BHC

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

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

SACRAMENTO FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

May 16-17, 2023

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

EXECUTIVE SUMMARY

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

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — May 16-17, 2023

DMC-ODS Size — Large

DMC-ODS Region — Central

SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 2021-22 EQR recommendations for improvement; four categories of Key Components that impact beneficiary outcomes; activity regarding Performance Improvement Projects (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
5	4	1	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	3	3	0
Quality of Care	8	6	2	0
Information Systems (IS)	6	4	2	0
TOTAL	**24**	**17**	**7**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Pharmacotherapy for Opioid Use Disorder (POD)	Clinical	11/2022	Planning	Moderate
Follow-Up After Emergency Department Visit for Alcohol or Other Drug Abuse or Dependence (FUA).	Non-Clinical	11/2022	Implementation	Moderate

Table D: Summary of Consumer/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐ Youth ☒ Residential ☐Outpatient ☐ MAT/NTP ☒ Perinatal ☐ Other	12
2	☐ Youth ☐ Residential ☒Outpatient ☐ MAT/NTP ☐ Perinatal ☒ Other	8

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The prevention, education, and outreach efforts and campaigns are well-tailored to the community and current substance use challenges.

- The DMC-ODS has made positive adjustments in collaboration with contracted providers since the last EQR, reflected in overall communication and partnership.

- Sacramento has utilized local drug use and overdose data and has expanded use of medication assisted treatment (MAT) services within inmate services as a component of homeless projects and via their mobile crisis response. The DMC-ODS has also established an additional focus on methamphetamine due to local need.

- The information technology (IT) and data analytics teams have continued to develop the Avatar electronic health record (EHR) concurrent with preparation for the implementation of SmartCare.

- The DMC-ODS reallocated staff resources and created more intake slots to promote easier access.

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

- While input to CalEQRO focus groups was positive, clients did note a paucity of access to qualified bi-lingual Spanish speaking staff (corroborated by only vague

knowledge by line staff of how to access alternatives) and a sense that some of the programs are not welcoming of individuals on Suboxone or Methadone.

- Administrative discharges for CalOMS remain elevated; and other engagement and program performance indicators, such as no-shows, are not consistently measured.

- The DMC-ODS has added multiple contracts for residential treatment; however, rates for post-residential follow-up are below those found statewide.

- The DMC-ODS does not currently track first offered appointments or no-shows utilizing the current EHR.

- Of the 12 full-time equivalent (FTE) IT positions supporting Sacramento County's integrated behavioral health system of care, only one FTE data analytic staff is dedicated to DMC-ODS support.

FY 2022-23 CalEQRO recommendations for improvement include:

- Enhance provider and consumer awareness and means to secure access to bi-lingual counselors or linguistic services, as well as more universal adoption and acceptance of MAT.

- Identify and target training needs for system providers to improve client engagement and discharge planning and reduce the necessity for administrative discharge; address lack of no-show data to improve overall access and system performance.

- Continue to develop and expand relationships with network providers within all modalities to assure continued movement on increasing capacity and timeliness to care.

- Continue to focus on timeliness data unavailable from the Avatar system to identify solutions and processes in the development and implementation of SmartCare, to report on all mandated timeliness measures and improve data-informed decisions.

- Continue to assess the data analytics needs of the expanding system of care, to request and add the necessary new positions dedicated to the ongoing and evolving mandated reporting and data analysis.

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 205 (Section 14197.05 of the California Welfare and Institutions Code [WIC]).

This report presents the FY 2022-23 findings of the EQR for Sacramento DMC-ODS by BHC, conducted as a virtual review on May 16-18, 2023.

REVIEW METHODOLOGY

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

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

- Validation and analysis of the DMC-ODS' two contractually required PIPs as per 42 CFR Section 438.330 (d)(1)-(4) – validation tool included as Attachment C.

- Validation and analysis of PMs as per 42 CFR Section 438.358(b)(1)(ii).

- Validation and analysis of each DMC-ODS' NA as per 42 CFR Section 438.68, including data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.

- Validation and analysis of the extent to which the DMC-ODS and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county DMC-ODS' reporting systems and methodologies for calculating PMs, and whether the DMC-ODS and its subcontracting providers maintain HIS that collect, analyze, integrate, and report data to achieve the objectives of the quality assessment and performance improvement (QAPI) program.

- Validation and analysis of beneficiaries' 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 11, 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 after the Coronavirus Disease 2019 (COVID-19), though outbreaks of the virus within residential facilities has caused intermittent service disruption due to holds on admissions. California, specifically in the northern part of the state, experienced massive rain and flooding, again disrupting client services. The DMC-ODS and its providers both rescued unhoused clients from riverbeds and provided treatment options as indicated. This, despite a continued lack of DMC certified providers and workforce recruitment issues consistent with those felt across the state. CalEQRO worked with the DMC-ODS to design a virtual review agenda and was able to complete the review without 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.

- The DMC-ODS has added bed capacity with two new withdrawal management (WM) and residential providers for which they continue to support with technical assistance.

- The Comprehensive Opioid Recovery Experience (CORE) Medical Clinic, DMC-ODS network provider, has implemented dosing in the jails and there is also substantive work being done with criminal justice partners on enhancing re-entry services for individuals with SUD existing the local jail.

- Sacramento has two task force workgroups that address both the opioid overdose crisis and high prevalence of methamphetamine, launching community education campaigns such as "1 Pill Can Kill" and "Future Forward" fentanyl awareness targeting schools along with "Let's Talk Meth" prevention initiative. Communication platforms to engage the community are targeted, well designed, and data driven.

- Continued implementation of California Mental Health Service Authority (CalAIM: technical assistance for network providers and revising policies and protocols, monitoring tools, provider manual, etc. to align with CalAIM changes.

- Sacramento is implementing a new EHR in collaboration with CalMHSA with a go-live date of July 1,2023.

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: Continue to pursue additional contracts for residential treatment and withdrawal management beds to provide sufficient capacity and address the issues with timeliness into these modalities.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- The DMC-ODS has added two residential treatment providers over the last year.
- A request for proposal process was recently completed and awaiting board approval to award two organizations infrastructure funding for two new treatment facilities.
- While these facilities are anticipated to expand capacity in residential treatment and medication-assisted withdrawal management by approximately 120-125 beds, Sacramento has noted they will continue expansion work for this level of care into the future.

Recommendation 2: Create a workgroup with contracted providers with the intention of revising the current referral management and access processes that are causing delays and under-utilizing certain providers.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- Sacramento collaborated with network providers and developed a new referral management process for residential treatment/WM. Network providers now have real-time access, 24 hours/7 days per week to all client referral information.

- Additionally, the Crisis Response to Behavioral Health program is directly referring to residential and withdrawal management network providers, 24 hours/7 days per week, which also includes transporting clients.

- Feedback solicited from contract providers by CalEQRO during this review was very positive regarding the DMC-ODS and steps taken to involve them in process development and the subsequent adjustments to improve efficiency.

Recommendation 3: Continue to investigate enhanced recruitment strategies, provide technical support for system providers to decrease vacancies and would benefit from additional support staff positions with a focus on addressing access, timeliness, and data needs specific to the DMC-ODS

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- Sacramento held two job fairs to recruit both network provider and county staff which featured onsite screening and interviews of candidates.

- Sacramento developed workforce tools, including a presentation that provided information about all three certifying agencies for its network provider staff.

- The DMC-ODS instituted a Utilization Review Committee that provides monthly technical assistance to ensure program staff are well trained and foster staff retention.

- The DMC-ODS plans to implement Peer Support staff positions to provide additional supports and reduce the burden of expanded caseloads.

- Consistent with trends seen across the state, Sacramento has experienced workforce issues including vacancies, which they deem a priority, needing ongoing attention.

Recommendation 4: The DMC-ODS needs to take immediate steps to ensure accurate tracking of all urgent service requests along with making necessary adjustments to reduce no-shows, increase client engagement and to move towards meeting standards for timely services.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The DMC-ODS instructs providers to prioritize service requests noted as urgent within the system and to offer appointments within the 48-hour standard.

- The current Avatar system limitations still impact timeliness tracking, as the DMC-ODS does not track timeliness to offered appointments.

- The DMC-ODS reports that contract provider engagement and efforts to decrease no-shows and cancellations vary between providers. The DMC-ODS does not currently track no-shows within the EHR.

- Sacramento is part of a semi-statewide EHR launch which is set for July 2023 and anticipates that the system will include required timeliness tracking capability.

Recommendation 5: The DMC-ODS should continue its work to assess its local overdose and drug use patterns, enhance overdose prevention efforts, implement within its continuum innovative practice specific to the unique characteristics of prevalent drugs and coordination of MAT access with key partners such as the local Sheriff's department to optimize use of best practices within inmate facilities and upon reentry.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- The DMC-ODS shared with CalEQRO details of their ongoing assessment of local drug use, overdose, and fatality data. Similar to other parts of the state, Sacramento County is experiencing a "fentanyl and opioid crisis", noting that more people are dying from fentanyl-related deaths than firearm-related deaths. MAT providers are experiencing difficulties in stabilizing clients on MAT due to potency of fentanyl in the drug supply.

- In collaboration with the Sacramento County District Attorney's Office, the DMC-ODS launched a Fentanyl Education and Awareness campaign, One Pill Can Kill. This campaign includes a website with extensive resources and fentanyl virtual town hall meetings for the community.

- In collaboration with Arrive Alive, the DMC-ODS has provided fentanyl education and raised awareness in schools, facilitating seven school assemblies, across five school districts, and seven parent meetings, reaching over 9,300 students.

- Sacramento has implemented a county-wide Narcan Distribution Project, providing 5,000 dosages which were distributed through community events, county agency lobbies, its contract providers, prevention programs, and other forms of community outreach.

- Sacramento has a strong relationship with the various offices of the court and law enforcement, use of MAT within inmate services has continued to expand.

- DMC-ODS staff were invited to participate in various opioid and drug epidemic response panels, including one for criminal justice partners and one involving the state public health department. They also hosted a Cocaine, Methamphetamine, and Stimulant Summit in October 2022.

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 contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 0 percent of services were delivered by county-operated/staffed clinics and sites, and 100 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 99.97 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free System of Care (SOC) access line available to beneficiaries 24 hours, 7 days per week that is operated by county staff; beneficiaries may request services through the SOC which provides screening, assessment, coordination or care, linkage to referrals and notify receiving SUD providers by sending a service request through the EHR. The SOC staff are responsible for linking client beneficiaries to program options that would best suit them based on need. SOC staff also provide linkage to ancillary services, physical health, and other community-based services they may need.

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 5,115 adult beneficiaries, 177 youth beneficiaries, and 633 older adult beneficiaries across 0 county-operated sites and 64 contractor-operated sites. Among those served, <11 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

An adequate network of providers is necessary for beneficiaries to receive the medically necessary services most appropriate to their needs. CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, through WIC 14197.05, California assigns responsibility to the EQRO for review and validation of specific data, by plan and by county, for the purpose of

informing the status of implementation of the requirements of WIC Section 14197, including the information contained in Table 1A and Table 1B.

In November 2021, DHCS issued its FY 2021-22 NA Findings Report for all DMC-ODSs based upon its review and analysis of each DMC-ODS' Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual BHIN.

For Sacramento 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	n/a	55	n/a	n/a
# of allowable exceptions for the appointment time standard, if known (timeliness is addressed later in this report)	n/a	5	n/a	n/a
Distance and driving time between nearest network provider and zip code of the beneficiary furthest from that provider for AAS requests	n/a	40 minutes	n/a	n/a
Approximate number of beneficiaries impacted by AAS or allowable exceptions	n/a	Unknown as there has not been a request for these services	n/a	n/a
The number of AAS requests approved and related zip code(s)	n/a	n/a	n/a	n/a
Reasons cited for approval	n/a	n/a	n/a	n/a
The number of AAS requests denied and related zip code(s)	n/a	n/a	n/a	n/a
Reasons cited for denial	n/a	n/a	n/a	n/a

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

- The DMC-ODS has not yet received approval or denial for the AAS submitted.

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
OON Access for Beneficiaries	
The DMC-ODS ensures OON access for beneficiaries in the following manner:	☒ The DMC-ODS has existing contracts with OON providers ☐ Other: Click or tap here to enter text.

- Because the DMC-ODS cannot provide necessary services to a beneficiary within time and distance standards using a network provider, the DMC-ODS contracts with two out of county residential treatment providers.

ACCESS KEY COMPONENTS

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

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

Table 2: Access Key Components

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

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

- Sacramento created a system/provider work group to assess and adjust the intake process. The new process allows for providers to access real-time data on incoming clients and thereby significantly reducing lag in client admissions, specifically to residential services.

- Sacramento has increased their residential treatment capacity to 196 beds across 12 sites, an increase from the 159 beds across just nine sites noted during the last review cycle. Increased capacity was also seen in WM residential.

- The DMC-ODS has prioritized inter-agency collaborative efforts to coordinate care with various stakeholder and justice system partners, including the local Sheriff, District Attorney's Office, inmate services, and various courts. Notably, driving under the influence court which has seen success working with individuals who otherwise would not engage in treatment.

- The DMC-ODS has education, prevention and outreach efforts to multiple high-risk sub-populations including homeless, those with co-occurring mental illness, and various diverse populations including LGBTQ+, individuals newly arrived into the country (including Russian and Ukrainian immigrants), along with Spanish speaking and African-American groups. Youth prevention and outreach efforts are designed to intersect with treatment when indicated opportunities are present.

- Sacramento has prioritized continued efforts to expand its treatment capacity, which remains below levels of local demand.

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 PR for Sacramento is 1.04 percent which is higher than the statewide and similar size county PRs.

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	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
Ages 0-17	139,618	146	0.10%	0.10%	0.10%
Ages 18-64	308,422	4,688	1.52%	1.43%	1.30%
Ages 65+	80,087	639	0.80%	0.51%	0.43%
TOTAL	**528,127**	**5,473**	**1.04%**	**0.93%**	**0.85%**

- Total PR was higher than in similar sized counties and statewide, as were PRs for all adult age groups. Total PR decreased from prior EQR in the DMC-ODS as well as statewide.

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

Race/Ethnicity Groups	# of Eligibles	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
African-American	71,103	742	1.04%	1.18%	1.13%
Asian/Pacific Islander	71,510	147	0.21%	0.15%	0.15%
Hispanic/Latino	114,192	692	0.61%	0.58%	0.56%
Native American	3,322	55	1.66%	2.13%	1.75%
Other	153,839	1,720	1.12%	1.32%	1.15%
White	114,161	2,117	1.85%	1.84%	1.64%
TOTAL	**528,126**	**5,473**	**1.04%**	**0.93%**	**0.85%**

- Whites, Native Americans, and Other were the groups with the highest PRs. PRs for Whites, Hispanic/Latino, and the Asian/Pacific Islander groups had PRs higher than statewide rates.

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

Sacramento DMC-ODS

	African-American	Asian/Pacific Islander	Hispanic/Latino	Native American	Other	White
■ County % Served	14%	3%	13%	1%	31%	39%
■ County % Eligibles	13%	14%	22%	1%	29%	22%
■ State % Served	10%	2%	32%	1%	20%	35%
■ State % Eligibles	7%	10%	49%	0%	15%	18%
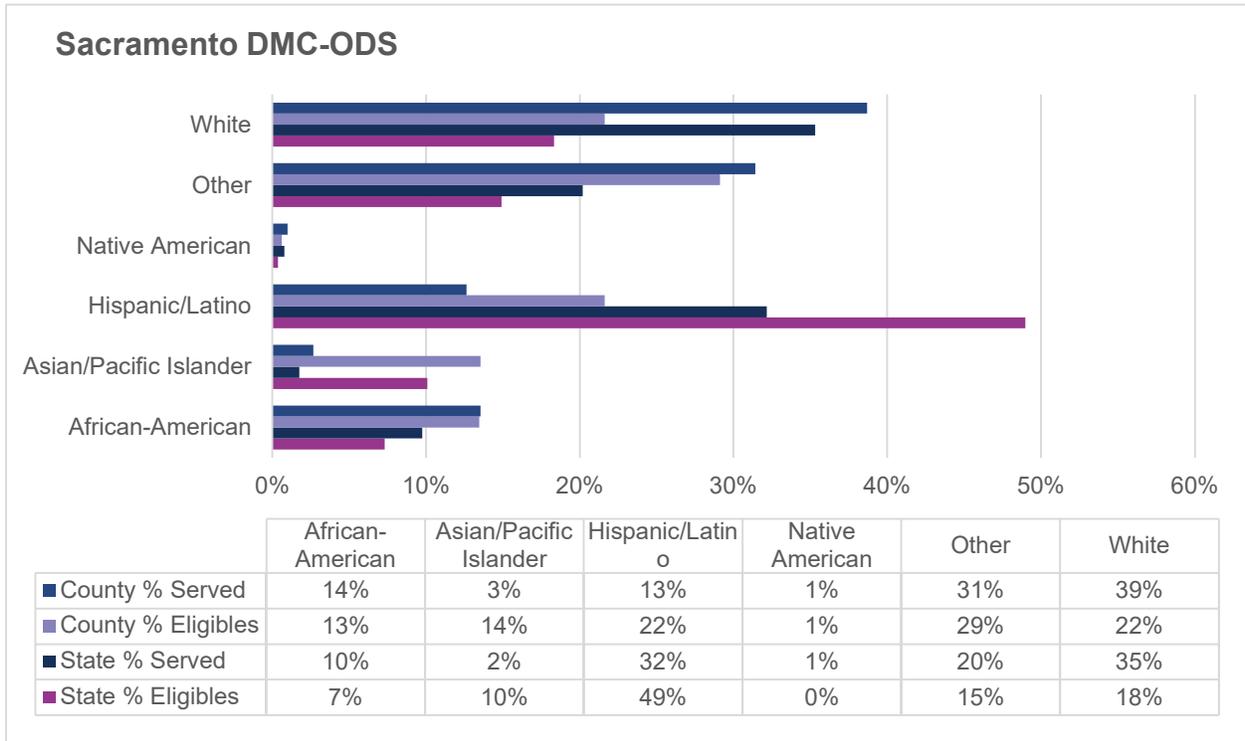
- Proportionally, Whites were the most overrepresented racial/ethnic group in the DMC-ODS, and Hispanics/Latinos and Asians/Pacific Islanders were the most underrepresented groups.

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

Eligibility Categories	# Eligibles	# Beneficiaries Served	County PR	Similar Size Counties PR	Statewide PR
ACA	171,661	2,644	1.54%	1.66%	1.55%
Disabled	63,272	1,223	1.93%	1.74%	1.54%
Family Adult	100,652	1,538	1.53%	1.15%	1.05%
Foster Care	2,141	39	1.82%	1.25%	1.25%
MCHIP	44,731	40	0.09%	0.09%	0.08%
Other Adult	57,442	90	0.16%	0.09%	0.07%
Other Child	92,923	95	0.10%	0.11%	0.10%
Total	**528,126**	**5,473**	**1.04%**	**0.93%**	**0.85%**

- The largest client eligibility category was ACA, which also represented the largest group of beneficiaries served.

- The eligibility category with the highest PR was Disabled, followed by Foster Care. PRs for all eligibility categories were higher than similar size counties and statewide, with the exceptions of ACA and Other Child.

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

Eligibility Categories	County AACB	Similar Size Counties AACB	Statewide AACB
ACA	$3,981	$5,493	$5,999
Disabled	$4,431	$5,205	$5,549
Family Adult	$4,343	$4,789	$5,010
Foster Care	$1,543	$2,870	$2,826
MCHIP	$1,368	$3,989	$3,783
Other Adult	$4,015	$4,379	$4,547
Other Child	$1,607	$3,888	$3,460
Total	**$4,248**	**$5,395**	**$5,821**

- AACBs in the DMC-ODS were lower than similar sized counties and statewide for all eligibility categories.

Table 7: Services Used by Beneficiaries, CY 2021

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt	<11	-	41	0.03%
Intensive Outpatient	324	5.12%	14,586	9.73%
Narcotic Treatment Program	3,412	53.89%	40,196	26.81%
Non-Methadone MAT	245	3.87%	7,837	5.23%
Outpatient Drug Free	1,519	23.99%	44,111	29.42%
Partial Hospitalization	0	0.00%	19	0.01%
Recovery Support Services	<11	-	5,439	3.63%
Res. Withdrawal Mgmt	185	2.92%	10,869	7.25%
Residential Treatment	638	10.08%	26,859	17.91%
Total	**6,332**	**100.00%**	**149,957**	**100.00%**

- NTP services had the highest utilization, followed by Outpatient services, and Residential Treatment. NTP was utilized at a higher rate than statewide, while Residential Treatment and Outpatient were used at a lower rate than statewide.

- Partial Hospitalization had no utilization in the DMC-ODS. Non-Methadone MAT and Residential WM had lower rates of utilization as compared statewide rates.

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

Service Categories	County AACB	Similar Size Counties AACB	Statewide AACB
Ambulatory Withdrawal Mgmt	$47	$47	$996
Intensive Outpatient	$96	$1,189	$1,630
Narcotic Treatment Program	$4,222	$3,935	$4,271
Non-Methadone MAT	$3,270	$1,340	$1,454
Outpatient Drug Free	$2,356	$2,370	$2,581
Partial Hospitalization	$0	$5,027	$5,027
Recovery Support Services	$142	$1,870	$1,761
Res. Withdrawal Mgmt	$1,285	$2,396	$2,438
Residential Treatment	$6,576	$10,433	$10,157
Total	**$4,248**	**$5,395**	**$5,821**

- The AACB for NTP was higher than in similarly sized counties and similar to the statewide AACB.

- The AACB for Non-Methadone MAT was more than double the similarly sized counties and statewide AACBs.

- The AACBs for Outpatient, RSS, Residential WM, and Residential Treatment were lower than in similarly sized counties and statewide.

IMPACT OF ACCESS FINDINGS

- Sacramento described active and ongoing efforts to expand its existing service offerings, specifically as it expands residential and WM residential beds.

- There is a low utilization of the waiver based services such as Recovery Support and Case Management even as the DMC-ODS continues to encourage utilization by providers thereby increasing access to these valuable clinical support activities for clients.

- While non-methadone MAT service utilization is lower than the statewide rate, the DMC-ODS works well with allied healthcare system and FQHC primary care sites to assure access for SUD individuals.

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	Met
2C	Urgent Appointments	Partially Met
2D	Follow-Up Appointments after Residential Treatment	Met
2E	Withdrawal Management Readmission Rates	Met
2F	No-Shows/Cancellations	Partially Met

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

- MAT services are broadly available and well-adopted not just by the DMC-ODS, but its allied partners and key referral sources as indicated by ready and timely access represented in claims data provided by CalEQRO.

- Of the 161 offered urgent service request appointments offered, 140 or 87.5 percent met the 48-hour standard required by DHCS.

- Sacramento reports that they have reduced readmissions within 30 days to WM residential from 1.5 percent in the last EQR to just .08 percent.

- Current tracking level of care transitions is inconsistent though Sacramento expects this will be enhanced with new EHR launching July 2023.

- The DMC-ODS does not track no-shows for initial appointments/service though there is anecdotal evidence that some individual providers do so internally.

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-month period of FY 2021-22. Table 10 and Figures 2 – 4 display data submitted by the DMC-ODS; an analysis follows. This data represented the entire system of care which is fully contractor-operated services.

The DMC-ODS does not track offered appointments. The DMC-ODS measures this timeliness data from the request date to the assessment date which is reflected in Table 10.

No-show data was not available as it is not currently tracked in the DMC-ODS EHR.

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	% That Meet Standard
First Non-Urgent Appointment Offered	1.21 Business Days***	10 Business Days*	99.0%
First Non-Urgent Service Rendered	46.19 Business Days	10 Business Days**	29.2%
Non-Urgent MAT Request to First NTP/OTP Appointment	2.43 Business Days	3 Business Days*	86.5%
Urgent Services Offered	6.48 Hours***	48 Hours**	87.5%
Follow-up Services Post-Residential Treatment	25.7	7 Days	18.2%
WM Readmission Rates Within 30 Days	0.08%	n/a	n/a
No-Shows	****	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033			
** DMC-ODS-defined timeliness standards			
***DMC-ODSs does not track offered appointments. Measured time is from request date to date of assessment which is typically the same date of request.			
**** DMC-ODS did not report data.			
For the FY 2022-23 EQR, the DMC-ODS reported its performance for the following time period: FY 20221-22			

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

Sacramento DMC-ODS

Business Days

All | Adult | Child

- First Offered Service
- First Delivered Service
- First Offered NTP/OTP
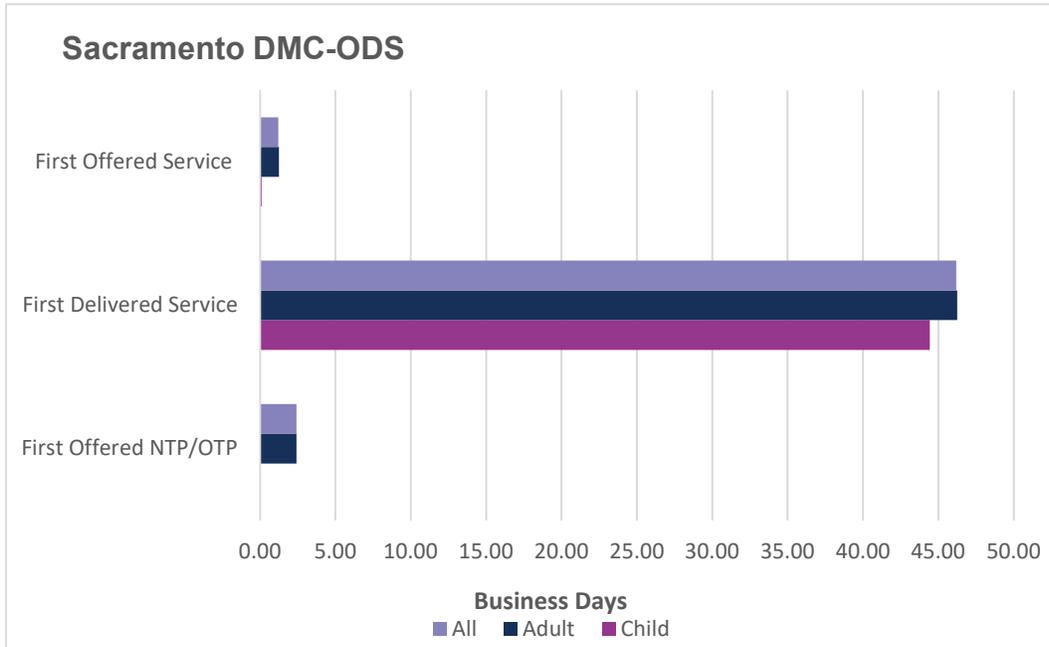
Figure 3: Wait Times for Urgent Services

Sacramento DMC-ODS

- All
- Adult
- Child

Hours
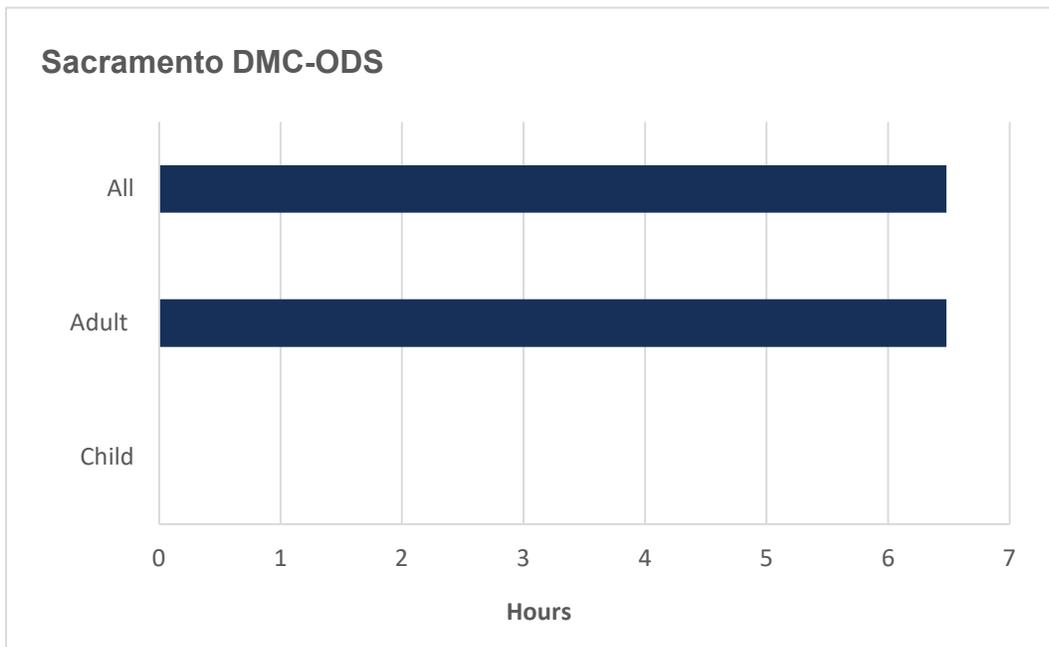
Figure 4: Percent of Services that Met Timeliness Standards

Sacramento DMC-ODS — bar chart showing Percent Meeting Standard for First Offered Service, First Delivered Service, First Offered NTP/OTP, and First Offered Urgent, by All, Adult, and Child.
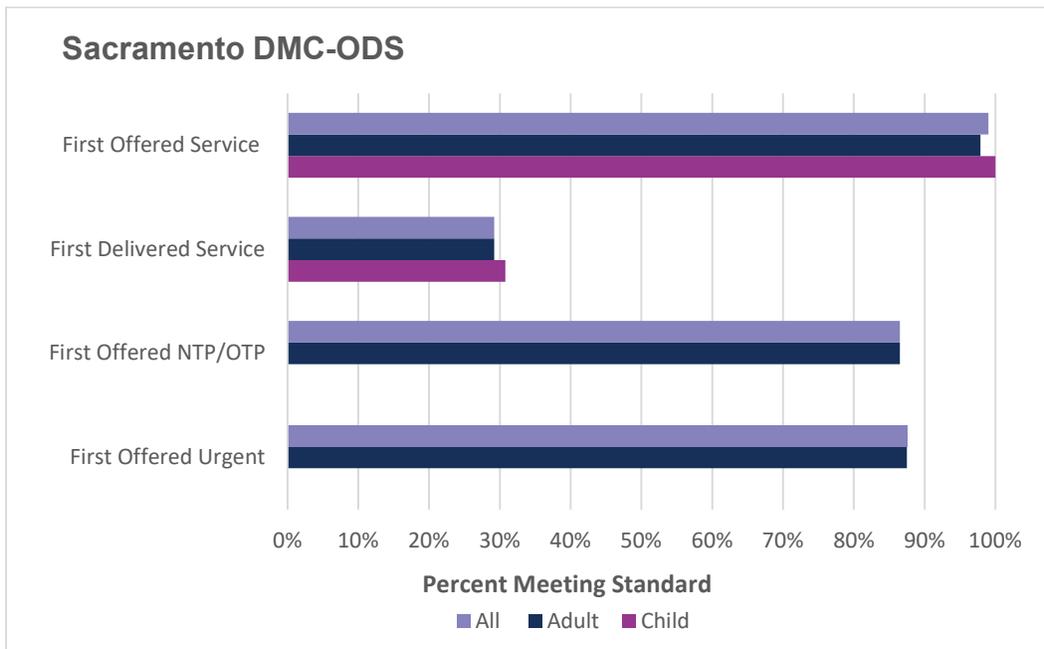
- The current DMC-ODS process for timeliness data collection may result in an underestimation of time to service and/or an incomplete data set as it does not track to first offered appointment.

- Variance between the DMC-ODS submitted ATA and the EQR performance measures data are impacted due to the ATA reporting being based on FY 2021-22 data, while the EQR claims data is utilized for CY 2021.

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	0	0.00%	0.00	10	0.03%	10.20
18 to 64	2,798	83.35%	1.49	33,162	84.03%	3.41
65+	559	16.65%	0.26	6,292	15.94%	0.41
TOTAL	3,357	100.00%	1.28	39,464	100.00%	2.94

- The average number of days to first dose of Methadone is lower than the statewide average (1.28 days for the DMC-ODS versus 2.94 days statewide). No youth received methadone in CY 2021 in Sacramento.

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 = 625		Statewide N = 26,513	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	17	2.72%	5,740	9.74%
Within 14 Days	46	7.36%	7,610	12.92%
Within 30 Days	65	10.40%	9,214	15.64%

- Of the 625 beneficiaries who discharged from Residential Treatment, 2.72 percent transitioned to another billed service within seven days, and 10.40 percent transitioned within 30 days.

- The cumulative percentages of beneficiaries transitioning to other services and receiving a billed service are lower than those seen statewide within each measured time period.

Residential Withdrawal Management Readmissions

Table 13: Residential Withdrawal Management Readmissions, CY 2021

County		Statewide	
Total DMC-ODS admissions into WM	200		14,120

	#	#	#	%
WM readmissions within 30 days of discharge	13	6.50%	1,128	7.99%

- The readmission rate in Sacramento was slightly lower than the statewide readmission rate for WM.

IMPACT OF FINDINGS

- FY 2021-22 data provided by the DMC-ODS indicates a much lower readmission rate of .08 percent (down from 1.5 percent reported in the prior review cycle) than what is noted in Table 13 which it should be noted is from CY 2021.

- While Sacramento's rate of timely transition for residential discharges is lower than what is found statewide, Table 12 only reflects billed services. The DMC-ODS data shows a higher rate of meeting the 7-day standard likely reflecting care coordination services that are necessary for linkage but not billable to Medi-Cal.

- The DMC-ODS does not require its service providers to track no-shows for initial appointments/service, a key performance indicator to assess its intake process and engagement care coordination efforts.

- Timeliness tracking capacity is expected to meet all requirements and those which are noted here as inconsistently applied with the implementation of the new semi-statewide SmartCare information system in July 2023.

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

Within the DMC-ODS, responsibility for QI is Quality Management (QM). The integrated Behavioral Health Services Quality Management and Research Evaluation and Performance Outcomes units is composed primarily of shared staff with the MHP. There is an integrated staff from this unit who work with contract liaisons, administrative, fiscal, billing and the Sacramento SUD leadership to assist with grants, compliance, audits, and reviews.

The DMC-ODS monitors its quality processes through an integrated QI Work Plan (QIWP) that details goals, activities, and data to measure levels of improvement. The Sacramento QIWP tracks activities, performance indicator development and refinement, ongoing and time-limited performance improvement projects or focused studies and other monitoring to ensure quality care. The QIC is comprised of executive leadership, ethnic service manager, medical staff, licensed and counseling staff, providers client advocates and consumer representatives and is scheduled to meet on a monthly basis. Since the previous EQR, the DMC-ODS QIC met eight of eleven times with both November and December schedule dark due to the holidays and NORQIC in March. Of the 14 identified FY 2021-22 QIWP goals, the DMC-ODS provided a summary of activities, along with quarterly findings for seven, but had not assigned a rating on progress 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	Partially Met
3C	Communication from DMC-ODS Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Met
3D	Evidence of an ASAM Continuum of Care	Met
3E	MAT Services (both NTP and non-NTP) Exist to Enhance Wellness and Recovery	Met
3F	ASAM Training and Fidelity to Core Principles is Evident in Programs within the Continuum of Care	Met
3G	Measures Clinical and/or Functional Outcomes of Clients Served	Partially Met
3H	Utilizes Information from the Treatment Perception Survey to Improve Care	Met

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

- The Quality Management division has demonstrated strengths in use of data to guide projects and system decisions. A recent increase in capacity for residential and WM residential were guided by system input from providers and review of service utilization data. Additionally, there are regularly scheduled meetings between Sacramento and their contract providers along with development of a workgroup to make system adjustments to intake and admission protocols.

- Sacramento's System of Care assures timely follow-up by assigning staff who can interface with program staff to coordinate intake to appropriate level of care.

- MAT services are well adopted both within the SUD provider network and by allied partners and there is a history of coordination with local FQHCs and primary care for non-methadone MAT access. There are plans to utilize grant funding to begin non-methadone MAT inductions for residential clients, and there is MAT embedded in mobile response teams and projects that work with the homeless.

- Services for opioids and drugs involved in local overdose and fatality data are promoted by strong prevention efforts, and there is broad community support for targeted education and indicated prevention. Targeted treatment efforts for methamphetamines are a strength of this system which is also part of the new evidence based Contingency Management pilot across the state. Youth service

efforts are coordinated with local research-based prevention efforts which include youth stakeholders that provide input and drive initiatives or presentations on subjects such as fentanyl, cannabis, or alcohol.

- Quality based performance measures that address no-shows or unfavorable CalOMS outcomes are a target for the DMC-ODS though these have yet to be formally addressed in areas such as contract language.

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. Figure 5 and Figure 6 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: Percentage of Beneficiaries by Diagnosis Code, CY 2021

Sacramento DMC-ODS

	Other	Other Stimulant	Sedative Hypnotic	Other Psychoactive	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
County	0%	12%	0%	0%	70%	0%	0%	1%	6%	10%
State	1%	23%	2%	0%	45%	0%	0%	2%	7%	20%

% Beneficiaries
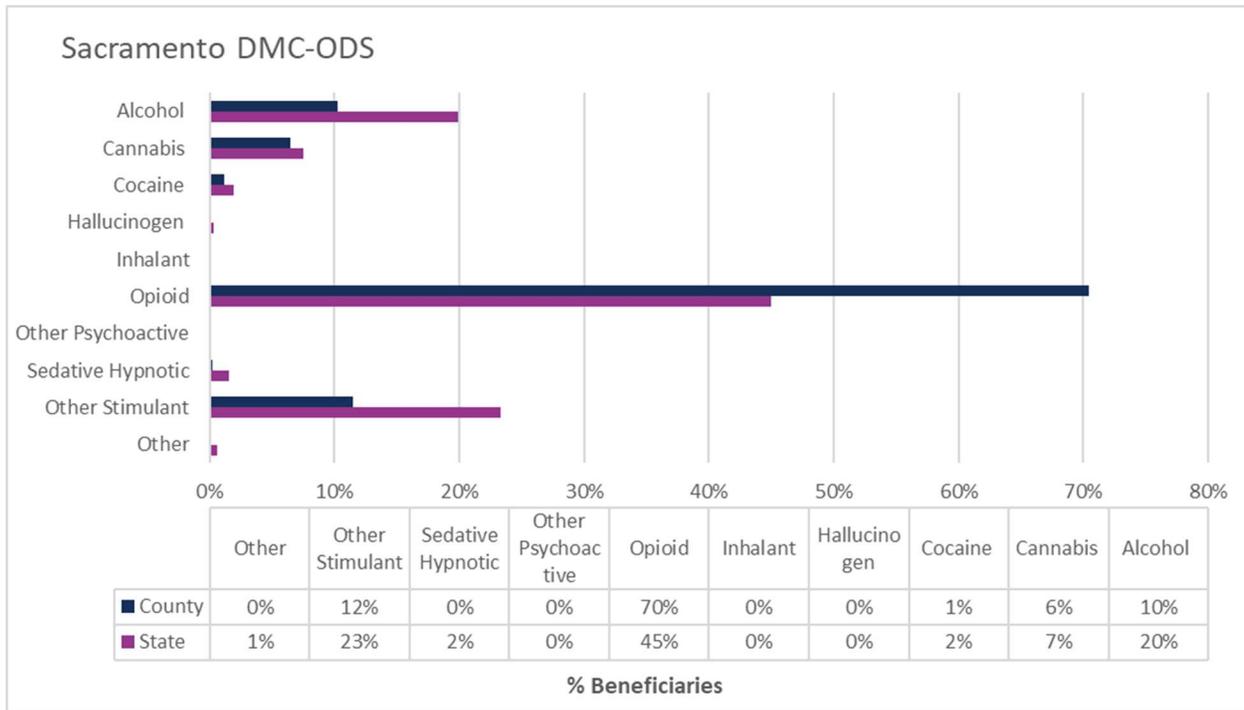
- The most common diagnostic categories in the DMC-ODS were Opioid, Other Simulant, and Alcohol use disorders. Other Stimulant and Alcohol related diagnoses were slightly less prevalent than statewide, whereas Opioid was more prevalent.

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

Sacramento DMC-ODS

	Other	Other Stimulant	Sedative Hypnotic	Other Psychoactive	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
■ County	0%	7%	0%	0%	82%	0%	0%	1%	3%	7%
■ State	1%	26%	1%	0%	41%	0%	0%	2%	5%	24%

% Approved Claims
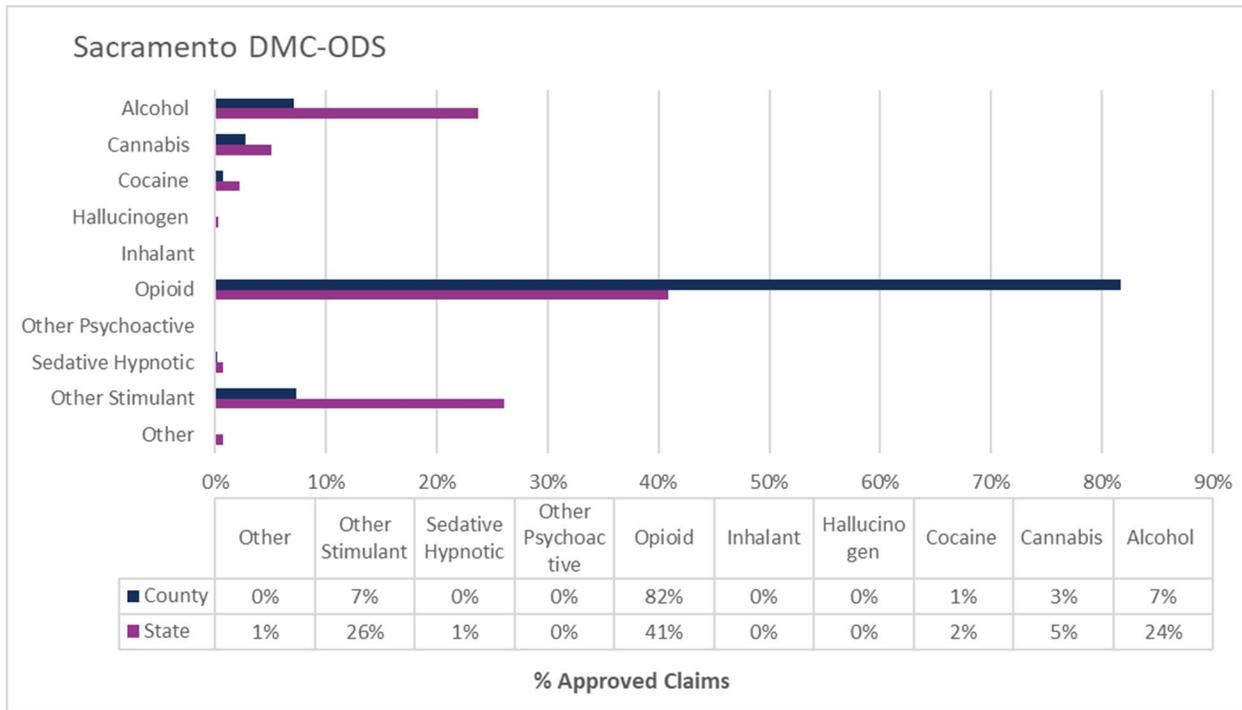
- Statewide claims by diagnostic categories were generally congruent with diagnostic patterns in the DMC-ODS.

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	0	0.00%	0	0.00%	12	0.37%	6	0.19%
Ages 18-64	230	4.91%	182	3.88%	7,505	7.96%	3,873	4.11%
Ages 65+	15	2.35%	11	1.72%	447	5.01%	172	1.93%
Total	**245**	**4.48%**	**193**	**3.53%**	**7,964**	**7.15%**	**4,051**	**3.63%**

- The majority of non-methadone MAT was provided to adults 18-64, with 4.91 percent of clients in the age group receiving at least one non-methadone MAT service in CY 2021.

- Of the 245 clients that received at least one non-methadone MAT service, 193 clients (approximately 78.8 percent of all non-methadone MAT clients), remained

engaged and received three or more services. This is higher than the statewide engagement rate of 50.9 percent.

Residential Withdrawal Management with No Other Treatment

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

	# WM Clients with 3+ Episodes & No Other Services	% WM Clients with 3+ Episodes & No Other Services
County	<11	-
Statewide	370	3.46%

- The DMC-ODS had a low number of clients who received WM with no linkage to other treatment.

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	HCB % by Total Claims
Ages 0-17	146	0	0.00%	$0	$0	0.00%
Ages 18-64	4,704	-	-	-	$537,263	2.68%
Ages 65+	639	<11	-	-	-	-
Total	**5,489**	**29**	**0.53%**	**$19,123**	**$554,565**	**2.38%**

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

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

- The percentage of HCBs in Sacramento (0.53 percent) was substantially lower than statewide (5.66 percent). HCB claims accounted for 2.38 percent of the DMC-ODS total claims in CY 2021.

- The AACB for HCBs in the DMC-ODS was also lower than statewide, as was the proportion of total claims attributed to HCBs.

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	3,337	84.7%	4,640	90.4%	2,331	94.5%
Patient Preference	356	9.0%	246	4.8%	56	2.3%
Level of Care Not Available	<11	-	33	0.6%	<11	-
Clinical Judgement	64	1.6%	45	0.9%	21	0.8%
Geographic Accessibility	15	0.4%	<11	-	<11	-
Family Responsibility	12	0.3%	<11	-	0	0.0%
Legal Issues	<11	-	<11	-	0	0.0%
Lack of Insurance/Payment Source	127	3.2%	<11	-	0	0.0%
Other	86	2.2%	156	3.0%	54	2.2%
Actual Level of Care Missing	0	0.0%	0	0.0%	0	0.0%
TOTAL	**4,013**	**100.0%**	**5,132**	**100.0%**	**2,467**	**100.0%**

- The DMC-ODS had a high congruence between ASAM determinations and LOC referrals for initial assessments, with the majority of non-congruent referrals

being attributed to patient preference. Congruence increased to 94.5 percent at follow-up assessment.

Initiation and Engagement

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

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

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

	County				Statewide			
	# Adults		**# Youth**		**# Adults**		**# Youth**	
Clients with an initial DMC-ODS service	5,121		136		101,279		3,051	
	#	**%**	**#**	**%**	**#**	**%**	**#**	**%**
Clients who then initiated DMC-ODS services	4,804	94%	116	85%	89,055	88%	2,583	85%
Clients who then engaged in DMC-ODS services	4,094	85%	72	62%	69,161	78%	1,823	71%

- 94 percent of adults received another service within 14 days of intake or assessment, and 85 percent received two or more services within 30 days after initiation.

- 85 percent of youth received another service within 14 days of intake or assessment, and 62 percent received two or more services within 30 days after initiation.

Length of Stay

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

	County		Statewide	
Clients discharged from care (no treatment for 30+ days)	3,341		89,610	
	Average	**Median**	**Average**	**Median**
LOS for clients across the sequence of all their DMC-ODS services	106	73	123	87
	#	**%**	**#**	**%**
Clients with at least a 90-day LOS	1,462	44%	43,937	49%
Clients with at least a 180-day LOS	741	22%	25,334	28%
Clients with at least a 270-day LOS	372	11%	14,774	16%

- Both average (mean) and median LOS in Sacramento were lower than those seen statewide, as are the percentages of beneficiaries with at least 90-day, 180-day, and 270-day LOS.

CalOMS Discharge Ratings

Table 22: CalOMS Discharge Status Ratings, CY 2021

	County		Statewide	
Discharge Status	**#**	**%**	**#**	**%**
Completed Treatment - Referred	478	15.2%	20,256	19.1%
Completed Treatment - Not Referred	358	11.4%	7,645	6.1%
Left Before Completion with Satisfactory Progress - Standard Questions	119	3.8%	14,696	17.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	373	11.9%	7,834	7.4%
Subtotal	*1,328*	*42.3%*	*50,431*	*50.4%*
Left Before Completion with Unsatisfactory Progress - Standard Questions	206	6.7%	16,775	17.3%
Left Before Completion with Unsatisfactory Progress - Administrative	1,583	50.4%	30,398	29.7%
Death	<11	-	1,609	2.1%
Incarceration	-	-	785	0.8%
Subtotal	*1,812*	*57.7%*	*49,567*	*49.6%*
TOTAL	**3,140**	**100.0%**	**99,998**	**100.0%**

- The first four listed discharge statuses in Table 22 are generally considered "positive" because they indicate treatment was either completed, or the beneficiary was making satisfactory progress when treatment ended. The DMC-ODS had lower proportions of beneficiaries leaving treatment with these positive discharges than statewide (42.3 percent in Sacramento as compared to 50.4 percent statewide).

- The bottom four discharge statuses are generally not considered positive, as they include ending treatment with unsatisfactory progress, or due to incarceration or death. The DMC-ODS had higher rates of beneficiaries discharging for these reasons as compared to statewide (57.7 percent in Sacramento versus 50.4 percent statewide).

IMPACT OF QUALITY FINDINGS

- CalOMS data indicates an increase in completed treatment episodes with 15.2 percent leaving with referral, an improvement from 10.3 percent during the last EQR. Administrative discharges for clients eloping with satisfactory progress decreased (a positive trend) to 11.9 percent, down from 21.7 percent in the last review cycle, though this remains higher than the statewide average.

- Administrative discharges with unsatisfactory progress is elevated, with half of all clients eloping (50.4 percent) compared to just 29.7 percent statewide. This indicates a need to adjust initial LOC placement and/or enhance engagement and retention efforts at the provider level, where RSS and CM services remain under-utilized.

- There is a strong, knowledgeable, and consistent level of program monitoring conducted by Sacramento's utilization review efforts and established protocols. Clinical support and training are a system priority. ASAM congruence indicates a high level of sophistication in use of parameters utilized for client placement, even as both CalOMS and Medi-Cal disallowance rates continue to be areas of opportunity.

- Diagnosis categories of individuals served by the DMC-ODS accurately reflect adjustments made by Sacramento to address primary drug issues including setting up workgroups and task force to work on both opioid and methamphetamine use patterns and educate the community.

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[1] and 457.1240(b)[2]. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction. They should have a direct beneficiary impact and may be designed to create change at a member, provider, and/or DMC-ODS system level.

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

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

CLINICAL PIP

General Information

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

Date Started: November 2022

Aim Statement: For Medi-Cal beneficiaries initiating medications for opioid use disorder (MOUD) from the Plan or the Plan's provider network, implemented interventions will increase the percentage of continuous MOUD events by five percent by June 30, 2023.

Target Population: The target population for this project will be operationalized within the parameters of the HEDIS POD metric. Sacramento will focus on beneficiaries with a diagnosis of OUD who initiated MOUD from the Plan and/or the Plan's provider network. Consistent with the POD metric, the overarching goal is to evaluate continuous

---

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

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

engagement in MOUD, defined in the HEDIS metric as 180+ days, in light of research that highlights the importance of continuity for this treatment approach.

<u>Validation Information</u>: The DMC-ODS' clinical PIP is in the planning phase.

Summary

Sacramento conducted a root cause analysis using "The Five Whys" to identify and explore local factors impacting engagement in MOUD. In addition to the research literature that the DMC-ODS conducted, CalOMS data were analyzed to determine the percent of beneficiaries who discharge prior to completion of services. The data indicate that more than just over 65 percent of clients discharge "before completion with unsatisfactory progress", indicating lack of continued engagement. Local data were extracted from Sacramento's EHR (Avatar) and analyzed to determine the percent of beneficiaries who discharge from services within 180 days. Over 60 percent (60.9%) discharge from MAT services within 180 days.

The DMC-ODS concluded that care coordination and engagement practices do not adequately address complex needs, such as homelessness, co-occurring disorders, complex social or health factors client motivation, and other barriers to engaging in services (e.g., stigma around substance use and SUD treatment, as well as MOUD specifically). Similarly, care fragmentation and communication gaps between treatment settings and/or systems contribute to care discontinuity as does geographic remoteness and lack of flexibility in service delivery / meeting people "where they are at" (e.g., dosing times, abstinence only models, rigidity in the types / amounts of psychosocial treatments available and required). Both stakeholder input and review of potential health inequities factors were considered. Interventions will include an updated communication workflow, tracking and addressing no-show data and identification of clients that require engagement and care coordination assets. Performance metrics are in alignment with interventions and the interventions are designed to favorably impact and enhance treatment retention, care continuity which directly link to the primary clinical outcomes.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence, because: of the strength of the design, depth of analysis of a variety of data sources, assignment of interventions that are well researched and communication and tracking processes that will occur on this shared population of the DMC-ODS and EDs.

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

- Session included a facilitated discussion on key elements of the PIP design and areas involving process improvement between the DMC-ODS and local ED.

- Data for this cohort tied to CalOMS and length of stay would be helpful in further illustrating the clinical benefit of this PIP.

NON-CLINICAL PIP

General Information

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

Date Started: November 2022

Aim Statement: For Medi-Cal beneficiaries with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan within seven and 30 days by five percent by June 30, 2023.

Target Population: The target population for this project will be operationalized within the parameters of the HEDIS FUA metric. The Plan will focus on beneficiaries with a qualifying event as defined in the FUA measure. A qualifying event is an ED visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, also referred to as SUD throughout this document.

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

Summary

Upon review, Sacramento noted that there was high frequency of not being notified about their beneficiaries who were being served by the ED, often months after they were discharged. This is a primary factor which contributes to delays in beneficiaries receiving follow-up services post-ED visit. The PIP is designed to streamline the referral process for individuals discharged from Managed Care Plan (MCP) Emergency Departments (ED) to the DMC-ODS System of Care (SOC) through development of a clear communication plan and more real time sharing of data.

In addition to reviewing data provided by DHCS, Sacramento conducted stakeholder outreach to assess facilitators of and barriers to (a) engaging clients in timely follow-up substance use treatment after ED visits and (b) tracking / exchanging related data to make person-centered, data-informed decisions. During stakeholder engagement activities, the DMC-ODS also conducted an analysis of *current* processes from a clinical workflow perspective and non-clinical process perspective. Results of analysis contributed to identification of both etiology of barriers as well as informing the PIPs interventions. Sacramento included the important context of the county's threshold languages: English, Spanish, Russian, Farsi, Vietnamese, Hmong, Cantonese, Arabic.

In its review of the HEDIS Measure Analysis Report (2021) 8 percent of ED visits for SUD resulted in a follow-up SUD service within seven days (FUA7), and 15 percent resulted in a follow-up service within 30 days (FUA30). This placed Sacramento County

below the national benchmark for FUA7 and below the national benchmark for FUA30. For additional context, an analysis was conducted comparing the county's performance to other counties in the state, noting the local performance on this metric fell within Quartile 3 (the second lowest quartile) for FUA7 and FUA30, compared to other counties.

The selected interventions were informed by local analyses discussed in the PIP committee and research on barriers / root causes underlying unsuccessful / untimely transitions from EDs to follow-up care. This included care fragmentation, gaps in communication between the ED and DMC-ODS, lack of timely referrals and "cold handoffs" with no mechanisms to track referrals or routine exchange of information. Based on root cause analysis and stakeholder engagement activities, Sacramento identified a set of preliminary interventions (all with associated measures to track efficacy). The interventions are to obtain consistent ED data from the managed care plan, implementing standard reviews to identify utilization patterns and high-risk populations. There will also be a centralized referral mechanism allowing for real time referral management and coordination along with use of a referral coordinator who will provide an interface with EDs and referred individuals.

As noted above, the primary outcome measure for this PIP is the percentage of ED visits for SUD where the client received a follow up substance use treatment service from the Plan within seven or 30 days (FUA).

TA and Recommendations

As submitted, this non-clinical PIP was found to have moderate confidence, because: of the strength of the design, depth of analysis of a variety of data sources, assignment of interventions that are well researched and the communication pathways already established between the DMC-ODS and managed care plans.

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

- Session included a facilitated discussion on key elements of the PIP design and areas involving process improvement between the DMC-ODS and local ED.

- Reviewed and support data collection, tracking, reporting and schedule for ongoing analysis.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is Netsmart/AvatarNX, which has been in use for 12 years. Currently, the DMC-ODS is actively implementing a new system which requires heavy staff involvement to fully develop. Targeted go-live date is July 1, 2023.

Approximately 0.83 percent of the DMC-ODS budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving DMC-ODS control and another county department or agency. This percentage of the DMC-ODS budget is a decrease from 1.64 percent at the time of the last review.

The DMC-ODS has 2,148 named users with log-on authority to the EHR, including approximately 616 county staff and 1,532 contractor staff. Support for the users is provided by 12 full-time equivalent (FTE) IS technology positions. Currently all positions are filled, and the 12 FTE are not solely dedicated to the DMC-ODS and support both the mental health and DMC-ODS systems of care.

As of the FY 2022-23 EQR, all contract providers have access to directly enter clinical data into the DMC-ODS' EHR. 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	0%
Electronic Data Interchange to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	0%
Electronic batch file transfer to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	0%
Direct data entry into DMC-ODS IS by provider staff	☒ Daily ☒ Weekly ☒ Monthly	90%
Documents/files e-mailed or faxed to DMC-ODS IS	☒ Daily ☒ Weekly ☒ Monthly	10%
Paper documents delivered to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	0%
		100%

Beneficiary Personal Health Record

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

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, DMC-ODS contract providers, and hospitals.

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	Partially Met
4C	Integrity of Medi-Cal Claims Process	Met
4D	EHR Functionality	Met
4E	Security and Controls	Met
4F	Interoperability	Partially Met

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

- With regards to IT infrastructure and resources, Sacramento has successfully leveraged support from internal staffing, and vendor support to continue the development of the AvatarNX EHR to come into alignment with CalAIM updates and system need. Simultaneously, the DMC-ODS has made implementation efforts to transition the EHR to the Streamline/SmartCare system.

- In terms of data collection and processing, the DMC-ODS only has one FTE dedicated to the DMC-ODS and does not currently have an operational data warehouse.

- The missing components for rating interoperability are the lack of system functionality for contract providers to enter progress notes, which is anticipated to be addressed in a future system update, and the fact that the DMC-ODS is not currently a participant in an HIE.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

Table 25 shows the amount of denied claims by denial reason, and Table 26 shows approved claims by month, including whether the claims are either adjudicated or denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2021.

The DMC-ODS denied claims show room for improvement in claiming processes when other healthcare coverage is present and when another service was delivered on the same day.

Table 25: Summary of Denied Claims by Reason Code, CY 2021

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Exceeds maximum rate	354,139	$6,322,477	76.53%
Other Healthcare Coverage	87,155	$1,569,483	19.00%
Duplicate/same day service	9,434	$334,878	4.05%
Beneficiary not eligible	759	$20,662	0.25%
Service location not eligible	41	$7,791	0.09%
Other	39	$6,103	0.07%
Missing valid diagnosis	6	$362	0.00%
Total Denied Claims	**451,573**	**$8,261,755**	**100.00%**
Denied Claims Rate	**26.02%**		
Statewide Denied Claims	**16.80%**		

Table 26: Approved Claims by Month, CY 2021

Month	# Claim Lines	Total Approved Claims
Jan-21	78,226	$1,982,366
Feb-21	72,609	$1,910,182
Mar-21	79,472	$2,117,012
Apr-21	75,360	$1,978,358
May-21	77,808	$1,891,296
Jun-21	75,149	$1,973,192
Jul-21	74,762	$2,052,344
Aug-21	74,566	$2,074,234
Sep-21	73,548	$2,008,128
Oct-21	71,325	$1,860,586
Nov-21	74,193	$1,898,196
Dec-21	73,273	$1,744,688
Total	**900,291**	**$23,490,583**

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

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Sacramento is prioritizing projects efficiently with existing resources. The continued Avatar EHR development to align with CalAIM, while simultaneously moving the EHR implementation of SmartCare forward is evidence of the dedication and experience of the IT support staff in consistent improvement.

- Additional IT support and data analytics positions would benefit the DMC-ODS as they move towards fully implementing SmartCare which is anticipated to bring interoperability and data collection enhancements. The DMC-ODS is evaluating resource needs as the SmartCare implementation moves toward the July 1, 2023, go-live date.

- The scale of clinical and administrative training for the transition to SmartCare is substantial and will require a long-term and evolving training program. Sacramento has begun to assess and discuss the components of the user training program which is anticipated to leverage both internal resources and CalMHSA's training curriculum. Training will be a large initiative for the DMC-ODS contracted providers, in particular, those providers who continue to use a separate EHR within their respective organizations.

VALIDATION OF CLIENT PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

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

The DMC-ODS clients gave higher ratings in the Quality and General Satisfaction domains, and rated Care Coordination and Access items lowest. Response ratings for 2021 are generally lower than those found in the TPS results of 2020. There were 478 valid TPS responses in 2021 which was a decrease of 18 participants from the prior administration of 2020.

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

Sacramento DMC-ODS

	2021 (N=478)	2020 (N=496)
Access		
Convenient location	82.8%	89.9%
Convenient time	89.4%	92.4%
Quality		
I chose my treatment goals with staff help	89.2%	90.0%
Staff gave me enough time in my sessions	94.3%	95.2%
Staff treated me with respect	93.3%	95.9%
Staff spoke to me in a way I understood	96.2%	96.7%
Staff are culturally sensitive to my background	88.7%	92.5%
Care Coordination		
Staff Work with My Physical Health Providers	80.8%	86.0%
Staff Work with My Mental Health Providers	83.0%	81.7%
Outcome		
I am better able to do things due to treatment	88.4%	88.9%
General Satisfaction		
I felt welcome	95.4%	95.2%
Overall I am satisfied with services	91.7%	94.6%
I get the help that I need	87.9%	92.2%
I would recommend this agency	91.3%	90.9%

- While the majority of ratings decreased compared to the prior year, the change was slight. The lowest TPS ratings for CY 2021 pertained to access due to care coordination with physical health providers and for convenient location. The highest rated items were "Staff spoke to me in a way I understood" and "I felt welcome."

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 services in the preceding 12 months. The focus group was held via teleconference and included perinatal and residential client participants; no language interpreter was used for this focus group. This was mixed gender group and all 12 clients called into the virtual session and are enrolled in the DMC-ODS track for perinatal residential services. All clients participating receive clinical services from the DMC-ODS.

Summary of focus group findings

There was a range of client experiences regarding the intake process with some entering "right away" or within days of initial contact to others having to wait for residential services, sometimes for weeks or "a couple of months." Clients noted that housing is an issue locally and this has made discharge planning (from residential programs) difficult as they transition. Relapses are generally assessed case by case, though residential programs have sensible albeit strict parameters. Clients feel they can contact staff with urgent or ancillary needs, and MAT is discussed and an option many have considered though some participants have received no education on its use or benefits. For programs that have them, the use of peers for support is welcomed by this group.

Recommendations from focus group participants included:

- Some strict limitations on recreation options are unpopular (e.g., minimal access to TV on the weekend).
- More variety including an ability to take weekend passes or increase family contact (residential).
- Due to staff shortages "we can't go out" or because of remote location "there's nothing to do except sit around and smoke."
- More assistance with after-care planning, including job searches and housing.

Consumer Family Member Focus Group Two

CalEQRO conducted a second 90-minute focus group with eight DMC-ODS beneficiaries. CalEQRO requested a diverse group of adult consumers who initiated services in the preceding 12 months. The focus group consisted of eight female participants enrolled in various outpatient programs. The focus group was held via teleconference and all participants called in on their personal cell phones; a language interpreter was not used for this focus group. All clients participating receive family clinical services from the DMC-ODS.

Summary of focus group findings

Most of the focus group participants were referred by child welfare services and have custody and/or criminal justice system involvement. The intake process varied from "immediately" to several days, a week or in at least one case "a month" (it was unclear if this was due to external factors beyond the program's control). In some cases, there is access to peers or 12-Step for support. Participants have the impression (or were told by staff) that while some forms of MAT are okay, others (methadone or suboxone) are not; others say the program they're enrolled in "doesn't allow it." While many have child welfare or probation commitments, there is not much coordination evident beyond checking on their enrollment and status. Discharge planning is mixed with some noting staff support, but one client noting she was given a list and had to "do the work myself" on locating a program to transition to.

Recommendations from focus group participants included:

- More sensitivity to outside issues such as medical or other appointments instead of making clients repeat groups because they missed a session.

- Programs are under-resourced and need more funding.

- A treatment track that was "for all moms" was closed due to lack of funding or staff and should be re-opened.

SUMMARY OF BENEFICIARY FEEDBACK FINDINGS

Overall, the intake process is challenged by lack of capacity though in many cases, clients found entry to occur within a few days to a week. Support of programs toward use of peers and 12-Step is welcomed by focus group participants. Some note that staff shortages or lack of funding lead to reduced activities and groups. Remote locations lead to "nothing to do" and some programs have no process in place to allow for passes so clients can tend to their needs or family. Discharge planning is inconsistent, and clients find being "on their own" or unable to secure employment unsettling and cause them to lose focus on day to day recovery. Several programs have communicated they are disinclined and/or do not allow some or all forms of MAT. In one case, the antiquated view that being on MAT "would be considered being on a drug" was expressed. However, clients state they appreciate most of the line staff, who work hard and have a sincere and genuine approach in supporting their recovery. Clients who are on MAT or psychiatric medications or obtain mental health services also feel supported. Some participants shared sobriety has assisted them in reunifying with their family and able to handle life's challenges in a more productive and healthy way.

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. The prevention, education, and outreach efforts and campaigns are well-tailored to the community and current substance use challenges. (Quality)

2. Sacramento has expanded its capacity to provide withdrawal management (WM) residential and residential treatment along with plan to use MAT within that level of care (LOC). (Access, Timeliness, Quality)

3. The DMC-ODS has made positive adjustments in collaboration with contracted providers since the last EQR including collaborative planning, process improvements, and overall communication and partnership. (Access, Quality)

4. Sacramento consistently reviews local drug use and overdose pattern data and have expanded outreach for MAT services including within inmate services, homeless projects, mobile crisis but has also established an additional focus on methamphetamine and the unique elements required to be effective with this SUD population, including participation in the Contingency Management pilot. (Quality)

5. The IT and data analytics teams are well experienced and have continued to develop the Avatar EHR concurrent with preparation and coordination for the implementation of the SmartCare EHR July 1, 2023. (IS)

OPPORTUNITIES FOR IMPROVEMENT

1. While input to CalEQRO focus groups was positive, clients did note a paucity of access to qualified bi-lingual Spanish speaking staff (corroborated by only vague knowledge by line staff of how to access alternatives) and a sense that some of the programs are not welcoming of individuals on Suboxone or Methadone. (Access, Quality)

2. Administrative discharges for CalOMS remain elevated and other engagement and program performance indicators such as no-shows are not consistently measured. (Quality)

3. The DMC-ODS has added multiple contracts for residential treatment and clients have increased utilization of multiple modalities since the prior EQR, however

post-residential follow-up and utilization percentages within multiple modalities are below the statewide rates. (Access, Timeliness)

4. The DMC-ODS does not currently track first offered appointments or no-shows utilizing the current EHR. (Access, Timeliness)

5. The DMC-ODS currently has 12 FTE IT positions supporting both the mental health and DMC-ODS systems of care; and only one FTE data analytics positions which is dedicated to DMC-ODS support. (IS)

RECOMMENDATIONS

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

1. Take meaningful steps to measure and enhance provider and consumer awareness and means to secure access to culturally diverse staff, bi-lingual counselors, or services as well as more universal adoption of those individuals who are on and benefitting from various forms of MAT. (Access, Quality)

2. Identify and target training needs for system providers to improve client engagement and discharge planning to reduce the necessity for administrative discharge; consider formally setting goals to reduce elopements reflected in CalOMS data, along with standards pertaining to address no-shows in order to improve overall access and utilization of available staff resources. (Quality)

3. Continue to develop and expand relationships with network providers within all modalities to assure continued movement on increasing capacity and timeliness to care. (Access, Timeliness)

4. Continue to focus on timeliness data unavailable from the Avatar system to identify solutions and processes in the development and implementation of SmartCare, to report on all mandated timeliness measures and improve data-informed decisions. (Access, Timeliness)

5. Continue to assess the data analytics needs of the expanding system of care, to request and add the necessary new positions dedicated to the ongoing and evolving mandated reporting and data analysis. Additionally, it would benefit the DMC-ODS to continue to assess the IT support positions needed in tandem with the development support of CalMHSA and vendor partners in the development and maintenance of SmartCare. (IS)

EXTERNAL QUALITY REVIEW BARRIERS

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

There were no barriers to this FY 2022-23 EQR.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT F: Additional Performance Measure Data

ATTACHMENT A: REVIEW AGENDA

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

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions - Sacramento DMC-ODS
Opening session – Significant changes in the past year, current initiatives, and status of previous year's recommendations, baseline data trends and comparisons, and dialogue on results of PMs
Access to Care
Timeliness of Services
Quality of Care
PIP Validation and Analysis
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS Network Adequacy
Validation and Analysis of the DMC-ODS Health Information System
Validation and Analysis of Beneficiary Satisfaction
Fiscal/Billing
Quality Improvement Plan, implementation activities, and evaluation results
General data use: staffing, processes for requests and prioritization, dashboards, and other reports
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS
Disparities: cultural competence plan, implementation activities, evaluation results
Health Plan, primary and specialty health care coordination with DMC-ODS
Medication-assisted treatments
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview – contracted
Clinical line staff group interview – county and contracted
Client/family member focus groups such as adult, youth, special populations, and/or family
Closing session: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Patrick Zarate, Lead Quality Reviewer
Sharon Loveseth, Quality Reviewer
Joel Chain, Information Systems Reviewer
Sharon Mendonca, Information Systems Reviewer
Patricia Rupe, Consumer Family Member Reviewer

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

All sessions were held via video conference.

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

Last Name	First Name	Position	County or Contracted Agency
Amos	Heather	Program Coordinator/QM	Sacrament Behavioral Health System (BHS)
Baker	Chris	Sergeant	Sacramento Sheriff Dept
Bartlett	Joyce	Program Coordinator/Youth prevention monitor	BHS
Besse	Michelle	Program Coordinator/Program SOC	BHS
Cable	Nicole	Program Coordinator/QM	BHS
Castillon	Monica	Sr. Office Assistance/Program Line Staff	BHS
Cox	Greg	Executive Director	River City Recovery
Crittenden	Tessa	Sr. Office Assistance/Program Line Staff	BHS
Daniel	Rich	Sr. Office Assistance/Program Line Staff	BHS
Dasalla	Stephanie	Program Planner/Administration	BHS
Davis	BJ	Executive Director	Sac Recovery
Davis	Debbie	Clinical Director	Sac Recovery
Duthler	Kristina	Program Planner/Avatar	BHS
Dziuk	Ed	Program Manager/Administration	BHS
Genera	Richard	ASO II/Avatar EHR Fiscal	BHS
Grant	Janelle	Sr. Accounting Manager	BHS
Grimes	Kimberly	Program Planner/Program	BHS
Hale	Barb	Program Coordinator	BHS

Last Name	First Name	Position	County or Contracted Agency
Hazen	Melissa	Sr. Mental Health Counselor	BHS
Hooper	Hosson	Sr. Mental Health Counselor	BHS
Hovermale	Matt	Deputy Sheriff	Sac Sheriff
Ibarra	Melony	ASO II/Avatar EHR Lead	BHS
Isbell	Talia	ASO I/Program Admin Support	BHS
Johansen	Erin	Chief Executive Officer	TLCS Sacramento
Khushal	Neil	Addiction and Substance Abuse Counselor	River City Recovery
Lewis	Sevina	Program Planner/REPO	BHS
Miller	Lori	Division Manager	BHS
Mumford	Cynthia	Omni Youth Programs, Inc.'s Executive Director	Omni Youth Programs
Nakamura	Mary	Program Manager/ Ethnic Services, Cultural Competency, and WET	BHS
O'Daniel	Bri	Program Coordinator	BHS
Okoro Duncan	Shanece	Sr. Mental Health Counselor	BHS
Ortiz	Silvia	Program Coordinator	BHS
Owens	Whitney	Program Planner/QM	BHS
Painter	Michael	Sr. Mental Health Counselor	BHS
Parker	Kelsey	Senior Mental Health Counselor/ SOC	BHS
Parker	Trisha	Program Coordinator/Youth treatment monitor	BHS

Last Name	First Name	Position	County or Contracted Agency
Polite	Okeema	Clinical Director	ACAC
Pregano	Rhonda	ASO I/Avatar Fiscal	BHS
Quist	Ryan	Behavioral Health Director	BHS
Ramirez	Gabe	Sr. Mental Health Counselor	BHS
Rechs	Alex	Program Manager/QM Manager	BHS
Sawyer	John	ASO II/EHR Technology Analyst	DTech
Schneider	William	COTP Program Manager	Hope Cooperative
Stenson	Garrett	Program Director	Core Capitol
Thompson	Alondra	Program Manager	BHS
Weaver	Kelli	Deputy Director BHS	BHS
Williams	Dawn	Program Manager/REPO	BHS
Yang	Yeng	Sr. Office Assistance	BHS

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	As submitted, this clinical PIP was found to have moderate confidence, because: of the strength of the design, depth of analysis of a variety of data sources, assignment of interventions that are well researched and communication and tracking processes that will occur on this shared population of the DMC-ODS and EDs.
General PIP Information	
MHP/DMC-ODS Name: Sacramento DMC-ODS	
PIP Title: Pharmacotherapy for Opioid Use Disorder (POD)	
PIP Aim Statement: For Medi-Cal beneficiaries initiating MOUD from the Plan or the Plan's provider network, implemented interventions will increase the percentage of continuous MOUD events by five percent by June 30, 2023.	
Date Started: 11/2022	
Date Completed: n/a	
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:	

General PIP Information

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

The target population for this project will be operationalized within the parameters of the HEDIS POD metric. Sacramento will focus on beneficiaries with a diagnosis of OUD who initiated MOUD from the Plan and/or the Plan's provider network.

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 supports as defined by PIP protocol

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

Deliver client education and supports; document/track required metrics as defined by PIP protocol

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):

Monitor interventions for fidelity, secure pathways for inter-agency communication and documentation; analysis as defined in PIP protocol

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
ED visits with qualifying event (HEDIS outcome measure)	MCP data (via Plan Data Feed)	DMC-ODS is utilizing retrospective data provided by DHCS over a 12-month period (for CYs 2020 and 2021) as baseline.	☒ Not applicable—PIP is in planning or implementation phase, results not available	n.a	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

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
Follow-up services post-ED visit (HEDIS outcome measure)	Service data in EHR but not available	2021 Local service data re after discharge from Crisis Stabilization Unit, 17% received a follow-up service within 7 days and over half (52.8%) within 30 days.	☒ Not applicable—PIP is in planning or implementation phase, results not available	n.a.	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Referrals received from the ED (Process Measure)	Not available		☒ Not applicable—PIP is in planning or implementation phase, results not available	n.a.	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

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:

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

Session included a facilitated discussion on key elements of the PIP design and areas involving process improvement between the DMC-ODS and local ED.

Data for this cohort tied to CalOMS and length of stay would be helpful in further illustrating the clinical benefit of this PIP.

Non-Clinical PIP

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

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	As submitted, this non-clinical PIP was found to have moderate confidence, because: of the strength of the design, depth of analysis of a variety of data sources, assignment of interventions that are well researched and the communication pathways already established between the DMC-ODS and managed care plans.

General PIP Information

MHP/DMC-ODS Name: Sacramento DMC-ODS
PIP Title: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
PIP Aim Statement: For Medi-Cal beneficiaries with ED visits for SUD, implemented interventions will increase the percentage of follow-up SUD services with the Plan within seven and 30 days by five percent by June 30, 2023.
Date Started: 11/2022
Date Completed: n/a
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): The target population for this project will be operationalized within the parameters of the HEDIS FUA metric. The Plan will focus on beneficiaries with a qualifying event as defined in the FUA measure. A qualifying event is an ED visit with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, also referred to as SUD throughout this document.

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):
Accept formal referrals from ED for SUD follow-up as defined in PIP protocol
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach):
Engage targeted population for referral; system navigation, provide elements of a warm hand-off; track and reporting as defined in PIP

General PIP Information

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):

Monitor to fidelity, obtain, or provide consistent inter-agency communication and tracking; assure elements of PIP protocol and interventions are in consistently applied.

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
MOUD Initiations (HEDIS outcome measure)	HEDIS Measure Analysis Report, in 2021	19% of MOUD initiations were maintained for 180+ days without gaps. This places the County below the national benchmark.	☒ Not applicable—PIP is in planning or implementation phase, results not available	n.a.	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
MOUD Maintenance (HEDIS outcome measure)	2021 CalOMS data	60.9% of MAT clients discharge within 180 days	☒ Not applicable—PIP is in planning or implementation phase, results not available	n.a.	☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

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:

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

- Session included a facilitated discussion on key elements of the PIP design and areas involving process improvement between the DMC-ODS and local ED.
- Reviewed and support data collection, tracking, reporting and schedule for ongoing analysis.

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 F: ADDITIONAL PERFORMANCE MEASURE DATA

Table F1: CalOMS Living Status at Admission, CY 2021

Admission Living Status	County #	County %	Statewide #	Statewide %
Homeless	681	22.4%	24,459	28.0%
Dependent Living	959	31.6%	19,800	22.7%
Independent Living	1,397	46.0%	43,052	49.63%
Total	**3.037**	**100.0%**	**87,311**	**100.0%**

Table F2: CalOMS Legal Status at Admission, CY 2021

Admission Legal Status	County #	County %	Statewide #	Statewide %
No Criminal Justice Involvement	2,038	67.1%	56,468	64.7%
Under Parole Supervision by CDCR	92	3.0%	1,641	1.9%
On Parole from any other jurisdiction	80	2.6%	1,575	1.8%
Post release supervision - AB 109	743	24.5%	21,095	24.2%
Court Diversion CA Penal Code 1000	<11	-	1,321	1.5%
Incarcerated	-	-	350	0.4%
Awaiting Trial	73	2.4%	4,798	5.5%
Total	**3,035**	**100.0%**	**87,248**	**100.0%**

Table F3: CalOMS Employment Status at Admission, CY 2021

Current Employment Status	County #	County %	Statewide #	Statewide %
Employed Full Time - 35 hours or more	467	15.4%	11,089	12.7%
Employed Part Time - Less than 35 hours	262	8.6%	6,543	7.5%
Unemployed - Looking for work	691	22.7%	26,943	30.9%
Unemployed - not in the labor force and not seeking	1,617	53.2%	42,736	48.9%
Total	**3,037**	**100.0%**	**87,311**	**100.0%**

Table F4: CalOMS Types of Discharges, CY 2021

Discharge Types	County #	County %	Statewide #	Statewide %
Standard Adult Discharges	1,066	33.9%	50,245	50.2%
Administrative Adult Discharges	1,979	63.0%	40,626	40.6%
Detox Discharges	45	1.4%	7,740	7.7%
Youth Discharges	50	1.6%	1,387	1.4%
Total	**1,140**	**100.0%**	**99,998**	**100.0%**