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# FY 2021-22 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<sup>th</sup>-7<sup>th</sup>, 2021**

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## EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2021-22 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.

### DMC-ODS INFORMATION

**DMC-ODS Reviewed** — San Luis Obispo

**Review Type** — Virtual

**Date of Review** — October 6 – 7, 2021

**DMC-ODS Size** — Medium

**DMC-ODS Region** — Central

**DMC-ODS Location** — South of Monterey County, west of Kern County, north of Santa Barbara County and east of the Pacific Ocean

**DMC-ODS Beneficiaries Served in Fiscal Year (FY) 2020-21** — 1,629

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

### SUMMARY OF FINDINGS

Of the seven recommendations for improvement that resulted from the FY 2020-21 External Quality Review (EQR), the Drug Medi-Cal Organized Delivery System (DMC-ODS) addressed or partially addressed all seven recommendations.

CalEQRO evaluated the DMC-ODS on the following four Key Components that impact beneficiary outcomes; among the 23 components evaluated, the DMC-ODS met or partially met the following, by domain:

- Access to Care: 100 percent (three of three components)
- Timeliness of Care: 100 percent (six of six components)
- Quality of Care: 100 percent (eight of eight components)
- Information Systems (IS): 100 percent (four of six components)

The DMC-ODS submitted two required Performance Improvement Projects (PIPs). The clinical PIP, Individual Services to Improve Client Retention, is in the second remeasurement phase with a moderate confidence validation rating. The non-clinical PIP, Health Integration, is in the implementation phase with a low confidence validation rating.

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

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

San Luis Obispo demonstrated significant strengths in the following areas: expanding service capacity by opening an integrated set of programs in the Paso Robles area; high penetration rates for Latino/Hispanic and African American Medi-Cal beneficiaries compared to statewide rates; 71.6 percent of beneficiaries discharged from residential treatment received timely follow-up services within seven days, demonstrating high level of care (LOC) coordination; Medication-Assisted Treatment (MAT) service utilization is well above the statewide average and they benefit from early adoption at the county-operated non-methadone MAT programs along with use of contracted Narcotic Treatment Program/Opioid Treatment Program (NTP/OTP) sites who provide primarily methadone.

San Luis Obispo was found to have notable opportunities for improvement in the following areas: data tracking of urgent appointment requests indicate that just four clients over the past year met the defined standard; staff note increased caseloads and job responsibilities as they fill in areas impacted by vacancies; congruence of referrals to American Society of Addiction Medicine (ASAM) findings are rather low for initial screening and initial assessment; CalOMS data at admission indicates that 92 percent of incoming clients are criminal justice involved, indicating few non justice system involved beneficiaries are accessing SUD services.

FY 2021-22 CalEQRO recommendations for improvement include: identify obstacles to and implement solutions to achieve timely access for urgent conditions; meaningful steps should be taken to address CalOMS outcomes indicating program have a high level of administrative discharges and a low percentage of successful completions; client perception of care fell significantly during the last Treatment Perception Survey (TPS) administration for youth indicating a review and program level actions may be indicated in key areas such as cultural sensitivity; continued efforts to expand local residential and residential withdrawal management (WM) service capacity is indicated evidenced by just 0.9 percent of initial service used by beneficiaries compared to statewide of 16.3 percent; the Cultural Competency Plan (CCP) needs to be updated and revised to reflect current trends and guide analysis with current data.

# INTRODUCTION

## BACKGROUND

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

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

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

This report presents the fiscal year (FY) 2021-22 findings of the EQR for San Luis Obispo DMC-ODS by Behavioral Health Concepts, Inc., conducted as a virtual review on October 6-7, 2021.

## METHODOLOGY

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



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

## FINDINGS

Findings in this report include:

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

## HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

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

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

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

### ENVIRONMENTAL IMPACT

This review took place during the Coronavirus Disease 2019 (COVID-19) pandemic which has persisted over the last 18 months across the state. San Luis Obispo noted and tracked the impact of this event which included drops in activity levels, the need to modify service delivery, impact on workforce, and providers that had to adapt to public health restrictions. CalEQRO worked with the county to design an agenda and series of sessions on a video conferencing platform 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.

- San Luis Obispo is expanding its site and services at the Paso Robles clinic, which is nearing full capacity, consistently at 90 percent. Paso Robles is the fastest growing area of the county, and the new clinic is being constructed with county run SUD services on the first floor. Other floors in the building will include the Health Care Agency, Mental Health and Public Health programs. The campus also includes the Department of Social Services and Community Health Center clinic, a Federally Quality Health Center. The anticipated move in date for the Paso Robles SUD clinic is December 2021.
- San Luis Obispo reports that construction of a new WM clinic, 34 Prado has been completed. The program will provide for medication assisted WM. Specifically, they note the facility will provide treatment levels 3.1, 3.3, and 3.5 and in addition to 3.2 WM. The nine-bed capacity WM Treatment Center is expected to be in full operation and serve clients in the county by December 2021.
- Implementation of the Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) grant to assure jail access to SUD services and post-release continuity of care is under way. This is funded under a three-year Federal Bureau of Justice Assistance grant project to improve services to individuals with opiate use and concurrent stimulant use disorders to provide linkage from the jail to assure access and continuity of care.

- San Luis Obispo actively participates in the local Dignity Bridge Program to improve access to MAT services. This project provides another access point to aid clients getting from the hospital to MAT and SUD treatment services. County run programs are now providing the overdose reversal drug Narcan and use dip testing of all urine samples for fentanyl. Local coroner data indicates that overdose deaths due to opiate and fentanyl use are well above the state's average, and impacts are permeating into the community and healthcare clinics.
- San Luis Obispo has been adversely impacted by staffing challenges. Staff resources have been significantly impacted by staff leaves, isolation, quarantines, and required accommodations that do not permit staff to be physically present at clinics. Staff recruitments have also become more challenging as the county notes they have received fewer applicant responses and decreased response to invitations to interview. Potential applicants have shared they are looking for more flexible, telecommuting positions. The resulting stress has begun to impact those staff who do report to clinics in person throughout the pandemic.

## RESPONSE TO FY 2020-21 RECOMMENDATIONS

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

### Assignment of Ratings

**Addressed** is assigned when the identified issue has been resolved.

**Partially Addressed** is assigned when the county has either:

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

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

### Recommendations from FY 2020-21

**Recommendation 1:** There is a plan for a newly constructed in-county residential treatment and WM facility to be launched in the Fall 2021. The building contractor has been selected, the city permit timeline has been re-set and the write-up of the vendor/provider/operator request for proposals (RFP) is planned for February 2021. San Luis Obispo needs to stay on schedule and continue to utilize out-of-county contracted residential treatment services in the interim.

Addressed                       Partially Addressed                       Not Addressed

- San Luis Obispo has maintained a timeframe and project implementation plan which has facilitated the opening of a nine-eighteen bed, co-ed facility with Levels 3.1, 3.2, and 3.5 residential treatment capacity thereby meeting the requirement of the original DMC-ODS Waiver.
- On August 20, 2021, the Medically Assisted Withdrawal Treatment Center held a ribbon cutting celebration to announce the facility to the public. The funding was secured with community and local board of supervisor support and a ceremony along with public tours of the newly constructed facility were conducted.
- The RFP selection process was held in April 2021 and the vendor contract is currently being finalized to present to the Board of Supervisors in October 2021. It is anticipated that the program will begin serving clients in January 2022

**Recommendation 2:** Although San Luis Obispo has recently increased its data analytic staffing, some additional data analytics staff are needed in the Information Technology (IT) division dedicated to generating data dashboards and related reports for the DAS division. San Luis Obispo will need these staff to achieve system wide retrieval and analysis of data in order to evaluate programs and generate critical and routine reports.

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

Addressed                       Partially Addressed                       Not Addressed

- San Luis Obispo notes that the Drug and Alcohol Services Division has two Administrative Services Officer vacancies and is currently recruiting and interviewing. No additional data analytic full-time equivalent (FTE) positions have been secured.
- However, San Luis Obispo is working with California Polytechnic State University (Cal Poly), and in collaboration with SUD program management staff, engineering students have provided dashboards that include both drug testing data and their criminal justice programs. Deliverables from the students include spreadsheet templates for the criminal justice data, designing and implementing both an internal and an external facing dashboard for data analytics, and included the instructional videos and documentation needed to move the Power BI dashboard to be a permanent part of San Luis Obispo's administrative activities.

**Recommendation 3:** San Luis Obispo tracks and monitors timeliness measures for first contact to first appointment separately for the Access Line and for each of the Walk-in clinics. San Luis Obispo should also aggregate this data to fulfill its role of monitoring and improving timeliness of services as a system of care.

Addressed                       Partially Addressed                       Not Addressed

- This recommendation was implemented by San Luis Obispo which now has capacity to aggregate the access to services data, in order that timeliness reporting combines with both the CAL and walk-in clinic access data.

**Recommendation 4:** San Luis Obispo’s SUD Quality Improvement (QI) Work Plan goals and objectives should include measurable goals and objectives that target results constituting incremental improvements. As it is currently written, the QI Work Plan comes across as targeting efforts at compliance rather than quality improvement. This should include SUD quality goals and objectives.

Addressed       Partially Addressed       Not Addressed

- This recommendation has been implemented by San Luis Obispo. The current QI Work Plan is now an integrated workplan inclusive of both the Mental Health Plan (MHP) and SUD services and programs. Goals that are measurable and focused on quality improvement in addition to those which pertain only to compliance are now included.

**Recommendation 5:** San Luis Obispo is on the verge of migrating from its current Cerner-operated electronic health record (EHR) to Cerner’s Millennium product. San Luis Obispo should view Millennium screens and data analytic reports as soon as possible, develop a gap analysis of the County needs versus the product’s functionality, and formulate requests to Cerner for modifications if needed. San Luis Obispo should consider contacting other counties using Cerner to possibly deliver a jointly shared list of requests to Cerner.

Addressed       Partially Addressed       Not Addressed

- Given the significant limitations of Cerner’s reporting capabilities San Luis Obispo has decided to put out a RFP for a new EHR vendor.
- San Luis Obispo’s Quality Support Team (QST) staff have provided lists of required and desired reporting capabilities for a new EHR, and both the QST Division Manager and SUD clinical manager are a part of the department’s RFP review team.
- San Luis Obispo has also joined the California Mental Health Services Authority (CalMHSA) Multi-County/Semi-Statewide Behavioral Health RFP.

**Recommendation 6:** San Luis Obispo continues the challenge of finding ways to reduce the length of time for the full assessment process in the drop-in clinics. San Luis Obispo should re-examine whether they might use an abbreviated ASAM criteria-based assessment for treatment placements and then undertake the full assessment at the beginning of treatment. They should also consider other opportunities for streamlining the intake and initial placement process to promote early client engagement in treatment.

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

Addressed       Partially Addressed       Not Addressed

- San Luis Obispo reports that during the pandemic they have continued to provide the in-person walk clinics and they have also provided telephonic and telehealth screenings, assessments for the ASAM criteria-based assessment to determine a LOC placement.
- Consistent with trends noted in most DMC-ODS counties, San Luis Obispo notes that the complexity of the clients has actually increased during this time, so their Assessment Coordinator needs to have maximum flexibility to applying time and resources to the screening and assessment process.
- Despite the need for continuing clinical intake workflows as is, San Luis Obispo has encouraged their Assessment Coordinators to remain flexible with the screening and assessment steps, while the information regarding any ability to adjust these steps will be gathered over time

**Recommendation 7:** San Luis Obispo will soon face a substantial increase in the continuum of in-county treatment services with the addition of residential treatment, residential WM, and a women’s perinatal recovery residence (RR). These new services will be contracted, shifting the balance in percent of network services that had been almost entirely county operated. In anticipation of these changes, San Luis Obispo should consider strengthening the ASAM criteria-based screening, authorization, and referral functions of its CAL.

Addressed       Partially Addressed       Not Addressed

- San Luis Obispo states that addressing this recommendation will be continued with the addition of the residential treatment facility and residential WM facility in-county and a women’s perinatal RR facility. Some of these programs are yet to come online.
- County staff continue to work together with all providers to ensure referrals, authorizations, and re-authorizations are conducted timely and accurately within the CAL division.
- San Luis Obispo also has a goal of continual integration of the behavioral health functions of the CAL division for the county-wide system of care.

# NETWORK ADEQUACY

## BACKGROUND

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

All DMC-ODSs submitted detailed information on their provider networks in July 2021 on the Network Adequacy Certification Tool (NACT) form, per the requirements of DHCS BHIN 21-023. The NACT outlines in detail the DMC-ODS provider network by location, service provided, population served, and language capacity of the providers; it also provides details of the rendering provider's NPI number as well as the professional taxonomy used to describe the individual providing the service. DHCS reviews these forms to determine if the provider network meets required time and distance standards. The travel time to the nearest provider for a required service level depends upon a county's size and the population density of its geographic areas. The two types of care that are measured for DMC-ODS NA compliance with these requirements are outpatient SUD services and Narcotic Treatment Program (NTP)/Opioid Treatment Program (OTP) services, for youth and adults. If these standards are not met, DHCS requires the DMC-ODS to improve its network to meet the standards or submit a request for a dispensation in access.

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

## FINDINGS

For San Luis Obispo County, the time and distance requirements are 60 miles and 90 miles for outpatient SUD services, and 75 minutes and 45 miles for NTP/OTP services. These services are further measured in relation to two age groups – youth (0-20) and adults (21 and over)<sup>1</sup>.

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



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

San Luis Obispo met all DMC-ODS time and distance standards and did not require an AAS or out-of-network providers to enhance access to services for specific zip codes for their Medi-Cal beneficiaries.

## Planned Improvements to Meet NA Standards

Not Applicable.

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

The DMC-ODS did not require AAS in FY 2020-21.

## ACCESS TO CARE

### BACKGROUND

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

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

### ACCESS IN SAN LUIS OBISPO COUNTY

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 86.3 percent of services were delivered by county-operated/staffed clinics and sites, and approximately 13.7 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 85.7 percent of services provided are claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to beneficiaries 24-hours, 7-days per week that is operated by county staff during regular business hours and contract provider staff during after-hours. Beneficiaries may request services through the Central Access Line (CAL) as well as through the following system entry points: The DMC-ODS handles access and coordination internally throughout the entire SUD system of care, including four adult clinics and one youth clinic, each serving as a client access point. That is to say, each of the five outpatient clinic sites offer walk-in access to services. Clients in San Luis Obispo County have traditionally accessed services primarily through walk-in screening clinics, which continues under the DMC-ODS 1115 Waiver. However, referral sources or individuals can also schedule an initial screening by calling the CAL. 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.

Historically, San Luis Obispo has relied heavily on its outpatient clinics and walk-in model for client entry into SUD services. Since the onset of the COVID-19 pandemic and related public health restrictions, San Luis Obispo has utilized its CAL as a primary

entry point to services, though with the current allowance for in-person activities, the clinic intake process is back to pre-pandemic levels. Due to fluctuations in the pandemic restrictions and need to accommodate individual concerns over safety, telehealth and telephonic services are continuing to be available at all the San Luis Obispo clinic sites including for MAT services.

In addition to clinic-based services, the DMC-ODS provides telehealth services. Specifically, the DMC-ODS delivers adult outpatient, youth outpatient, and NTP services via telehealth. In FY 2020-21, the DMC-ODS reports having served 505 adult beneficiaries, 100 youth beneficiaries, and no older adult beneficiaries across five county-operated sites. Among those served, 76 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

## ACCESS KEY COMPONENTS

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

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

Table 1: Key Components – Access

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

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

- San Luis Obispo has had to adapt its system and resources to address the variety of impacts from the COVID-19 pandemic including a widespread adoption of telehealth services, dealing with residential programs that have been under quarantine due to outbreaks and as of early 2021 working toward most services being delivered in person.

- San Luis Obispo has implemented a Justice Service division to manage collaborative efforts and care coordination with the criminal justice, a system most of their clients are involved in. Collaborative efforts are evidenced by the plethora of specialty courts all of which can assist clients with co-occurring disorders screening that can occur with staff who are embedded in the courtrooms.
- MAT services are now available within inmate services, provided by Well Path and there are SUD services in the jail which utilize evidence-based practices and there is a general philosophy to provide interventions as opposed to jail when at all possible. As stated by liaison staff in a CalEQRO session, “we have a ratio of trying five incentives for every one sanction.”
- San Luis Obispo has strong level of support amongst partner agencies, and this is evidenced by a 30 percent allocation of the county’s criminal justice AB 109 funding. Executive leadership has garnered grants and local partners to provide a variety of care system enhancements. These enhancements include a MAT program for Driving Under the Influence (DUI) Program clients, COSSAP grant expanding coordinated efforts to reduce the impact of opioids and methamphetamines, the Stepping Up grant designed to reduce the number of mentally ill clients booked into jail (including those with co-occurring disorders) and the use of clinical staff to ride along with law enforcement to address behavioral health issues including for SUD in the field on police calls for service. This project has been so successful that it has expanded to include two police jurisdictions, Atascadero and Paso Robles and the Sheriff’s Department is making plans to expand it in the south county region.
- There is a strong intersection between prevention, education and intervention work and treatment for youth. Of note is a priority population noted in the annual CCP is LGBTQ community targeted for ongoing outreach efforts in the region.
- Education regarding the need for culturally proficient services is a strength as evidenced by the quarterly publication of a news page on topics addressing diversity, equity, and cultural issues specific to the delivery of healthcare and behavioral health services.
- Calls to the CAL for SUD services continue to represent just a small percentage of the overall service requests, averaging only 8.42 of the 947 calls the CAL receives per month.
- Staff interviewed by CalEQRO note that clients present with more complex and acute issues owing to the severe impact of some drugs like methamphetamine or fentanyl and co-occurring psychiatric disorders. They feel they and their programs are not well prepared to address these clients. These factors often result in longer length of stays in residential treatment which then means open bed capacity is limited.
- Transportation is an issue for clients as public transit is limited or non-existent in some parts of the county. While San Luis Obispo has continued offer transport and to engage with the local health plan, Cen-Cal on the required transportation

benefit, many clients find the need to book a ride two days in advance a real limitation.

- An annual review of the CCP for 2020 is present, but the core of the document includes data and associated analytics which are based on outdated information making it difficult to truly determine contemporary needs or update strategies.
- San Luis Obispo reports continued staff recruitment, retention and vacancy issues which have become more pronounced following the return to in person services. This has resulted in some staff seeking employment where they can continue to work from home remotely often with another county behavioral health that has this option available. The current vacancies in workforce results in an expanded workload, increased caseloads and contributes to lag time in service provision.

## PERFORMANCE MEASURES

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

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

### Total Beneficiaries Served

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

San Luis Obispo served 1,629 clients in FY 2020 and had an overall penetration rate of 3.64 percent. For their adults ages 18-64, the penetration rate was 4.50 percent, almost four times the penetration rate for adults in this age group statewide. Penetration rates for youth ages 12-17 and older adults were also higher than other medium-sized counties and statewide.

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

San Luis Obispo				Medium Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Beneficiaries Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages 12-17	7,226	79	1.09%	0.25%	0.25%
Ages 18-64	32,787	1,475	4.50%	1.55%	1.26%
Ages 65+	4,693	75	1.60%	1.19%	0.77%
<b>TOTAL</b>	<b>44,706</b>	<b>1,629</b>	<b>3.64%</b>	<b>1.29%</b>	<b>1.03%</b>

San Luis Obispo had high penetration rates for White and clients identified as Other (4.12 percent and 5.62 percent, respectively). Latino/Hispanics make up the second largest group of eligibles in San Luis Obispo, with a penetration rate higher than medium-sized counties and statewide. However, the penetration rate for this race/ethnicity group is lower at 1.41 percent compared to the penetration rate for White clients at 4.12 percent.

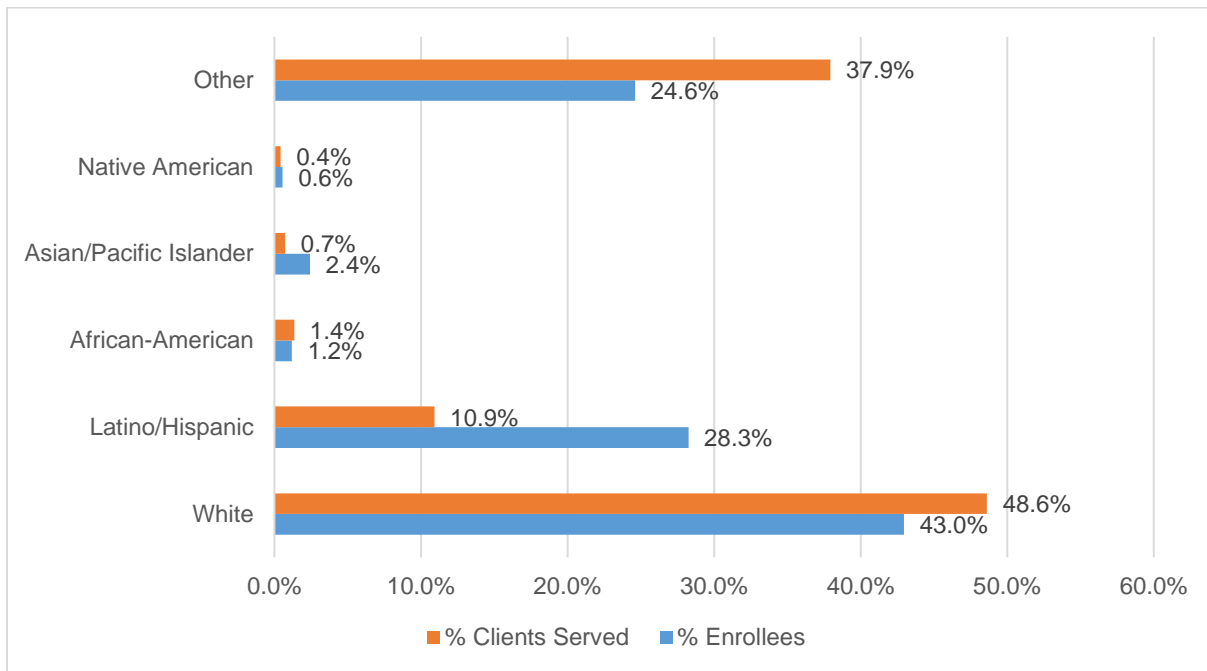
Table 3: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity, CY 2020

San Luis Obispo				Medium Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	19,204	792	4.12%	2.29%	1.96%
Latino/Hispanic	12,630	178	1.41%	0.73%	0.69%
African-American	535	22	4.11%	1.73%	1.34%
Asian/Pacific Islander	1,088	12	1.10%	0.31%	0.17%
Native American	249	7	2.81%	1.79%	1.84%
Other	11,001	618	5.62%	1.71%	1.41%
<b>TOTAL</b>	<b>44,707</b>	<b>1,629</b>	<b>3.64%</b>	<b>1.29%</b>	<b>1.03%</b>

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

Latino/Hispanic individuals make up nearly a third of the eligibles in San Luis Obispo but are only 10.9 percent of clients served. There is more proportionality for White clients and those who are identified as Other.

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



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

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

Tables 4 and 5 highlight penetration rates and average approved claims by eligibility category. Clients in San Luis Obispo are eligible for DMC-ODS services through the Affordable Care Act (ACA), followed by Family Adult and Disabled. Penetration rates for all three eligibility categories are higher than the statewide rates. Youth categories have fewer clients served--Foster Care, Other Child, and Medicaid Children's Health Insurance Program (MCHIP).

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

San Luis Obispo				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Penetration Rate	Penetration Rate
Disabled	5,517	200	3.6%	1.8%
Foster Care	225	16	7.1%	2.3%
Other Child	3,856	45	1.2%	0.3%
Family Adult	7,969	433	5.4%	1.1%
Other Adult	5,429	16	0.3%	0.1%
MCHIP	3,588	36	1.0%	0.2%
ACA	18,073	973	5.4%	1.6%

Table 5 below shows San Luis Obispo's approved claims per penetration rates by DMC eligibility categories. Average approved claim dollars are lower for all eligibility categories when compared to corresponding statewide averages.

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

San Luis Obispo				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Average Approved Claims	Average Approved Claims
Disabled	5,517	200	\$2,534	\$4,559
Foster Care	225	16	\$1,656	\$2,037
Other Child	3,856	45	\$1,740	\$2,492
Family Adult	7,969	433	\$4,142	\$4,231
Other Adult	5,429	16	\$1,825	\$3,386
MCHIP	3,588	36	\$1,973	\$2,748
ACA	18,073	973	\$3,610	\$5,131

Most clients in San Luis Obispo initiate services in outpatient treatment with 69.3 percent initiating service there, three times the statewide rate while less than one percent initiate in residential significantly lower than the 16.3 percent seen statewide.



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

San Luis Obispo			Statewide	
DMC-ODS Service Modality	#	%	#	%
Outpatient treatment	1,121	69.3%	33,885	33.1%
Intensive outpatient treatment	24	1.5%	2,679	2.6%
NTP/OTP	381	23.5%	40,908	40.0%
Non-methadone MAT	41	2.5%	291	0.3%
Ambulatory Withdrawal	-	0.00%	22	0.02%
Partial hospitalization	-	0.00%	23	0.02%
Residential treatment	15	0.9%	16,620	16.3%
Withdrawal management	4	0.2%	6,790	6.6%
Recovery Support Services	32	2.0%	1,006	1.0%
<b>TOTAL</b>	<b>1,618</b>	<b>100.0%</b>	<b>102,224</b>	<b>100.0%</b>

Table 7 shows the percentage of clients served and the average approved claims by service categories. The majority of DMC-ODS clients in San Luis Obispo are served in outpatient services (51.0%). NTP/OTP services are the next most common category, serving 17.6 percent of the total clients served. Over-reliance on outpatient services due to the lack of local residential programs is associated with just 1.4 percent of claims submitted for residential treatment.

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

Service Categories	% Served	Statewide % Served	Average Approved Claims	Statewide Average Approved Claims
Narcotic Tx. Program	17.6%	30.7%	\$4,355	\$4,097
Residential Treatment	4.3%	17.5%	\$10,215	\$8,846
Res. Withdrawal Mgmt.	1.4%	6.8%	\$1,409	\$2,057
Ambulatory Withdrawal Mgmt.	0.0%	0.0%	\$0	\$654
Non-Methadone MAT	13.0%	5.2%	\$1,134	\$1,093
Recovery Support Services	4.0%	2.7%	\$692	\$1,521
Partial Hospitalization	0.0%	0.0%	\$0	\$1,926
Intensive Outpatient Tx.	8.8%	6.4%	\$1,396	\$966
Outpatient Services	51.0%	30.6%	\$2,015	\$2,037
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>\$3,694</b>	<b>\$4,894</b>

## IMPACT OF FINDINGS

San Luis Obispo has high penetration rates compared to statewide across age groups, race/ethnicity, and eligibility categories. This is an important indicator of access and also speaks to the county's efforts to ensure access was not disrupted by the COVID-19 crisis.

# TIMELINESS OF CARE

## BACKGROUND

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

## TIMELINESS IN SAN LUIS OBISPO COUNTY

The DMC-ODS reported timeliness data in aggregate. Further, timeliness data presented to CalEQRO represented county-operated services only.

## TIMELINESS KEY COMPONENTS

CalEQRO identifies the following components as necessary elements to monitor the provision of timely services to beneficiaries. The ability to track and trend these metrics helps the DMC-ODS identify data collection and reporting processes that require improvement activities to facilitate improved beneficiary outcomes. The evaluation of this methodology is reflected in the Timeliness Key Components ratings, and the performance for each measure is addressed in the Performance Measures section. Each Timeliness Key Component is comprised of individual subcomponents which are collectively evaluated to determine an overall Key Component rating of Met, Partially Met, or Not Met; Not Met ratings are further elaborated to promote opportunities for continuous quality improvement.

Table 8: Key Components – Timeliness

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

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

- San Luis Obispo has reported that 119 of 166 clients or 71.6 percent of those discharged from residential care have a timely follow-up service within seven days.
- Readmission rates within 30 days of discharge for WM is low at three percent.
- San Luis Obispo tracks urgent appointment requests, meeting the 48-hour standard 100 percent of the time. That appears to be linked to clients presenting for services as a walk-in and being screened on that day or shortly thereafter.
- Tracking of intake appointment no-shows indicates that an average of 32 out of 95 clients, or 33.7 percent of incoming clients, do not appear for their first scheduled appointment, an area that would benefit from defined solutions.
- Residential WM is currently only available through out of county contractors limiting the number of clients who can access this service and likely reducing the likelihood of clients returning to a facility that may be a hundred or more miles away.
- San Luis Obispo meets the first offered and rendered appointment standard 97.2 percent and 94.2 percent of the time respectively. However, there is a significant drop regarding offered and rendered appointments for youth, which they meet just 85.5 percent and 74.2 percent of the time.
- Interviews conducted by CalEQRO reveal that limited housing options, including residential and “sober living”, results in longer stays when a client is in residential care and delays in getting new clients served due to shortfalls in capacity.
- For the period of FY 2020-21 only four urgent appointment requests were recorded indicating that the definition they utilize may be too restrictive to assist additional clients with non-emergent conditions.

## PERFORMANCE MEASURES

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

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

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

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

#### DMC-ODS-Reported Data

For the FY 2021-22 EQR, the DMC-ODS reported its performance for FY 2020-21.

- Average wait time of 2.8 days from initial service request to first non-urgent SUD appointment offered.
- Average wait time of 2.2 days from initial service request to first non-urgent NTP/OTP appointment offered.
- Average wait time of 33 hours from initial service request to first urgent appointment offered.

Table 9: FY 2020-21 DMC Assessment of Timely Access

FY 2020-21 DMC Assessment of Timely Access			
Timeliness Measure	Average	Standard <sup>2</sup>	% That Meet Standard
First Non-Urgent Appointment Offered	2.8 Days	10-Business Days	97.2%
First Non-Urgent Service Rendered	3.4 Days	10-Business Days	94.2%
Non-Urgent MAT Request to First NTP/OTP Appointment	2.2 Days	3-Business Days	81.4%
Urgent Services Offered	33 Hours	48-Hours	100%
Average Days for Follow-up Post-Residential Treatment	n/a	7-Days	81.3 %
	%		
WM Readmission Rates Within 30 Days	3%	n/a	n/a
No-Shows	33.7 %	n/a	n/a

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

## Medi-Cal Claims Data

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

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

San Luis Obispo has timely dosing, less than a day, for NTP clients who request a first dose of methadone.

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

San Luis Obispo				Statewide		
Age Groups	Clients	%	Avg. Days	Clients	%	Avg. Days
Ages 12-17	-	0.00%	<1	*	n/a	n/a
Ages 18-64	361	90.7%	<1	33,027	80.4%	<1
Ages 65+	37	9.3%	<1	*	n/a	n/a
<b>TOTAL</b>	<b>398</b>	<b>100.0%</b>	<b>&lt;1</b>	<b>41,093</b>	<b>100.0%</b>	<b>&lt;1</b>

### *Transitions in Care*

The transitions in care following residential treatment is an important indicator of care coordination. San Luis Obispo's percentages are lower than the statewide average for a follow-up service within any days (6.53 percent vs. 20.31 percent) though the DMC-ODS in-house tracking of FY 2020-21 indicates 71.6 percent of discharged residential clients received follow-up services within the 7-day standard, likely due to non-billable contacts.

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

San Luis Obispo (n= 199)			Statewide (n= 49,799)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	*	n/a	3,757	7.54%
Within 14 Days	*	n/a	5,160	10.36%
Within 30 Days	*	n/a	6,422	12.90%
<b>Any days (TOTAL)</b>	<b>13</b>	<b>6.53%</b>	<b>10,112</b>	<b>20.31%</b>

### *Residential Withdrawal Management Readmissions*

In CY 2020, only 35 admissions into WM occurred with no readmissions occurring within 30 days of discharge, a likely result of clients being admitted directly into

residential levels 3.1 or 3.5 treatment when discharged from WM. Out-of-county locations for WM programs, may also make return admissions unlikely.

Table 12: Residential Withdrawal Management Readmissions, CY 2020

San Luis Obispo			Statewide	
Total DMC-ODS admissions into WM	35		11,647	
	#	%	#	%
WM readmissions within 30 days of discharge	0	0.0	1,291	11.1%

## IMPACT OF FINDINGS

San Luis Obispo does not yet have in-county residential or residential WM services, which may be impacting the data for timeliness post-residential and WM readmissions. Once the residential facility is up and operating within the county, there may be more utilization of these two levels of care. Low rates for 7-day post residential follow-up referenced above in Table 11 is based on DMC claims data. Tracking data provided by San Luis Obispo shows a much higher level of compliance and is likely based on care coordination activities that are not billed.

# QUALITY OF CARE

## BACKGROUND

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

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

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

## QUALITY IN SAN LUIS OBISPO COUNTY

San Luis Obispo has an integrated quality management structure that provides quality support processes to both the MHP and DMC-ODS plans. The Quality Support Team (QST) is overseen by a division manager with a direct report to the Department Director. The QST division manager meets with other department division managers on a weekly basis 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 Quality Improvement Committee (QIC) 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 though San Luis Obispo has partnered with local university to utilize engineering students to assist in the development of the data dashboards on its website and other tracking/reporting tools. Finally, the QST has an array of committees to address utilization review (UR), credentialing, and performance improvement projects and objectives. In addition to UR, weekly reports are generated that help with managing and placing staff resources based on caseloads.



As noted earlier, the San Luis Obispo QST division monitors its quality processes through the QIC, its DMC-ODS and MHP QI Work Plan, and the annual evaluation of this plan. The QIC is comprised of stakeholders such as clinic supervisors, collaborative courts, and providers. All department divisions, including for the DMC-ODS, along with other community representatives meet monthly for QIC. Since the previous EQR the San Luis Obispo QIC met 12 times. Of the 13 identified FY 2020-21 in the QI workplan goals, San Luis Obispo noted (in their annual review) that they completed all the stated objectives. The exceptions were for test calls, which was noted to be incomplete and the monitoring of timely follow-up/ongoing care appointments which it was not able to complete due to data tracking limitations. Finally, three sites in need of SUD certification were delayed (one because of pending relocation, Paso Robles) and the objective is rated as in progress.

## QUALITY KEY COMPONENTS

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

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

Table 13: Key Components – Quality

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

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

- As noted earlier, San Luis Obispo has added local residential and WM capacity, but they have continued to provide clients willing to travel out of county with this LOC and current usage data shows this is an avenue that many clients are willing to take.
- San Luis Obispo has garnered local prevalence and medical examiner data to inform initiatives to address the opioid overdose epidemic. There has been a dramatic rise in fentanyl involved deaths in just four years, with 62 percent of fatalities associated in 2020, up from just 18 percent in 2016. Strong collaborative efforts have included community education and acceptance of MAT, overdose reversal strategies, distribution, and training on the use of naloxone (including upon release from the jail) and other forms of MAT.
- Ratings in the 2020 TPS for adults are slightly improved with clients agreeing with Choosing my Treatment Goals (Quality) 81.6 percent, compared to 77.4 percent rating in 2019 and agree 77.4 percent with Convenient Location (Access) improved from 74.7 in the previous year, the latter indicating continued need for improvement.
- Significant limitations have been identified by San Luis Obispo in its ability to generate reports from its EHR. Additional outcomes data will be a top priority as they work to secure a new information system.
- Initial service contact for non-methadone MAT is used 2.5 percent of the time by clients, well above the statewide rate of 0.3 percent. Despite early adoption on MAT, there continues to be some lingering pockets of stigma though it should be noted that San Luis Obispo has a very strong emphasis on promoting its use.
- Formal protocols and workflows exist to identify, assess and coordinate use of MAT for clients enrolled in San Luis Obispo's DUI program including work with a designated case manager to oversee care coordination for those who choose to continue with MAT therapy.
- Initial service contact for outpatient LOC is 69.3 percent, triple the statewide rate of 33.1 percent while residential care is accessed at 0.9 percent, well below the state average of 16.3 percent, likely indicating an over reliance on outpatient and the low capacity for residential treatment.
- ASAM congruence levels for initial contact and assessment are somewhat low at 64.5 percent and 70.4 percent placement being consistent with clinical findings. With client preference or other being the largest reasons for LOC differences, this may well reflect the scarcity of WM and residential service options.
- Line staff interviewed by CalEQRO note the complexity of incoming cases often results in the efficacy of SUD services being limited due to clinical and program structure, not designed to take clients with more pronounced psychiatric presentations. Referrals to the MHP were reported to often result in the client

being “bounced back” and staff feeling ill prepared to address their needs amplified by vacant or limited access to licensed clinical resources.

- Favorable Youth TPS ratings fell significantly since the last administration. An example being perceived levels of program Cultural Sensitivity, which was low at just 63.6 percent in agreement, down 18.2 percent from 2019.

## PERFORMANCE MEASURES

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

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

### Diagnosis Data

Table 14 compares the breakdown by diagnostic categories of San Luis Obispo and statewide by the number of beneficiaries served and total approved claims amount, respectively, for CY 2020. The most common diagnosis categories for DMC-ODS clients in San Luis Obispo are Opioid (42.8 percent), Other Stimulant Abuse (23.6 percent) and Alcohol Use Disorder (20.4 percent). These percentages are similar to the statewide distribution of diagnoses.

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

Diagnosis Codes	San Luis Obispo		Statewide	
	% Served	Average Cost	% Served	Average Cost
Alcohol Use Disorder	20.4%	\$2,713	17.6%	\$5,936
Cannabis Use	10.5%	\$2,014	8.0%	\$2,921
Cocaine Abuse or Dependence	0.6%	\$4,381	1.8%	\$5,769
Hallucinogen Dependence	0.1%	\$2,102	0.2%	\$6,112

Inhalant Abuse	0.0%	\$0	0.0%	\$8,581
Opioid	42.8%	\$5,115	47.4%	\$4,788
Other Stimulant Abuse	23.6%	\$3,278	23.1%	\$5,269
Other Psychoactive Substance	0.1%	\$494	0.1%	\$7,114
Sedative, Hypnotic Abuse	0.8%	\$3,475	0.5%	\$6,077
Other	1.1%	\$625	1.2%	\$2,923
<b>Total</b>	<b>100%</b>	<b>\$3,792</b>	<b>100%</b>	<b>\$4,962</b>

San Luis Obispo has a robust non-methadone MAT program with 21.4 percent of clients receiving at least one dose, compared to 7.6 percent of clients statewide. The number of clients receiving three or more doses was 14.3 percent, also significantly higher than statewide at 3.7 percent.

### Non-Methadone MAT Services

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

San Luis Obispo					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 12-17	-	0.0%	-	0.0%	*	n/a	*	n/a
Ages 18-64	315	21.4%	211	14.3%	6,698	7.6%	3,227	3.7%
Ages 65+	*	n/a	*	n/a	*	n/a	*	n/a
<b>TOTAL</b>	<b>324</b>	<b>19.9%</b>	<b>218</b>	<b>13.4%</b>	<b>7,146</b>	<b>7.0%</b>	<b>3,397</b>	<b>3.3%</b>

### Residential Withdrawal Management with No Other Treatment

There were 34 WM clients and none who had three or more episodes and no other treatment.

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

San Luis Obispo			Statewide	
	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services
<b>TOTAL</b>	34	0.0%	8,824	3.34%

### High-Cost Beneficiaries

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

San Luis Obispo had a small number of clients who met the threshold to be considered a high-cost beneficiary. Only 1.78 percent of their clients had costs that met the threshold, making up 11.08 percent of total claims.

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

San Luis Obispo						
Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages 12-17	3,980	*	n/a	n/a	n/a	n/a
Ages 18-64	89,545	*	n/a	n/a	n/a	n/a
Ages 65+	10,277	*	n/a	n/a	n/a	n/a
<b>TOTAL</b>	<b>103,802</b>	<b>29</b>	<b>1.78%</b>	<b>\$22,998</b>	<b>\$666,950</b>	<b>11.08%</b>

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

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

### ASAM Level of Care (LOC) Congruence

Initial screening and initial assessment findings show moderate congruence between indicating LOC and referred LOC (64.5 percent and 70.4 percent). For initial screenings, 18.1 percent of the time, Other is selected as the reason for non-congruence. County

staff indicated that this is likely when screeners wait for the initial assessment and do not enter in a LOC determination at the screening level. For the initial assessment, clinical judgement and patient preference were the most common reasons for lack of congruence, and likely influenced by the lack of local WM and residential options. Follow-up assessment data showed 82.2 percent congruence with indicating LOC and referred LOC.

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

San Luis Obispo ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
<b>If assessment-indicated LOC differed from referral, then reason for difference</b>						
Not Applicable - No Difference	735	64.5%	555	70.4%	1,037	82.2%
Patient Preference	110	9.7%	77	9.8%	92	7.3%
Level of Care Not Available	23	2.0%	30	3.8%	29	2.3%
Clinical Judgement	31	2.7%	86	10.9%	37	2.9%
Geographic Accessibility	3	0.3%	0	0.0%	3	0.2%
Family Responsibility	1	0.1%	0	0.0%	2	0.2%
Legal Issues	5	0.4%	7	0.9%	9	0.7%
Lack of Insurance/Payment Source	25	2.1%	4	0.5%	3	0.2%
Other	206	18.1%	29	3.7%	49	3.8%
Actual Referral Missing	0	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>1,139</b>	<b>100.0%</b>	<b>788</b>	<b>100.0%</b>	<b>1,261</b>	<b>100.0%</b>

### Initiation and Engagement

For adults in San Luis Obispo, 78.5 percent initiated treatment after their initial visit, lower than the statewide percentage of 89.1 percent. For engagement, 74.5 percent of adults continued to engage in services, which was lower, though comparable, than statewide (78.9 percent).

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

	San Luis Obispo				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	1,542		76		98,320		3,904	
	#	%	#	%	#	%	#	%

Clients who then initiated DMC-ODS services	1,210	78.5%	42	55.3%	87,609	89.1%	3,179	81.4%
Clients who then engaged in DMC-ODS services	901	74.5%	31	73.8%	69,099	78.9%	2,230	70.1%

### Length of Stay

The mean (average) LOS for San Luis Obispo clients was 171 days (median 113 days), compared to the statewide mean of 142 (median 88 days). 54.5 percent of clients had at least a 90-day LOS; 38.5 percent had at least a 180-day stay, and 25.7 percent had at least a 270-day LOS, all higher than the statewide percentages.

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

San Luis Obispo			Statewide	
Clients with a discharge anchor event	1,948		110,817	
LOS for clients across the sequence of all their DMC-ODS services	<b>Mean (Average)</b>	<b>Median (50<sup>th</sup> percentile)</b>	<b>Mean (Average)</b>	<b>Median (50<sup>th</sup> percentile)</b>
	171	113	142	88
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Clients with at least a 90-day LOS	1,061	54.5%	54,782	49.43%
Clients with at least a 180-day LOS	750	38.5%	32,644	29.46%
Clients with at least a 270-day LOS	501	25.7%	20,256	18.28%

### CalOMS Discharge Ratings

Fewer clients in San Luis Obispo have positive discharge ratings compared to the statewide average (34.4 percent vs. 49.8 percent). The non-clinical PIP is focused on improving these numbers through focusing on a specific group of clients. However, because of the low completion (7.4 percent vs. 18.7 percent) and high administrative/unsatisfactory rates (47.5 percent vs. 33.1 percent) further analysis coupled with training and supervision on CalOMS could help to identify other opportunities for improvement beyond those designed in the PIP.

Table 22: CalOMS Discharge Status Ratings, CY 2020

Discharge Status	San Luis Obispo		Statewide	
	#	%	#	%
Completed Treatment - Referred	67	7.40%	13,699	18.70%
Completed Treatment - Not Referred	83	9.10%	4,039	5.50%
Left Before Completion with Satisfactory Progress - Standard Questions	130	14.30%	12,675	17.30%
Left Before Completion with Satisfactory Progress – Administrative Questions	33	3.60%	6,059	8.30%
<i>Subtotal</i>	<i>313</i>	<i>34.40%</i>	<i>36,472</i>	<i>49.80%</i>
Left Before Completion with Unsatisfactory Progress - Standard Questions	144	15.80%	11,751	16.10%
Left Before Completion with Unsatisfactory Progress - Administrative	432	47.50%	24,233	33.10%
Death	5	0.50%	142	0.20%
Incarceration	16	1.80%	551	0.70%
<i>Subtotal</i>	<i>597</i>	<i>65.60%</i>	<i>36,677</i>	<i>50.10%</i>
<b>TOTAL</b>	<b>910</b>	<b>100.00%</b>	<b>73,149</b>	<b>100.00%</b>

## IMPACT OF FINDINGS

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. It does appear that once clients initiate into services, they have long lengths of stay, which speaks to staff's ability to establish rapport and a therapeutic alliance with clients. Initial service contacts for residential is extremely low and for outpatient it is three times the rate seen statewide reflecting a need for San Luis Obispo to continue its current expansion efforts of local residential care options.



# PERFORMANCE IMPROVEMENT PROJECT VALIDATION

## BACKGROUND

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

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

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

## CLINICAL PIP

### General Information

Clinical PIP Submitted for Validation: Individual Services to Improve Client Retention

Date Started: October 2019

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 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.

Validation Information:

The DMC-ODS's clinical PIP is in the second remeasurement phase and considered active and ongoing.

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

## 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 that often are 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 are 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. There were no unaddressed factors that impacted the research methodology with data collection, reporting and analysis provided as designed. The PIP has now been expanded as San Luis Obispo continues its effort related to discharge planning, standardized relapse interventions and associated client engagement and retention activities.

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

- Discussion revealed need for training of new staff on interventions.
- Review of data indicated that monitoring of the standardized relapse analysis tool may be of assistance in assuring staff adoption and adherence to prescribed interventions.
- Agreed with hypothesis that the impacts of COVID-19 may have influenced admission and discharge trends in a way that requires extension of the PIP now that services levels have normalized for the most part.

CalEQRO recommendations for improvement of this clinical PIP include:

- It is recommended that San Luis Obispo continue the PIP for another year having expanded across multiple sites, using their updated interventions.

## NON-CLINICAL PIP

### General Information

Non-Clinical PIP Submitted for Validation: Health Integration

Aim Statement: Will implementing a standard procedure for documenting and tracking health care recommendations in our EHR result in an increase in the rate clients receive recommended physical health care services and improve the coordination of care between San Luis Obispo and primary care physicians (PCP)?

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

Validation Information:

The DMC-ODS's non-clinical PIP is in the implementation phase with interventions scheduled to begin October 2021.

### Summary

San Luis Obispo surveyed each client referred for a physical after completing an initial screening at their Grover Beach clinic during the three-month period May 2019 and July 2019. They wanted to track and determine whether clients received a physical exam and whether the clinic was successful in receiving documentation back from the PCP. The baseline data revealed that documentation of a completed physical health exam was present for only eight percent of the referred clients. Additionally, survey results indicate that 54 percent of the clients noted that they would have benefitted from receiving case management support to receive a physical. Clients listed help with scheduling appointments, transportation, completing paperwork, and addressing insurance coverage issues as the assistance that would have helped them successfully receive a physical exam. It was determined that this client input underlines the importance for San Luis Obispo staff to follow up with clients regarding these referrals, address case management needs to improve coordination and integration of care with physical health services.

The identified interventions were developed collaboratively with San Luis Obispo's QIC. The QIC identified difficulty tracking and the lack of notifications for staff regarding doctor's health care recommendations as areas of concern. The committee worked to develop an assessment in the EHR that would provide this notification and tracking

mechanism. These clients and referrals will be tracked, and case management support will be provided for the time it takes to assist them in receiving recommended health care.

### TA and Recommendations

As submitted, this non-clinical PIP was found to have low confidence, because: this PIP remains in the early implementation phase and no data or analysis was available for review at this time.

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

- CalEQRO worked with San Luis Obispo during the course of the review to provide technical assistance, focus on project updates and make suggestions for clarification.
- Tracking to assure prescribed interventions are occurring as per project design was covered.
- Discussion also occurred regarding the viability of continuing the PIP into the next review cycle.

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

- Finalize elements such as tracking and workflows to secure the data pertaining to the goal of securing PCP and health records information.
- Continue the implementation, and secure data, tracking and analysis for this PIP and its associated interventions.

# INFORMATION SYSTEMS (IS)

## BACKGROUND

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

## IS IN SAN LUIS OBISPO COUNTY

California DMC-ODS EHRs fall into two main categories, those that are managed by county IT and those being operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is Cerner Community Behavioral Health/Anasazi which has been in use for 10.4 years. Currently, the DMC-ODS has joined CalMHSA’s semi-statewide EHR effort which is aimed at collectively acquiring and customizing an EHR that meets the needs of County Behavioral Health departments.

Approximately 4.09 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 has 87 of named users with log-on authority to the EHR, all county-operated staff. Support for the users is provided by four of full-time equivalent (FTE) IS technology positions. Currently all positions are filled.

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

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

Submittal Method	Frequency	Submittal Method Percentage
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<input type="checkbox"/>	Health Information Exchange (HIE) between DMC IS	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch	0%
<input type="checkbox"/>	Electronic Data Interchange to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
<input type="checkbox"/>	Electronic batch file transfer to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
<input checked="" type="checkbox"/>	Direct data entry into DMC IS by provider staff	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	95%
<input checked="" type="checkbox"/>	Documents/files e-mailed or faxed to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	5%
<input type="checkbox"/>	Paper documents delivered to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
			100%

### Beneficiary Personal Health Record

The 21st Century Cures Act of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a PHR enhances beneficiaries' and their families' engagement and participation in treatment. San Luis Obispo does not currently have on-line access to health records but has plans to implement in the next two years.

### Interoperability Support

The DMC is a member or participant in a HIE. The DMC engages in electronic exchange of information with the following departments/agencies/organizations: MH contract providers; alcohol and drug contract providers.

## IS KEY COMPONENTS

CalEQRO identifies the following key components related to DMC system infrastructure that are necessary to meet the quality and operational requirements necessary to promote positive beneficiary outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present in order to demonstrate that analytic findings are used to ensure overall quality of the 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 (M), Partially Met (PM), or Not Met (NM); Not Met ratings are further elaborated to promote opportunities for continuous quality improvement.

Table 24: Key Components – IS Infrastructure

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

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

- EHR functionality and interoperability are important aspects of IS infrastructure. The DMC-ODS has had their EHR for over ten years and has worked with contract providers to be able to do direct data entry or batch file transfer so that the record is complete.
- The DMC-ODS does not have a Business Continuity Plan that is reviewed and tested on a regular basis. This leaves the DMC-ODS vulnerable in the event of a cyber-attack, disaster, or other emergency.

## IMPACT OF FINDINGS

The IS staff are part of a centralized IT department so there are no dedicated staff with behavioral health data analytic expertise. The DMC-ODS has been creative in engaging Cal Poly engineering students to work on data dashboard projects with Power BI, and some helpful results have been made available to leadership. The Power BI tool should be rolled out for use by QI staff so that dashboards can be used for system-level analysis, trending, and decision-making for the DMC-ODS.

# VALIDATION OF CLIENT PERCEPTIONS OF CARE

## BACKGROUND

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

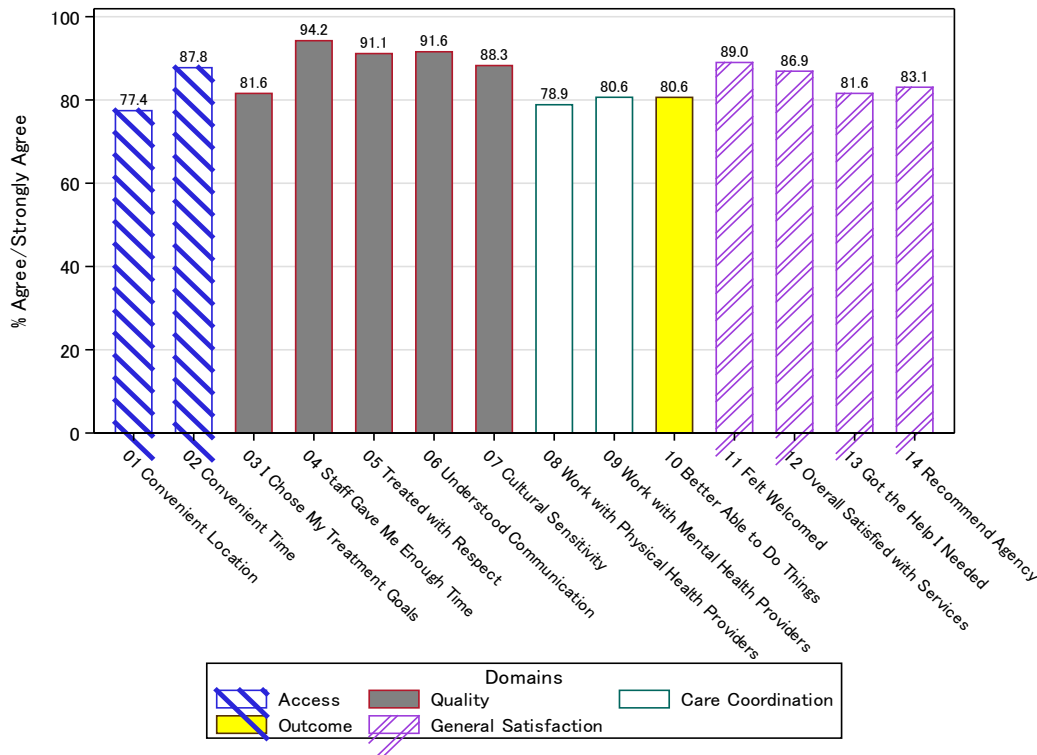
## TREATMENT PERCEPTION SURVEY

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

San Luis Obispo had a total of 197 responses to the adult administration of the TPS in November 2020, with those surveyed representing all LOC (except WM) and completed the survey in three different languages. The number of TPS responses was significantly down from the 544 received in the previous administration of TPS, and while domain ratings in the aggregate were high, individual program ratings ranged from 2.6 to 4.5 in all domains, indicating a need for individual site review and possible correction. Agreement with specific domain questions fell more than 25 percent for some adult service programs.



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



## CONSUMER FAMILY MEMBER FOCUS GROUP

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

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

### CONSUMER FAMILY MEMBER FOCUS GROUP ONE

CalEQRO requested a diverse group of adult female consumers who initiated services in the preceding 12 months. The focus group was held virtually at Bryan's House perinatal residential treatment program and included six participants; no language interpreter was needed for this focus group. All consumers participating receive clinical services from the DMC-ODS.

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

Participants described their experience as the following:

Table 25: CFM Focus Group One

Question	Average	Range
1. I easily found the treatment services I needed.	4.7	4-5
2. I got my assessment appointment at a time and date I wanted.	4.7	4-5
3. It did not take long to begin treatment soon after my first appointment.	5.0	5-5
4. I feel comfortable calling my program for help with an urgent problem.	4.7	4-5
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	4.7	4-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	5.0	5-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	4.7	4-5
8. Because of the services I am receiving, I am better able to do things that I want.	4.7	4-5
9. I feel like I can recommend my counselor to friends and family if they need support and help.	5.0	5-5

The perinatal residential program focus group was well attended with six female participants. All had initiated services in the past 12 months and found getting into services easy and timely. While all had been offered MAT services, some noted concern over detoxing “on their own” before receiving services. All were thankful for the services they received at the program including access to mental health care and skill building work on subjects like anger management. Clients noted there is a good after care protocol and are clear on their exit plans. They also noted that having program alumni on site to assist with childcare and encouragement is supportive of their recovery.

Recommendations from focus group participants included:

- Participants would like to see more sober living capacity for mothers with children.
- Client participants stated that a local WM center is needed in the community.

- Clients state that transportation can be an issue given the amount of notice required to utilize the existing service.

## CONSUMER FAMILY MEMBER FOCUS GROUP TWO

CalEQRO requested a diverse group of adult consumers who initiated services in the preceding 12 month. The focus group was held at County of San Luis Obispo Behavioral Health and included four participants who participate in their MAT program; a language interpreter was not needed. All consumers participating receive clinical services from the DMC-ODS.

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

Participants described their experience as the following:

Table 26: CFM Focus Group Two

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

The MAT program focus group had four client participants, three of whom were new to services in the past 12 months. All clients noted that the intake process allowed them to initiate treatment in a timely manner. They reported however that because there are no local WM facilities, some of them had to “detox at home.” One client participant noted

that they eventually came into MAT services though they had tried to secure residential care several times. All clients noted that they were unclear of the step-down process and at least one expressed fear of being homeless because he had been asked to leave a RR and has nowhere else to go.

Recommendations from focus group participants included:

- Transportation should be improved. Some clients must report quickly for a random drug test finding the use of this service problematic because they need to schedule rides days ahead of time.
- Clients are aware of new WM site but state that additional capacity and services in more than one location of the county would be helpful.
- Participants say that it would be helpful if more RR would take clients who are on MAT.

## IMPACT OF FINDINGS

Both of the focus groups were well attended, and clients were open to discussing their experiences with CalEQRO. All programs received praise for staff and clinicians who are assigned to the individual participants in the focus groups. It was clear there is concern from clients in the programs regarding having to self-detoxify “at home.” Both groups noted there are known capacity issues for sober living and at the time of this report, no local WM program. Overall client survey ratings are strong with both groups noting that because of services they are better able to do things they want. In discussion with CalEQRO, the clients in the MAT program noted that step down or exit planning is something they have not been involved with. Participants took the opportunity to provide program recommendations as noted above.

- Clients found the use of alumni to provide supports in their recovery a strength.
- Access was generally deemed easy and occurred in a timely and convenient fashion for most focus group participants.
- Transportation can be difficult for clients to use when they are required to come in for a random drug test.
- Clients reported having to go through drug withdrawal on their own and “at home” as there is no access to a local residential WM program.
- Clients in both the focus groups note that transitional housing or sober living beds are in short supply and that some sites do not take clients with children or on MAT.

## CONCLUSIONS

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

## STRENGTHS

1. San Luis Obispo is expanding its service capacity in the Paso Robles area, a major growth area. The new clinic and campus will also include physical, public, and mental health along with social services. Clients who currently need to travel to Atascadero will be able to get their services closer to home.
2. Of the Medi-Cal eligible population San Luis Obispo has high penetration rates of Latino/Hispanic at 1.41 percent compared to statewide at 0.69 percent, African American at 4.11 percent well over state rate of 1.34 percent and Native American at 2.81 percent, compared to 1.84 percent across the state.
3. San Luis Obispo has reported that 119 of its 166 clients, or 71.6 percent of those discharged from residential, have received timely follow-up services within seven days demonstrating high level of discharge planning and coordination of care across its service continuum.
4. San Luis Obispo has long embraced the use of MAT and that acceptance exists amongst the SUD system's key referral sources. MAT service utilization is strong, well above the statewide average and they benefit from in-house expertise that exists within the county-operated non-methadone MAT programs along with use of contracted NTP/OTP programs who provide primarily methadone.

## OPPORTUNITIES FOR IMPROVEMENT

1. The current definitional guidelines for Urgent appointments or the identifying and tracking of these requests, resulted in just four clients over a 12-month period who met the standard, very low for a medium-sized county, and should be corrected to better reflect the presentation of clients in need.
2. San Luis Obispo has been trying to address workforce issues by conducting both an in-house and county level salary review, accelerated recruitment and hiring to address staff retention issues. These efforts should continue as staff expressed concerns due to the ongoing effect on morale due to increased caseloads and job responsibilities as they fill in areas impacted by vacancies.
3. Congruence of LOC referrals with clinical ASAM rather low for initial screening at 64.5 percent and initial assessment at 70.4 percent, with data indicating that patient preference, clinical judgment, and other account for the difference. San Luis Obispo

should continue to monitor, identify and address factors that result in clients not accessing a LOC consistent with ASAM.

4. CalOMS admission data indicates that 869 of 943 or 92 percent of incoming clients are criminal justice involved, indicating more community outreach is needed in that few non justice system involved beneficiaries in the community are accessing the SUD care they likely need.
5. Power BI has been piloted for dashboard creation but has not yet been utilized throughout the system for decision-making at different levels of staff. This data visualization tool can be disseminated to clinical supervisors, managers, and leadership to include key metrics, indicators, and outcomes to understand the system and identify opportunities for continuous quality improvement.

## 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 continuous quality improvement efforts and ultimately to improve beneficiary outcomes:

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.
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.
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 outpatient, triple the statewide rate of 33.1 percent likely due to minimal local options for that LOC.
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.
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 quality improvement efforts.

## **ATTACHMENTS**

ATTACHMENT A: CalEQRO Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: Additional Performance Measure Data

ATTACHMENT E: County Highlights

## ATTACHMENT A: CALEQRO REVIEW AGENDA

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

Table A1: CalEQRO Review Sessions – San Luis Obispo DMC-ODS

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



## ATTACHMENT B: REVIEW PARTICIPANTS

### **CalEQRO Reviewers**

Patrick Zarate, Lead Reviewer  
Melissa Martin-Mollard, Lead Information Systems Reviewer  
Joel Chain, Information Systems Reviewer  
Laura Bemis, Client/Family Member Consultant  
Jon Santoyo, Client/Family Member Consultant (Observer)

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

Sites for San Luis Obispo's DMC-ODS Review

### **DMC-ODS Sites**

County of San Luis Obispo Behavioral Health Department,  
Drug and Alcohol Services  
2180 Johnson Avenue  
San Luis Obispo, CA 93401

### **Contract Provider Sites**

Bryan's House Perinatal Residential Treatment  
Sandy Wortley 2000 Traffic Way  
Atascadero, CA 9342

All sessions were held via video conference.

Table B1: Participants Representing the DMC-ODS

LAST NAME	FIRST NAME	POSITION	AGENCY
Adoptante	Dana	Health Information Tech II	San Luis Obispo Behavioral Health Department, Drug and Alcohol Services (SLOBHD DAS)
Aguilar	David	Probation Officer	SLO Probation Post Release Community Supervision (PRCS)
Atencio	Danielle	BH Clinician	SLOBHD DAS
Axelrod	Michael	BH Specialist	SLOBHD
Bailey	Kathy	Admin Services Officer	SLOBHD QST/DAS
Barnett	Cyndi	Clinical Director	Family Care Network Inc.
Bolster-White	Jill	Executive Director	Transitions Mental Health Association
Cantu	Humberto	BH Clinician	SLOBHD DAS
Christensen	Jaime	BH Clinician	SLOBHD DAS
Curry	Else Mai	BH Program Supervisor	SLOBHD DUI
Davis	David	BH Specialist	SLOBHD DAS Adult Drug Court (ADC)
Dolezal	Katie	MH Nurse Practitioner	SLOBHD DAS
Drown	Jennifer	Assistant Director	Aegis Treatment Center
Elliott	Jeff	BH Clinician	SLOBHD QST/MH
Epps	Sara	Admin Services Officer	SLOBHD QST/MH
Feliciano	Katrina	Admin Services Officer	SLOBHD DAS
Getten	Amanda	Division Manager	SLOBHD QST

LAST NAME	FIRST NAME	POSITION	AGENCY
Graber	Starlene	Division Manager	SLOBHD DAS
Grover	Amelia	Social Work supervisor	Dignity Health
Guajardo	Jessica	Psychiatric Nurse Coordinator	Community Health Center of the Central Coast (CHCCC)
Guest	Clark	BH Program Supervisor	SLOBHD DAS
Heintz	Molly	Admin Services Officer	SLOBHD
Hinton-Railsback	Jene	BH Specialist	SLOBHD DUI
Ilano	M. Daisy	Medical Director	SLOBHD
Jambor	Nancy	BH Clinician	SLOBHD DAS
Johnson	Barry	Division Director	Transitions Mental Health Association
Kuester	Erin	IT Manager	SLOBHD
Kurtzmann	Joseph	Behavioral Health Board Representative	San Luis Obispo
Limon	Enrique	Accountant II	SLO Health Agency
Madden	April	BH Specialist	SLOBHD DAS
Manning	Catherine	Department Administrator	SLO Health Agency
McAllister	Alicia	Program Supervisor	Bryan's House
Mendez	Lisa	Accountant III	SLOBHD MH
Meyer	Kelly	BH Specialist	SLOBHD Jail
Michels	Dave	Program Manager II	SLO Health Agency
Mortensen	Jenna	BH Specialist	SLOBHD DAS
Mott	Kimberly	BH Program Supervisor	SLOBHD
Nibbio	Jon	Chief Operating Officer & Director of Clinical Services	Family Care Network Inc.

LAST NAME	FIRST NAME	POSITION	AGENCY
Paramore	Kristina	BH Program Supervisor	SLOBHD DAS
Pemberton	Teresa	Division Manager	SLOBHD Justice
Perez	Irma	Program Manager	SLOBHD DAS
Peters	Josh	BH Program Supervisor	SLOBHD
Price	Josie	Admin Services Officer	SLOBHD DAS
Pyper	Amanda	Manager, Behavioral Health Coordination	Cencal
Redman	Byrekka	Administrative Asst III	SLOBHD DAS
Reyes	Karen	Administrative Asst III	SLOBHD Managed Care
Rhoads	Jennifer	BH Specialist III	SLOBHD DAS
Rietjens	Jill	Division Manager	SLOBHD
Righetti	Tricia	BH Clinician	SLOBHD DAS
Robella	Tina	Accountant III	SLOBHD DAS
Robin	Anne	Administrator	SLO Health Agency
Schmidt	Julianne	BH Clinician	SLOBHD QST/DAS
Serrano	Magdalena	Director of BH	Community Health Centers
Shelton	Kiana	BH Program Supervisor	SLOBHD Managed Care
Shinglot	Jalpa	Accountant III	SLOBHD MHSA
Smith	Mykayla	BH Clinician	SLOBHD Managed Care
Soto	Isidro	Probation Officer	SLO Probation
Trigueros	Amber	BH Clinician	SLOBHD DAS
Vann	Melanie	BH Clinician	SLOBHD DAS AB109
Veloz-Passalacqua	Nestor	Program Manager	SLO Health Agency (HA) Public Health

LAST NAME	FIRST NAME	POSITION	AGENCY
Vick	Judy	Division Manager	SLOBHD
Warren	Frank	Division Manager	SLOBHD MHSA
White	Jeffrey	BH Specialist	SLOBHD DAS
Woodbury	Josh	BH Program Supervisor	SLOBHD Justice
Woodward	Jennifer	BH Clinician	SLOBHD DAS
Yates	Jessica	Business Analyst	Sheriff Coroner/Stepping Up

## ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

### Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> High confidence <input checked="" type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence	<p>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. The PIP has now been expanded as San Luis Obispo continues its effort related to discharge planning, standardized relapse interventions and associated client engagement and retention activities.</p>
<b>General PIP Information</b>	
DMC-ODS Name: San Luis Obispo	
PIP Title: Individual Services to Improve Client Retention	
<p><b>PIP Aim Statement:</b></p> <p>a. 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?</p> <p>b. Will increased retention result in an increased number of planned, successful discharges from treatment?</p>	
<p><b>Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)</b></p> <p><input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)</p> <p><input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)</p> <p><input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)</p>	
<p><b>Target age group (check one):</b></p> <p><input type="checkbox"/> Children only (ages 0–17)*      <input checked="" type="checkbox"/> Adults only (age 18 and over)      <input type="checkbox"/> Both adults and children</p> <p>*If PIP uses different age threshold for children, specify age range here:</p>	

**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 10/1/19 (start date of interventions) to 12/31/20. The Grover Beach Clinic was chosen because it is a good representative sample of the County as well as the clientele across all 5 Drug & Alcohol 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)

1. Individual counseling session following a relapse 2. 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 1-2 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

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
<b>CalOMS Data:</b> Reduced Administrative Discharges, (Reduced Number of Clients that Leave Without Notice)	CY2017 (provided by EQRO)	59.3% Administrative Discharges	<input type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available  FY19-20	66/143 = 46.15% (Internal CalOMS Data)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify): Improved from 59.3% to 46.15%. -5.65% improvement from previous FY.

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
<b>Close Reason Data:</b> Increased Standard Planned Discharges (Complete Not Referred, Complete Referred, Sufficient Progress Quit, Not Referred, Sufficient Progress Quit Referred). Planned Discharges (Close reasons 1, 2, 3, 5)	FY18-19	165/309 = 53.4 percent	<input type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available  FY20-21	49/75 = 65.3 percent	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):  +11.9 percent
<b>Close Reason Data:</b> Increased Completed or Sufficient Progress. Successful Discharges (Close reasons 1, 2, 3, 4).	FY 18-19	171/309 = 55.3 percent	<input type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available  FY20-21	34/75 = 45.3 percent	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):  -10 percent

**PIP Validation Information**

**Was the PIP validated?**  Yes  No

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



**Validation phase (check all that apply):**

- PIP submitted for approval       Planning phase       Implementation phase       Baseline year  
 First remeasurement       Second remeasurement       Other (specify):

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.

Concur with San Luis Obispo’s hypothesis that the impacts of COVID-19 may have impacted admission and discharge trends in a way that influenced data, but active interventions by staff correlate with some favorable results. Data indicates that while there has been an increase/improvement in the percentage of Planned Discharges, the percentage rate of “Successful Discharges” has remained relatively flat and unchanged.

**EQRO recommendations for improvement of PIP:**

Continued use of new protocols and interventions is suggested.

***Non-Clinical PIP***

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

<b>PIP Validation Rating (check one box)</b>	<b>Comments</b>
<input type="checkbox"/> →High confidence <input type="checkbox"/> →Moderate confidence <input checked="" type="checkbox"/> →Low confidence	The DMC-ODS’s non-clinical PIP is in the implementation phase with interventions scheduled to begin October 2021.

<input type="checkbox"/> →No confidence
<b>General PIP Information</b>
<b>DMC-ODS Name: San Luis Obispo</b>
<b>PIP Title: Health Integration</b>
<b>PIP Aim Statement:</b> <b>Will implementing a standard procedure for documenting and tracking health care recommendations in our EHR result in an increase in the rate clients receive recommended physical health care services and improve the coordination of care between San Luis Obispo and primary care physicians (PCP)?</b>
<b>Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)</b> <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
<b>Target age group (check one):</b> <input type="checkbox"/> Children only (ages 0–17)* <input checked="" type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:
<b>Target population description, such as specific diagnosis (please specify):</b>  The target population includes all adults receiving an initial screening service at a clinic during the study period.
<b>Improvement Strategies or Interventions (Changes in the PIP)</b>
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.Complete the health questionnaire as part of the initial screening process. 2.When health recommendations are made, the client will include the health goals into their treatment plan. 3.When health recommendations are made, the client will make efforts and ask for CM assistance when needed, to see their primary health care provider.

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

Provide case management support to assist the client in receiving any recommended care.

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)

1.Utilize the “BH Health Quest Review Rec” assessment in the EHR to track SLOBHD MD recommendations, conversations with clients about recommendations, requests for documentation and/or referrals for physical health care. 2. Include physical health care goals on client care plans as appropriate to ensure case management services are offered and provided to assist clients in meeting these treatment goals.

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
The use of the BH Health Quest Review Rec assessment in our EHR	2021	TBD	<input checked="" type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available	n/a	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

### PIP Validation Information

**Was the PIP validated?**  Yes  No

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

**Validation phase (check all that apply):**

- PIP submitted for approval     
  Planning phase     
  Implementation phase     
  Baseline year  
 First remeasurement     
  Second remeasurement     
  Other (specify):

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.

San Luis Obispo is in the process for gathering health care records and are working to develop the necessary medical records staff procedures for gathering and sharing this information, and interventions are set to start now that the the initial PIP plan is improved and revised per input from CalEQRO prior to this review.

**EQRO recommendations for improvement of PIP:**

- Finalize workflows and protocols, continue the implementation, and secure data, tracking and analysis for this PIP
- and its associated interventions.

## ATTACHMENT D: ADDITIONAL PERFORMANCE MEASURE DATA

Table D1: CalOMS Living Status at Admission, CY 2020

Admission Living Status	San Luis Obispo		Statewide	
	#	%	#	%
Homeless	159	16.9%	21,737	27.9%
Dependent Living	67	7.1%	19,900	25.5%
Independent Living	717	76.0%	36,372	46.6%
<b>TOTAL</b>	<b>943</b>	<b>100.0%</b>	<b>78,009</b>	<b>100.0%</b>

Table D2: CalOMS Legal Status at Admission, CY 2020

Admission Legal Status	San Luis Obispo		Statewide	
	#	%	#	%
No Criminal Justice Involvement	365	38.7%	49,154	63.0%
Under Parole Supervision by CDCR	4	0.4%	1,676	2.1%
On Parole from any other jurisdiction	8	0.8%	1,023	1.3%
Post release supervision - AB 109	492	52.2%	21,128	27.1%
Court Diversion CA Penal Code 1000	32	3.4%	1,122	1.4%
Incarcerated	1	0.1%	384	0.5%
Awaiting Trial	41	4.3%	3,496	4.5%
<b>TOTAL</b>	<b>943</b>	<b>100.0%</b>	<b>77,983</b>	<b>100.0%</b>

Table D3: CalOMS Employment Status at Admission, CY 2020

Current Employment Status	San Luis Obispo		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	118	12.5%	8,939	11.8%
Employed Part Time - Less than 35 hours	112	11.9%	5,819	7.8%
Unemployed - Looking for work	432	45.8%	23,736	29.7%
Unemployed - not in the labor force and not seeking	281	29.8%	39,515	50.6%
<b>TOTAL</b>	<b>943</b>	<b>100.0%</b>	<b>78,009</b>	<b>100.0%</b>

Table D4: CalOMS Types of Discharges, CY 2020

Discharge Types	San Luis Obispo		Statewide	
	#	%	#	%
Standard Adult Discharges	394	43.2%	33,835	45.5%
Administrative Adult Discharges	486	53.4%	31,361	42.2%
Detox Discharges	0	0.0%	7,879	10.6%
Youth Discharges	30	3.3%	1,297	1.7%
<b>TOTAL</b>	<b>910</b>	<b>100.0%</b>	<b>74,372</b>	<b>100.0%</b>

## ATTACHMENT E: COUNTY HIGHLIGHTS

San Luis Obispo actively participates in the SLO Opioid Safety Coalition which has several initiatives including raising awareness pertaining to local realities and solutions specific to the drug overdose epidemic. In August 2021, in partnership with the Coalition and SLO Overdose Awareness project, they participated in a community event to mark International Overdose Awareness Day. The event included a resource fair, free Narcan (nasal spray antidote) overdose reversal trainings, and a memorial candle-light ceremony.

*A time for remembrance & learning*

### SLO OVERDOSE AWARENESS EVENT





# #END OVERDOSE

**AUGUST 31, 2021 5:30 - 7:00 PM**

**Mitchell Park, Downtown SLO**

- **Resource Fair** – Find out about a wealth of community resources.
- **FREE naloxone (Narcan) trainings** – Learn how to easily administer a fast-acting remedy for an opioid overdose
- **Candle-lighting ceremony**, hosted by Hospice SLO County, to remember our loved ones.

**All are welcome! Sponsored by:**

 <p><b>International Overdose Awareness Day</b> <small>remembrance and awareness</small></p>	 <p>COUNTY OF SAN LUIS OBISPO</p>	 <p>SLO OPIOID SAFETY COALITION</p>	 <p><b>HOSPICE SLO COUNTY</b> <small>A Volunteer Hospice</small></p>
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**Help end the stigma!**

Information: [sloevent@yahoo.com](mailto:sloevent@yahoo.com)

The San Luis Obispo CCP publishes a quarterly newsletter for county staff and contract providers to bring forward information on a variety of topics that involve culture and behavioral health. Recent articles have included depression screening in health care, behavioral health equity, what is addiction and associated warning signs, suicide prevention, minority mental health issues, things to know about domestic violence, behavioral health and access issues for the LGBTQ community, racial health equity issues, etc. Each volume is over 30 pages and details resources, data and current issues that may tie into the discussion including vaccine hesitancy and social justice issues. CalEQRO notes this is as a very helpful resource for a system of care that seeks to be inclusive and informed.

