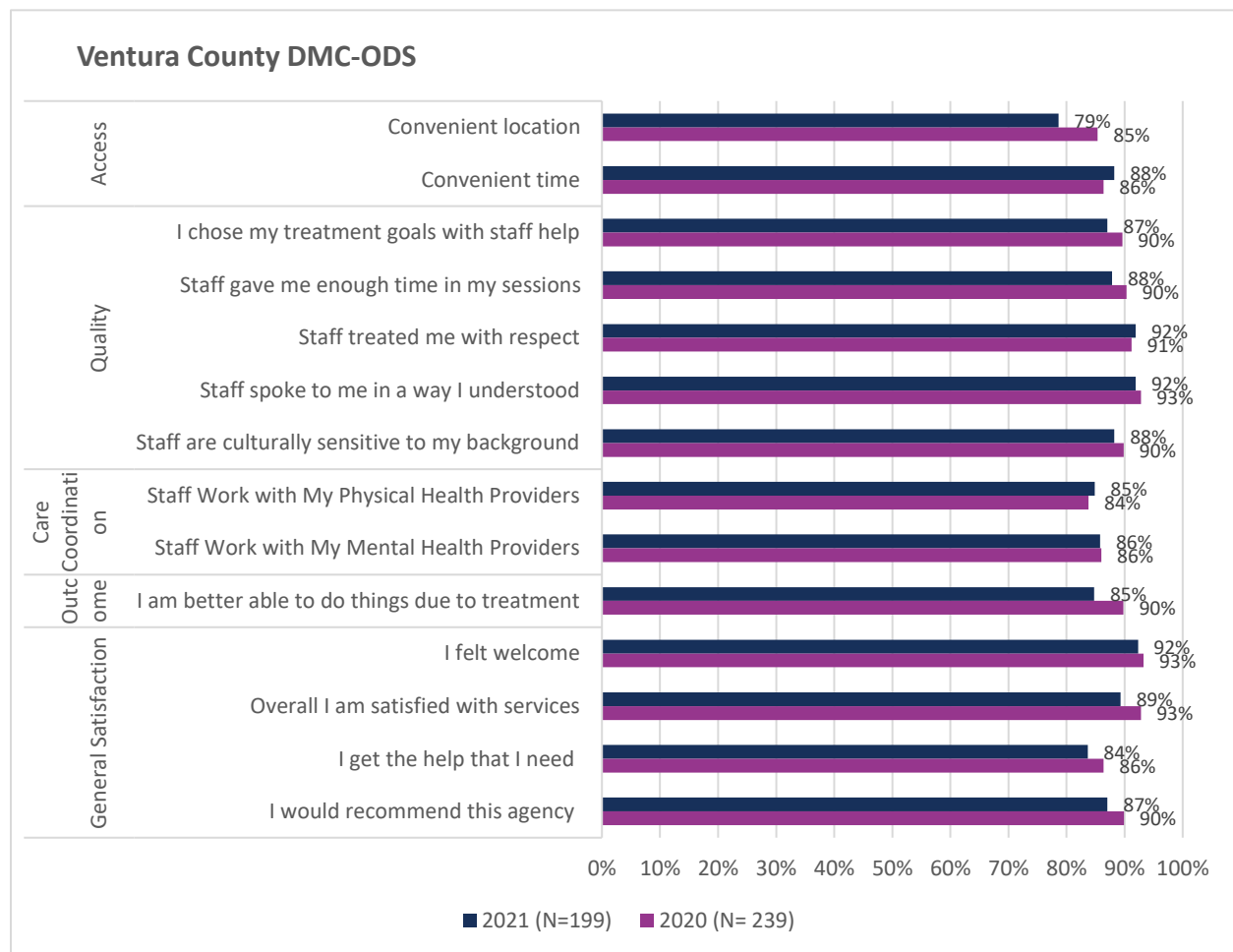
# VALIDATION OF CLIENT PERCEPTIONS OF CARE

## TREATMENT PERCEPTION SURVEYS

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

The DMC-ODS clients gave high ratings in Quality and General Satisfaction domains and rated Care Coordination and Outcome questions lowest. Clients assigned lower ratings to Convenient Location and Outcomes questions.

**Figure 7: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA**



## CONSUMER FAMILY MEMBER FOCUS GROUPS

Consumer and family member (CFM) focus groups are an important component of the CalEQRO review process; feedback from those who receive services provides important information regarding quality, access, timeliness, and outcomes. Focus group questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and CFM involvement. CalEQRO provides gift cards to thank focus group participants.

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

### Consumer Family Member Focus Group One

CalEQRO requested a culturally diverse group of eight to ten adult beneficiaries receiving MAT, including a mix of ongoing and new clients within the past 12 months. The focus group was held virtually and included six participants. All consumers participating receive clinical services from the DMC-ODS.

Each of the six participants that attended this focus group are receiving Vivitrol, which is a non-methadone MAT. Each was very complimentary toward the services they are receiving, reporting that they have finally found something to help them in their recovery. One reported that he relapsed for about three months and when he returned to treatment, was welcomed back. This same client shared that he has numerous medical problems and finds that the care coordination provided by the program works well for him. He also shared that he has a “Great nurse. I have great doctors, counselor is fantastic. Makes me feel at ease. Couldn’t be happier. I couldn’t wait for this day to be part of this group.” Another client shared that he has been able to stay free from criminal justice problems. About the program he shared, “They text me to make sure I am ready to be at appointment. They work with me and my schedule... It was hard to get a facility to work with my schedule, but they are a Godsend.” Each agreed that the intake process was easy, and it only took a few days to get an appointment. The intake questions “helped to open up and focus on myself.” Regarding provided transportation, the group reported that transportation “is getting booked up now so you have to plan and schedule a week or two in advance.” Participants were also in agreement that the program talks with their primary care doctor or MH specialist with one saying, “they all seem to know what they are doing and talk with each other about my care.” One participant reported that the program is responsive to client preferences stating, “I haven’t always agreed with my doctor or counselor, but I felt comfortable telling them what I was unhappy with and felt I could ask for a change.”

Recommendations from focus group participants included:

- Doctors rotate and move out of the facility “just when you get to know them”. It would be helpful to client recovery if doctors would stay longer in the facility.

- Extend outreach groups to the homeless and urban outreach to at-risk people. “Let people know about” MAT.
- “I haven’t noticed any advertising or public information giving information on how to get help, but I think that’s a good idea.”

### Consumer Family Member Focus Group Two

CalEQRO requested a culturally diverse group of eight to ten adult female beneficiaries receiving DMC-ODS intensive outpatient treatment, including a mix of ongoing and new clients within the past 12 months. The focus group was held virtually with the participants located at A New Start for Moms program. This focus group included five participants. All consumers participating receive clinical services from the DMC-ODS.

Group participants are generally happy with their program and the treatment they are receiving. Participants shared about the long hold time on the phone when first calling for help on the access line 800 number. One said she waited for two hours saying, “the most difficult part was to be on hold for literally two hours, but once assessed, I got right into treatment.” This was a similar experience shared by others that the hold time was long on the initial phone call but very quick to enter treatment. Participants reported that they were informed of available MAT and MH services. Their counselors are also supportive and helpful to get medical needs addressed. The program is very supportive when relapse occurs, with one participant sharing, “I had a relapse with alcohol and was helped to recognize what triggered the relapse and stay in treatment.” Participants reported that parent partners with lived experience are utilized and assigned to them. One stated, “And honestly like the first thing I do when something awesome happens or when I’m sad or anything, I’m actually messaging her and talking to her and she’s helping me through!”

Recommendations from focus group participants included:

- One participant suggested that more people in recovery come to the program and share their experience saying, “People who have recovery experience (should) come into the program and tell their stories.”
- Another suggested more marketing, stating, “More advertising that programs like this exist and can help—more brochures or easy-to-read and understand flyers” ... I see stuff on Narcan, but I’m not sure what that is.”
- One participant suggested she would like to do outside activities “like hiking or just group outings with the other clients; maybe even potlucks or just ‘normal-like’ socializing activity without alcohol or drugs.”
- “For those of us that have transportation problems, would like to be able to start getting treatment by zoom—would like to know that option is available.”
- Two participants suggested offering family therapy with one stating, “I would like to have some family therapy to help mend and strengthen relationships but I’m not sure the program offers that.”

## SUMMARY OF BENEFICIARY FEEDBACK FINDINGS

Participants in both focus groups were generally happy with the services provided to them. They were complimentary towards their counselors and felt that the treatment programs were responsive to their needs. There was a consensus that phone calls to the access line 800 number required a long wait on hold before being able to talk with someone. MAT, MH, and primary care are prioritized in the programs, and clients are informed of their treatment options. Programs work with clients who relapse and help them remain in treatment.

## CONCLUSIONS

During the FY 2022-23 annual review, CalEQRO found strengths in the DMC-ODS' programs, practices, and IS that have a significant impact on beneficiary outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SUD managed care system.

## STRENGTHS

1. The DMC-ODS has a robust system of MAT services, both methadone and non-methadone. MAT services are strategically located throughout the county for easy access. The DMC-ODS NTP PRs are 28 percent higher than the statewide average and non-methadone MAT is more than double the statewide average. The use of fellows in rotation through MAT programs enhances Ventura's ability to train doctors in the provision of MAT as well as retain them in the system of care. (Access, Quality)
2. Cross training of Access Call Center DMC-ODS and MHP staff enables Ventura to triage calls more efficiently and effectively, and to appropriately link callers to further assessment or other services. (Access, Timeliness, Quality)
3. The DMC-ODS PRs are higher than like-size and statewide averages in almost all LOCs, indicating strong access throughout the community regarding available services. (Access)
4. The DMC-ODS has a strong opioid prevention program that works with schools, effectively utilizes social media campaigns, and uses other methods to inform the community of the dangers of opioids and how to access treatment. (Access)
5. A strong culture of communication and collaboration exists between the DMC-ODS and its stakeholders, including its contract providers and its criminal justice partners. Stakeholder partners report being informed of system changes and are given opportunities to give meaningful input. (Access, Quality)

## OPPORTUNITIES FOR IMPROVEMENT

1. Contract providers and clinical line staff report that it is challenging to help clients move from one LOC to another, either higher or lower, and they report that the 800 access number has created an unintended barrier to link clients to the appropriate LOC. (Access, Timeliness)
2. The DMC-ODS implemented the revised RFS form to improve evaluation efficiency, but its implementation has resulted in longer call hold times on the Access Line. Dropped calls on the Access Line increased from 12 percent to 35 percent. (Access, Timeliness)



3. While communication between the DMC-ODS and contract providers is very good, line staff report they are not receiving much information from administrative leadership and are afforded little opportunity to provide input into system development or changes despite an established Employee Engagement Advisory Committee. (Quality)
4. The DMC-ODS minimally uses CalOMS data to inform treatment system services, and plans to increase use of this data. (Quality, IS)
5. Non-congruence due to clinical judgment for ASAM LOC placement at initial assessment is high at 15.7 percent compared to client choice at 5 percent. This may be indicative of clinicians not fully adhering to the ASAM model for client placement. This could be problematic because treatment is less likely to be effective if treatment placement does not match client needs. (Quality)
6. Though Ventura's youth PR exceeds the average of other large counties and the statewide average, youth initiation and engagement rates are lower indicating a need to evaluate treatment engagement strategies to increase youth LOS.

## RECOMMENDATIONS

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

1. Improve processes and tracking throughout the continuum of care, including timeliness and no-shows for residential treatment. Consider using proven continuous QI models, or "a rapid cycle improvement model" for administrative management to assess the referral and linkage process for clinical staff in connecting clients to higher or lower LOC. (Access, Timeliness)
2. Continue to strive for efficiency in the screening and admission process, but decrease the long hold times and dropped calls to the Access Call Center. (Access, Timeliness)
3. Increase morale and help with employee retention, improve two-way communication between administrative management and line employees to keep staff informed of various system changes, and to give them opportunities to provide input into system planning and the delivery of services. (Quality)
4. Expand use of CalOMS data to inform system of care services; analyze client progress in the various domains by comparing client admission status with discharge status. Doing so will show treatment impact during clients' episodes of care, which can be utilized by management to guide treatment services. (Quality, IS)
5. Explore strategies and implement solutions to decrease ASAM LOC incongruence. Consider additional ASAM training and/or support for clinical staff to increase fidelity to the ASAM model. (Quality)

6. Provide expanded data analysis on youth services; evaluate and implement areas for improvement to increase the quality of care and the number of youths served. This is a carry-over recommendation from FY 2021-22. (Quality, IS)

## EXTERNAL QUALITY REVIEW BARRIERS

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

As a result of the continued consequences of the COVID-19 pandemic, a public health emergency (PHE) exists. Therefore, all EQR activities were conducted virtually through video sessions. The virtual review allowed stakeholder participation while preventing high-risk activities such as travel requirements and sizeable in-person indoor sessions. The absence of cross-county meetings also reduced the opportunity for COVID-19 variants to spread among an already reduced workforce. All topics were covered as planned, with video sessions necessitated by the PHE having limited impact on the review process.

## **ATTACHMENTS**

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT F: Additional Performance Measure Data

## ATTACHMENT A: REVIEW AGENDA

The following sessions were held during the EQR, either individually or in combination with other sessions.

**Table A1: CalEQRO Review Agenda**

<b>CalEQRO Review Sessions - Ventura DMC-ODS</b>
Opening session – Changes in the past year, current initiatives, status of previous year’s recommendations (if applicable), baseline data trends and comparisons, and dialogue on results of PMs
Quality Improvement Plan, implementation activities, and evaluation results
Information systems capability assessment/fiscal/billing
General data use: staffing, processes for requests and prioritization, dashboards, and other reports
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS
Disparities: cultural competence plan, implementation activities, evaluation results
PIPs
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview – county
Clinic managers group interview – contracted
Clinical line staff group interview – county and contracted
Client/family member focus groups such as adult, youth, special populations, and/or family
Key stakeholders and community-based service agencies group interview
Exit interview: questions and next steps

## ATTACHMENT B: REVIEW PARTICIPANTS

### CalEQRO Reviewers

Brett O'Brien, Lead Quality Reviewer  
Jan Tice, Quality Reviewer  
Joel Chain, Information Systems Reviewer  
Rita Samartino, Information Systems Reviewer  
Diane Mintz, Consumer Family Member Reviewer  
Katie Faires, Consumer Family Member Reviewer

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

All sessions were held via video conference.

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

Last Name	First Name	Position	County or Contracted Agency
Aguila	Gabriela	Manager - Y &F	VCBH
Amezquita	Wendy	Clinic Administrator - TAY VCPOP	VCBH
Ashur	Ophra	Compliance Senior Manager	VCBH
Avila	Ruby	Clinic Administrator – Access & Outreach	VCBH
Baskt	Danny	Head of Service	Kids to Kids
Bezdjian	Serena	Research Psychologist -QI	VCBH
Blum	Chris	Administrator of the Casa de Esperanza Suenos programs	Telecare
Block	Sherri	Director of Nursing	HCA Ambulatory Care
Bosoletti	Paula	Care Management Manager	Gold Coast
Boules-Syta	Jennifer	Rehabilitation Program Manager	Turning Point Foundation
Burke	Shannon	Clinician – SUS	VCBH
Burt	Sloane	Manager - QI	VCBH
Calica	Anne	Clinic Administrator	Aegis - Ventura
Carson	Hillary	Senior Program Administrator- MHSA	VCBH
Castro	Chris	Program Administrator - QA	VCBH
Cervantez	Joseph	Clinic Administrator	Aegis - Santa Paula
Chen	Yvette	Sr. Program Administrator - QI	VCBH
Ciancutti	Lily	Executive Director	Seneca

Last Name	First Name	Position	County or Contracted Agency
Cleland	Don	Executive Director	Golden HH MHRC and Ventura CRT
Connelly-Cumming	Nancy	Clinician	VCBH SUS Care Coordination
Cooper	Dr. Jason	Medical Director	VCBH
Corona	Eileen	Clinic Administrator - SUS	VCBH
Cowie	Stephanie	Clinic Administrator - Y&F	VCBH
Davis	Jessica	Manager - SUS	VCBH
Denering	Dr. Loretta	Assistant Director	VCBH
Di Battista	Maria	Clinic Administrator- SUS	VCBH
Diaz	Amber	Program Administrator – Contracts	VCBH
Donavan	Leisa	Sr. Manager - Fiscal	VCBH
Dougherty	Jennifer	Sr. Manager – Y&F	VCBH
Duenas	Alicia	Program Administrator – EHR	VCBH
Duplessis	Germeen	Manager - CalAIM	VCBH
Duran	Jose	Community Services Coordinator	VCBH
Eden	Savannah	Clinic Administrator - CWS	VCBH
Egan	Narcisa	CFO – HCA	VCBH
Elhard	Erick	Manager - MH Care Coordination	VCBH
Fekete	Doreen	Senior Program Administrator	VCBH - Fiscal/Accounting
Fernandez	Erika	Community Services Coordinator	VCBH - SUS Prevention Services



Last Name	First Name	Position	County or Contracted Agency
Flores	Raudel	Clinic Administrator - Y&F	VCBH
Fox	Cheryl	Division Chief - Youth and Family	VCBH
Friday	Brad	Program Administrator - Prevention	VCBH
Gardner	Janis	Member	Behavioral Health Advisory Board
Gilbert	Alexander	Program Manager	Anne Sippi Clinic
Gilman	Scott	Director	VCBH
Glantz	Julie	Sr. Manager - Adult Division	VCBH
Goldner	Richard	Sr. Program Administrator – EHR	VCBH
Greenland	Sandy	Quality Improvement	Casa Pacifica
Guilin	Heather	Clinic Administrator -Y &F	VCBH
Handel	Deanna	Manager	HCA Ambulatory Care
Hannah	Melissa	Director	United Parents
Heath	Curtis	Program Administrator -Contracts	VCBH
Hicks	Dan	Manager - SUS Prevention Services	VCBH
Hipple	Wendy	Clinic Administrator – Access & Outreach	VCBH
Hodge	Hayley	Clinic Administrator - CWS	VCBH
Huey	Chris	Clinic Administrator - SUS	VCBH
Johnson	Heather	Clinic Administrator -Y&F	VCBH
Juarez	Dr. Michael	Executive Director	Alternative Action Programs

Last Name	First Name	Position	County or Contracted Agency
Kaplan	Jan	Program Administrator - Prevention	VCBH
Keeler	Samantha	Clinician – SUS Care Coordination	VCBH
Kramer	Barbara	Program Administrator -Contracts	VCBH
Lee	Karen	Manager – QM lead	VCBH Quality
Liguori	Nick	Administrator	Gold Coast Health Plan
Lomeli	Nicole	Program/Administrative Director	Jackson House
Lopez	Cindy	Clinic Manager	Alternative Action Programs
Lopez	Gracie	Management Assistant - QI	VCBH
Lopez	Marcus	Clinic Administrator – Y&F Juvenile Justice	VCBH
Lubell	Courtney	Manager - Special Projects	VCBH
Magbitang	Ana	Manager - Y&F	VCBH
Malandra	Nicole	Clinician	Prototypes
Manzo	Salvador	Manager – Adult Division	VCBH
Marrero	Lucy	Director of Behavioral Health	Gold Coast Health Plan
Matisek	Kalie	Clinical Director	Turning Point Rehab Services
McDuffee	Rachel	Regional Clinic Manager	Aegis
Medina	Leo	Clinician - SUS Care Coordination	VCBH
Mendoza	Juan	Sr. Program Administrator -Billing	VCBH
Mikkelson	Sandi	Program Administrator - QI	VCBH
Moneyhun	Stephanie	Clinic Administrator Y&F	VCBH
Nagle	Laura	Clinic Administrator -Y & F	VCBH

Last Name	First Name	Position	County or Contracted Agency
Napolitano	Dr. Ralph	Physician	Aegis
Nestroyl	Brandy	Compliance Coordinator	Prototypes
Newbold	Jennifer	Administrator	PathPoint
Ortiz	Ruben	Clinic Administrator	Western Pacific
Osorio	Jennifer	Program Administrator	VCBH
Pappas	Chelsea	Clinic Administrator	Aegis Treatment Centers - Simi Valley
Pavlovskaya	Aliona	Program Administrator -QM	VCBH
Pletcher	Rachel	Administrator	Kid & Family Together
Preciado	Pauline	Director of Population Health	Gold Coast Health Plan
Rabinovitz	Katheryn	Program Administrator – QI	VCBH
Riddle	Angela	Manager - Training	VCBH
Rodriguez	Michael	Adults Div Clinic Administrator	VCBH
Rojas	Michelle	Program Administrator - EHR	VCBH
Roman	Dave	Manager - EHR	VCBH
Rosenstein	Irving	Physician's Assistant – SUS	VCBH
Rotnofsky	Dr. Jamie	Sr. Manager - MHSA	VCBH
Ruiz	Deanna	Clinic Administrator -CalWorks	VCBH
Salas	Cynthia	Manager - Health Equity and Cultural Diversity	VCBH
Salazar	Nicole	Sr. Program Administrator - CalAIM	VCBH
Sanchez	Sara	Division Chief - Access & Outreach	VCBH

Last Name	First Name	Position	County or Contracted Agency
Rotnofsky	Dr. Jamie	Sr. Manager - MHSA	VCBH
Ruiz	Deanna	Clinic Administrator -CalWorks	VCBH
Salas	Cynthia	Manager - Health Equity and Cultural Diversity	VCBH
Salazar	Nicole	Sr. Program Administrator - CalAIM	VCBH
Sanchez	Sara	Division Chief - Access & Outreach	VCBH
Schipper	Dr. John	Division Chief - Adults	VCBH
Seal	Maryza	Contract Manager	VCBH
Shah	Brinda	Sr. Program Administrator -QI	VCBH
Simental	Cindy	Clinic Administrator	VCBH - New Start For Moms
Springer	Nancy	Manager - Adults	VCBH
Star	Keith	Clinic Manager	Tarzana Treatment Centers
Starr	Billy	Director	Casa Pacifica
Stone	Elizabeth	Consumer Advocate	Ventura County Advisory Board
Swanson	Kaj	Clinic Administrator - SUS	VCBH
Tadeo	Zandra	Manager - Y&F	VCBH
Taylor	Thomas	Manager - Adults	VCBH
Tith	Melissa	Director	Seneca
Torres	Monica	Manager - Y&F	VCBH
Torres	Cynthia	Founder and CEO	New Dawn

Last Name	First Name	Position	County or Contracted Agency
Turcios	Vanessa	Program Administrator – QA	VCBH
Ummer	Faizal	Program Administrator EHR	VCBH
Valdiva	Angelic	Program Director	Prototypes
Vargas	Laura	Administrator	ASC Treatment group
Vessels	Joelle	Director	Interface Children & Family services
Villegas	Alexis	Program Administrator -QI	VCBH
Vlaskovitz	Dr. Joseph	Medical Director – SUS	VCBH
Volf	Nora	Pharmacist	VCBH
Warren	Liz	MHRP	Client Network
Washington	Chauntrece	Sr. Manager -CalAim	VCBH
West	Raena	Division Chief – Substance Use Services	VCBH
Wharfield	Nancy	Chief Medical Officer	Gold Coast Health Plan
White Wood	Susan	Manager - Housing	VCBH
Yomtov	Dani	Program Administrator- QI	VCBH
Zepeda	Geneveve	Clinical Nurse Manager - UR	VCBH

## ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

### Clinical PIP

**Table C1: Overall Validation and Reporting of Clinical PIP Results**

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	<p>Although this PIP has not yet yielded desired results, the DMC-ODS has implemented credible and valid methods to achieve them. A major factor affecting this PIP has been the COVID pandemic and the DMC-ODS is recommended to continue this clinical intervention to increase client retention.</p>
<b>General PIP Information</b>	
<b>MHP/DMC-ODS Name:</b> Ventura	
<b>PIP Title:</b> Study of client engagement and retention in early outpatient treatment.	
<b>PIP Aim Statement:</b> Can the average number of contacts per client within the first 90 days of outpatient treatment be increased by 5 percent by April 2023, by implementing an intervention in which clients identify an obstacle to attendance and related problem-solving strategy during their treatment planning session?	
<b>Date Started:</b> 04/2021	
<b>Date Completed:</b> 04/2023	
<b>Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)</b> <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	

General PIP Information
<p><b>Target age group (check one):</b></p> <p> <input type="checkbox"/> Children only (ages 0–17)*      <input checked="" type="checkbox"/> Adults only (age 18 and over)      <input type="checkbox"/> Both adults and children </p> <p>*If PIP uses different age threshold for children, specify age range here:</p>
<p><b>Target population description, such as specific diagnosis (please specify):</b></p> <p>All adult clients (ages 18 and above) receiving outpatient services.</p>
Improvement Strategies or Interventions (Changes in the PIP)
<p><b>Member-focused interventions</b> (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):</p> <p>n/a</p>
<p><b>Provider-focused interventions</b> (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):</p> <p>n/a</p>
<p><b>MHP/DMC-ODS-focused interventions/system changes</b> (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):</p> <p>Clients are asked by therapists in initial treatment planning to identify obstacles to attendance as part of their treatment plan, and then progress towards addressing these obstacles is tracked throughout their treatment episode.</p>

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Average number of treatment contacts per client during the first 90 days of treatment	6/1/21 to 1/2/22	N = 428 episodes Mean contacts in the 1st 90 days: 9.35	<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available 4/1/22 to 6/30/22	N = 149 Mean contacts in the 1st 90 days: 9.2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Post-intervention (1/3/22 to 6/30/22): 9.85 5% increase	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
Average number of treatment contacts per client in their overall treatment episode	6/1/21 to 1/2/22	N = 428 Mean contacts per episode: 14.13 Mean episode length: 96.0	<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available 4/1/22 to 6/30/22	N = 149 Mean contacts per episode: 11.2 Mean episode length: 78.0	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Baseline: 14.13 Post-intervention (1/3/22 to 6/30/22): 13.70 3% decrease	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):



### PIP Validation Information

**Was the PIP validated?**  Yes  No

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

**Validation phase (check all that apply):**

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

Validation rating:  High confidence       Moderate confidence       Low confidence       No confidence

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

**EQRO recommendations for improvement of PIP:** As this PIP was implemented during the height of the COVID-19 pandemic, it is yet difficult to ascertain the effectiveness of this clinical intervention. It is recommended that the DMC-ODS continue interventions as outlined and gather additional data to determine the efficacy of this approach to increasing client retention.

## Non-Clinical PIP

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

PIP Validation Rating (check one box)	Comments
<input checked="" type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	Through credible and valid methods, the DMC-ODS has achieved successful outcomes for this PIP. The DMC-ODS plans to continue the studied intervention as an ongoing practice to increase client show rates for assessment appointments.
<b>General PIP Information</b>	
<b>MHP/DMC-ODS Name:</b> Ventura	
<b>PIP Title:</b> Reducing no-shows to assessment appointments for outpatient care	
<b>PIP Aim Statement:</b> Can the percentage of client no-shows and cancellations for assessments be reduced by 5% by October 2022, by implementing an intervention in which reminder calls are made the day before a scheduled assessment appointment?	
<b>Date Started:</b> April 2021	
<b>Date Completed:</b> October 2022	
<b>Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)</b> <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
<b>Target age group (check one):</b> <input type="checkbox"/> Children only (ages 0–17)* <input checked="" type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children <small>*If PIP uses different age threshold for children, specify age range here:</small>	
<b>Target population description, such as specific diagnosis (please specify):</b> All adult clients (ages 18 and above) receiving outpatient services.	

### Improvement Strategies or Interventions (Changes in the PIP)

**Member-focused interventions** (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach):

n/a

**Provider-focused interventions** (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):

n/a

**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):

The intervention was for office staff to make reminder calls one day prior to assessment appointments.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
No-show/ cancellation rate to assessment appointments	5/1/21 to 1/2/22	N = 907 scheduled assessment appointments no-show rate: 32.3%	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available 5/1/22 to 8/31/22	N = 408 no-show rate: 27.2%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>Post-intervention (1/3/22 to 8/31/22): 26.5% 5.8% decrease</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input checked="" type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

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

PIP Validation Information
<p><b>Was the PIP validated?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>“Validated” means that the EQRO reviewed all relevant parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)</p>

### PIP Validation Information

**Validation phase (check all that apply):**

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

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:** This PIP is being closed out after successful results of this project. The DMC-ODS is strongly supported in its plan to continue this intervention on an ongoing basis.

## ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

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

## ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

A letter from the DMC-DOS Director was not required to be included in this report.

## ATTACHMENT F: ADDITIONAL PERFORMANCE MEASURE DATA

**Table F1: CalOMS Living Status at Admission, CY 2021**

Admission Living Status	County		Statewide	
	#	%	#	%
Homeless	133	8.5%	20,981	28.4%
Dependent Living	724	46.3%	16,923	22.9%
Independent Living	707	45.2%	35,838	48.6%
<b>TOTAL</b>	<b>1,564</b>	<b>100.0%</b>	<b>73,742</b>	<b>100.0%</b>

**Table F2: CalOMS Legal Status at Admission, CY 2021**

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	897	57.3%	46,882	63.6%
Under Parole Supervision by CDCR	32	2.0%	1,415	1.9%
On Parole from any other jurisdiction	24	1.5%	1,305	1.8%
Post release supervision - AB 109	525	33.6%	18,491	25.1%
Court Diversion CA Penal Code 1000	≤ 11	-	1,120	1.5%
Incarcerated	≤ 11	-	292	0.4%
Awaiting Trial	80	5.1%	4,207	5.7%
<b>TOTAL</b>	<b>1,564</b>	<b>100.0%</b>	<b>73,712</b>	<b>100.0%</b>

**Table F3: CalOMS Employment Status at Admission, CY 2021**

Current Employment Status	County		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	231	14.8%	9,404	12.7%
Employed Part Time - Less than 35 hours	186	11.9%	5,561	7.5%
Unemployed - Looking for work	584	37.3%	22,884	31.0%
Unemployed - not in the labor force and not seeking	563	36.0%	35,893	48.7%
<b>TOTAL</b>	<b>1,564</b>	<b>100.0%</b>	<b>73,742</b>	<b>100.0%</b>



**Table F4: CalOMS Types of Discharges, CY 2021**

Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	690	62.5%	30,192	48.4%
Administrative Adult Discharges	349	31.6%	24,951	40.0%
Detox Discharges	41	3.7%	6,418	10.3%
Youth Discharges	24	2.2%	759	1.2%
<b>TOTAL</b>	<b>1,104</b>	<b>100.0%</b>	<b>62,320</b>	<b>100.0%</b>