Behavioral Health Concepts, Inc.
info@bhceqro.com
www.caleqro.com
855-385-3776

FY 2022-23
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:

October 6-7, 2022

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

EXECUTIVE SUMMARY

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

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — October 6-7, 2022

DMC-ODS Size — Medium

DMC-ODS Region — Central

SUMMARY OF FINDINGS

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

Table A: Summary of Response to Recommendations

# of FY 2021-22 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	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	3	3	0
Quality of Care	8	7	1	0
Information Systems (IS)	6	6	0	0
TOTAL	**24**	**20**	**4**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Individual Services to Improve Client Retention	Clinical	10/2019	PIP closing	Moderate confidence
Improving Client Engagement at Walk-In	Non-Clinical	2/2022	Planning Phase	Low confidence

Table D: Summary of Consumer/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	Intensive-Outpatient Treatment -Perinatal	4
2	Outpatient Drug Court	8

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

San Luis Obispo demonstrated significant strengths in the following areas:

- San Luis Obispo has strong partnerships with middle and high schools throughout the county. The DMC-ODS youth penetration rates are 0.31 percent, significantly higher than other medium size counties (0.10 percent) and statewide averages (0.10 percent).
- San Luis Obispo expanded service capacity opening new level of care (LOC) including outpatient (OP) and residential and provide improved access in its northernmost region which has a high density of the Medi-Cal population. The expansion includes residential Level 3.2 Withdrawal Management (WM), significantly improving access to this LOC.
- San Luis Obispo has a no-wrong-door policy with access and coordination throughout the entire SUD system of care. A centralized case management system collaborates with case management provided within treatment programs. This wrap-around case management system supports clients for initial treatment engagement and effective transitioning between LOCs.
- San Luis Obispo has robust partnerships and protocols to support collaboration and care coordination with the local emergency departments, Federally Qualified Health Center (FQHC) clinics, schools, courts, probation, and jail.
- San Luis Obispo achieved a 13 percent penetration rate for clients accessing at least one non-methadone Medication Assisted Treatment (MAT) service in CY 2021 compared to the statewide average of just five percent.

San Luis Obispo was found to have notable opportunities for improvement in the following areas:

- The data collection for timeliness measures and other metrics important to compliance monitoring and continuous quality improvement (QI) efforts continue to be hindered by the system limitations of the current electronic health record. (EHR).
- Clinical supervision of licensed and certified staff is limited and inadequate to provide ongoing clinical training and effectively guide improved clinical outcomes and efficiencies.
- The limited number of local residential treatment slots and available Recovery Residences (RRs) result in delays in getting clients into their appropriate residential LOC and maintaining treatment for clients who require housing to remain successfully engaged in services.
- San Luis Obispo can simplify and update the CCP to include the current work with Diversity, Equity and Inclusion Committee.
- California Outcomes Measurement System (CalOMS) data for the San Luis Obispo indicates a high level of “left before completion with unsatisfactory progress” discharge status at 71.3 percent, well above the statewide average of 47.0 percent.

FY 2022-23 CalEQRO recommendations for improvement include:

- Continue to engage with California Mental Health Services Authority (CalMHSA) on coordination and implementation efforts to plan for changes in the report and data collection processes.
- 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
- Continue efforts to expand local residential treatment, residential 3.2 WM, and RR capacity.
- Produce an Annual Update to the CCP that gives equal attention to substance use disorders and includes identification and outreach to underserved groups.
- Take meaningful steps to address the high rate of clients discharging treatment with a CalOMS discharge status of “left before completion with unsatisfactory progress.” This should include enhanced strategies to keep and retain clients, increase attendance rates and persistence in care along with other activities to improve treatment outcomes.

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

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

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

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

This report presents the FY 2022-23 findings of the EQR for San Luis Obispo DMC-ODS by BHC, conducted as a virtual review on October 6-7, 2022.

REVIEW METHODOLOGY

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

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

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

Findings in this report include:

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

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

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

DMC-ODS CHANGES AND INITIATIVES

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

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

This review took place during/after the Coronavirus Disease 2019 (COVID-19) pandemic. San Luis Obispo reports a significant workforce challenge resulting from staff resignations, early retirement, and leaves. Staff recruitment is also challenging, and fewer applicants respond to recruitment. The DMC-ODS continues to experience a tragically high occurrence of overdose deaths due to fentanyl and methamphetamine, which results in clients and staff being challenged to cope with recurrent experiences of grief and loss. San Luis Obispo is looking forward to switching to a new EHR. CalEQRO worked with San Luis Obispo to design an alternative agenda due to the above factors. CalEQRO was able to complete the review without any insurmountable challenges.

SIGNIFICANT CHANGES AND INITIATIVES

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

- Planned implementation of a new EHR through the CalMHSA semi-statewide EHR initiative using Streamline's SmartCare system.
- Ongoing staff recruitment issues and efforts in retention and staff training,
- Opening a new Health Campus in Paso Robles where the OP and IOP programs are co-located with Public Health. This improves access and integrated care for beneficiaries.
- San Luis Obispo contracted with the National Latino Behavioral Health Association to provide bilingual, Spanish-speaking county staff and to provide interpreter training. This is to address health disparities and to response to the Latino Community needs.
- San Luis Obispo will be a pilot county for Contingency Management Program in its effort to introduce best practices and address methamphetamine addiction amongst beneficiaries.

RESPONSE TO FY 2021-22 RECOMMENDATIONS

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

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the county has either:

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

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

Recommendations from FY 2021-22

Recommendation 1: Urgent appointment guidelines are set at 96-hours and not compliant with the DHCS timeliness standards requiring clients who have made an urgent request for service to be seen within 48-hours and they should be revised to meet the standard.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- San Luis Obispo created a workgroup to address this recommendation that oversaw the timeliness requirements by DHCS and created multiple strategies to address the data collection process.
- San Luis Obispo made changes to their EHR by updating the timeliness requirement according to the DHCS regulation and requirements.
- Training was provided to staff in regard to the new changes in EHR and the documentation requirements regarding timeliness to service for crisis and urgent request for service to meet the standard.

Recommendation 2: San Luis Obispo should take meaningful steps to address the administrative discharge status in CalOMS outcomes data which is 47.5 percent, well above the statewide percentage of 33.1 percent and the successful completion rate of just 7.4 percent, well below the statewide rate of 18.70 percent. Client perception of care remained strong for adults as a whole but fell significantly during the last TPS administration for some programs as well as youth. Review and specific program level

actions may be indicated for certain domain areas, such as being treated with Cultural Sensitivity, which was low at just 63.6 percent in agreement, down 18.2 percent from 2019.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- San Luis Obispo developed a workgroup team to analyze, collect data and make a meaningful step to address the to address the administrative discharge status in CalOMS.
- San Luis Obispo made this recommendation as part of their PIP and to make the changes and improvement in their system.
- San Luis Obispo created a gender identity/diversity workgroup to look at issues of inclusivity and welcoming of clients. The workgroup produced a comprehensive report called "Strengthening A Welcoming and Inclusive Environment in County of San Luis Obispo Behavioral Health Settings." The DMC-ODS also implemented the environmental enhancement recommendations made by this report by designing and ordering new welcoming and inclusive signs for the clinic lobbies that communicate their commitment to diversity, equity, and inclusion.

Recommendation 3: Continued efforts to expand local residential and residential WM service capacity is indicated as evidenced by a very low 0.9 percent of initial service used by beneficiaries compared to statewide of 16.3 percent and 69.3 percent OP triple the statewide rate of 33.1 percent likely due to minimal local options for that LOC.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- San Luis Obispo reports that from June 2020 to June 2022, they had 339 referrals for residential treatment. Of those, 65 percent (219) were admitted to follow-up care with an average length of stay (LOS) of 48 days.
- The 34 Prado residential treatment facility opened to provide more immediate access to residential WM and residential treatment.

Recommendation 4: San Luis Obispo needs to update and revise the CCP to reflect current data and analysis to better guide solutions and initiatives in areas that may need to be addressed.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- San Luis Obispo reports that they released the comprehensive 2021 Behavioral Health CCP with specific goals supporting organizational change, enhanced service delivery strategies to target the local service population and promote internal diversity, equity, and inclusion processes that align with overall best practices.

- San Luis Obispo is part of an integrated department which is in the early process of designing and reformatting their plan's content and collecting data with a goal to issue a comprehensive 2022 CCP that will reflect their initiatives and strategies implemented in FY 2021-2022. The new plan aims to incorporate new SUD goals that actively address clients' needs and guide departmental solutions.
- As with many DMC-ODS counties they continue to seek direction from DHCS on changes to the CCP Requirements and any additional feedback on the previously submitted plan.

Recommendation 5: Incorporate Power BI and their dashboards into the QI workflow, including the annual workplan and evaluation, so that that key indicators and system-wide metrics and outcomes are captured and used for continuous QI efforts.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- San Luis Obispo has begun to utilize Power BI to create data dashboards for managers to monitor compliance, finance, billing, and utilization data.
- A public-facing dashboard has been implemented on the department website sharing the TPS results.
- The Quality Support division staff have focused efforts on implementing all of the reforms and initiatives resulting from California Advancing and Innovating Medi-Cal (CalAIM) and switching to a new EHR in July 2023. This has resulted in a Quality Support Team (QST) resource drag pulling dedicated work time from incorporating Power BI into quality monitoring activities. San Luis Obispo is anticipating gaining new reporting and monitoring capabilities to be available with a new EHR.

ACCESS TO CARE

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

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

ACCESSING SERVICES FROM THE DMC-ODS

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 84 percent of services were delivered by county-operated/staffed clinics and sites, and 16 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 82 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 employee 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 six San Luis Obispo OP or IOP clinics for a screening or assessment, or by calling and scheduling for an assessment with any of San Luis Obispo's treatment programs. San Luis Obispo operates a centralized access team that is responsible for linking beneficiaries to appropriate, medically necessary services. Beneficiaries in San Luis Obispo County have traditionally 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. When available there are also peer support volunteers who are present for hospital and clinic outreach. Each of these access resource portals and staff are responsible for linking beneficiaries to appropriate, medically necessary services.

In addition to clinic-based SUD services, San Luis Obispo provides telehealth services via video/phone to youth and adults. In FY 2021-22, the DMC-ODS reports having provided telehealth services to 278 adult beneficiaries, 95 youth beneficiaries, and zero older adult beneficiaries across six county-operated sites and no contractor-operated sites. Among those served, 378 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

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

In November 2021, DHCS issued its FY 2021-22 Network Adequacy Findings Report for San Luis Obispo DMC-ODS based upon its review and analysis of the DMC-ODS' Network Adequacy Certification Tool (NACT) and supporting documentation, as per federal requirements outlined in the Annual BHIN.

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

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

Alternative Access Standards	
The DMC-ODS was required to submit an AAS request due to time and distance requirements	☐ Yes ☒ No

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

Table 1B: DMC-ODS Out-of-Network Access, FY 2021-22

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	☐ Yes ☒ No

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

ACCESS KEY COMPONENTS

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

services form the foundation of access to quality services that ultimately lead to improved beneficiary outcomes.

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

Table 2: Access Key Components

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

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

- An access team is in place that includes an assessment coordinator, office support staff, case managers and licensed psychiatric technicians that serve beneficiaries including with initial non-methadone MAT screenings. Transportation is available thru the local health plan.

- For youth treatment and prevention services, San Luis Obispo has very strong collaboration with the community, especially the school system. Strong collaborative efforts also exist with Mental Health, child welfare, law enforcement, and other allied entities in the community.

ACCESS PERFORMANCE MEASURES

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

The PR is a measure of the total beneficiaries served based upon the total Medi-Cal eligible. It is calculated by dividing the number of unduplicated beneficiaries served (receiving one or more approved Medi-Cal services) by the monthly average eligible count. The average approved claims per beneficiary (AACB) served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year. Where the median differs significantly from the average, that information may also be noted throughout this report.

The statewide PR is 0.85 percent, with an average approved claim amount of $5,821. Using PR as an indicator of access for the DMC-ODS, the PR for San Luis Obispo is 2.64 percent which is significantly higher than the statewide average.

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

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

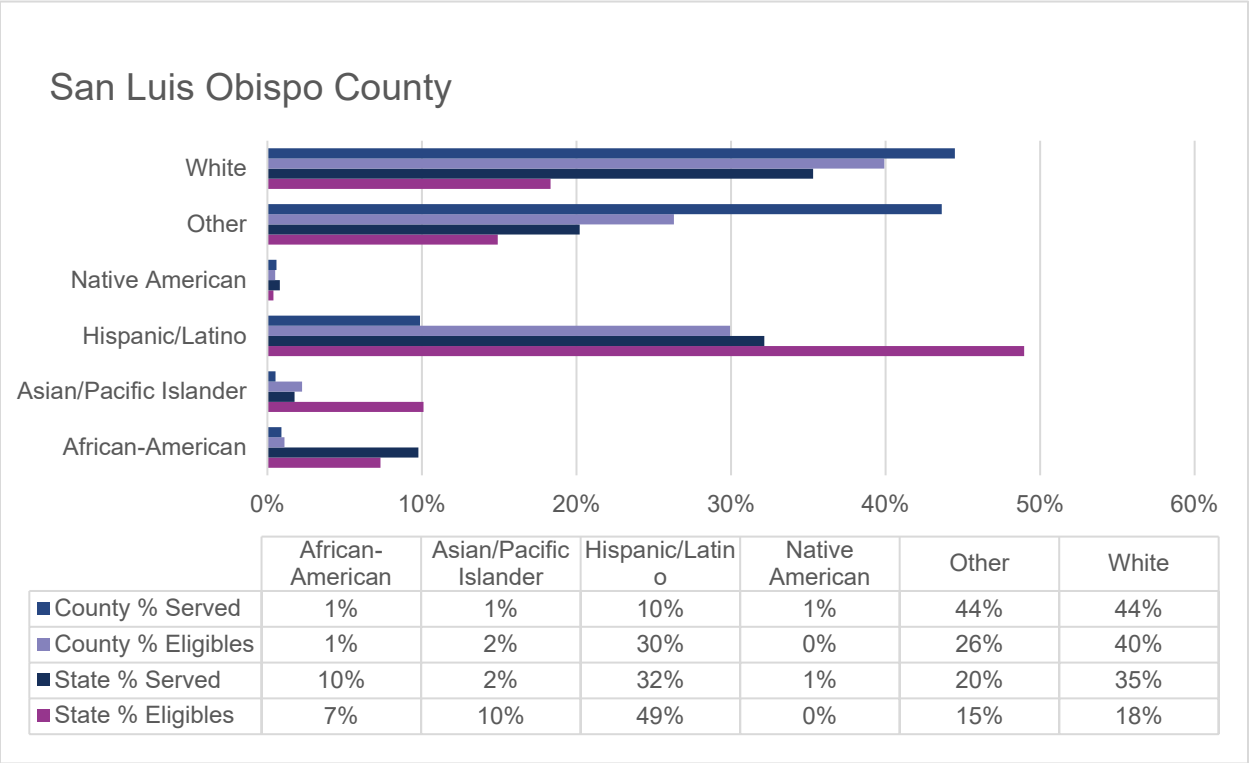
Age Groups	# of Eligibles per Month	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
Ages 0-17	15,402	48	0.31%	0.10%	0.10%
Ages 18-64	34,571	1,428	4.13%	1.48%	1.30%
Ages 65+	8,322	64	0.77%	0.60%	0.43%
TOTAL	**58,295**	**1,540**	**2.64%**	**0.97%**	**0.85%**

- The DMC-ODS primarily served adults between the ages of 18-64, with a PR of 4.13 percent within the age group. Youth PR is over three times the average of other medium counties and the statewide average.
- The overall PR in all age groups of 2.64 percent is more than twice the medium-size county and statewide average.

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

Race/Ethnicity Groups	# of Eligibles per Month	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
African-American	643	14	2.18%	1.33%	1.13%
Asian/Pacific Islander	1,308	≤11	-	0.23%	0.15%
Hispanic/Latino	17,452	152	0.87%	0.54%	0.56%
Native American	291	≤11	-	1.76%	1.75%
Other	15,333	672	4.38%	1.32%	1.15%
White	23,269	685	2.94%	1.77%	1.64%
TOTAL	**58,294**	**1,540**	**2.64%**	**0.97%**	**0.85%**

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



	African-American	Asian/Pacific Islander	Hispanic/Latino	Native American	Other	White
County % Served	1%	1%	10%	1%	44%	44%
County % Eligibles	1%	2%	30%	0%	26%	40%
State % Served	10%	2%	32%	1%	20%	35%
State % Eligibles	7%	10%	49%	0%	15%	18%

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

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

Eligibility Categories	Eligibles per Month	# of Beneficiaries Served	County PR	Similar Size Counties PR	Statewide PR
Affordable Care Act (ACA)	21,381	974	4.56%	1.83%	1.55%
Disabled	5,635	144	2.56%	1.77%	1.54%
Family Adult	9,557	403	4.22%	1.26%	1.05%
Foster Care	277	≤11	-	1.02%	1.25%
MCHIP	6,671	18	0.27%	0.08%	0.08%
Other Adult	6,766	≤11	-	0.09%	0.07%
Other Child	8,870	33	0.37%	0.11%	0.10%
Total	**58,294**	**1,540**	**2.64%**	**0.97%**	**0.85%**

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

Eligibility Categories	County AACB	Similar Size Counties AACB	Statewide AACB
ACA	$4,125	$5,036	$5,999
Disabled	$3,743	$5,273	$5,549
Family Adult	$5,184	$4,818	$5,010
Foster Care	$1,214	$1,605	$2,826
MCHIP	$1,622	$2,859	$3,783
Other Adult	$3,861	$4,472	$4,547
Other Child	$2,242	$2,331	$3,460
Total	**$4,419**	**$5,085**	**$5,821**

- The primary eligibility category for clients served in San Luis Obispo is ACA. Family Adult and Disabled are the next most common eligibility categories. The youth eligibility categories have significantly smaller numbers of clients served compared to adult categories, however all categories far exceed the statewide averages.
- Average approved claims results are lower than the medium-sized county and statewide average in all eligibility categories except in the Family Adult category.

Table 7: Penetration Rate by Service Category, CY 2021

County			Statewide	
Service Categories	**#**	**%**	**#**	**%**
Ambulatory Withdrawal Mgmt	≤11	-	41	0.03%
Intensive Outpatient	236	9.89%	14,586	9.73%
Narcotic Treatment Program	390	16.34%	40,196	26.81%
Non-Methadone MAT	321	13.45%	7,837	5.23%
Outpatient Drug Free	1,138	47.67%	44,111	29.42%
Partial Hospitalization	≤11	-	19	0.01%
Recovery Support Services	60	2.51%	5,439	3.63%
Res. Withdrawal Mgmt	90	3.77%	10,869	7.25%
Residential Treatment	150	6.28%	26,859	17.91%
Total	**2,387**	**100%**	**149,957**	**100.00%**

- The majority of clients receiving services were in OP services (47 percent). This reflects a higher OP service rate than the statewide average (26 percent). NTP was the next most accessed modality at 16 percent (compared to 26 percent statewide), followed by Non-Methadone MAT at 13.47 percent (compared to 5.23 percent statewide).

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

Service Categories	County AACB	Similar Size Counties AACB	Statewide AACB
Ambulatory Withdrawal Mgmt	$233	$1,044	$996
Intensive Outpatient	$894	$1,917	$1,630
Narcotic Treatment Program	$4,779	$4,948	$4,271
Non-Methadone MAT	$995	$1,842	$1,454
Outpatient Drug Free	$2,200	$2,053	$2,581
Partial Hospitalization	$0	$0	$5,027
Recovery Support Services	$1,086	$1,605	$1,761
Res. Withdrawal Mgmt	$1,991	$1,996	$2,438
Residential Treatment	$11,085	$7,392	$10,157
Total	**$4,419**	**$5,085**	**$5,821**

- The AACB for San Luis Obispo is generally lower than the medium county and statewide average. The AACB for residential treatment is significantly higher in

San Luis Obispo, which likely is impacted by the higher-than-average readmission rates seen in San Luis Obispo.

IMPACT OF ACCESS FINDINGS

- San Luis Obispo is actively developing and implementing of CalAIM requirements and initiatives.
- The majority of clients receiving services were in OP (47. percent). This reflects a higher OP service rate than the statewide average (26 percent). NTP was the next most accessed modality at 16 percent (compared to 26 percent statewide), followed by Non-Methadone MAT at 13.45 percent (compared to 5.23 percent statewide) indicating a long-standing commitment by the DMC-ODS to use of MAT within its system of care.

TIMELINESS OF CARE

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

TIMELINESS KEY COMPONENTS

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

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

Table 9: Timeliness Key Components

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

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

- San Luis Obispo has initiated a number of action steps to address the opioid overdose epidemic. Their strong collaborative efforts have included community and stakeholder education regarding the efficacy and acceptance of MAT, induction to MAT services in Jail and Hospital sites, and the introduction to overdose reversal strategies, including naloxone training and the community-wide distribution of overdose prevention kits containing a supply of naloxone, fentanyl test strips, and a guide for local SUD treatment resources.
- San Luis Obispo needs to monitor days to methadone dosing. The claims data from CalEQRO reflects an average of 8.55 days for the initial dose of methadone for clients aged 18-64. The DMC-ODS reports that the average was just 8.16 days for initiation of methadone, whereas the statewide average is 2.94 days. DHCS requires that individuals seeking NTP service obtain an initial dose of methadone within three days.

TIMELINESS PERFORMANCE MEASURES

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

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

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

DMC-ODS-Reported Data

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

FY 2022-23 DMC Assessment of Timely Access			
Timeliness Measure	**Average/Rate**	**Standard[1]**	**% That Meet Standard**
First Non-Urgent Appointment Offered	2 Days	10 Business Days*	99%
First Non-Urgent Service Rendered	2 Days	10 Days	86.6%
Non-Urgent MAT Request to First NTP/OTP Appointment	1 Days	3 Business Days*	100%
Urgent Services Offered	86.6 Hours	48 Hours*	57.1%
Follow-up Services Post-Residential Treatment	n/a	7 Days	90.5%
WM Readmission Rates Within 30 Days	11.4%	n/a	n/a
No-Shows	9.9%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** DMC-ODS-defined timeliness standards			
For the FY 2022-23 EQR, the DMC-ODS reported its performance for the following time period: FY 2021-22			

[1] **DHCS-defined standards, unless otherwise noted.**

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

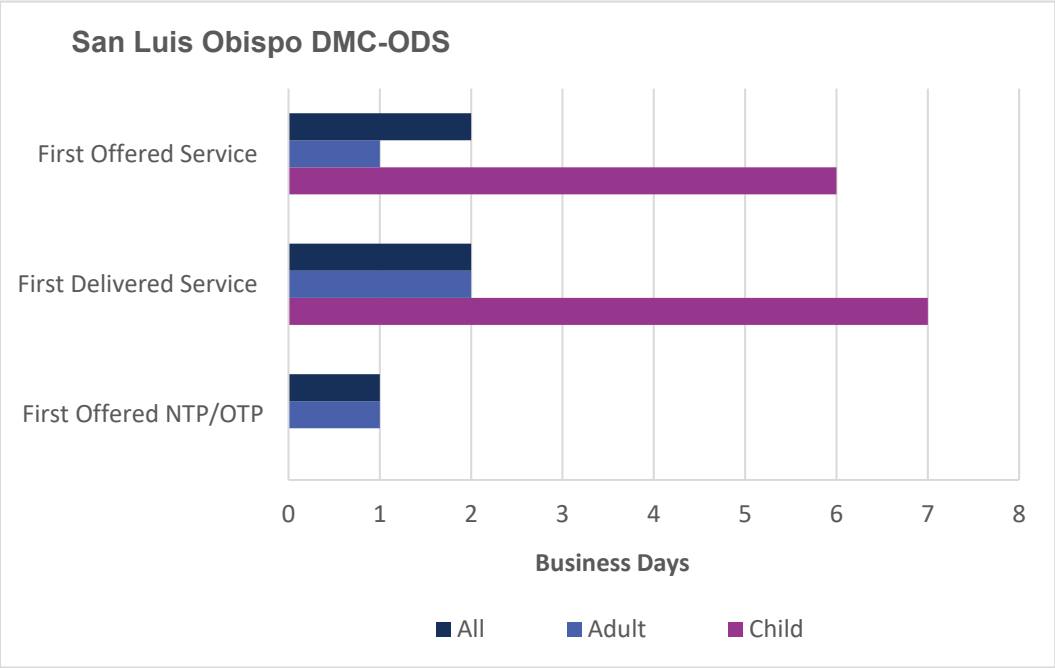


Figure 3: Wait Times for Urgent Services

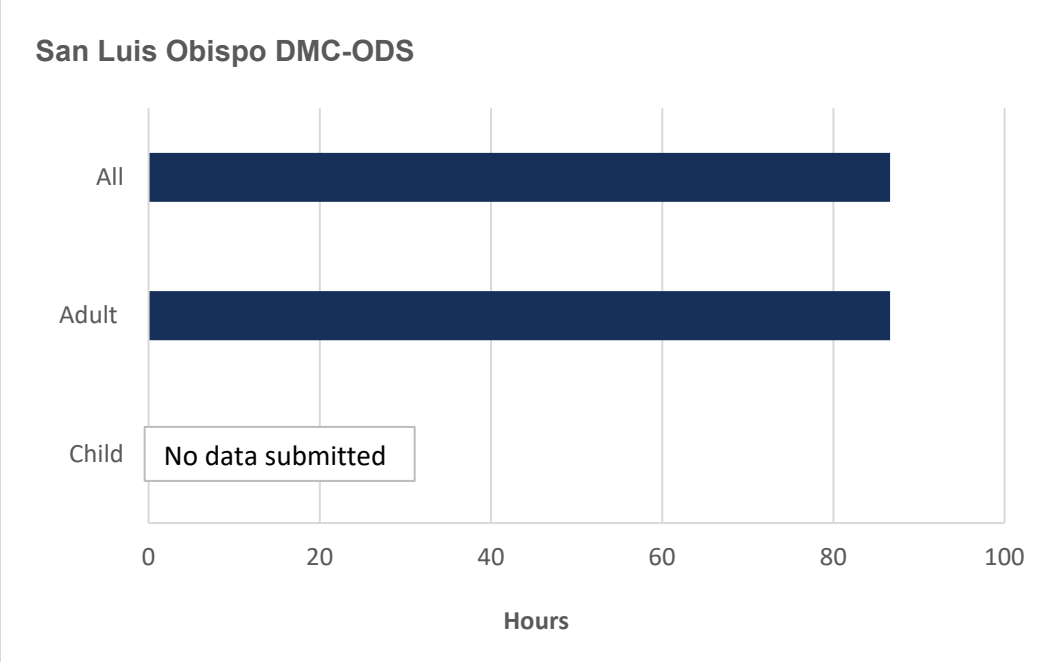
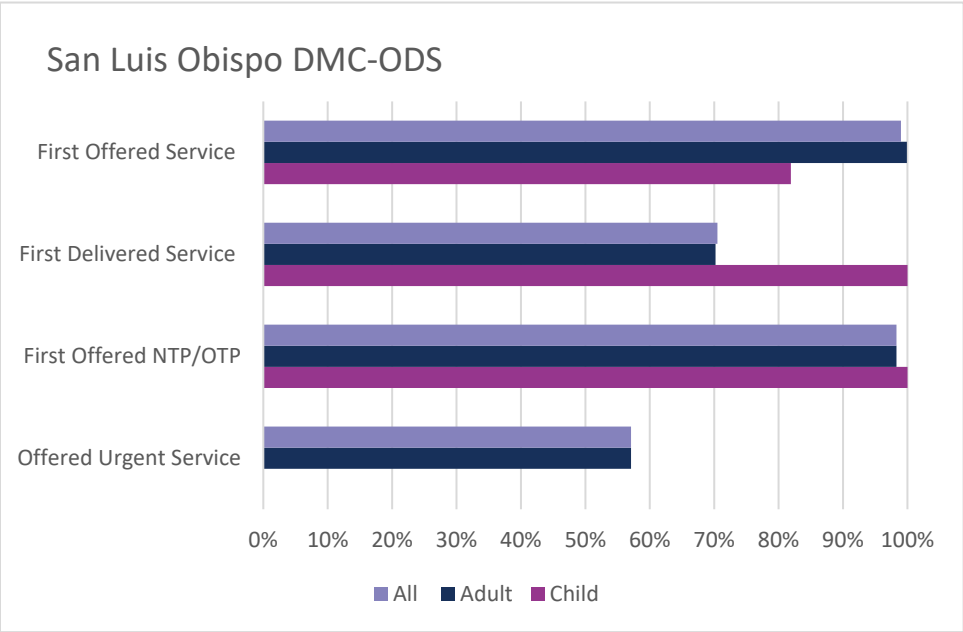


Figure 4: Percent of Services that Met Timeliness Standards



Medi-Cal Claims Data

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

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

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

County				Statewide		
Age Groups	Clients	%	Avg. Days	Clients	%	Avg. Days
0 to 17	≤11	-	-	10	0.03%	10.20
18 to 64	362	95.26%	8.55	33,162	84.03%	3.41
65+	≤20	-	0.33	6,292	15.94%	0.41
TOTAL	**380**	**100.00%**	**8.16**	**39,464**	**100.00%**	**2.94**

- On average, clients in the DMC-ODS receive their first dose of methadone in 8.16 days, which is significantly higher than the statewide average of 2.94 days.

Transitions in Care

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

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

County	N= 306		Statewide N=	58,923
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	≤11	-	5,740	9.74%
Within 14 Days	≤11	-	7,610	12.92%
Within 30 Days	≤11	-	9,214	15.64%

- The DMC-ODS discharged 306 clients from residential treatment and works closely with residential providers to schedule follow up outpatient services within seven days of the client's discharge, however the DMC-ODS does not have an effective way to track and monitor the timeliness of these follow up services with their current EHR.

Residential Withdrawal Management Readmissions

Table 13: Residential Withdrawal Management Readmissions, CY 2021

County			Statewide	
Total DMC-ODS admissions into WM	116		14,120	
	#	#	#	%
WM readmissions within 30 days of discharge	18	15.52%	1,128	7.99%

- The DMC-ODS had 116 clients admitted into residential WM in CY 2021. The number of clients readmitted within 30 days of discharge was 18 (15.52 percent), which is twice the statewide average.

IMPACT OF FINDINGS

- San Luis Obispo needs to ensure monitoring of methadone dosing. PM data indicates that the average days to first dose of methadone was 8.16, high compared to the statewide average of 2.94 days. These delays prevent beneficiary access to service within the accepted standard for timeliness of service.
- San Luis Obispo is actively developing the implementation of CalAIM initiatives which will ensure more consistent tracking of time to service data.

- Non-Methadone MAT Services CY 2021 was 13.45 percent compared to statewide average of 5.23 percent.

QUALITY OF CARE

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

In addition, the contract between the DMC-ODSs and DHCS requires the DMC-ODSs to implement an ongoing comprehensive QAPI Program for the services furnished to beneficiaries. The contract further requires that the DMC-ODS' quality programs "clearly define how they are structured, assign responsibilities and adopt or establish quantitative measures for assessing performance, and identify and prioritize area(s) for improvement".

QUALITY IN THE DMC-ODS

In the San Luis Obispo, the responsibility for QI is to identify key areas of focus of the 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 MHP and DMC-ODS plans. The 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 which facilitates a direct line 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 within the plan areas in compliance as well as system quality initiatives. The goals stated in the QI Work Plan include objective and measurable goals to determine progress of the defined improvement strategies. San Luis Obispo has assigned increased data analytic resources though resources are shared and require adjustments for priority due to fluctuations in staffing. The QI staff are instrumental in the development of dashboards for tracking and monitoring. The QST has an array of committees to address utilization review (UR), credentialing, PIP and objectives. In addition to UR, weekly reports are generated that help with managing and placing staff resources based on caseloads.

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 and to improve outcomes for beneficiaries. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

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

Table 14: Quality Key Components

KC #	Key Components – Quality	Rating
3A	QAPI are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	Met
3C	Communication from DMC-ODS Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Met
3D	Evidence of an ASAM Continuum of Care	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 Clients Served	Met
3H	Utilizes Information from the Treatment Perception Survey to Improve Care	Met

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

- There is evidence of strong communications between the DMC-ODS to line staff and program supervisors regarding system planning and implementation.
- San Luis Obispo has a significant wait time for individuals who needed transitions to LOC 3.2 into residential treatment. There was not sufficient capacity for this LOC.
- Existing and current group offerings are outdated and limited. Refreshing the group offerings and providing focused clinical training to staff would likely increase beneficiary outcomes and quality of care.

QUALITY PERFORMANCE MEASURES

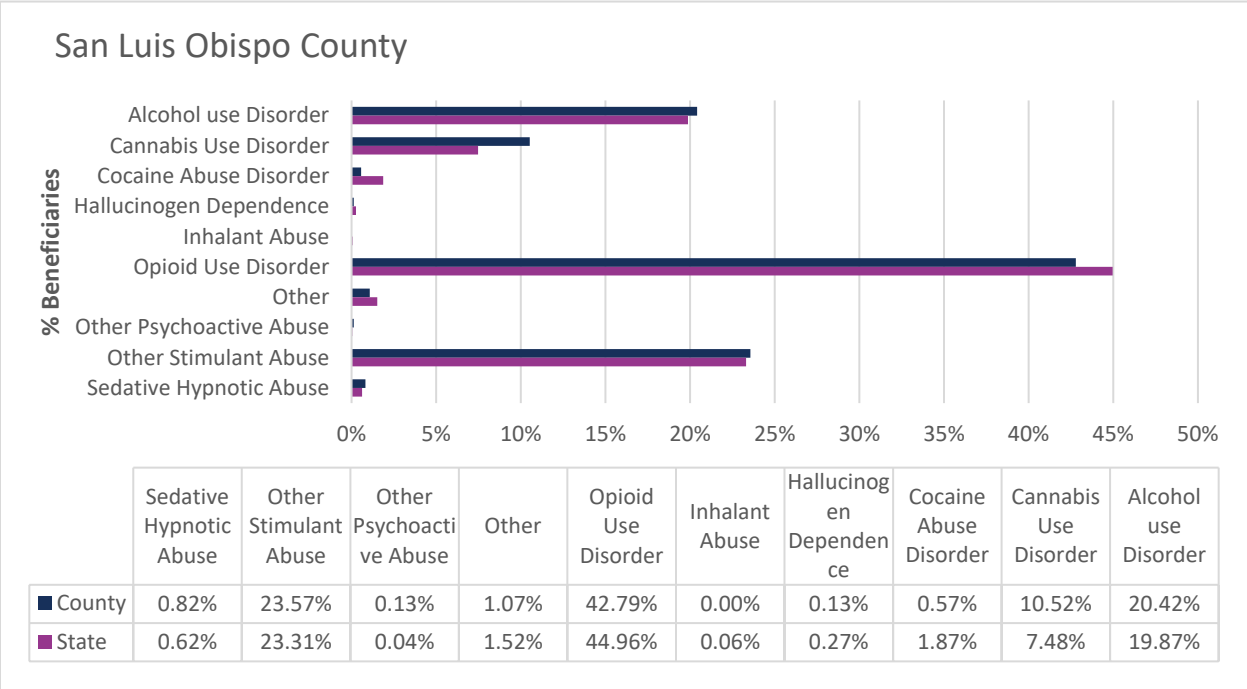
In addition to the Key Components identified above, the following PMs further reflect the Quality of Care in the DMC-ODS:

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

Diagnosis Data

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

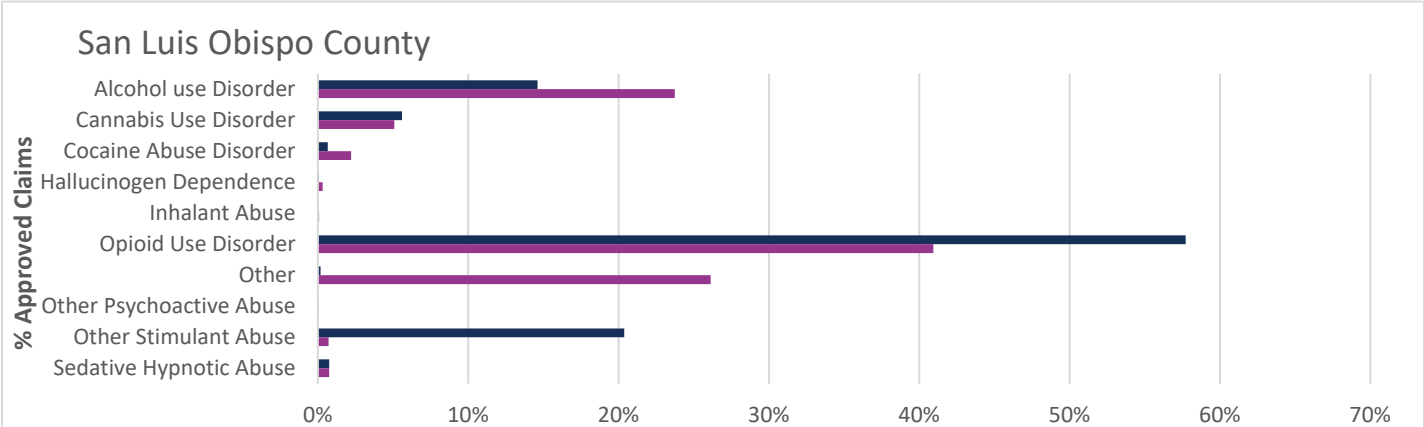
Figure 5: Percentage of Beneficiaries by Diagnosis Code, CY 2021



	Sedative Hypnotic Abuse	Other Stimulant Abuse	Other Psychoactive Abuse	Other	Opioid Use Disorder	Inhalant Abuse	Hallucinogen Dependence	Cocaine Abuse Disorder	Cannabis Use Disorder	Alcohol use Disorder
County	0.82%	23.57%	0.13%	1.07%	42.79%	0.00%	0.13%	0.57%	10.52%	20.42%
State	0.62%	23.31%	0.04%	1.52%	44.96%	0.06%	0.27%	1.87%	7.48%	19.87%

- In San Luis Obispo, 42.79 percent of clients receiving services have been diagnosed with an Opioid Use Disorder, followed by Other Stimulant Abuse as the next most common diagnosis (23.57 percent).

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



	Sedative Hypnotic Abuse	Other Stimulant Abuse	Other Psychoactive Abuse	Other	Opioid Use Disorder	Inhalant Abuse	Hallucinogen Dependence	Cocaine Abuse Disorder	Cannabis Use Disorder	Alcohol use Disorder
County	0.75%	20.37%	0.02%	0.18%	57.72%	0.04%	0.07%	0.66%	5.59%	14.61%
State	0.75%	0.70%	0.04%	26.12%	40.94%	0.09%	0.32%	2.21%	5.08%	23.74%

- Opioid Use Disorder is the dominant diagnostic category accounting for the majority of claims.

Non-Methadone MAT Services

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

County					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 0-17	≤11	-	≤11	-	12	0.37%	6	0.19%
Ages 18-64	346	24.23%	203	14.22%	7,505	7.96%	3,873	4.11%
Ages 65+	≤11	-	≤11	-	447	5.01%	172	1.93%
TOTAL	355	23.05%	206	13.38%	7,964	7.15%	4,051	3.63%

Residential Withdrawal Management with No Other Treatment

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

	# WM Clients with no other Services	# WM Clients with 3+ Episodes & No Other Services	% WM Clients with 3+ Episodes & No other Services
County	87	≤11	1.15%
Statewide	10,707	370	3.46%

High-Cost Beneficiaries

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

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

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages 0-17	15	≤11	-	-	-	-
Ages 18-64	904	35	3.87%	$26,882	$940,861	23.99%
Ages 65+	36	≤11	-	$19,992	$19,992	14.37%
TOTAL	955	36	3.77%	$26,690	$960,852	23.50%

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

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

- As seen in tables 17 and 18, 3.77 percent of clients served by the DMC-ODS accounted for 23.5 percent of total claims for CY 2021. This is a lower rate of HCBs than the statewide average (5.66 percent).

ASAM Level of Care Congruence

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

ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable /No Difference	761	75.3%	582	75.2%	962	85.8%
Patient Preference	152	15.0%	112	14.5%	109	9.7%
Level of Care Not Available	11	1.1%	22	2.8%	10	.9%
Clinical Judgement	40	4.0%	36	4.6%	25	2.2%
Geographic Accessibility	2	.2%	0	0.0%	1	.1%
Family Responsibility	0	0.0%	0	0.0%	0	0.0%
Legal Issues	8	.8%	10	1.3%	6	.5%
Lack of Insurance/Payment Source	28	2.8%	2	.3%	2	.2%
Other	8	.8%	10	1.3%	6	.5%
TOTAL	**1,010**	**100.0%**	**774**	**100.0%**	**1,121**	**100.0%**

- The DMC-ODS showed relatively high congruence of LOC referrals with ASAM findings in initial and follow-up assessments. Patient preference was the primary reason the assessment-indicated LOC differed from referral.

Initiation and Engagement

An effective system of care helps people who request treatment for their addiction to both initiate treatment services and then continue further to become engaged in them. Table 21 displays results of measures for two early and vital phases of treatment-initiating and then engaging in treatment services. Research suggests that those who can engage in treatment services are likely to continue their treatment and enter into a recovery process with positive outcomes. The method for measuring the number of clients who initiate treatment begins with identifying the initial visit in which the client's SUD is identified. Based on claims data, the "initial DMC-ODS service" refers to the first approved or pended claim for a client that is not preceded by one within the previous 30 days. This second day or visit is what in this measure is defined as "initiating" treatment.

CalEQRO's method of measuring engagement in services is at least two billed DMC-ODS days or visits that occur after initiating services and that are between the 15 and 45 day following initial DMC-ODS service.

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

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	1,476		53		101,279		3,051	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	1,173	79%	37	70%	89,055	88%	2,583	85%
Clients who then engaged in DMC-ODS services	881	60%	21	40%	69,161	68%	1,823	60%

- Adults and youth had lower rates in both initiating and engaging in service when compared to statewide averages.

Length of Stay

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

	County		Statewide	
Clients with a discharge episode	1,480		89,610	
LOS for clients across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	141	102	123	87
	#	%	#	%
Clients with at least a 90-day LOS	794	54%	43,937	49%
Clients with at least a 180-day LOS	512	35%	25,334	28%
Clients with at least a 270-day LOS	337	23%	14,774	16%

- The mean (average) LOS for DMC-ODS clients was 141 days (median 102 days), compared to the statewide mean of 123 (median 87 days). There were 54 percent of clients who had at least a 90-day LOS; 35 percent had at least a 180-day stay, and 23 percent had at least a 270-day LOS. The LOS is higher than the statewide average for each measured period.

CalOMS Discharge Ratings

Table 22: CalOMS Discharge Status Ratings, CY 2021

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment - Referred	25	4.4%	11,892	19.1%
Completed Treatment - Not Referred	22	3.9%	3,798	6.1%
Left Before Completion with Satisfactory Progress - Standard Questions	73	12.9%	10,888	17.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	22	3.9%	4,643	7.4%
Subtotal	*142*	*25.1%*	*31,221*	*50.1%*
Left Before Completion with Unsatisfactory Progress - Standard Questions	106	18.7%	10,791	17.3%
Left Before Completion with Unsatisfactory Progress - Administrative	298	52.6%	18,522	29.7%
Death	3	.5%	1,301	2.1%
Incarceration	17	3.0%	485	0.8%
Subtotal	*424*	*74.9%*	*31,099*	*49.9%*
TOTAL	**566**	**100.0%**	**62,320**	**100.0%**

- A high number, 52.6 percent, of the unsatisfactory discharges are because the client “Left Before Completion with Unsatisfactory Progress – Administrative.” This is worthy of analysis to identify potential causes for clients leaving treatment early.

IMPACT OF QUALITY FINDINGS

Existing and current group offerings are outdated and limited. Refreshing the group offerings and providing focused clinical training to staff would likely increase beneficiary outcomes and quality of care. There are some training opportunities to make sure that staff are consistent with ASAM based LOC determinations at screening and with providing discharge ratings for CalOMS.

San Luis Obispo has 42.79 percent of beneficiaries receiving services have been diagnosed with an Opioid Use Disorder, followed by Other Stimulant Abuse as the next most common diagnosis (23.57 percent).

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION

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

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested by individual DMC-ODSs, hosts quarterly webinars, and maintains a PIP library at www.caleqro.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: Individual Services to Improve Client Retention

Date Started: October 2019

Date Completed: October 2022

Aim Statement: Will promptly providing an individual counseling session to develop a relapse prevention plan following a failed drug test, self-reported relapse, or failure to shows for services result in increased retention in treatment evidenced by attendance at three or more sessions in the 30 days following the plan? Will increased retention result in an increased number of planned, successful discharges from treatment?

Target Population: This PIP focuses on all beneficiaries who are discharged from services at the Drug & Alcohol Services Grover Beach Clinic from October 2019 (start

[2] https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf

[3] https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf

date of interventions) to. The Grover Beach Clinic was chosen because it is a good representative sample of the County as well as the clientele across all five county-run SUD clinics.

Validation Information: The DMC-ODS' clinical PIP is ending as of October 2022.

Summary

Analysis of recent CalOMS data provided by CalEQRO for San Luis Obispo revealed that the number of administrative discharges was 59.3 percent, well above 39.4 percent found statewide. The discharge status data of CY 2017 indicated that just 13.4 percent of beneficiaries served by SUD programs completed treatment and 47.3 percent left treatment before completion with unsatisfactory progress as administrative discharges, meaning that the beneficiaries were no longer in contact with programs or counseling staff. Discussion and review of the CalOMS discharge data has led San Luis Obispo to believe that a significant cause of premature closes from treatment is due to a relapse and the beneficiary not having adequate skills to deal with it. Should a relapse be responded to rapidly with a formatted relapse analysis with a goal of reducing future relapse potential, they believe there will be fewer administrative discharges.

The interventions are initiated should attendance or other potential relapse indicators arise. At that time, an individual session will be scheduled as soon as possible. Counselors will normalize feelings of shame often experienced from a relapse and utilize the Matrix Model Relapse Analysis Tool to inform relapse prevention planning. Regular outreach and scheduled discharge planning activities are also part of the PIP. Initially, the Grover Beach Clinic was chosen because the population enrolled there is a good representative sample of the county as well as the clientele across all five SUD clinics.

TA and Recommendations

- As submitted, this clinical PIP was found to have moderate confidence because equivocal results and consequent mid-course change in some of the interventions and data collection procedures noted in the previous review cycle have been addressed. There were positive clinical outcomes in most project sites, with favorable improvement realized in areas of clients discharging as planned administrative discharges and successful completions were flat or unchanged. No unaddressed factors impacted the research methodology with data collection, reporting and analysis provided as designed. San Luis Obispo plans to ensure that the intervention of an Individual Relapse Analysis and Individual Counseling Session continues to be standard practice due to the demonstrated success of this intervention at retaining clients in services. Therefore, updated training for treatment staff took place will take place. Additionally, the training will be recorded and therefore will be provided for all new treatment staff upon hire. This training will be posted in Relias to be assigned to new employees for completion. San Luis Obispo will be ending this Clinical PIP as of October 2022.

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

- It was discussed and reviewed with San Luis Obispo. CalEQRO recommended to continue the training with new staff and continue with the intervention of individual relapse analysis and individual counseling session continue to be the standard practice due to success of this intervention in retaining beneficiaries in treatment.
- Clinical PIP has now been completed.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Improving Client Engagement at Walk-In

Date Started: February 2022

Aim Statement: Will implementing a streamlined intake and screening process for clients who walk into our Atascadero clinic for services result in improved engagement in services from May 2022 through November 2022?

Target Population: This PIP focuses on adult clients who are new to our system of care, regardless of previous treatment episodes, referral source, age, or any other demographic variable. The population includes all adults receiving an initial screening service at the Atascadero clinic during the study period.

Validation Information: The DMC-ODS' non-clinical PIP is in the planning phase.

Summary

This non-clinical PIP involves the beneficiary's engagement into treatment services at the point of an initial screening for services. Beneficiaries access the SUD services by coming to one of San Luis Obispo's OP walk-in clinic scheduled throughout the week. Staff and beneficiaries report that the walk-in process was too time-consuming and burdensome and results in beneficiaries leaving before completing our initial screening process. The intake and screening process into SUD treatment is a critical process that can influence whether the beneficiaries engage in treatment. This non-clinical PIP's aim is to streamline the initial screening process to improve engagement into the treatment.

TA and Recommendations

As submitted, this non-clinical PIP was found to have low confidence, because the project is at a pilot location, (Atascadero Clinic) and they are currently in the PIP planning/implementation phase by and are still training staff on the new screening tool and the new abbreviated intake paperwork.

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

- CalEQRO met with San Luis Obispo PIP committee staff to review and discuss the non-clinical PIP. The recommendation is to continue the intervention and training of the new screening tool and start the stabilization group to increase engagement in treatment. CalEQRO also offered technical assistance as needed.

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-ODS 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 Cerner Community Behavioral Health through Oracle/Cerner, which has been in use for 11 years. Currently, the DMC-ODS has selected a new system which requires heavy staff involvement to fully develop but it is not yet in the implementation phase.

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). The budget determination process for IS operations is a combined process involving DMC-ODS control and another county department or agency.

The DMC-ODS has 93 named users with log-on authority to the EHR, including approximately 93 county staff and zero contractor staff. Support for the users is provided by 19 full-time equivalent (FTE) IS technology positions. Currently there are four vacant FTE positions. The 19 FTEs support the entire health agency, not solely the mental health and substance use disorder systems of care.

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

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

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

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between MHP IS	☐ Real Time ☐ Batch	%
Electronic Data Interchange to MHP IS	☐ Daily ☐ Weekly ☐ Monthly	%
Electronic batch file transfer to MHP IS	☐ Daily ☐ Weekly ☐ Monthly	%
Direct data entry into MHP IS by provider staff	☒ Daily ☐ Weekly ☐ Monthly	95%
Documents/files e-mailed or faxed to MHP IS	☐ Daily ☐ Weekly ☒ Monthly	5%
Paper documents delivered to MHP IS	☐ Daily ☐ Weekly ☐ Monthly	%
		100%

Beneficiary Personal Health Record

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

Interoperability Support

The DMC-ODS is a member or participant in an HIE, which is OCPRHIO. While the MHP is a member of the HIE, there is external access through the portal, however due to system limitations the current EHR cannot interface with the HIE to share data.

INFORMATION SYSTEMS KEY COMPONENTS

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

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

Table 24: IS Infrastructure Key Components

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

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

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

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

Table 25 shows the amount of denied claims by denial reason, and Table 26 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 2021.

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

San Luis Obispo DMC-ODS			
Denial Code Description	**Number Denied**	**Dollars Denied**	**Percentage of Total Denied**
Exceeds maximum rate	8,898	$958,286	87.14%
Duplicate/same day service	635	$86,644	7.88%
Late submission	274	$52,991	4.82%
Service location not eligible	7	$1,180	0.11%
Beneficiary not eligible	4	$579	0.05%
Total Denied Claims	**9,818**	**$1,099,680**	**100.00%**
Denied Claims Rate	**13.74%**		
Statewide Denied Claims Rate	**16.80%**		

- The DMC-ODS claim denial rate for CY 2021 of 13.74 percent is lower than the statewide average of 16.8 percent, with the majority of denied claims due to exceeding the maximum rate.

Table 26: Approved Claims by Month CY 2021

Month	# Claim Lines	Approved Claims
Jan-21	4,773	$627,501
Feb-21	4,760	$621,396
Mar-21	5,401	$636,715
Apr-21	4,843	$567,674
May-21	5,094	$458,408
Jun-21	5,221	$443,220
Jul-21	4,680	$586,242
Aug-21	5,563	$692,049
Sep-21	4,482	$530,262
Oct-21	4,499	$552,947
Nov-21	5,000	$627,789
Dec-21	4,580	$558,864
Total	**58,896**	**$6,903,067**

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

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Strong collaboration with the contracted providers and ongoing communication will assist the DMC-ODS in the efforts implementing a new EHR.
- The base of 19 FTEs supporting the overall health agency IS functionality will provide a good foundation during the EHR transition. The dedicated data analytics staff assigned to the mental health system of care may benefit from additional staffing resources as they confirm the new system reporting capabilities and what level of staffing is required to develop and maintain the system.
- The continued system limitations within the current EHR will prohibit efficient and fully reliable data collection efforts due to the current manual and workaround processes in place. Timeliness data, in particular, is significantly impacted by these limitations.

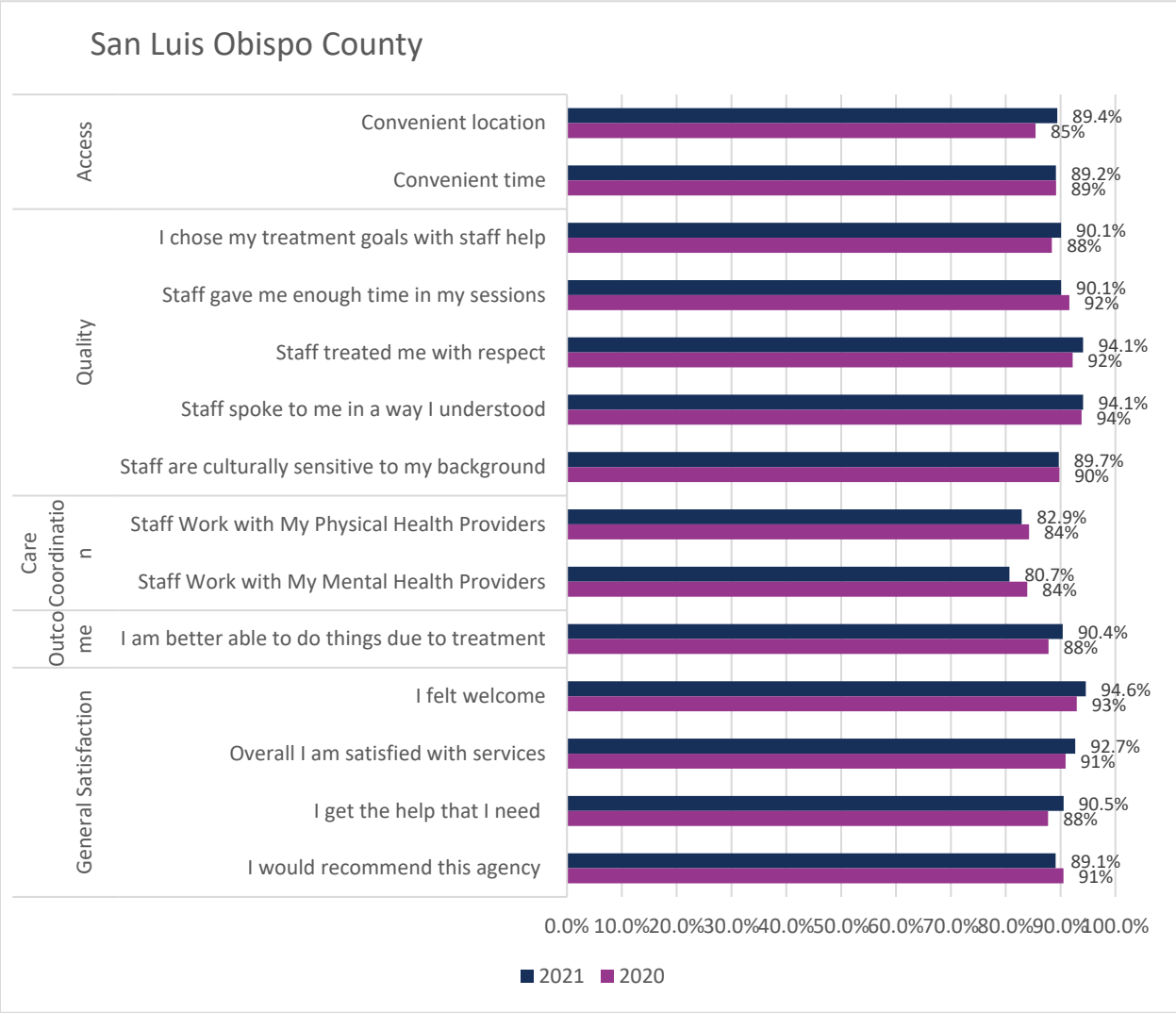
VALIDATION OF CLIENT PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

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

The DMC-ODS clients gave high ratings in Quality and General Satisfaction domains and rated Care Coordination and Outcome questions slightly lower. Clients assigned lower ratings to Work with Physical Health Provider and Work with Mental Health Provider questions.

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



CONSUMER FAMILY MEMBER FOCUS GROUPS

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

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

Consumer Family Member Focus Group One

CalEQRO requested a diverse group of adult consumers who initiated perinatal- IOP services in the preceding 12 months. The focus group was held virtually and included four participants. All beneficiaries participating have received clinical services from the DMC-ODS.

Summary of focus group findings

All perinatal IOP participants reported they were happy with the services provided to them. Clients reported the intake process was easy, and the staff is helpful to them in their recovery efforts. One of the beneficiaries reports that the Children Affected by Drugs & Alcohol services received by her son have been beneficial. Clients all state that the program is very helpful and good with the kids. Beneficiaries all share a single counselor and report which is difficult as they are only scheduled for an individual session when “something goes wrong”. Beneficiaries report It would be nice to have new group topics instead of the Matrix curriculum topics over and over. The beneficiary report that they have just one parenting focus group a week, and the majority of groups are focused on recovery. Beneficiaries say that the program has helped them with sobriety.

Recommendations from focus group participants included:

- Participants note the program needs to add more staff. There are few individual sessions available and often there can be “too many kids to care for when groups are going.”
- The parenting labs staff should have qualified counselors are certified in parenting skills “to better support clients.”
- Universal support was expressed that the program needs to “update group topics.”
- Participants noted that the program has small rooms for its sessions and there is a “need for more space” within the program.

Consumer Family Member Focus Group Two

CalEQRO conducted 90-minute focus groups with DMC-ODS beneficiaries during the review of the DMC-ODS. CalEQRO requested a second session of a diverse group of adult OP drug court consumers who initiated services in the preceding 12 months. The focus group was held virtually and included eight drug court participants. All beneficiaries participating received clinical services from the DMC-ODS.

Summary of focus group findings

The eight participants who entered services within the past year described their intake experiences as quick and easy. Clients noted “the counselor will work with you” remarking that the interview process was simple. One beneficiary reported delays due to COVID-19. Drug court beneficiaries report that intake was done at the jail, then they were referred directly into treatment. Beneficiaries report that MAT is also offered and discussed during intake process, with MAT services located in the same building. Clients also noted that a counselor is available to help with obtaining ancillary resources to support them and their recovery. “Counselors help you to have a plan and guide you for the long run”, one participant noted. They also noted that aftercare is part of their program. A client alumni group is also available following discharge from formal treatment. Counselors coordinate with the local Department of Rehabilitation to assist their clients with school needs, clothing, and integrating into the workforce. Beneficiaries report the program utilizes Moral Reconation Therapy, an EBP which they like, saying “it really helped”. Most of the beneficiaries’ report that they are grateful for the program. Reports they are a better dad, a better person, out of jail. They note that the program has been a “lifesaving and life changing program.”

Recommendations from focus group participants included:

- Participants request a van “to help us with transportation.”
- They noted that the program should “give more people a chance” to have an opportunity in drug court”. That one should “not have to wait to get accepted”.
- Distance is an issue as one client saying because of just the one sight, it takes them 2.5 hours to travel there, even just to provide a drug test.
- “More fellowship and support”.

SUMMARY OF BENEFICIARY FEEDBACK FINDINGS

All beneficiaries reported that the intake process was easy and that the staff was helpful with the process. Both groups shared that the program they are enrolled in has helped them improve their lives. Each said that they had a much better outlook for the future. When asked how to improve services, the primary recommendation in the first group was the need for more group topics, not all Matrix. The second focus group recommended more assistance in recovery support, like a fellowship. All the beneficiaries are very grateful and report the experience in treatment was “lifesaving and life changing.”

CONCLUSIONS

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

STRENGTHS

1. San Luis Obispo has strong partnerships with middle and high schools throughout the county. The DMC-ODS youth penetration rates are 0.31 percent, significantly higher than other medium size counties (0.10 percent) and statewide averages (0.10 percent). (Access, Timelines)
2. San Luis Obispo expanded service capacity by opening new LOCs including OP and residential and providing improved access in its northernmost region which has a high density of the Medi-Cal population. The expansion includes residential Level 3.2 Withdrawal Management (WM), significantly improving access to this LOC. (Access, Timeliness)
3. San Luis Obispo has a no-wrong-door policy with access and coordination throughout the entire SUD system of care. A centralized case management system collaborates with case management provided within treatment programs. This wrap-around case management system supports clients for initial treatment engagement and effective transitioning between LOCs. (Access, timeliness, Quality)
4. San Luis Obispo has robust partnerships and protocols to support collaboration and care coordination with the local emergency departments, FQHC, schools, courts, probation, and jail. (Access, Timeliness, Quality)
5. San Luis Obispo achieved a 13 percent penetration rate for clients accessing at least one non-methadone MAT service in CY 2021 compared to the statewide average of just five percent. (Access, Timeliness)

OPPORTUNITIES FOR IMPROVEMENT

1. The data collection for timeliness measures and other metrics important to compliance monitoring and continuous QI efforts continue to be hindered by the system limitations of the current EHR. (Quality)
2. Clinical supervision of licensed and certified staff is limited and inadequate to provide ongoing clinical training and effectively guide improved clinical outcomes and efficiencies. (Quality)
3. The limited number of local residential treatment slots and available recovery residences result in delays in getting clients into their appropriate residential LOC

and maintaining treatment for clients who require housing to remain successfully engaged in services. (Access, Timeliness, Quality)

4. Though San Luis Obispo is awaiting new template guidelines from DHCS to revise its CCP from 2010, it is exclusively mental health focused and lacks substance use specifics to form a truly integrated behavioral health plan. (Quality)
5. California Outcomes Measurement System (CalOMS) data for the San Luis Obispo indicates a high level of "left before completion with unsatisfactory progress" discharge status at 71.3 percent, well above the statewide average of 47.0 percent. (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 beneficiary outcomes:

1. San Luis Obispo needs to continue to engage with California Mental Health Services Authority (CalMHSA) on coordination and implementation efforts to plan for changes in the report and data collection processes. (Quality)
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 EBPs and counseling methods to improve therapeutic relationship building and client engagement. (Quality)
3. Continue efforts to expand local residential treatment, residential 3.2 WM, and Recovery Residence (RR) capacity. (Access, Timeliness, Quality)
4. Produce an Annual Update to the CCP that gives equal attention to substance use disorders and incorporates new SUD goals that actively address clients' needs. (Quality)

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

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. (Quality)

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

EXTERNAL QUALITY REVIEW BARRIERS

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

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

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT F: Additional Performance Measure Data

ATTACHMENT G: County Highlights

ATTACHMENT A: REVIEW AGENDA

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

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions – San Luis Obispo DMC-ODS
Opening session – Changes in the past year, current initiatives, status of previous year's recommendations (if applicable), baseline data trends and comparisons, and dialogue on results of PMs
QI Plan, implementation activities, and evaluation results
Information systems capability assessment/fiscal/billing
General data use: staffing, processes for requests and prioritization, dashboards, and other reports
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS
Disparities: cultural competence plan, implementation activities, evaluation results
PIP Validation and Analysis
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview-county
Clinical supervisors group interview – county
Clinical line staff group interview – county
Youth Services and Prevention
Client/family member focus groups such as adult, youth, special populations, and/or family
Exit interview: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Anita Catapusan, Lead Quality Reviewer
Jan Tice, Quality Reviewer
Brett O' Brien, Quality Reviewer
Joel Chain, Information Systems Reviewer
Peggy Carrigan, 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.

DMC-ODS County Sites

County of San Luis Obispo
Behavioral Health Department
2180 Johnson Ave San Luis Obispo, CA 93401

DMC-ODS Contract Provider Sites

No sites were visited as this was a virtual review. 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	Health Information Technician	County of San Luis Obispo Behavioral Health
Atwell	Angela	Mental Health Nurse	County of San Luis Obispo Behavioral Health
Axelrod	Michael	Behavioral Health Clinician	County of San Luis Obispo Behavioral Health
Biles	Lauren	Program Supervisor	County of San Luis Obispo Behavioral Health
Bolster-White	Jill	Director	Transitions Mental Health Association
Bowers	Seleste	Director of Behavioral Health	CenCal Health
Chapman	Ashley	Correctional Sergeant	County of San Luis Obispo Sheriff-Coroner
Collins	Lisa	Substance Use Disorder Certified Counselor	Wellpath
Connelly	Brita	Program Manager	County of San Luis Obispo Behavioral Health
Cozzetto-Duong	Jessica	Behavioral Health Clinician	County of San Luis Obispo Behavioral Health
Culbert	Mandee	Program Supervisor	County of San Luis Obispo Behavioral Health
Curtis	Jeffrey	Executive Director	Aegis Treatment Centers
Dabill	Jesse	Information Technology Manager	County of San Luis Obispo Health Agency
Devaney-Frice	Vivien	Program Manager	Transitions Mental Health Association
Drews	Nicholas	Interim Health Agency Director	County of San Luis Obispo Health Agency
Elliott	Jeff	Behavioral Health Clinician	County of San Luis Obispo Behavioral Health
Epps	Sara	Administrative Services Officer	County of San Luis Obispo Behavioral Health
Feliciano	Katrina	Administrative Services Officer	County of San Luis Obispo Behavioral Health

Last Name	First Name	Position	County or Contracted Agency
Getten	Amanda	Quality Services Team Division Manager	County of San Luis Obispo Behavioral Health
Gill	Scott	Program Manager	County of San Luis Obispo Health Agency
Goode	Kiley	Behavioral Health Specialist	County of San Luis Obispo Behavioral Health
Graber	Starlene	Drug and Alcohol Services Division Manager	County of San Luis Obispo Behavioral Health
Grover	Amelia	Social Work Supervisor	Dignity Health
Hansen	Carrie	Managed Care Program Supervisor	County of San Luis Obispo Behavioral Health
Harris	Andrew	Administrative Services Officer	County of San Luis Obispo Behavioral Health
Heintz	Molly	Business Systems Analyst	County of San Luis Obispo Health Agency
Heriford	Julie	Licensed Psychiatric Technician	County of San Luis Obispo Behavioral Health
Hernandez	Alexandra	Quality Support Clinician	County of San Luis Obispo Behavioral Health
Hopkins	Denise	Administrative Services Manager	County of San Luis Obispo Health Agency
Ilano	Daisy	Medical Director	County of San Luis Obispo Behavioral Health
Jenson	Lillian	Behavioral Health Clinician	County of San Luis Obispo Behavioral Health
Johnson	Barry	Director	Transitions Mental Health Association
Kudrna	Michael	Behavioral Health Clinician	County of San Luis Obispo Behavioral Health
Lehman	Tina	Agency Director	Seneca Center
Limon	Enrique	Program Manager	County of San Luis Obispo Health Agency
Lopez	Claudia	Behavioral Health Clinician	County of San Luis Obispo Behavioral Health

Last Name	First Name	Position	County or Contracted Agency
Lopez	Jessie	Administrative Services Officer	County of San Luis Obispo Behavioral Health
Manning	Cathy	Interim Deputy Director	County of San Luis Obispo Health Agency
Maxwell	Kevin	Licensed Psychiatric Technician	County of San Luis Obispo Behavioral Health
McGrath	Paula	Program Supervisor	County of San Luis Obispo Behavioral Health
McGuire	Kathy	Program Supervisor	County of San Luis Obispo
Mendez	Lisa	Accountant	County of San Luis Obispo Behavioral Health
Michetti	Annika	Program Supervisor	County of San Luis Obispo Behavioral Health
Murguia	Emily	Senior Administrative Assistant	CenCal Health
Nibbio	Jon	Agency Director	Family Care Network
Paramore	Kristina	Program Supervisor	County of San Luis Obispo Behavioral Health
Pemberton	Teresa	Justice Services Division Manager	County of San Luis Obispo Behavioral Health
Peters	Josh	Adult Mental Health Services Division Manager	County of San Luis Obispo Behavioral Health
Pille	Andres	BH Community Integration Specialist	CenCal Health
Poe-Culbert	Mandee	Program Supervisor	County of San Luis Obispo Behavioral Health
Price	Josephine	Administrative Services Officer	County of San Luis Obispo Behavioral Health
Quennell	Colin	Program Supervisor	County of San Luis Obispo Behavioral Health
Reynolds	Nathaniel	Behavioral Health Clinician	County of San Luis Obispo Behavioral Health
Rhoads	Jennifer	Behavioral Health Specialist	County of San Luis Obispo Behavioral Health

Last Name	First Name	Position	County or Contracted Agency
Rietjens	Jill	Youth Mental Health Services Division Manager	County of San Luis Obispo Behavioral Health
Robin	Anne	Behavioral Health Administrator	County of San Luis Obispo Behavioral Health
Schmidt	Julianne	Program Supervisor	County of San Luis Obispo
Shinglot	Jalpa	Accountant	County of San Luis Obispo Behavioral Health
Tarver	Rachel	Behavioral Health Clinician	County of San Luis Obispo Behavioral Health
Warren	Frank	Prevention & Outreach Division Manager	County of San Luis Obispo Behavioral Health
Woodbury	Joshua	Program Supervisor	County of San Luis Obispo Behavioral Health
Veloz-Passalacqua	Nestor	Diversity, Equity & Inclusion Program Manager	County of San Luis Obispo Behavioral Health

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	The clinical PIP was found to have moderate confidence, because equivocal results and consequent mid-course change in some of the interventions and data collection procedures noted in the previous review cycle have been addressed. There were positive clinical outcomes in most project sites, with favorable improvement realized in areas of clients discharging as planned administrative discharges and successful completions were flat or unchanged. There were no unaddressed factors that impacted the research methodology with data collection, reporting and analysis provided as designed.
General PIP Information	
MHP/DMC-ODS Name: San Luis Obispo County DMC-ODS	
PIP Title: Individual Services to Improve Client Retention	
PIP Aim Statement: Will promptly providing an individual counseling session to develop a relapse prevention plan following a failed drug test, or a self-reported relapse, or failure to show for services result in increased retention in treatment evidenced by attendance at three or more sessions in the 30 days following the plan?	
Date Started: 10/2019	
Date Completed: 10/2022	

General PIP Information
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17) * ☒ Adults only (age 18 and over) ☐ 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): This PIP focuses on all beneficiaries who are discharged from services at the Drug & Alcohol Services Grover Beach Clinic from 10-01-2019 (start date of interventions) to 12-31-2020. The Grover Beach Clinic was chosen because it is a good representative sample of the County as well as the clientele across all five county-run SUD clinics.
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): Individual counseling session following a relapse and discharge Planning session(s) will be scheduled in the 30-days prior to beneficiary discharge.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): 1. Individual counseling session following a relapse 2. Discharge Planning session(s) will be scheduled in the 30-days prior to beneficiary discharge 3. Staff shall complete outreach calls at a frequency of a minimum of one to two outreach call per week in which a beneficiary is absent from 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): Train staff in use of standardized relapse analysis tool; implement use of tool; adjust protocols to assure staff adherence to its use.

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
CalOMS Data: Reduced Administrative Discharges, (Reduced Number of Clients that Leave Without Notice	CY 2017	700/1181 = 59.3% Administrative Discharges	☐ Not applicable—PIP is in planning or implementation phase, results not available	FY 2019-20 66/143 = 46.15	☒ Yes ☐ No	☒ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify) Improved from 59.3% to 46.15%. -5.65% improvement from previous FY:
Close Reason Data: Increased Standard improvement Discharges	FY 2018-2019	165/309 = 53.4%	☐ Not applicable—PIP is in planning or implementation phase, results not available		☒ Yes ☐ No	☒ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): +11.9 percent
Close Reason Data: Increased Completed or Sufficient Progress. Successful Discharges	FY 2019-2020	134/271=49.4%	☐ Not applicable—PIP is in planning or implementation phase, results not available	FY19-20 112/271 = 41.3% -14 percent	☒ Yes ☐ No	☒ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): -10 percent
Close Reason Data: Increased Completed or Sufficient Progress. Successful Discharges	FY 2020-2021		☐ Not applicable—PIP is in planning or implementation phase, results not available	FY20-21 34/75 = 45.3%-10 percent	☐ Yes ☒ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): -10 percent

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

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

PIP Validation Information
Validation phase (check all that apply): ☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year ☐ First remeasurement ☐ Second remeasurement ☒ Other (specify): Completed- PIP ends in October 2022. 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:** San Luis Obispo plans to close this Clinical PIP effective October 2022. San Luis Obispo plans to ensure that the intervention of an Individual Relapse Analysis Individual Counseling Session continues to be standard practice due to the demonstrated success of this intervention at retaining clients in services. The training materials will be recorded and will be provided to all new treatment staff upon hire. This training will be posted in Relias to be assigned to new employees for completion.

Non-Clinical PIP

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

PIP Validation Rating (check one box)	Comments
☐ High confidence ☐ Moderate confidence ☒ Low confidence ☐ No confidence	San Luis Obispo submitted PIP for approval and on planning phase. Currently utilizing a pilot location and starting to collect data.
General PIP Information	
MHP/DMC-ODS Name: San Luis Obispo County-DMC-ODS	

General PIP Information
PIP Title: Improving Client Engagement at Walk-In
PIP Aim Statement: Will implementing a streamlined intake and screening process for clients who walk into our Atascadero clinic for services result in improved engagement into services from May through November 2022?
Date Started: 02/2022
Date Completed:
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17) * ☒ Adults only (age 18 and over) ☐ 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): This PIP focuses on adult clients who are new to the system of care, regardless of previous treatment episodes, referral source, age, or any other demographic variable. The population includes all adults receiving an initial screening service at the Atascadero clinic during the study period.

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): 1. Stakeholder surveys were completed for both staff and clients to track root cause 2. Implemented new Screening Tool 3. Atascadero clerical staff recorded data from walk ins for May 2022 and August 2022 that tracked timeliness of walk-in process, outcome of screening, and whether or not the client engaged into treatment following the walk in (stabilization groups, SUD, treatment).

Improvement Strategies or Interventions (Changes in the PIP)
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Certified and/or licensed or registered staff at our Atascadero OP clinic who are ASAM certified and trained in our screening procedures
MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools): The PIP lead is also the supervisor of the Atascadero clinic and reviews the screenings conducted to ensure compliance with the interventions

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
None developed at this time	n/a	n/a	☒ Not applicable—PIP is in planning or implementation phase, results not available	n/a	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): N/A

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

PIP Validation Information
Validation phase (check all that apply): ☒ PIP submitted for approval ☒ Planning phase ☐ Implementation phase ☐ Baseline year ☐ First remeasurement ☐ Second remeasurement ☐ Other (specify): 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: CalEQRO review and discussed Non-Clinical PIP with San Luis Obispo. Provided TA as needed. Plan to follow up with San Luis Obispo to monitor the PIP progress of the implementation.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

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

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

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

ATTACHMENT F: ADDITIONAL PERFORMANCE MEASURE DATA

Table F1: CalOMS Living Status at Admission, CY 2021

Admission Living Status	County		Statewide	
	#	%	#	%
Homeless	170	22.6%	20,981	28.4%
Dependent Living	45	6.0%	16,923	22.9%
Independent Living	538	71.4%	35,838	48.6%
TOTAL	**753**	**100.0%**	**73,742**	**100.0%**

Table F2: CalOMS Legal Status at Admission, CY 2021

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	308	40.9%	46,882	63.6%
Under Parole Supervision by CDCR	<=11	-	1,415	1.9%
On Parole from any other jurisdiction	<=11	-	1,305	1.8%
Post release supervision - AB 109	357	47.4%	18,491	25.1%
Court Diversion CA Penal Code 1000	27	3.6%	1,120	1.5%
Incarcerated	0	0.0%	292	0.4%
Awaiting Trial	44	5.8%	4,207	5.7%
TOTAL	**753**	**100.0%**	**73,712**	**100.0%**

Table F3: CalOMS Employment Status at Admission, CY 2021

Current Employment Status	County		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	90	11.9%	9,404	12.7%
Employed Part Time - Less than 35 hours	74	9.8%	5,561	7.5%
Unemployed - Looking for work	291	38.6%	22,884	31.0%
Unemployed - not in the labor force and not seeking	298	39.6%	35,893	48.7%
TOTAL	**753**	**100.0%**	**73,742**	**100.0%**

Table F4: CalOMS Types of Discharges, CY 2021

Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	211	37.3%	30,192	48.4%
Administrative Adult Discharges	340	60.1%	24,951	40.0%
Detox Discharges	0	0.0%	6,418	10.3%
Youth Discharges	15	2.6%	759	1.2%
TOTAL	**566**	**100.0%**	**62,320**	**100.0%**