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

SANTA CLARA FINAL REPORT

- MHP
- DMC-ODS

Prepared for:

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

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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, “DMC-ODS” shall be used to identify the Santa Clara County DMC-ODS program, unless otherwise indicated.

DMC-ODS INFORMATION

DMC-ODS Reviewed — Santa Clara

Review Type — Virtual

Date of Review — March 8 -10, 2022

DMC-ODS Size — Large

DMC-ODS Region — Bay Area

DMC-ODS Location — San Jose, CA

DMC-ODS Beneficiaries Served in FY 2020-21 — 3,093

DMC-ODS Threshold Language(s) — English, Spanish, Vietnamese, Mandarin, Cantonese, and Tagalog

SUMMARY OF FINDINGS

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

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

- Access to Care: 66.7 percent met (two of three components), and 33.3 percent partially met (one of three)
- Timeliness of Care: 50 percent met (three of six components), and 33.3 percent partially met (two of six) and 16.7 percent not met (one of six).
- Quality of Care: 75 percent met (six of eight components), and 25 percent partially met (two of eight)
- Information Systems (IS): 50 percent met (three of six components), and 50 percent partially met (three of six)

The DMC-ODS submitted one of the two required Performance Improvement Projects (PIPs). The clinical PIP, Case Management at First Contact to Increase Client

Engagement was submitted, is active but is due to be completed/closed with a high confidence validation rating. The non-clinical PIP was not submitted and therefore no confidence rating was assigned as no validation was possible.

CalEQRO conducted two consumer family member focus groups, comprised of a total of 14 participants.

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The DMC-ODS demonstrated significant strengths in the following areas: urgent appointment requests meet the 48-hour standard 99 percent of the time indicating system priority to this clinically acute population; long-standing partnerships with allied agencies including a very well-regarded interface with criminal justice with coordinated efforts showcased as best practice across the state; CalOMS data indicates high level of positive outcomes; education, training, and service guidelines are a system strength with a recent focus on building integrated core skills to address co-occurring disorders and assure system capability; community education as indicated by the recent “Expect Fentanyl” campaign across the county indicates commitment to outreach on prominent substance use issues; there is robust data/analytic capabilities utilized to track its performance and outcomes.

The DMC-ODS was found to have notable opportunities for improvement in the following areas: residential capacity remains low and a challenge to increase in part due to funding; the new integrated call center needs to assure that the success of their prior system does not fall off; Quality Improvement Committee (QIC) would benefit from expanded membership to include substance use disorder (SUD) clinical supervisors, providers, and consumers which minutes indicate are generally not present; communication with the Santa Clara staff is challenging according to feedback from system providers. They noted a marked shift away from more productive communication of the past and the existing documentation manual needs revision; the transition to a new EHR provides an opportunity to optimize the interoperability and electronic data exchange with its contract providers who account for 79 percent of the services provided.

FY 2021-22 CalEQRO recommendations for improvement include: a need to review low utilization of services such as Recovery Support, Case Management, residential WM and IOT address root causes to increase access and use of these services; need to take additional steps to assure discharge planning and care coordination as out of 483 residential admissions just 51 (11 percent) received timely post-residential follow-up; review causes and make necessary adjustments to address its ASAM congruence levels, which is low due to no service capacity as the most frequent reason placement is not consistent with clinical need; take steps to address their inability to reliably track and report no-shows for first contact appointments, which currently average over 5,200 per month, leaving them unable to fully gauge system performance; prioritize the

assignment of staff and resources necessary to address Quality Improvement (QI) areas including the workplan and required submission of two PIP projects.

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 DMC-ODS, comprised of 37 counties, to provide substance use treatment services to Medi-Cal beneficiaries under the provisions of Title XIX of the federal Social Security Act. As PIHPs, the CMS rules apply to each DMC-ODS. DHCS contracts with Behavioral Health Concepts, Inc., the California EQRO, to review and evaluate the care provided to the Medi-Cal beneficiaries.

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

This report presents the FY 2021-22 findings of the EQR for Santa Clara DMC-ODS by Behavioral Health Concepts, Inc., conducted as virtual review on March 8-10, 2022.

METHODOLOGY

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

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

FINDINGS

Findings in this report include:

- Changes, progress, or milestones in the county's approach to performance management – emphasizing utilization of data, specific reports, and activities designed to manage and improve quality of care – including responses to FY 2020-21 EQR recommendations.
- Review and validation of two elements pertaining to NA: Alternative Access Standards (AAS) requests and use of out-of-network (OON) providers.
- Summary of county-specific activities related to the following four Key Components, identified by CalEQRO as crucial elements of 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 while there were continuing impacts from the Coronavirus Disease 2019 (COVID-19 or COVID) pandemic. During FY 2021-22, the DMC-ODS continued the provision of services, from traditional in-person to telehealth treatment. County staff, including those of the DMC-ODS continue to work both from home and in the office, adhering to changing safety protocols. Regardless, CalEQRO was able to work with the county to design a comprehensive agenda and complete the review without any insurmountable challenges.

SIGNIFICANT CHANGES AND INITIATIVES

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

- Over the last six months, steps to integrate the DMC-ODS and the Mental Health Call centers have occurred. At present, the two call center teams are being cross trained in preparation for the integration of the operations which will include an integrated screening tool. Projected completion with a single access telephone number is June 2022.
- Santa Clara has initiated medication assisted treatment (MAT) for youth aged 12-17 in collaboration with the Valley Medical Center and the Pediatric clinic. Youth that are initially provided medical services by the treating physician and provided with MAT, are then referred to the outpatient clinic for youth services and continued on medication.
- The DMC-ODS has played a key role in community overdose reversal education with Narcan distribution in coordination with the Santa Clara County Opioid Overdose Prevention Project (SCCOOPP) and Addiction Medicine and Therapy Services. Over the last five years, more than 10,000 kits have been distributed through Santa Clara Valley and to a variety of allied partners, community, and health settings. Currently they are focusing on providing fentanyl strips to the public, schools, universities, and inmate services.
- Workforce shortage continues to be a challenge for Santa Clara and for providers of the DMC-ODS. Santa Clara is developing strategies to address professional workforce shortages, including short-term, mid-term, and long-term solutions.

- The DMC-ODS has completed its first year using the new EHR, Netsmart Avatar, which replaced Unicare Profiler. So far, the county operated programs have been using Netsmart with the contract providers scheduled for transitioning to submitting claims to the new EHR by October 2022.

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 early stages of initiating activities to address the recommendation; or
- Addressed some but not all aspects of the recommendation or related issues.

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

Recommendations from FY 2020-21

Recommendation 1: Santa Clara should actively seek additional Residential WM beds through an RFP but also with organizations within Santa Clara and in neighboring counties.

(This recommendation is a carry-over from FY 2019-20.)

Addressed

Partially Addressed

Not Addressed

- Santa Clara reports continued solicitation for additional WM 3.2 beds. The DMC-ODS notes that an additional ten male beds were secured bringing men’s residential capacity from ten to 18 beds. The current year capacity reported by Santa Clara indicates they have three WM sites, under two legal entities with a total bed capacity of 26.
- The DMC-ODS conferred with the neighboring counties of San Mateo and Alameda about availability and found that their capacity was fixed and was not an option for additional Santa Clara beds.

- Santa Clara notes that while it has not identified additional resources for residential care expansion a report in late 2021 was sent to the local Board of Supervisors indicating their recommendation to expand the male WM beds by an additional 10-15 beds, if resources could be found.

Recommendation 2: Santa Clara should work with Learning Partnership to implement the Peer/Mentor training plan using the Intentional Peer Support (IPS) training, and to find a way to implement this training either remotely or in a hybrid model.

Addressed Partially Addressed Not Addressed

- Between 2018 to 2022, the DMC-ODS has provided multiple training opportunities to bolster peer support education and participants.
- Seeking to develop internal instructor capacity, Santa Clara has provided an advanced Intentional Peer Support training that was a pre-requisite for the Intentional Peer Support Train the Trainer.
- Santa Clara reports plans to work with participants from the Train the Trainer series to provide additional peer education sessions during CY 2022.

Recommendation 3: Santa Clara adult clients initiate a second appointment less frequently with lower engagement compared to statewide data. Santa Clara is working on a PIP to increase engagement which if successful should be implemented county-wide. A systematic plan for engagement and retention would be a positive component to this SUD system.

Addressed Partially Addressed Not Addressed

- Santa Clara reports that the PIP entitled Case Management (CM) at First Clinical Contact to Increase Beneficiary Engagement has now entered Phase III. Phase I successfully demonstrated the efficacy of the strategy among a pilot sample of adult outpatient clients. Phase II reported engagement and retention outcomes findings among an expanded adult outpatient treatment population.
- Following the design plan, PIP interventions are now under way with one agency and the outpatient youth population. It is expected that similar findings will be reported with youth, validating the strategy as one that is scalable across multiple treatment populations.

Recommendation 4: Santa Clara should report on the outcome of the Contingency Management and MAT pilot in the treatment of persons with stimulant use disorder.

Addressed Partially Addressed Not Addressed

- The DMC-ODS notes that the project was put on-hold due to impacts from the COVID-19 pandemic on program resources, staff and system capacity to oversee and report out on this project.

Recommendation 5: Santa Clara should continue to work on improvements to meet the DHCS urgent standard for SUD requests for services.

(This recommendation is a carry-over from FY 2019-20.)

Addressed

Partially Addressed

Not Addressed

- Santa Clara defines requests for WM to be an urgent service request. While they continue to seek additional WM and residential bed capacity, tracking data for CY 2021 indicates that of the 422 urgent appointment requests, 418 (99 percent) met the DHCS 48-hour standard.

NETWORK ADEQUACY

BACKGROUND

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

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

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

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

FINDINGS

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

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

Alternative Access Standards and Out-of-Network Access

The DMC-ODS met all time and distance standards and was not required to submit an AAS request. Further, because Santa Clara can provide necessary services to a beneficiary within time and distance standards using a network provider, they are not required to allow beneficiaries to access services via OON providers.

Planned Improvements to Meet NA Standards

Santa Clara did not require an AAS though system adjustments have continued to better address access. The DMC-ODS has contract language for system sites that require they be reviewed for Americans with Disabilities Act (ADA) compliance, have American Sign Language translation, assure documents are produced in large font and if requested can provide documents in Braille. Santa Clara recently opened what is one of the first full-service behavioral health sites in the country for its large Vietnamese population, an initiative that garnered political, community support and alternative funding.

Santa Clara also monitors transportation issues for clients to support their ready access to care. System programs are primarily the provider of transportation. Some providers have vehicles supporting client transportation as well as Santa Clara providing bus tokens. While the obligation of the three local Medi-Cal Health Plans transportation benefit is known, awareness and remains a growth area. Telehealth use also remains a viable option given the development during the last two years because of the COVID-19 pandemic, though client utilization remains modest. Limited use is often because clients have no access to cell phones, computers, or the internet and if they have devices, they are either older or have limited capacity for video platforms.

Also, Santa Clara works collaboratively with local Native American health clinics in coordination of health care services. Indeed, access by Native Americans for the DMC-ODS was higher than statewide penetration rates and there was evidence of collaboration with these and other populations in the Cultural Competency Plan.

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

While the DMC-ODS did not require AAS in FY 2020-21, related activities are noted above.

¹ [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 Performance Measures addressed below.

ACCESS IN SANTA CLARA COUNTY

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 21 percent of services were delivered by county-operated/staffed clinics and sites, and 79 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 67.3 percent of services provided are claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to beneficiaries 24 hours, 7 days per week formerly called Gateway, which responds during the day with full time county staff, and after hours, weekends and holidays managed by a contract provider in the DMC-ODS system. While Santa Clara is six months into the process of integrating the access portal for both SUD and MH incoming clients, there are still two distinct phone contact numbers. The current Access workforce has capacity for bilingual screening and 3-way conference call to connect individuals with system treatment providers in real time. DMC-ODS beneficiaries may request services through the Access Line as well as through the following system entry points; outpatient, NTPs, and WM services. Santa Clara has a centralized assessment process whereby staff evaluates the clinical need for residential treatment and will make necessary linkage. In September 2020 the Gateway migrated into the myAvatar as its application allowing Santa Clara to track when a call is received and referred to the appropriate level of care (LOC). Requests for residential treatment are specified in the database. Assessment staff can conduct a client search when the caller is on the line and see both current and past treatment episodic history.

In addition to clinic-based services, the DMC-ODS provides telehealth services. Specifically, Santa Clara and its providers have capacity to deliver assessment, individual and group counseling, case management services via telehealth to both youth and/or adults. In FY 2020-21, the DMC-ODS reports having served 3,421 adult beneficiaries, 35 youth beneficiaries, and 149 older adult beneficiaries via telehealth across 4 county-operated sites and 10 contractor-operated sites. Among those served, 556 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 a broad service delivery system which provides access to beneficiaries and family members. Examining service accessibility and availability, system capacity and utilization, integration and collaboration of services with other providers, and the degree to which a DMC-ODS informs the Medi-Cal eligible population and monitors access and availability of services form the foundation of access to quality services that ultimately lead to improved beneficiary outcomes.

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

Table 1: Key Components – Access

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

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

- Santa Clara is integrating its call center to serve as centralized screening and referral source for individuals who need either SUD or MH services. Santa Clara has developed an integrated screening tool that will allow staff to make determinations for both disorders in a standardized way.
- Penetration rates for all race/ethnicity groups are generally higher than the statewide and large county averages. Noteworthy is the current focus and engagement of the Asian/Pacific Islander population with Santa Clara working with local government and allied care providers to participate in a new project

(Vietnamese American Service Center) designed to provide culturally proficient care to the local Vietnamese population.

- Santa Clara continues work towards a joint Cultural Competency Plan that will include services provided within the DMC-ODS framework. While some early initiatives and focus that pertain to SUD services have been outlined, the existing plan has historically been focused on BH and MH goals. A more integrated approach will allow the DMC-ODS to make more informed decisions and system adjustments once the integrated plan is completed.

PERFORMANCE MEASURES

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

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

Total Beneficiaries Served

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

Most clients served were in the 18-64 age group with a penetration rate of 1.26 percent, slightly less than large counties and on par with statewide. Only 14 percent of clients served were in the youth or older adult age groups, and then penetration rates were a third of the penetration rate for adults 18-64.

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

Santa Clara				Large Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Beneficiaries Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages 12-17	46,012	185	0.40%	0.26%	0.25%
Ages 18-64	211,000	2,662	1.26%	1.44%	1.26%
Ages 65+	63,163	246	0.39%	0.90%	0.77%
TOTAL	320,175	3,093	0.97%	1.18%	1.03%

The race/ethnicity group with the largest percentage of eligible clients was Latino/Hispanic (38.4 percent of all eligibles) and 36.1 percent of clients served. The penetration rate for this race/ethnicity group was higher than the average for large counties and statewide.

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

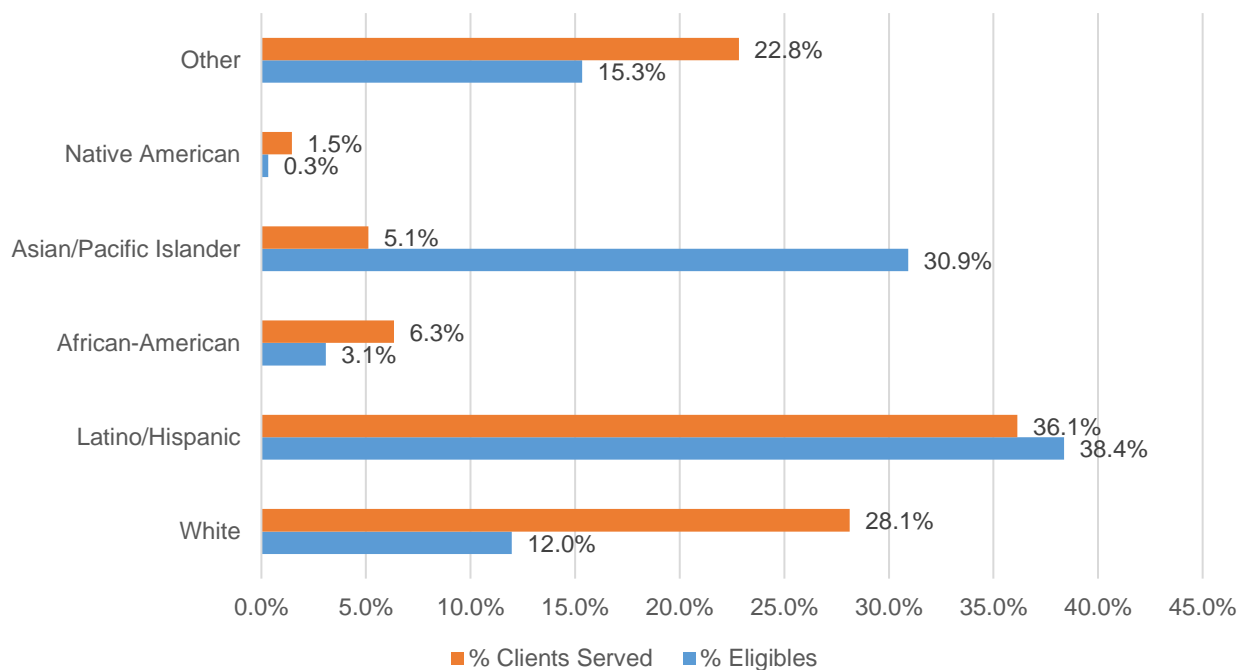
Santa Clara				Large Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	38,334	870	2.27%	2.34%	1.96%
Latino/Hispanic	122,856	1,118	0.91%	0.76%	0.69%
African-American	9,868	196	1.99%	1.53%	1.34%
Asian/Pacific Islander	98,992	158	0.16%	0.17%	0.17%
Native American	1,026	45	4.39%	2.77%	1.84%
Other	49,101	706	1.44%	1.58%	1.41%
TOTAL	320,177	3,093	0.97%	1.18%	1.03%

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

of DMC-ODS enrollees to match the proportions they constitute of the total beneficiaries served as clients.

There was good proportionality for Latino/Hispanics in terms of comparing percentage of eligibles to clients served. It is worth noting, however, that White clients and clients grouped in the “Other” race/ethnicity group were more likely to access services compared to Latino/Hispanic clients, based on percentage of eligibles compared to clients served. For example, White eligibles are 12 percent of the total population of eligibles but represent 28.1 percent of all clients served.

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 1.6 percent, the same as the statewide rate. Most clients receiving DMC-ODS services in Santa Clara were eligible through ACA. Family Adult and Disabled were also common

eligibility categories. Penetration rates for these two eligibility categories were on par with statewide rates as well. Penetration rates for youth categories--Foster Care, Other Child, and Medicaid Children's Health Insurance Program (MCHIP)—were slightly higher than statewide rates.

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

Santa Clara				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Penetration Rate	Penetration Rate
Disabled	27,698	444	1.6%	1.8%
Foster Care	680	19	2.8%	2.3%
Other Child	25,027	144	0.6%	0.3%
Family Adult	44,321	494	1.1%	1.1%
Other Adult	75,731	57	0.1%	0.1%
MCHIP	21,083	57	0.3%	0.2%
ACA	122,573	1,978	1.6%	1.6%

Average approved claims by eligibility categories are lower in Santa Clara compared to statewide for the adult categories. Factors such as county-specific reimbursement rates and distribution of clients across LOCs impact average approved claims.

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

Santa Clara				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Average Approved Claims	Average Approved Claims
Disabled	27,698	444	\$3,982	\$4,559
Foster Care	680	19	\$3,656	\$2,037
Other Child	25,027	144	\$2,655	\$2,492
Family Adult	44,321	494	\$3,886	\$4,231
Other Adult	75,731	57	\$3,332	\$3,386
MCHIP	21,083	57	\$2,309	\$2,748
ACA	122,573	1,978	\$3,643	\$5,131

The majority of clients in Santa Clara initially access DMC-ODS services in outpatient treatment (59.9 percent). NTPs, residential treatment, and WM are other LOCs where clients initiate services.

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

Santa Clara			Statewide	
DMC-ODS Service Modality	#	%	#	%
Outpatient treatment	1,882	59.9%	33,885	33.1%
Intensive outpatient treatment	90	2.9%	2,679	2.6%
NTP/OTP	508	16.2%	40,908	40.0%
Non-methadone MAT	49	1.6%	291	0.3%
Ambulatory Withdrawal	-	0.0%	22	0.02%
Partial hospitalization	13	0.41%	23	0.02%
Residential treatment	253	8.1%	16,620	16.3%
Withdrawal management	237	7.5%	6,790	6.6%
Recovery Support Services	110	3.5%	1,006	1.0%
TOTAL	3,142	100.0%	102,224	100.0%

Table 7 shows the percent that each type of service category contributes to the total number of client treatment episodes for CY 2020. The service category used in the most client episodes was outpatient (52.9 percent). NTP services were the next most common service category, used in 12.9 percent of the total client treatment episodes. The percentage for residential treatment was 10.2 percent, lower than statewide (17.5 percent) consistent with a capacity issue that Santa Clara has continued to try to expand on.

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

Service Categories	% Served	Statewide % Served	Average Approved Claims	Statewide Average Approved Claims
Narcotic Tx. Program	12.9%	30.7%	\$3,285	\$4,097
Residential Treatment	10.2%	17.5%	\$6,957	\$8,846
Res. Withdrawal Mgmt.	7.6%	6.8%	\$1,425	\$2,057
Ambulatory Withdrawal Mgmt.	0.0%	0.0%	\$0	\$654
Non-Methadone MAT	5.2%	5.2%	\$1,456	\$1,093
Recovery Support Services	6.8%	2.7%	\$2,273	\$1,521
Partial Hospitalization	0.5%	0.0%	\$1,770	\$1,926
Intensive Outpatient Tx.	4.0%	6.4%	\$651	\$966
Outpatient Services	52.9%	30.6%	\$2,679	\$2,037
TOTAL	100.0%	100.0%	\$3,772	\$4,894

IMPACT OF FINDINGS

The legacy screening system for SUD (Gateway) has been highly successful. As Santa Clara moves to fully integrate their call center to include both SUD and MH populations, there should be consistent monitoring and course corrections should the referral or screening patterns with the centralized system fall off. Access to both Residential WM and transitional housing remain limited for Medi-Cal beneficiaries though the DMC-ODS has made efforts to increase capacity.

TIMELINESS OF CARE

BACKGROUND

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

TIMELINESS IN SANTA CLARA COUNTY

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

Santa Clara's two call centers are now integrated. The change, combining both the DMC-ODS access line and MHP line begun six months prior to this review with a project completion date of June 2022. Santa Clara has established workflows, protocols, and training to assure that gaps in time to service are not impacted during this transition. With a new integrated screening tool now in place within the EHR, tracking and monitoring for timely access is expected to remain consistent. CalEQRO notes concerns regarding issues for both NTP/OTP initial visits and no-shows, which are noted below.

Timeliness data for offered routine appointments show an average of 2.05 days and meeting the DHCS standard 94 percent of the time across all services. For the entire system, average length of time from first request or visit is also 8.5 days and meets the 10-day standard just 72 percent of the time.

TIMELINESS KEY COMPONENTS

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

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

Table 8: Key Components – Timeliness

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

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

- Clients who need WM level of care are deemed urgent in Santa Clara, and of those 425 qualifying service requests, 418 or 99 percent secured an appointment within the 48-hour standard.
- Current CY 2021 data indicates that timely aftercare occurs just 11 percent of the time continuing challenges in discharge care coordination.
- Of the 584 initial requests for NTP/OTP appointments, just 43 percent were seen for their initial appointment within the 3-day DHCS standard. Santa Clara, which operates one of the two NTP programs in the county, notes that resources and workforce shortages have been the primary reason for its inability to expedite intakes for this population.
- Data to track no-shows comes from separate information systems, subject to workflow discrepancies along with missing data elements when reviewed. Santa Clara noted that the no-show tracking data “could not be reported reliably” and did not provide this data on show-rates for first time clinical contacts.

PERFORMANCE MEASURES

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

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

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

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

DMC-ODS-Reported Data

For the FY 2021-22 EQR, the DMC-ODS reported its performance for CY 2021.

- Average wait time of 2.05 days from initial service request to first non-urgent SUD appointment offered
- Average wait time of 7.8 days from initial service request to first non-urgent NTP/OTP appointment offered
- Average wait time of less than 24 hours from initial service request to first urgent appointment offered.

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

FY 2021-22 DMC Assessment of Timely Access			
Timeliness Measure	Average/Rate	Standard ²	% That Meet Standard
First Non-Urgent Appointment Offered	2.05 Days	10 Business Days	94%
First Non-Urgent Service Rendered	8.5 Days	10 Business Days	72%
Non-Urgent MAT Request to First NTP/OTP Appointment	7.8 Days	3 Business Days	43%
Urgent Services Offered	<24 Hours	48 Hours	99%
Follow-up Services Post-Residential Treatment	n/a	7 Days	11%
WM Readmission Rates Within 30 Days	4%	n/a	n/a
No-Shows	n/a	n/a	n/a

Medi-Cal Claims Data

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

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

Santa Clara has timely dosing for methadone, less than a day, for NTP clients who request a first dose, though as reported by the DMC-ODS, when combined with county-run MAT operations, the average time to service drops significantly, as noted above.

² DHCS-defined standards, unless otherwise noted.

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

Santa Clara				Statewide		
Age Groups	Clients	%	Median Days	Clients	%	Median Days
Ages 12-17	-	0.00%	n/a	*	n/a	n/a
Ages 18-64	372	74.5%	<1	33,027	80.4%	<1
Ages 65+	127	25.5%	<1	*	n/a	n/a
TOTAL	499	100.0%	<1	41,093	100.0%	<1

Transitions in Care

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

The transitions in care following residential treatment is an important indicator of care coordination. There were 1,314 discharges from residential treatment; of those, just 118 or 9 percent met the 7-day standard. It should be noted that overall, there were 424 follow-up appointments (32.3 percent), within any days of discharge which is higher than percentage found statewide.

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

Santa Clara (n= 1,314)			Statewide (n= 49,799)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	118	9.0%	3,757	7.5%
Within 14 Days	197	15.0%	5,160	10.4%
Within 30 Days	277	21.1%	6,422	12.9%
Any days (TOTAL)	424	32.3%	10,112	20.3%

Residential Withdrawal Management Readmissions

There were 381 admissions into WM and 4.2 percent of those had a readmission within 30 days of discharge.

Table 12: Residential Withdrawal Management Readmissions, CY 2020

Santa Clara			Statewide	
Total DMC-ODS admissions into WM	381		11,647	
	#	%	#	%
WM readmissions within 30 days of discharge	16	4.2%	1,291	11.1%

IMPACT OF FINDINGS

While the rate of providing urgent service request appointments as presently defined is commendable, CalEQRO did discuss with the DMC-ODS merits of expanding the definition to include clients who present with clinical scenarios more pressing than routine but non-emergent, who may not be initiating WM services to address post-acute withdrawal symptoms. It should also be noted that due to limits of the information system, Santa Clara's urgent data is recorded in days, not hours.

QUALITY OF CARE

BACKGROUND

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

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

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

QUALITY IN SANTA CLARA COUNTY

In the DMC-ODS, the responsibility for QI falls under the larger County of Santa Clara Behavioral Health Services. Within the DMC-ODS, there is an integrated QM function that is run by the Division Director of QI, includes utilization review, system compliance, performance, and quality assurance. QM functions are also supported by clinician leads, contract liaisons, and staff service analysts. Additionally, QM leadership oversees contract management and quality measures that pertain to the DMC-ODS treatment contractors.

The DMC-ODS monitors its quality processes through the QIC, the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC, comprised of Santa Clara's executive and QI staff, is scheduled to meet quarterly. Since the previous EQR, the DMC-ODS QIC met five times. Of the 25 identified FY 2021-22 QAPI workplan goals, many were exclusive to MH, several were shared with MH and 11 were specific to the DMC-ODS. Of these 11, most had either provisional data without text on findings or a statement that data is incomplete as it is being processed and analyzed.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD services healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for beneficiaries. These key components include an organizational culture that prioritizes quality, utilizes data to inform and make decisions, engages in QI activities, matches beneficiary needs to appropriate services, coordinates care with

other providers, routinely monitors outcomes, satisfaction, and medication practices, and promotes transparent communication with focused leadership and strong stakeholder involvement.

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

Table 13: Key Components – Quality

KC #	Key Components – Quality	Rating
3A	Quality Assessment and Performance Improvement are Organizational Priorities	Partially 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	Partially 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 Clara has made clinical outcomes a focus which CalOMS data indicates a high level of clinical performance by system providers. They also utilize a level of care tool called A-LOC across the provider network to assess and adjust program levels for clients.
- The existing QI workplan has sections which are incomplete and is overdue for revision. PIPs that exist within the stated goals have been under resourced and this has negatively impacted adherence to the requirement of having two active projects.
- ASAM congruence data (Table 19) is low across all areas of intake and variance with clinical recommendations shows that Santa Clara has capacity issues, often noting that a level of care was not available at the time of intake and placement.

- Feedback provided to CalEQRO by treatment staff indicates that communication needs to be addressed across to all levels to assure consistency, improve performance, and give ample opportunity to contractor concerns. Most acutely issues expressed of no feedback on the job they are doing, issues with excessive or duplicative paperwork and learning curve due to the transition to EHR.

PERFORMANCE MEASURES

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

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

Diagnosis Data

Table 14 compares the breakdown by diagnostic categories of Santa Clara 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 Clara were Other Stimulant Abuse (36.3 percent), Alcohol Use Disorders (23.4 percent), and Opioid Use Disorder (21.8 percent). These percentages differ from statewide diagnostic code distributions but according to the DMC-ODS staff accurately reflect local substance use patterns. Opioid Use Disorders are less common in Santa Clara whereas Other Stimulant Abuse and Alcohol Use Disorders are more common for clients served, compared to statewide.

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

Diagnosis Codes	Santa Clara		Statewide	
	% Served	Average Cost	% Served	Average Cost
Alcohol Use Disorder	23.4%	\$4,244	17.6%	\$5,936
Cannabis Use	11.4%	\$3,133	8.0%	\$2,921
Cocaine Abuse or Dependence	1.9%	\$3,219	1.8%	\$5,769
Hallucinogen Dependence	0.7%	\$3,473	0.2%	\$6,112
Inhalant Abuse	0.1%	\$9,880	0.0%	\$8,581
Opioid	21.8%	\$3,997	47.4%	\$4,788
Other Stimulant Abuse	36.3%	\$3,792	23.1%	\$5,269
Other Psychoactive Substance	0.0%	\$0	0.1%	\$7,114
Sedative, Hypnotic Abuse	0.7%	\$5,827	0.5%	\$6,077
Other	3.8%	\$3,052	1.2%	\$2,923
Total	100.0%	\$3,845	100.0%	\$4,962

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. There were 209 clients in Santa Clara who had at least one dose of non-methadone MAT. Of those, 88 continued to have three or more services of non-methadone MAT.

Non-Methadone MAT Services

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

Santa Clara					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	182	6.8%	79	3.0%	6,698	7.6%	3,227	3.7%
Ages 65+	*	n/a	*	n/a	*	n/a	*	n/a
TOTAL	209	1.3%	88	0.6%	7,146	7.0%	3,397	3.3%

Residential Withdrawal Management with No Other Treatment

Table 16 identifies clients who enter WM multiple times without ever engaging in follow-up treatment. This measure is a proxy for lack of effective discharge planning and case management follow-up to ensure that clients engage in treatment after WM. Of the 299 WM clients in Santa Clara, 2.34 percent had three or more WM episodes and no other treatment.

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

Santa Clara			Statewide	
	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services
TOTAL	299	2.34%	8,824	3.34%

High-Cost Beneficiaries

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

proxy measure for the disproportionate utilization of intensive services by the HCB beneficiaries.

Only 2.49 percent of clients served in Santa Clara met or exceeded the threshold to be considered high-cost, comprising 12.14 percent of total claims.

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

Santa Clara						
Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages 12-17	185	*	n/a	n/a	n/a	n/a
Ages 18-64	2,662	72	2.70%	\$18,518	\$1,333,316	13.00%
Ages 65+	246	*	n/a	n/a	n/a	n/a
TOTAL	3,093	77	2.49%	\$18,392	\$1,416,161	12.14%

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

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

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 referred. Congruence was reasonable for initial screenings, initial assessments, and follow-up assessments. Congruence across all three steps of intake is low and primary reasons for non-congruence included patient preference and actual level of care missing. The latter reason again reflects capacity challenges of the DMC-ODS.

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

Santa Clara ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
If assessment-indicated LOC differed from referral, then reason for difference						
Not Applicable - No Difference	46	73.0%	2,049	75.7%	2,337	74.3%
Patient Preference	*	n/a	216	8.0%	332	10.5%
Level of Care Not Available	*	n/a	31	1.1%	26	0.8%
Clinical Judgement	0	0.0%	14	0.5%	29	0.9%
Geographic Accessibility	0	0.0%	*	n/a	*	n/a
Family Responsibility	0	0.0%	0	0.0%	*	n/a
Legal Issues	0	0.0%	*	n/a	*	n/a
Lack of Insurance/Payment Source	*	n/a	*	n/a	*	n/a
Other	*	n/a	12	0.4%	15	0.5%
Actual Level of Care Missing	*	n/a	377	13.9%	387	12.3%
TOTAL	63	100.0%	2,707	100.0%	3,145	100.0%

Initiation and Engagement

For adults in Santa Clara, 78.5 percent initiated treatment (had at least one session within 15 days after their initial visit), which is lower than the statewide percentage of 89.1 percent. For engagement (two more sessions with 30 days after the initiation visit), 69.9 percent of adults continued to engage in services, which was lower than the statewide rate of 78.9 percent. The numbers of youth served was smaller than adults, but with similar patterns of initiation and engagement (71.6 percent and 61.7 percent, respectively).

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

	Santa Clara				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	2,945		197		98,320		3,904	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	2,312	78.5%	141	71.6%	87,609	89.1%	3,179	81.4%
Clients who then engaged in DMC-ODS services	1,617	69.9%	87	61.7%	69,099	78.9%	2,230	70.1%

Length of Stay

The mean (average) length of stay for Santa Clara clients was 119 days (median 78 days), slightly lower than the statewide mean of 142 (median 88 days). Of all clients, 46.0 percent had at least a 90-day length of stay; 23.2 percent had at least a 180-day stay, and 12.8 percent had at least a 270-day length of stay.

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

Santa Clara	Statewide			
Clients with a discharge anchor event	3,744		110,817	
LOS for clients across the sequence of all their DMC-ODS services	Mean (Average)	Median (50 th percentile)	Mean (Average)	Median (50 th percentile)
	119	78	142	88
	#	%	#	%
Clients with at least a 90-day LOS	1,722	46.0%	54,782	49.43%
Clients with at least a 180-day LOS	870	23.2%	32,644	29.46%
Clients with at least a 270-day LOS	479	12.8%	20,256	18.28%

CalOMS Discharge Ratings

The DMC-ODS treatment programs have strong positive discharge ratings compared to the statewide average (70.5 percent vs 46.0 percent). This suggests that Santa Clara

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 Clara		Statewide	
	#	%	#	%
Completed Treatment – Referred	1,017	27.5%	16,988	17.8%
Completed Treatment – Not Referred	335	9.0%	5,541	5.8%
Left Before Completion with Satisfactory Progress – Standard Questions	739	20.0%	13,830	14.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	520	14.0%	7,566	7.9%
<i>Subtotal</i>	<i>2,611</i>	<i>70.5%</i>	<i>43,925</i>	<i>46.0%</i>
Left Before Completion with Unsatisfactory Progress – Standard Questions	292	7.9%	13,918	14.6%
Left Before Completion with Unsatisfactory Progress – Administrative	755	20.4%	36,618	38.3%
Death	3	0.1%	341	0.4%
Incarceration	40	1.1%	722	0.8%
<i>Subtotal</i>	<i>1,090</i>	<i>29.5%</i>	<i>51,599</i>	<i>54.1%</i>
TOTAL	3,701	100.0%	95,524	100.0%

IMPACT OF FINDINGS

The Quality Management division has seen shifts in leadership, position vacancy and hiring of new staff who are new to Santa Clara and SUD services. This has resulted in impacts to its ongoing preparation for CalEQRO and associated requirements such as an updated QI workplan and two active PIPs. The QIC would benefit from expanded membership to include SUD clinical supervisors, providers, and consumers which minutes indicate are generally not present. Annual review should also provide progress or ratings of initiatives based on goals the framework has set for itself.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

BACKGROUND

Each DMC-ODS is required to have two active and ongoing PIPs, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330³ and 457.1240(b)⁴. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction. They should have a direct beneficiary impact and may be designed to create improvement at a member, provider, and/or DMC system level.

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

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

CLINICAL PIP

General Information

Clinical PIP Submitted for Validation: Case Management at First Contact to Increase Client Engagement.

Date Started: November 2020

Aim Statement: Decrease no show rates during 30 days after the intake session and increase the percentage of clients receiving 4 clinical services in 30 days since entering the treatment program.

Target Population: Adults admitted to outpatient services ASAM Level 1.0 at the study agency (pilot) with a recorded intake service received during the study period. Study and comparison group individuals are enrolled in the PIP study as they are admitted to treatment. Expanded to other outpatient services in the past year.

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

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

Validation Information: The DMC-ODS's clinical PIP was active during the review period though it is now considered complete.

Summary

This is a continuation and expansion of the FY 2020-21 PIP. Santa Clara conducted a system-wide performance review regarding client initiation, no show rates and persistence in treatment following the intake process. The issue, system providers hypothesized, was that the current structure of the intake service used by majority of programs might actually be inhibiting client engagement. Workflow and protocols indicated that the intake service appeared to be driven more by administrative processes than a clinical focus and establishing a therapeutic alliance with incoming clients. Baseline data correlated to this analysis with both no-show rates increasing since the onset of the DMC-ODS Waiver, along with a drop in persistence in care. The PIP designed allowed for a new level of clinical intervention at intake, focusing on providing case management to address the most pressing client needs. It was expected that focusing on concrete help with clients' immediate needs at the very start of the treatment process could increase beneficiary engagement as measured by their rate of return for follow-up appointments.

Service delivery records, administrative data (admission date, discharge date, service date, delivery method, type of service) were utilized and collected in the DMC-ODS EHR and service files. According to the PIP submission, 100 percent of data were available and were included in all analyses. The DMC-ODS noted that the greatest potential threat to the project was fidelity to the intervention model. However, service records and tracking logs confirmed 100 percent fidelity to the model, which is remarkable. Findings suggest the intervention was successful in achieving the stated primary aim. Specifically, the proportion of beneficiaries in the case management intervention group who were retained through 30 days from admission to treatment and who received four or more services during that period was statistically significantly greater than the proportion of beneficiaries who did not participate in this study. Finally, other system providers whose intake session is focused heavily on review of mandatory paperwork have continued to experience challenges with clients' attendance of follow-up appointments. DMC-ODS providers are very interested in the PIP's "case management first" approach to increase rates of return for follow-up appointments.

TA and Recommendations

As submitted, this clinical PIP was found to have high confidence, because: fidelity to the PIP design and interventions, reliability of the data used to confirm activities and results, longevity of the project including the expansion beyond the pilot site and consideration that use of this intervention may or may not yield similar results with other sub-populations, such as youth.

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

- Conclude PIP and convene PIP committee for new clinical project.

CalEQRO recommendations for improvement of this clinical PIP include:

- Assure proper level of resources and staff to shepherd PIP projects and activities during the course of the FY.
- Involve entire PIP committee and QM administration that assures thorough knowledge of PIP status and activities beyond a single individual.
- CalEQRO supports continued use interventions as system-wide best practice.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: n/a

Aim Statement: n/a

Target Population: n/a

Validation Information: The DMC-ODS's non-clinical PIP has yet to be developed and was therefore not submitted for approval and no level of validation is possible.

Summary

The DMC-ODS's non-clinical PIP has yet to be developed and was therefore not submitted.

TA and Recommendations

As there was no submission, the non-clinical PIP has no assigned level of confidence, because the DMC-ODS failed to provide it.

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

- n/a

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

- Convene the PIP committee and discuss concepts to determine PIP development and implementation.
- Contact BHC for technical assistance as needed.

INFORMATION SYSTEMS (IS)

BACKGROUND

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

IS IN SANTA CLARA COUNTY

California DMC-ODS EHRs fall into two main categories, those that are managed by county IT and those being operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is Netsmart myAvatar, which has been in use for one year. Currently, the DMC-ODS is actively implementing a new system which requires heavy staff involvement to fully develop. At the time of the review, the DMC-ODS had implemented the system for the county providers and was in the process to transition the CBO data entry functions to Netsmart.

Approximately 1.3 percent of the DMC-ODS budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving DMC-ODS control and another county department or agency.

The DMC-ODS has 328 named users with log-on authority to the EHR, including approximately 93 county-operated staff and 235 contractor-operated staff. Support for the users is provided by 12 full-time equivalent (FTE) IS technology positions. The plan had lost two FTEs in the past year and were in the process of filling two FTE positions.

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

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

Submittal Method		Frequency	Submittal Method Percentage
<input type="checkbox"/>	Health Information Exchange (HIE) between DMC IS	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch	0%
<input checked="" type="checkbox"/>	Electronic Data Interchange (EDI) to DMC IS	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	6%
<input checked="" type="checkbox"/>	Electronic batch file transfer to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	6%
<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	88%
<input type="checkbox"/>	Documents/files e-mailed or faxed to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
<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

The 21st Century Cures Act of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances beneficiaries’ and their families’ engagement and participation in treatment. The DMC-ODS does not have a PHR at this time. It has purchased this module from its new EHR vendor; however, currently there is no concrete timeline established for when it will be operational.

Interoperability Support

The DMC-ODS is not a member or participant in an HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and/or electronic consult. The DMC-ODS engages in electronic exchange of information with the following departments/agencies/organizations: Alcohol and Drug CBO/Contract Providers for SUD.

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

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

Table 24: Key Components – IS Infrastructure

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

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

- The DMC-ODS has a strong research and outcomes measurement unit (ROM) that has been undergoing the integration of MH and SUD services for the past two years, and now serve the entire behavioral health data analytics needs. For the DMC-ODS side, ROM, along with QI and data support team, produces a data dashboard called the 180 Scan twice a year, each time focusing on relevant topics at the time. In its last published 180 Scan, the plan focused on the status of DMC-ODS in the fourth year since it started, impact of COVID-19, client profile, performance measures, and client outcomes.
- The DMC-ODS and its contract providers have been providing telehealth services during the pandemic. Starting April 2022, its EHR vendor will be moving to a new telehealth platform (Amazon Chime) that will provide a more integrated environment.
- At the time of the review, the DMC-ODS was still in the process of rolling out access to its newly implemented EHR, Netsmart myAvatar to the CBOs. Most CBOs were still submitting their claims to the old practice management portal, Unicare Profiler, either through direct data entry (88 percent), or through electronic data transfer (12 percent).
- The DMC-ODS does not have a personal health record (PHR) at this time. It has purchased this module from its new EHR vendor; however, currently there is no concrete timeline established for when it will be operational.

- The DMC-ODS does not have a designated system security officer who reports to the DMC-ODS executive team. The county IT has the responsibility to perform and monitor the IS security duties. The DMC-ODS does not have an operations continuity plan as reported in the ISCA.

IMPACT OF FINDINGS

At the time of the FY 2021-22 EQR, the DMC-ODS was in the midst of an important IS transition from its legacy system to a new vendor providing better functionalities to the plan. Contract providers provide nearly four-fifth of the DMC-ODS services. This makes contractor access to the practice management and EHR functionalities critical for providing quality services to the beneficiaries.

Many of these contract providers have their own EHR systems. This calls for a degree of interoperability and two-way electronic data exchange to reduce double data entry at a minimum. The access to clinical and service use profiles of the beneficiaries served will be another benefit of two-way data exchange. Uniform use of the ALOC placement and care coordination tool will facilitate information exchange as well.

During the rest of CY 2022, as the DMC-ODS rolls out access to its new EHR to its contract providers, these will be important milestones to achieve.

Future testing and rollout of the PHR module will be useful for the beneficiaries to readily access their own health records from DMC-ODS. This will also require adequate opportunities for technical assistance and training for the beneficiaries wanting to access their health records.

VALIDATION OF CLIENT PERCEPTIONS OF CARE

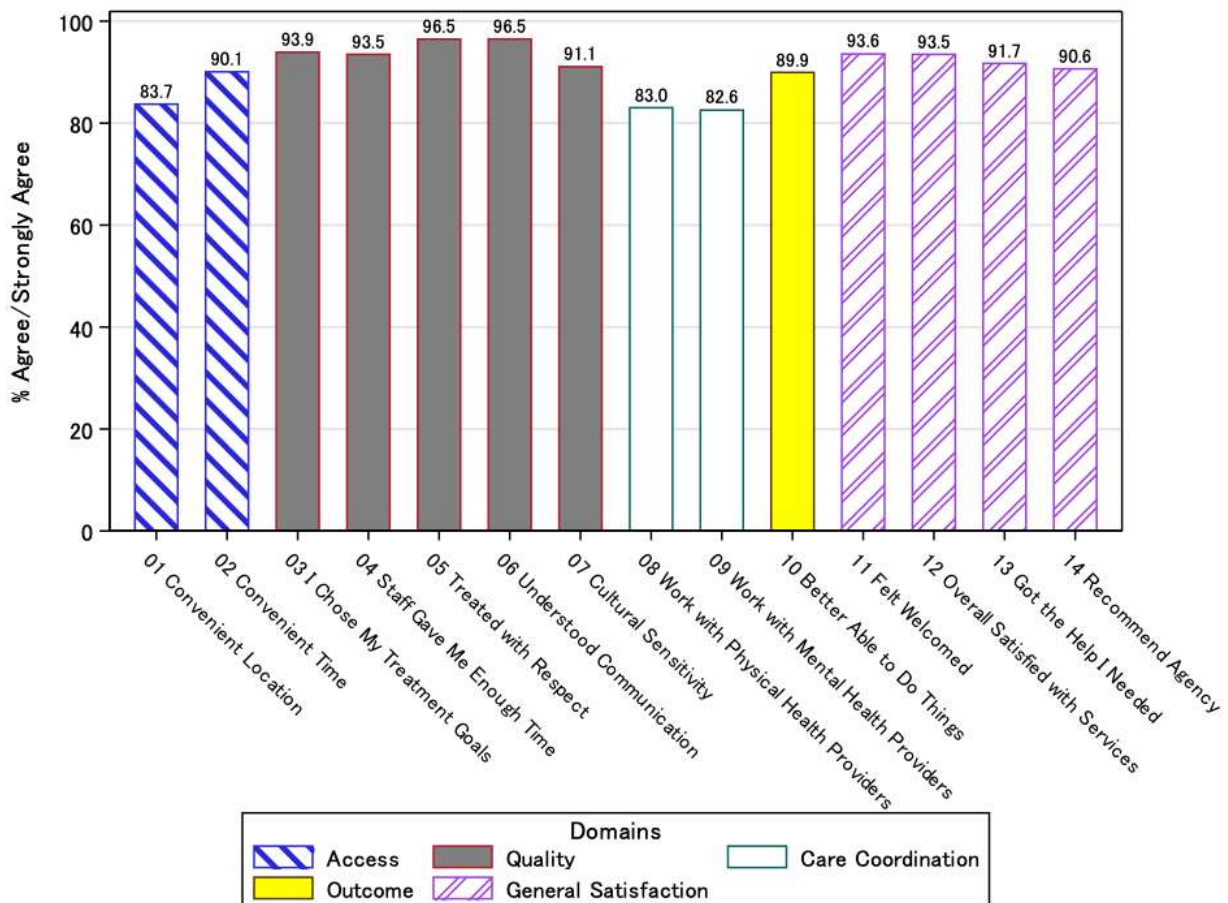
BACKGROUND

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

TREATMENT PERCEPTION SURVEY

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

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



Santa Clara had 171 adult respondents for the September 2021 TPS administration. This represents a significant increase of client response rate from the prior cycle in November 2020 with just 49. The results are generally positive across all domains with clients agreeing most favorably with Understood Communication and Treated with respect (Quality). There was a slight decrease in favorable ratings for Convenient Location and Time (Access) from the last year, dropping 6.1 and 1.9 percent respectively. While as with most counties, the ratings are lowest for Coordination with Physical Health and with Mental Health Care services, these also dropped in favorability from the prior TPS administration. Overall, the domain item ratings ranged from 82.6 percent to 96.5 percent.

CONSUMER FAMILY MEMBER FOCUS GROUP

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

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

Consumer Family Member Focus Group One

CalEQRO requested a diverse group of adult consumers who initiated outpatient services in the preceding 12 months. The focus group was held at women's residential treatment program called Parisi House on the Hill, located in San Jose and included six participants; no language interpreter was used. All consumers participating receive clinical services from the DMC-ODS.

Participants were facilitated through a focused group process where active discussion was encouraged. The facilitator also asked each participant to take an online survey the goal of which is to understand the clients' experiences and generate recommendations for system of care improvement. The survey asks each participant to rate each item on a five-point scale using feeling facial expressions, not numbers, five (5) for best and one (1) for worst experiences. The facilitator further explained that the goal of the survey is to understand the clients' experiences and generate recommendations for system of care improvement.

Participants described their experience as the following:

Table 25: CFM Focus Group One

Question	Average	Range
1. I easily found the treatment services I needed.	4.5	4-5
2. I got my assessment appointment at a time and date I wanted.	4.8	4-5
3. It did not take long to begin treatment soon after my first appointment.	4.8	4-5
4. I feel comfortable calling my program for help with an urgent problem.	4.8	4-5
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	4.3	3-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	4.8	4-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	5.0	5-5
8. Because of the services I am receiving, I am better able to do things that I want.	4.8	4-5
9. I feel like I can recommend my counselor to friends and family if they need support and help.	4.8	4-5

The six clients in the focus groups all initiated treatment within the last 12 months and each found the screening, intake, and assessment process to be expedient and easy to navigate. Participants heard about the program while in custody, from a friend who is now in recovery, their social worker and none of them experienced wait time, some entering the same day. All were happy to enter the program either while pregnant or having their children with them on-site. All noted the program had been helpful in both developing life skills and relapse prevention strategies. There was also a focus on relationship and family issues. They noted that there is coordination between the program and child welfare or courts and that they feel the program works to fit them well with an assigned counselor who advocates for them with outside agencies. Information and education on MAT are available and some described steps the program has taken in securing them contact with mental or physical health care, which has included use of prescribed medications. While the program has a very busy schedule, they feel supported in their recovery. One client stated “this is my first time in treatment program, and I do not know what I was scared of. I love it here.”

Recommendations from focus group participants included:

- Participants noted that communication could be improved between counselors about their assigned clients.

- Participants wished they could have 2 hour passes or group outings that would allow them to occasionally leave the facility.
- More residential programs for mothers with children are needed.

Consumer Family Member Focus Group Two

CalEQRO requested a diverse group of adult consumers who initiated outpatient services in the preceding 12 months. The focus group was held at men’s residential treatment program called the Muriel Wright Residential Center, located in San Jose and included eight participants; no language interpreter was used. All consumers participating receive clinical services from the DMC-ODS.

Participants were facilitated through a focused group process where active discussion was encouraged. The facilitator also asked each participant to take an online survey the goal of which is to understand the clients’ experiences and generate recommendations for system of care improvement. The survey asks each participant to rate each item on a five-point scale using feeling facial expressions, not numbers, five (5) for best and one (1) for worst experiences. The facilitator further explained that the goal of the survey is to understand the clients’ experiences and generate recommendations for system of care improvement.

Participants described their experience as the following:

Table 26: CFM Focus Group Two

Question	Average	Range
1. I easily found the treatment services I needed.	3.7	3-4
2. I got my assessment appointment at a time and date I wanted.	4.0	4-4
3. It did not take long to begin treatment soon after my first appointment.	3.6	2-4
4. I feel comfortable calling my program for help with an urgent problem.	3.8	3-4
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	3.0	1-4
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	4.1	3-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	3.7	2-5
8. Because of the services I am receiving, I am better able to do things that I want.	3.8	2-5

Question	Average	Range
9. I feel like I can recommend my counselor to friends and family if they need support and help.	3.7	2-5

The eight clients in the focus group all initiated treatment within the last 12 months and each were initially screened at Gateway beginning services within 2-5 days. Participants noted there was good coordination with MH services, and several were on medications, under the care of a system psychiatrist. Additionally, many of them noted they had received MAT education, and several were taking MAT. All noted the program was generally helpful, though their comments noted below and, in the survey, indicate that there are opportunities for program improvement.

Recommendations from focus group participants included:

- Client participants felt that the treatment program was understaffed. They also felt that there was a need for more counselors and mentors who had lived experience with SUD.
- Focus group participants requested additional activities like more one-on-one sessions, in-house 12-Step or Health and Institution panels, life-skills training, and increased communication around discharge planning so they could plan better for their exit.
- Participants noted that more housing options would be useful.

IMPACT OF FINDINGS

The two programs that provided participants for the CalEQRO client focus groups stand in marked contrast to each other primarily around staffing. While one has very active daily schedule, provides coordination for client care with outside entities, is able to provide adequate group and individual sessions, the other appears to lack adequate structure and is apparently under-resourced, which impacts both the number and quality of the program staff. As characterized by those focus group participants, some employees are so ill prepared they “have no business running a group” and “the county should have someone [review] this program to what’s exactly insufficient.”

CONCLUSIONS

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

STRENGTHS

1. Urgent appointment requests meet the 48-hour standard 99 percent of the time indicating efficient, consistent performance for this clinically acute population. (Access, Timeliness, Quality)
2. Santa Clara benefits from long-standing partnerships with allied agencies and the local community. There is a very well-regarded interface with criminal justice and the various coordinated efforts have been showcased across the region and state. Santa Clara has also been tapped to address the local fentanyl crisis co-chairing a new task force requested by the Board of Supervisors and is part of a new program designed to address behavioral health issues including substance use amongst the large Vietnamese population. (Access, Quality)
3. CalOMS data indicates high level of positive outcomes indicating engagement of clients who then benefit as they persist in treatment, until they transition to another level of care or discharge. (Access, Quality)
4. Education, training, and service guidelines are a system strength. Santa Clara recently provided an integrated core skills and co-occurring disorders in-service to assure awareness and enhance capability across the MH and DMC-ODS system of care. Similarly, community education as indicated by the recent Expect Fentanyl campaign across a variety of media platforms with performance and analytics indicates commitment to outreach on prominent substance use hot spots. (Quality)
5. The DMC-ODS has robust data/analytic capabilities and utilizes these to track its performance, outcomes, and adherence to the ASAM levels of care. (Quality, IS)

OPPORTUNITIES FOR IMPROVEMENT

1. Residential capacity continues to be low and challenging to increase in part due to lack of funding options. (Access, Timeliness, Quality, IS)
2. The DMC-ODS plans to fully integrate their call center and include both SUD and MH service requests. While some business process workflows align, there are differences in the nature of calls for service between the two divisions. There

should be consistent level of activity monitoring to assure the success of the prior SUD system for referral and screenings does not diminish. (Access, Quality)

3. In order to increase the level of diverse input, the QIC would benefit from expanded membership to include SUD clinical supervisors, providers, and consumers which minutes indicate are generally not present. Annual review should also provide progress or ratings of initiatives based on goals the framework has set for itself. (Quality)
4. System providers report challenges in communication. They noted a marked shift away from more productive communication of the past when they had high-level involvement in system development and committees that allowed for bi-directional communication have been dismantled. Feedback from providers also noted that they receive no interpretive guidance, that some functional issues previously endemic to the MH side have now filtered into the DMC-ODS side, and that transparency is lacking. Finally, it was noted that the existing documentation manual dates from 2019 and needs revision. (Access, Timeliness, Quality)
5. Transition to the new EHR provides the DMC-ODS an opportunity to optimize the interoperability and electronic data exchange with its contract providers who account for 79 percent of the services provided. (IS)

RECOMMENDATIONS

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

1. Review low utilization of new DMC-ODS Waiver services such as Recovery Support, Case Management, residential WM and IOT; address root causes and support client, workforce, and capacity changes needed to increase access and use of these services. (Access, Quality)
2. Take additional steps to assure discharge planning and client care coordination across its service modalities as data indicates that of the 483 residential admissions just 51 (11 percent) received timely post-residential follow-up service. (Timeliness, Quality)
3. Review causes and make necessary adjustments to address its ASAM congruence levels, which is low with current data indicating no service capacity as the most frequent reason that a client's level of care placement does not match what is clinically indicated. (Access, Quality)
4. Take meaningful steps to address the inability to reliably track and report no-shows for first contact appointments, which currently average over 5,200 per month. High no-show rates prohibit an accurate evaluation of system

performance and program capacity to engage individuals seeking treatment.
(Access, Timeliness, Quality, IS)

5. Prioritize the assignment of staff and resources necessary to better meet CMS Quality Assessment and Performance Improvement (QAPI) requirements, including the QAPI work plan, Quality Improvement Committee, and the development, implementation, and required submission of two Performance Improvement Projects (PIPs). (Quality)

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: Additional Performance Measure Data

ATTACHMENT A: REVIEW AGENDA

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

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

Table A1: CalEQRO Review Sessions - Santa Clara DMC-ODS
Opening session – Changes in the past year, current initiatives, status of previous year’s recommendations (if applicable), baseline data trends and comparisons, and dialogue on results of performance measures
Quality Improvement Plan, implementation activities, and evaluation results
Information systems capability assessment (ISCA)/fiscal/billing
General data use: staffing, processes for requests and prioritization, dashboards, and other reports
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS
Disparities: cultural competence plan, implementation activities, evaluation results
PIPs
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments (MATs)
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview – contracted
Clinical line staff group interview – contracted
Client/family member focus groups such as adult, youth, special populations, and/or family
Exit interview: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Patrick Zarate, Lead Quality Reviewer
Sharon Loveseth, Quality Reviewer
Saumitra SenGupta, Information Systems Reviewer
Laura Bemis, Client/Family Member Consultant

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

Sites for Santa Clara's DMC-ODS Review

DMC-ODS Sites

County of Santa Clara Behavioral Health Services
Substance Use Services
976 Lenzen Avenue, 3rd Floor
San Jose, CA, 95126

All sessions were held via video conference.

Contract Provider Sites

Parisi House on the Hill
9505 Malech Rd
San Jose, CA 95138

Muriel Wright Residential Center
298 Bernal Road
San Jose, CA 95119

All sessions were held via video conference.

Table B1: Participants Representing the DMC-ODS

Last Name	First Name	Position	Agency
Acevedo	Domingo	Compliance	Santa Clara County Behavioral Health
Alanis	Margaret	Sr Health Services Representative	Santa Clara County Behavioral Health
Alkoraishi	Lara	Program Manager	Santa Clara County Behavioral Health
Antons	Peter	Director of Administration Services	Santa Clara County Behavioral Health
Arora	Saakshi	Compliance	Santa Clara County Behavioral Health
Aspiras	Catherine	Program Manager III, CYF	Santa Clara County Behavioral Health
Ball	Andrew	Supervisor, Pre-trial Services	Santa Clara County Office of Pretrial Services
Brown	LouMeshia	Sr Manager, AOA Clinics	Santa Clara County Behavioral Health
Banerjee	Kakoli	Director Research & Outcome Measurement	Santa Clara County Behavioral Health
Betkolia	Dr. Belle	Program Manager, Pre-trial Services	Santa Clara County Office of Pretrial Services
Bui	Long	Data Analyst	Santa Clara County Behavioral Health
Caspar	Pauline	QI Coordinator SUTS	Santa Clara County Behavioral Health
Chesnakova	Olena	Data Analyst	Santa Clara County Behavioral Health
Chu	Dinh	Sr Manager, AOA	Santa Clara County Behavioral Health
Cornejo	Vanessa	CYF – MHPS-II Contract Manager	Santa Clara County Behavioral Health
Copley	Bruce	Exec Team – Director of Alcohol, Drug, and Access Services	Santa Clara County Behavioral Health
Daniels-Wilson	Robin	Senior Manager CJS	Santa Clara County Behavioral Health
Daye	Eureka	Director of Custody Health	Santa Clara County Behavioral Health
Fan	Joe	Data Analyst	Santa Clara County Behavioral Health

Last Name	First Name	Position	Agency
Faria Costa	Zelia	Exec Team – Director of Children, Youth, and Family System of Care	Santa Clara County Behavioral Health
Flink	Karen	Zephyr Peer Support – Lead	Santa Clara County Behavioral Health
Gonzalez	Bernadette	Program Manager Cross Systems, CJS	Santa Clara County Behavioral Health
Gonzalez-Ortiz	Gabriela	QI MHPS	Santa Clara County Behavioral Health
Gray	Courtney	Director of Quality Management	Santa Clara County Behavioral Health
Gurpreet	Gil	Program Manager CJS	Santa Clara County Behavioral Health
Hanna	Shannon	Senior Management Analyst	Santa Clara County Behavioral Health
Hendrickson	Charles	Assistant Public Defender	Santa Clara County Public Defender’s Office
Hernandez	Sandra	Division Director Access and Unplanned Services Crisis Services	Santa Clara County Behavioral Health
Ho	Tiffany	Behavioral Health Medical Director	Santa Clara County Behavioral Health
Ho	Michelle	QI MHPS	Santa Clara County Behavioral Health
Honda	Michelle	QA PMIII	Santa Clara County Behavioral Health
Hsiao	Theresa	QI Coordinator SUTS	Santa Clara County Behavioral Health
Huang	Joseph	BHSD Executive Assistant	Santa Clara County Behavioral Health
Huong Ly	Sharma	Senior Analyst	Asian American Recovery Services
Ibarra	Roberto	QI MHPS	Santa Clara County Behavioral Health
Janini	Yasmina	Sr HCPA	Santa Clara County Behavioral Health
Juarez	Maretta	Exec Team - Deputy Director of Service Delivery	Santa Clara County Behavioral Health
Jung	Soo	Adult/Older Adult Division Director	Santa Clara County Behavioral Health
Kennedy	Tracy	Psychiatric Social Worker	Santa Clara County Behavioral Health
Lassette	Jill	MFT MAT Services	Santa Clara County Behavioral Health

Last Name	First Name	Position	Agency
Le	Kevin	24 hour care	Santa Clara County Behavioral Health
Ledesma	Margaret	Program Manager III	Santa Clara County Behavioral Health
Lemus	Rebeca	Senior Manager CJS	Santa Clara County Behavioral Health
Lien	Mego	Program Manager, Prevention Services	Santa Clara County Behavioral Health
Lim	Howard	Senor Business Systems Analyst, Information Services	Santa Clara County Behavioral Health
Lopez	Samantha	Sr HCPA	Santa Clara County Behavioral Health
Lozano	Gustavo	QI MHPS	Santa Clara County Behavioral Health
Manley	Judge Stephen	Drug Court - Judge	Santa Clara County Drug Court
Marshall	Patrick	Inmate Rehabilitation Manager	Santa Clara County Department of Corrections
Marquez	Veronica	Decision Support – Program Manager II	Santa Clara County Behavioral Health
Mata	Paulo	Program Manager III	Santa Clara County Behavioral Health
Mindolovich	Winona	Director of Information Technology	Santa Clara County Behavioral Health
Miller	Mindy	Rehabilitation Worker	Santa Clara County Behavioral Health
Montrezza	Gary	CEO	Pathways
Morales	Sara	Program Manager	Momentum
Morales	Bobbi Rose	QI Coordinator SUTS	Santa Clara County Behavioral Health
Moronta	Domingo	Business Intelligence Analyst	Santa Clara County Behavioral Health
Naranjo	Martha	Program Manager	AARS
Nation	Nancy	Sr. Mental Health Program Specialist	Santa Clara County Behavioral Health
Nelson	Tiana	Director of Managed Care	Pathways
Nguyen	Anh-Thu	Psychiatric Social Worker	Santa Clara County Behavioral Health
Nguyen	Hung	QI Division Director	Santa Clara County Behavioral Health

Last Name	First Name	Position	Agency
Obilor	Margaret	Exec Team - Director of Adult/Older Adult SOC	Santa Clara County Behavioral Health
O'Keefe	Mairead	Supervisor, Behavioral Health Unit	Santa Clara County Public Defender's Office
Olivarez	Gabby	CJS Division Director	Santa Clara County Behavioral Health
Ortiz	Rosa	QI Coordinator SUTS	Santa Clara County Behavioral Health
Parwiz	Mira	SUTS MAT Division Director	Santa Clara County Behavioral Health
Perias	Gail	Residential	Santa Clara County Behavioral Health
Pham	Jennifer	Children, Youth, and Families (CYF) Division Director	Santa Clara County Behavioral Health
Poon	Edwin	Exec Team - Deputy Director of Managed Care	Santa Clara County Behavioral Health
Potens	Rachel	QI MHPS	Santa Clara County Behavioral Health
Ramsey	Tammy	QA Sr HCPA	Santa Clara County Behavioral Health
Robles	Veronica	Senior Program Manager CJS	Santa Clara County Behavioral Health
Sona	Edith	YSOC Clinic Manager	Santa Clara County Behavioral Health
Sujatha	Prabhakaran	Health Care Financial Analyst	Santa Clara County Behavioral Health
Sturm	Karen	Marriage and Family Therapist	Santa Clara County Behavioral Health
Sweet	Tova	Program Manager	Santa Clara County Behavioral Health
Talamantez	Rachel	Division Director, CYF Cross-Systems	Santa Clara County Behavioral Health
Tan	Darren	Exec Team – Deputy Director of Admin Services	Santa Clara County Behavioral Health
Terao	Sherri	Exec Team - Director of BH	Santa Clara County Behavioral Health
Tom	Dena	IT Manager	Santa Clara County Behavioral Health
Tran	Tam	Analyst	Santa Clara County Behavioral Health
Vierra	Amanda	QI Sr MHPS	Santa Clara County Behavioral Health

Last Name	First Name	Position	Agency
Villalobos	Alejandro	SUTS Program Manager	Santa Clara County Behavioral Health
Vu	Lily	Cultural Competency Manager	Santa Clara County Behavioral Health
Wagner	Brian	Exec Team - Director of A&R	Santa Clara County Behavioral Health

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
<input checked="" type="checkbox"/> →High confidence <input type="checkbox"/> →Moderate confidence <input type="checkbox"/> →Low confidence <input type="checkbox"/> →No confidence	Noteworthy fidelity to the PIP design and interventions, reliability of the data used to confirm activities and results, longevity of the project including the expansion beyond the pilot site and consideration that use of this intervention may or may not yield similar results with other sub-populations, such as youth.
General PIP Information	
Mental Health MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name: Santa Clara	
PIP Title: Case Management at First Contact to Increase Client Engagement.	
PIP Aim Statement: a. Decrease no show rates during 30 days after the intake session and increase the percentage of clients receiving 4 clinical services in 30 days since entering the treatment program.	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <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)	
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17)* <input checked="" type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:	

General PIP Information

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

Adults admitted to outpatient services ASAM Level 1.0 at the study agency (pilot) with a recorded intake service received during the study period. Study and comparison group individuals are enrolled in the PIP study as they are admitted to treatment. Expanded to other outpatient services in the past year.

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)
Participate in revised intake process and work with staff to identify client based priorities at intake

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)
Adjust workflows and protocols including role of intake staff

MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)
Adjust workflows and protocols for intake process to prioritize client needs vs administrative paperwork

Performance measures (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Percent of adult clients with 4 + services in 30 days	2019	46%	<input type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available November 2021	78%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): $\chi^2 = 96.62, df=1; p < .001$ Goal achieved by intervention group; difference between groups is statistically significant
No show rate		20%	<input type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available	<5%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
Percent of adult clients with 2+ services in 14 days		19%	<input type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available	80%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): Goal achieved

Performance measures (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Percent of adult clients with intake as the only service in 30 days		22%	<input type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available	10%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): Goal achieved by intervention group; difference between groups is statistically significant

PIP Validation Information

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

Validation phase (check all that apply):
 PIP submitted for approval Planning phase Implementation phase Baseline year
 First remeasurement Second remeasurement Other (specify): being completed and closed.

Validation rating: High confidence Moderate confidence Low confidence No confidence
 “Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

EQRO recommendations for improvement of PIP:

- Conclude and complete this PIP
- CalEQRO supports continued use interventions as system-wide best practice.

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 type="checkbox"/> →Low confidence <input type="checkbox"/> →No confidence	No PIP submitted; no validation completed
General PIP Information	
Mental Health MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name: Santa Clara	
PIP Title: n/a	
PIP Aim Statement: a. n/a b.	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) <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 type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
Target age group (check one): <input type="checkbox"/> Children only (ages 0–17)* <input type="checkbox"/> 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): n/a	

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)
n/a

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

Performance measures (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
			PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> No	<input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
PIP Validation Information						
<p>Was the PIP validated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No “Validated” means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)</p>						
<p>Validation phase (check all that apply): <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"/> First remeasurement <input type="checkbox"/> Second remeasurement <input checked="" type="checkbox"/> Other (specify): no PIP submitted by the DMC-ODS</p>						
<p>Validation rating: <input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence “Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.</p>						
<p>EQRO recommendations for improvement of PIP:</p> <ul style="list-style-type: none"> • Reminded DMC-ODS of need to have two PIPs per CalEQRO review cycle. • Recommend that Santa Clara assure proper level of resources and staff to shepherd PIP projects and activities during course of the FY. 						

ATTACHMENT D: ADDITIONAL PERFORMANCE MEASURE DATA

Table D1: CalOMS Living Status at Admission, CY 2020

Admission Living Status	Santa Clara		Statewide	
	#	%	#	%
Homeless	656	22.6%	25,577	27.9%
Dependent Living	1,864	64.0%	22,882	25.5%
Independent Living	383	13.2%	43,711	46.6%
TOTAL	2,903	100.0%	92,170	100.0%

Table D2: CalOMS Legal Status at Admission, CY 2020

Admission Legal Status	Santa Clara		Statewide	
	#	%	#	%
No Criminal Justice Involvement	1,054	36.4%	58,971	64.0%
Under Parole Supervision by CDCR	61	2.1%	1,849	2.0%
On Parole from any other jurisdiction	43	1.5%	1,305	1.4%
Post release supervision - AB 109	1,407	48.5%	23,836	25.9%
Court Diversion CA Penal Code 1000	*	n/a	1,382	1.5%
Incarcerated	*	n/a	442	0.5%
Awaiting Trial	303	10.5%	4,348	4.7%
TOTAL	2,898	100.0%	92,133	100.0%

Table D3: CalOMS Employment Status at Admission, CY 2020

Current Employment Status	Santa Clara		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	444	15.3%	10,461	11.3%
Employed Part Time - Less than 35 hours	337	11.6%	6,784	7.4%
Unemployed - Looking for work	1,194	41.1%	28,853	31.3%
Unemployed - not in the labor force and not seeking	928	32.0%	46,072	50.0%
TOTAL	2,903	100.0%	92,170	100.0%

Table D4: CalOMS Types of Discharges, CY 2020

Discharge Types	Santa Clara		Statewide	
	#	%	#	%
Standard Adult Discharges	1,923	51.9%	40,731	42.6%
Administrative Adult Discharges	1,318	35.6%	45,247	47.4%
Detox Discharges	397	10.7%	7,946	8.3%
Youth Discharges	63	1.7%	1,600	1.7%
TOTAL	3,701	100.0%	95,524	100.0%