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

## SANTA CRUZ FINAL REPORT

- MHP
- DMC-ODS

Prepared for:

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

Review Dates:

**December 7-8, 2021**

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## EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2021-22 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, “Santa Cruz” shall be used to identify the Santa Cruz County DMC-ODS program, unless otherwise indicated.

### DMC-ODS INFORMATION

**DMC-ODS Reviewed** — Santa Cruz County

**Review Type** — Virtual

**Date of Review** — December 7-8, 2021

**DMC-ODS Size** — Medium size county

**DMC-ODS Region** — Central Coast

**DMC-ODS Location** — Bordered by San Mateo County to the north, Santa Clara County to the east, Monterey, and San Benito counties to the south, and the Pacific Ocean to the west.

**DMC-ODS Beneficiaries Served in Calendar Year (CY) 2020** — 1250

**DMC-ODS Threshold Language(s)** — English, Spanish

### SUMMARY OF FINDINGS

Of the seven recommendations for improvement that resulted from the FY 2020-21 EQR, Santa Cruz addressed or partially addressed all of them.

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

- Access to Care: 100 percent met (three of three components)
- Timeliness of Care: 50 percent met (three of six components), 33 percent partially met (two of six components) and 17 percent not met (one of six components)
- Quality of Care: 100 percent met (eight of eight components)

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

Santa Cruz submitted both of the two required Performance Improvement Projects (PIPs). The clinical PIP, Corona Virus Disease-2019 (COVID-19), is in the second remeasurement phase with a moderate confidence validation rating. The non-clinical PIP, Addressing Outpatient/Intensive Outpatient DMC-ODS Admissions Decline, is in the Implementation Phase with a low confidence validation rating (early phase). Santa Cruz is in the final stages of completing the substance use disorders (SUDS) Pre-Admit Module for Avatar, which will facilitate electronic data entry and reporting of screening and referral data.

CalEQRO conducted two consumer family member focus groups, comprised of a total of 16 participants.

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The DMC-ODS demonstrated significant strengths in the following areas: easy access to services for clients through multiple entry points and a high penetration rate; providers who each offer multiple levels of care making it easy to facilitate smooth client transitions in treatment; strong commitment to both methadone and non-methadone medication assisted treatment (MAT) services with a high percentage of clients receiving them; intensive efforts to assure implementation of several evidence-based practices; and full provider access to Santa Cruz's electronic health record (EHR).

Santa Cruz was found to have notable opportunities for improvement in the following areas: challenges tracking several types of timeliness performance, challenges tracking American Society of Addiction Medicine (ASAM) Criteria Referral Data for screenings; insufficient capacity in residential withdrawal management beds, recovery residence beds, and recovery support services; insufficient information system (IS) staff dedicated to DMC-ODS needs; some possibly excessive chart documentation requirements for providers; and underutilization of Power Business Intelligence (BI) for dashboard development and quality improvement purposes.

FY 2021-22 CalEQRO recommendations for improvement include: improve use of performance measures (PMs) to track timeliness of first actual routine appointment, first actual urgent appointment, and no shows to first actual appointment; complete development of Pre-Admit Log and implement its use to address ASAM Criteria Level of Care (LOC) Referral Data requirements for screening; expand capacity for Residential Withdrawal Management beds, Recovery Residences (RR) beds, and Recovery Support Services (RRS); increase staffing dedicated to DMC-ODS data analytic and IS needs; work with contract providers to streamline documentation requirements; and expand use of Power BI for monitoring system of care effectiveness and identifying improvement opportunities.

# INTRODUCTION

## BACKGROUND

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

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

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

This report presents the FY 2021-22 findings of the EQR for Santa Cruz DMC-ODS by Behavioral Health Concepts, Inc., conducted as a virtual review on December 7-8, 2021.

## METHODOLOGY

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



year's findings, and identifies system-level strengths, opportunities for improvement, and recommendations to improve quality.

Data used to generate PM tables and graphs throughout this report are derived from multiple source files, unless otherwise specified. These statewide data sources include: Monthly Medi-Cal Eligibility Data System Eligibility File, DMC-ODS approved claims, the Treatment Perception Survey (TPS), California Outcomes Management System (CalOMS), and ASAM level of care data. CalEQRO reviews are retrospective; therefore, data evaluated are from FY 2020-21, unless otherwise indicated. As part of the pre-review process, each county is provided a description of the source of data and a summary report of their PMs, including Medi-Cal approved claims data. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

## FINDINGS

Findings in this report include:

- Changes, progress, or milestones in the county's approach to performance management – emphasizing utilization of data, specific reports, and activities designed to manage and improve quality of care – including responses to FY 2020-21 EQR recommendations.
- Review and validation of two elements pertaining to NA: Alternative Access Standards (AAS) requests and use of out-of-network (OON) providers.
- Summary of county-specific activities related to the following four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact beneficiary outcomes: Access, Timeliness, Quality, and IS.
- PM interpretation and validation, including sixteen PMs.
- Review and validation of submitted PIPs.
- Assessment of the Health Information System's (HIS) integrity and overall capability to calculate PMs and support the county's quality and operational processes.
- Consumer perception of the county's service delivery system, obtained through satisfaction surveys and focus groups with beneficiaries and family members.
- Summary of county strengths, opportunities for improvement, and recommendations for the coming year.

## HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

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

## CHANGES IN THE DMC-ODS ENVIRONMENT AND WITHIN THE COUNTY

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

### ENVIRONMENTAL IMPACT

This review took place during the COVID-19 pandemic, which began in March 2019 and has continued since then. The pandemic resulted in loss of staff and challenges in recruiting new staff, and consequent reductions in capacity for some services. The Governor's Executive Order continued to be in effect that established restrictions on in-person gatherings and other public safety precautions. In response, CalEQRO worked with Santa Cruz to design an alternative to the usual in-person on-site review format by arranging for all group interview sessions to be held by video conference. Santa Cruz was able to submit all the required documents and supplementary materials prior to the review dates, and to arrange for full participation in the group interview sessions.

### 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

- A new SUDS Director was hired in April 2021.
- DMC-ODS network providers continued to face challenges related to COVID-19 pandemic including staffing shortages, reduced client capacity and shifts to providing services via telehealth rather than in-person.
- The county experienced a marked increase in use of fentanyl and combination of methamphetamines and fentanyl
- Santa Cruz improved the design of RSS and expanded its delivery it to include all DMC-ODS providers.
- Santa Cruz is in the final stages of completing the SUDS Pre-Admit Module for Avatar, which will facilitate electronic data entry and reporting of screening and referral data.

## RESPONSE TO FY 2020-21 RECOMMENDATIONS

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

### 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 initial 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 2020-21

**Recommendation 1:** Expand service capacity for at least two types of services:

- Build upon recent successes to expand the delivery and billing for RSS.
- Resume the planning with milestones and timelines to contract for RR beds.

(This recommendation is a carry-over from Recommendation #1 in the FY 2019-20 CalEQRO report.)

Addressed

Partially Addressed

Not Addressed

- Santa Cruz launched their RSS in March of 2021 and reported delivery of six 15-minute units of service at the previous CalEQRO review in May of 2021. During the current review they reported having delivered 35 15-minute units of service. While this is a substantial increase, it is also a small amount and Santa Cruz will need to provide focused attention and support to grow this service. Santa Cruz reports they incorporated into each provider contract for FY 2021-22 a provision to establish RSS at their program locations.
- Santa Cruz has yet to contract for RR beds. They received technical assistance from CalEQRO regarding establishment of RRs including funding opportunities, quality criteria, and operational choices. Santa Cruz reported they are proceeding with planning for contracting that includes milestones and timelines.

**Recommendation 2:** Use the functionality offered by the recently installed Services Request and Disposition Log (SRDL) in Avatar by:

- Completing work with their software vendor to debug the module.
- Completing the training of staff at the Call Center and provider sites in how to enter initial contact data into the new data fields and monitor those entries for consistence and accuracy.
- Developing more timeliness reports from these data and sharing them more regularly with management for use in quality management.
- Using data and quality improvement methods to improve timeliness to initial appointments for routine and urgent conditions.

(This recommendation is a carry-over from parts of recommendations #2 and #3 in the FY 2019-20 CalEQRO report.)

Addressed

Partially Addressed

Not Addressed

- Santa Cruz reports ongoing slight modifications to the SRDL tool regarding the labelled fields and associated data collection reporting based on user feedback and quality assurance monitoring of the report methodologies.
- Santa Cruz reported hosting an SRDL training for DMC-ODS users in November 2021 preceding the CalEQRO review. The training covered standards for data entry of all requests, with special attention to requests focused upon Narcotic Treatment Programs (NTP) timeliness and on urgent requests.
- Santa Cruz reported they recently began developing more timeliness reports using SRDL data and sharing them more regularly with management. At the November 2021 training they reviewed the SRDL report that is available for all users, supervisors, and management at each DMC-ODS program. They also share DMC-ODS timeliness data in the quarterly Quality Improvement Committee (QIC) meetings for network performance. They plan to bring additional sharing at the monthly utilization review (UR) Committee meeting and within reviews they conduct at provider sites.
- Santa Cruz set goals in the QI Work Plan for FY 2021-22 to assist network providers in using the SRDL tool more effectively for timeliness tracking and to improve their timeliness performance. Santa Cruz reported that the network providers have demonstrated gradual improvements in these areas during the past year.

**Recommendation 3:** Identify and address the barriers to accurate and consistent completion by screeners and assessors of the data fields for the ASAM Criteria LOC Referral Data and uploading of the data for review and analysis by the University of California at Los Angeles (UCLA). Upon receipt of the results from the data analysis, use the results as a guide to quality improvement efforts.

(This recommendation includes a carryover of Recommendation #4 in the FY 2019-20 CalEQRO report, with the implementation to be expanded from the call center to all DMC-ODS sites that conduct screenings and assessments.)

Addressed

Partially Addressed

Not Addressed

- County SUDS staff have led a subcommittee with DMC-ODS network providers to identify and address the barriers to accurate and consistent completion by screeners of the data fields for the ASAM Criteria LOC Referral Data. The subcommittee identified that the barriers for accurate and consistent completion of their screening data were largely due to paper documentation of screenings which did not allow for streamlined electronic data collection and transmission. The subcommittee's solution to address these needs was the creation of a SUDS Pre-admit function in Avatar, and they proceeded to develop the necessary workflows for programming Avatar with the new Pre-admit function and training the network on how to utilize them. Santa Cruz reported that the anticipated launch date of these screening functions is February 7, 2022.

Aside from the screening problems, Santa Cruz had been entering ASAM Criteria LOC Referral Data for assessments and reassessments but had been experiencing difficulties with uploading the data for analysis by UCLA and for presentation by CalEQRO for the current review. They worked with UCLA and CalEQRO to correct the problems successfully by the time of the CalEQRO review.

- Because of the challenges experienced with screening and assessment data, Santa Cruz has yet to use their analyzed results for quality improvement purposes.

**Recommendation 4:** The QI Workplan is oriented to compliance policy statements with yes/no goals that focus on basic quality management infrastructures and amounts of staff activities. The next workplan should be recast to focus on how those staff meetings and related activities could be used to improve timely access and quality of care for clients. The goals should be framed wherever feasible as quantitatively measurable rates of improvement in client experiences of access to and quality of care from baseline.

Addressed

Partially Addressed

Not Addressed

- Santa Cruz’s FY 2021-22 QI Workplan submitted for the CalEQRO review incorporates the CalEQRO recommendation 4. The QI Workplan includes quantitatively measurable improvement rates for the selected goals that focus on clients’ experiences in accessing services, quality of care, and overall satisfaction with care.

**Recommendation 5:** The QI staff are stretched thin with a primary focus on compliance issues and less bandwidth for system improvement functions. Santa Cruz should add some QI staff, particularly a QI supervisor, to help address the expanded QI responsibilities required by the launch of the DMC-ODS and to help lead and oversee data analyses and reporting functions for QI purposes.

Addressed                       Partially Addressed                       Not Addressed

- Since the last CalEQRO review, the County Behavioral Health Director submitted the request for a QI Manager position to the County of Santa Cruz’s Administrative Office. The position was approved for recruitment in late September of 2021, the interview process was completed in late October, and a highly qualified candidate was selected and hired prior to this review.

**Recommendation 6:** The Cultural Competence Plan is substantially improved from the previous year in increased attention to substance use services but needs continuing work to achieve a better balance with the predominant focus on the cultural competency of mental health (MH) services. Santa Cruz should further increase inclusion of cultural competence goals specific to substance use prevention and treatment.

(This recommendation is a carry-over from recommendation #6 in the FY 2019-20 CalEQRO report.

Addressed                       Partially Addressed                       Not Addressed

- Santa Cruz submitted to CalEQRO a first draft of their updated 2021 Culturally and Linguistically Appropriate Services (CLAS)/Cultural Competence Plan (CCP). The draft incorporated CalEQRO’s feedback from the previous review to better reflect the County’s integrative behavioral health workforce and CLAS services delivery engagement efforts. Wording was updated to include terms like behavioral health (BH) when both MH and SUDS are intended, and MH or SUDS when either of those separately are intended. To improve the proportional inclusion of cultural competence activities specific to substance use prevention and treatment, the submitted draft identified which community partners offer culturally competent services to SUDS, MH or both populations, and included increased addition of SUDS-specific content. Santa Cruz will submit a copy of the final CLAS/CCP to CalEQRO in December prior to the EQRO review period (with track change features active as that is how DHCS requested the December submission), which will show the additional changes.

**Recommendation 7:** Santa Cruz should build upon their recent dashboard pilot with Power BI by making refinements to it and then utilizing it as feedback to management and treatment programs for guiding quality improvement efforts

(This recommendation is a carry-over from Recommendation #7 in the FY 2019-20 CalEQRO report.)

Addressed

Partially Addressed

Not Addressed

- Since the last CalEQRO review, Santa Cruz revised one aspect of SUDS Power BI to reflect service provision in terms of hours rather than days for outpatient and intensive outpatient levels of care. Other new refinements to the Power BI dashboard have yet to be made. Santa Cruz stated this is a priority that will be continually worked on in the current fiscal year. It would be helpful if Santa Cruz developed milestones and timelines for their next steps.

Elements of the five recommendations rated as Partially Addressed were incorporated into the recommendations at the end of this report that are to be addressed in FY 2021-22.



# NETWORK ADEQUACY

## BACKGROUND

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

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

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

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

## FINDINGS

For Santa Cruz County, the time and distance requirements are 60 minutes and 30 miles for outpatient SUDS services, and 60 minutes and 30 miles for NTP/OTP

services. These services are further measured in relation to three age groups – 0-17, 18-20, and 21+<sup>1</sup>.

#### Alternative Access Standards and Out-of-Network Access

Santa Cruz met all time and distance standards and was not required to submit an AAS request. Further, because Santa Cruz is able to provide necessary services to a beneficiary within time and distance standards using a network provider, they were not required to allow beneficiaries to access services via out of network providers.

#### Planned Improvements to Meet NA Standards

Not Applicable.

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<sup>1</sup> [AB 205](#) and [BHIN 21-023](#)

## ACCESS TO CARE

### BACKGROUND

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

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

### ACCESS IN SANTA CRUZ COUNTY

SUDS services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 1.0 percent of services were delivered by county-operated/staffed clinics and sites, and 99 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 91.4 percent of services provided are claimed to Medi-Cal.

Santa Cruz has a toll-free Access Line available to beneficiaries 24-hours, 7-days per week. Santa Cruz staff operate the Access Line during weekday business hours, and the contracted Santa Cruz Answering Services operates the Access Line functions during nights and weekends. The Access team staff are cross-trained to provide screenings for both MH and SUDS treatment requests during weekday business hours, and the Santa Cruz Answering Services is also cross-trained to address both types of requests after hours on weekdays and during weekends. The Santa Cruz staff conduct screenings and use ASAM criteria to make referrals to DMC-ODS providers at levels of care appropriate to caller needs. The Access Line is especially helpful for callers who need assistance in navigating and accessing the DMC-ODS.

The Access Center also provides a limited number of walk-in assessments, based upon availability. Assessments are more comprehensive than screenings. The assessor makes a referral based upon their assessment findings, ASAM patient placement criteria, and consideration of the client's preferences.

Prospective clients seeking treatment can also contact a contract provider directly to arrange an appointment for a full assessment. Each provider program is able to accept calls from prospective clients, schedule first appointments for a full assessment, register the person as a client in the systemwide EHR, and make referrals into treatment. All provider programs are trained in use of ASAM criteria. Although most provider programs

are contracted, they all use the same EHR system for both practice management and clinical record entries to facilitate easier care coordination.

In addition to clinic-based services, Santa Cruz provides telehealth services to clients in outpatient, intensive outpatient and NTP programs for individual and group counseling and case management services. These services were initially provided in response to the COVID-19 pandemic during which many in-person services were no longer feasible. However, in its PIP-related studies of these services Santa Cruz discovered that clients with challenges related to mobility, childcare, or transportation found telehealth services to be helpful. In FY 2020-21, Santa Cruz reports having served 379 adult beneficiaries, 66 youth beneficiaries, and less than 12 older adult beneficiaries via telehealth across one county-operated site and 11 contractor-operated sites. Among those served, 31 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

## ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of how a broad service delivery system provides access to beneficiaries and family members. They include: examining service accessibility and availability, system capacity and utilization, integration, and collaboration of services with other providers, the degree to which a DMC-ODS informs the Medi-Cal eligible population about how to access services, and how Santa Cruz monitors access to and availability of services on an ongoing basis. These components form the foundation of access to quality services that ultimately lead to improved beneficiary outcomes.

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

Table 1: Key Components – Access

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

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

- Santa Cruz revised their previous CCP Update to create more balance between MH and SUDS and reflect a more integrated plan. Santa Cruz surveyed clients to evaluate how the shift to telehealth services during the COVID-19 pandemic

might be impacting service delivery and learned that clients felt their counselor's sensitivity to cultural differences actually improved through use of telehealth.

- Santa Cruz completed the development and began the implementation of Power BI for dashboards to make it easier for management to use data analytic reports. Their first successful attempt at dashboards was with a focus on various access measured to monitor service utilization.
- Santa Cruz shared qualitative and quantitative data during the review to display successful collaborative initiatives between the DMC-ODS and many other agencies. Particular standouts were physical health care services (health plan, primary care and hospitals, criminal justice, public health, contract providers, and housing). Santa Cruz was able to obtain MAT utilization data from the health plan that was impressive both in the utilization that it demonstrated, and in the shared data agreements between them that are rare among California counties.

## PERFORMANCE MEASURES

In addition to the Key Components identified above, the following PMs further reflect access to care in Santa Cruz:

- Total beneficiaries served, stratified by age and race/ethnicity.
- Penetration rates, stratified by age, race/ethnicity, and eligibility categories.
- Approved claims per beneficiary (ACB) served, stratified by age, race/ethnicity, eligibility categories, and service categories.
- Initial service used by beneficiaries.

### Total Beneficiaries Served

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

The majority of clients served were in the 18-64 age group, with a penetration rate of 2.45 percent, nearly double the statewide rate for this age group. Fewer clients were served in the youth and older adult age groups; however, the penetration rates for both age groups were higher than like-sized counties and statewide.

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

Santa Cruz				Medium Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Beneficiaries Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages 12-17	8,854	79	0.89%	0.25%	0.25%
Ages 18-64	43,408	1,062	2.45%	1.55%	1.26%
Ages 65+	6,748	109	1.62%	1.19%	0.77%
<b>TOTAL</b>	<b>59,010</b>	<b>1,250</b>	<b>2.12%</b>	<b>1.29%</b>	<b>1.03%</b>

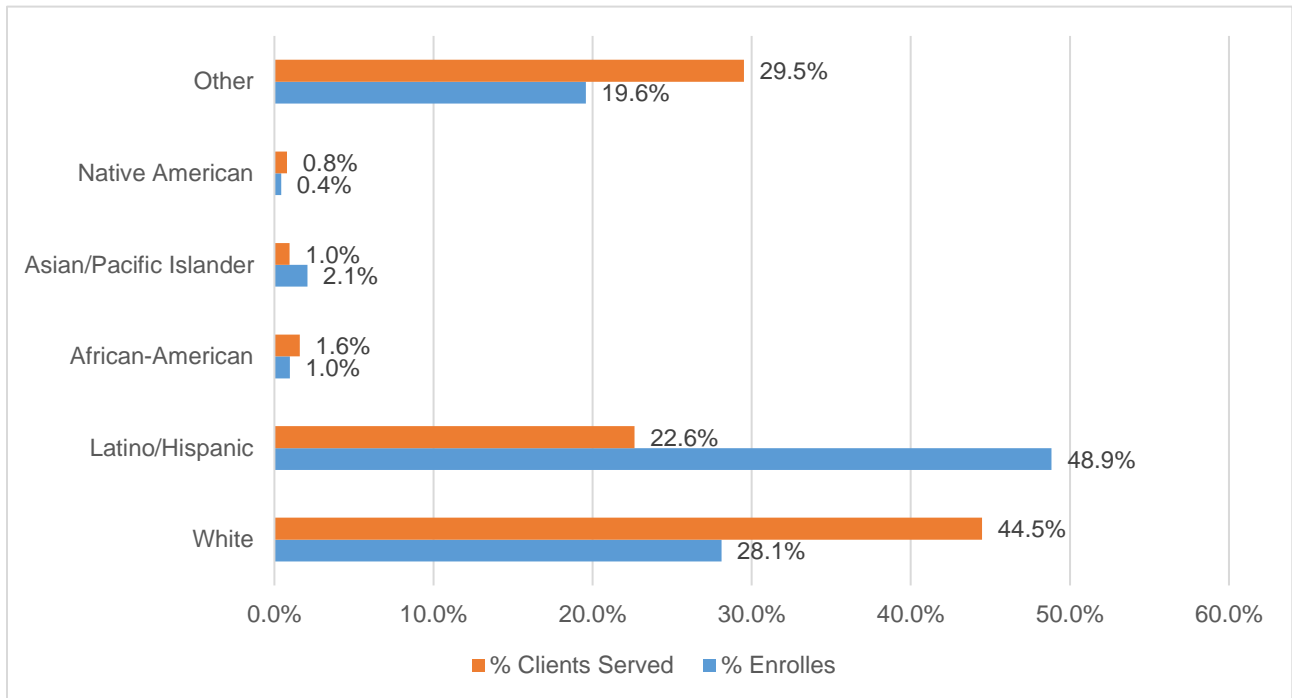
Penetration rates for clients identifying as White or Other were higher than statewide at 3.35 percent and 3.19 percent, respectively. The race/ethnicity group with the largest percentage of eligible clients was Latino/Hispanic (48.9 percent of all eligibles); however, only 22.6 percent of clients served are Latino/Hispanic clients, as depicted in Figure 1.

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

Santa Cruz				Medium Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	16,580	556	3.35%	2.29%	1.96%
Latino/Hispanic	28,829	283	0.98%	0.73%	0.69%
African American	569	20	3.51%	1.73%	1.34%
Asian/Pacific Islander	1,231	*	n/a	0.31%	0.17%
Native American	253	*	n/a	1.79%	1.84%
Other	11,550	369	3.19%	1.71%	1.41%
<b>TOTAL</b>	<b>59,012</b>	<b>1,250</b>	<b>2.12%</b>	<b>1.29%</b>	<b>1.03%</b>

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

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2020



### Penetration Rates and Approved Claim Dollars by Eligibility Category

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

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

Penetration rates for clients eligible through the Affordable Care Act (ACA) was 3.0 percent, higher than the statewide rate of 1.6 percent. The majority of clients receiving DMC-ODS services in Santa Cruz were eligible through ACA. Family Adult and Disabled were also common eligibility categories. Penetration rates for these two eligibility categories were higher than statewide as well.

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

Santa Cruz				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Penetration Rate	Penetration Rate
Disabled	6,334	214	3.4%	1.8%
Foster Care	133	*	n/a	2.3%
Other Child	5,676	51	0.9%	0.3%
Family Adult	10,987	254	2.3%	1.1%
Other Adult	8,646	25	0.3%	0.1%
MCHIP	3,476	31	0.9%	0.2%
ACA	23,630	718	3.0%	1.6%

Average approved claims by eligibility categories are higher in Santa Cruz compared to statewide for the adult categories, while the youth categories were lower than statewide average approved claims.

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

Santa Cruz				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Average Approved Claims	Average Approved Claims
Disabled	6,334	214	\$5,201	\$4,559
Foster Care	133	*	n/a	\$2,037
Other Child	5,676	51	\$1,690	\$2,492
Family Adult	10,987	254	\$5,129	\$4,231
Other Adult	8,646	25	\$4,104	\$3,386
MCHIP	3,476	31	\$2,098	\$2,748
ACA	23,630	718	\$6,246	\$5,131

Table 6 tracks the initial DMC-ODS service used by clients to determine how they first accessed DMC-ODS services and shows the diversity of the continuum of care. The majority of clients in Santa Cruz initially access DMC-ODS services through an NTP/OTP (44.7 percent). Outpatient and residential services are the next most common initial services (25.4 percent and 15.4 percent).



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

Santa Cruz			Statewide	
DMC-ODS Service Modality	#	%	#	%
Outpatient treatment	324	25.4%	33,885	33.1%
Intensive outpatient treatment	54	4.2%	2,679	2.6%
NTP/OTP	570	44.7%	40,908	40.0%
Non-methadone MAT	-	0.0%	291	0.3%
Ambulatory Withdrawal	-	0.0%	22	0.02%
Partial hospitalization	-	0.0%	23	0.02%
Residential treatment	197	15.4%	16,620	16.3%
Withdrawal management	131	10.3%	6,790	6.6%
Recovery Support Services	-	0.0%	1,006	1.0%
<b>TOTAL</b>	<b>1,276</b>	<b>100.0%</b>	<b>102,224</b>	<b>100.0%</b>

Table 7 shows the percent that each type of service category contributes to the total number of client treatment episodes for CY 2020. Some clients have more than one episode and receive treatment from more than one type of service category, so the percentages are calculated from the count of total client episodes that exceeds the unduplicated count of clients cited in some of the other Tables. The service category used in the most client episodes was NTP/OTP (31.5 percent). Outpatient services were the next most common service category, used in 19.8 percent of the total client treatment episodes. Non-methadone MAT comprised 17.3 percent of client treatment episodes, which notably was more than three times the statewide average of 5.2 percent and reflects Santa Cruz’s strong commitment to MAT treatment.

Table 7 also shows the average approved claims by service categories. The average approved claims for residential withdrawal management and residential treatment are somewhat lower than the statewide average, which likely reflects the greater ease with which Santa Cruz is able to facilitate stepdown transitions from these levels of care. The substantially higher average approved claims for intensive outpatient treatment likely reflects the greater success that Santa Cruz has in engaging clients in this level of care, in contrast to the challenges that many counties are experiencing.

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

Service Categories	Santa Cruz % Served	Statewide % Served	Santa Cruz Average Approved Claims	Statewide Average Approved Claims
Narcotic Tx. Program	31.5%	30.7%	\$4,502	\$4,097
Residential Treatment	16.3%	17.5%	\$8,004	\$8,846
Res. Withdrawal Mgmt.	10.1%	6.8%	\$1,510	\$2,057
Ambulatory Withdrawal Mgmt.	0.0%	0.0%	\$0	\$654
Non-Methadone MAT	17.3%	5.2%	\$1,100	\$1,093
Recovery Support Services	0.5%	2.7%	\$151	\$1,521
Partial Hospitalization	0.0%	0.0%	\$0	\$1,926
Intensive Outpatient Tx.	4.5%	6.4%	\$3,826	\$966
Outpatient Services	19.8%	30.6%	\$2,488	\$2,037
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>\$5,748</b>	<b>\$4,894</b>

## IMPACT OF FINDINGS

Penetration rates for Santa Cruz are higher than statewide rates across age groups, race/ethnicity categories, and eligibility categories. Latino/Hispanic clients make up nearly half of all eligibles in the county but under a quarter of clients served. Non-methadone MAT services are a strength in Santa Cruz reflected by the higher percent of client episodes in which this service category was used by clients compared to the statewide average.

## TIMELINESS OF CARE

### BACKGROUND

The amount of time it takes for beneficiaries to begin treatment services is a vital component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likely the delay will result in not following through on keeping the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track the timeliness and a process to review the metrics on a regular basis. Counties then need to adjust their service delivery system in order to ensure that timely standards are being met. CalEQRO uses a number of indicators for tracking and trending timeliness, including the Key Components and PMs addressed below.

### TIMELINESS IN SANTA CRUZ COUNTY

Santa Cruz reported timeliness data in aggregate. Further, timeliness data presented to CalEQRO represented the complete DMC delivery system.

Santa Cruz reported on recent improvements to timeliness data tracking. They reported completing most of the needed modifications to the SRDL tool within Avatar so that it can support data entries by call center and provider staff for timeliness tracking within the DMC-ODS. Santa Cruz trained Access Center staff and providers in use of the SRDL, and they began entering data into it earlier in CY 2021. Santa Cruz's monitoring of the data and feedback from providers revealed inaccuracies and inconsistencies in data entry that suggested the need for further training and monitoring. Santa Cruz hosted a training for providers in November 2021 that covered standards for data entry into the SRDL for all requests from prospective DMC-ODS clients, with special attention to requests focused upon NTP timeliness and on urgent requests. At the training they also reviewed samples of timeliness reports based partly on data entered into the SRDL and have done the same at quarterly QIC meetings.

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

Table 8: Key Components – Timeliness

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Partially Met
2B	Initial Contact to First MAT Appointment	Partially Met
2C	Urgent Appointments	Partially Met
2D	Follow-Up Services after Residential Treatment	Met
2E	Withdrawal Management Readmission Rates	Met
2F	No Show Rates	Not Met

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

- Most Santa Cruz treatment providers are contracted for multiple levels of care, making ASAM Criteria-based transitions in care easier for providers to facilitate and smoother for clients to experience. As a result, Santa Cruz’s 26.5 percent rate of successful step-downs from residential to outpatient treatment is higher than the statewide average. Also, the 7.5 percent rate of readmissions to residential withdrawal management within 30 days is lower than the statewide average of 11.1 percent.
- Santa Cruz tracks timeliness rates from first request to first offered routine appoint, and first offered to first initial session for routine, MAT, and urgent appointments. Santa Cruz reports timeliness averages that meet statewide standards for most of these measures except urgent appointments which are somewhat higher. However, Santa Cruz is working at improvements to the accuracy and consistency of its providers’ data entries related to timeliness.
- Santa Cruz measures treatment no show rates but has yet to learn how to track no show rates for first appointments in the system.

## PERFORMANCE MEASURES

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

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

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

- First Non-urgent Appointment Offered
- First Non-urgent Appointment Rendered
- Non-Urgent MAT Request to First NTP/OTP Appointment
- Urgent Services Offered
- Average Days for Follow-up Post-Residential Treatment
- Withdrawal Management Readmission Rates Within 30 Days
- No-Shows

#### DMC-ODS-Reported Data

For the FY 2021-22 EQR, Santa Cruz reported its performance for FY 2020-21.

- Average wait time of 4.8 days from initial service request to first non-urgent SUDS appointment offered
- Average wait time of 2.4 days from initial service request to first non-urgent NTP/OTP appointment offered
- Average wait time of 63 hours from initial service request to first urgent appointment offered
- No-shows were 15 percent for outpatient and 23 percent for intensive outpatient treatment (IOT), which are higher than the 2 percent no-show rate across all programs, including NTPs which have a low no-show rate.

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

FY 2021-22 DMC Assessment of Timely Access			
Timeliness Measure	Average/Rate	Standard <sup>2</sup>	% That Meet Standard
First Non-Urgent Appointment Offered	4.8 Days	10-Business Days	92%
First Non-Urgent Service Rendered	15.9 Days	10-Business Days	65%
Non-Urgent MAT Request to First NTP/OTP Appointment	2.4 Days	3-Business Days	79%
Urgent Services Offered	63 Hours	48-Hours	57%
Follow-up Services Post-Residential Treatment		7-Days	22%
Withdrawal Management Readmission Rates Within 30 Days	6%		
No-Shows	2%		

### Medi-Cal Claims Data

The following data represents DMC-ODS performance related to methadone access and follow-up post-residential discharge, as reflected in the FY 2020-21 claims.

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

Santa Cruz has timely dosing for methadone, less than a day, for NTP clients who request a first dose.

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

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<sup>2</sup> DHCS-defined standards, unless otherwise noted.

Santa Cruz				Statewide		
Age Groups	Clients	%	Avg. Days	Clients	%	Avg. Days
Ages 12-17	*	n/a	n/a	*	n/a	n/a
Ages 18-64	518	86.6%	<1	33,027	80.4%	<1
Ages 65+	*	n/a	n/a	*	n/a	n/a
<b>TOTAL</b>	<b>598</b>	<b>100.0%</b>	<b>&lt;1</b>	<b>41,093</b>	<b>100.0%</b>	<b>&lt;1</b>

### *Transitions in Care*

Transition in care following residential treatment is an important indicator of care coordination. Of clients who completed residential treatment, 26.46 percent received a follow-up service within the calendar year. This transition rate is higher than the statewide rate of 20.31 percent; however, less than 10 percent receive a follow-up service within 14 days of discharge from residential treatment.

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

Santa Cruz (n= 854)			Statewide (n= 49,799)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	59	6.91%	3,757	7.54%
Within 14 Days	85	9.95%	5,160	10.36%
Within 30 Days	114	13.35%	6,422	12.90%
<b>Any days (TOTAL)</b>	<b>226</b>	<b>26.46%</b>	<b>10,112</b>	<b>20.31%</b>

### *Residential Withdrawal Management Readmissions*

Santa Cruz had 253 admissions into withdrawal management, with 7.5 percent readmitting into withdrawal management within 30 days of discharge, lower than the statewide rate of 11.1 percent.

Table 12: Residential Withdrawal Management Readmissions, CY 2020

Santa Cruz			Statewide	
Total DMC-ODS admissions into withdrawal management	253		11,647	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Withdrawal management readmissions within 30 days of discharge	19	7.5%	1,291	11.1%

## IMPACT OF FINDINGS

Santa Cruz's self-reported timeliness metrics indicate that the DMC-ODS is able to meet the standard for first request for treatment to first offered appointment 92 percent of the time. However, the percentage drops to 65 percent for first request to first rendered appointment. Urgent requests were met within the 48-hour standard 57 percent of time, suggesting room for improvement on meeting these priority requests.

Stepdown transitions in care from residential to outpatient treatment are 26.46 percent as compared to 20.31 percent statewide. Readmission rates to withdrawal management within 30 days of discharge were 7.5 percent as compared to 11.1 percent statewide, suggesting that Santa Cruz conducts effective discharge planning and follow-up with their withdrawal management clients.



## QUALITY OF CARE

### BACKGROUND

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

- Its structure and operational characteristics.
- The provision of services that are consistent with current professional, evidenced-based knowledge.
- Intervention for performance improvement.

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

### QUALITY IN SANTA CRUZ COUNTY

In the DMC-ODS, the responsibility for QI is Santa Cruz County BH's Quality Improvement (QI) Division. The QI Division is a single team that performs both QI and quality assurance (QA)/Compliance activities. QI and QA/Compliance job functions are assigned to particular staff, including the QI team Director, as the single manager. The team works closely with both county and contractor programs to address both compliance and improvement opportunities.

Santa Cruz monitors its quality processes through the Quality Improvement Committee (QIC), the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC is comprised of representatives from the Behavioral Health Services (BHS) executive team, BHS program managers from both DMC and Mental Health Plan (MHP), QI managers, contract providers, peer support and recovery, family members and children's services. The QIC is scheduled to meet on a quarterly basis and met twice since the previous EQR in May 2021. Of the 11 identified FY 2020-21 QAPI workplan goals, Santa Cruz met one of its 11 goals and indicated that further work would be needed on the other ten goals. Prompted by the previous CalEQRO MHP and DMC-ODS reviews, Santa Cruz revised some of the basic design elements in its QAPI for FY 2021-22 to focus on measurable quality improvement goals that directly impact clients' experience with timely access to and quality of care.

## QUALITY KEY COMPONENTS

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

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

Table 13: Key Components – Quality

KC #	Key Components – Quality	Rating
3A	Quality Assessment and Performance Improvement are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	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 Client Perception of Care Surveys to Improve Care	Met

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

- Santa Cruz did an excellent job of revising its QI Workplan to focus more on measurable quality improvement goals directly impacting clients experience of care.
- Santa Cruz collaborates well with contract providers, clients, and family members, and with agencies outside the DMC-ODS who provide services that impact their clients. These outside agencies include the health plan, hospitals,

federally qualified health centers (FQHCs), criminal justice agencies, and housing agencies.

- Santa Cruz integrates case management services into each treatment program and regards the services as integral to their continuum of care for addressing the comprehensive care needs of clients. Santa Cruz reported that case management services continue to be highly utilized every year; in FY 2020-21 they averaged 983 billed 15-minute units of case management services that covered 86.1 percent of all clients.
- One of Santa Cruz's most notable achievements is in widespread offerings of MAT services to their clients. The percentage of their clients who received at least one non-methadone MAT service is nearly four times the statewide average (26.6 percent vs. 7.0 percent) and the percent of all their clients who are successfully engaged in non-methadone MAT services for at least three sessions is slightly more than four times the statewide average (13.5 percent vs. 3.3 percent). In addition, many people receive ongoing MAT services through the FQHCs (3,489 prescriptions in FY 2020-21). Santa Cruz has an extensive history of promoting MAT and combatting the stigma associated with it.
- Santa Cruz has a substantial ongoing initiative to train providers in and monitor their implementation of evidence-based practices. The initiative goes beyond what most counties do in monitoring chart notes for indications that evidence-based practices were delivered.
- Santa Cruz identified residential withdrawal management, RRs and RRS as components in their continuum of care for which expansions of service capacity are needed.

## 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 Withdrawal Management with no other treatment
- High-Cost Beneficiaries (HCB)
- ASAM congruence
- Initiation and Engagement
- Length of Stay (LOS)
- CalOMS Discharge Status Ratings

## Diagnosis Data

Table 14 compares the breakdown by diagnostic categories of Santa Cruz and statewide by the number of beneficiaries served and total approved claims amount, respectively, for CY 2020. The most common diagnostic categories for DMC-ODS clients in Santa Cruz are Opioid (55.5 percent), Alcohol Use Disorder (20.0 percent), and Other Stimulant Abuse (15.6 percent).

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

Diagnosis Codes	Santa Cruz		Statewide	
	% Served	Average Cost	% Served	Average Cost
Alcohol Use Disorder	20.0%	\$7,261	17.6%	\$5,936
Cannabis Use	6.9%	\$2,623	8.0%	\$2,921
Cocaine Abuse or Dependence	0.7%	\$3,598	1.8%	\$5,769
Hallucinogen Dependence	0.1%	\$3,630	0.2%	\$6,112
Inhalant Abuse	0.0%	\$0	0.0%	\$8,581
Opioid	55.5%	\$5,538	47.4%	\$4,788
Other Stimulant Abuse	15.6%	\$6,658	23.1%	\$5,269
Other Psychoactive Substance	0.0%	\$0	0.1%	\$7,114
Sedative, Hypnotic Abuse	0.7%	\$11,243	0.5%	\$6,077
Other	0.5%	\$650	1.2%	\$2,923
<b>Total</b>	<b>100%</b>	<b>\$5,856</b>	<b>100%</b>	<b>\$4,962</b>

Table 15 summarizes the number and percentage of clients who received at least one dose and the percentage who received three or more doses of non-methadone MAT. The percentage of those receiving at least one non-Methadone MAT service in Santa Cruz is markedly higher than the statewide average for a single service (30.0 percent vs. 7.6 percent). The engagement and retention in non-methadone MAT drops to 15.1 percent; however, some clients continue their non-methadone MAT outside of DMC-ODS providers (e.g., through FQHCs).

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

Santa Cruz					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 12-17	*	n/a	*	n/a	*	n/a	*	n/a
Ages 18-64	319	30.0%	160	15.1%	6,698	7.6%	3,227	3.7%
Ages 65+	*	n/a	*	n/a	*	n/a	*	n/a
<b>TOTAL</b>	<b>332</b>	<b>26.6%</b>	<b>169</b>	<b>13.5%</b>	<b>7,146</b>	<b>7.0%</b>	<b>3,397</b>	<b>3.3%</b>

### Residential Withdrawal Management with No Other Treatment

Table 16 identifies clients who enter withdrawal management multiple times without ever engaging in follow-up treatment. This measure is a proxy for lack of effective discharge planning and case management follow-up to ensure that clients engage in treatment after withdrawal management. Only 1.03 percent of clients in Santa Cruz had three or more withdrawal management episodes and no other treatment, as compared to 3.34 percent of clients statewide.

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

Santa Cruz			Statewide	
	# Withdrawal Management Clients	% 3+ Episodes & no other services	# Withdrawal Management Clients	% 3+ Episodes & no other services
<b>TOTAL</b>	195	1.03%	8,824	3.34%

### High-Cost Beneficiaries

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

In Santa Cruz, 4.8 percent of clients met the threshold to be considered a high-cost beneficiary, with small numbers in the youth and older adult age groups and thus HIPAA suppression rules were applied to Table 17.

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

<b>Santa Cruz</b>						
<b>Age Groups</b>	<b>Total Beneficiary Count</b>	<b>HC B Count</b>	<b>HC B % by Count</b>	<b>Average Approved Claims per HC B</b>	<b>HC B Total Claims</b>	<b>HC B % by Total Claims</b>
Ages 12-17	79	*	n/a	n/a	n/a	n/a
Ages 18-64	1,062	57	5.37%	\$18,209	\$1,037,932	15.99%
Ages 65+	109	*	n/a	n/a	n/a	n/a
<b>TOTAL</b>	<b>1,250</b>	<b>60</b>	<b>4.80%</b>	<b>\$18,454</b>	<b>\$1,107,261</b>	<b>15.41%</b>

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

<b>Statewide</b>					
<b>Age Groups</b>	<b>Total Beneficiary Count</b>	<b>HC B Count</b>	<b>HC B % by Count</b>	<b>Average Approved Claims per HC B</b>	<b>HC B Total Claims</b>
Ages 12-17	3,980	53	1.33%	\$19,547	\$1,036,014
Ages 18-64	89,545	5,355	5.98%	\$20,688	\$110,786,886
Ages 65+	10,277	217	2.11%	\$20,676	\$4,486,743
<b>TOTAL</b>	<b>103,802</b>	<b>5,625</b>	<b>5.42%</b>	<b>\$20,677</b>	<b>\$116,309,644</b>

#### ASAM Level of Care Congruence

Table 19 shows the congruence between the ASAM criteria-based findings at screenings and assessments and where the prospective client was actually referred. Initial screening data is not currently captured by Santa Cruz in a manner that can be reported to the state. For initial assessments, the congruence was high at 90.8 percent, with patient preference explaining most of the incongruence (6.3 percent). Follow-up assessment data showed a 93.7 percent congruence rate.

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

Santa Cruz ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
<i>If assessment-indicated LOC differed from referral, then reason for difference</i>						
Not Applicable - No Difference	0	0.0%	1,150	90.8%	15	93.7%
Patient Preference	0	0.0%	80	6.3%	0	0.0%
Level of Care Not Available	0	0.0%	*	n/a	0	0.0%
Clinical Judgement	0	0.0%	0	1.8%	0	0.0%
Geographic Accessibility	0	0.0%	0	0.06%	0	0.0%
Family Responsibility	0	0.0%	*	n/a	0	0.0%
Legal Issues	0	0.0%	0	0.2%	0	0.0%
Lack of Insurance/Payment Source	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	32	2.5%	*	n/a
Actual Level of Care Missing	0	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>0</b>	<b>0.0%</b>	<b>1,266</b>	<b>100.0%</b>	<b>16</b>	<b>100.0%</b>

### Initiation and Engagement

For adults in Santa Cruz, 92.3 percent initiated treatment (had at least one session within 15 days after their initial visit), which is comparable to the statewide percentage of 89.1 percent. For engagement (two more sessions with 30 days after the initiation visit), 82.0 percent of adults continued to engage in services, which was higher than the statewide rate of 78.9 percent. The numbers of youth served was much smaller than adults; however, initiation and engagement were low compared to statewide for this age group. Initiation into services for youth was 53.8 percent, compared to 81.4 percent statewide. Of those who initiated, 59.5 percent continued to engage in services, compared to 70.1 percent statewide.

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

	Santa Cruz				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	1,198		78		98,320		3,904	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	1,106	92.3%	42	53.8%	87,609	89.1%	3,179	81.4%
Clients who then engaged in DMC-ODS services	907	82.0%	25	59.5%	69,099	78.9%	2,230	70.1%

### Length of Stay

The mean (average) length of stay for Santa Cruz clients was 143 days (median 81 days), comparable to the statewide mean of 142 (median 88 days). Of all clients, 47.2 percent had at least a 90-day length of stay; 29.4 percent had at least a 180-day stay, and 20.8 percent had at least a 270-day length of stay. These percentages are consistent with the statewide rates.

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

Santa Cruz	Statewide							
Clients with a discharge anchor event	1,267				110,817			
LOS for clients across the sequence of all their DMC-ODS services	Mean (Average)		Median (50 <sup>th</sup> percentile)		Mean (Average)		Median (50 <sup>th</sup> percentile)	
	143		81		142		88	
	#	%	#	%	#	%	#	%
Clients with at least a 90-day LOS	598		47.2%		54,782		49.43%	
Clients with at least a 180-day LOS	372		29.4%		32,644		29.46%	
Clients with at least a 270-day LOS	264		20.8%		20,256		18.28%	

### CalOMS Discharge Ratings

Substantially more clients were rated as completing treatment than the statewide average (39.3 percent vs. 24.2 percent) and substantially less had administrative discharges than statewide (31.6 percent vs. 41.4 percent). Slightly more clients in Santa Cruz had positive discharge ratings compared to the statewide average (51.5 percent vs



49.8 percent). These statistics all suggest that Santa Cruz providers are engaging clients in treatment and providing quality care that is helping clients recover.

Table 22: CalOMS Discharge Status Ratings, CY 2020

Discharge Status	Santa Cruz		Statewide	
	#	%	#	%
Completed Treatment - Referred	243	31.80%	13,699	18.70%
Completed Treatment - Not Referred	62	8.10%	4,039	5.50%
Left Before Completion with Satisfactory Progress - Standard Questions	42	5.50%	12,675	17.30%
Left Before Completion with Satisfactory Progress – Administrative Questions	47	6.10%	6,059	8.30%
<i>Subtotal</i>	<i>394</i>	<i>51.50%</i>	<i>36,472</i>	<i>49.80%</i>
Left Before Completion with Unsatisfactory Progress - Standard Questions	175	22.90%	11,751	16.10%
Left Before Completion with Unsatisfactory Progress - Administrative	187	24.50%	24,233	33.10%
Death	*	n/a	142	0.20%
Incarceration	*	n/a	551	0.70%
<i>Subtotal</i>	<i>370</i>	<i>48.40%</i>	<i>36,677</i>	<i>50.10%</i>
<b>TOTAL</b>	<b>764</b>	<b>100.00%</b>	<b>73,149</b>	<b>100.00%</b>

## IMPACT OF FINDINGS

Non-methadone MAT is a strength in Santa Cruz, with nearly a third of all clients receiving at least one service. CalOMS discharge ratings indicate a slightly higher rate of positive client outcomes than the statewide average, and substantially more treatment completions than the statewide average. These rates are likely related to the slightly higher rates of initiation and engagement into treatment compared to statewide averages for adults, and Santa Cruz’s emphasis on effective implementations of evidence-based practices. Youth initiation and engagement rates were lower than statewide and worthy of further investigation.

ASAM congruence for initial assessments is high at 90.8 percent; however, without screening data recorded in a systematic manner through the EHR, clients may experience repetition in questions asked and providers may not be given initial screening information to inform their assessment process.

# PERFORMANCE IMPROVEMENT PROJECT VALIDATION

## BACKGROUND

Each DMC-ODS is required to have two active and ongoing clinical PIPs, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330<sup>3</sup> and 457.1240(b)<sup>4</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 improvement at a member, provider, and/or DMC system level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested individually by Santa Cruz, hosting quarterly webinars, and maintaining a PIP library at [www.calegro.com](http://www.calegro.com).

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

## CLINICAL PIP

### General Information

Clinical PIP Submitted for Validation: COVID-19

Date Started: 07-01-2020

Aim Statement: Can the DMC-ODS network of SUDS outpatient programs achieve (1) a reduction in no-shows and (2) improvements in client perception of access, quality, cultural competency, care coordination, outcomes, and general satisfaction two years following the introduction of telehealth services?

In addition to improving performance in these areas, Santa Cruz wishes to explore the rapid adoption of telehealth technologies and associated training and supervision following the onset of COVID-19, including its effects on the following: (1) number of

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<sup>3</sup> <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf>

<sup>4</sup> <https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf>

clients served; (2) distribution of phone, in-person, and telehealth modes; (3) distribution of individual, group, and case management modalities; and (4) client satisfaction with in-person versus telehealth with regards to ease, connectedness to counselor, effectiveness of treatment, cultural sensitivity, cost, and preference.

Target Population: The SUDS client population in this study will include all DMC-ODS beneficiaries receiving services in Santa Cruz's county-operated and contracted network of outpatient treatment programs for the DMC-ODS. The date range for clients receiving services will be September 2019-February 2022. Their age distribution is 18 years and older, they race/ethnicity mix will be a combination of Caucasian, Latino, African American, Asian, Native American, Pacific Islander and Other. All recipients will have a primary diagnosis of a SUD with the potential of having a secondary MH diagnosis that is mild or moderate.

Validation Information:

Santa Cruz's clinical PIP is in the second remeasurement phase.

Summary

In response to the COVID-19 pandemic, Santa Cruz quickly transformed the mode of delivery for its outpatient services from primarily in-person to primarily telehealth. They used these modes for case management, individual counseling, and group counseling. They provided 12 hours of standardized training to providers in both the technological and clinical aspects of how to use telehealth effectively. They also instituted weekly supervision meetings to discuss strengths and challenges of delivering services through telehealth modalities.

Santa Cruz sought to study the effects and benefits of using these new modes of delivery through their clinical PIP for quality improvement during the pandemic and to determine for what situations telehealth might be used after the pandemic recedes. As performance measures, Santa Cruz used encounter data to study the impact of telehealth on outpatient no show rates and found the rates not only stabilized but actually decreased slightly during COVID-19 pandemic after introduction of telehealth services. They also used TPS data to study whether clients' perception of care changed from the fall of 2019 prior to the COVID-19 pandemic to the fall of 2020 during the first year of COVID-19 and telehealth service delivery. They found modest improvements in client ratings across all domains of access, quality, care coordination, client outcomes and overall satisfaction. Santa Cruz administered the TPS in the fall of 2021 and anticipates receiving and reviewing the results from that data in January of 2022.

Santa Cruz also introduced several exploratory measures to further study the impact of telehealth. They used encounter data from six months prior to the onset of the

COVID-19 pandemic and for several six-month periods after the onset of COVID-19, and they introduced a one-time survey of client retrospective perceptions of in-person vs. telehealth delivery of services. From the encounter data they found a substantial drop in clients served after the onset of the COVID-19 pandemic that stabilized after the shift to telehealth as primary mode of service delivery, and they found a slight increase in individual counseling and decrease in group counseling. The surveys revealed slight client preferences for telehealth vs. in-person modes of treatment across several domains, with particularly marked preference for telehealth in ease of receiving services and reduced costs to the client.

## TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence, because: The PIP data collection and analyses have yet to be completed. The encounter data results indicate a stabilization of utilization and no-show rates, suggesting that telehealth modes of delivery stabilized what would otherwise have been COVID-19 pandemic-related access issues. The TPS results indicate slight improvements in clients' perceptions of care across all domains from pre-COVID-19 to first year COVID-19 experiences, but the response rate was low during the first COVID-19 year and did not represent those clients who did not seek or discontinued treatment because of discomfort with telehealth. Similarly, the customized client survey showed positive client responses to telehealth but represented a low response rate and did not include responses from clients who had discontinued treatment out of discomfort with telehealth.

The TA provided to Santa Cruz by CalEQRO consisted of:

- CalEQRO reviewed various versions of the Clinical PIP Development Tool during this and the previous year, provided edit suggestions by email, and met with the Clinical PIP Team on several occasions for in-depth discussion of the PIP design.
- CalEQRO recommended a PIP research consultant who the team contracted with during a time of staff turnover.
- CalEQRO initially provided encouragement regarding the selection of this PIP topic in 2020 after the onset of the COVID-19 pandemic, advice regarding the selection of performance measures and data sources, and advice regarding the types of data analyses to use.

CalEQRO recommendations for improvement of this clinical PIP include:

- Continue with ongoing provider training in effective administration of telehealth methods for delivery of outpatient treatment services.
- Continue collecting and analyzing utilizing data.
- Analyze and report on final year of TPS data.
- Draft the final report with clear narration of what survey procedures were actually followed. Include minimal reference to which plans were made but changed midstream along with the rationale for the changes.

## NON-CLINICAL PIP

### General Information

Non-Clinical PIP Submitted for Validation: Addressing Outpatient/Intensive Outpatient DMC-ODS Admissions Decline

Aim Statement: During FY 2021-2022, Santa Cruz will provide targeted community outreach and beneficiary education materials to improve community and client knowledge and decrease stigma regarding outpatient and intensive outpatient SUDS treatment options within the DMC-ODS network. By doing so, Santa Cruz intends to increase outpatient/intensive outpatient treatment (OP/IOT) program admissions by the end of FY 2021-22 from 115 admissions to 194 admissions (40 percent increase).

Target Population: The PIP focuses on DMC-ODS adult (age 18+) beneficiaries who meet OP/IOT level of care at a DMC-ODS network provider program. Individuals will be Santa Cruz County residents living within the North to South regions, Medi-Cal eligible with a qualifying SUDS diagnosis and meet medical necessity criteria for ASAM 1.0 or 2.1 IOT level of care. These individuals include beneficiaries 18 years of age and older, of all gender identifications and across all cultural and linguistic demographics. Their length of enrollment in treatment will vary but must be a minimum of one day. Their diagnoses will be any that meet the DMC-ODS inclusion criteria for outpatient or intensive outpatient treatment.

Validation Information:

Santa Cruz's non-clinical PIP is in the implementation phase.

### Summary

Santa Cruz experienced a substantial reduction in SUDS treatment admissions as a result of the COVID-19 pandemic, including a 40 percent reduction in admissions to

outpatient and intensive outpatient treatment. The focus of this PIP is to return admissions to pre-COVID-19 levels through several intervention strategies:

#1) Develop training presentations and beneficiary educational materials for potential referral sources to use in helping motivate and guide beneficiaries to access treatment and to reduce stigma associated with seeking behavioral health care. The trainings will explain the range of SUDS treatment services that are available and how to refer people to them for treatment. The educational materials will be bilingual brochures to leave with agencies to provide to potential clients.

#2) Provide community outreach by utilizing Santa Cruz staff to inform potential referral sources who are familiar with Medi-Cal beneficiaries and their SUDS treatment needs. These sources will include selected MH treatment providers, SUDS prevention providers, and correctional staff.

Several of the PIP measures were used to determine the extent to which the interventions were being implemented. The outcome measures were well-designed to determine whether an increase in admissions was being achieved, and the extent to which new admissions were coming from referrers who had been targeted with the PIP outreach interventions. At the time of the review the PIP was in initial stages of implementation and data collection, still too soon to determine the PIP's effectiveness.

#### TA and Recommendations

As submitted, this non-clinical PIP was found to have low to moderate confidence at this initial stage without much data available yet to determine the PIP's effectiveness. Providers were initially inconsistent in entering data regarding referral sources for new admissions, and further training was necessary.

The TA provided to Santa Cruz by CalEQRO consisted of:

- CalEQRO reviewed various versions of the Non-Clinical PIP Development Tool during this and the previous fiscal year, provided edit suggestions by email, and met with the Clinical PIP Team on several occasions for in-depth discussion of the PIP design.
- CalEQRO recommended a PIP research consultant who the team contracted with during a time of staff turnover.
- CalEQRO provided advice regarding refinement of the selection of performance measures and data sources, and advice regarding the types of data analyses to use.

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

- Santa Cruz should monitor closely the provider data entries regarding referral sources for new treatment admissions to ensure data accuracy and consistency.

- Santa Cruz should regularly analyze and report on the data to ensure the integrity of the PIP design and promote quality improvement as needed.
- Continue with the PIP interventions, the careful measurement of their implementation, and the data collection entries by providers of the extent to which the new admissions are due to referrers targeted by the PIP for outreach.
- Work towards completion of the PIP by 06/30/2022.

# INFORMATION SYSTEMS (IS)

## BACKGROUND

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

## IS IN SANTA CRUZ COUNTY

The primary EHR system used by Santa Cruz is Netsmart/myAvatar, which has been in use for more than five years. Currently, Santa Cruz has no plans to replace the current system, which is functioning in a satisfactory manner.

Approximately 1.3 percent of the DMC-ODS budget is dedicated to support the IS (County information technology (IT) overhead for operations, hardware, network, software licenses, application services provider (ASP) support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is allocated to the DMC-ODS but managed by another county department.

The DMC has 234 of named users with logon authority to the EHR, including approximately 37 county-operated staff and 197 contractor-operated staff. Support for the users is provided by seven full-time-equivalent (FTE) IS technology positions. Currently, there are two unfilled positions.

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



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

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

### Beneficiary Personal Health Record (PHR)

The 21st Century Cures Act (Cures Act) of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a PHR enhances beneficiaries' and their families' engagement and participation in treatment. Santa Cruz has a PHR available to clients and 499 have accessed their PHR in the last year. Clients are able to view future appointments, schedule or request a new appointment, receive appointment reminders, view active medication prescriptions, and send/receive secure text messages.

### Interoperability Support

The DMC-ODS is not a member or participant in a HIE. Staff use a combination of secure electronic fax correspondence as well as secure email correspondence to exchange information. The DMC-ODS engages in electronic exchange of information with the following departments/agencies/organizations: MH and SUDS contract providers.

## IS KEY COMPONENTS

CalEQRO identifies the following key components related to DMC-ODS system infrastructure that are necessary to meet the quality and operational requirements

necessary to promote positive beneficiary outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present in order to demonstrate that analytic findings are used to ensure overall quality of the SUDS DMC-ODS delivery system and organizational operations.

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

Table 24: Key Components – IS Infrastructure

KC #	Key Components – IS Infrastructure	Rating
4A	Investment in IT Infrastructure and Resources is a Priority	Met
4B	Integrity of Data Collection and Processing	Met
4C	Integrity of Medi-Cal Claims Process	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:

- Contract providers have full access to the EHR, myAvatar. This has benefits for monitoring access and capacity issues and tracking timeliness and other quality metrics.
- Contract provider and line staff expressed that the documentation requirements are onerous and that some of the data reports that are sent back to providers are not accurate because of the error-prone data entry system.
- IS and data analytic staff are through the Santa Cruz County Health Services Agency (HSA) and not dedicated to DMC-ODS activities. While key staff positions have been filled, it does not appear that there is currently enough capacity to provide reports, dashboards, and analytics to staff, management, and leadership to support system monitoring and decision-making.
- Santa Cruz has an Operations Continuity Plan for critical business functions for use in an emergency; however, this plan is not tested annually.

## IMPACT OF FINDINGS

There are tremendous benefits to having all contract providers entering data directly into the county EHR. However, there also appear to be challenges with that arrangement. Regarding data entry, providers reported burdensome documentation requirements and questioned whether some were more rigorous than state and federal regulations. Santa Cruz reported inconsistent and at times inaccurate data entries by providers, necessitating more training and monitoring. Regarding data extraction, providers report difficulties accessing some types of data from the EHR. They expressed appreciation to Santa Cruz QI and IS staff for their patience and collaborative communication but expressed concern that short staffing in both QI and IS areas were barriers to receiving timely reports that could help them monitor and track key metrics.

The DMC-ODS has implemented an initial phase of using Power BI as a data visualization tool. Thus far, the dashboards are limited to externally facing data on number of clients, utilization, and related demographics. Power BI can be a valuable tool for communicating and disseminating information to internal staff and management to better monitor client flow through the system and identify opportunities.

# VALIDATION OF CLIENT PERCEPTIONS OF CARE

## BACKGROUND

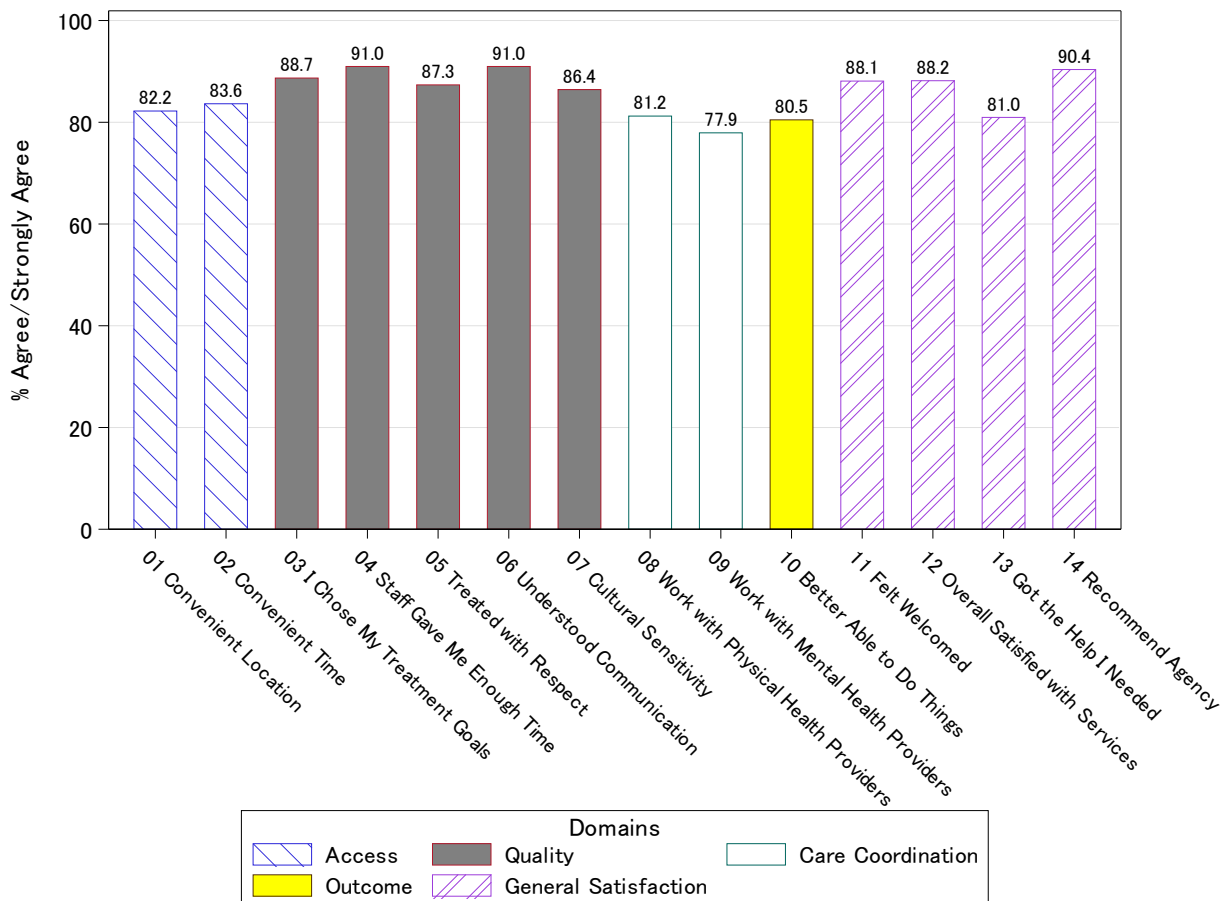
CalEQRO examined available client satisfaction surveys conducted by DHCS, the DMC-ODS, or its subcontractors.

## TREATMENT PERCEPTION SURVEY

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

Santa Cruz had 169 adult respondents in November 2020 (data from 2021 were not yet available for this review). The lowest rated items pertained to coordination with MH Providers (77.9 percent) and being Better Able to Do Things (80.5 percent). Santa Cruz reviews and shares the data results analyzed by treatment programs and engages with specific providers if there appear to be opportunities for program and/or system policy improvements.

Figure 2: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA



## CONSUMER FAMILY MEMBER FOCUS GROUP

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

As part of the pre-site planning process, CalEQRO requested two 90-minute focus groups with clients, containing six to ten participants each. The participants selected for each group were asked to complete an online survey prior the day of the focus group. The survey included a few demographic items followed by nine items that addressed client experiences with their access to and quality of care. Clients were asked to rate each item on a five-point scale with (5) for best and one (1) for worst experiences and

using pictures of feeling facial expressions to represent each number. During the focus groups, the facilitator used the survey questions as the primary structure for the discussion. The facilitators further explained that the goal of the survey is to understand the clients' experiences and generate recommendations for system of care improvement.

Many of the clients in each group were engaged in residential treatment and it was not clear from the surveys in which focus group some participated. Consequently, the separate section on each focus group that follows will include only the results of the discussion that took place within those groups. The section that summarizes the survey results will display the combined results of the ten clients who responded to the survey without distinguishing from which groups they participated.

## CONSUMER FAMILY MEMBER FOCUS GROUP ONE

CalEQRO requested a 90-minute focus group with a diverse group of adult women clients from varied levels of care and treatment programs who initiated services with Santa Cruz in the preceding 12 months. The focus group was held through videoconferencing and included seven participants. A language interpreter was not needed for this focus group. All clients participating in the focus group were DMC-ODS beneficiaries receiving services from Santa Cruz contracted providers.

The seven participants in this focus group, all of whom entered services within the past year, described their experiences with accessing services as the following:

- Some of the clients said they were referred by another program, hospital, or the courts. Others said they contacted the provider on their own to request treatment. None reported using the Access Line.
- The clients reported that services continued despite the COVID-19 pandemic. However, they some reported that their residential programs no longer allowed clients to go outside on walks or other activities because of the pandemic. Some said they needed more MH services which were restricted because they involved visits outside the residential treatment center.
- Clients felt the intake and assessment processes went smoothly.
- Clients said they experienced good coordination between their program staff and outside agencies with whom the clients were also receiving services.

General comments regarding service delivery that were mentioned included the following:

- All the client participants reported they were able to get the services they needed in a timely manner except for one client who overdosed and had to get her Medi-Cal switched to a new county.

- Only two clients were on MAT services. All except one said they had received education about the options. The client who did not was in a special circumstance that prevented that from happening.
- Clients reported differing policies from their respective residential treatment programs regarding relapse policies. One client felt her program should more strictly enforce a no drug use/no relapse policy.

Recommendations for improving care included the following:

- Client from Janus Perinatal felt overly confined at the facility and said they needed some outside activities for their MH like taking walks.
- Clients from Janus Perinatal said the program needed more counselors, especially for individual sessions to address some clients' MH needs.
- Clients from Janus Perinatal said they had difficulty accessing twelve-step groups outside the residential treatment program because those groups would not allow use of videoconferencing. They asked that Janus find other ways to arrange participation for those clients that wanted to be involved in such groups.
- Clients from Santa Cruz Residential suggested more consistency in applying consequences if rules are broken, especially around drugs and relapse protocols.

## CONSUMER FAMILY MEMBER FOCUS GROUP TWO

CalEQRO requested a 90-minute focus group with a diverse group of adult clients who had initiated services with Santa Cruz in the preceding 12 months and had transitioned from residential withdrawal management to residential treatment. The focus group was held through videoconferencing and included nine participants, four of whom were men and five women. A language interpreter was not needed for this focus group. All clients participating in the focus group were DMC-ODS beneficiaries receiving services from Santa Cruz contracted providers.

The nine participants in this focus group, all of whom entered services within the past year, described their experiences with accessing services as the following:

- Thankful for the services they received.
- Almost all were referred by another program or self-referral. No one called the Access Line.
- No one had trouble getting an assessment, but one client didn't like how many times they had to be assessed.

- Most clients were admitted into residential withdrawal management in a timely manner. However, one client complained that it took up to three weeks to get admitted. Another complained of being turned away while withdrawing and ended up in a local emergency room.

General comments regarding service delivery that were mentioned included the following:

- Clients expressed thankfulness for the services they received.
- The client who complained of a wait to get into withdrawal management said the subsequent transition from there to residential treatment went smoothly.
- Several clients remarked that relapse protocols vary among different residential facilities. For example, they said there is one residential treatment program where you are ejected if you relapse, another makes considered decisions on a case-by-case basis, and a third enforces no real consequences unless the alcohol or drug use while in the program is chronic.
- Clients remarked that they must arrange their own participation in aftercare maintenance upon discharge. They complained there is no available housing upon discharge except to a sober living environment (SLE) if space is available.
- Clients said that counselors will explain about MAT services if they think the client is a candidate for MAT.

Recommendations for improving care included the following:

- At Janus Residential, hire more staff at a higher rate of pay so clients have more individual one on one time and can have staff take them on outings or walks.
- At Santa Cruz Residential, provide more clear organizational policies about consequences for relapses and other negative behaviors, and enforce them more consistently.
- In any of the residential treatment programs, introduce more liberal smoking policies for those would like to smoke to relieve stress.
- Fund more SLEs (and convert them to RRs) to address the housing shortage and provide drug-free temporary housing for clients upon discharge from residential treatment.
- Improve how counselors facilitate group sessions and community meetings by taking more initiative, helping clients communicate more clearly, and helping clients work together with staff.



## CONSOLIDATED SURVEY RESPONSES FROM THE CONSUMER FAMILY MEMBER FOCUS GROUPS

Following are the averages and ranges for the client responses to the nine client survey items. These items were administered online. Two client participants in the focus groups responded to the survey prior to the focus groups, eight responded a few days after the focus groups, and six did not respond to the survey. It was not possible to separate which clients took which surveys, and so the responses from the two groups were consolidated and displayed below. The ratings for items #1 and #2 regarding initial access to services reflected more varied experiences than the other items. The average ratings for all items were uniformly positive, although the rating for item #5 regarding education about MAT services was slightly lower than the other items.

Table 25: CFM Focus Groups One and Two Consolidated Survey Responses

Question	Average	Range
1. I easily found the treatment services I needed.	4.2	1-5
2. I got my assessment appointment at a time and date I wanted.	4.3	1-5
3. It did not take long to begin treatment soon after my first appointment.	4.5	3-5
4. I feel comfortable calling my program for help with an urgent problem.	4.5	2-5
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	3.9	2-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	4.7	4-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	4.7	4-5
8. Because of the services I am receiving, I am better able to do things that I want.	4.6	4-5
9. I feel like I can recommend my counselor to friends and family if they need support and help.	4.5	3-5

## IMPACT OF FINDINGS

Clients reported readily finding their way into appropriate treatment through self-referral or referrals from others; none went through the Access Call Center. Almost all participants reported that their screening and assessment processes were conducted in a timely manner and went smoothly.

Clients expressed a sentiment that residential treatment programs seemed short-staffed. This limited counselor time to provide individual counseling, which clients said they needed especially for MH issues. Somewhat related, they felt unduly confined inside the facility and wished for some outdoor activities, even as simple as walking. They recognized that the prohibitive policies were based largely on COVID-19 restrictions but thought that with more staff they might have been able to go outdoors with counselor supervision.

Many of the client participants remarked that policies regarding relapses and other types of negative behavior varied by program. Some programs were too strict and might quickly eject a client for a relapse, some would consider a nuanced response on a case-by-case basis, and one program was reportedly too loose and would not enforce its own policies.

Clients had mixed comments about how transitions in care were facilitated by treatment program staff. Those who went through withdrawal management felt that the transition to residential treatment was facilitated smoothly. Those transitioning from residential to outpatient treatment expressed the wish for more funded SLEs and their conversion to RRs to address the housing shortage and their own need for temporary drug-free housing after discharge.

## CONCLUSIONS

During the FY 2021-22 annual review, CalEQRO found strengths in Santa Cruz's programs, practices, and IS that have a significant impact on beneficiary outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective DMC-ODS managed care system.

## STRENGTHS

1. Santa Cruz provides multiple entry points for prospective clients to access in obtaining DMC-ODS treatment services. Penetration rates for Santa Cruz are higher than statewide rates across age groups, race/ethnicity categories, and eligibility categories.

*(Access)*

2. Most treatment providers in Santa Cruz are contracted for multiple levels of care, making ASAM Criteria-based transitions in care easier for providers to facilitate and smoother for clients to experience. As a result, Santa Cruz has a higher rate of successful step-downs from residential to outpatient treatment than the statewide average. Also, successful step-downs from residential withdrawal management result in a lower rate of readmissions to residential withdrawal management within 30 days than the statewide average.

*(Timeliness, Quality)*

3. Santa Cruz demonstrates a strong commitment to providing MAT services for their clients; the percent who received at least one non-methadone MAT service is nearly four times the statewide average, (26.6 percent vs. 7.0 percent). The percent of all their clients who are successfully engaged in non-methadone MAT services for at least three sessions is slightly more than four times the statewide average (13.5 percent vs. 3.3 percent). In addition, many people receive ongoing MAT services through the FQHCs; the health plan reports 3,489 prescriptions for non-methadone addiction medicines during FY 2020-21.

*(Access, Quality)*

4. Santa Cruz has a substantial ongoing initiative to train providers in and monitor their implementation of evidence-based practices. The initiative goes beyond what most counties do in monitoring chart notes for indications that evidence-based practices were delivered.

*(Quality)*

5. Santa Cruz strongly values case management services to address the comprehensive care needs of their clients, and report that these services are high utilized every year. For FY 2020-21, Santa Cruz reports delivering an average of 983 billed 15-minute units of case management services monthly, which covered 86.1 percent of all DMC-ODs clients.  
*(Access, Timeliness, Quality)*
6. Contract providers have full access to the EHR, myAvatar. This has benefits for monitoring access, timeliness, capacity, and quality metrics.  
*(Access, Timeliness, Quality, Information Systems)*

## OPPORTUNITIES FOR IMPROVEMENT

1. Santa Cruz is working on improvements for tracking several timeliness measures. The barriers to address include inconsistencies and inaccuracies in provider data entries, lack of precise definitions for some measures, and lack of sufficient technological linkages between different data logs and EHR modules for some measures. The timeliness measures in most need of refined tracking are: timeliness from first request to first routine appointment, timeliness from first request to first urgent appointment, and no-shows for first appointment session.  
*(Timeliness, Information Systems)*
2. Santa Cruz met state requirements for ASAM Criteria Referral Data congruences for assessments and referrals, but not for screenings and referrals. They developed and plan to implement a Pre-Admit Log in Avatar that is intended to address challenges to data entry at initial screenings.  
*(Quality, Information Systems)*
3. Santa Cruz identified residential withdrawal management, RRs and RSS as components in their continuum of care for which expansions of service capacity are needed.  
*(Access, Quality)*
4. IS and data analytic staff are employed through the Santa Cruz HSA and not specifically dedicated to DMC-ODS activities. While key staff positions have been filled, it does not appear that there are currently sufficient staff resources to provide reports, dashboards, and analytics for Santa Cruz's staff, management, and leadership to support DMC-ODS system monitoring and decision-making.  
*(Access, Timeliness, Quality, Information Systems)*

5. Contract provider and line staff remarked that some documentation requirements are more rigorous than dictated by state and federal regulations and unnecessarily burdensome.  
*(Quality, Information Systems)*
6. The county implemented an initial phase of using Power BI as a data visualization tool. Thus far, the dashboards are limited to externally facing data on number of clients, utilization, and related demographics. Power BI can be a valuable tool for communicating and disseminating information to internal staff and management to better monitor client flow through the system and identify improvement opportunities for quality care.  
*(Quality, Information Systems)*

## RECOMMENDATIONS

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

1. Improve tracking of timeliness measures, especially for timeliness from first request to first routine appointment, timeliness from first request to first urgent appointment, and no-shows for first appointment session. Contract providers should be included in formulating the improvement strategies. This is a carryover from similar recommendations made during the previous two EQRs that were partially addressed.  
*(Timeliness, Information Systems)*
2. Complete development of the Pre-Admit Log in Avatar during the first quarter of CY 2022, provide training to providers in how to use the Log, and then monitor the implementation for consistency, accuracy, and completeness of data entries with special attention to the Screening fields for the ASAM Criteria LOC Referral Data form. This is a carryover from similar recommendations made during the previous two EQRs that were partially addressed.  
*(Quality, Information Systems)*
3. Develop specific goals, milestones, and timelines for expanding service capacity of residential withdrawal management beds, RR beds and RSS. This is a carryover from similar recommendations made during the previous two EQRs that were partially addressed.  
*(Access, Quality)*

4. Increase IS and data analytic staff dedicated specifically to DMC-ODS use of EHR modules for data entry, and dashboards and other reports for quality management and systemwide decision-making. This is a carryover from similar recommendations made during the previous year EQR that was partially addressed.  
*(Access, Timeliness, Quality, Information Systems)*
5. Work with contract providers to identify opportunities for streamlining documentation and improving data entries.  
*(Quality, Information Systems)*
6. Work with IS, data analytics and program staff to develop performance measure dashboards using Power BI for monitoring client flow through the system of care, identifying improvement opportunities for quality care, and providing feedback on system of care performance to providers, management, and stakeholders. This is a carryover from similar recommendations made during the previous two EQRs that were partially addressed. *(Quality, Information Systems)*

## **SITE REVIEW BARRIERS**

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

In accordance with the California Governor's Executive Order N-33-20 promulgating statewide Shelter-in-Place during the COVID-19 pandemic, it was not possible to conduct an on-site external quality review of the DMC-ODS. Consequently, some areas of the review were limited. All sessions including client focus groups were conducted through videoconferencing. No onsite visits were made to treatment provider programs.

## **ATTACHMENTS**

ATTACHMENT A: CalEQRO Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: Additional Performance Measure Data

ATTACHMENT E: County Highlights



## ATTACHMENT A: CALEQRO REVIEW AGENDA

The following sessions were held during Santa Cruz review:

Table A1: CalEQRO Review Sessions – Santa Cruz DMC-ODS

<b>Table A1: CalEQRO Review Sessions - Santa Cruz 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 performance measures
Quality improvement plan (goals, implementation activities, evaluation results), Cultural Competence Plan, Timeliness, Network Adequacy, Grievances and Appeals
Clinical line staff group interview
ISCA, EHR, other IT, fiscal/billing, and data usage (staffing, processes for requests and prioritization, dashboards, other reports)
Focus group of women clients from differing levels of care
ASAM continuum of care and fidelity of implementing ASAM placement criteria
Housing supports for SUDS clients
MAT provider group interview
Access to services staff group interview
Coordination with criminal justice agencies
Focus group of clients who transitioned from withdrawal management to residential treatment
Contract provider management group interview
Coordination with Health Plan, hospitals and FQHCs
Wrap-up session for remaining questions and follow-up tasks
Exit interview: questions and next steps

## ATTACHMENT B: REVIEW PARTICIPANTS

### **CalEQRO Reviewers**

Tom Trabin– Lead Quality Reviewer

Melissa Martin-Mollard – Information Systems Reviewer

Luann Baldwin and Tammy Cates - Consumer/Family Member Consultants

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

### **Sites for Santa Cruz's DMC-ODS Review**

All sessions were held via video conference.

Table B1: Participants Representing Santa Cruz

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Agency</b>
<b>Anon</b>	Robert	HOPES Supervisor	County MHP but supervised multi-depart team
<b>Arretz</b>	Alphonse	Program Manager	County Collaborative Court
<b>Arterberry</b>	Jammie	Intake	Janus
<b>Avila</b>	Sära	DMC UR Specialist	County QI
<b>Bare</b>	Adrianna	Sr. BH Administration Director	County BH (DMC & MHP)
<b>Bergman</b>	Denele	Intake Manager	Encompass
<b>Berns</b>	Natalie	Asst. Div. Dir Adult	Probation
<b>Bobeda</b>	Nick	Counselor	Janus
<b>Bolton</b>	Beloved	DMC/MH Utilization Review Specialist	County QI
<b>Bounds</b>	Miranda	Clinician	Janus
<b>Bragdon</b>	Doug	Fiscal	Encompass
<b>Brenda</b>	Kristie		Encompass
<b>Browning</b>	Melissa	Nurse Practitioner	Encompass
<b>Buster-Brown</b>	Orpheus	Intake/Clinical Staff	New Life
<b>Chicoine</b>	David	Utilization Review Specialist	County QI
<b>Cooper</b>	Sarah	Chief Executive Officer (CEO)	Sobriety Works
<b>Cosio</b>	Linda	QI Manager	Pajaro Valley Prevention and Student Assistance (PVPSA)
<b>Crowder</b>	Amanda	Clinician	County SUDS OP
<b>Davis</b>	Andrew	Sr. Analyst	County Probation
<b>Farrell</b>	Toney	Clinical Staff	Janus
<b>Fernandez</b>	Jorge	HSA IT Manager	County HSA
<b>Fletcher</b>	Sarah	Asst. Div. Dir. Adult	Probation
<b>Flores</b>	Jose	Asst. Div Dir. Adult	Probation
<b>Franck, MD</b>	Leelia	Medical Director	Encompass

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Agency</b>
<b>Friedman</b>	Claire	Clinical Director	Sobriety Works
<b>Garcia</b>	Dominic	Intake Coord.	New Life
<b>Goldfield</b>	Greg	Intake Navigator	County SUDS
<b>Guzman</b>	Kathy	SUDS Counselor	Janus
<b>Hastings, MD</b>	Dr. Jen	MAT Clinician/ Community Advocate	Safe RX
<b>Huang</b>	Audrey	QI Staff	Janus
<b>James-Sevilla</b>	Yolanda	Asst. Div. Dir.	Probation
<b>Jarrow</b>	Maya	QI/Compliance Asst. Dir.	Janus
<b>Jordan</b>	Anthony	Sr. BH SUDS Director	County SUDS
<b>Kahoano</b>	Briana	OP Program Supervisor	County SUDS
<b>Krokidas-Wooden</b>	Julie	Prog Clinical Supervisor	Sobriety Works
<b>Link</b>	Jannece	Clinical Staff	Sobriety Works
<b>Lolley</b>	Cybele	Sr. BH Quality Improvement Dir.	County QI
<b>Macwhorter</b>	Stephanie	Operation Manager	Janus
<b>Madrigal</b>	Luz	Intake	Janus
<b>Magana</b>	Amanda	NTP/MAT Clinic Manager	Janus
<b>Malispina</b>	Jay	NTP Prog Sup	Janus NTP Clinics
<b>Marks</b>	Aaron	Clinician	Encompass
<b>Mast</b>	Nancy	BH Utilization Review Specialist	County QI
<b>Mayo</b>	Tristan	MAT Clinician	Encompass
<b>Mendoza</b>	LeeAnn	Clinician	Janus
<b>Morrison</b>	Maisy	Compliance	Janus
<b>Newport</b>	Tiffany	MAT Clinical Staff	Encompass
<b>Norman</b>	Jenelle	Clinical Staff	New Life
<b>Norteye</b>	Will	Adult Outpatient Clinical Manager	Encompass

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Agency</b>
<b>Ortiz</b>	Erica	BH Patient Acct. Mgr.	County BH
<b>Padilla-Chavez</b>	Erica	CEO	PVPSA
<b>Palau</b>	Stacey	Director	New Life
<b>Riedenauer</b>	Jillian	Residential Intake Supervisor	Encompass
<b>Riera</b>	Erik	BH Director	County BH
<b>Robertson</b>	Subé	DMC & MH Utilization Review Specialist	County QI
<b>Russell</b>	James	Forensic Service Mgr.	County MH
<b>Russell</b>	Lisa	Program Ops	Encompass
<b>Saludes</b>	Quentin	Intake/Clinical Staff	New Life
<b>Sanford</b>	Laurie	Clinical Staff	New Life
<b>Sapena</b>	Michelle	Prog Analyst	County SUDS Dept
<b>Shankar</b>	Varun	CCAH's MH Acct Manager	Beacon Health Options
<b>Stautz</b>	Rickie Lee		
<b>Steigner</b>	Lindsay	Children Service Mgr.	Encompass
<b>Sumner</b>	Kelly	Youth OP Program Mgr	Encompass
<b>Threlfall, MD</b>	Dr. Alex	SUDS Medical Dir. / BH Chief of Psychiatry	County BH
<b>Thurston</b>	Amber	Pharmacist	Janus
<b>Tisdale</b>	Sarah	DMC-ODS QI Staff	Encompass
<b>Wasielewski</b>	John	Intake clinician	Sobriety Works
<b>Williams</b>	Amber	CEO	Janus
<b>Zinsmeyer</b>	Mary	Program Supervisor	New Life

## ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

### Clinical PIP

Table C 1: 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>The drop in admissions appears due to the COVID-19 pandemic. External factors including the gradual receding of the pandemic and an increased acceptance of telehealth will likely result in some increase in admissions. Providers were well-trained in administration of telehealth procedures for delivery of outpatient treatment. Changes in overall service utilization were inconclusive, and it may be that use of telehealth mitigated even further drops due to COVID-19 rather than to prompt increases. Survey data shows positive client experiences with slight improvements from pre-COVID-19 to early COVID-19 phases. There is yet more recent data to be analyzed and reported.</p>
<b>General PIP Information</b>	
<b>DMC-ODS/Drug Medi-Cal Organized Delivery System Name:</b> Santa Cruz	
<b>PIP Title:</b> COVID-19	
<b>PIP Aim Statement:</b> Will the programmatic utilization of telehealth and telephone treatment modes increase the numbers of clients served; decrease no-shows and improve beneficiaries' experience with treatment? The dates used for evaluation will include the six months prior to Shelter in Place orders (September 1, 2019-February 29, 2020), and six-month intervals following when Shelter in Place orders went into effect, through February 29, 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)*                      x Adults only (age 18 and over) <input type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:	

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

The SUDS client population in this study includes all DMC-ODS beneficiaries receiving services in Santa Cruz's county-operated and contracted network of outpatient treatment programs for Santa Cruz. The date range for clients receiving services will be September 2019-February 2022. Their age distribution is 18 years and older. Their race/ethnicity mix will be a combination of Caucasian, Latino, African American, Asian, Native American, Pacific Islander and Other. All recipients will have a primary diagnosis of an SUD with the potential of having a secondary MH diagnosis that is mild or moderate.

**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)

- DMC-ODS outpatient group sessions via telehealth and telephonic modes.
- DMC-ODS individual counseling session via telehealth and telephonic modes.
- DMC-ODS case management via telehealth and telephonic modes.

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

- Providers were given standardized training in how to effectively use telehealth modes of delivering outpatient treatment services. The training included technological aspects of the telehealth platforms utilized (Microsoft Teams and Zoom) as well as clinical skills on how to delivery treatment effectively through telehealth. The combined trainings totaled 12 hours for every staff member.
- Direct service providers who deliver clinical services meet with their supervisors on a weekly basis to discuss strengths and challenges of delivering services through telehealth modalities. Teams meet on a weekly and monthly basis with supervisors and managers to discuss overall impacts of telehealth services and troubleshoot any difficulties arising for service delivery in this mode.

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)  
n/a

Performance measures (be specific and indicate measure steward and NQF 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
<b>Exploratory Measure #1: Total # of clients served</b>	09/01/2019 to 02/29/2020	344 unduplicated clients	03/01/2021 to 08/31/2021	262 unduplicated clients	<input checked="" type="checkbox"/> No	Other (specify): COVID-19-related drop, probably mitigated somewhat by telehealth service delivery
<b>Exploratory measure #2: Percent of total outpatient units per mode of service delivery</b>	09/01/2019 to 02/29/2020	Video: 0 (0%) Telephone: 699 (12%)	09/01/2019 to 02/29/2020	Video: 2123 (47%) Telephone: 742 (16%)	<input checked="" type="checkbox"/> Yes	Other (specify): Demonstrable shift from in-person to video telehealth
<b>Exploratory measure #3: Service Modality (case management, group counseling, individual counseling)</b>	09/01/2019 to 02/29/2020	Case management (CM): 534 (27.4%) Group: 1312 (51.6%) Individual: 695 (20%)	09/01/2019 to 02/29/2020	CM: 607 (24.8%) Group: 1042 (47.5%) Individual: 545 (27.7%)	n/a	Other (specify): Notable change from group to individual counseling



Performance measures (be specific and indicate measure steward and NQF 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
<b>Exploratory measure #4: Client preferences</b>  <b>1) Ease of receiving SUDS services</b> <b>2) Felt connected to counselor</b> <b>3) SUDS services were effective in achieving my goals</b> <b>4) SUDS counselor was sensitive to my cultural background</b> <b>5) Prefer receiving services in this mode</b> <b>6) Telehealth saved vs. cost more money to receive than in-person</b>	n/a	n/a	03/2021	N=26	n/a	Level of statistical significance:  1) p-value=.0009 (significant difference) 2) p-value=.15 (not significant) 3) p-value=.58 (not significant) 4) p-value= .07 (not significant) 5) p-value=1.0 (not significant) 6) p-value=.00001 (significant difference)
<b>Performance measure #1: No show rates</b>	09/01/19 to 02/29/20	N = 1009 Rate: 22.6%	03/01/21 to 08/31/2021	N = 1254 Rate: 20.7%	No	No (p-value=0.28)

Performance measures (be specific and indicate measure steward and NQF 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
<b>Performance measure #2: Client Perception of Care Ratings:</b>  <b>1) Access</b> <b>2) Quality</b> <b>a) Overall</b> <b>b) Cultural Sensitivity</b> <b>3) Care Coordination</b> <b>4) Outcomes</b> <b>5) Overall Satisfaction</b>	10/2019	N=48  4.66  4.70 4.74 4.50 4.50 4.69	10/2020	N=12  4.81  4.80 4.88 4.64 4.50 4.75	No	No  1) p-value=0.4 (not significant)  2a) p-value=0.6 (not significant) 2b) p-value=0.4 (not significant) 3) p-value=0.5 (not significant) 4) p-value=1.0 (not significant) 5) p-value=0.7 (not significant)
<b>PIP Validation Information</b>						
<b>Validation phase (check all that apply):</b> <input type="checkbox"/> PIP submitted for approval <input type="checkbox"/> Planning phase <input type="checkbox"/> Implementation phase <input type="checkbox"/> Baseline year <input type="checkbox"/> <input type="checkbox"/> First remeasurement <input checked="" type="checkbox"/> Second remeasurement <input type="checkbox"/> Other (specify):						
<b>Validation rating:</b> <input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence The drop in admissions appears due to the COVID-19 pandemic. External factors including the gradual receding of the pandemic and an increased acceptance of telehealth will likely result in some increase in admissions. Providers were well-trained in administration of telehealth procedures for delivery of outpatient treatment. Changes in utilization were inconclusive, and it may be that telehealth mitigated even further drops due to COVID-19. Survey data shows positive client experiences with slight improvements from pre-COVID-19 to early COVID-19 phases, with more recent data yet to be analyzed and reported.						
“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.						
<b>EQRO recommendations for improvement of PIP:</b> Continue with ongoing provider training in effective administration of telehealth methods for delivery of outpatient treatment services. Continue collecting and analyzing utilizing data. Analyze and report on final year of TPS data. Draft the final report with clear narration of what survey procedures were actually followed and minimal reference to which ones were planned but changed midstream along with the rationale for the changes.						

**Non-Clinical PIP**

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

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> →High confidence <input type="checkbox"/> →Moderate confidence <input checked="" type="checkbox"/> →Low confidence <input type="checkbox"/> →No confidence	The PIP is in the initial stages of implementation, so it is too early to tell.
<b>General PIP Information</b>	
<b>DMC-ODS/Drug Medi-Cal Organized Delivery System Name:</b> Santa Cruz	
<b>PIP Title:</b> Addressing Outpatient/Intensive Outpatient DMC-ODS Admissions Decline	
<b>PIP Aim Statement:</b> During FY 2021-2022, Santa Cruz will provide targeted community outreach and beneficiary education materials to improve community and client knowledge and decrease stigma regarding outpatient and intensive outpatient SUDS treatment options within the Santa Cruz County DMC-ODS network. By doing so, Santa Cruz intends to increase OP/IOT program admissions by the end of FY2021-22 from 115 admissions to 194 admissions (40 percent increase).	
<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)*                      x 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> The PIP focuses on DMC-ODS adult (age 18+) beneficiaries who meet OP/IOT level of care at a DMC-ODS network provider program. Individuals will be Santa Cruz County residents living within the North to South regions, Medi-Cal eligible with a qualifying SUDS diagnosis and meet medical necessity criteria for ASAM 1.0 or 2.1 IOT level of care. These individuals include beneficiaries 18 years of age and older, of all gender identifications and across all cultural and linguistic demographics. Their length of	

enrollment in treatment will vary but must be a minimum of one day. Their diagnoses will be any that meet Santa Cruz inclusion criteria for outpatient or intensive outpatient treatment.

**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)

- Develop training presentations and beneficiary educational materials for potential referral sources to use in helping beneficiaries access treatment who are not directly seeking treatment through DMC-ODS network gates, and to educate and reduce stigma associated with seeking behavioral health care. The trainings will explain the range of SUDS treatment services that are available and how to access/refer people to them for treatment. The educational materials will be bilingual brochures to leave with agencies to provide to potential clients.
- Provide community outreach to potential referral sources who are familiar with Medi-Cal beneficiaries and their substance use treatment needs. These sources will include selected MH treatment providers, substance use prevention providers, and correctional entities.

Performance measures (be specific and indicate measure steward and NQF 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
<b>Independent variable/ intervention #1): Number of outreach presentations</b>	n/a	n/a	08/01/2021 – 09-30/2021	8	n/a	n/a

<b>Independent variable/ intervention #2): Number of outreach attendees</b>	n/a	n/a	08/01/2021 – 09-30/2021	100	n/a	n/a
<b>Independent variable/ Intervention #3): Number of agencies who received the brochures</b>	n/a	n/a	08/01/2021 – 09-30/2021	2	n/a	n/a
<b>Dependent variable/ result measure #1): Documented number of adult referrals received from a targeted agency post outreach activity that result in OP / IOT adult admission, per quarter</b>	n/a	n/a	08/01/2021 – 09-30/2021	8	n/a	n/a
<b>Dependent variable/ result measure #2: Documented number of adult admissions that were referred via any other source (not from an agency that received an outreach presentation)</b>	n/a	n/a	08/01/2021 – 09-30/2021	54	n/a	n/a
<b>Dependent variable/ result measure #3: Overall documented count and percentage change in adult admissions to DMC-ODS</b>	FY2020 – 21, Q1	115	08/01/2021 – 09-30/2021	113	none	n/a

**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

Note: The interventions and data collection are in initial phases, still too soon to tell whether the planned interventions were effective.

“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:** Continue monitoring provider consistency of data entries and improve as needed. Continue with interventions, data collection, data analyses, and results reporting. Work towards PIP completion by 06/30/2022.

## ATTACHMENT D: ADDITIONAL PERFORMANCE MEASURE DATA

Table D1: CalOMS Living Status at Admission, CY 2020

Admission Living Status	Santa Cruz		Statewide	
	#	%	#	%
Homeless	300	36.7%	21,737	27.9%
Dependent Living	195	23.9%	19,900	25.5%
Independent Living	322	39.4%	36,372	46.6%
<b>TOTAL</b>	<b>817</b>	<b>100.0%</b>	<b>78,009</b>	<b>100.0%</b>

Table D2: CalOMS Legal Status at Admission, CY 2020

Admission Legal Status	Santa Cruz		Statewide	
	#	%	#	%
No Criminal Justice Involvement	469	57.4%	49,154	63.0%
Under Parole Supervision by California Department of Corrections and Rehabilitation (CDCR)	8	1.0%	1,676	2.1%
On Parole from any other jurisdiction	6	0.7%	1,023	1.3%
Post release supervision - AB 109	282	34.5%	21,128	27.1%
Court Diversion California Penal Code 1000	1	0.1%	1,122	1.4%
Incarcerated	0	0.0%	384	0.5%
Awaiting Trial	51	6.2%	3,496	4.5%
<b>TOTAL</b>	<b>817</b>	<b>100.0%</b>	<b>77,983</b>	<b>100.0%</b>

Table D3: CalOMS Employment Status at Admission, CY 2020

Current Employment Status	Santa Cruz		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	78	9.5%	8,939	11.8%
Employed Part Time - Less than 35 hours	86	10.5%	5,819	7.8%
Unemployed - Looking for work	141	17.2%	23,736	29.7%
Unemployed - not in the labor force and not seeking	512	62.7%	39,515	50.6%
<b>TOTAL</b>	<b>817</b>	<b>100.0%</b>	<b>78,009</b>	<b>100.0%</b>

Table D4: CalOMS Types of Discharges, CY 2020

Discharge Types	Santa Cruz		Statewide	
	#	%	#	%
Standard Adult Discharges	437	57.2%	33,835	45.5%
Administrative Adult Discharges	242	31.7%	31,361	42.2%
Detox Discharges	72	9.4%	7,879	10.6%
Youth Discharges	13	1.7%	1,297	1.7%
<b>TOTAL</b>	<b>764</b>	<b>100.0%</b>	<b>74,372</b>	<b>100.0%</b>



## ATTACHMENT E: COUNTY HIGHLIGHTS

This section provides an opportunity for the reviewed county to highlight in their own presentation slides any special initiatives and results for which there was not appropriate space in the main body of the report. The emphasis is on graphs and charts that highlight data results, and it is a county's choice to include a presentation. Santa Cruz did not submit highlights for inclusion in this report.