

2020

QI Work Plan: Summary Report



SANTA CLARA COUNTY
Behavioral Health Services

Supporting Wellness and Recovery

Nelson, Tianna

BHSD, Substance Use Treatment Services

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DMC-ODS Waiver
County of Santa Clara, Quality Improvement and Data Support
Summary Report, QI Work Plan: Year Three 2019-20

Introduction

County of Santa Clara, Behavioral Health Services Department, Substance Use Treatment Services (CSC BHSD SUTS) has embraced a philosophy of client-centered and client-directed health care. Our focus has been to treat the “whole” person and provide services that are individually tailored to not only meet the needs of our beneficiaries but also attend to our beneficiaries’ choices in their health care. The SUTS Quality Improvement and Data Support Division (QIDS) is responsible for oversight of our comprehensive continuum of care providing quality management that incorporates quality assurance, utilization and capacity management, care coordination, beneficiary and provider relations, training and consultation, and data-driven, innovative creative quality improvement.

QIDS adheres to key standards of care that align with SAMHSA, NIDA, The World Health Organization, The Final Rule (Federal Regulations), Youth Treatment Guidelines, and the National Committee for Quality Assurance (NCQA). These standards include care that is:

- Available, accessible, welcoming, timely, and appropriate
- Ethical and Non-discriminatory
- Culturally Competent
- Client-centered (collaboratively-driven)
- Co-occurring capable with seamless coordination
- Science-based
- Supervised and monitored with clinical efficacy at the treatment and program levels
- Governed by integrated treatment policies that guide integrated services, approaches and linkages to ancillary services
- Quality management providing data supported monitoring

CSC BHSD SUTS has been providing an organized system of delivery for over 20 years. Treatment level of care matching to client needs has been in the forefront of the SUTS system of care. The American Society of Addiction Medicine (ASAM) assessment, an evidenced based instrument, has been at the core for streamlining evaluation of client individual needs and developmentally and clinically appropriate corresponding placement into a variety of the County's substance use treatment services.

CSC BHSD SUTS began DMC-ODS services on June 15, 2017 and has now completed year three of the waiver. While year three of the waiver brought unexpected and unprecedented events such as COVID and social unrest, the CSC BHSD system of care pulled together rather rapidly a telework environment and network of support through telehealth services for its beneficiaries. These unforeseen disruptions clearly impacted utilization numbers reducing capacity in residential treatment facilities and recovery residences to meet social distancing standards, and movement was slowed due to the shelter-in-place directives from Public Health and the Governor. However, capacity for both outpatient and residential programs started to increase by summer of 2020, offering both in-person and telehealth care to beneficiaries. Year three of the waiver not only saw telehealth resources expand, but also the State approval of a peer specialist plan, roll-outs for two new ASAM levels of care, expansion of Withdrawal Management, and implementation of a new electronic health record.

The electronic health record implementation has brought some challenges to the system of care. These challenges have required much focus and attention to creating new workflows and report development. Changes, coupled with the unforeseen events this past year, required enhanced support for the providers as they adapted. While many of the same SUTS system of care

meetings continued virtually, such as the Innovative Partnership, Behavioral Health QI Committee, Medical Collaborative, and Data Quality meetings, the Behavioral Health Division Director of SUTS QIDS replaced the Quality Assurance and Performance Improvement meeting to participate in COVID testing and telehealth meetings in an ongoing effort to help respond to the ever-changing environment. The Emergency Operations Center (EOC) worked very closely with BHSD to mobilize disaster response workers. BHSD produced a telehealth guide for clinicians, and department directors and managers worked with providers to ensure they had resources to transition to telework and telehealth services. SUTS QIDS became part of a team reporting out on weekly capacity in residential facilities and Recovery Residences. While many of the tasks changed in BHSD operations in order to respond to the pandemic and other events, such as the social unrest across the County, many efforts were also directed at keeping business up and running.

CSC SUTS Research and Outcome Measurement (ROM) Division continued to provide the “180 scan” panel view of system outcomes every six (6) months, and quarterly Contract Performance Measures (CPMs) in between, by meeting with providers regularly to give them a view of their individual performance and the overall performance of the system of care. The Provider Monthly Report (PMR), which rolled out on July 1, 2019, has become a mechanism for monthly conversation between the Quality Improvement Coordinators and the providers to which they are assigned. This monthly conversation is designed as a collaborative effort to more closely monitor capacity, referral and admission flow, and utilization and caseload management, and help providers troubleshoot areas of concern. Although SUTS QIDS took a brief hiatus in requiring the PMR to be completed during the initial months of the Covid-19 outbreak, reporting

resumed in July of 2020 as providers became more stabilized in their service delivery transition to telehealth modalities.

CSC rolled out the DMC-ODS pilot waiver in phases. Year One focused on building the infrastructure to deliver the necessary and required DMC-ODS services. Year Two focused on implementing any remaining elements of the infrastructure which were missing or lacking, as well as, developing measures to improve the quality of the network of care. Year Three of the waiver has focused on tracking changes in service usage and beginning to look at client outcomes [ref. March 2020 180 scan]. The following summary provides an itemized overview of the QI Work plan efforts for 2019-2020 fiscal year.

1. BHQIC Committee

The Behavioral Health Quality Improvement Committee (BHQIC) continued to meet bi-monthly throughout the third year of the waiver with a brief pause during the holidays and at the inception of the COVID pandemic. The BHQIC is comprised of stakeholders from across the system of care, including: consumers, consumer's family members, service providers including primary care, partners, such as health plans and hospitals, cultural competency committee members, justice partners, housing and other ancillary service members, and QI representatives. The BHQIC discussions continue to address system reports, such as: Grievance/Appeal, Incident Reports, and specific policies necessary to both the 1115 and 1119 waivers, as well as integration efforts. Performance measures, QI Work Plans, and both the Mental Health and Substance Use Treatment Services performance improvement projects (PIPs) were and continue to be central topics for this committee.

In this next fiscal year, the BHQIC will discuss the expansion of telehealth methods for services across the system and with partners involved in the system of care. Preliminary feedback from consumers of telehealth services has been promising and worth further exploration.

2. Access

Access to more outpatient capacity was approved in CSC during the last fiscal year; implementation became effective on July 1, 2019. While more access became available adding 220 outpatient and 30 intensive outpatient slots, timeliness, in general, initially faced challenges. Discussions around timeliness with providers continued to suggest many variables were contributing to these challenges. Some of these variables included internal workflows while others considered staffing and resources. CSC BHSD SUTS produces quarterly data regarding timeliness between “first screening date to admission date (SUTS Gateway Call Center to admission at provider)” for both outpatient and residential modalities. The timeliness to admission data demonstrated continued improvement in year three of the waiver [ref. 180 Scans, dated March 5, 2020 and October 8, 2020, posted on BHSD website]. Adult outpatient clients admitted within the first 14 days of the screen date showed an average of 73% in the first half of the year (a 22% increase from the last 6-month period) and 79% in the second half of the year (another 6% increase). For youth outpatient, 66% was the timeliness average in the first half of the year (a 27% improvement from the previous period) with a marked decline to 47% in the second half. Discussions with providers revealed that the ability to access youth who were no longer in schools due to COVID contributed to this decline in the second half of the waiver year. Adult residential showed improvements in the timeliness metric, as well, with 73% average meeting the timeliness standard (a 3% improvement from the previous period) in the first half year, and 75% in the second half of the year (another 2% improvement).

County of Santa Clara ODS Metrics – Screen Date to Admission within 14 Days (2020)

	March 2020	Improvement from previous 6- month period	October 2020	Improvement from previous 6-month period
Adult OP	73%	22%	79%	6%
Adult Res	73%	3%	75%	2%
Youth OP	66%	27%	49%	-19%
Youth Res*	--	--	--	--

***not enough data**

Overall, the system of care continues to demonstrate gradual improvement in timeliness.

In terms of ongoing access, the Gateway Call Center operations provide 24/7 access to both withdrawal management and residential services and operate from 8 a.m. to 5 p.m. for outpatient service screening and referral. Gateway continues to be the primary route for access, although clients may walk into any provider site and either be seen, if staff are available, or schedule an appointment (most facilities are now open to face-to-face appointments, if necessary, minding the Public Health orders and COVID restrictions; all providers follow the most recent executive and public health orders regarding COVID and shelter-in-place directives). The Gateway Call Center “after hour calls (evening and weekends)” are triaged through one contracted provider who then disperses the calls depending upon the need of the caller. In the DHCS 2020 ODS monitoring of the 24/7 call line, concerns were shared about the level of resources being offered to beneficiaries calling for services during these hours. CSC BHSD SUTS met in October 2020 with the provider and Gateway staff, as well as SUTS Clinical Standards and Quality Improvement staff, to develop a protocol and available list of resources for clinical staff who may be on the receiving end of calls after hours. A monitoring process by way of mystery callers is also set to go into effect in January of 2021. All after hour calls will be logged with

subsequent disposition of the call. Mystery callers will identify themselves as such at the end of the call, and a survey will be offered to them to evaluate customer service.

Taking into consideration recommendations by 2018 EQRO and ROM's analyses of data collected, ROM added a section to the Gateway Referral Screening form to gather data on the dispositions of all referrals from the call center. This process continued in 2019-2020.

The consultation line, which is a separate internal phone line housed at the Gateway Call Center, continues to be a valuable resource for other managed care plan staff, doctors and medical staff calling from hospitals, social workers, and Social Services. Complex, co-morbid, and high acuity cases needing care coordination and consultation are funneled through this line to a seasoned Quality Improvement team of professionals working directly in conjunction with provider medical directors to determine appropriate treatment needs and subsequent placement into appropriate level of care.

3. Engagement.

Engagement has been noted as an area of needed improvement for CSC BHSD SUTS. At the inception of the ODS waiver, CSC BHSD SUTS instituted a metric of providing 4 services in 30 days to beneficiaries in outpatient services. The "4 in 30" metric was designed with the intention that more services up front might increase the possibilities for clients to stay engaged and ultimately complete treatment.

During year three of the waiver, the October 2020 180 scan revealed that an average of 72% of adult outpatient clients received at least four (4) services in 30 days. This number is a 9% increase from the previous 6-month period's results of 63%. For youth in outpatient services, the October 180 scan demonstrated an average of 78% receiving 4 services in 30 days. Youth had

been struggling with an average of 59% receiving “4 in 30” during the previous 6-month period. Providers believe that increased telehealth services during the COVID shelter-in-place may have significantly impacted these positive outcomes for youth.

CSC BHSD SUTS also dedicated a clinical PIP in 2019-20 to efforts of increased engagement. The results of this PIP are discussed in the PIP tool. This PIP focused on addressing the most pressing case management need of the client when they enter services, and deferring any administrative paperwork until later in treatment. It was hoped that this central focus of attending to clients’ immediate needs may strengthen the therapeutic relationship with their counselors and subsequently encourage further engagement in treatment services. Last year, EQRO recommended expansion of this PIP should the results be favorable. Due to initial positive results, CSC BHSD SUTS is following this recommendation and expanding this PIP further for 2020-21.

4. Utilization Management

While the first two years of the waiver primarily focused on infrastructural changes needed to implement the full spectrum of ODS services, CSC BHSD SUTS shifted focus in year three to examining changes in service usage and client outcomes. The first six (6) months 180 scan for FY 2019-20 revealed that the total number of admissions fell between FY 2017 (pre-DMC ODS) and FY 2019, but the number of clients increased moderately [ref. March 2020 180 scan]. As reported in the 180 scan, this trend is actually consistent with the more rigorous medical necessity admission requirements instituted by DMC-ODS. Outpatient services admissions showed little change and admissions increased slightly from 49 to 52%. The largest decrease in service admissions were found in the residential treatment modality, from 23% to approximately 17%, again consistent with the strict medical necessity and authorization requirements. The

MCP scrutinizes every request for residential level of care to ensure it is the appropriate request and matched need for the client.

Authorization. CSC BHSD SUTS QI continues to meet its objectives with current requirements for authorization of residential level of care services. Requests for authorization are turned around within 24 hours, if not same day. In the third year of the waiver (FY 2020), 97% of residential authorization requests were approved on the same or within one business day in the first two quarters of FY 2020 and 98% in the 3rd and 4th quarters. All these requests were for 3.1 level of care. As mentioned in last year's summary evaluation, a work group was formed early in 2018, including, contract providers, Clinical Standards, and QI staff who met over the past 18 months to develop both programming criteria and staff requirements necessary to introduce 3.3 and 3.5 levels of care by June 30, 2020. These levels of care went live on July 1, 2020. A structure is in place which allows fluctuation and flexibility between 3.3 and 3.5 bed slots; therefore, there is no dedicated capacity to these levels of care. However, written into the contracts of the residential providers allows for approximately up to 25% of beds slots to potentially be assigned at the 3.3 or 3.5 level.

QIDS continues to conduct annual regulatory audits, specific to DMC-ODS, the Intergovernmental Agreement (IA), and Title 22. FY 2019-20 marked the first remote virtual audit process for CSC BHSD SUTS. Much time and dedication was devoted to revamping the audit process to receive secure and encrypted e-charts or paper copies, depending upon the provider's preference. CSC BHSD SUTS was aware of the impact that COVID placed on the system of care beginning in March of 2020, which is the standard timeframe QIDS begins their annual audits. CSC postponed these audits in a collaborative effort with the providers for them to regain stability and give time for staff to prepare the needed copying and scanning of

requested materials. Audits began in August of 2020 and concluded November of 2020. Random selection of charts, encompassing all clinicians providing direct service in all corresponding levels of care, was asked of each provider to ensure that ASAM and DSM-5 medical necessity criteria are continuing to be met for each providers' levels of care into which clients have been placed. Similar to last year's audit results, the 2020 DMC-ODS audit revealed minor sporadic issues within different agencies, but there were no patterns or trends noted amongst providers or internal to their individual agencies. In fact, the documentation revealed many charts were without disallowances or compliance issues. Documentation continues to show improvement across the system of care as compared to previous years from the inception of the waiver until the most present audit.

One area, which revealed learning curves for both the providers and the QI audit team, was understanding the workflows for 3.2 Clinically Managed Withdrawal Management. This audit was the first time that withdrawal management providers were being reviewed from the DMC-ODS perspective. The QI audit team learned that due to the short timeframe clients spend in withdrawal management, discharge planning and case management workflows appeared very different with one particular provider than the other withdrawal management provider. QI also learned in these workflows, there was an emphasis on referring to residential treatment. Further, one provider was referring clients who completed withdrawal management services back to Gateway for admission to another level of care rather than the agency internally completing the referral or soft hand-off with the client. Clinical Standards is now working with QI in a workgroup to support CSC SUTS Withdrawal Management providers to determine the most appropriate pathway to refer clients from withdrawal management to other levels of care, be they outpatient or residential, and keep clients engaged.

SUTS ROM continues to monitor utilization capacity and utilization of service types, such as, but not limited to, individual versus group services, case management, and recovery services. Additionally, SUTS ROM examines client length of stay, slot utilization (capacity), no shows and cancellations, client completions of treatment, clients who “drop out” of treatment, transfers to other levels of care from residential, and other performance metrics to depict a high-level view of the system utilization dynamics as well as individual provider performance. This data collection and analysis is disseminated to the system of care by way of quarterly performance reports and the bi-annual 180 scans [ref. BHSD website, 180 scans] and until COVID, in person meetings with providers. Meetings are now held virtually with providers so SUTS ROM and QI can engage in dialogue with providers around their performance measures.

Services utilization data demonstrates despite several different types of services being offered, individual services still appear to be higher than group services, and case management services are still relatively low. During this past 6 months, case management services may have been impacted by the COVID and shelter-in-place directives this past year. All utilization data coupled with data submitted by the providers in their Monthly Provider Reports (MPRs) are analyzed, and then, patterns and trends, strengths and challenges, are discussed with providers at the monthly Data Quality meetings and amongst providers with their assigned QICs. Those providers who struggle to meet performance expectations are assigned a corrective action plan (CAP) with requests for corrective responses and implementation plans. QICs and staff from the research and outcome measurement team are available and offer assistance to providers should they request it.

An area which has drawn attention to SUTS analysts and the QI team is client discharges [ref October 2020 180 scan]. CalOMS data results indicate high percentages of administrative

discharges in both youth and adult outpatient modalities. Residential providers have less administrative discharges and higher rates of successful completions of treatment than outpatient. CSC BHSD SUTS recently began meeting with each provider individually to discuss what could be contributing to higher administrative discharge rates and encouraged providers to examine what criteria are considered when categorizing a client as “left before completion without satisfactory progress” in addition to any engagement strategies providers may be using. Providers have been asked to go back to their teams, determine how they define a successful treatment completion, and take a deep dive into both administrative and clinical processes which could be contributing to high numbers of administrative discharges and less successful completions of treatment for clients. This examination will continue into the 2020-21 fiscal year and be a targeted goal for improvement in client outcomes.

Care Coordination between the MCP and Mental and Physical Health. CSC BHSD SUTS continues to have two MOUs with other health plans (Santa Clara Family Health Plan and Anthem Blue Cross). To better coordinate and facilitate care from these health plans primary care, SUTS QI assigned a QIC specifically to the plans. In this past fiscal year, this assigned QIC provided trainings to the plans on the SUTS system of care network and access to the system of care. This QIC also assisted with care coordination for these plans’ NTP/OTP and MAT specific clients.

Another pivotal group in CSC care coordination efforts has been our established Medical Collaboration. The Medical Collaboration continues to meet monthly and address strengths and challenges arising in the coordination of care amongst primary and specialty care, mental health and SUTS. The Medical Collaboration, comprised of psychiatrists, medical doctors with expertise in addiction medicine, providers’ medical directors, nurses and nurse practitioners,

directors from QI and Addiction Medicine, program managers, QICs, and Clinical Standards, has expanded to include pediatric doctors and primary care doctors. Complex care cases are discussed in this monthly meeting, as well as, the development of any new protocols to address program expansions. This past year, the medical collaboration focused on developing protocols to address opioid and benzodiazepine use in adolescents and the expansion of a MAT program for youth for which the County was awarded a grant. The Division Director of the Addiction Medicine Treatment division continues to meet with doctors from the ED, Express Care, Ambulatory Care, and the Correctional Facility doctors regarding assessment and referral of clients into the SUTS network of care. The Medical Collaboration was instrumental this year in working together to implement protocols surrounding COVID screening and testing of clients as they moved through the system of care. Members from the team met with residential facility doctors and with the directors of Recovery Residences to form an alliance with Public Health and provide testing for clients coming into residential type facilities. The detention facilities also worked with COVID screening and began testing those clients to be released into community behavioral health programs so there would be no delays or barriers to enter treatment upon their release. SUTS, Mental Health, Supportive Housing, Corrections, and Urgent Care continue to meet bi-monthly to discuss testing protocols, capacity of their programs, and any barriers to access that may surface for clients during the pandemic.

CSC BHSD SUTS has had large and rapid expansion in MAT during the past two years. Methadone maintenance continues in custody, MAT continues for both inpatient and outpatient medical facilities, such as ambulatory care, ED doctors continue to assure 24-7 emergency access to medication-assisted treatment and buprenorphine inductions when needed, and

preventative measures in the community continue through training for the use and distribution of Narcan which is readily available.

CSC BHSD SUTS has four co-occurring providers, works closely with partners in justice services, supportive housing, and Department of Social Services. There is a monthly meeting spearheaded by our justice partners to discuss referrals across all systems of care, share about programs and capacity, and troubleshoot any areas of concern. SUTS providers, QI, and Research all participate in this monthly meeting. Another monthly workgroup has evolved from this primary meeting. This specific workgroup is aimed at improving criminogenic risk assessment and behavioral health assessment needs and is a collaboration between various justice services and behavioral health partners. The group hopes to streamline an evidence-based and validated tool which can be used in the cross systems.

SUTS QICs continue to coordinate care for beneficiaries with high risk and complex care needs. QICs facilitate transfers directly from the hospitals both within the County of Santa Clara system and outside hospitals. This coordinated facilitation allows for providers to understand the complexity of issues clients may bring to treatment prior to entering their care, as well as, helps treating medical professionals and case managers to collaborate and stabilize any conditions which may be possible obstacles for clients to benefit from the treatment programs they enter. In the past fiscal year, the SUTS QIC team coordinated approximately 250 hospital referred cases into appropriate levels of care.

Strategies to reduce avoidable emergency and inpatient services use.

QIDS and ROM continue to identify high risk and high utilizers of frequent intensive service utilization. While many of these clients do not revolve in and out of the SUTS system specifically, they are high utilizers of physical health (Emergency Room, Express Care) and

behavioral health systems (EPS, Urgent Care, and MH and SUTS) and defined as high risk due to high acuity and co-morbidity. QIDS continues to examine the clients with high acuity coming from inpatient hospital settings, who also cross over into various systems. Referrals are coordinated with QICs in warm handoffs to appropriate levels of substance use care once a patient's physical health and/or mental health conditions are stabilized. Some clients may access crisis residential treatment prior to participating in SUTS care in the hope that stabilization of their other conditions will permit clients to benefit more from substance use treatment and possibly prevent return to hospital emergency or inpatient services. As mentioned in last year's evaluation, another strategy aimed at reducing return to emergency and inpatient services has been the expansion of MAT and suboxone offered at the Emergency Department (ED) to help provide a bridge and referral to services out in the community to MAT and possible NTP type service modalities, as well as, maintenance in the adult detention facilities. Care coordination efforts focus on the most acute need of the client to obtain stabilization so that the client is better able to benefit from the other services once the acute condition is stabilized.

Covid-19 brought unforeseen impact to acute care facilities, subsequently, CSC underwent decompression endeavors in both Emergency Psychiatric Services and Inpatient Acute Psyche Services. These efforts are still underway at the time of this writing.

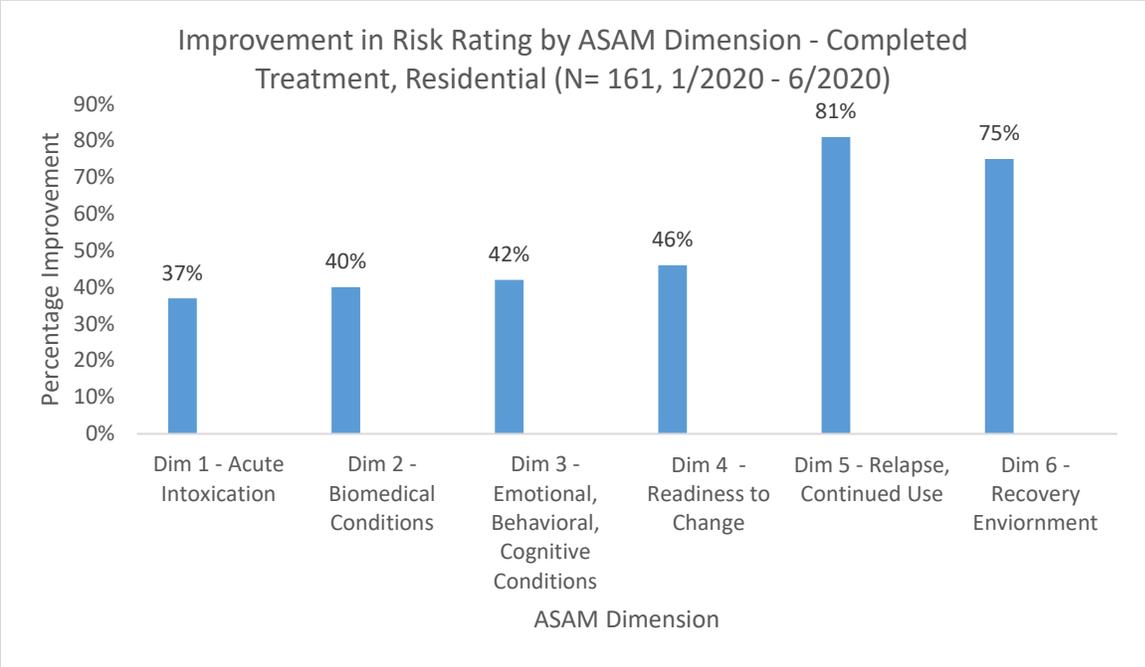
5. Utilization Review

BHSD SUTS QIDS continued to meet the QI Plan objectives regarding ongoing utilization management (UM) and utilization review (UR) in year three of the waiver despite delays caused by the Covid-19 pandemic and shelter-in-place directives. Flexibilities permitted by DHCS allowed time for CSC BHSD QIDS to organize a virtual audit after providers had transitioned to primarily telehealth services. Providers were initially relieved of any

unnecessary administrative burdens in an effort to support their needs to transition to work remotely and continuing services for clients. Providers were given extensions on submitting their quarterly utilization reviews, which have been in place for several years in CSC. QIDS has monitored internal peer utilization reviews as expected by the IA, Titles 22 and 9 regulations, reviewed any corrective action plan and billing accountability, as well as, conducted annual clinical audits and reviewed subsequent corrective action plans related to those audits. Additionally, SUTS Clinical Standards participates in entry and exit interviews when DHCS reviews individual providers. All DHCS audit documentation requested of providers is submitted to BHSD SUTS prior to submission to the State. This process permits BHSD SUTS to be aware of any individual agency concerns, as well as, denote any patterns which may be occurring across the system for which DHCS is requesting correction. This process was initiated to support providers in their responses to DHCS and develop collaboration amongst the system of care, thus preparing providers for potential requests from the State. To augment and learn more from the UR process, SUTS Clinical Standards developed a summary UR form to be submitted to QIDS with the quarterly UR review. Consistent with year three of the waiver's intentions to explore quality and client outcomes, questions regarding the use of evidenced based practices are being incorporated into this summary report. Expected to roll out in April of 2021, QIDS plans to have each provider's assigned QIC meet with the provider after their URs, discuss these summaries, understand strengths and areas of concern, and further these discussions with the system at the QAPI meeting. The QAPI meeting has provided a forum to discuss individual agency's internal QI and QA processes, any improvement studies they have undertaken, as well as, cross over into clinical application.

ASAM Fidelity Monitoring (ALOC). ASAM fidelity continues to be monitored in several ways. This process has not changed since last year's evaluation. Annual chart review by the MCP and internal quarterly utilization review by providers examine ALOC information for completeness, matched level of care, and the thread from matched level of care to treatment plan diagnosis and dosage. ROM and Data Support examine continuity between ALOC admissions and corresponding ALOC discharges, authorization rates and timeliness, as well as, ALOC discharges based on ASAM criteria. ASAM indicated versus actual levels of care are also monitored.

Last year, ROM began to examine quality of care more closely and improvements or lack of improvements in clients' health status. This examination continued into year three of the waiver and results are seen in the 180 scans. All information is gathered from ALOC data which depicts the clinical severity rating scales in all 6 dimensions of the ASAM [Note: although there may be some level of discrepancy or variance in interpretation of the severity scales idiosyncratic to each counselor, based on experience or other clinical skills, all clinicians have had the same "E-module ASAM" training, therefore, they have all had the same instruction with regard to ranking the clinical severity scales]. Complete results from both the March and October 180 scans may be located on the County of Santa Clara BHSD website. Below is an example of "Improvement in Risk Rating by ASAM Dimension," information taken from the October 2020 180 scan.



Of noted importance in this example are the client improvements in Dimensions 5 and 6, which are the primary reasons individuals would enter residential treatment. These dimensions require stabilization for individuals to transition successfully back into their community and possibly continue treatment in an outpatient setting. CSC SUTS residential providers demonstrate improved client outcomes upon completion of treatment.

Outpatient results for this same timeframe revealed noted improvement in Dimension 5, with 69% improving in their clinical risk rating for relapse [October 2020 180 scan]; however, outpatient results demonstrate limited improvement in the other dimensions which providers have been encouraged to discuss internally with their quality improvement teams. This small example is only a glimpse into the wealth of information presented in the 180 scans. Further, this narrative summary is meant to be read side-by-side with the 180 scans for clarification of the information presented within this summary rather than duplicative reporting.

With the advent of residential levels of care 3.3 and 3.5 being added to the CSC BHSD SUTS this year, QI will work with ROM to monitor utilization and service usage. The MCP will

continue to authorize these levels of care and ensure that medically necessary criteria are being met to standard.

6. Beneficiary and Family Satisfaction

BHSD SUTS has been committed to focusing on client-centered treatment and client satisfaction with their treatment services. The UCLA Client Perception Survey was continually disseminated throughout the year until Covid-19 struck and the response to the county's version of the Client Perception Survey declined. BHSD SUTS was offering the survey in the first 30 days of treatment, as well as, near to a beneficiary's program completion. In the initial years of the waiver, CSC SUTS ROM had expanded the UCLA Client Perception Survey to include four areas of client outcomes (clients' perceptions about these areas): (1) connection to school or employment, (2) income change, (3) housing status change, and (4) legal issues change, all of which remained in year two of the waiver. ROM has monitored the rate of completed surveys using services census data.

The results of the survey submissions in year three continued to reflect an overall positive perception by clients of their treatment experiences. Clients who complete treatment have reported positive perceptions of treatment and improvement with more housing opportunities, less legal trouble, increases in income potential, and less difficulty with activities of daily living [ref. March and October 2020 180 scans].

Grievance/Appeals/Fair Hearings. Another way in which CSC BHSD SUTS examines beneficiary satisfaction is tracking the number and type of grievances, appeals, and State Fair hearings SUTS incurs throughout the fiscal year. In the first year of the waiver, there were a total of 22 grievances and no appeals. In year two of the waiver, CSC BHSD SUTS received 18 grievances and 2 appeals, both of which were resolved in favor of the beneficiaries. This past

year, year three of the waiver, a total of 12 grievances were received and no appeals [ref. Grievance/Appeal/State Hearing Summary Report 2020]. Almost all grievances continue to be investigated and resolved within 30 days of receipt of the grievance.

CSC BHSD SUTS did receive its first “discrimination grievance” this past year. This grievance was filed the last week of June, so results of its resolution will be discussed in next fiscal year’s summary. The most common type of complaint received this past year tended to fall in the category of “program requirements.” However, no trend was seen amongst these complaints: some concerned program policies, others did not like the program discharge requirements or program rules. QIDS met state standards for quarterly reporting Grievance and Appeals, and, was submitting all grievance resolutions to County Reports submissions until Covid-19 and shelter-in-place directives. SUTS QIDS reports out quarterly on grievance and appeals to the BHQIC committee. SUTS QIDS views the very low grievance rates as one of the indicators of beneficiary satisfaction.

7. Outcomes/Performance Measures

Performance measures are written into provider contracts to align providers with expected standards of care across the system. Access, timeliness, medical necessity, and utilization review outcomes have been previously discussed in this report and are described in depth in the 180 scans, both of which accompany this summary report. Further, CSC has begun to explore quality and client outcomes from treatment. Are clients improving and in what areas? Results show that clients tend to have better outcomes from residential treatment episodes in all six dimensions of the ASAM rather than in outpatient type services. There has been noticeable improvement in many areas of performance in County of Santa Clara in access, timeliness, 4 in 30 metrics, and utilization of services. However, the ODS still has many areas for room to improve.

This year's Clinical PIP evolved from a discussion around engagement strategies as many clients tended to leave services early and/or be administratively discharged. The Clinical PIP proposed a case study of comparison groups with one large provider. The study or intervention group was assigned the task of completing case management based on client need in the first face-to-face session with their clients and deferring any administrative paperwork capable of being deferred. This strategy was aimed at increasing engagement by addressing the client's immediate need when they walked into treatment, strengthening the therapeutic relationship sooner, and hoping clients would return more often for treatment. The control group conducted "treatment as usual," with no changes in their workflow process. Results are displayed in the PIP Tool. The study group had significant results reaching past the baseline data and reaching the engagement goal of 70% in initial results [refer to 2019 Clinical PIP]. The control group results were notably lower. The Clinical PIP results appear to indicate that clients were more likely to remain and participate in treatment (4 services in 30 days) if their case management needs were addressed in the first session of treatment rather than waiting until after initial sessions of getting to know their counselor. A focused interview session with the study group counselors will occur in late November or early December, and results of this PIP are being presented to the SUTS system of care treatment providers in December of 2020 for further input and feedback as to how and what to expand for this coming year's PIP.

The non-Clinical PIP will not be continued into 2020-21. Last year's non-clinical PIP attended to the development of a stricter screening protocol for referrals coming into CSC Withdrawal Management programs. It had been noted in the recommendations by the previous year's (2018) EQRO team that CSC had a "churn" into Withdrawal Management. Although CSC baseline

numbers did not reflect a significant “churn,” CSC continued to explore what might be occurring in this level of care with the providers who had reported a number of “inappropriate” referrals being sent to their facilities. The Medical Collaboration redesigned a tighter protocol. The return of clients remained around 5% which was the baseline; however, an unexpected result from this PIP was the increase of clients moving into different treatment levels of care than had previously moved into treatment. The PIP team and providers believe the tightened protocol deferred clients who should not have been referred to WM, therefore, allowing more time to be spent on those WM clients who benefitted from the service and were better prepared to enter treatment after WM services concluded.

Appropriate and Timely Interventions when Occurrences Raise Quality of Care Concerns. CSC BHSD has always had a very structured process for tracking both incident reports and grievances. These processes are supported by policy and procedure. Those areas where quality of care concerns arise would be found in the analyses of trends and patterns identified in grievances and incident report logs, or in unexpected occurrences requiring root cause analysis examinations. All quality of care concerns are reported to Quality Management, Compliance, County Counsel, and the BHSD Director. As mentioned in the 2020 Grievance, Appeals, and State Hearings Summary report, there have been no trends or patterns noted in the grievance logs. In terms of incident reports, the most common reports involve medical emergencies where clients are in residential treatment and require medical attention. These incidents are expected due to the severity of patterns of use among the beneficiaries who participate in residential treatment. Many have chronic health conditions associated with their sustained long-term substance use or due to their compromised auto-immune systems resulting from substance use.

Emergencies are responded to by first responders and non-emergencies are tended to by residential program staff transporting clients to Urgent Care. Quality of care concerns are not an issue in this instance.

Timeframes for grievance resolution are met well before the State standard of 90 days and nearly all resolutions are to beneficiary satisfaction. Depending upon the severity of an incident report (IR), resolutions and corrective action generally involve agency specific examination of their internal policy and procedure, business operations, or program protocols. Year three of the waiver brought increased incident reports of beneficiaries who tested positive for COVID. Protocols were immediately developed in order for programs to be compliant with Public Health and CDC directives, maintain social distancing standards, obtain necessary PPE for on-site services, and expand ability for telework and telehealth services. CSC BHSD mobilized efforts with daily meetings and gradually decreased those meetings as providers got up and running amidst shelter in place orders. SUTS QIDS has not seen any grievances regarding access or timeliness during the pandemic thus far.

BHSD SUTS continues to have a monthly systemwide meeting called the Innovative Partnership. All providers' directors and managers are invited to this collaborative forum between the County and the contract providers. Quality Improvement and Research also participate in this meeting. Issues affecting the system are discussed in this meeting, workgroups develop to troubleshoot concerns, and contributions to the system and care for our beneficiaries are acknowledged at this meeting. Further, information is disseminated to the system of care by way of meeting minutes, system Alerts, and system Bulletins.

8. Data Monitoring and Reporting

ROM continues to analyze greater system data and performance measures which have been built into provider contracts and has supported compliance efforts with performance metrics required by the DMC-ODS. ROM continues to offer recommendations that are analytically based for potential system and agency changes. ROM has also made its analysts available and assigned to individual agencies to discuss interpretation of data and data quality concerns. ROM continues to conduct quarterly reports [ref. CPM report] and the 180 scan [ref. to 180 scan] completed bi-annually. Results are presented quarterly to the system of care regarding their individual performance measures, and bi-annually regarding system performance. Within QIDS is the Data Support (DS) unit. DS analysts continue to run reports, provide specific data requests to support the QICs within in the unit, and support ROM. Effective July 1, 2019, a new monthly mechanism for provider report-out replaced the former attestations that providers had submitted. The Provider Monthly Report (PMR) was developed because ROM discovered that the provider attestations (regarding their data) were not congruent with the data run by ROM. The PMR covers referrals and admissions data, ALOC admissions, transfer, and discharges, open and discharged clients, length of stay data, and caseload and utilization. Individually assigned QICs, supported by ROM analysts, hold discussion with point persons of each provider to discuss their monthly submissions. Discussion with providers in year three centered on decreasing “no shows,” helping providers to internally examine their allocation of resources so that capacity could be met, and refining the PMR components so that the system was more uniform in their understanding of what was being reported. There was a temporary suspension of PMR reporting

when Covid-19 struck and the SIP was put into effect, but reporting was reinitiated in July of 2020.

Another significant tool which was developed and implemented by ROM in FY 2019-2020 is the referral disposition form. This tool was created to track all initial referrals into the system of care. The tracking mechanism allowed for providers to indicate all dispositions of referrals, from those clients that did not show to treatment, to those that did not meet medical necessity or may have been referred to other ancillary services, to admission into treatment.

DATAR and CalOMS continue to be reported through Data Support (DS). In year three of the waiver, DS and ROM continued to provide monthly on-going CalOMS trainings to help with a common understanding of specific elements requested in CalOMS data collection, orient new providers to the CalOMS requirements, and help any existing providers with errors they may be experiencing. These CalOMS trainings had the added component of adding how CalOMS would work in Netsmart myAvatar, the new electronic health record, and shift from Unicare for county providers. These trainings continue and will bring contract providers on board as 2021 shifts contract providers to the connection of reporting through Netsmart myAvatar's PCE, Provider Connect Enterprise, which will be used to transmit data from contract providers to the county. ROM spent an incredible amount of focused effort ramping up for the decommissioning of Unicare and the implementation of Netsmart myAvatar, beginning in 2019 and throughout 2020. These efforts are continuing as new reports and analytical tools are being developed, in addition to, ironing out bugs and troubleshooting errors and concerns. These efforts were complicated by Covid-19 and the shelter-in-place as all meetings became virtual. SUTS continues to have weekly internal meetings since the County go-live date of September 1, 2020. Implementation

will go well into the 2021 year when contract providers are oriented to the new portal connect system. ROM has been instrumental in this process.

9. DMC Trainings

In the 2019-20 year, SUTS QIDS continued to provide DMC-ODS and other required trainings. However, by April 2020, in-person meetings were slowly being converted to virtual platforms. Trainings ceased for a bit while attention focused to response endeavors to the pandemic. BHSD SUTS provided an annual DMC-ODS update across the system of care and two updated DMC-ODS documentation trainings. CSC Learning Partnership (LP) is the platform for most trainings in BHSD and LP posts all training materials; however, all trainings, training materials, and presentations provided through SUTS continue to be accessible through the BHSD website. Electronic Alerts and Bulletins are sent out regularly to inform the system of care with DHCS Information Notices, All Plan Letters, and other legislative information, as well as system changes. Trainings continue to be offered in a variety of categories, including but not limited to: DHCS and the Waiver, evidence-based practices (Cognitive Behavioral, Seven Challenges, Motivational Interviewing, Relapse Prevention, Trauma Informed, Stages of Change, ASAM E-module, and other behavioral health trainings), Clinical Documentation Manual, SUTS Orientation to the System of Care, Co-Occurring Clinical Supervision, Co-Occurring ASAM Assessment, Treatment Planning, CLAS Standards and Cultural Competency. BHSD SUTS solicits ideas for trainings from the system of care providers. This year, trainings were offered on responding to the pandemic, and current discussions are considering potential training on telehealth practices and standards.

Conclusion

Year three of the waiver brought both improvements and challenges for CSC BHSD SUTS.

New levels of care were rolled out, capacity increased, and timeliness metrics gradually started to show improvement. Rigorous conversation around engagement strategies was initiated, new reporting and monitoring mechanisms were rolled out, and telehealth methods of delivery expanded greatly. Perhaps the greatest achievement for CSC BHSD was the cohesive collaboration that occurred amongst the county and its contract providers to continue to providing quality services to CSC beneficiaries as the primary goal amidst the Covid-19 pandemic, social unrest, and rampant wildfires where many individuals became ill, lost their jobs or even their homes.

Challenges surfaced initially with timeliness, and just as gradual improvements were noted, Covid-19 struck and efforts to transition to telework and service delivery via telehealth needed attention. Decompression efforts and shifting of capacity to meet the needs which evolved from Covid-19 are still underway. All of these challenges were compounded by the implementation ramp up of CSC BHSD's transition to Netsmart myAvatar, the largest system of care change in 2019-2020. While some of the intended goals of the DMC-ODS Quality Improvement Work Plan were temporarily suspended or dismissed to address the crises presented in 2020, none of these intended goals became as substantive as the continued quality of services to our beneficiaries during a time which required our attendance to more pressing concerns and their wellbeing.