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FY 2022-23
MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

CONTRA COSTA FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

September 13-15, 2022

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EXECUTIVE SUMMARY

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

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — September 13-15, 2022

DMC-ODS Size — Large

DMC-ODS Region — Bay Area

SUMMARY OF FINDINGS

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

Table A: Summary of Response to Recommendations

# of FY 2021-22 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
7	5	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	2	2	0
Timeliness of Care	6	1	5	0
Quality of Care	8	5	2	1
Information Systems (IS)	6	3	1	2
TOTAL	**24**	**11**	**10**	**3**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improve the re-admission rate to Residential Withdraw Management Program (RWMP) within 30 days of discharge and improve enrollment rate to SUD treatment, immediately following RWMP	Clinical	March 2022	PIP submitted for Approval Planning Phase	Moderate Confidence
Provider Education for Medication Assisted Treatment (MAT) use in Alcohol Use Disorder	Non-Clinical	March 2021	First Remeasurement Phase	High Confidence

Table D: Summary of Consumer/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	Adult Outpatient	7
2	Residential-Men's Latinx	6

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Strong partnership with contract providers is evident by levels of communication and inclusion. New efforts include planning and communication with providers on the anticipated Electronic Health Record (EHR) implementation.
- Contra Costa has set a goal to achieve a Treatment Perception Survey (TPS) participation rate of 80 percent. Both TPS ratings and CalOMS outcome data show positive results in SUD programs in a variety of domains.
- The majority of clients receiving services were in NTP/OTP (30.50 percent). This reflects a higher service rate in NTP/OTP services than the statewide average (26.8 percent) and indicates high levels of access and a strong use of MAT as a best practice.
- Contra Costa has very strong collaboration allied partners with the local emergency departments, FQHC clinics, public health, schools, courts, probation, jail, which has led to high levels of client care coordination with DMC-ODS contract providers. They routinely host several meetings with other

agencies, town hall meeting, receiving feedback and providing input for system adjustments to improve beneficiary access.

- CalOMS data indicates that clients had a positive discharge status of 76.5 percent, well above the statewide average of just 50.1 percent.

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

- Lack of data pertaining to congruence of with ASAM findings and level of care placement within its initial assessment and follow up assessment workflows.
- The DMC-ODS is implementing a new EHR and has not yet fully engaged partners in the implementation process.
- Providers they do not receive regular reports on quality metrics or outcomes from the DMC-ODS.
- There is a lack of formal collaboration with allied services such as the schools, juvenile justice, child welfare, and perinatal drug court which has limited referrals for youth and women that may need these services.
- Follow through with plans to review electronic interface options with contract providers to mitigate the latter's inefficiency of entering service transactions in their own information systems and ShareCare.

Recommendations for improvement based upon this review include:

- Contra Costa should continue to take meaningful steps to address its lack of a system wide EHR, provide more opportunity to ensure information system and data are accessible by providers and prioritize efforts in data collection for timeliness and access to services, reporting, and aggregated assessment of quality and outcomes.
- Develop a plan and timeline to develop an EHR for the DMC-ODS program inclusive of contract agencies.
- Expand Recovery Support services (RSS) to all level of care and to facilitated enhanced client care coordination, working with DHCS to optimize billing options. Strong consideration should be given towards introducing a peer support service model in RSS.
- The DMC-ODS should improve access to youth services and perinatal services by formally engaging existing and new partnerships with allied social and juvenile service agencies and enhance youth and perinatal service delivery by establishing clear protocols for case management, care coordination and other support services.
- Increase monitoring on recovery residences and focus on quality, support, and coordination of care.

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

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

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

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

This report presents the FY 2022-23 findings of the EQR for Contra Costa DMC-ODS by BHC, conducted as virtual review on September 13–15, 2022.

REVIEW METHODOLOGY

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

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

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

Findings in this report include:

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

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

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

DMC-ODS CHANGES AND INITIATIVES

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

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

This review took place during/after the Coronavirus Disease 2019 (COVID-19) pandemic. The DMC-ODS reports a financial impact due to COVID-19 with limited capacity, lower service levels and a subsequent impact on its DMC-ODS billing claims. Contra Costa reported workforce challenges with a limited pool of counselors and the closure of an outpatient program, Center Point. 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.

- Contra Costa is participating in the California Mental Health Services Authority (CalMHSA) semi-statewide EHR initiative, with plans to implement an information system that will address requirements under the DMC-ODS requirements beginning July 2023.
- The DMC-ODS is addressing health disparities by contracting with Nuevos Comienzos 2021 to provide services for Spanish speaking beneficiaries.
- Contra Costa will be a pilot county for Contingency Management Program in its effort to introduce best practices and address methamphetamine addiction amongst beneficiaries.
- Contra Costa developed the Crossroads Project in tandem with a Residential Substance Abuse treatment (RSAT) grant from the Board of Corrections, which will serve the West County jail and Martinez Detention Facility. The project will have fully integrated services with medical and behavioral health staff, along with school partners.

RESPONSE TO FY 2021-22 RECOMMENDATIONS

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

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the county has either:

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

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

Recommendations from FY 2021-22

Recommendation 1: It is recommended that outpatient services and recovery services be evaluated related to capacity and demand to consider current and future needs and incorporate them into an updated QI plan and continuum of care for FY 2022-23.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Contra Costa provided multiple listening sessions with providers, held at least three work sessions with SUD providers to coordinate expansion of and clarify the workflows on the delivery of Recovery Support services (RSS).
- The DMC-ODS reviewed workloads and its desire to improve care and associated documentation resulting in a lowered target productivity from 80 percent to 60 percent through amended provider contracts. This was decision was also based on a review of other county standards on productivity.
- Contra Costa reports that a Request for Proposals (RFP) was issued to increase outpatient capacity, but no applicants were received. Contra Costa contracted with a new treatment provider for recovery services which will begin services in October 2022.

Recommendation 2: Contra Costa should continue its multi-pronged approach to expanding Latino and youth services access with the Latino Commission, with La Familia, support of current bilingual staff, the addition of supported bilingual groups, tracking bilingual Access requests, supporting the New Beginnings (Nuevos Comienzos) program at the Family Justice Center, and expanded use of bilingual peers.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Contra Costa developed a new structure to facilitate referrals by reducing system barriers, build and increase cultural competence capacity. Developed the new formed an SUD Staff Latino workgroup, initiated a strategic workplan, increased the number of Spanish-speaking staff. They have also contracted with a new provider La Familia in Concord and Richmond and established Nuevos Comienzos for Outpatient Services that target the Hispanic/Latino population.
- Contra Costa also advocated for a Latino behavioral health mobile response team and is currently recruiting for staff. They have secured funding through Juvenile Probation and applied for a Prop 64 grant.
- The DMC-ODS is actively involved in a redesign of the Integrated Adolescent Treatment program using Center for Recovery and Empowerment (CORE), funded by Mental Health Services Act (MHSA) along with dual licensure.

Recommendation 3: Implement expanded communication and planning activities with contract providers. Contra Costa can work on shared problems areas, expected computer system changes, clarify areas of misinformation such that they understand the many changes are state driven, not generated by Contra Costa, and prepare for CalAIM in partnership with their network providers. These efforts will provide new opportunities to improve the care system.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Contra Costa has expanded communication with a formal invitation of provider feedback and participation in the newly created Ad Hoc Documentation Committee as well as a steering committee made up of county executive management staff and community provider directors.
- DMC-ODS has selected a new EHR and has a contracted project lead that has communicated updates, conducted a survey on EHR readiness, and coordinated with each provider in advance of future implementation workgroups.

Recommendation 4: For measurement of outcomes and quality, expand Latino and youth participation in TPS. Also, consider ways to reduce administrative discharges in CalOMS, which compromises the validity of the data overall. These efforts will improve the usefulness of both these tools in evaluating quality and outcomes related to SUD systems.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- Contra Costa added the 80 percent participation rate requirement from all their contract providers to increase effort for TPS survey.
- The DMC-ODS has a newly hired youth program manager to monitor and expand youth services and they have initiated work with youth SUD providers to

increase their TPS participation rate. Contra Costa also plans to link Nuevos Comienzos to DMC-ODS services location in late 2022.

Recommendation 5: Improve timeliness data collection to be as automated as possible so that feedback to providers and QI is timely and relevant to take action upon. If possible, eliminate manual data entry of the timeliness data coming in from contractors.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The DMC-ODS has selected a new EHR and has a contracted project lead to coordinate with contracted providers. The contract for the EHR implementation is still pending execution.
- The current timeliness data collection process has not changed since the last review and requires manual data entry and the reliance of providers completing paper forms and returning them to the county for inclusion in the data set. The DMC-ODS anticipates the new EHR will have functionality to capture timeliness data through the system.

Recommendation 6: Make MAT documentation available at all service sites through the MAT expansion program in Spanish and English and require programs to share with new admissions with primary opioid or alcohol use disorders who may benefit. www.californiamat.org/toolkit_resource

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Contra Costa provided tool kits and flyers from California MAT Expansion Project materials and was delivered to all SUD providers. Provider training and support related to MAT services and availability.
- Contra Costa advised CalEQRO that it had pulled education materials and dissemination tool kits and flyers from California MAT Expansion Project as a resource. These materials and were in turn delivered to all the DMC-ODS providers along with encouragement and protocols regarding their use. Utilization of these materials are now part of the DMC-ODS' routine quality checks when monitoring programs.
- The DMC-ODS developed a PIP that focuses on the use of MAT for alcohol. Interventions include training of program staff on the benefits of MAT for alcohol use disorders (AUD) along with screening, identification, engagement and tracking of participants in this project.
- The DMC-ODS notes that ongoing provider training and support related to MAT services and its availability/benefits is available.

Recommendation 7: Youth SUD assessment and treatment could be expanded county-wide in coordination with Mental Health, including in Juvenile Hall, to prevent further substance use and recidivism.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Contra Costa collaborated with juvenile probation to include three SUD counselors in the juvenile hall. They are coordinating with La Familia, Center for Recovery and Empowerment (CORE) project for youth services. The DMC-ODS has embedded SUD counselors in three Children's Mental Health clinics. They have also increased collaboration with continuing education schools and local high school campuses through La Familia. Finally, they have expanded prevention and treatment efforts in the East County (Antioch).

ACCESS TO CARE

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

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

ACCESSING SERVICES FROM THE DMC-ODS

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 3 percent of services were delivered by county-operated/staffed clinics and sites, and 97 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 98.5 percent of services provided were 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/contract provider staff; beneficiaries may request services through the Access Line as well as through the following system entry points: directly with NTP and Withdrawal Management (WM) providers. The DMC-ODS operates a centralized access team that is responsible for linking beneficiaries to appropriate, medically necessary services.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services via video/phone to youth and adults. In FY 2021-22, the DMC-ODS reports having provided telehealth services to 3,047 adult beneficiaries, 118 youth beneficiaries, and 258 older adult beneficiaries across seven county-operated sites and 27 contractor-operated sites. Among those served, 283 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

An adequate network of providers is necessary in order for beneficiaries to receive the medically necessary services most appropriate to their needs. CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, California further specifies NA implementation requirements in WIC Section 14197. The legislation and related DHCS policies and Behavioral Health Information Notices (BHINs) assign responsibility to the EQRO for review and validation of specific data collected and processed by DHCS related to NA.

In November 2021, DHCS issued its FY 2021-22 Network Adequacy Findings Report for Contra Costa DMC-ODS based upon its review and analysis of the DMC-ODS' Network Adequacy Certification Tool (NACT) and supporting documentation, as per federal requirements outlined in the Annual BHIN. The results are summarized in Table 1A.

For Contra Costa County, the time and distance requirements are 15 miles and 30 minutes for outpatient SUD services, and 15 miles and 30 minutes for Narcotic Treatment Program/ Opioid Treatment Program (NTP/OTP) services. These services are further measured in relation to two age groups – youth (0-17) and adults (18 and over).

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

Alternative Access Standards				
The DMC-ODS was required to submit an AAS request due to time and distance requirements	☒ Yes ☐ No			
AAS Details	**Opioid Treatment**		**Outpatient SUD Services**	
	Adults (ages 18+)	Youth (ages 0-17)	Adults (ages 18+)	Youth (ages 0-17)
# of zip codes outside of the time and distance standards that required AAS request	0	20	0	0
# of allowable exceptions for the appointment time standard, if known (timeliness is addressed later in this report)	0	20	0	0
Distance and driving time between nearest network provider and zip code of the beneficiary furthest from that provider for AAS requests	N/A	94514: 32 miles 52 minutes	N/A	N/A
Approximate number of beneficiaries impacted by AAS or allowable exceptions	0	34,851	0	0
The number of AAS requests approved and related zip code(s)	N/A	20 *	N/A	N/A
Reasons cited for approval	N/A	**	N/A	N/A
The number of AAS requests denied and related zip code(s)	N/A	0	N/A	N/A
Reasons cited for denial	N/A	N/A	N/A	N/A

*94806, 94801, 94804, 94531, 94513, 94561, 94509, 94805, 94530, 94505, 94803, 94514, 94564, 94548, 94707, 94708, 94511, 94517, 94551, 94549

** In network youth NTP provider is closer than alternatives that are out of county. Both BAART and AEGIS continue to choose not to include youth in their contract with Contra Costa County when offered due to liability concerns.

The DMC-ODS engaged in the following improvement activities to improve access to services for beneficiaries living within AAS areas:

- The DMC-ODS currently working with a new provider Recover to offer youth NTP/OTP via telehealth. They are continuing to discuss with BAART (an existing provider) if they are willing to render youth NTP/OTP services. There is also continuing to attempts being made to contract with a provider in Berkley.

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

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	☒ Yes ☐ No
OON Details	
Contracts with OON Providers	
Does the DMC-ODS have existing contracts with OON providers?	☒ Yes ☐ No

ACCESS KEY COMPONENTS

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

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

Table 2: Access Key Components

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

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

- The DMC-ODS has continued its efforts to promote delivery of services in a culturally competent manner to all clients including those underserved populations with limited English proficiency. In addition to mandating staff participation in health equity and diversity training, strategic efforts and program additions indicate this is a department priority.
- Contra Costa has a robust Coordination of Care team which it utilizes to improve client access with its system treatment providers.
- While the DMC-ODS utilizes ShareCare for coordination of provider claims data, there is currently no clinical EHR in place to allow provider access and the system's reporting limits significantly restricts Contra Costa from obtaining full-service utilization or outcome data to assess, implement or monitor the system, provider performance or identify needs of its beneficiaries.
- The current Cultural Humility Plan lacks updated data from which to identify the needs of beneficiaries and allow the DMC-ODS to address those opportunities for improvement more strategically.
- CalEQRO's review of the DMC-ODS webpage noted both current and older material posted for providers including a Provider Directory for 2022, Brochures and Handbook 2018. While CalAIM updates were posted on website along with a "new client" page, interviews with staff and clients indicated awareness is low and needs to be promoted by all providers.

ACCESS PERFORMANCE MEASURES

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

The PR is a measure of the total beneficiaries served based upon the total Medi-Cal eligible. It is calculated by dividing the number of unduplicated beneficiaries served (receiving one or more approved Medi-Cal services) by the monthly average eligible count. The average approved claims per beneficiary (AACB) served per year is calculated by dividing the total annual dollar amount of Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year. Where the median

differs significantly from the average, that information may also be noted throughout this report.

The Statewide PR is 0.85 percent, with an average approved claim amount of $5,821. Using PR as an indicator of access for the DMC-ODS,-the DMC-ODS PR has remained static since the last review period.

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

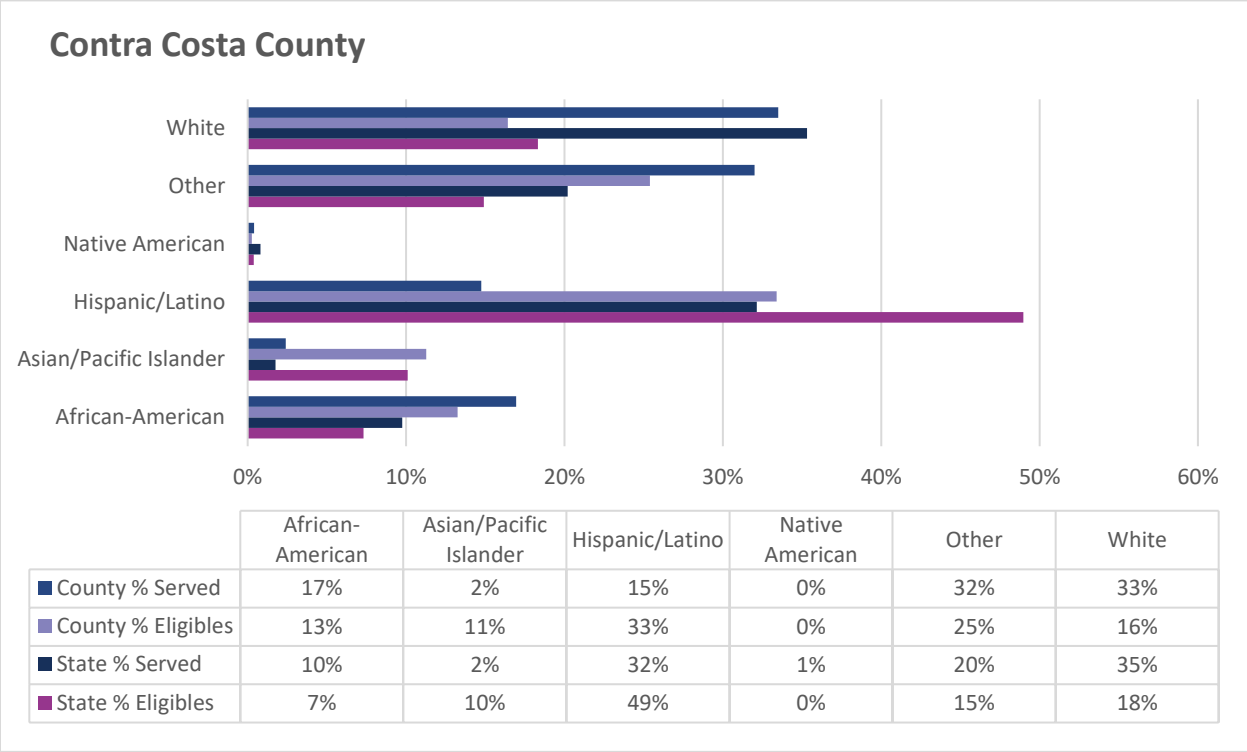
Table 3: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2021

Age Groups	# of Eligibles per Month	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
Ages 0-17	66,966	81	0.12%	0.10%	0.10%
Ages 18-64	155,148	2,283	1.47%	1.43%	1.30%
Ages 65+	44,863	302	0.67%	0.51%	0.43%
TOTAL	**266,977**	**2,666**	**1.00%**	**0.93%**	**0.85%**

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

Race/Ethnicity Groups	# of Eligibles per Month	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
African-American	35,367	452	1.28%	1.18%	1.13%
Asian/Pacific Islander	30,076	≤70	-	0.15%	0.15%
Hispanic/Latino	89,180	393	0.44%	0.58%	0.56%
Native American	700	≤11	-	2.13%	1.75%
Other	67,816	853	1.26%	1.32%	1.15%
White	43,840	893	2.04%	1.84%	1.64%
TOTAL	**266,976**	**2,666**	**1.00%**	**0.93%**	**0.85%**

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



	African-American	Asian/Pacific Islander	Hispanic/Latino	Native American	Other	White
County % Served	17%	2%	15%	0%	32%	33%
County % Eligibles	13%	11%	33%	0%	25%	16%
State % Served	10%	2%	32%	1%	20%	35%
State % Eligibles	7%	10%	49%	0%	15%	18%

- Data provided here indicates that the largest gap between the percentage of eligible beneficiaries accessing services is highest in the Asian/Pacific Islander and Latino/Hispanic and race/ethnicity groups.

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

Eligibility Categories	Eligibles per Month	# of Beneficiaries Served	County PR	Similar Size Counties PR	Statewide PR
ACA	91,745	1,468	1.60%	1.66%	1.55%
Disabled	25,628	587	2.29%	1.74%	1.54%
Family Adult	47,197	550	1.17%	1.15%	1.05%
Foster Care	810	≤11	-	1.25%	1.25%
MCHIP	24,172	≤30	-	0.09%	0.08%
Other Adult	38,186	43	0.11%	0.09%	0.07%
Other Child	42,886	45	0.10%	0.11%	0.10%
Total	**266,976**	**2,666**	**1.00%**	**0.93%**	**0.85%**

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

Eligibility Categories	County AACB	Similar Size AACB	Statewide AACB
ACA	$7,501	$5,493	$5,999
Disabled	$6,461	$5,205	$5,549
Family Adult	$6,276	$4,789	$5,010
Foster Care	$6,873	$2,870	$2,826
MCHIP	$4,377	$3,989	$3,783
Other Adult	$5,312	$4,379	$4,547
Other Child	$3,777	$3,888	$3,460
Total	**$7,070**	**$5,395**	**$5,821**

- ACA is the primary eligibility category for clients served in the DMC-ODS. Disabled and Family Adult are the next most common eligibility categories. The youth eligibility categories have significantly smaller numbers of clients served compared to adult categories, and are similar to the statewide averages.
- Average approved claims results are higher than the statewide average in all eligibility categories.

Table 7: Penetration Rate by Service Category CY 2021

County			Statewide	
Service Categories	**#**	**%**	**#**	**%**
Ambulatory Withdrawal Mgmt	0	0.00%	41	0.03%
Intensive Outpatient	559	15.57%	14,586	9.73%
Narcotic Treatment Program	1,094	30.50%	40,196	26.81%
Non-Methadone MAT	32	0.89%	7,837	5.23%
Outpatient Drug Free	649	18.09%	44,111	29.42%
Partial Hospitalization	0	0.00%	19	0.01%
Recovery Support Services	61	1.70%	5,439	3.63%
Res. Withdrawal Mgmt	448	12.49%	10,869	7.25%
Residential Treatment	745	20.76%	26,859	17.91%
Total	**3,588**	**100.00%**	**149,957**	**100.00%**

- The majority of clients receiving services were in NTP/OTP (30.50 percent). This reflects a higher service rate in NTP/OTP services than the statewide average (26.8 percent). Residential treatment (20.76 percent) Outpatient treatment (18.09 percent) followed as the most prevalent service modalities. At 12.49 percent (compared to 7.25 percent statewide) an elevated utilization of Withdrawal Management (WM) indicates an acute level of need amongst the beneficiary's seeking treatment and responsive of the DMC-ODS in obtaining that higher level of care.

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

Service Categories	County AACB	Similar Size AACB	Statewide AACB
Ambulatory Withdrawal Mgmt	$0	$47	$996
Intensive Outpatient	$4,165	$1,189	$1,630
Narcotic Treatment Program	$3,114	$3,935	$4,271
Non-Methadone MAT	$2,348	$1,340	$1,454
Outpatient Drug Free	$3,129	$2,370	$2,581
Partial Hospitalization	$0	$5,027	$5,027
Recovery Support Services	$1,183	$1,870	$1,761
Res. Withdrawal Mgmt	$1,848	$2,396	$2,438
Residential Treatment	$13,565	$10,433	$10,157
Total	**$7,070**	**$5,395**	**$5,821**

- DMC-ODS experienced a decrease in AAC in NTP and residential treatment services, and an increase in all other modalities since the prior review.

IMPACT OF ACCESS FINDINGS

Contra Costa uses a paper form, EPIC and Sharecare system to monitor the system demands, caseloads, client flow, admission, discharge and annual CalOMS reporting. While the QI teams collect and provide monthly analyses of the data, Contra Costa has no clinical data via its electronic health record and its Access line has some limits on system information and ability to monitor capacity. All provider programs including its residential withdrawal management program collect data via spreadsheets. Up front at the point of entry Contra Costa has not been able to collect data and information of its ASAM LOC assessments and associated congruence with client placements.

Contra Costa has very strong collaboration with their emergency department, FQHC clinics, public health, school, court, probation, jail, coordination with MCP and their CBO's. The DMC-ODS hosts several meetings with other agencies, has system provider town hall meetings, actively solicits receiving feedback and providing changes and updates to enhance its work with other departments and improve beneficiary access.

TIMELINESS OF CARE

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

TIMELINESS KEY COMPONENTS

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

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

Table 9: Timeliness Key Components

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

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

- Contra Costa's clinical PIP was designed to reduce WM readmissions, increase client awareness of the treatment benefits of moving to the next LOC

and reduce untimely delays in facilitating a higher level of enrollments during this transition of care.

- The DMC-ODS' Transition Team, Access Line staff and SUD providers work with beneficiaries through the course of their treatment episode to ensure client transition to residential treatment or to a lower level of care facilitating support activity and follow through to avoid a break of service.
- Contra Costa's current EHR has minimal electronic reporting capacity and cannot track all the required access and timeliness requirements for its services.

TIMELINESS PERFORMANCE MEASURES

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

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

The data collection process for timeliness metrics varies based on the metric. Without a clinical EHR in place, the DMC-ODS relies on the contracted providers to complete paper timely access forms and submit for staff to enter and track using other programs. Due to this current process, there is acknowledgement that the data set is likely incomplete and does not aggregate system-wide data.

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

DMC-ODS-Reported Data

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

Timeliness Measure	Average/Rate	Standard[1]	% That Meet Standard
First Non-Urgent Appointment Offered	7.7 Days	10 Business Days*	79%
First Non-Urgent Service Rendered	15.8 Days	10 Business Days	50%
Non-Urgent MAT Request to First NTP/OTP Appointment	1 Days	3 Business Days*	100%
Urgent Services Offered	*** Hours	48 Hours*	***%
Follow-up Services Post-Residential Treatment	n/a	7 Days	13.5%
WM Readmission Rates Within 30 Days	8.5%	n/a	n/a
No-Shows	29.3%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** DMC-ODS-defined timeliness standards ***DMC-ODSs did not report data for this measure			
For the FY 2022-23 EQR, the DMC-ODS reported its performance for the following time period: FY 2021-22			

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

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

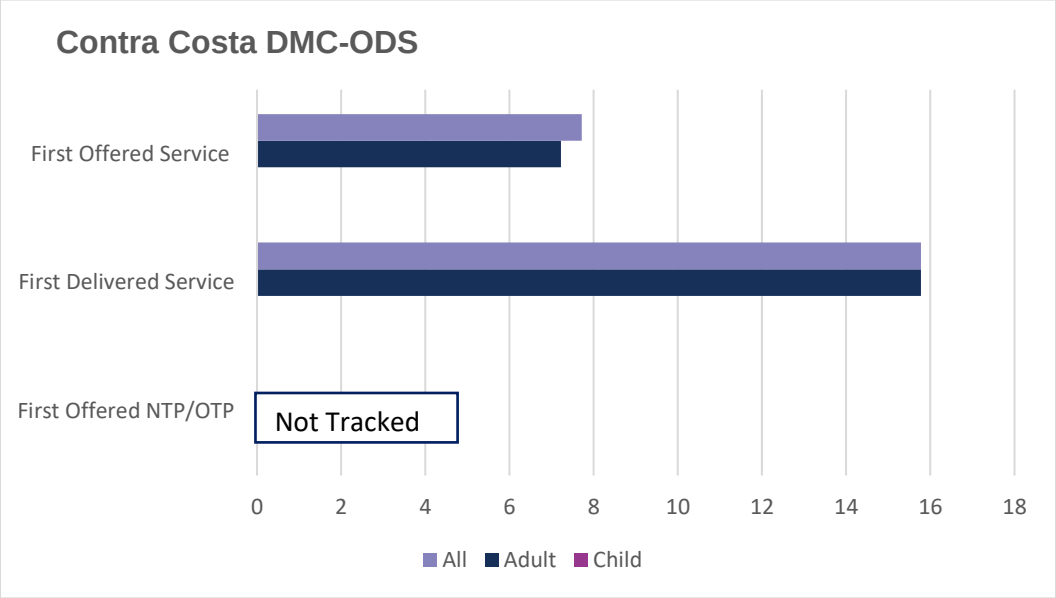
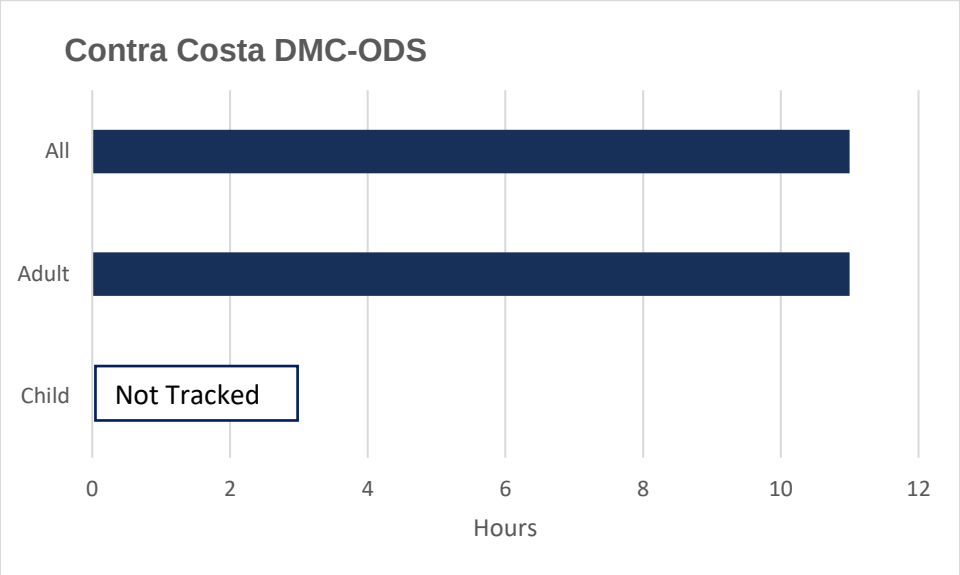
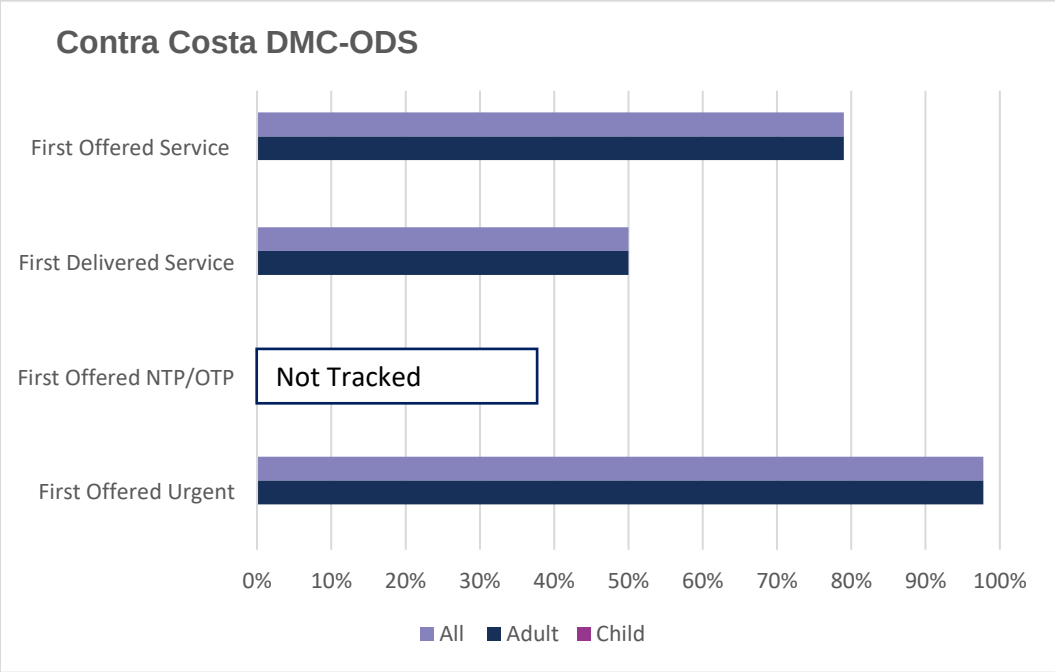


Figure 3: Wait Times for Urgent Services



- The DMC-ODS defines urgent services as withdrawal management. Measurement based on the DMC standard is exactly comparable, as the metric is measured by the DMC-ODS in days, not hours.

Figure 4: Percent of Services that Met Timeliness Standards



- All timeliness measures were reported by the DMC-ODS for contracted services only, with the exception of residential treatment which was measured across the entire system of care.

Medi-Cal Claims Data

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

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

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

County				Statewide		
Age Groups	**Clients**	**%**	**Avg. Days**	**Clients**	**%**	**Avg. Days**
0 to 17	≤11	-	-	≤11	-	-
18 to 64	853	79.87%	2.21	33,162	84.03%	3.41
65+	≤220	-	0.00	6,292	15.94%	0.41
TOTAL	**1,068**	**100.00%**	**1.76**	**39,464**	**100.00%**	**2.94**

- On average, clients in the DMC receive their first dose of methadone in 1.76 days which is 40 percent less than the statewide average.

Transitions in Care

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

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

County	N= 1,431		Statewide N=	58,923
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	107	7.48%	5,740	9.74%
Within 14 Days	185	12.93%	7,610	12.92%
Within 30 Days	277	19.36%	9,214	15.64%

- The DMC-ODS discharged 1,431 clients from residential treatment. Of those, 7.48 percent had a follow-up service within seven days, which is less than the statewide average of 9.74 percent. As noted elsewhere in this report, Contra Costa noted a 7-day post discharge rate at 13.53 percent higher than the claims data here indicates. This is likely due to the fact that different time frames were sourced for the data and that the DMC-ODS recorded all follow-up services, not just those billed to Medi-Cal.

Residential Withdrawal Management Readmissions

Table 13: Residential Withdrawal Management Readmissions, CY 2021

County			Statewide	
Total DMC-ODS admissions into WM	580		14,120	
	#	#	#	%
WM readmissions within 30 days of discharge	52	8.97%	1,128	7.99%

- The DMC-ODS had 580 clients admitted into residential WM in CY 2021. The number of clients readmitted within 30 days of discharge was 8.97 percent which is slightly higher than the statewide average.

IMPACT OF FINDINGS

- Contra Costa uses WM Level 3.2 as the criteria defining urgent service requests. Incoming clients have multiple portals for access and can get into treatment using the Access Line or got to a contracted program directly. The DMC-ODS has qualified staff utilizing a required screening to identify the appropriate LOC needed.

- Contra Costa utilized data analysis of post residential discharge activities to develop a clinical; PIP to monitor and assist a client's timely transition and bump up enrollments to a lower LOC in an attempt to reduce the re-admission rate to its RWMP.
- Contra Costa has multiple supports for system navigation such as the Transition Team, Access Line staff to work with beneficiaries through a treatment episode and ensure they transition from residential treatment to a lower level of care and that there is follow through to avoid a break of service.
- Lacking a unified EHR or central access for system providers, the DMC-ODS is unable to track or utilize no show or cancellation data to gauge system performance or systematically determine need for efficiencies in protocols or workflow. At present the only data available in this area comes from QI staff who are collecting data via providers based on self-report information.

QUALITY OF CARE

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

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

QUALITY IN THE DMC-ODS

In the DMC-ODS, the responsibility for QI is the Contra Costa Behavioral Health Services' Quality Improvement and Quality Assurance (QI/QA) Unit which monitors service delivery with the aim of improving the processes of providing care and better meeting the needs of beneficiaries. The Quality Management Coordinator oversees the Unit and chairs the Quality Improvement Committee (QIC). Monitoring of its quality processes occurs through the QIC, the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC, comprised of The Quality Improvement Committee comprised of Behavioral Health Management, QI/QA staff, providers and beneficiaries are scheduled to meet monthly. QIC activities include collecting and analyzing data to measure against the goals or prioritized areas of improvement that have been identified. Contra Costa's QIC works diligently in obtaining input from providers, beneficiaries, and family members in identifying barriers to delivery of clinical care and administrative services and there is a history of including stakeholders in the design and implementing various strategies designed to improve performance and processes. The QIC works in collaboration with the Ethnic Services and Behavioral Health Training Manager to monitor and improve the quality and promote greater cultural diversity, humility, and competency. Since the previous EQR, the DMC-ODS QIC met 8 times. Of the 14 goals identified FY 2022-23 QAPI workplan goals, the DMC-ODS 10 goals has been met, 3 goals not met and 1 of the goal was partially met.

QUALITY KEY COMPONENTS

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

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

Table 14: Quality Key Components

KC #	Key Components – Quality	Rating
3A	QAPI are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	Not 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	Not Met
3H	Utilizes Information from the Treatment Perception Survey to Improve Care	Met

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

- In an attempt to solicit more client input, Contra Costa added a section to their provider contracts which requires them to secure an 80 percent response rate during the TPS administration.
- Contra Costa DMC-ODS has entered into a contractual relationship with The Change Companies purchasing e-Training modules to ensure all staff and providers conducting assessments have access to (and have completed) the necessary ASAM modules prior to them delivering service every year thereafter.
- Clients that meet the appropriate criteria are offered MAT services at every level of care. Brochures on MAT services are readily available for the public containing basic information such as medications considered part of MAT, addressing misinformation, and how to locate more information and assistance. Each MAT provider site offers methadone, buprenorphine, naltrexone, and disulfiram.
- Because of the limits of Contra Costa's non-centralized EHR, ability to gauge program performance or track and trend clinical outcome data is severely limited.

QUALITY PERFORMANCE MEASURES

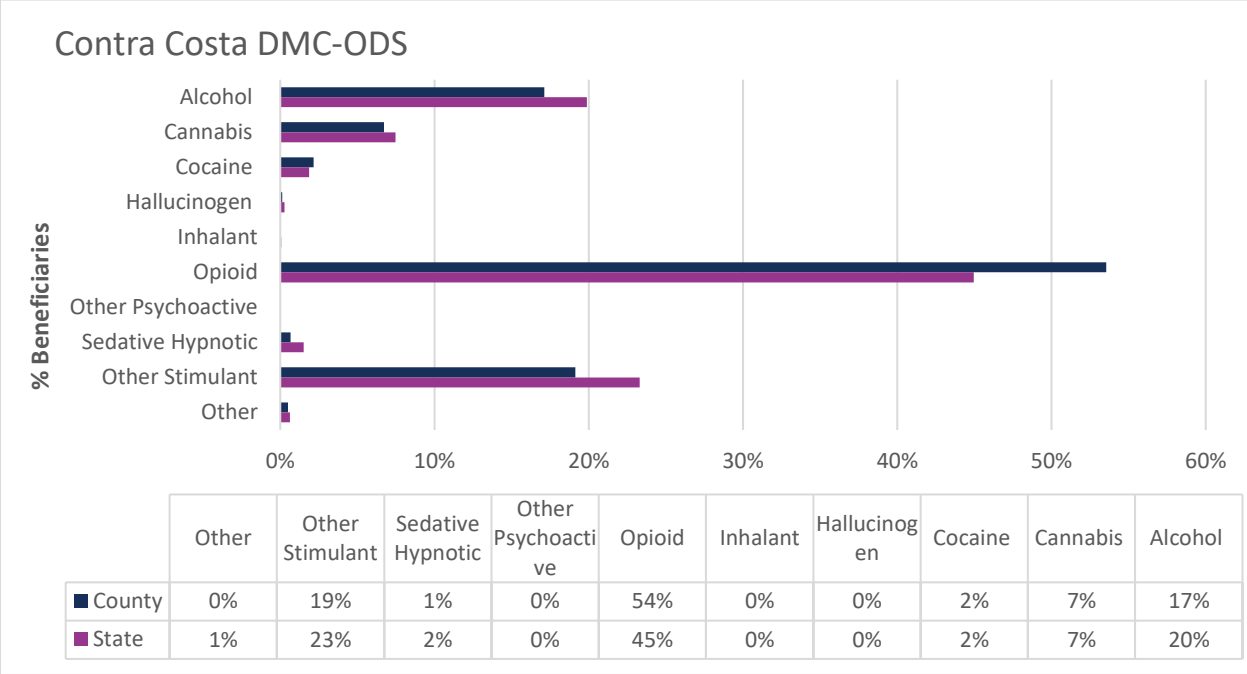
In addition to the Key Components identified above, the following PMs further reflect the Quality of Care in the DMC-ODS:

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

Diagnosis Data

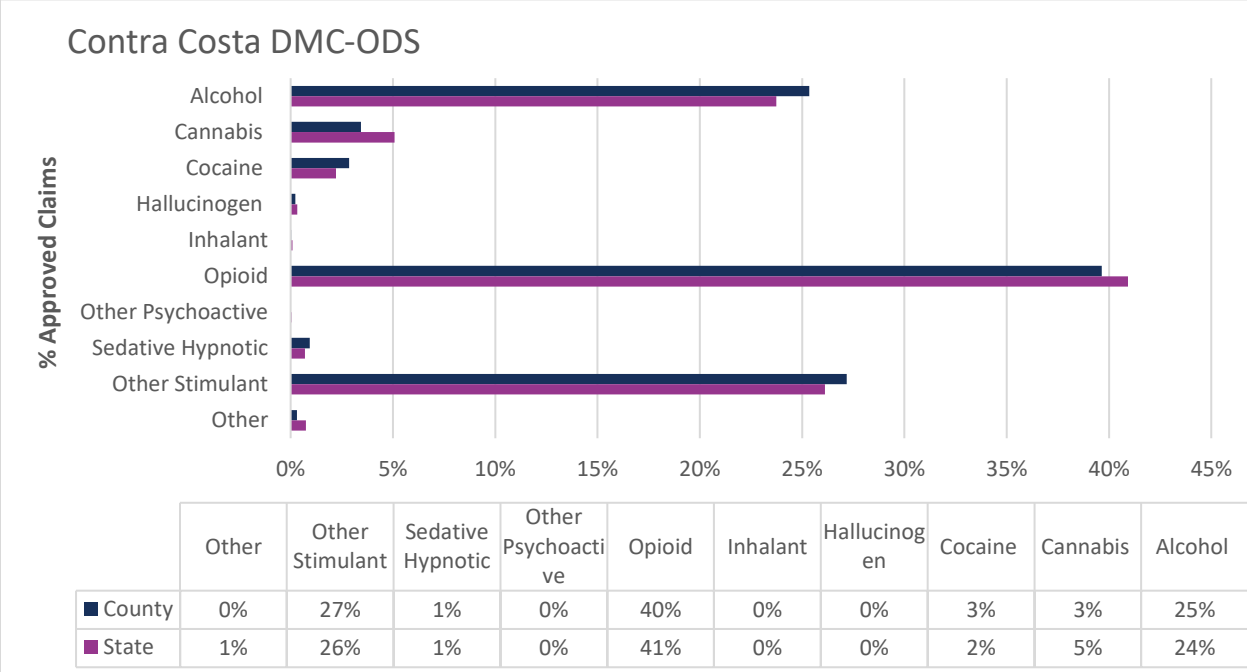
Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity and eligibility for SUD, is a foundational aspect of delivering appropriate treatment. The tables below represent the primary diagnosis as submitted with the DMC-ODS' claims for treatment.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

Figure 5: Beneficiaries Served by Diagnosis CY 2021



	Other	Other Stimulant	Sedative Hypnotic	Other Psychoactive	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
County	0%	19%	1%	0%	54%	0%	0%	2%	7%	17%
State	1%	23%	2%	0%	45%	0%	0%	2%	7%	20%

Figure 6: Approved Claims by Diagnosis CY 2021



	Other	Other Stimulant	Sedative Hypnotic	Other Psychoactive	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
County	0%	27%	1%	0%	40%	0%	0%	3%	3%	25%
State	1%	26%	1%	0%	41%	0%	0%	2%	5%	24%

- The majority of clients receiving services have been diagnosed with an Opioid Use Disorder (53.54 percent), reflective of the high utilization of NTP services. Other Stimulant Abuse is the next most common diagnosis (19.13 percent).

Non-Methadone MAT Services

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

County					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 0-17	≤11	-	≤11	-	12	0.37%	≤11	-
Ages 18-64	≤35	-	≤25	-	7,505	7.96%	3,873	4.11%
Ages 65+	≤11	-	≤11	-	447	5.01%	172	1.93%
TOTAL	**32**	**1.20%**	**26**	**0.98%**	**7,964**	**7.15%**	**4,051**	**3.63%**

- The DMC served 32 clients with at least one non-methadone MAT service. 81 percent of these clients continued to receive three or more services, which is higher than the statewide rate (51 percent).

Residential Withdrawal Management with No Other Treatment

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

	# WM Clients with no other Services	# WM Clients with 3+ Episodes & No Other Services	% WM Clients with 3+ Episodes & No other Services
County	445	14	3.15%
Statewide	10,707	370	3.46%

High-Cost Beneficiaries

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

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

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims
Ages 0-17	81	≤11	-	$18,759	$56,277
Ages 18-64	2,284	231	10.11%	$26,751	$6,179,504
Ages 65+	302	17	5.63%	$28,041	$476,698
TOTAL	**2,667**	**251**	**9.41%**	**$26,743**	**$6,712,479**

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

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

- As seen in Tables 18 and 19, 9.41 percent of clients served by the DMC-ODS accounted for 35.61 percent of total claims for CY 2021. This is a higher rate of HCB clients than the statewide average (5.66 percent).

ASAM Level of Care Congruence

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

ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable /No Difference	1,030	91.0%	3	100.0%	0	0.0%
Patient Preference	87	7.7%	0	0.0%	0	0.0%
Level of Care Not Available	6	0.5%	0	0.0%	0	0.0%
Clinical Judgement	8	0.7%	0	0.0%	0	0.0%
Geographic Accessibility	0	0.0%	0	0.0%	0	0.0%
Family Responsibility	1	0.01%	0	0.0%	0	0.0%
Legal Issues	0	0.0%	0	0.0%	0	0.0%
Lack of Insurance/Payment Source	0	0.0%	0	0.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%
Actual Level of Care Missing	0	0.0%	0	0.0%	0	0.0%
TOTAL	**1,132**	**100.0%**	**3**	**100.0%**	**0**	0.0%

- The DMC showed high congruence of ASAM findings in the initial screening.
- However, because it was not collected or provided to UCLA for analysis, data for congruence in the initial and follow-up assessments is not available for the DMC-ODS system of care.

Initiation and Engagement

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

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

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

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	2,569		82		101,279		3,051	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	2,344	91%	78	95%	89,055	88%	2,583	85%
Clients who then engaged in DMC-ODS services	1,817	71%	54	66%	69,161	68%	1,823	60%

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

Length of Stay

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

	County		Statewide	
Clients with a discharge episode	2,058		89,610	
LOS for clients across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	99	67	123	87
	#	%	#	%
Clients with at least a 90-day LOS	861	42%	43,937	49%
Clients with at least a 180-day LOS	410	20%	25,334	28%
Clients with at least a 270-day LOS	198	10%	14,774	16%

- The mean (average) LOS for DMC clients was 99 days (median 67 days), compared to the statewide mean of 123 (median 87 days). 42 percent of clients had at least a 90-day length of stay; 20 percent had at least a 180-day stay, and 10 percent had at least a 270-day length of stay. The LOS is lower than the statewide average for each measured period.

CalOMS Discharge Ratings

Table 22: CalOMS Discharge Status Ratings, CY 2021

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment - Referred	627	29.8%	11,892	19.1%
Completed Treatment - Not Referred	≤11	-	3,798	6.1%
Left Before Completion with Satisfactory Progress - Standard Questions	308	14.6%	10,888	17.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	673	32.1%	4,643	7.4%
Subtotal	*1,609*	*76.5%*	*31,221*	*50.1%*
Left Before Completion with Unsatisfactory Progress - Standard Questions	52	2.5%	10,791	17.3%
Left Before Completion with Unsatisfactory Progress - Administrative	440	20.9%	18,522	29.7%
Death	≤11	-	1,301	2.1%
Incarceration	≤11	-	485	0.8%
Subtotal	*495*	*23.5%*	*31,099*	*49.9%*
TOTAL	**2,104**	**100.0%**	**62,320**	**100.0%**

- Clients had a positive discharge status of 76.5 percent, which is higher than the statewide average (50.1 percent). However, a high number of these positive discharges are designated as “Left Before Completion with Satisfactory Progress” (32.1 percent).

IMPACT OF QUALITY FINDINGS

Contra Costa’s QI Work Plan identified 14 goals for FY 2022-23 and focused on the areas of service capacity, access to care, beneficiary satisfaction, cultural and linguistic competence, service delivery, clinical issues along with the continuity and coordination of care. The objective for all the goals was to increase penetration, provide timely access and quality services to all the beneficiaries throughout the system of care.

The DMC-ODS’ QI division plays a significant role in Contra Costa’s progress regarding CalAIM implementation. A steering committee was developed that is comprised of Mental Health, and DMC-ODS leadership along with SUD staff and providers.

Limitation regarding tracking of timeliness and performance standards along with few avenues to review clinical and CalOMS outcomes by program limit the DMC-ODS in a more comprehensive and data driven review of its system of care. This is clearly illustrated with no ability to track or report on the systems congruence with ASAM at any point beyond initial screening.

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION

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

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

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

CLINICAL PIP

General Information

Clinical PIP Submitted for Validation: Improve the re-admission rate to RWMP within 30 days of discharge and improve enrollment rate to SUD treatment, immediately following RWMP.

Date Started: March 2022

Aim Statement: Through provision of additional materials, additional WM guidelines, and enhanced transition planning in WM, will the re-admissions rate to WM decrease by four percentage points (from 14.6 percent to 10.6 percent)? Will the client enrollment rate to SUD treatment within two days of discharge from WM reach 60 percent?

Target Population: All incoming adult clients for residential WM.

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

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

Validation Information: The DMC-ODS' clinical PIP is submitted for approval and is currently in the planning phase.

Summary

The aim of the PIP is to address the number of clients re-admitting to RWMP within 30 days of discharge and to increase the number of clients entering treatment at an SUD contract site immediately following discharge from WM. As pointed out to Contra Costa in CalEQRO's FY 2021-22 report, there was a 14.6 percent WM readmission rate that occurred within 30 days of discharge. Furthermore, less than half (45.5 percent) of clients who enrolled in WM clients subsequently obtained a timely admission to an SUD treatment program (within two days of discharge). In considering the root cause for these performance issues, the DMC-ODS determined there was a lack of information provided to WM clients regarding transition to SUD treatment and subsequent lag time in effecting referrals to SUD treatment upon discharge from WM. Both WM staff and clients participating in those programs indicated a dearth of information or education provided on the benefits of continuing into treatment.

The PIP is designed to improve timely enrollments from WM to SUD treatment programs by introducing enhanced education, raising awareness, formalizing discharge planning, and utilizing a variety of communication tools (such as flyers, information posters, new protocols, and checklists for staff etc.) to increase knowledge and receptivity to post discharge care. Benefits to the beneficiary are anticipated as research provides ample evidence that engagement of clients to persist in care will lead to improved client outcomes and reduce the need for readmission to an acute level of care like WM.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence, because: the DMC-ODS did present some provisional data, but the PIP still remains in the planning phase.

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

- It was discussed, and CalEQRO concurs, that monthly monitoring and follow up by the QI team will increase the chances to have accurate data analysis and interpretation of PIP results.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Provider Education for Medication Assisted Treatment (MAT) use in Alcohol Use Disorder (AUD).

Date Started: March 2021

Aim Statement: Will MAT for AUD utilization increase by 28.7% (5 percentage points, from 17.4% to 22.4%) in FY 2021-2022 and reach 25% by end of June 2023 after CCHS AODS implements counselor and client trainings about MAT choices and benefits for AUD symptoms and health?

Target Population: Adult clients who have an AUD who have alcohol as their primary or secondary drug of choice.

Validation Information: The DMC-ODS' non-clinical PIP is in the first remeasurement phase and considered a moderate confidence level.

Summary

The aim of the PIP is to address stakeholder and staff member concerns regarding number of beneficiaries that experience long wait between intake appointments and starting their therapy services. The average wait days between intake appointment and therapy appointment offered prior to the PIP was 16.18 business days with 51.52 percent receiving an offered therapy appointment within 15 business days.

The PIP is designed to improve timeliness from intake assessment to first offered therapy session. The improvement strategy will include increasing staff time in reviewing new intake cases for approval in access and assigning cases more frequently by adding one additional day of scheduling initial appointments so that more beneficiaries are offered a first therapy session in a timely manner.

The aim of the PIP is to address what is an apparent under enrollment of active clients who have an AUD in MAT. Baseline data from FY 2019-20 indicated that only 2.4 percent of the 1,152 clients with AUD had any experience is using MAT. Input from programs and a client survey indicated a need for training and education for both staff, clients was needed to educate them as to the potential health benefits of these medications related to withdrawal symptoms, cravings that help clients sustain their recovery, and reduce their desire for alcohol.

Clients need to know the benefits and risks of all the treatments. So, the PIP design starts with an intervention of requiring basic AUD training of the counseling staff who do initial assessments into the programs and need to be identifying AUD and offering MAT service as one of many options to clients with AUD. Thus, the PIP also provides education sessions to clients. Once aware of the need to assess for MAT, workflow and protocol changes at the program level were made to make access easy. The PIP was launched anticipating a multi-year project given the complexity of this type of shift across a large system of care. The increase in the use of MAT for AUD clients is a main goal of this PIP which in turn is expected to improve the clinical outcomes for clients as it pertains to their SUD symptoms and functioning.

TA and Recommendations

As submitted, this non-clinical PIP was found to have High confidence, because the monthly monitoring and collaboration by Contra Costa's QI shows the data was showing some improvement during the first remeasurement phase.

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

- Encouraged the decision to continue with monthly monitoring of data collection and review to assure fidelity to the prescribed interventions and PIP design.
- Contra Costa should continue providing training to staff and reenforcing the need for MAT and AUD by disseminating educational materials such as flyers and other printed materials to both clients and staff.
- The DMC-ODS should consider this project for presentation at a statewide forum to share best practices in use of MAT for AUD clients, an area often overlooked by many systems of care.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The DMC-ODS does not have a primary EHR system, however, utilizes ShareCare for claiming functions. Currently, the DMC-ODS has plans to implement an EHR within the next 12-18 months. The DMC-ODS is finalizing negotiations of the contract for the EHR implementation.

Approximately 2 percent of the entire behavioral health budget is dedicated to support the IS of both the mental health and DMC-ODS systems of care (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 allocated to the DMC-ODS but managed by another county department.

The DMC-ODS has 68 named users with log-on authority to the EHR, including approximately 25 county staff and 43 contractor staff. Support for the users is provided by 13.25 full-time equivalent (FTE) IS technology positions. Currently all positions are filled. IS technology positions are not dedicated solely to DMC support, but rather support both mental health and DMC-ODS systems.

As of the FY 2022-23 EQR, all contract providers have the ability to directly enter clinical data into the DMC-ODS' billing system. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for beneficiaries by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

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

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

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between DMC-ODS IS	☐ Real Time ☐ Batch	-
Electronic Data Interchange to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	-
Electronic batch file transfer to DMC-ODS IS	☐ Daily ☐ Weekly ☒ Monthly	62%
Direct data entry into DMC-ODS IS by provider staff	☒ Daily ☐ Weekly ☐ Monthly	23%
Documents/files e-mailed or faxed to DMC-ODS IS	☐ Daily ☒ Weekly ☐ Monthly	10%
Paper documents delivered to DMC-ODS IS	☐ Daily ☒ Weekly ☐ Monthly	5%
		100%

Beneficiary Personal Health Record

The 21st Century Cures Act of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances beneficiaries' and their families' engagement and participation in treatment. The DMC does not currently have PHR access available to beneficiaries.

Interoperability Support

The DMC-ODS is not a member or participant in an HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and/or electronic consult. The DMC-ODS engages in electronic exchange of information with the following departments/agencies/organizations: mental health contract providers, Federally Qualified Health Center (FQHC), DMC contract providers, hospitals, and Primary Care Providers (PCP).

INFORMATION SYSTEMS KEY COMPONENTS

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

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

Table 24: IS Infrastructure Key Components

KC #	Key Components – IS Infrastructure	Rating
4A	Investment in IT Infrastructure and Resources is a Priority	Met
4B	Integrity of Data Collection and Processing	Not Met
4C	Integrity of Medi-Cal Claims Process	Met
4D	EHR Functionality	Not Met
4E	Security and Controls	Met
4F	Interoperability	Partially Met

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

- The DMC-ODS has a consistent and thorough process in place for Medi-Cal claims processing.
- While the DMC-ODS does perform data review functions, the lack of EHR combined with the reliance on the completion of paper forms, and multiple manual steps in data collection and reporting there is not substantial evidence of integrity in the data collection process.
- EHR functionality does not meet the necessary level of functionality, as there is not a current clinical EHR in place. Contracted providers may have individual EHR's, but there is no aggregated EHR for clinical records or tracking and reporting on timeliness or outcomes.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

The timing of Medi-Cal claiming shown in Table 25, notes whether the claims are either adjudicated or denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2021.

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

Contra Costa DMC-ODS			
Denial Code Description	**Number Denied**	**Dollars Denied**	**Percentage of Total Denied**
Exceeds maximum rate	16,855	$727,467	43.23%
Duplicate/same day service	7,404	$635,165	37.75%
Other Healthcare Coverage	10,487	$232,460	13.81%
Other	307	$59,795	3.55%
NPI issue	594	$21,092	1.25%
Missing valid diagnosis	9	$3,103	0.18%
Beneficiary not eligible	131	$2,633	0.16%
Late submission	2	$1,005	0.06%
Total Denied Claims	**35,789**	**$1,682,720**	**100.00%**
Denied Claims Rate	**8.12%**		
Statewide Denied Claims Rate	**16.80%**		

Table 26: Summary of Monthly Claims and Annual Denial Rate

Contra Costa DMC-ODS		
Month	**# Claim Lines**	**Approved Claims**
Jan-21	9,561	$1,231,545
Feb-21	29,234	$1,603,981
Mar-21	28,721	$1,658,910
Apr-21	35,002	$2,099,170
May-21	17,384	$2,140,939
Jun-21	8,611	$1,382,667
Jul-21	6,014	$948,171
Aug-21	25,707	$1,317,194
Sep-21	26,291	$1,625,836
Oct-21	26,510	$1,793,101
Nov-21	24,824	$1,708,311
Dec-21	24,927	$1,532,916
Total	**262,786**	**$19,042,743**

IMPACT OF INFORMATION SYSTEMS FINDINGS

- The current absence of a DMC-ODS EHR continues to hinder efficient processes as it relies on contract providers to perform extra manual work to return paper forms, update ancillary databases, and coordinate with clerical staff for manual entry of those forms. The lack of interoperability and use of manual functions can lead to incomplete data, manual input errors, and inefficient workflow. These issues can impact the ability to perform accurate analysis and assessment of timeliness to services, access, and capacity within the system of care, and tracking and reporting on outcomes.
- With a new EHR implementation in the future, and with almost all DMC-ODS services being contracted, the DMC-ODS would benefit from ensuring that interoperability of systems is communicated as a high priority. The DMC-ODS would also benefit from including contracted providers early in the process to ensure the implementation will be fully functional and work within the DMC-ODS system of care throughout their network of providers. To date, the DMC-ODS has contracted with Xpio as the project lead for EHR implementation. Communication to contract providers as well as individual meetings have been held to support future implementation efforts.
- The low number of data analytics staff dedicated to the DMC-ODS system of care (1.5 FTE), does not allow the DMC-ODS to timely and fully address data collection issues, and future support capacity may further be impacted given the updates through CalAIM.

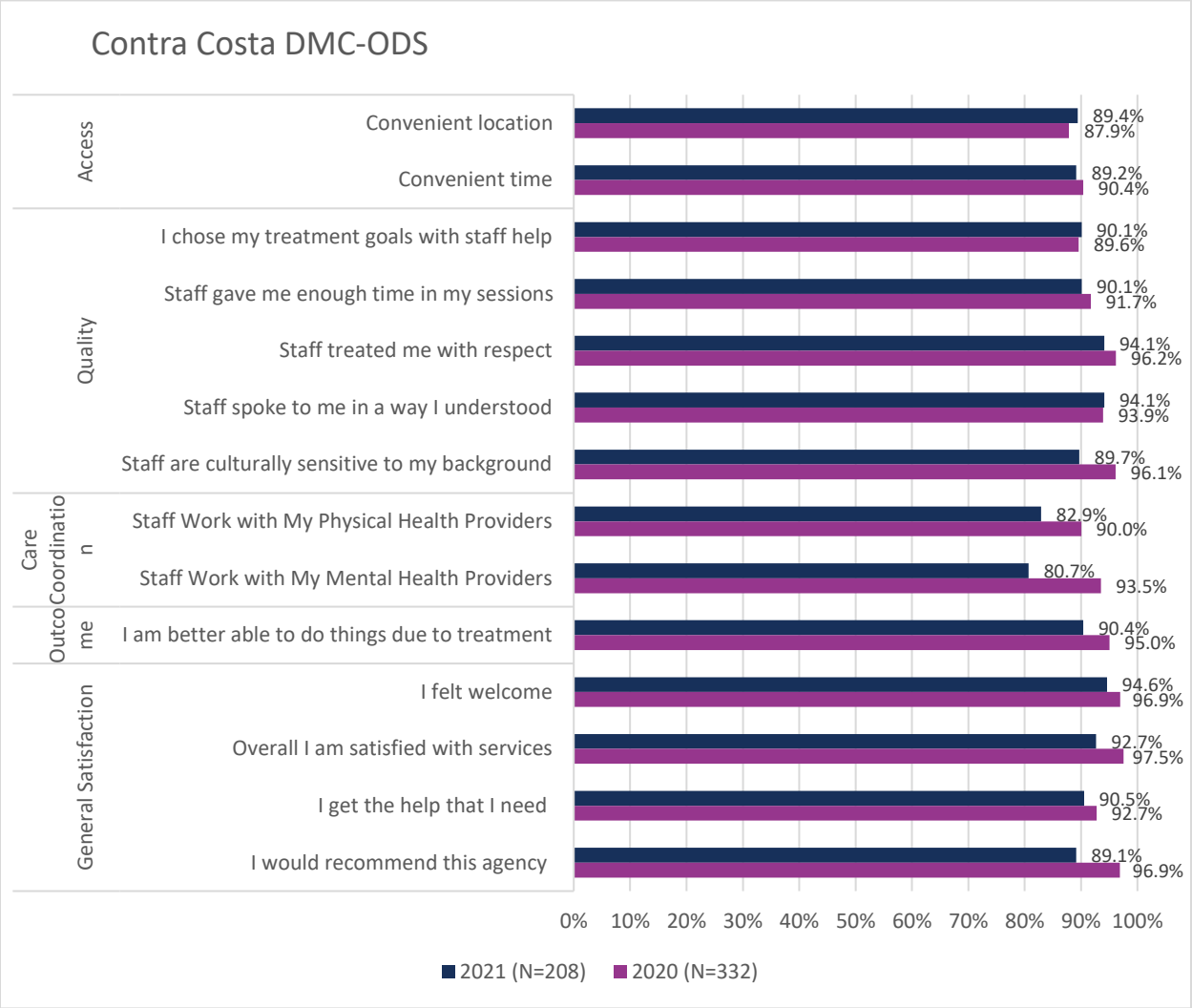
VALIDATION OF CLIENT PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

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

More Contra Costa beneficiaries participated in the TPS Survey. The DMC-ODS beneficiaries gave high ratings in general satisfaction and quality domains and rated care coordination questions slightly lower. Beneficiaries assigned lower ratings to work with physical health provider and coordination of care with mental health provider questions. Survey reports the highest rating of 94.4 percent that beneficiaries feels they felt welcome and 93.5 percent reports they are treated with respect. During the focus group session with beneficiaries, most of the participants reports they are familiar with the survey. Contra Costa also encouraged contract providers to have 80 percent of their beneficiaries to participate in the TPS survey.

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



CONSUMER FAMILY MEMBER FOCUS GROUPS

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

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

Consumer Family Member Focus Group One

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

Summary of focus group findings

Most of the participants reports the intake process was easy and staff are helpful and accommodating. Stated they are admitted to the program via access line, direct referral from jail, from sober living homes and emergency room. They feel welcome to the program. Reports their counselor are very supportive and encourage them to get sponsors. Reports MAT is also discussed during intake or during their session with the clinicians. Program is very supportive and accommodating for personal medical, mental health, Probation, and other appointments. One stated that the program is very patient with their appointment needs. Transportation to appointments is provided by the program either by giving bus tokens or by calling the health plan. Participants shared that, when needed, program staff were communicative with other service providers, including court and Probation.

Recommendations from focus group participants included:

- A need to include community-based supports like NA/AA and Recovery Support or peer support services to help them in recovery.
- They would assistance in facilitating mental health appointments.
- Expand access by starting evening or weekend classes.
- More vocational services and resources for employment. “I need hands on help to get employment. I cannot go back to my career.”
- Help navigating the system perhaps with peers as several participants noted not knowing how or where to find resources.
- Improve awareness for those who need SUD treatment with education about services, maybe with radio or billboards.
- “I am on food stamps for the first time. I need vocational resources and general assistance.”
- Participants noted that there is a “need detox beds for women in Richmond.”

Consumer Family Member Focus Group Two

For the second focus group, CalEQRO requested a diverse group of adult consumers who initiated residential services in the preceding 12 months. The focus group was held at Pueblo Del Sol Residential Treatment Facility and included six participants. A

Spanish language interpreter was used for this focus group. All beneficiaries participating receive clinical services from the DMC-ODS.

Summary of focus group findings

All participants agreed that the intake process was easy, and that staff were friendly and helpful. Each of the participants were in concurrence that the program is very supportive and accommodating for personal medical, mental health, probation, and other appointments. One stated that the program is very patient with their appointment needs. Transportation to appointments is provided by the program either by giving rides or by taxi. Additionally, participants shared that, when needed, program staff were communicative with other service providers, including court and probation. Participants shared that they have been informed of MAT and some have decided to engage in MAT services following completion of the program. Each has been also offered to start MAT while in the program. In addition to MAT, participants shared that the program has discussed treatment options following completion of residential services, such as stepping down to outpatient services, MAT, and aftercare/alumni services at the program. They have also been informed of sober living options and Twelve-Step programs. Each of the participants were informed and are aware of the grievance process, including a phone number to call, if needed. Additionally, each of the participants shared that they have been informed of available mental health services and some have begun receiving these services, including psychiatric medication.

Recommendations from focus group participants included:

- There is a request to see “more programs for the Latino community.”
- “More access to mental health” services.
- “The community needs more mental health and psychological support”.

SUMMARY OF BENEFICIARY FEEDBACK FINDINGS

Participants in both groups shared that the program they are enrolled in has helped them improve their lives. Each said that they a much better outlook for the future. When asked about how to improve services, the primary recommendation in the second group was that there needs to be more Latino focused mental health and substance use disorder treatment services, including in the Spanish language. Both sets of participants recommend more support services be available like those that peer project model might provide. They also noted that obtaining more assistance in supports for employment and vocational skills would be of use.

CONCLUSIONS

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

STRENGTHS

1. Strong partnership with contract providers is evident by levels of communication and inclusion. New efforts include planning and communication with providers on the anticipated EHR implementation. (Quality, IS)
2. Contra Costa has set a goal to achieve a TPS participation rate of 80 percent. Both TPS ratings and CalOMS outcome data show positive results in SUD programs in a variety of domains. (Quality)
3. The majority of clients receiving services were in NTP/OTP (30.50 percent). This reflects a higher service rate in NTP/OTP services than the statewide average (26.8 percent) and indicates high levels of access and a strong use of MAT as a best practice. (Quality, Access)
4. Contra Costa has very strong collaboration allied partners with the local emergency departments, FQHC clinics, public health, schools, courts, probation, jail, which has led to high levels of client care coordination with DMC-ODS contract providers. They routinely host several meetings with other agencies, town hall meeting, receiving feedback and providing input for system adjustments to improve beneficiary access. (Access)
5. CalOMS data indicates that clients had a positive discharge status of 76.5 percent, well above the statewide average of just 50.1 percent. (Quality)

OPPORTUNITIES FOR IMPROVEMENT

1. Lack of data pertaining to congruence of with ASAM findings and level of care placement within its initial assessment and follow-up assessment workflows. (Quality, IS)
2. The DMC-ODS is implementing a new EHR and has not yet fully engaged partners in the implementation process. (IS)
3. Contract providers do not receive regular reports on quality metrics or outcomes from the DMC-ODS. (Quality)
4. There is a lack of formal collaboration with allied services such as the schools, juvenile justice, child welfare, and perinatal drug court which has limited referrals for youth and women that may need these services. (Access)

5. Follow through with plans to review electronic interface options with contract providers to mitigate the latter's inefficiency of entering service transactions in their own information systems and ShareCare. (IS)

RECOMMENDATIONS

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

   Contra Costa should continue to take meaningful steps to address its lack of a system wide EHR, provide more opportunity to ensure information system and data are accessible by providers and prioritize efforts in data collection for timeliness and access to services, reporting, and aggregated assessment of quality and outcomes. (Timeliness, IS)
2. Develop a plan and timeline to develop an EHR for the DMC-ODS program inclusive of contract agencies. (IS)
3. Expand Recovery Support services (RSS) to all level of care and to facilitated enhanced client care coordination, working with DHCS to optimize billing options. Strong consideration should be given towards introducing a peer support service model in RSS. (Access, Quality)
4. The DMC-ODS should improve access to youth services and perinatal services by formally engaging existing and new partnerships with allied social and juvenile service agencies and enhance youth and perinatal service delivery by establishing clear protocols for case management, care coordination and other support services. (Access)
5. Increase monitoring on recovery residences and focus on quality, support, and coordination of care. (Access, Quality)

EXTERNAL QUALITY REVIEW BARRIERS

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

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

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT F: Additional Performance Measure Data

ATTACHMENT A: REVIEW AGENDA

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

Table A1: CalEQRO Review Agenda

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

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Anita Catapusan, Lead Quality Reviewer
Patrick Zarate, Quality Reviewer
Joel Chain, Information Systems Reviewer
Diane Mintz, Consumer Family Member Reviewer

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

DMC-ODS County Sites

Contra Costa Behavioral Health Services
1340 Arnold Drive, Suite 200
Martinez, CA 94553

DMC-ODS Contract Provider Sites

No sites were visited as this was a virtual review. All sessions were held via video conference.

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

Last Name	First Name	Position	County or Contracted Agency
Abeyta	Sean	RADT I	Diablo Valley Ranch
Aguirre	Priscilla	Quality Management Program Coordinator	Contra Costa Behavioral Health
Allen	Michelle	Director of Contract Compliance	West Care/Richmond Health & Wellness
Allen	Lashondra	Substance Abuse Counselor	Contra Costa Behavioral Health
Beath	Lori	Client Services Liaison	Contra Costa Public Defender's Office
Blum	Steven	Program Manager - Mental Health and Probation Services	Contra Costa Behavioral Health
Blunt	Sonya	Substance Abuse Program Supervisor	Contra Costa Behavioral Health
Brostrand	Heather	Mental Health Clinical Specialist	Contra Costa Behavioral Health
Brown	Mitchell	Substance Abuse Counselor Lead	Contra Costa Behavioral Health
Calloway	Vern (Cal)	Information Technology Manager	Contra Costa Health Services Information Technology
Camarco	Owen	LPHA, LPCC	West Care/Richmond Health & Wellness
deProsse	Amanda	CADC I	Ujima Family Recovery Services
Dorigatti	Phillip	Substance Abuse Counselor	Contra Costa Behavioral Health
Farrar	Jesse	Substance Abuse Counselor	Contra Costa Behavioral Health
Fernandez	Antonia	Substance Abuse Counselor	Contra Costa Behavioral Health

Last Name	First Name	Position	County or Contracted Agency
Field	Steve	Medical Director	Contra Costa Behavioral Health
Fischer	Damon	Director of Residential Program	BiBett
Fischer	Michael	Health Services Administrator	Contra Costa Health Services - Health, Housing, and Homeless Services
Galdmez	Fadua	SAMHWORKs Latino Outreach Specialist	Contra Costa Behavioral Health
Gallagher	Ken	Research & Evaluation Manager	Contra Costa Behavioral Health
Garrett	James	Substance Abuse Counselor	Contra Costa Behavioral Health
Giles	Amber	Mental Health Program Supervisor	Contra Costa Behavioral Health
Granados	Alex	CADC II	REACH Project, Inc.
Green	Lauren	Mental Health Clinical Specialist	Contra Costa Behavioral Health
Hall	Keith	Substance Abuse Counselor	Contra Costa Behavioral Health
Hanh-Smith	Steve	Informatics Chief	Contra Costa Behavioral Health
Haverty	Denise	CADC II	Central County Mental Health Clinic
Jaimes	Hector	Substance Abuse Counselor	Contra Costa Behavioral Health
Jarrar	Aous	Substance Abuse Counselor	Contra Costa Behavioral Health
Jones	Vickie	Substance Abuse Counselor	Contra Costa Behavioral Health
Kalaei	Susan	Pharmacist	Contra Costa Behavioral Health
Kekuewa	David	Health Services System Analyst I	Contra Costa Behavioral Health

Last Name	First Name	Position	County or Contracted Agency
Kersten	Melisa	Quality Improvement and Compliance Coordinator	Contra Costa Behavioral Health
Kirkpatrick	Christopher	Program Director	West Care/Richmond Health & Wellness
Liu	Allison	Planner/Evaluator	Contra Costa Behavioral Health
Liu	Mariana	Contract & Grants Administrator	Contra Costa Behavioral Health
Loenicker	Gerold	Child/Adolescent Services Program Chief	Contra Costa Behavioral Health
Luu	Matthew	Deputy Director	Contra Costa Behavioral Health
Madison	Kuumba	Executive Director	Harmonic Solutions
Marchetti	Mickie	Executive Director	REACH Project, Inc.
Martinez	Sue	SUDCC III CS	Discovery House
Matal Sol	Fatima	Alcohol and Other Drug Services Program Chief	Contra Costa Behavioral Health
Mendoza	Laura	Clerical Supervisor	Contra Costa Behavioral Health
Messerer	Mark	Program Manager	Contra Costa Behavioral Health
Monroe	Michelle	Program Coordinator	Ujima Family Recovery Services
Monterrosa	Mariza	Parent Navigator	Contra Costa Behavioral Health
Moore	Greg	Program Director	REACH Project, Inc.
Munoz	Dora	Substance Abuse Counselor	Contra Costa Behavioral Health
Nybo	Erik	Contract Employee	Contra Costa Health Services - Information Technology

Last Name	First Name	Position	County or Contracted Agency
Oliviera	Phoebe	PHN Program Manager - Choosing Change	Contra Costa Health Services - Public Health
O'Neill	Robin	Mental Health Program Manager	Contra Costa Behavioral Health
Orme	Betsy	Mental Health Program Manager	Contra Costa Behavioral Health
Padraza	Chris	Project Manager	Contra Costa Behavioral Health
Pena	Jorge	Sharecare Support Analyst	Contra Costa Health Services - Information Technology
Pierre	Natalie	Residential Quality Assurance Director	Ujima Family Recovery Services
Powell	Scott	Substance Abuse Counselor	Contra Costa Behavioral Health
Razon	Danelyn	Accountant	Contra Costa Health Services - Finance
Recinos	Jessica	Prevention Coordinator	Contra Costa Behavioral Health
Rice	Megan	Cclink Behavioral Health Project Manager	Contra Costa Health Services - Information Technology
Richardson	Michelle	Program Manager	Contra Costa Behavioral Health
Rogers	Patricia	Program Manager	Contra Costa Behavioral Health
Russel	Michelle	Outpatient Quality Assurance Director	Ujima Family Recovery Services
Santiago-Nederveld	Catania	Substance Abuse Counselor	Contra Costa Behavioral Health
Scannell	Marie	Chief of Forensics	Contra Costa Behavioral Health
Shah	Bhumil	Chief Analytics Officer	Contra Costa Health Services

Last Name	First Name	Position	County or Contracted Agency
Spikes	Chet	Assistant Director	Contra Costa Health Services - Information Technology
Surio	Blesida	Utilization Review Manager	Contra Costa Behavioral Health
Tavano	Suzanne	Director	Contra Costa Behavioral Health
Temeltas	Ates	Assistant Director	Contra Costa Health Services - Information Technology
Todd	Zachariah	Substance Abuse Program Supervisor	Contra Costa Behavioral Health
Webb	Darren	Substance Abuse Program Supervisor	Contra Costa Behavioral Health
White	Katy	Chief of Managed Care Services	Contra Costa Behavioral Health
Williams	Ulrika	Clinic Director	BAART
Wilson	Patrick	Chief Information Officer and Director	Contra Costa Health Services - Information Technology
Wong	Peter	Substance Abuse Counselor	Contra Costa Behavioral Health
Youry	Donna	Program Coordinator	Ujima Family Recovery Services
Zesati	Genoveva	Workforce Education and Training/ Ethnic Services Coordinator	Contra Costa Behavioral Health

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	PIP is in the planning and implementation phase and data has been presented.
General PIP Information	
MHP/DMC-ODS Name: Contra Costa County – Alcohol and Other Drug Services	
PIP Title: Improve the re-admission rate to Residential Withdraw Management Program (RWMP) within 30 days of discharge and improve enrollment rate to SUD treatment, immediately following RWMP.	
PIP Aim Statement: Through provision of additional materials, additional WM guidelines, and enhanced transition planning in WM, will the re-admissions rate to WM decrease by 4 percentage points (from 14.6 percent to 10.6percent)? Will the client enrollment rate to SUD treatment within 2 days of discharge from WM reach 60 percent?	
Date Started: March 2022	
Date Completed: March 2024	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	

General PIP Information
Target age group (check one): ☐ Children only (ages 0–17)* ☒ Adults only (age 18 and over) ☐ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as specific diagnosis (please specify): All clients enrolled in county contracted RWMP are affected.
Improvement Strategies or Interventions (Changes in the PIP)
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach): Receive education and related materials, participate in discharge planning process
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): Participate and provide education on benefits of continuing treatment; offer follow up care and supports after WM discharge
MHP/DMC-ODS-focused interventions/system changes Support and monitor fidelity to PIP interventions; address need for adjustments with providers

FPMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Admission to SUD treatment program within 2 days of discharge from Withdraw Management (WM)	FY 2021-22	975 total admits 317 unduplicated clients 45%	☒ Not applicable—PIP is in planning or implementation phase, results not available	n/a	☐ Yes ☐ No **n/a**	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): n/a

PIP Validation Information
Was the PIP validated? ☒ Yes ☐ No "Validated" means that the EQRO reviewed all relevant 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.
EQRO recommendations for improvement of PIP: Facilitate implementation, fidelity checks and adjustments to workflow or protocols as needed. Suggest monthly monitoring and follow up by Contra Costa's quality Improvement team will increase the chance to have accurate data analysis and interpretation of PIP results. Consider additional performance measure to address all aspects of AIM Statement (readmissions rate).

Non-Clinical PIP

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

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	PIP design is strong and the first remeasurement phase indicates positive movement towards stated objective.

General PIP Information
MHP/DMC-ODS Name: Contra Costa Behavioral Health Services – Alcohol and Other Drugs Services
PIP Title: Provider Education for MAT use in Alcohol Use Disorder (AUD)
PIP Aim Statement: Will MAT for AUD utilization increase by 28.7% (5 percentage points, from 17.4% to 22.4%) in FY 2021-2022 and reach 25% by end of June 2023 after CCHS AODS implements counselor and client trainings about MAT choices and benefits for AUD symptoms and health?
Date Started: March 2021
Date Completed: March 2023
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
Target age group (check one): ☐ Children only (ages 0–17)* ☒ Adults only (age 18 and over) ☐ Both adults and children *If PIP uses different age threshold for children, specify age range here:
Target population description, such as specific diagnosis (please specify): Adult clients who have an AUD with alcohol as a primary or secondary drug of choice.

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): SUD treatment program counselors to provide information and materials directly to clients.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach): MAT training to SUD treatment programs in the county, focus on counselors

Improvement Strategies or Interventions (Changes in the PIP)
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): All treatment programs to post/display AUD for MAT flyers/brochure throughout facility.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
MAT prescribed for clients with alcohol as primary or secondary drug of choice	*FY 2020-21*	*N=1408* *17.4%*	☐ Not applicable—PIP is in planning or implementation phase, results not available *FY 2021-22*	N=1718 19.7%	☒ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify): 2.3 % increase instead of 5 %

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.)

PIP Validation Information
Validation phase (check all that apply): ☐ PIP submitted for approval ☐ Planning phase ☐ Implementation phase ☐ Baseline year ☒ First remeasurement ☐ Second remeasurement ☐ Other (specify): Validation rating: ☒ High confidence ☐ Moderate confidence ☐ Low confidence ☐ No confidence "Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.
EQRO recommendations for improvement of PIP: Contra Costa will continue the PIP for the Non-Clinical until March 2023. Recommendation is to schedule more training to providers and counselors. Also, review the availability of prescribers for MAT services. MAT helps prevent relapse, decrease withdraw symptoms, improve brain health, provide longer periods of abstinence, and improve the outcomes and health of clients suffering from AUD. Monthly monitoring and the showing of the 13.2 percent (or 2.3 percentage points) shows high confidence on this PIP data analysis during first measurement.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

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

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

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

ATTACHMENT F: ADDITIONAL PERFORMANCE MEASURE DATA

Table F1: CalOMS Living Status at Admission, CY 2021

Admission Living Status	County		Statewide	
	#	%	#	%
Homeless	463	24.8%	20,981	28.4%
Dependent Living	440	23.5%	16,923	22.9%
Independent Living	967	51.7%	35,838	48.6%
TOTAL	**1,870**	**100.0%**	**73,742**	**100.0%**

Table F2: CalOMS Legal Status at Admission, CY 2021

Admission Legal Status	County		Statewide	
	#	%	#	%
No Criminal Justice Involvement	1,730	92.5%	46,882	63.6%
Under Parole Supervision by CDCR	9	0.5%	1,415	1.9%
On Parole from any other jurisdiction	6	0.3%	1,305	1.8%
Post release supervision - AB 109	50	2.7%	18,491	25.1%
Court Diversion CA Penal Code 1000	2	0.1%	1,120	1.5%
Incarcerated	67	3.6%	292	0.4%
Awaiting Trial	6	0.3%	4,207	5.7%
TOTAL	**1,870**	**100.0%**	**73,712**	**100.0%**

Table F3: CalOMS Employment Status at Admission, CY 2021

Current Employment Status	County		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	177	9.5%	9,404	12.7%
Employed Part Time - Less than 35 hours	147	7.9%	5,561	7.5%
Unemployed - Looking for work	570	30.5%	22,884	31.0%
Unemployed - not in the labor force and not seeking	976	52.2%	35,893	48.7%
TOTAL	**1,870**	**100.0%**	**73,742**	**100.0%**

Table F4: CalOMS Types of Discharges, CY 2021

Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	740	35.2%	30,192	48.4%
Administrative Adult Discharges	1,116	53.0%	24,951	40.0%
Detox Discharges	247	11.7%	6,418	10.3%
Youth Discharges	1	0.05%	759	1.2%
TOTAL	**2,104**	**100.0%**	**62,320**	**100.0%**