



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

FY 2023-24 MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

SAN LUIS OBISPO FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

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

Review Dates:

January 23-24, 2024

TABLE OF CONTENTS

EXECUTIVE SUMMARY	6
DMC-ODS INFORMATION.....	6
SUMMARY OF FINDINGS.....	6
SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS	7
INTRODUCTION.....	10
BASIS OF THE EXTERNAL QUALITY REVIEW	10
REVIEW METHODOLOGY.....	10
HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE	12
DMC-ODS CHANGES AND INITIATIVES.....	13
ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS	13
SIGNIFICANT CHANGES AND INITIATIVES.....	13
RESPONSE TO FY 2022-23 RECOMMENDATIONS	14
ACCESS TO CARE	17
ACCESSING SERVICES FROM THE DMC-ODS	17
NETWORK ADEQUACY.....	18
ACCESS KEY COMPONENTS	18
ACCESS PERFORMANCE MEASURES	19
IMPACT OF ACCESS FINDINGS.....	23
TIMELINESS OF CARE.....	25
TIMELINESS KEY COMPONENTS	25
TIMELINESS PERFORMANCE MEASURES.....	26
IMPACT OF TIMELINESS FINDINGS	30
QUALITY OF CARE	31
QUALITY IN THE DMC-ODS	31
QUALITY KEY COMPONENTS.....	32
QUALITY PERFORMANCE MEASURES.....	33
IMPACT OF QUALITY FINDINGS	42
PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION.....	43
CLINICAL PIP	43
NON-CLINICAL PIP	44
INFORMATION SYSTEMS.....	46
INFORMATION SYSTEMS IN THE DMC-ODS	46

INFORMATION SYSTEMS KEY COMPONENTS	47
INFORMATION SYSTEMS PERFORMANCE MEASURES	48
IMPACT OF INFORMATION SYSTEMS FINDINGS	50
VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE	51
TREATMENT PERCEPTION SURVEYS	51
PLAN MEMBER/FAMILY FOCUS GROUPS	53
SUMMARY OF MEMBER FEEDBACK FINDINGS.....	54
CONCLUSIONS.....	56
STRENGTHS	56
OPPORTUNITIES FOR IMPROVEMENT	56
RECOMMENDATIONS.....	57
EXTERNAL QUALITY REVIEW BARRIERS	59
ATTACHMENTS	60
ATTACHMENT A: REVIEW AGENDA.....	61
ATTACHMENT B: REVIEW PARTICIPANTS	62
ATTACHMENT C: PIP VALIDATION TOOL SUMMARY	68
ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE	74
ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR	75

LIST OF FIGURES

Figure 1: Percentage of Eligibles and Members Served by Race/Ethnicity, CY 2022...	21
Figure 2: Wait Times to First Service and First MAT Service	27
Figure 3: Wait Times for Urgent Services.....	28
Figure 4: Percent of Services that Met Timeliness Standards.....	28
Figure 5: Percentage of Plan Members by Diagnosis Code, CY 2022.....	34
Figure 6: Percentage of Approved Claims by Diagnosis Code, CY 2022.....	35
Figure 7: CalOMS Living Status at Admission versus Discharge, CY 2022	41
Figure 8: CalOMS Employment Status at Admission versus Discharge, CY 2022.....	41
Figure 9: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA.....	52

List of Tables

Table A: Summary of Response to Recommendations.....	6
Table B: Summary of Key Components	6
Table C: Summary of PIP Submissions	7
Table D: Summary of Plan Member/Family Focus Groups	7
Table 1A: DMC-ODS Alternative Access Standards, FY 2022-23	18
Table 1B: San Luis Obispo DMC-ODS Out-of-Network Access, FY 2022-23	18
Table 2: Access Key Components	19
Table 3: San Luis Obispo DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022.....	20
Table 4: San Luis Obispo DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Racial/Ethnic Group, CY 2022	20
Table 5: San Luis Obispo DMC-ODS Plan Members Served and PR by Eligibility Category, CY 2022.....	21
Table 6: San Luis Obispo DMC-ODS Average Approved Claims by Eligibility Category, CY 2022	22
Table 7: San Luis Obispo DMC-ODS Services Used by Plan Members, CY 2022	22
Table 8: San Luis Obispo DMC-ODS Approved Claims by Service Categories, CY 2022	23
Table 9: Timeliness Key Components.....	25
Table 10: FY 2023-24 San Luis Obispo DMC-ODS Assessment of Timely Access	27
Table 11: San Luis Obispo DMC-ODS Days to First Dose of Methadone by Age, CY 2022	29
Table 12: San Luis Obispo DMC-ODS Timely Transitions in Care Following Residential Treatment, CY 2022.....	29
Table 13: San Luis Obispo DMC-ODS Residential Withdrawal Management Readmissions, CY 2022.....	30
Table 14: Quality Key Components.....	32
Table 15: San Luis Obispo DMC-ODS Non-Methadone MAT Services by Age, CY 2022	35

Table 16: San Luis Obispo DMC-ODS 3+ Episodes of Residential WM and No Other Treatment, CY 2022	36
Table 17: San Luis Obispo DMC-ODS and Statewide High-Cost Members, CY 2022..	36
Table 18: San Luis Obispo DMC-ODS Congruence of Level of Care Referrals with ASAM Findings, CY 2022 – Reason for Lack of Congruence	37
Table 19: Initiating and Engaging in San Luis Obispo DMC-ODS Services, CY 2022 ..	38
Table 20: Cumulative LOS in San Luis Obispo DMC-ODS Services, CY 2022.....	38
Table 21: San Luis Obispo DMC-ODS CalOMS Legal Status at Admission, CY 2022 ..	39
Table 22: San Luis Obispo DMC-ODS CalOMS Discharge Status Ratings, CY 2022 ..	40
Table 23: San Luis Obispo DMC-ODS CalOMS Types of Discharges, CY 2022	40
Table 24: San Luis Obispo DMC-ODS Contract Provider Transmission of Information to DMC-ODS EHR	47
Table 25: IS Infrastructure Key Components	48
Table 26: Summary of San Luis Obispo DMC-ODS Denied Claims by Reason Code, CY 2022	49
Table 27: San Luis Obispo DMC-ODS Claims by Month, CY 2022	49
Table A1: CalEQRO Review Agenda	61
Table B1: Participants Representing the DMC-ODS and its Partners	63
Table C1: Overall Validation and Reporting of Clinical PIP Results	68
Table C2: Overall Validation and Reporting of Non-Clinical PIP Results	71

EXECUTIVE SUMMARY

Highlights from the fiscal year (FY) 2023-24 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, “San Luis Obispo” may be used to identify the San Luis Obispo County DMC-ODS program.

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — January 23-24, 2024

DMC-ODS Size — Medium

DMC-ODS Region — Southern

SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding Performance Improvement Projects (PIPs); and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	2	0
Quality of Care	8	5	3	0
Information Systems (IS)	6	3	3	0
TOTAL	24	16	8	0

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	09/2022	First Remeasurement	Moderate Confidence
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	09/2022	First Remeasurement	Moderate Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	5
2	<input type="checkbox"/> Youth <input type="checkbox"/> Residential <input checked="" type="checkbox"/> Outpatient <input type="checkbox"/> MAT/NTP* <input type="checkbox"/> Perinatal <input type="checkbox"/> Other	8
*Medication assisted treatment (MAT), Narcotic Treatment Program (NTP)		

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- San Luis Obispo's PR is significantly higher than similar-sized counties and statewide for all age groups and racial/ethnic groups.
- There is a strong level of inter-agency coordination with allied partners such as the courts and probation to assure access for those members involved with the criminal justice system including those assigned under Assembly Bill (AB) 109.
- San Luis Obispo has achieved high level use of medication assisted treatment (MAT), both methadone and non-methadone forms, and has facilitated an opioid local safety coalition since 2016 with well-defined objectives and activities that include overdose prevention, naloxone distribution, community education, and prevention to limit the negative impact of the overdose epidemic.
- The DMC-ODS has well established partnerships with middle and high schools that support access for youth in need substance use disorder (SUD) services. Within county-run clinics there is an integrated treatment approach that allows members to benefit from SUD and mental health services designed for a youth population, ages 12 to 21. These efforts dovetail with youth prevention initiatives which focus on local initiatives to assist this vulnerable population understand the risks and realities of alcohol and other drug use.

- San Luis Obispo implemented SmartCare in July 2023 with the support of California Mental Health Services Authority (CalMHSA) and has assigned adequate internal information system (IS) and data analytics resources to assure implementation to completion.

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

- While San Luis Obispo has taken some steps to increase local residential Withdrawal Management (WM) and treatment capacity, options for those in need of this level of care (LOC) remain scarce with beds out of county often not found to be acceptable for members in need of 24/7 care.
- While the DMC-ODS tracks and reports on urgent service requests utilizing a 48-hour standard, it reports that for the FY 2022-23 just 18 individuals were identified and provided expedited access to care due to a more acute presentation.
- System treatment programs rated more than 64 percent of discharges as unsuccessful in California Outcomes Measurement System (CalOMS), with the majority of members leaving treatment before completion. Most of these summary exits (47 percent) are administrative discharges.
- The DMC-ODS has 10 recovery residence sites with 125 beds. However, just one of those sites accept perinatal women and with just five beds for those with children in a residence that does not allow use of MAT.
- Treatment Perception Survey (TPS) responses decreased more than 59 percent in calendar year (CY) 2022.

Recommendations for improvement based upon this review include:

- The DMC-ODS should continue to solicit interest in identifying new providers or supporting existing programs in developing additional local residential treatment capacity.
- San Luis Obispo should review its urgent service request definition, protocol, workflow, and tracking, make meaningful adjustments as warranted to assure it can provide comprehensive identification and expeditious access for individuals who have a more acute need for SUD services.
- Additional analysis needs to be performed to determine the antecedents of unsuccessful CalOMS administrative discharges in order to identify and inform solutions and training needs, as well as to assure complete and accurate data is filed.
- San Luis Obispo should research necessary enhancements to support recovery residence contractors to expand housing for perinatal women and those who are on MAT and have children.

- The DMC-ODS needs to re-emphasize the importance of TPS administration within their clinics and to contractors, and provide necessary training, prompts or incentives to increase response rates better enabling the system to benefit from consumer feedback.

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

The United States Department of Health and Human Services Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care Organizations (MCOs) by an External Quality Review Organization (EQRO). The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid (Medi-Cal in California) Managed Care Services. The Code of Federal Regulations (CFR) specifies the EQR requirements (42 CFR § 438, subpart E), and CMS develops protocols to guide the annual EQR process; the most recent protocol was updated in February 2023.

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

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

This report presents the FY 2023-24 findings of the EQR for San Luis Obispo DMC-ODS by BHC, conducted as a virtual review on January 23-24, 2024.

REVIEW METHODOLOGY

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

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

CalEQRO reviews are retrospective; therefore, county documentation that is requested for this review covers the time frame since the prior review. As part of the pre-review process, each DMC-ODS is provided a description of the source of data and a summary report of Medi-Cal approved claims data. These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the DMC-ODS identified as having a significant impact on access, timeliness, and quality of the DMC-ODS service delivery system in the preceding year. DMC-ODSs are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.
- DMC-ODS activities in response to FY 2022-23 EQR recommendations.
- Summary of DMC-ODS-specific activities related to the four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact Plan member outcomes: Access, Timeliness, Quality, and IS.
- Validation and analysis of the DMC-ODS' two contractually required PIPs as per 42 CFR Section 438.330 (d)(1)-(4) – summary of the validation tool included as Attachment C.
- Validation and analysis of PMs as per 42 CFR Section 438.358(b)(1)(ii).
- Validation and analysis of each DMC-ODS' NA as per 42 CFR Section 438.68, including data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.
- Validation and analysis of the extent to which the DMC-ODS and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county DMC-ODS' reporting systems and methodologies for calculating PMs, and whether the DMC-ODS and its subcontracting providers maintain HIS that collect, analyze, integrate, and report data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.
- Validation and analysis of Plan members' perception of the DMC-ODS' service delivery system, obtained through review of satisfaction survey results and focus groups with Plan members and family members.
- Summary of DMC-ODS strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act, and in accordance with DHCS guidelines, CalEQRO suppresses values in the report tables when the count is less than 11, and then “<11” is indicated to protect the confidentiality of DMC-ODS members.

Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data or corresponding penetration rates (PRs) or percentages.

DMC-ODS CHANGES AND INITIATIVES

In this section, changes within the DMC-ODS' environment since its last review, as well as the status of last year's (FY 2022-23) EQR recommendations are presented.

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

There were reported no environmental impacts to the operations of the DMC-ODS.

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.

- San Luis Obispo Behavioral Health has experienced significant changes in leadership and its organizational structure which includes a new Behavioral Health Director (formerly the long-serving Division Manager for Alcohol and Drug Programs), the addition of their first Deputy Director position, a new Division Manager for its Alcohol and Drug Programs (that oversees the DMC-ODS) and the retirement of its Medical Director (currently filled by interim physicians).
- The DMC-ODS is working with local managed care plan (CenCal) to open a Sobering Center on their San Luis Obispo Health Campus. A CenCal contracted provider will provide services at this site and the DMC-ODS will provide bridge services to link individuals with the next indicated LOC.
- San Luis Obispo is implementing and will be one of the first counties in California to launch Senate Bill 43 to expand the criteria for a 5150/5585 hold, allowing them to address serious safety concerns for individuals with complex SUD and co-occurring needs.
- A Behavioral Health Bridge Housing grant was awarded to San Luis Obispo Behavioral Health in 2023. The grant provides \$7.5 million to address the immediate and sustainable housing needs of people with behavioral health issues who are also experiencing homelessness, including those with SUD and co-occurring disorders.
- In July 2023, San Luis Obispo implemented a new electronic health record (EHR), SmartCare by Streamline, as part of the CalMHSA EHR initiative.

RESPONSE TO FY 2022-23 RECOMMENDATIONS

In the FY 2022-23 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2023-24 EQR, CalEQRO evaluated the status of those FY 2022-23 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 not addressed may be presented as a recommendation again for this review. However, if the DMC-ODS has initiated significant activity and has specific plans to continue to implement these improvements, or if there are more significant issues warranting recommendations this year, the recommendation may not be carried forward to the next review year.

Recommendations from FY 2022-23

Recommendation 1: San Luis Obispo needs to continue to engage with CalMHSA on coordination and implementation efforts to plan for changes in the report and data collection processes.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS implemented SmartCare in July 2023 and has been working alongside CalMHSA throughout the entire process to ensure all functionality, including reporting and data collection processes, are in order.
- As of this year's EQR, San Luis Obispo stated they were on phase two of the implementation where CalMHSA has been assisting in the building of state reporting modules like the ASAM and timeliness forms in the EHR along with reports.
- While reporting and data functionality remains limited, more will be rolled out as the year progresses and the DMC-ODS has clearly engaged with CalMHSA in the EHR implementation to increase system functionality as enhancements are made available.

Recommendation 2: San Luis Obispo should focus on increasing and improving clinical supervision capacity with enhanced training for supervisors and clinical staff, especially in the application of evidence-based practices (EBPs) and counseling methods to improve therapeutic relationship building and client engagement.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS outlined a schedule of trainings, designed to improve understanding, fidelity, and efficacy on a variety of EBPs and related topics.
- Specific training to support supervisors was also offered and there is a clinical consultation forum and “office hours” to assist supervisors and clinical staff regarding essential elements and ad hoc issues pertaining to supervision.
- San Luis Obispo has a new clinical supervisor position who provides direct supervision and coverage for site managers. Expectations are more clearly articulated in new policies and assured in direct observation/feedback of clinical supervisors to provide skill development.

Recommendation 3: Continue efforts to expand local residential treatment, residential 3.2 WM, and Recovery Residence capacity.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The DMC-ODS continues to offer access to both residential WM and treatment though all WM and most of the beds for treatment are located out of county. San Luis Obispo has engaged local providers in discussion to expand residential capacity for women and to develop more Level 2 capacity locally, evidenced by the issuance of a request for proposal.
- Despite the additions noted above, local residential treatment options are insufficient and recovery housing beds remain limited, especially for women with children or those on MAT and consequently a modified version of this recommendation is suggested for this review year.

Recommendation 4: Produce an Annual Update to the cultural competence plan (CCP) that gives equal attention to substance use disorders and incorporates new SUD goals that actively address clients’ needs.

(This recommendation is a carry-over from FY 2021-22.)

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS provided its annual updated CCP which outlines cohesive strategies through the lens of health equity within the mental health and the drug and alcohol systems to best support all communities seeking services.
- In addition to referencing individuals with SUD, the plan specifies initiatives and goals pertaining to those with a co-occurring mental health disorder.
- The CCP notes targeted areas focused on a variety of vulnerable groups such as individuals experiencing homelessness, involved in the criminal justice system,

youth, women with children, and the lesbian, gay, bisexual, transgender or queer community all of whom are disproportionately impacted by SUD.

- A recent development in working toward health equity has been the onboarding of a new Diversity, Equity, and Inclusion Program Manager. San Luis Obispo notes their efforts have been focused on enhancing capacity to meet the diverse needs of the members, fostering a culture of inclusivity, and understanding within their system and reduce barriers between mental health and SUD services to better serve all its members.

Recommendation 5: San Luis Obispo should take meaningful steps to analyze and collect data and make significant steps to address the administrative discharge status in CalOMS. This should include enhanced strategies to keep and retain clients in treatment and improve treatment outcomes.

(This recommendation is a carry-over from FY 2021-22.)

☐ Addressed

☒ Partially Addressed

☐ Not Addressed

- The DMC-ODS has updated policies and procedures to improve engagement and retention, thereby avoiding administrative discharge or member elopement. For example, when a member fails to show and/or has dropped out of treatment, attempts are to be made to reengage. Additional steps are outlined and reinforced with training, chart review and requirement that such efforts are documented.
- Since the last EQR, the DMC-ODS began utilizing their Health Information Technicians (HIT) to review each member discharge to ensure the appropriate CalOMS discharge reason was selected and matched with the final progress note entry. This and similar efforts are supported by ongoing staff training, focused quality management activities and new hire training which includes a three-hour orientation on discharge planning and proper use of CalOMS discharge codes.
- In CY 2022 data, CalOMS administrative discharges prior to successful completion of treatment remains higher than statewide (47.00 percent vs. 31.80 percent), and a modified recommendation will be carried over to encourage the DMC-ODS as it continues to analyze the reasons for this level of discrepancy.

ACCESS TO CARE

CMS defines access as the ability to receive essential health care and services. Access is a broad set of concerns that reflects the degree to which eligible individuals or members 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 Plan members 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 Plan members are negatively impacted.

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

ACCESSING SERVICES FROM THE DMC-ODS

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 75.93 percent of services were delivered by county-operated/staffed clinics and sites, and 24.07 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 78.38 percent of services provided were claimed to Medi-Cal.

San Luis Obispo has a toll-free Access Line available to beneficiaries 24-hours, 7-days per week that is operated by county staff during regular business hours and contract staff during after-hours. Beneficiaries may request services through the Access Line as well as by walk-in at any five San Luis Obispo outpatient clinics for a screening or assessment, or by calling and scheduling for an assessment with any of San Luis Obispo's treatment programs. Members in San Luis Obispo County have historically accessed services primarily through walk-in screening clinics, which continues under the DMC-ODS framework. However, referral sources or individuals can also schedule an initial screening by calling the Access Line. There are defined coordination protocols in place between jail, probation, hospitals, and other key referral sources. An access team is in place that includes an assessment coordinator, office support staff, case managers and licensed psychiatric technicians that assist with initial non-methadone MAT screens. Assessments and prescribing for non-methadone MAT occur with nurse practitioners located at the county clinics. There is access to methadone at local Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP) sites.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services to youth and adults. In FY 2022-23, the DMC-ODS reports having provided telehealth services to 341 adults, 82 youth, and 48 older adults across five county-operated sites and zero contractor-operated sites. Among those served, 44 members received telehealth services in a language other than English.

NETWORK ADEQUACY

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

In May 2023, DHCS issued its FY 2022-23 NA Findings Report for all DMC-ODSs based upon its review and analysis of each DMC-ODS' Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual Behavioral Health Information Notices (BHIN).

For San Luis Obispo County, the time and distance requirements are 60 miles and 90 minutes for outpatient SUD services, and 45 miles and 75 minutes for NTP/OTP services. These services are further measured in relation to two age groups – youth (0-17) and adults (18 and over).

Table 1A: DMC-ODS Alternative Access Standards, FY 2022-23

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

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

Table 1B: San Luis Obispo DMC-ODS Out-of-Network Access, FY 2022-23

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

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

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system which provides access to Plan members and their family. 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 Plan member outcomes.

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

Table 2: Access Key Components

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

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

- The DMC-ODS Access team includes an assessment coordinator, office support staff, case managers and licensed psychiatric technicians and nurse practitioners at various sites to expedite system intakes and these efforts include screening for non-methadone MAT.
- The addition of north county site in Paso Robles has assisted in reducing geographic limitations for DMC-ODS members who often face a marginal public transit system and difficulty in securing the health benefit transportation, though they note that getting back and forth for members who reside in more remote areas can take multiple hours or “most of a day.”
- The DMC-ODS acknowledges that insufficient local residential WM and residential treatment capacity exists, resulting in an over reliance of the outpatient modality as many individuals may not wish to receive such care at a contracted site located in another county.

ACCESS PERFORMANCE MEASURES

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

The PR is a measure of the total Plan members served based upon the total Medi-Cal eligible population. It is calculated by dividing the number of unduplicated members served (receiving one or more approved Medi-Cal services) by the monthly average eligible count. The average approved claims per member (AACM) served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the

unduplicated number of Medi-Cal members served per year. Where the median differs significantly from the average, that information may also be noted throughout this report.

The Statewide PR is 0.95% percent, with a statewide average approved claim amount of \$5,998. Using PR as an indicator of access for the DMC-ODS, the PR for San Luis Obispo is 3.05 percent, indicating easier access to services for members compared to statewide.

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

Table 3: San Luis Obispo DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Age, CY 2022

Age Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Ages 12-17	8,017	54	0.67%	0.26%	0.25%
Ages 18-64	39,432	1,491	3.78%	1.37%	1.19%
Ages 65+	5,742	75	1.31%	0.72%	0.49%
Total	53,191	1,620	3.05%	1.11%	0.95%

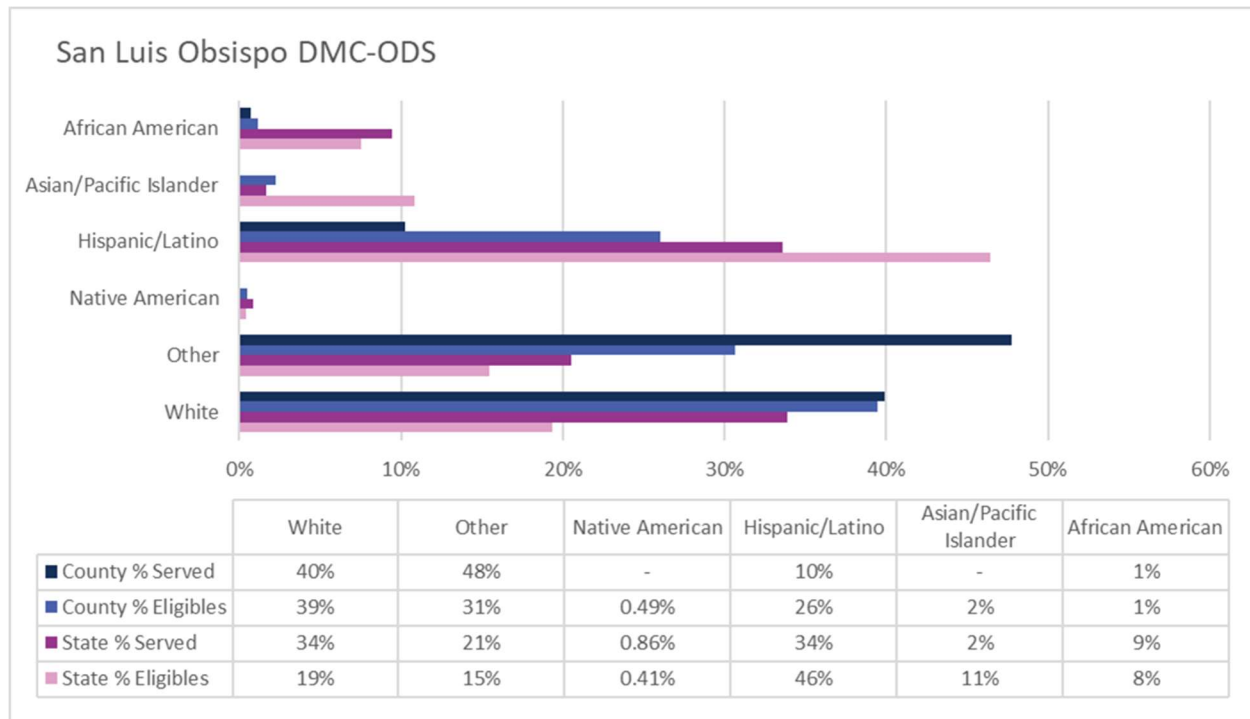
- PRs for all age groups are higher in the DMC-ODS than in similar-sized counties and statewide. The overall PR is more than triple the statewide PR.

Table 4: San Luis Obispo DMC-ODS Medi-Cal Eligible Population, Members Served, and Penetration Rates by Racial/Ethnic Group, CY 2022

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	Same Size Counties PR	Statewide PR
African American	609	12	1.97%	1.35%	1.19%
Asian/Pacific Islander	1,194	<11	-	0.23%	0.15%
Hispanic/Latino	13,828	166	1.20%	0.69%	0.69%
Native American	259	-	-	2.07%	2.01%
Other	16,304	774	4.75%	1.51%	1.26%
White	20,999	647	3.08%	1.85%	1.67%

- PR is also higher among all racial/ethnic groups in the DMC-ODS compared to similar-sized counties and statewide.

Figure 1: Percentage of Eligibles and Members Served by Race/Ethnicity, CY 2022



- Other members were the most proportionally overrepresented racial/ethnic group (31 percent of Medi-Cal eligibles and 48 percent of members served).
- Similar to statewide eligibility and service utilization percentages, Hispanic/Latino members were the most underrepresented group (26 percent of eligibles and 10 percent of members served).

Table 5: San Luis Obispo DMC-ODS Plan Members Served and PR by Eligibility Category, CY 2022

Eligibility Categories	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
ACA	23,677	1,009	4.26%	1.68%	1.42%
Disabled	5,395	166	3.08%	1.65%	1.37%
Family Adult	10,989	399	3.63%	1.11%	0.94%
Foster Care	193	<11	-	1.62%	1.84%
MCHIP	3,896	-	-	0.18%	0.18%
Other Adult	4,551	20	0.44%	0.13%	0.09%
Other Child	4,595	36	0.78%	0.29%	0.27%

Note: Eligibles may be in more than one aid code category during a year.

- The top three most common eligibility categories in the DMC-ODs are Affordable Care Act (ACA), Family Adult, and Disabled.

- PR for all eligibility categories exceeds that of similar-sized counties and statewide.

Table 6: San Luis Obispo DMC-ODS Average Approved Claims by Eligibility Category, CY 2022

Eligibility Categories	County AACM	County Size Group AACM	Statewide AACM
ACA	\$3,807	\$5,669	\$6,216
Disabled	\$3,617	\$5,769	\$5,707
Family Adult	\$5,366	\$5,322	\$5,296
Foster Care	\$1,840	\$1,917	\$2,716
MCHIP	\$2,793	\$2,663	\$3,594
Other Adult	\$1,403	\$4,740	\$4,075
Other Child	\$1,942	\$1,933	\$3,194
Total	\$4,166	\$5,621	\$5,998

- AACM is lower in San Luis Obispo than statewide in all eligibility categories except for Family Adult.
- AACM is lower in the DMC-ODS compared to similar-sized counties for all eligibility categories except for Family Adult and Maternal and Child Health Integrated Program (MCHIP).

Table 7: San Luis Obispo DMC-ODS Services Used by Plan Members, CY 2022

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt	0	0.00%	56	0.04%
Intensive Outpatient	192	7.85%	14,422	9.58%
Narcotic Treatment Program	402	16.43%	37,134	24.67%
Non-Methadone MAT	421	17.21%	7,782	5.17%
Outpatient Treatment	1,189	48.61%	46,441	30.85%
Partial Hospitalization	0	0.00%	13	0.01%
Recovery Support Services	65	2.66%	6,400	4.25%
Res. Withdrawal Mgmt	51	2.09%	10,429	6.93%
Residential Treatment	126	5.15%	27,841	18.50%
Total	2,446	100.00%	150,518	100.00%

- The majority of members in the DMC-ODS utilize outpatient treatment (48.61 percent) which is more than 17 percentage points higher than statewide.
- Non-Methadone MAT is the next most utilized modality at 17.21 percent, which is more than 12 percentage points higher than statewide (5.17 percent).
- NTP is the third most accessed service type at 16.43 percent, which is more than 8 percentage points lower than statewide.
- Intensive outpatient, recovery support services, residential WM, and residential treatment are all utilized less than statewide, indicating less availability at those LOC. The disparity in service utilization between the DMC-ODS and the state as a whole is most pronounced with residential treatment, as San Luis Obispo is more than 13 percentage points lower than statewide for this modality.

Table 8: San Luis Obispo DMC-ODS Approved Claims by Service Categories, CY 2022

Service Categories	County AACM	County Size Group AACM	Statewide AACM
Ambulatory Withdrawal Mgmt	\$0	\$693	\$484
Intensive Outpatient	\$942	\$2,311	\$1,729
Narcotic Treatment Program	\$4,449	\$5,257	\$4,526
Non-Methadone MAT	\$943	\$1,842	\$1,660
Outpatient Treatment	\$2,400	\$2,270	\$2,547
Partial Hospitalization	\$0	\$0	\$2,802
Recovery Support Services	\$1,319	\$1,419	\$1,669
Res. Withdrawal Mgmt	\$1,481	\$2,254	\$2,392
Residential Treatment	\$10,861	\$8,691	\$10,178
Total	\$4,166	\$5,621	\$5,998

- AACM is lower in San Luis Obispo compared to statewide for all service categories with the exception of residential treatment, which has an AACM \$683 higher than statewide.
- Residential treatment and outpatient treatment are the only modalities where AACM is higher in the DMC-ODS compared to similar-sized counties.

IMPACT OF ACCESS FINDINGS

- PR for all age groups and racial/ethnic groups are much higher than both similar-sized counties and statewide which is an indication that Medi-Cal

members are successful in accessing SUD services via the San Luis Obispo DMC-ODS.

- Ethnic category of members served is 48 percent for Other, which is well above the 31 percent amongst the county's eligibles and more than three times the 15 percent statewide indicating an area for improvement to enhance specificity of those in obtaining service, which could assist in local health equity efforts.
- Outpatient treatment is utilized at a much higher rate than statewide, likely reflective of the fact that nearly 76 percent of all services are administered by county-operated/staffed clinics Residential treatment and WM are utilized at a much lower rate than statewide, likely reflecting the paucity of local capacity, and indicating an ongoing need for expanding access to this modality within the county.
- Non-Methadone MAT services are utilized at a considerably higher rate than statewide, which is a notable strength considering the prevalence of opioid use disorders (OUD) in the region and indicates a long-standing commitment to the use of MAT as a best practice.

TIMELINESS OF CARE

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

TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to Plan members. 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 member outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the PMs section.

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

Table 9: Timeliness Key Components

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

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

- First offered services including those for NTP/OTP occur consistently within the standard.

- Of the 167 members discharged from residential treatment, 82 percent (N=137) received timely follow-up services within 7-days, indicating a high LOC coordination between program sites.
- The DMC-ODS only tracks no-shows for outpatient and no other LOCs.
- Despite the number of incoming calls for service (1,954), only 18 were logged as urgent, indicating a need for review to determine if workflow or training might yield a larger group of individuals in need of more expedited care. Urgent services are not tracked in hours and was reported as an estimate.

TIMELINESS PERFORMANCE MEASURES

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

For the FY 2023-24 EQR, the DMC-ODS reported in its submission of the Assessment of Timely Access, representing access to care during the 12-month period of FY 2022-23. Table 10 and Figures 2-4 display data submitted by the DMC-ODS; an analysis follows. These data represent county-operated services with exceptions being follow-up services after residential treatment, where the data represents contractor operated services only, and first offered non-urgent NTP/OTP appointment data which represents county operated and contractor-operated services.

It should be noted that no data was submitted for WM readmission rates within 30 days as the DMC-ODS did not offer these services during FY 2022-23, and no youth data was submitted for first offered non-urgent NTP/OTP appointment as their contracted provider (Aegis) only serves clients aged 18 and older.

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

DMC-ODS-Reported Data

Table 10: FY 2023-24 San Luis Obispo DMC-ODS Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	0 Business Days	10 Business Days*	99.5%
First Non-Urgent Service Rendered	10 Business Days	10 Business Days**	87%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	0 Business Days	3 Business Days*	100%
Urgent Services Offered	49 Hours	48 Hours**	100%
Follow-up Services Post-Residential Treatment	3 Calendar Days	7 Calendar Days	82%
WM Readmission Rates Within 30 Days	n/a***	n/a	n/a
No-Shows	12%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** DMC-ODS-defined timeliness standards *** DMC-ODS did not provide WM services during the reporting period			
For the FY 2023-24 EQR, the DMC-ODS reported its performance for the following time period: FY 2022-23			

Figure 2: Wait Times to First Service and First MAT Service

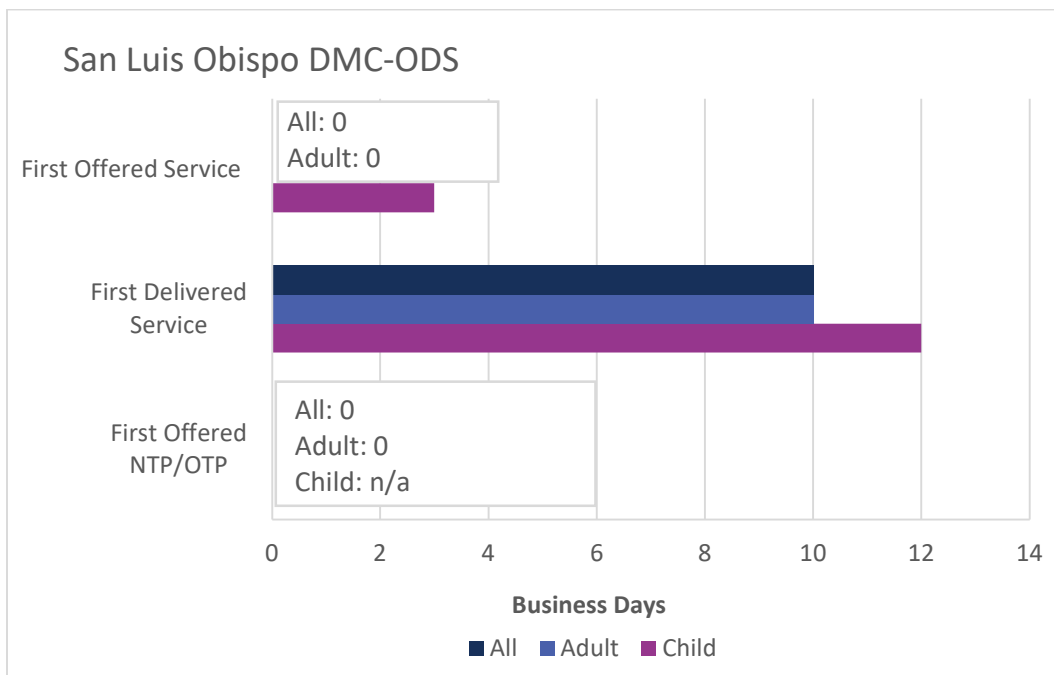


Figure 3: Wait Times for Urgent Services

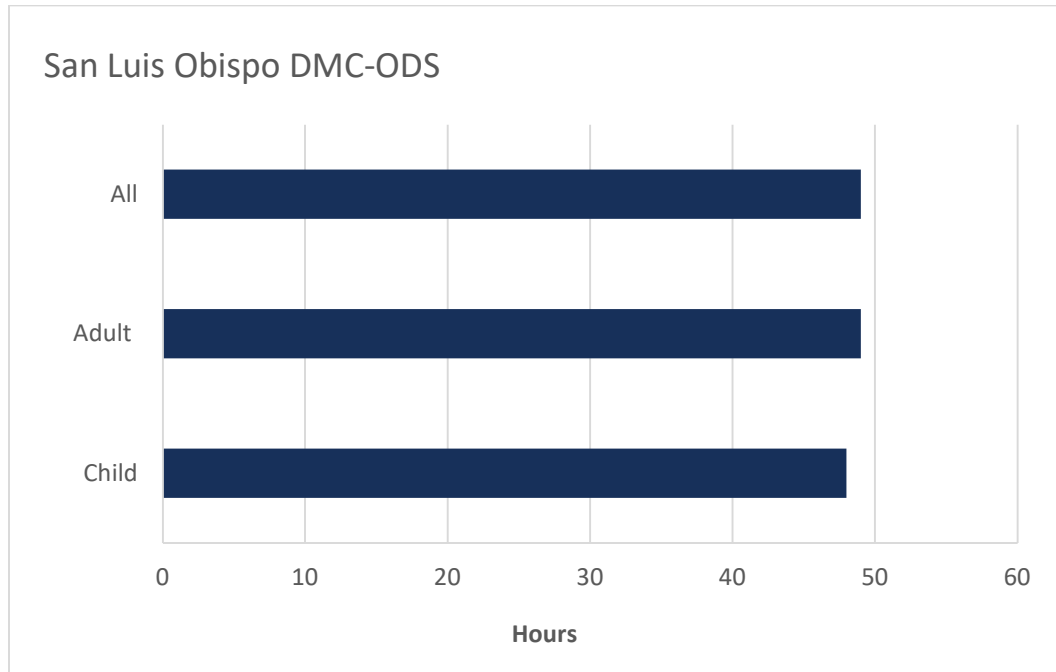
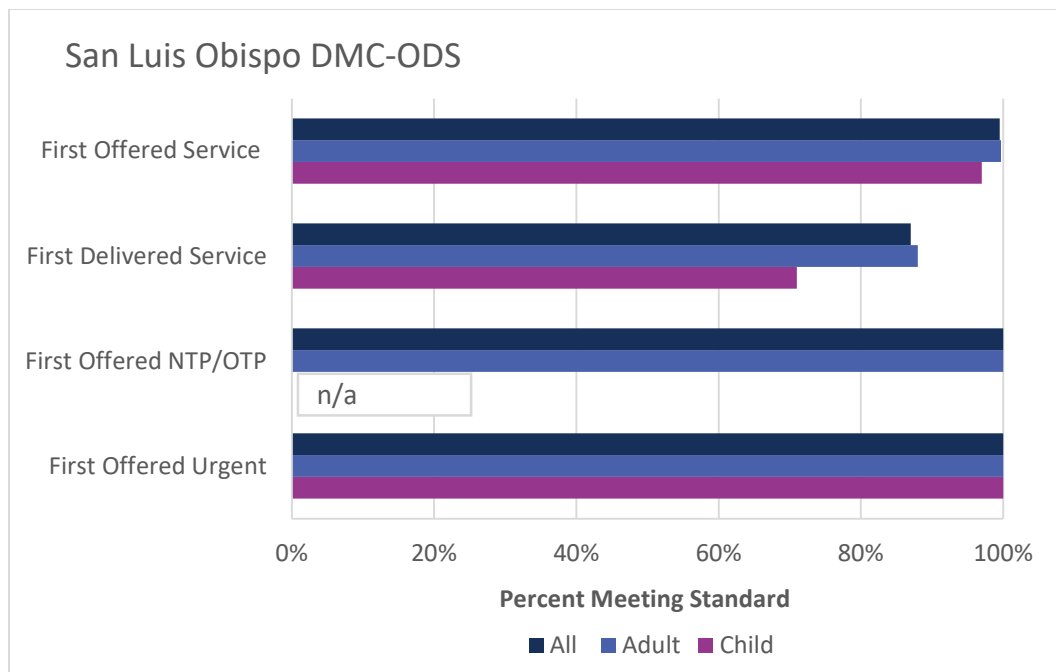


Figure 4: Percent of Services that Met Timeliness Standards



Timeliness from Medi-Cal Claims Data

The following data represents DMC-ODS performance related to methadone access and follow-up post-residential discharge, as reflected in the CY 2022 claims.

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

Table 11: San Luis Obispo DMC-ODS Days to First Dose of Methadone by Age, CY 2022

County				Statewide		
Age Groups	# of Members	%	Avg. Days	# of Members	%	Avg. Days
12 to 17	0	0.00%	0.00	15	0.04%	12.60
18 to 64	373	94.91%	7.38	31,839	87.46%	3.59
65+	20	5.09%	2.65	4,551	12.50%	0.56
Total	393	100.00%	7.14	36,405	100%	3.19

- Overall, San Luis Obispo has an average total wait time of 7.14 days to first dose of methadone, which is nearly 4 days slower than the statewide average of 3.19 days. NTP/OTP appointment data submitted by the DMC-ODS indicates a zero-day average wait time to first offered appointment, so there appears to be a lag between the first appointment and the actual first dose of methadone.
- The majority of members receiving methadone are ages 18 to 64 (94.91 percent), with comparatively fewer older adults on methadone than statewide.

Transitions in Care

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

Table 12: San Luis Obispo DMC-ODS Timely Transitions in Care Following Residential Treatment, CY 2022

Number of Days	County N = 210		Statewide N = 27,232	
	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	35	29.17%	3,243	11.91%
Within 14 Days	44	36.67%	4,515	16.58%
Within 30 Days	48	40.00%	5,706	20.95%

- Of the 210 members who were discharged from residential treatment, 29.17 percent had a follow-up service in a lower LOC within 7 days, 36.67 percent within 14 days, and 40.00 percent within 30 days.

- All three of these transition rates are much higher than statewide, likely in part to the robust outpatient service infrastructure the DMC-ODS has in place, but also due to the lower than statewide average utilization of residential services.
- The rates seen in Table 12 include billable services only, so transitions in care to providers outside the DMC-ODS are not included here.

Residential Withdrawal Management Readmissions

Table 13: San Luis Obispo DMC-ODS Residential Withdrawal Management Readmissions, CY 2022

County			Statewide	
Total DMC-ODS admissions into WM	56		13,062	
	#	#	#	%
WM readmissions within 30 days of discharge	<11	-	1,148	8.79%

- Of the 56 admissions to WM, less than 11 were readmitted within 30 days of discharge.

IMPACT OF TIMELINESS FINDINGS

- All timeliness metrics except for first offered NTP/OTP are within DHCS and DMC-ODS standards, indicating timely access to these service types for members.
- Although data provided by San Luis Obispo shows wait times to first offered NTP/OTP appointments at zero days, the average number of days to the first dose of methadone are nearly four days slower than statewide, indicating an opportunity to improve the time between first appointment and the actual first dose.
- Follow-up rates within 7, 14, and 30 days from residential treatment are approximately double the statewide rates, indicating the DMC-ODS is having success in transitioning members to a new LOC post discharge from these programs.
- Just 18 urgent service requests were identified and reported, indicating a very low number of individuals screened in need of more expedited care, which very likely does not reflect actual need and may be due to protocol, workflow or training needs.

QUALITY OF CARE

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

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

QUALITY IN THE DMC-ODS

In San Luis Obispo, the responsibility for Quality Management is to identify key areas of focus for QI efforts for the year. The San Luis Obispo QI Work Plan is guided by Information Notices published by the California DHCS, the Code of Federal Regulations Title 42, Title 9, and the Intergovernmental Agreement with DHCS.

San Luis Obispo has an integrated quality management structure that provides quality support processes to both the mental health plan (MHP) and DMC-ODS. The Quality Support Team (QST) is overseen by a division manager with a direct report to the Department Director. The QST division manager meets with other department division managers on a weekly basis, a process which facilitates direct lines of communication between QI staff and administrative leadership. The QST DMC-ODS clinician provides documentation training and support for all DMC-ODS staff and contract providers. The QI Committee membership is a diverse representation of the department and providers.

The QST oversees activities outlined in an integrated QI Work Plan. The SUD goals and planned steps address goals and objectives within the plan. Areas of focus for the plan include those pertaining to regulatory adherence, compliance as well as quality initiatives. The goals stated in the QI Work Plan includes objectives and measurable goals to determine progress of the defined improvement strategies. The DMC-ODS has assigned QI and data analytic resources, though efforts are shared across divisions and may require adjustments due to system priorities or fluctuations in staffing. The QI staff are instrumental in the development of dashboards for tracking and monitoring. The QST has within its Quality Improvement Committee (QIC), an array of committees to address utilization review, credentialing, PIP, and other objectives. In addition to utilization review, weekly reports are generated that help with managing staff and system resources. The QIC is scheduled to meet quarterly though between the DMC-ODS, MHP and other divisions, the committee meets each month, eight times since the last EQR. Of the nine identified QAPI workplan goals, the DMC-ODS's evaluations notes that all objectives were met, except pertaining to health equity, which was partially met and rated "in progress".

QUALITY KEY COMPONENTS

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

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

Table 14: Quality Key Components

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

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

- There is evidence of well-established lines of communication to line staff and program supervisors as well as excellent inter-agency coordination with allied partners such as criminal justice.
- San Luis Obispo's long-term commitment to use of MAT cannot be overstated and has advanced use of medical staff, nurse practitioners, and licensed psychiatric technicians to support traditional SUD services for those who participate in this LOC.
- The QST maintains an interactive dashboard on its public website, featuring year over year comparisons of TPS member satisfaction survey results. Similarly, the DMC-ODS shares data with programs, staff and leadership providing evidence of multiple presentations on data measures indicating a commitment to a data informed system of care.

- CalOMS data indicates that just 7.73 percent of members complete treatment at a substantially lower rate than found statewide (21.62 percent) and that summary or administrative discharges with unsatisfactory progress occur for 47 percent of members, much higher than the rate of 31.80 percent statewide.
- TPS response rate dropped by more than half since the previous administration limiting member input that could be utilized to identify areas in need of improvement.

QUALITY PERFORMANCE MEASURES

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

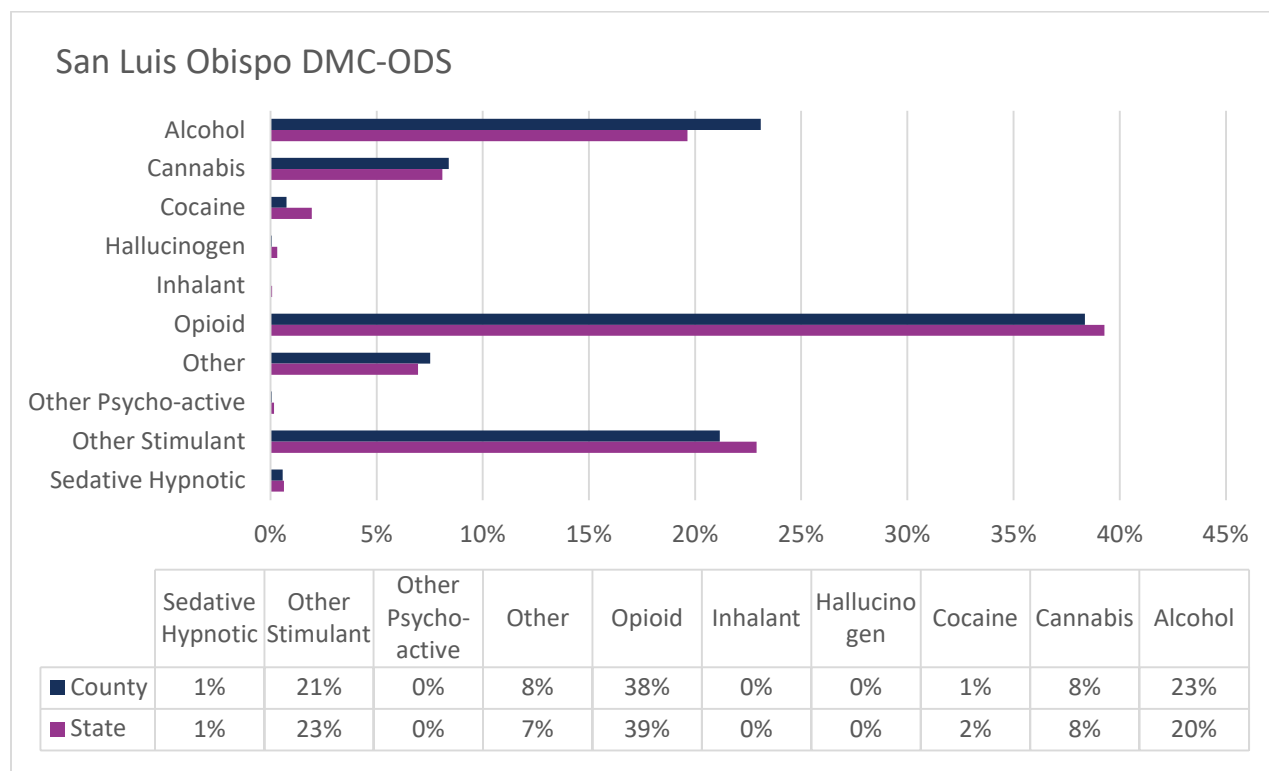
- Members served by Diagnostic Category
- Non-methadone MAT services
- Residential WM with no other treatment
- High-Cost Members (HCM)
- ASAM congruence
- Initiation and Engagement
- Length of Stay (LOS)
- CalOMS admission versus discharge for employment and housing status
- CalOMS Legal Status at Admission
- CalOMS Discharge Status Ratings

Diagnosis Data

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

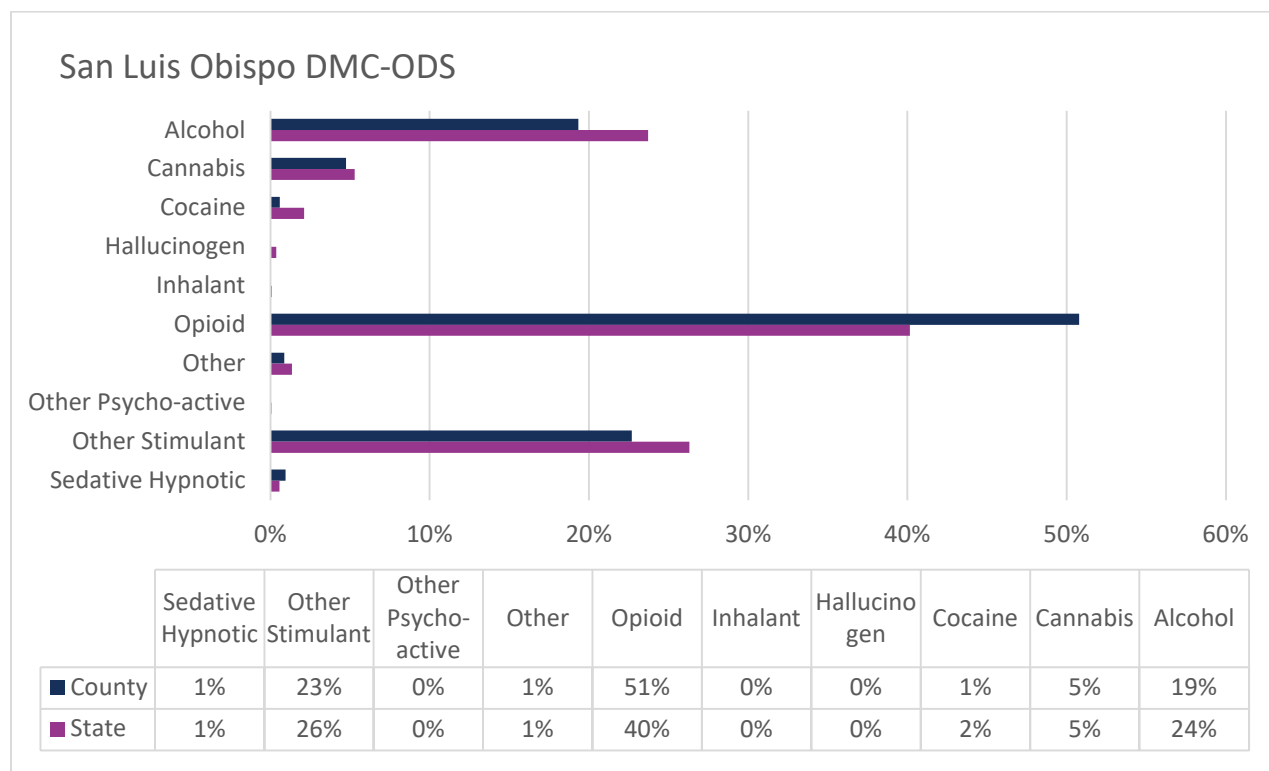
Initial assessment and services provided during the assessment process, except for residential treatment, may be provided without an established diagnosis for DHCS-defined periods of time. These deferred diagnoses are included in "Other."

Figure 5: Percentage of Plan Members by Diagnosis Code, CY 2022



- OUD is the leading diagnostic category in the DMC-ODS (38 percent), followed by alcohol (23 percent), and other stimulant (21 percent). These diagnoses are also within the top three most common statewide.
- Diagnosis rates in San Luis Obispo are all within 0 to 3 percentage points of statewide rates.

Figure 6: Percentage of Approved Claims by Diagnosis Code, CY 2022



- Following the trends seen in Figure 5, OUD accounts for the largest percentage of approved claims at 51 percent, which is 11 percentage points higher than statewide. Other stimulant and alcohol are the next two highest percentages of approved claims.

Non-Methadone MAT Services

Table 15: San Luis Obispo DMC-ODS Non-Methadone MAT Services by Age, CY 2022

County					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 0-17	<11	-	<11	-	24	0.56%	13	0.30%
Ages 18-64	434	29.11%	250	16.77%	7,473	7.96%	3,881	4.13%
Ages 65+	-	-	<11	-	428	5.78%	173	2.34%
Total	451	27.84%	255	15.74%	7,925	7.13%	4,051	3.66%

- There were 451 members with at least one non-methadone MAT service, and 255 had three or more of these services.

- Members receiving at least one, or three or more, services both far exceeded statewide rates.

Residential Withdrawal Management with No Other Treatment

Table 16: San Luis Obispo DMC-ODS 3+ Episodes of Residential WM and No Other Treatment, CY 2022

	# Members with 3+ Episodes WM & No Other Services	% Members with 3+ Episodes WM & No Other Services
County	0	0.00%
Statewide	205	2.00%

- There were no members in San Luis Obispo with three or more episodes of residential WM with no other treatment, compared to the statewide rate of 2 percent.

High-Cost Members

Tracking the HCMs provides another indicator of quality of care. In SUD treatment, this may reflect multiple admissions to residential treatment or residential WM. HCMs may be receiving services at a LOC not appropriate to their needs. HCMs for the purposes of this report are defined as those who incur SUD treatment costs higher than two standard deviations above the mean, which for CY 2022 equates to claims of \$17,188 or more.

Table 17: San Luis Obispo DMC-ODS and Statewide High-Cost Members, CY 2022

	Total Members Served	HCM Count	HCM % by Count	Average Approved Claims per HCM	HCM Total Claims	HCM % by Total Claims
County	1,620	28	1.73%	\$24,783	\$693,933	10.28%
Statewide	105,657	5,724	5.42%	\$24,551	\$140,532,204	21.84%

- There is a much lower percentage of HCMs in the DMC-ODS compared to statewide (1.73 percent vs. 5.42 percent).
- HCMs account for only 10.28 percent of total claims in the DMC-ODS compared to statewide, which is at 21.84 percent. The low utilization of residential treatment compared to statewide may contribute to this percentage of approved claims, as well as the lower overall AACM.

ASAM Level of Care Congruence

Table 18: San Luis Obispo DMC-ODS Congruence of Level of Care Referrals with ASAM Findings, CY 2022 – Reason for Lack of Congruence

ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable /No Difference	221	73.91%	554	76.73%	427	80.57%
Patient Preference	56	18.73%	123	17.04%	66	12.45%
Level of Care Not Available	0	0.00%	<11	-	<11	-
Clinical Judgement	13	4.35%	25	3.46%	18	3.40%
Geographic Accessibility	0	0.00%	0	0.00%	0	0.00%
Family Responsibility	0	0.00%	0	0.00%	0	0.00%
Legal Issues	<11	-	<11	-	0	0.00%
Lack of Insurance/Payment	<11	-	0	0.00%	<11	-
Other	<11	-	<11	-	12	2.26%
Actual Level of Care Missing	0	0.00%	0	0.00%	0	0.00%
Total	299	100.00%	722	100.00%	530	100.00%

- The DMC-ODS has seen consistent ASAM incongruence in patient preference and clinical judgement from initial screening through follow-up assessment. The lack of local WM and residential treatment options may contribute to these high levels of incongruence as members may be reluctant to travel far from home for extended periods of time and clinicians may also find it detrimental to send clients farther from home to receive treatment.

Initiation and Engagement

An effective system of care helps people who request treatment for their addiction to both initiate treatment services and then continue further to become engaged in them. Table 19 displays results of measures for two early and vital phases of treatment-initiating and then engaging in treatment services. Research suggests that those who can engage in treatment services are likely to continue their treatment and enter into a recovery process with positive outcomes. The method for measuring the number of Plan members who initiate treatment begins with identifying the initial visit in which the member's SUD is identified. Based on claims data, the "initial DMC-ODS service" refers to the first approved or pended claim for a member that is not preceded by one within the previous 30 days. This second day or visit is what in this measure is defined as "initiating" treatment.

CalEQRO's method of measuring engagement in services is at least two billed DMC-ODS days or visits that occur after initiating services and that are between the 14th and 34th day following initial DMC-ODS service.

Table 19: Initiating and Engaging in San Luis Obispo DMC-ODS Services, CY 2022

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Members with an initial DMC-ODS service	1,525		53		99,855		4,026	
	#	%	#	%	#	%	#	%
Members who then initiated DMC-ODS services	1,181	77%	36	68%	83,830	84%	3,286	82%
Members who then engaged in DMC-ODS services	885	75%	25	69%	63,753	76%	2,202	67%

- Initiation for adults was 7 percentage points lower than statewide, and 14 percentage points lower for youth.
- Conversely, engagement rates for adults and youth were much more in line with statewide rates.

Length of Stay

Examining Plan members' LOS in services provides another look at engagement in services and completion of treatment. Table 20 presents the number of members who discharged from treatment in CY 2022, defined as having zero claims for any DMC-ODS services for 30+ days, the average and median LOS for members, and results indicating what proportions of members had accessed services for at least 90, 180, and 270 days, as well as statewide comparisons for reference.

Table 20: Cumulative LOS in San Luis Obispo DMC-ODS Services, CY 2022

	County		Statewide	
Members discharged from care (no treatment for 30+ days)	2,222		139,688	
LOS for members across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	185	101	158	90
	#	%	#	%
Members with at least a 90-day LOS	1,172	53%	69,919	50%
Members with at least a 180-day LOS	812	37%	43,096	31%
Members with at least a 270-day LOS	576	26%	27,677	20%

- There were 2,222 members discharged from care in the DMC-ODS with an average LOS of 185 days and a median of 101 days. The average LOS was 27 days longer than statewide and the median was 11 days longer. This aligns with higher rates of treatment for OUD.
- The percentage of members with at least a 90-day, 180-day, and 270-day LOS was higher in San Luis Obispo than statewide.

CalOMS Data

CalOMS is one of the few national datasets that asks SUD service users about psychosocial information at both admission and discharge. These are critical outcomes that reflect areas of life functioning expected to be positively influenced by SUD treatment. The measures provided below allow for system evaluation and determine the efficacy of care provided. Additionally, the types of discharges and their ratings reflect the degree to which treatment episodes were considered successful.

Table 21: San Luis Obispo DMC-ODS CalOMS Legal Status at Admission, CY 2022

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	359	43.46%	56,511	65.47%
Under Parole Supervision by California Department of Corrections and Rehabilitation (CDCR)	<11	-	1,649	1.91%
On Parole from any other jurisdiction	<11	-	1,427	1.65%
Post release supervision - AB 109	376	45.52%	19,933	23.09%
Court Diversion CA Penal Code 1000	32	3.87%	1,312	1.52%
Incarcerated	0	0.00%	446	0.52%
Awaiting Trial	46	5.57%	5,038	5.84%
Total	826	100.00%	86,316	100.00%

- More than 56 percent of members in San Luis Obispo have criminal justice involvement, while the statewide rate is about 35 percent. Post release supervision under AB 109 is the leading status at 45.52 percent.

Table 22: San Luis Obispo DMC-ODS CalOMS Discharge Status Ratings, CY 2022

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment – Referred	49	7.73%	19,232	21.62%
Completed Treatment - Not Referred	53	8.36%	5,687	6.39%
Left Before Completion with Satisfactory Progress - Standard Questions	99	15.62%	12,302	13.83%
Left Before Completion with Satisfactory Progress – Administrative Questions	22	3.47%	7,046	7.92%
<i>Subtotal</i>	<i>223</i>	<i>35.17%</i>	<i>44,267</i>	<i>49.76%</i>
Left Before Completion with Unsatisfactory Progress - Standard Questions	86	13.56%	15,497	17.42%
Left Before Completion with Unsatisfactory Progress - Administrative	298	47.00%	28,288	31.80%
Death	<11	-	166	0.19%
Incarceration	-	-	740	0.83%
<i>Subtotal</i>	<i>411</i>	<i>64.83%</i>	<i>44,691</i>	<i>50.24%</i>
Total	634	100.00%	88,958	100.00%

- San Luis Obispo members successfully discharged from services at 35.17 percent, with “left before completion with satisfactory progress – standard questions” as the most common status at discharge.
- More than 64 percent of discharges were considered unsuccessful, with the statewide percentage for this category being 50.24 percent. “Left before completion with unsatisfactory progress – administrative” was the leading discharge reason within this category (47 percent), which is more than 15 percentage points higher than statewide.

Table 23: San Luis Obispo DMC-ODS CalOMS Types of Discharges, CY 2022

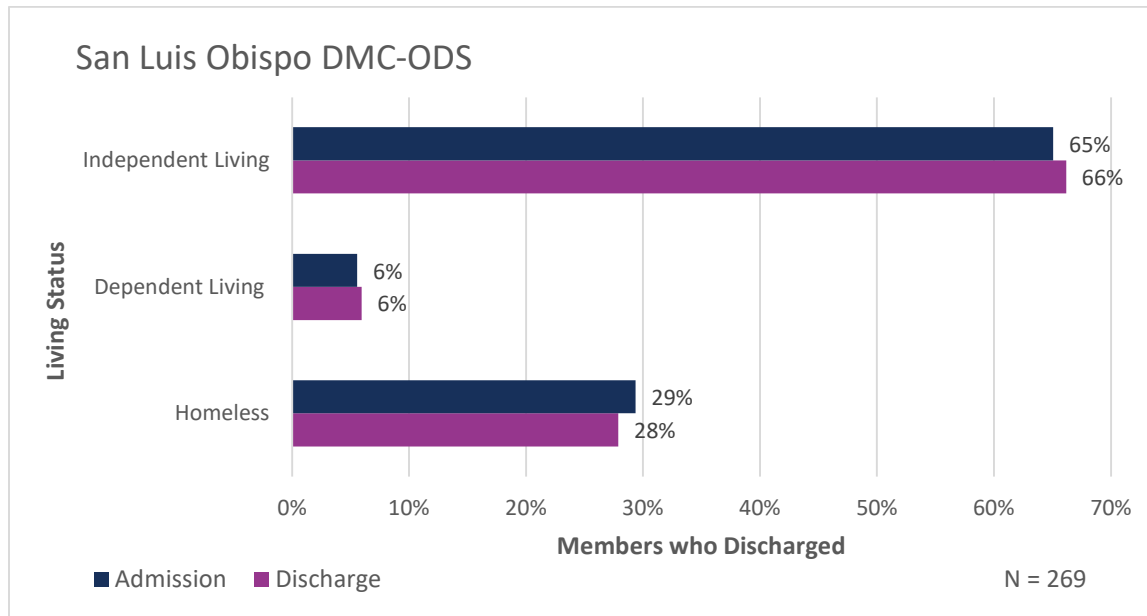
Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	263	41.48%	44,306	49.81%
Administrative Adult Discharges	347	54.73%	36,240	40.74%
Detox Discharges	<11	-	7,075	7.95%
Youth Discharges	-	-	1,337	1.50%
Total	634	100.00%	88,958	100.00%

- Administrative adult discharges were the leading CalOMS discharge type (54.73 percent), which was about 14 percentage points higher than statewide.

- Standard adult discharges were the next most prominent discharge type (41.48 percent), which was more than 8 percentage points lower than statewide.

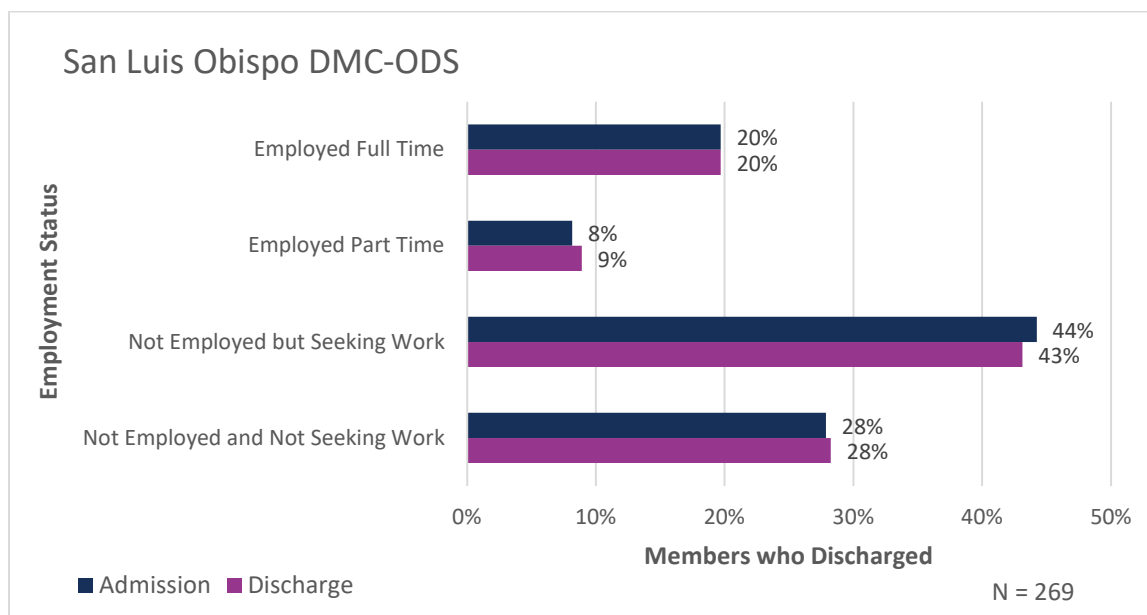
The data presented in Figures 7 and 8 reflect percent change at discharge from admission for both living status and employment status. Both questions are asked in relation to the prior 30 days.

Figure 7: CalOMS Living Status at Admission versus Discharge, CY 2022



- At the time of discharge, homelessness decreased by one percentage point, while independent living increased by one percentage point.

Figure 8: CalOMS Employment Status at Admission versus Discharge, CY 2022



- Members not employed but seeking work decreased one percentage point at discharge from 44 percent to 43 percent, while members employed part time increased one percentage point from 8 percent to 9 percent.

IMPACT OF QUALITY FINDINGS

- Community and treatment efforts for SUD benefit from a strong commitment to MAT services; a long and collaborative relationship between the county-run MAT programs and local methadone providers, active work with local hospitals including daily emergency department (ED) activity calls in some cases, participation in multi-agency task force, prevention activities; and advancement of integrating healthcare with MAT programs supported by medical practitioners including nurse practitioners, psychiatric technicians and physicians.
- As seen during last year's EQR, ASAM incongruence continues to be prominent from initial screening through follow-up assessment for clinical judgement and patient preference. Perhaps the high number of justice-involved members or a lack of local residential options is contributing to these high levels of incongruence.
- Table 21 indicates a very high level of criminal justice and AB 109 involvement by members and Cal EQRO encourages San Luis Obispo to consider a more in-depth review of the community needs and impacts of substance use and any determined need for enhanced outreach to non-court involved individuals who may need treatment.
- More than 64 percent of CalOMS discharges were considered unsuccessful which exceeded the state by more than 14 percentage points. The DMC-ODS has been utilizing their HITs to analyze these high numbers of administrative discharges and evaluate whether staff are marking the CalOMS discharge forms incorrectly in the EHR. A full analysis has not been performed yet which provides an opportunity for San Luis Obispo to delve deeper into this issue in attempt to improve training and/or discharge processes.
- Consistent with the poor outcomes noted above in CalOMS discharge ratings, both employment and living status data reflect essentially flat levels of change for members between admission and discharge indicating a likely need for more support for members for ancillary issues such as work and housing which likely impact their overall success in sustaining clinical gains in recovery.

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION

All DMC-ODSs are required to have two active and ongoing PIPs, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330¹ and 457.1240(b)². PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and Plan member satisfaction. They should have a direct Plan member impact and may be designed to create change at a member, provider, and/or DMC-ODS system level.

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

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

CLINICAL PIP

General Information

Clinical PIP Submitted for Validation: Pharmacotherapy for Opioid Use Disorder (POD)

Date Started: 09/2022

Date Completed: Ongoing

Aim Statement: "For Medi-Cal beneficiaries initiating MOUD from the Plan or the Plan's provider network, implemented interventions will increase the percentage of continuous MOUD events by 5% by June 30, 2024."

Target Population: Qualifying Adult Medi-Cal beneficiaries

Status of PIP: First remeasurement phase

¹ <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf>

² <https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf>

Summary

The PIP is supported by local need, gauged by stakeholder input and with a root cause analysis, and the DMC-ODS notes that it has a difficult time engaging members for more than 180 days in medications for opioid use disorder (MOUD) and tracking and exchanging data to make person-centered, data informed decisions.

The aim of the PIP is to increase the percentage of continuous MOUD events for more than 180 days by tracking and exchanging data to make person-centered, data-informed decisions. The PIP intervention is focused on receiving referral information directly from the hospital group, rather than obtaining ED data from the managed care plan (MCP). This process allows San Luis Obispo to work directly with the hospital providers to remove barriers and receive information regarding beneficiaries receiving POD services at the ED, regardless of primary diagnosis.

The DMC-ODS will utilize a centralized referral tracking mechanism that allows for coordination from the ED and engagement strategies through post-initiation outreach efforts with brief, regular phone contacts to support members in follow-up treatment. In addition to implementing interventions to connect the identified beneficiaries with MOUD services and logging such services with a tracking spreadsheet, San Luis Obispo notes that they will continue to work with Dignity Health partners to identify a process for receiving closer to real-time referral information in order to improve on the objectives with this PIP.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence because of the strength of its design and the relationship that the DMC-ODS has with local MCP which should help enable its success.

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

- Consider use of CalEQRO's PIP Development Tool to organize a comprehensive discussion of the PIP, the baseline data, document course adjustments and the show results over time.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

Date Started: 09/2022

Date Completed: Ongoing

Aim Statement: “For Medi-Cal beneficiaries with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan within 7 and 30 days by 5% by June 30, 2024.”

Target Population: Qualifying adult Medi-Cal beneficiaries

Status of PIP: First remeasurement phase

Summary

San Luis Obispo has a collaborative relationship with Dignity Health, which manages three of the four EDs in the region, to receive weekly reports of Medi-Cal members who presented with qualifying SUD concerns in the ED. The aim is to improve follow-up rates for those Medi-Cal members meeting criteria by 5 percent by end of June 2024.

Interventions and process improvements to improve follow-up include the utilization of a centralized referral tracking mechanism that allows for coordination from the ED, including functionality to generate alerts for high-risk or urgent needs and other key information. This will be complemented by post-discharge outreach with brief, regular phone contacts from assigned staff to support follow-up treatment. It was determined to utilize this group of EDs under Dignity Health as it is a hospital group that has recorded a high level (51% of ED) visits for SUD, based on a baseline capture of data between 2/1/2022 and 12/31/2022. The DMC-ODS has also collaborated with Dignity to implement a referral procedure, so their centralized Access Line receives a weekly report of all San Luis Obispo County Medi-Cal members who received SUD services at a Dignity ED. The DMC-ODS's managed care program staff review these referral lists and implement interventions to connect these members with outpatient services.

The project is designed to receive the referral log from Dignity hospital and track SUD services response to each referred member, including outreach efforts, collaboration with other providers, and scheduled services. They will provide outreach calls to members not currently open to a SUD program and track the outcome of these efforts. For those already enrolled, the process will provide referral information to outpatient clinic providers to assure continuity of care.

TA and Recommendations

As submitted, this non-clinical PIP was found to have moderate confidence, because of the strength of its design and relationship the DMC-ODS with allied healthcare.

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

- Consider use of CalEQRO's PIP Development Tool to organize a comprehensive discussion of the PIP, the baseline data, document course adjustments and show results over time.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is SmartCare by Streamline, which was implemented in July 2023. Currently, the DMC-ODS is actively implementing the new system, which requires heavy staff involvement to fully develop.

Approximately 1.84 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). It should be noted that the DMC-ODS reported the exact approximate budget percentage during last year's EQR, and considering the addition of IS staff on both the MHP and DMC-ODS side, it seems likely that this budget approximation may not be accurate anymore. The budget determination process for IS operations is a combined process involving DMC-ODS control and the San Luis Obispo Health Agency central IT department.

The DMC-ODS has 125 named users with log-on authority to the EHR, including approximately 84 county staff and 41 contractor staff. Support for the users is provided by 11 full-time equivalent (FTE) IS technology positions. Currently there is one FTE position vacant.

As of the FY 2022-23 EQR, all contract providers have access to directly enter clinical data into the DMC-ODS' EHR. However, certain functionalities are still being implemented, such as billing and reporting capabilities. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for members by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

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

Table 24: San Luis Obispo DMC-ODS Contract Provider Transmission of Information to DMC-ODS EHR

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between DMC-ODS IS	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch	0%
Electronic Data Interchange to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
Electronic batch file transfer to DMC-ODS IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	5%
Direct data entry into DMC-ODS IS by provider staff	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	90%
Documents/files e-mailed or faxed to DMC-ODS IS	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	2%
Paper documents delivered to DMC-ODS IS	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	3%
		100%

Plan Member Personal Health Record

The 21st Century Cures Act of 2016 promotes and requires the ability of members to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances members' and their families' engagement and participation in treatment. The DMC-ODS does not currently have a PHR, however, they plan to implement SmartCare PHR within the next year.

Interoperability Support

The DMC-ODS is a member or participant in an HIE currently. They have a connection to external health information through Orange County Partnership Regional Health Information Organization, Inc. but do not bi-directionally share data. San Luis Obispo plans to move forward with the CalMHSA Connex HIE, although a timeframe for connection to this HIE has not been established. The DMC-ODS engages in electronic exchange of information with MH and its contract providers.

INFORMATION SYSTEMS KEY COMPONENTS

CalEQRO identifies the following Key Components related to DMC-ODS system infrastructure that are necessary to meet the quality and operational requirements to promote positive Plan member 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 25: IS Infrastructure Key Components

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	Partially Met
4D	EHR Functionality	Met
4E	Security and Controls	Partially Met
4F	Interoperability	Met

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

- San Luis Obispo implemented SmartCare by Streamline in July 2023 and most essential functionality for clinical documentation is in place.
- The DMC-ODS does not currently have a database that replicates the EHR system. However, there is a read-only data warehouse in development by CalMHSA and San Luis Obispo also plans to implement a structured query language (SQL) data warehouse that replicates the SmartCare system to support data analytics needs.
- The July 2023 claims were submitted in October 2023, and the DMC-ODS is working with CalMHSA to analyze denial reasons and functionality issues associated with the billing component of SmartCare.
- The DMC-ODS does not use two-factor authentication or require password updates on a regular basis.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

Table 26 shows the amount of denied claims by denial reason, and Table 27 shows approved claims by month, including whether the claims are either adjudicated or denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2022.

Tables 26 and 27 appear to reflect a substantially complete claims data set for the time frame represented.

The DMC-ODS reports that their claiming is current through July 2023 and mainly outpatient services are being billed. The first billing submission through SmartCare resulted in residential service claims being denied. The DMC-ODS and CalMHSA discovered an issue where the national provider identifier (NPI) number was not being pulled correctly with these services, resulting in denials. Once this issue is resolved in the EHR, the DMC-ODS expects billing functionality to be fully operational.

Table 26: Summary of San Luis Obispo DMC-ODS Denied Claims by Reason Code, CY 2022

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Beneficiary not eligible	1,244	\$168,307	81.09%
Duplicate/same day service without modifier or other info needed for adjudication	96	\$35,195	16.96%
Other Healthcare coverage must be billed first	60	\$3,263	1.57%
Other	6	\$788	0.38%
Total Denied Claims	1,406	\$207,553	100.00%
Denied Claims Rate	2.95%		
Statewide Denied Claims Rate	3.64%		

- The denied claims rate is below the statewide rate. The leading reason for denial is “beneficiary not eligible” (81.09 percent of denied dollars).

Table 27: San Luis Obispo DMC-ODS Claims by Month, CY 2022

Month	# Claim Lines	Total Approved Claims
Jan-22	4,209	\$510,657
Feb-22	4,162	\$484,830
Mar-22	5,459	\$622,917
Apr-22	5,086	\$560,164
May-22	5,336	\$590,524
Jun-22	4,788	\$529,318
Jul-22	4,278	\$565,157
Aug-22	4,704	\$614,945
Sep-22	4,343	\$562,704
Oct-22	4,547	\$596,492
Nov-22	7,938	\$575,634
Dec-22	4,868	\$622,371
Total	59,718	\$6,835,712

- Claim lines were fairly consistent throughout CY 2022, although there was an increase to 7,938 claim lines in November 2022. However, this increase in November claim lines did not coincide with an increase in total approved claims above normal levels.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- San Luis Obispo appears sufficiently staffed through their IT, data analytics, and billing teams which will benefit the DMC-ODS as they work through implementing all functionality in SmartCare.
- Although the DMC-ODS does not currently have an HIE, they are moving toward an agreement with CalMHSA's interoperability solution, Connex, which will improve data sharing capabilities.
- Data and reporting capabilities are not currently functional in the EHR, however, the DMC-ODS is working closely with CalMHSA and Streamline to fully implement these tools and expect to have a more robust reporting system than they had with their previous EHR within one year of the implementation date.

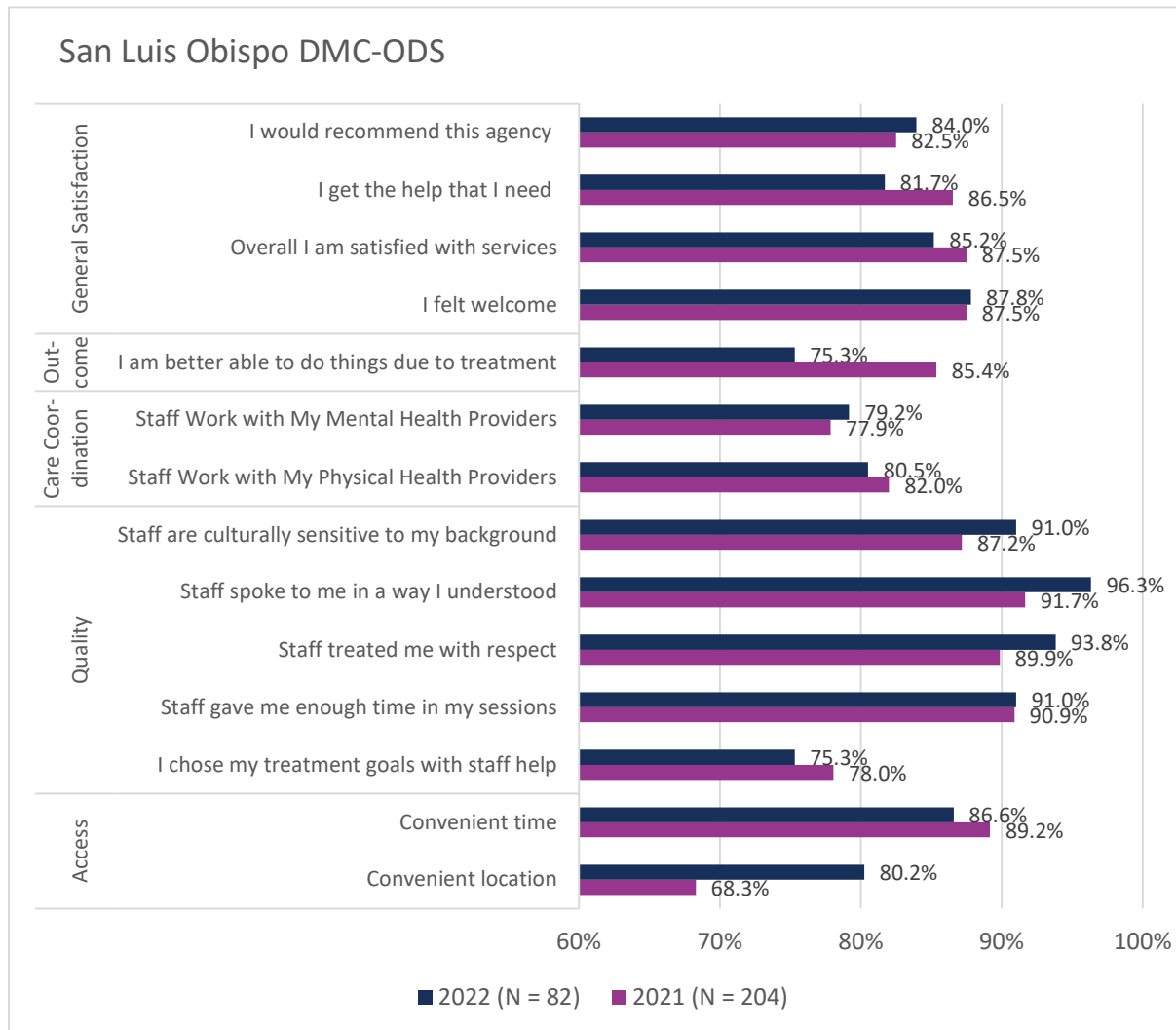
VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

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 members once a year in the fall and submit the completed surveys to DHCS. As part of its evaluation of the statewide DMC-ODS Waiver, the University of California, Los Angeles (UCLA) evaluation team analyzes the data and produces reports for each DMC-ODS.

The DMC-ODS saw a decrease in TPS responses in CY 2022 compared to CY 2021 (n=204 to n=82, or a 59.80 percent decrease).

Figure 9: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA



* Note that the horizontal axis begins at 60% in order to display small differences in responses from year to year.

- Positive perceptions in care increased the most dramatically for “Convenient Location” in CY 2022 compared to the previous year (68.3 percent to 80.2 percent). This likely has to do with the new health campus in Paso Robles where members can receive both MHP and DMC-ODS services.
- The largest decrease in positive perceptions of care was with “I am better able to do things due to treatment” (84.4 percent to 75.3 percent).

PLAN MEMBER/FAMILY FOCUS GROUPS

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

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

Plan Member/Family Focus Group One Summary

CalEQRO requested a diverse group of adult members who initiated services with MAT in the preceding 12 months. The focus group was held via teleconference for members enrolled at various San Luis Obispo County-run program sites and included five participants; no language interpreter was needed for this focus group. All Plan members participating receive clinical services from the DMC-ODS.

There was a total of five participants, two of whom had initiated services in the past 12 months. Members were all on MAT and the medications being used were Suboxone and Vivitrol (injectable naltrexone). Most are involved with allied agencies such as child welfare, but all were referred by probation. The majority experienced no delays in beginning treatment, including those released from inmate services. Initiation on MAT occurred timely, though one member noted a lag of two weeks, which they noted was difficult to manage. Staff handle relapses clinically and “help you try to get back on track.” Participants note that in addition to convenient locations, services are well integrated with the mental health program allowing them to also address underlying issues such as trauma and anxiety.

Recommendations from focus group participants included:

- More sensitivity to realities of recent incarceration and reentry that can cause issues when back in the community.
- Transition plans that are tailored to meet specific individual needs versus program design (“one size fits all”).
- Incentives would assist members to stay motivated.

Plan Member/Family Focus Group Two Summary

CalEQRO conducted a second 90-minute focus group with Plan members during the review of the DMC-ODS. CalEQRO requested a diverse group of adult members who initiated SUD outpatient services in the preceding 12 months. The focus group was held via teleconference and included eight participants from a variety of program sites; no

language interpreter was needed for this focus group. All Plan members participating receive clinical services from the DMC-ODS.

Of the eight focus group participants, seven had initiated services in the past 12 months. Members noted either being self-referred or referred following release from inmate services or as part of a court program. While some experienced no issues, several participants noted the intake process as lengthy (several weeks), though interim services were offered. Others observed intake staff being unprofessional (“using profanity” or “not empathic”) and warned about need to “follow the rules” or risk being “referred back to probation.” Generally, upon engagement in their program, counselors were noted to be “encouraging,” and this they noted helps them “to keep working the program.” In the program, members noted they feel supported, even should a relapse occur, by staff who “handles” their issues well, “not making me feel ashamed.” Several participants noted their gratitude for the program, staff, and supports such as sober living housing.

Recommendations from focus group participants included:

- Counselors should have lived experience, those without it “treat it like a job” and members note their approach can be “stress inducing.”
- Provide program participants with vocational skills and an understanding of “financial responsibility” so their transition is more likely to “help them to stay off the streets.”
- Assist with supports such connection as 12-Step programming and preparation for sobering living to make transition more effective.
- Intake should be less “boilerplate,” and staff need to know empathy and support is better than a “numbering process” to get people in – it lacks engagement and motivation they feel is needed up front as one enters treatment. Peers are suggested as a support.

SUMMARY OF MEMBER FEEDBACK FINDINGS

All members noted general satisfaction with programs, though for the members in outpatient care, they noted issues with lag time for intake. Some noted that, at times, they experienced an unprofessional manner with intake staff. Once receiving care, positive feedback regarding elements of the program, staff and location was consistent across both groups. Both groups noted that consistent use of engagement, empathy, and encouragement are appreciated versus a “boilerplate” approach to program delivery. They also noted supports for reentry, financial topics, and other living skills, along with incentives would assist them in being successful and staying motivated.

There was a significant drop (59.80 percent) in response rates for TPS in the most recent administration cycle, which limits the DMC-ODS level of member input on areas that are effective or may need improvement. For example, in the Quality domain, the single question “I am better able to do things due to treatment” dropped by more than

10 percentage points from 85.4 percent to 75.3 percent of members surveyed in agreement with that statement.

CONCLUSIONS

During the FY 2023-24 annual review, CalEQRO found strengths in the DMC-ODS' programs, practices, and IS that have a significant impact on member outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SUD managed care system.

STRENGTHS

1. San Luis Obispo's PR is significantly higher than similar-sized counties and statewide for all age groups and racial/ethnic groups. (Access)
2. In addition to a "no wrong door" approach for those seeking treatment, there is a robust level of coordination with criminal justice system partners such as the courts, probation, and those members assigned under AB 109 to assure access (Access)
3. There is a strong commitment by the DMC-ODS regarding MAT including both methadone and non-methadone. San Luis Obispo has achieved high levels of inter-agency coordination to support use of MAT including with allied agencies, the criminal justice system, and local hospitals. Since 2016 the DMC-ODS has facilitated a local safety coalition and has well defined objectives and activities that include overdose prevention, naloxone distribution, community education, prevention and supports harm reduction principles to limit the impacts of the overdose epidemic. (Access, Quality)
4. San Luis Obispo has strong partnerships with middle and high schools that support access for youth in need SUD services. There is an integrated treatment approach that allows members to benefit from SUD and mental health services designed for a youth population, ages 12 to 21. These efforts dovetail with youth prevention initiatives on cannabis and underage drinking, and the DMC-ODS works with local higher education institutions such as Cal Poly to leverage resources and support for a young persons' web app (DxHub) that allows access to overdose education and kits. (Access, Quality)
5. The DMC-ODS implemented SmartCare in July 2023 with the support of CalMHSA and adequate internal IS and data analytics FTEs to see the implementation to completion. (IS)

OPPORTUNITIES FOR IMPROVEMENT

1. While San Luis Obispo has taken some steps to increase local residential WM and treatment capacity, options for those in need of this LOC remain scarce with

beds out of county often not found to be acceptable for members in need of 24/7 care. (Access, Quality)

2. While the DMC-ODS tracks and reports on urgent service requests utilizing a 48-hour standard, it reports that for FY 2022-23 just 18 individuals were identified and provided expedited access to care due to a more acute presentation. (Access, Quality)
3. San Luis Obispo rated more than 64 percent of CalOMS discharges as unsuccessful, with the majority of members leaving treatment before completion. Most of these summary exits (47 percent) are administrative discharges. (Quality)
4. The DMC-ODS has a very high utilization of the outpatient LOC indicating a need for housing supports, which it has 10 recovery residence sites with 125 beds. However, just one of those sites can take perinatal women and with just five beds for those with children in a residence that does not allow use of MAT. (Access, Quality)
5. Participation in the TPS decreased more than 59 percent in CY 2022. (Quality)

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 member outcomes:

1. The DMC-ODS should continue to solicit interest in identifying new providers or supporting existing programs in developing additional local residential treatment capacity. (Access, Quality)
(This recommendation is a carry-over from FY 2022-23.)
2. San Luis Obispo should review its urgent service request definition, protocol, workflow, and tracking, making meaningful adjustments as warranted to assure it can provide comprehensive identification and expeditious access for individuals who have a more acute need for SUD services. (Access, Quality)
3. While the DMC-ODS is now utilizing HITs to validate and reconcile CalOMS discharges with discharge progress notes, additional analysis needs to be performed to determine the antecedents of unsuccessful administrative discharges in order to inform enhanced strategies and training needs to assure complete and accurate data is filed as well as address commonalities that lead to client elopements. (Quality, IS)
(This recommendation is a carry-over from FY 2022-23.)
4. San Luis Obispo should research necessary enhancements to support recovery residence contractors to expand housing for perinatal women and those who are

on MAT and have children. This may include training, assigning clinical or case management staff to program sites or researching other County DMC-ODS projects which have had success in upgrading housing programs. (Access, Quality)

5. The DMC-ODS needs to re-emphasize the importance of TPS administration with their clinics and contractors, and also create reports that analyze the results in order to identify domains where member perceptions are positive as well as areas that could use improvement. (Quality, IS)

EXTERNAL QUALITY REVIEW BARRIERS

There were no barriers to this FY 2023-24 EQR.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT A: REVIEW AGENDA

The following sessions were held during the EQR, as part of the system validation and key informant interview process. Topics listed may be covered in one or more review sessions.

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions - San Luis Obispo DMC-ODS
Opening session – Significant changes in the past year, current initiatives, and status of previous year's recommendations, baseline data trends and comparisons, and dialogue on results of PMs
Access to Care, Timeliness of Services, and Quality of Care
PIP Validation and Analysis
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS Network Adequacy
Validation and Analysis of the DMC-ODS Health Information System
Validation and Analysis of Member Satisfaction
Plan Member Focus Groups
Fiscal/Billing
Quality Improvement Plan, implementation activities, and evaluation results
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
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments
Mental and Healthcare coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview – county
Clinic managers group interview – contracted
Clinical line staff group interview – county and contracted
Closing session: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Patrick Zarate, Assistant Director, Lead Quality Reviewer

Anita Catapusan, Quality Reviewer

Brian Deen, Information Systems Reviewer

Gloria Marrin, Consumer/Family Member Reviewer

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

All sessions were held via video conference.

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

Last Name	First Name	Position	County or Contracted Agency
Adoptante	Dana	Behavioral Health (BH) Information Supervisor	San Luis Obispo Behavioral Health Department (SLOBHD)
Alvarez	Melody	Registered Nurse	SLOBHD
Archer	Michelle	BH Information Supervisor	SLOBHD
Atwell	Angela	Utilization Review Nurse	SLOBHD
Atwell	Brian	BH Program Supervisor	SLOBHD
Beardsley	Megan	BH Program Supervisor	SLOBHD
Bolster-White	Jill	Executive Director	Transitions Mental Health Association
Botello	Amber	Jail Behavioral Health Services Supervisor	Wellpath
Brannen (Fraser)	Alexis	BH Program Supervisor	SLOBHD
Brar	Harmeet	Registered Nurse	SLOBHD
Burns	Kellie	Department Administrator	SLO Health Agency
Cantu	Humberto	BH Program Supervisor	SLOBHD
Castaneda	Susana	BH Specialist	SLOBHD
Castro	Christie	BH Specialist	SLOBHD
Culbert (Poe)	Mandee	BH Program Supervisor	SLOBHD
Curtis	Jeffrey	Executive Director	Pinnacle Treatment
Dabill	Jesse	Information Technology Manager	SLO Health Agency
Dolezal	Katie	Nurse Practitioner	SLOBHD
Drews	Nicholas	Health Agency Director	SLO Health Agency
Elliott	Jeffrey	BH Clinician	SLOBHD
Epps	Sara	Administrative Services Officer	SLOBHD

Last Name	First Name	Position	County or Contracted Agency
Estes	Kirk	BH Specialist	SLOBHD
Feliciano	Katrina	Administrative Services Officer	SLOBHD
Ferra	Joseph	BH Clinician	SLOBHD
Figueroa	Alexis	BH Clinician	SLOBHD
Getten	Amanda	Division Manager	SLOBHD
Gibson	Tyler	Deputy Probation Officer	Probation Department
Goodman	Kevin	BH Program Supervisor	SLOBHD
Graber	Starlene	BH Director	SLOBHD
Green	Kathryn	BH Specialist	SLOBHD
Grimes	Kathryn	BH Specialist	SLOBHD
Hansen	Carrie	BH Program Supervisor	SLOBHD
Harris	Andrew	Administrative Services Officer	SLOBHD
Hernandez	Alexandra	BH Clinician	SLOBHD
Hoffman	Corey	BH Clinician	SLOBHD
Huskey	Joseph	Correctional Sergeant	Sheriff's Department
Jensen	Lillian	BH Program Supervisor	SLOBHD
Koenig	Rachael	Administrative Services Manager	SLO Health Agency
Lehman	Tina	Program Director	Seneca
Levenson	Barbara	Consumer/Peer	Behavioral Health Board

Last Name	First Name	Position	County or Contracted Agency
Limon	Enrique	Program Manager	SLO Health Agency
Lopez	Ricardo	BH Specialist	SLOBHD
Mann	Diane	Health Information Technician	SLOBHD
Martin	Sean	Senior Deputy Probation Officer	Probation Department
Maxwell	Kevin	Licensed Psych Tech/LV Nurse	SLOBHD
Mayes	Jeremiah	Correctional Lieutenant	Sherriff's Department
McGuire	Kathy	Program Manager	SLOBHD
Mendez	Lisa	Accountant III	SLO Health Agency
Morgan	Molly	Business Systems Analyst II	SLO Health Agency
Mott	Kimberly	BH Program Supervisor	SLOBHD
Munoz	Claudia	BH Specialist	SLOBHD
Myers	Sean	Licensed Psych Tech/LV Nurse II	SLOBHD
Nibbio	Jon	Chief Operations Officer & Director of Clinical Services	Family Care Network
Quennell	Colin	BH Program Supervisor	SLOBHD
Quiring	Lindsay	BH Clinician	SLOBHD
Paramore	Kristina	Division Manager BH	SLOBHD
Parker	Samantha	BH Program Supervisor	SLOBHD
Paulson	Avery	Nurse Practitioner	SLOBHD
Pemberton	Teresa	Division Manager BH	SLOBHD

Last Name	First Name	Position	County or Contracted Agency
Peters	Josh	Division Manager BH	SLOBHD
Puri	Siddarth	Interim Medical Director	SLOBHD
Rajlal	Christina	Division Manager	SLOBHD
Reyes	Robert	Chief Probation Officer	Probation Department
Rietjens	Jill	Division Manager BH	SLOBHD
Robella	Tina	Accountant III	SLO Health Agency
Salmon	Breanne	BH Program Supervisor	SLOBHD
Schmidt	Julianne	BH Program Supervisor	SLOBHD
Scott	Jean	Administrative Services Officer	SLOBHD
Selby	August	Licensed Psych Tech/LV Nurse II	SLOBHD
Shakespeare	Bethany	Regional Manager	Sierra Mental Wellness Group
Shinglot	Jalpa	Accountant III	SLO Health Agency
Silva-Garcia	Karina	BH Program Manager	SLOBHD
Snyder-Pennon	Matthew	BH Program Manager	SLOBHD
Thomas	Catherine	BH Program Manager	SLOBHD
Thomas	Gregory	BH MD	SLOBHD
Ventresca	Kristin	Assistant Health Agency Director	SLO Health Agency
Warren	Frank	Deputy Director	SLOBHD
Weissman	Jennifer	BH Clinician	SLOBHD

Last Name	First Name	Position	County or Contracted Agency
Woodbury	Joshua	BH Program Supervisor	SLOBHD
Wortley	Sandy	Director	Bryan's House (Residential treatment)
Yarnold	Katelyn	BH Clinician	SLOBHD

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	The DMC-ODS submission has a strong design and there is a well-developed relationship with allied healthcare in the area that allows for data exchange discussions and planning to proceed and adjust in a way that will benefit this PIP.
General PIP Information	
MHP/DMC-ODS Name: San Luis Obispo DMC-ODS	
PIP Title: Pharmacotherapy for Opioid Use Disorder (POD)	
PIP Aim Statement: “For Medi-Cal beneficiaries initiating MOUD from the Plan or the Plan’s provider network, implemented interventions will increase the percentage of continuous MOUD events by 5% by June 30, 2024.”	
Date Started: 09/2022	
Date Completed: Ongoing	
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:	

Target population description, such as specific diagnosis (please specify): Qualifying Adult Medi-Cal beneficiaries						
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): Receive referral information and follow-up						
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Facilitate coordination of follow up services						
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): Work directly with partner entities and oversee fidelity of the project and tracking of metrics						
PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Percent of Medi-Cal beneficiaries who receive POD initiation that maintain POD for 180+ days without an 8+ day gap.	04/2021- 04/2022	N: 238 22.3%	<input type="checkbox"/> Not applicable— PIP is in planning or implementation phase, results not available July 2023	N: 39 22.6%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

“Validated” means that the EQRO reviewed all relevant 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):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> PIP submitted for approval | <input type="checkbox"/> Planning phase | <input type="checkbox"/> Implementation phase | <input type="checkbox"/> Baseline year |
| <input checked="" type="checkbox"/> First remeasurement | <input type="checkbox"/> Second remeasurement | <input type="checkbox"/> Other (specify): | |

Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence

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

EQRO recommendations for improvement of PIP:

Consider use of CalEQRO’s PIP Development Tool to organize a comprehensive discussion of the PIP, the baseline data, document course adjustments and the show results over time.

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 checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	The DMC-ODS submission has a strong design and there is a well-developed relationship with allied healthcare in the area that allows for data exchange discussions and planning to proceed and adjust in a way that will benefit this PIP.
General PIP Information	
MHP/DMC-ODS Name: San Luis Obispo DMC-ODS	
PIP Title: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	
PIP Aim Statement: "For Medi-Cal beneficiaries with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan within 7 and 30 days by 5% by June 30, 2024"	
Date Started: 09/2022	
Date Completed: Ongoing	
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:	

Target population description, such as specific diagnosis (please specify): Qualifying Adult Medi-Cal beneficiaries						
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): Receive referral and follow-up services						
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Assure process improvement and fidelity to prescribed interventions						
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): Assure tracking, reporting and information exchange to support PIP design						
PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Percent of Medi-Cal beneficiaries who present in an ED due to SUD needs that receive a follow up outpatient service within 30 days.	2022	N:108 57.4%	<input type="checkbox"/> Not applicable—PIP is in planning or implementation phase, results not available July-August 2023	N: 17 36%	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

“Validated” means that the EQRO reviewed all relevant 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):

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> PIP submitted for approval | <input type="checkbox"/> Planning phase | <input type="checkbox"/> Implementation phase | <input type="checkbox"/> Baseline year |
| <input checked="" type="checkbox"/> First remeasurement | <input type="checkbox"/> Second remeasurement | <input type="checkbox"/> Other (specify): | |

Validation rating: ☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence

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

EQRO recommendations for improvement of PIP:

Consider use of CalEQRO’s PIP Development Tool to organize a comprehensive discussion of the PIP, the baseline data, document course adjustments and the show results over time.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to the Key Components, Assessment of Timely Access, PIP Validation Tool, and CalEQRO Approved Claims Definitions are available on the CalEQRO website: www.calegro.com

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

A letter from the DMC-ODS Director was not required for this report.