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FY 2023-24
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:

April 16-18, 2024

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EXECUTIVE SUMMARY

Highlights from the fiscal year (FY) 2023-24 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, "Sacramento" may be used to identify the Sacramento County DMC-ODS program.

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — April 16-18, 2024

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 2022-23 EQR recommendations for improvement; four categories of Key Components that impact member outcomes; activity regarding Performance Improvement Projects (PIPs); and member feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	3	1	1

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	0	3
Quality of Care	8	3	2	3
Information Systems (IS)	6	4	2	0
TOTAL	**24**	**16**	**5**	**3**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Cross Referrals	Clinical	07/2023	Baseline	Low Confidence
Information Dissemination	Non-Clinical	07/2023	Baseline	Low Confidence

Table D: Summary of Plan Member/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	☐ Youth ☒ Residential ☐ Outpatient ☐ MAT/NTP* ☐ Perinatal ☐ Other	8
2	☐ Youth ☐ Residential ☐ Outpatient ☒ MAT/NTP* ☐ Perinatal ☐ Other	3

*Medication assisted treatment (MAT), Narcotic Treatment Program (NTP)

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- Prevention and education efforts within the DMC-ODS are robust with focused outreach and campaigns addressing the local substance use issues impacting the Plan members of Sacramento. Locally, there has been a significant drop in Opioid overdose which is being attributed in part to these prevention efforts.
- Collaboration with the Sacramento Sherrif's Department and city police department, includes teams from all entities focused on substance use and mental health issues. The behavioral health teams work with the law enforcement teams to divert individuals to appropriate treatment services instead of incarceration.
- Sacramento has implemented various initiatives to improve cultural competence in SUD programs and engage underserved communities. The Behavioral Health Racial Equity Collaborative (BHREC) focused on the African American community and through this and other activities, Sacramento was able to increase bilingual staff from 10 percent to 49 percent.
- Access to MAT services continues to be robust within the DMC-ODS, with timeliness to first dose of methadone twice as fast as the statewide average. Additionally, since the implementation of MAT induction in the jails, there have been no inmate overdose deaths when previous to implementation, there had been several.

- The continued inclusion and training of contract providers in the use of the newly implemented SmartCare EHR has put the providers in an excellent position to effectively use the new EHR.

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

- There are many opportunities for improvement in the Access Call Center. Attempting to conduct a complete ASAM in one hour is not feasible and is not needed prior to admission. Some staff, including management, do not have a working knowledge of addiction and substance use disorder (SUD) treatment, which has led to ineffective procedures and barriers to appropriate access for members.
- Access and timeliness continue to be impacted based on a lack of capacity in multiple modalities including Residential Treatment and WM and providers who were not prepared for No Wrong Door.
- The Quality Improvement Plan (QIP) includes a number of areas where the term Mental Health is used when SUD or SUPT should be referenced instead. Also noted was a lack of member and line staff involvement in QI activities.
- While the level of follow-up care after discharge from residential treatment improved from the prior year, there still appears to be a significant lack of successful transitions into Outpatient and Recovery Support Services.
- The level of system reporting currently available from the SmartCare EHR is a known issue which has impacted both State mandated reporting requirements and the DMC-ODS reporting that supports clinical care as well as management review.

Recommendations for improvement based upon this review include:

- Take meaningful and ongoing steps to improve the Access Call Center process. Ongoing SUD specific training should be conducted for all staff including management. Replace the full ASAM assessment with a brief screening tool to save time and relieve the pressure on staff to complete a full ASAM assessment in one hour.
- Continue aggressively soliciting providers to expand the number of residential beds available. Additionally, engage in bidirectional discussion with providers on the challenges No Wrong Door is presenting and engage in collaborative problem solving.
- Take meaningful steps to find new and innovative ways to invite and engage line staff and Plan members to become involved in the QI process. Also, ensure the QI Work Plan (QIWP) for SUD is clearly and consistently defined as such and delete any misplaced mental health verbiage and erroneous staff positions.

- Expand collaboration with provider management and line staff to engage in a problem-solving process to address the low follow-up rates after discharge from residential treatment, and the low numbers of members accessing recovery support services.
- Continue to build internal IS and data analytic capacity of SmartCare reporting simultaneous to the statewide development efforts of CalMHSA.

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

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

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

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

This report presents the FY 2023-24 findings of the EQR for Sacramento DMC-ODS by BHC, conducted as a virtual review on April 16-18, 2024.

REVIEW METHODOLOGY

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

Data used to generate Performance Measures (PM) tables and graphs throughout this report, unless otherwise specified, are derived from multiple source files: Monthly Medi-Cal Eligibility Data System Eligibility File; DMC-ODS approved claims; 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, county documentation that is requested for this review covers the time frame since the prior review. As part of the pre-review process, each DMC-ODS is provided a description of the source of data and a summary report of Medi-Cal approved claims data. These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

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

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

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

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

DMC-ODS CHANGES AND INITIATIVES

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

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

The DMC-ODS did not experience any significant external issues affecting its operations.

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 added residential bed capacity:
    - A new 30 bed residential withdrawal management (WM) provider which also has outpatient services available.
    - Additional 22 recovery residence beds via three new service providers.
    - The county's first Drug Medi-Cal certified six-bed youth residential treatment facility.
- The county was awarded $9.2M in infrastructure funds to two providers to construct new facilities that will add a total of 72 residential/WM beds.
- The DMC-ODS implemented the SmartCare electronic health record (EHR) in July 2023.
- After community input, the DMC-ODS used opioid settlement funds for eight new projects that include social media campaigns, youth specific programming, harm reduction services, and MAT expansion, among others.

RESPONSE TO FY 2022-23 RECOMMENDATIONS

In the FY 2022-23 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2023-24 EQR, CalEQRO evaluated the status of those FY 2022-23 recommendations; the findings are summarized below.

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the county has either:

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

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

Recommendations not addressed may be presented as a recommendation again for this review. However, if the DMC-ODS has initiated significant activity and has specific plans to continue to implement these improvements, or if there are more significant issues warranting recommendations this year, the recommendation may not be carried forward to the next review year.

Recommendations from FY 2022-23

Recommendation 1: Take meaningful steps to measure and enhance provider and consumer awareness and means to secure access to culturally diverse staff, bilingual counselors, or services as well as more universal adoption of those individuals who are on and benefitting from various forms of MAT.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- According to Sacramento, outreach and recruitment efforts for bilingual staff have been quite successful, substantially increasing the number of bilingual staff. Training for interpreters is being offered to staff to better address the cultural/linguistic needs of members.
- The BHREC developed a specific focus on Hispanic Latino populations as a response to this recommendation. BHREC is now a standing item on the SUPT Alcohol and Drug Services Advisory Board and the Sacramento County Methamphetamine and Opioid Coalition meetings.

Recommendation 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.

☐ Addressed ☒ Partially Addressed ☐ Not Addressed

- The DMC-ODS is training providers in discharge planning with a focus on the process throughout treatment instead of an event at discharge. Additionally, providers are receiving information on using SmartCare to track no-shows through SmartCare.
- The DMC-ODS has plans to develop engagement and retention goals in the SUPT workplan after collecting FY 2023-24 baseline data. However, to date there has been no formal goal setting or action on improving member engagement or reducing elopements.
- CalEQRO supports the adjustments made to address these areas of concern and Sacramento indicates it will remain an ongoing focus though data to show desired improvements will take time. Therefore, this recommendation will not be carried over in this year's review.

Recommendation 3: Continue to develop and expand relationships with network providers within all modalities to assure continued movement on increasing capacity and timeliness to care.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- The DMC-ODS has expanded their network of providers with one new non-NTP MAT provider and two new Level 3.1 residential providers.
- At the time of this review, a contract for a new youth residential provider was being executed.
- Sacramento engaged the services of a consultant to determine the number of beds necessary for residential services to be available on demand. Solicitation of new residential providers continues, and their plan is to reach their goal by adding 200 beds by 2026.

Recommendation 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.

☐ Addressed ☐ Partially Addressed ☒ Not Addressed

- Since transitioning to SmartCare and the implementation of the Timely Access Data Tool (TDAT), timeliness data will be collected beginning July 2024.

Recommendation 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 Information Technology (IT) support

positions needed in tandem with the development support of California Mental Health Services Authority (CalMHSA) and vendor partners in the development and maintenance of SmartCare.

☒ Addressed ☐ Partially Addressed ☐ Not Addressed

- Since the inception of CalAIM, Sacramento has been continually assessing needs for increased staffing. A request for additional positions has been submitted to the Board of Supervisors for the FY 2024-25 budget. At the time of this review, a decision was pending.

ACCESS TO CARE

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

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

ACCESSING SERVICES FROM THE DMC-ODS

SUD services are delivered solely by contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 100 percent of services were delivered by county managed contract-operated sites. Overall, approximately 72 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to Plan members 24-hours, 7-days per week that is operated by county staff; members may request services through the Access Line as well as through all outpatient providers. The DMC-ODS operates a centralized access team that is responsible for linking members to appropriate, medically necessary services. A member can contact a program directly and is scheduled for screening and assessment to be conducted at that provider site. When a member calls the Access Center, they are screened for demographic information and insurance eligibility. Once this is complete, they are scheduled to see a clinician for an ASAM assessment and referral to the appropriate level of care, often the same day as the initial call.

In addition to clinic-based SUD services, the DMC-ODS provides telehealth services to youth and adults. In FY 2022-23, the DMC-ODS reports having provided telehealth services to 5,020 adults, 272 youth, and 539 older adults across 38 contractor-operated sites. Among those served, 11 members received telehealth services in a language other than English.

NETWORK ADEQUACY

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

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

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

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 (age 18+)	Youth (age 12 -17)	Adults (age 18+)	Youth (age 12-17)
# of zip codes outside of the time and distance standards that required AAS request	n/a	53	n/a	n/a
# of allowable exceptions for the appointment time standard, if known (timeliness is addressed later in this report)	n/a	15	n/a	n/a
Distance and driving time between nearest network provider and zip code of the member furthest from that provider for AAS requests	n/a	40 minutes	n/a	n/a
Approximate number of members impacted by AAS or allowable exceptions	n/a	Unknown	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 time or distance standards for both adult and youth opioid treatment. The AAS request was denied by DHCS due to an incomplete AAS Request Form which did not identify an OTP provider.

Table 1B: Sacramento DMC-ODS Out-of-Network Access, FY 2022-23

Out-of-Network (OON) Access	
The DMC-ODS was required to provide OON access due to time and distance requirements	☒ Yes ☐ No
OON Details	
Contracts with OON Providers	
Does the DMC-ODS have existing contracts with OON providers?	☒ Yes ☐ No
OON Access for Plan Members	
The DMC-ODS ensures OON access for members in the following manner:	☒ The DMC-ODS has existing contracts with OON providers ☐ Other: Click or tap here to enter text.

ACCESS KEY COMPONENTS

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

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

Table 2: Access Key Components

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

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

- Sacramento has significantly increased the number of bilingual staff and is providing ongoing cultural competency training to staff and providers and

conducting other activities to better meet the cultural, ethnic, and racial needs of the members.

- Sacramento has been unable to meet the timely access requirement for residential services for several years. DHCS had imposed a Corrective Action Plan in June 2022, which is still in place due to insufficient residential beds. Sacramento continues to focus on securing residential providers, with some success currently, and more are expected through 2026.

ACCESS PERFORMANCE MEASURES

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

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

The Statewide PR is 0.95 percent, with a statewide average approved claim amount of $5,998. Using PR as an indicator of access for the DMC-ODS, Sacramento demonstrated better access to care than was seen statewide, reflecting an increase from the prior year's PR to 1.09 percent.

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

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

Age Groups	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
Ages 12-17	71,385	169	0.24%	0.29%	0.25%
Ages 18-64	349,266	4,622	1.32%	1.29%	1.19%
Ages 65+	57,358	408	0.71%	0.56%	0.49%
Total	**478,009**	**5,199**	**1.09%**	**1.04%**	**0.95%**

- The DMC-ODS primarily served adults between the ages of 18-64, with a PR of 1.32 percent within that age group. PRs for adult age groups are higher than the

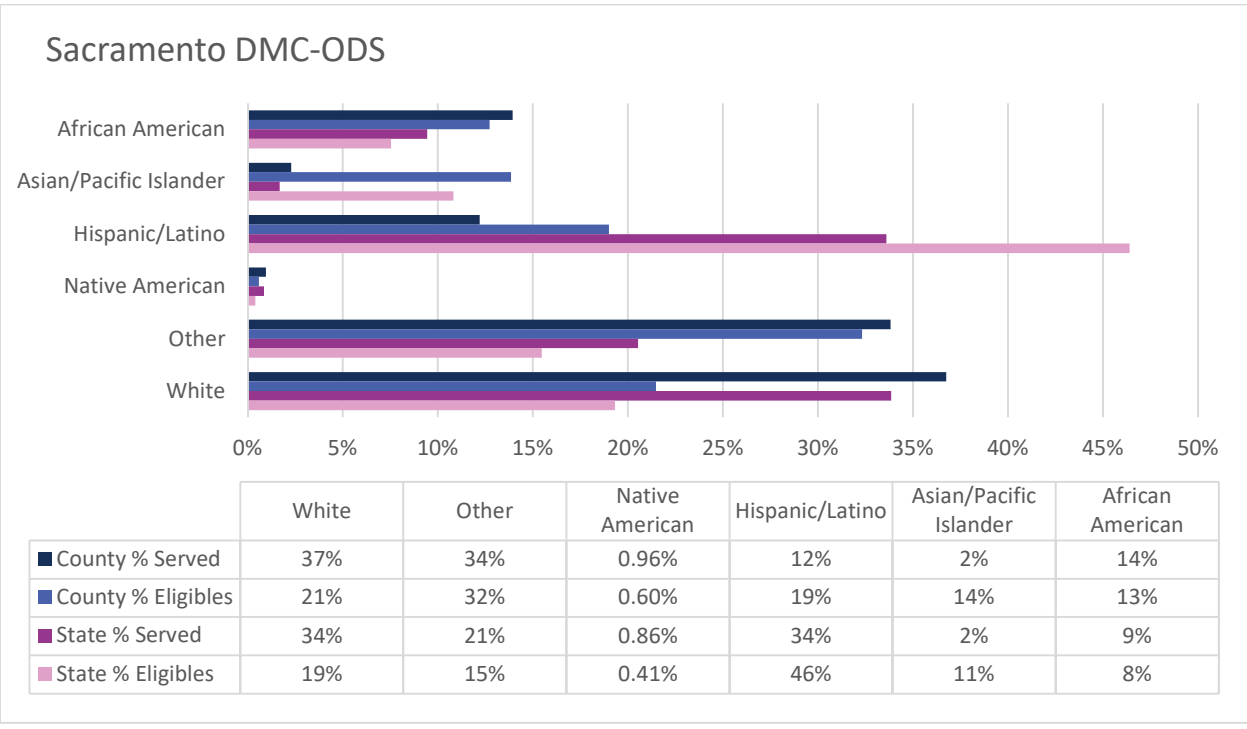
corresponding statewide and similar-size county PRs, while the youth PR is slightly lower in the DMC-ODS.

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

Racial/Ethnic Groups	# Members Eligible	# Members Served	County PR	Same Size Counties PR	Statewide PR
African American	60,849	725	1.19%	1.29%	1.19%
Asian/Pacific Islander	66,200	119	0.18%	0.15%	0.15%
Hispanic/Latino	90,895	635	0.70%	0.74%	0.69%
Native American	2,852	50	1.75%	2.34%	2.01%
Other	154,529	1,759	1.14%	1.34%	1.26%
White	102,685	1,911	1.86%	1.89%	1.67%

- The PRs for all racial/ethnic groups increased statewide since the prior review, and the DMC-ODS remains at or above the statewide PRs for all racial/ethnic groups with the exception of the Native American and Other groups.

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



	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
County % Served	37%	34%	0.96%	12%	2%	14%
County % Eligibles	21%	32%	0.60%	19%	14%	13%
State % Served	34%	21%	0.86%	34%	2%	9%
State % Eligibles	19%	15%	0.41%	46%	11%	8%

- The largest gaps between percentages of eligibles and members accessing services are seen in the Hispanic/Latino and Asian/Pacific Islander racial/ethnic groups, which are proportionally underrepresented in the system, and the White group, which is proportionally overrepresented.

- Sacramento has multiple outreach and engagement efforts to reach African American members in need of SUD services which is illustrated here by the PR.

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

Eligibility Categories	# Members Eligible	# Members Served	County PR	County Size Group PR	Statewide PR
ACA	190,451	2,709	1.42%	1.53%	1.42%
Disabled	59,658	925	1.55%	1.51%	1.37%
Family Adult	113,041	1,495	1.32%	1.03%	0.94%
Foster Care	1,335	31	2.32%	2.08%	1.84%
MCHIP	25,047	39	0.16%	0.20%	0.18%
Other Adult	41,560	43	0.10%	0.10%	0.09%
Other Child	47,858	121	0.25%	0.32%	0.27%

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

- The primary eligibility categories for members served in the DMC-ODS are Affordable Care Act (ACA), Family Adult, and Disabled.

Table 6: Sacramento DMC-ODS Average Approved Claims by Eligibility Category, CY 2022

Eligibility Categories	County AACM	County Size Group AACM	Statewide AACM
ACA	$4,359	$5,742	$6,216
Disabled	$4,632	$5,393	$5,707
Family Adult	$4,517	$5,180	$5,296
Foster Care	$2,219	$2,578	$2,716
MCHIP	$1,975	$3,692	$3,594
Other Adult	$3,350	$3,880	$4,075
Other Child	$1,780	$3,427	$3,194
Total	**$4,491**	**$5,607**	**$5,998**

- Total AACMs in the DMC-ODS are lower than the county size group and statewide AACMs.

Table 7: Sacramento DMC-ODS Services Used by Plan Members, CY 2022

County			Statewide	
Service Categories	**#**	**%**	**#**	**%**
Ambulatory Withdrawal Mgmt	<11	-	56	0.04%
Intensive Outpatient	513	8.27%	14,422	9.58%
Narcotic Treatment Program	3,056	49.29%	37,134	24.67%
Non-Methadone MAT	292	4.71%	7,782	5.17%
Outpatient Treatment	1,403	22.63%	46,441	30.85%
Partial Hospitalization	0	0.00%	13	0.01%
Recovery Support Services	-	-	6,400	4.25%
Res. Withdrawal Mgmt	107	1.73%	10,429	6.93%
Residential Treatment	757	12.21%	27,841	18.50%
Total	**6,200**	**100.00%**	**150,518**	**100.00%**

- The plurality of members receiving services was in NTP with 49.29 percent of members having utilized the service. Outpatient was the next most-accessed modality.

Table 8: Sacramento DMC-ODS Approved Claims by Service Categories, CY 2022

Service Categories	County AACM	County Size Group AACM	Statewide AACM
Ambulatory Withdrawal Mgmt	$140	$234	$484
Intensive Outpatient	$121	$1,207	$1,729
Narcotic Treatment Program	$4,074	$4,279	$4,526
Non-Methadone MAT	$3,246	$1,601	$1,660
Outpatient Treatment	$2,706	$2,304	$2,547
Partial Hospitalization	$0	$2,802	$2,802
Recovery Support Services	$1,043	$1,660	$1,669
Res. Withdrawal Mgmt	$1,601	$2,278	$2,392
Residential Treatment	$7,726	$10,379	$10,178
Total	**$4,491**	**$5,607**	**$5,998**

- The AACMs by service category for the DMC-ODS are lower than the county size group and statewide averages for all categories except non-methadone MAT and outpatient treatment.
- The DMC-ODS AACMs increased for all service categories, except recovery support services (RSS), compared to the previous year.

IMPACT OF ACCESS FINDINGS

- PRs by race/ethnicity indicate the numbers of most populations served are at or above State averages indicating the DMC-ODS is successfully conducting outreach and able to provide services to those in need. The exception to this is the Native American and Other populations suggesting more outreach is needed.
- Findings continue to indicate underutilization of residential treatment and RSS. Lack of residential beds has been an ongoing concern for the DMC-ODS and long wait times negatively impact members. However, Sacramento added beds and plans to add more this coming year and continue until 2026 when they expect to have the appropriate number of residential beds available to meet expected demand. Additionally, Sacramento has been actively working with providers on referring to or providing RSS. Anecdotal evidence suggests there has been an increase in members accessing this service and there should be data indicating same at the next EQR.
- WM services continue to be low, which is again due at least partially to insufficient bed capacity. Sacramento continues to work toward the addition of beds for those needing WM which can be life threatening if not appropriately treated.
- NTPs continue to be the most utilized service with almost double the state average being served, indicating robust service availability for those in need of MAT services.

TIMELINESS OF CARE

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

TIMELINESS KEY COMPONENTS

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

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

Table 9: Timeliness Key Components

KC #	Key Components – Timeliness	Rating
2A	First Non-Urgent Request to First Offered Appointment	Not Met
2B	First Non-Urgent Request to First Offered MAT Appointment	Not Met
2C	Urgent Appointments	Met
2D	Follow-Up Appointments after Residential Treatment	Met
2E	Withdrawal Management Readmission Rates	Met
2F	No-Shows/Cancellations	Not Met

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

- Sacramento has not tracked the initial offered non-urgent appointments or the initial offered MAT appointment.

- Sacramento met the urgent services offered standard 91 percent of the time with average time to access the service being nine hours.
- The first service provided is reported at an average of 63.9 business days, which is the equivalent of three months. The accuracy of this data should be reviewed, and if accurate, further investigation is necessary.
- Sacramento does not collect no-show data, though they report they will begin collecting both no-show and cancellation data beginning 7/01/2024.

TIMELINESS PERFORMANCE MEASURES

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

For the FY 2023-24 EQR, the DMC-ODS reported in its submission of the ATA, representing access to care during the 12-month period of FY 2022-23. Table 10 and Figures 2-4 display data submitted by the DMC-ODS; an analysis follows. These data represent the entire system of care, with all services provided through contractor-operated services. Timeliness data were reported from the prior EHR system, in which first-offered appointments were not tracked. The DMC-ODS reported timeliness data for offered appointments measured from documented request date to assessment date. No-shows were not tracked by the DMC-ODS. Additionally, WM and NTP services are available to adults only in Sacramento.

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

DMC-ODS-REPORTED DATA

Table 10: FY 2023-24 Sacramento DMC-ODS Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	***	10 Business Days*	N/A
First Non-Urgent Service Rendered	63.9 Business Days	10 Business Days**	26.7%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	***	3 Business Days*	N/A
Urgent Services Offered	9.0 Hours	48 Hours**	94.1%
Follow-up Services Post-Residential Treatment	41.6 Calendar Days	7 Calendar Days	87%
WM Readmission Rates Within 30 Days	3%	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-ODS did not report data for this measure			
For the FY 2023-24 EQR, the DMC-ODS reported its performance for the following time period: FY 2022-23.			

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

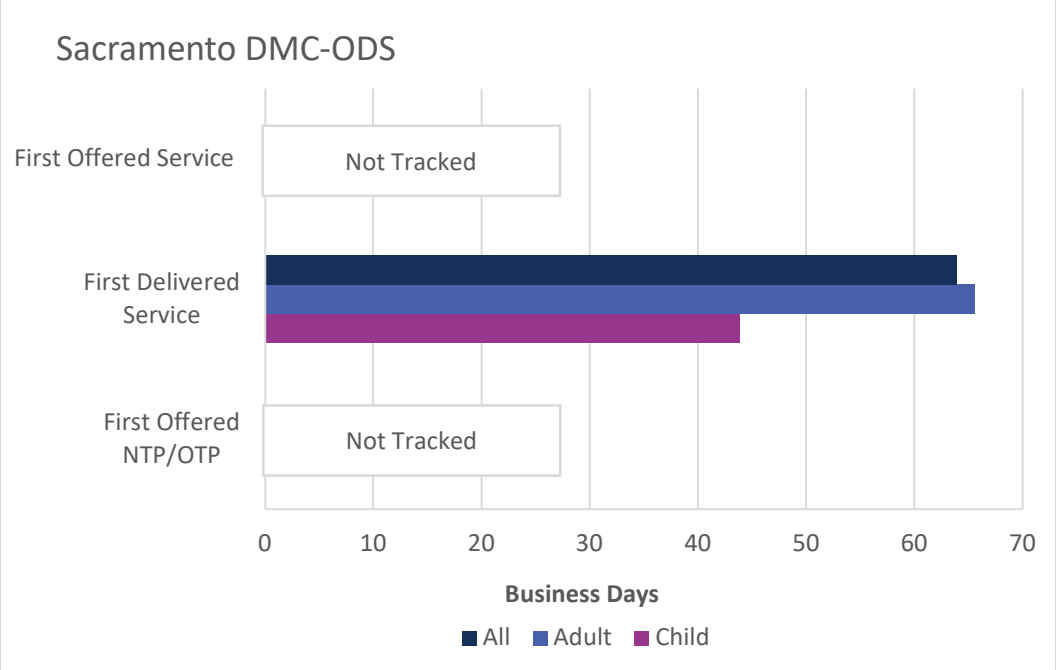


Figure 3: Wait Times for Urgent Services

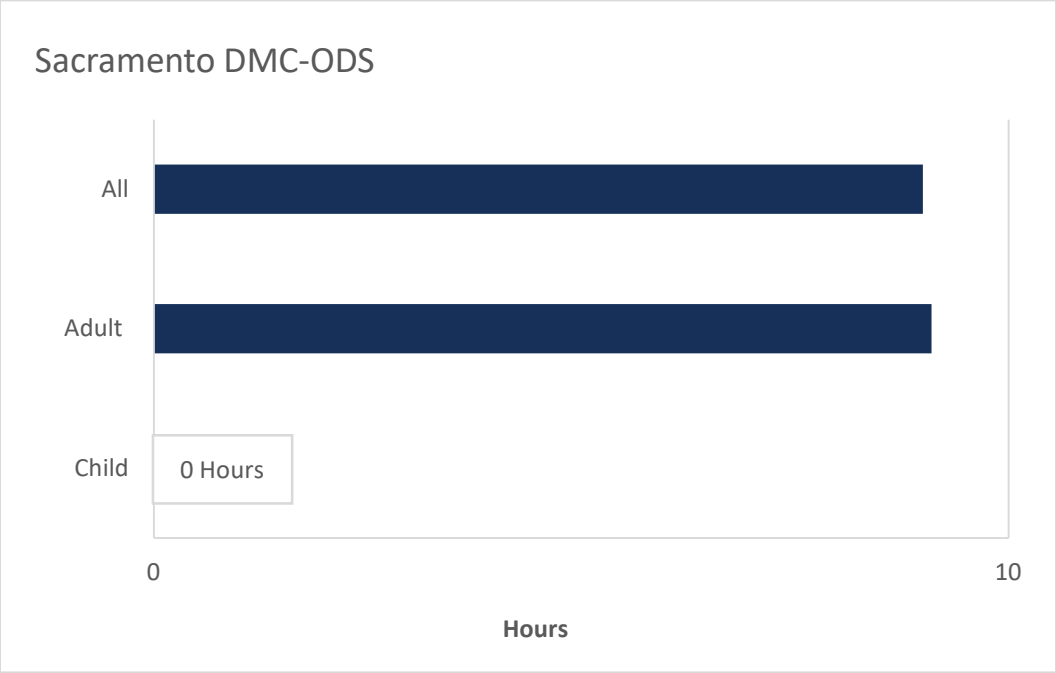
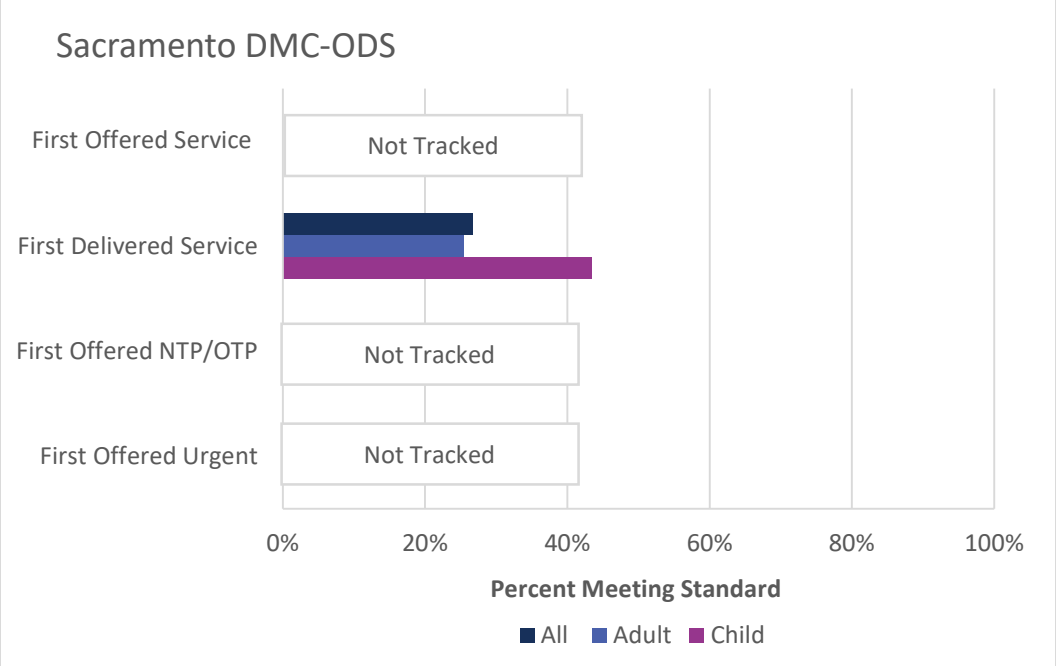


Figure 4: Percent of Services that Met Timeliness Standards



- Multiple timeliness measures were not tracked in FY 2022-23, resulting in minimal information for review.

TIMELINESS FROM MEDI-CAL CLAIMS DATA

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

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

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

County				Statewide		
Age Groups	# of Members	%	Avg. Days	# of Members	%	Avg. Days
12 to 17	<11	-	36.75	15	0.04%	12.60
18 to 64	2,671	89.27%	1.73	31,839	87.46%	3.59
65+	-	-	0.82	4,551	12.50%	0.56
Total	**2,992**	**100.00%**	**1.68**	**36,405**	**100%**	**3.19**

- On average, members in the DMC-ODS received their first dose of methadone in 1.68 days, which was over 1 day faster than the statewide average of 3.19 days.

Transitions in Care

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

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

	N = 744		Statewide N = 27,232	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	32	4.30%	3,243	11.91%
Within 14 Days	69	9.27%	4,515	16.58%
Within 30 Days	107	14.38%	5,706	20.95%

- DMC-ODS timely transitions to follow-up services increased in CY 2022, but it remains below the statewide rate in all measured time periods.
- The DMC-ODS discharged 744 members from residential treatment in CY 2022, which was a 19 percent increase from the prior year. Of members discharged, 14.38 percent had a follow-up service within 30 days, which was lower than the statewide rate of 20.95 percent. The vast majority of members are not

successfully transitioning to a lower level of care within 30 days of residential discharge.

Residential Withdrawal Management Readmissions

Table 13: Sacramento DMC-ODS Residential Withdrawal Management Readmissions, CY 2022

County			Statewide	
Total DMC-ODS admissions into WM	109		13,062	
	#	#	#	%
WM readmissions within 30 days of discharge	<11	-	1,148	8.79%

- The DMC-ODS had 109 members admitted into residential WM in CY 2022 which was a 45 percent decrease from the prior year. The readmission rate in the DMC-ODS increased slightly from the prior year but is suppressed due to the low number of member readmissions.

IMPACT OF TIMELINESS FINDINGS

- Overall, the first dose of Methadone was offered over one day faster than the statewide average. However, for youth accessing MAT, the average time to first dose was about 40 days, indicating the need for more providers offering this service and/or improvement activities to significantly reduce the wait time.
- While some data appears complete, raw data was not provided to CalEQRO for validation and there are acknowledged inconsistencies and gaps in reporting by the DMC-ODS. While expected to be resolved with the new EHR, there was insufficient detail provided to fully determine performance. If the long wait times reported are in fact representative of the system's responsiveness, this requires significant attention to improve.

QUALITY OF CARE

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

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

QUALITY IN THE DMC-ODS

Within the DMC-ODS, responsibility for QI is held by the Quality Management (QM) team. The integrated Behavioral Health Services Quality Management and Research Evaluation and Performance Outcomes unit 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 DMC-ODS leadership to assist with grants, compliance, audits, and reviews.

The DMC-ODS monitors its quality processes through the Quality Improvement Committee (QIC), the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC is scheduled to meet monthly and the MHP QIC met three times since the last EQR. The QIC is comprised of executive leadership, the ethnic services manager, medical staff, and licensed and counseling staff.

Of the 21 identified FY 2022-23 QAPI workplan goals, for the DMC-ODS eight were met, seven are in progress, and six were not 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 Plan members. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

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

Table 14: Quality Key Components

KC #	Key Components – Quality	Rating
3A	QAPI are Organizational Priorities	Met
3B	Data is Used to Inform Management and Guide Decisions	Met
3C	Communication from DMC-ODS Administration, and Stakeholder Input and Involvement in System Planning and Implementation	Not Met
3D	Evidence of an ASAM Continuum of Care	Not Met
3E	MAT Services (both NTP and non-NTP) Exist to Enhance Wellness and Recovery	Partially Met
3F	ASAM Training and Fidelity to Core Principles is Evident in Programs within the Continuum of Care	Met
3G	Measures Clinical and/or Functional Outcomes of Members Served	Not Met
3H	Utilizes Information from the Treatment Perception Survey to Improve Care	Partially Met

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

- Contract providers verified they are involved in communication with the DMC-ODS regarding system planning and implementation and feel they are a part of the process.
- There was no evidence of communication with Plan members, family members, or significant support persons regarding system planning. Sacramento noted they are having difficulty engaging the members and family members and are currently discussing alternative methods.
- The DMC-ODS has found that communication with provider line staff is ineffective and developed a PIP to try to address this issue.

QUALITY PERFORMANCE MEASURES

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

- Members served by Diagnostic Category
- Non-methadone MAT services
- Residential WM with no other treatment
- High-Cost Members (HCM)
- ASAM congruence
- Initiation and Engagement

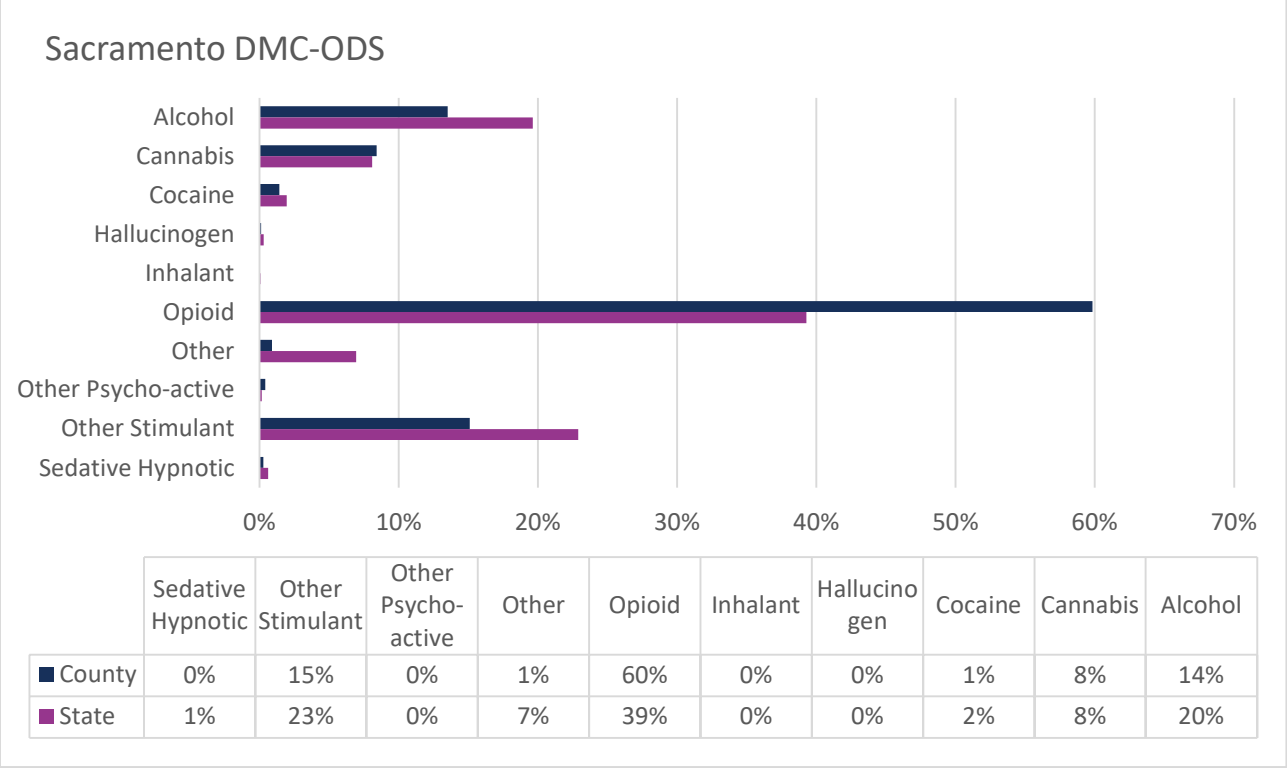
- Length of Stay (LOS)
- CalOMS admission versus discharge for employment and housing status
- CalOMS Legal Status at Admission
- CalOMS Discharge Status Ratings

DIAGNOSIS DATA

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

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

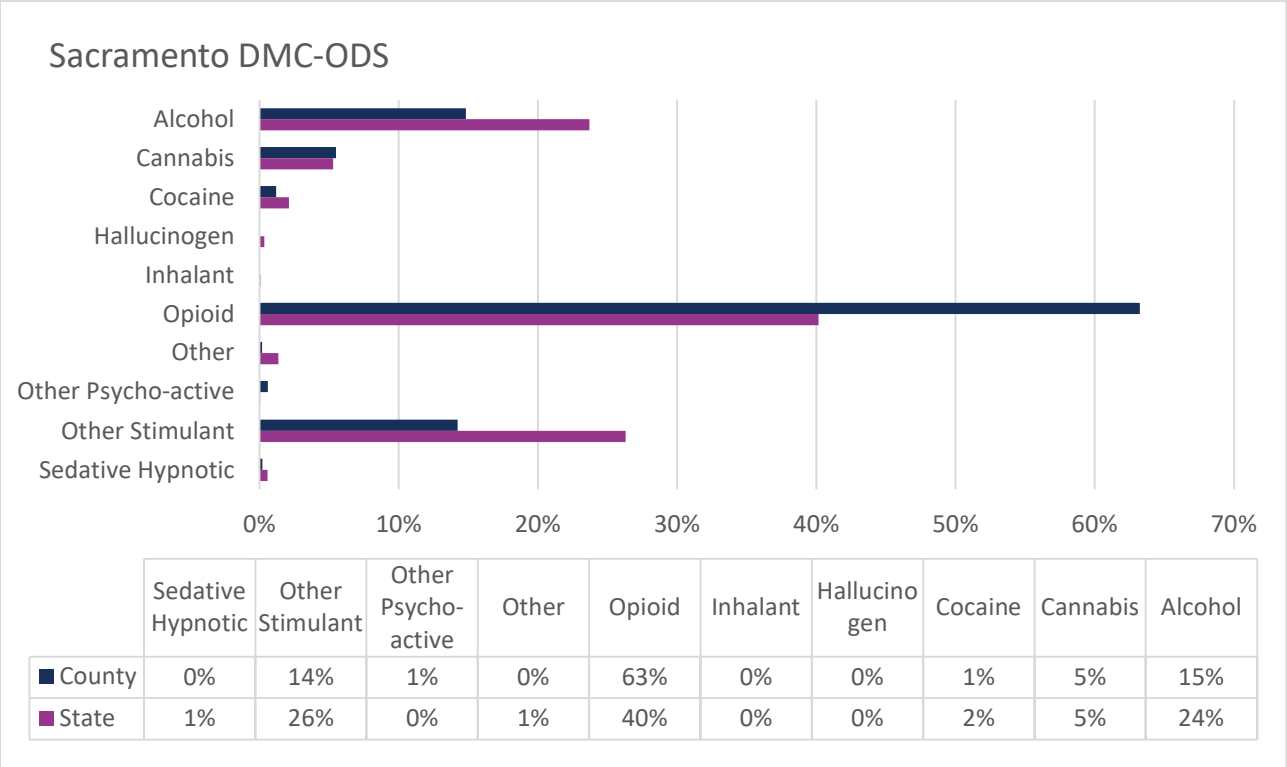
Figure 5: Percentage of Plan Members by Diagnosis Code, CY 2022



	Sedative Hypnotic	Other Stimulant	Other Psycho-active	Other	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
County	0%	15%	0%	1%	60%	0%	0%	1%	8%	14%
State	1%	23%	0%	7%	39%	0%	0%	2%	8%	20%

- In the DMC-ODS, 60 percent of members receiving services were diagnosed with an opioid use disorder (OUD), followed by other stimulant as the next most common diagnosis (15 percent).
- The rate of members with an OUD diagnosis remains substantially higher in the DMC-ODS than statewide.

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



	Sedative Hypnotic	Other Stimulant	Other Psycho-active	Other	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
County	0%	14%	1%	0%	63%	0%	0%	1%	5%	15%
State	1%	26%	0%	1%	40%	0%	0%	2%	5%	24%

- The dominant diagnostic category is OUD and accounts for 63 percent of claims, but it is lower than the prior year (82 percent).
- The percentage of claims doubled for members with other stimulant use (from 7 to 14 percent) and claims more than doubled for members with an alcohol use diagnosis (from 7 to 15 percent) of overall claims.

NON-METHADONE MAT SERVICES

Table 15: Sacramento DMC-ODS Non-Methadone MAT Services by Age, CY 2022

County					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 0-17	<11	-	<11	-	24	0.56%	13	0.30%
Ages 18-64	268	5.80%	209	4.52%	7,473	7.96%	3,881	4.13%
Ages 65+	-	-	-	-	428	5.78%	173	2.34%
Total	**292**	**5.62%**	**228**	**4.39%**	**7,925**	**7.13%**	**4,051**	**3.66%**

- The DMC-ODS had a higher rate of members receiving three or more non-methadone MAT services than statewide. This is consistent with the large percentage of OUD in the population.

RESIDENTIAL WITHDRAWAL MANAGEMENT WITH NO OTHER TREATMENT

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

	# Members with 3+ Episodes WM & No Other Services	% Members with 3+ Episodes WM & No Other Services
County	<11	-
Statewide	205	2.00%

- The DMC-ODS had less than 11 members receiving three or more WM services with no other treatment, with a rate lower than the 2 percent seen statewide.

HIGH-COST MEMBERS

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

Table 17: Sacramento DMC-ODS and Statewide High-Cost Members, CY 2022

	Total Members Served	HCM Count	HCM % by Count	Average Approved Claims per HCM	HCM Total Claims	HCM % by Total Claims
County	5,229	77	1.47%	$22,147	$1,705,345	7.29%
Statewide	105,657	5,724	5.42%	$24,551	$140,532,204	21.84%

- 77 HCMs served by the DMC-ODS accounted for 7.29 percent of total claims for CY 2022.
- The DMC-ODS proportion of members considered to be HCMs (1.47 percent), was less than half the statewide proportion (5.42 percent). This contributes to the lower overall AACM noted earlier in this report.

ASAM LEVEL OF CARE CONGRUENCE

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

	Initial Screening		Initial Assessment		Follow-up Assessment	
ASAM LOC Referrals	#	%	#	%	#	%
Not Applicable /No Difference	3,078	81.93%	5,639	90.04%	3,042	94.09%
Patient Preference	322	8.57%	188	3.00%	40	1.24%
Level of Care Not Available	18	0.48%	26	0.42%	0	0.00%
Clinical Judgement	83	2.21%	59	0.94%	20	0.62%
Geographic Accessibility	<11	-	<11	-	<11	-
Family Responsibility	<11	-	<11	-	<11	-
Legal Issues	<11	-	<11	-	<11	-
Lack of Insurance/Payment	<11	-	<11	-	<11	-
Other	228	6.07%	341	5.44%	127	3.93%
Actual Level of Care Missing	0	0.00%	0	0.00%	0	0.00%
Total	**3,757**	**100.00%**	**6,263**	**100.00%**	**3,233**	**100.00%**

- The DMC-ODS reported a congruence rate for LOC referrals with ASAM findings at 90.04 percent at initial assessment, and 94.09 percent for follow-up assessment. Initial screening LOC congruence with ASAM was reported at 81.93 percent.

INITIATION AND ENGAGEMENT

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

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

Table 19: Initiating and Engaging in Sacramento DMC-ODS Services, CY 2022

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Members with an initial DMC-ODS service	4,757		162		99,855		4,026	
	#	%	#	%	#	%	#	%
Members who then initiated DMC-ODS services	4,502	95%	126	78%	83,830	84%	3,286	82%
Members who then engaged in DMC-ODS services	3,782	84%	84	67%	63,753	76%	2,202	67%

- The DMC-ODS had adult initiation and engagement rates higher than statewide while DMC-ODS youth had lower initiation and similar engagement rates compared to statewide.

LENGTH OF STAY

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

Table 20: Cumulative LOS in Sacramento DMC-ODS – DMC-ODS Services, CY 2022

	County		Statewide	
Members discharged from care (no treatment for 30+ days)	5,669		139,688	
LOS for members across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	154	90	158	90
	#	%	#	%
Members with at least a 90-day LOS	2,839	50%	69,919	50%
Members with at least a 180-day LOS	1,688	30%	43,096	31%
Members with at least a 270-day LOS	1,107	20%	27,677	20%

- The overall average and median LOS were comparable to statewide, as were the percentage of members retained for the time periods displayed above.

CALOMS DATA

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

Table 21: Sacramento DMC-ODS CalOMS Legal Status at Admission, CY 2022

	County		Statewide	
Admission Legal Status	#	%	#	%
No Criminal Justice Involvement	2,071	72.59%	57,878	65.62%
Under Parole Supervision by CDCR	61	2.14%	1,675	1.90%
On Parole from any other jurisdiction	98	3.43%	1,465	1.66%
Post release supervision - AB 109	501	17.56%	20,314	23.03%
Court Diversion CA Penal Code 1000	<11	-	1,326	1.50%
Incarcerated	<11	-	460	0.52%
Awaiting Trial	111	3.89%	5,078	5.76%
Total	**2,853**	**100.00%**	**88,196**	**100.00%**

- Within the DMC-ODS, 72.59 percent were reported to have no criminal justice involvement, which is higher than the statewide proportion of 65.62 percent. DMC-ODS staff anecdotally report that this number is actually lower, with a

higher rate of members accessing services while also connected to justice partners.

Table 22: Sacramento DMC-ODS CalOMS Discharge Status Ratings, CY 2022

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment - Referred	532	17.40%	22,790	22.03%
Completed Treatment - Not Referred	275	8.99%	7,636	7.38%
Left Before Completion with Satisfactory Progress - Standard Questions	104	3.40%	13,465	13.02%
Left Before Completion with Satisfactory Progress – Administrative Questions	364	11.90%	8,322	8.05%
Subtotal	*1,275*	*41.69%*	*52,213*	*50.48%*
Left Before Completion with Unsatisfactory Progress - Standard Questions	162	5.30%	17,832	17.24%
Left Before Completion with Unsatisfactory Progress - Administrative	1,596	52.19%	32,329	31.26%
Death	<11	-	200	0.19%
Incarceration	-	-	856	0.83%
Subtotal	*1,783*	*58.31%*	*51,217*	*49.52%*
Total	**3,058**	**100.00%**	**103,430**	**100.00%**

- 41.69 percent of discharges in the DMC-ODS were considered satisfactory discharges, with the plurality of members having been rated “Completed Treatment – Referred.” A lower proportion of DMC-ODS members were discharged with that rating compared to statewide (17.4 percent vs. 22.03 percent statewide). Ultimately however, only 26.39 percent of members successfully completed treatment, which left 78 percent of members leaving treatment prior to completion.
- 52.19 percent of members discharged “Left Before Completion with Unsatisfactory Progress – Administrative.” In comparison, the statewide proportion (31.26 percent), was substantially lower than the DMC-ODS rate.

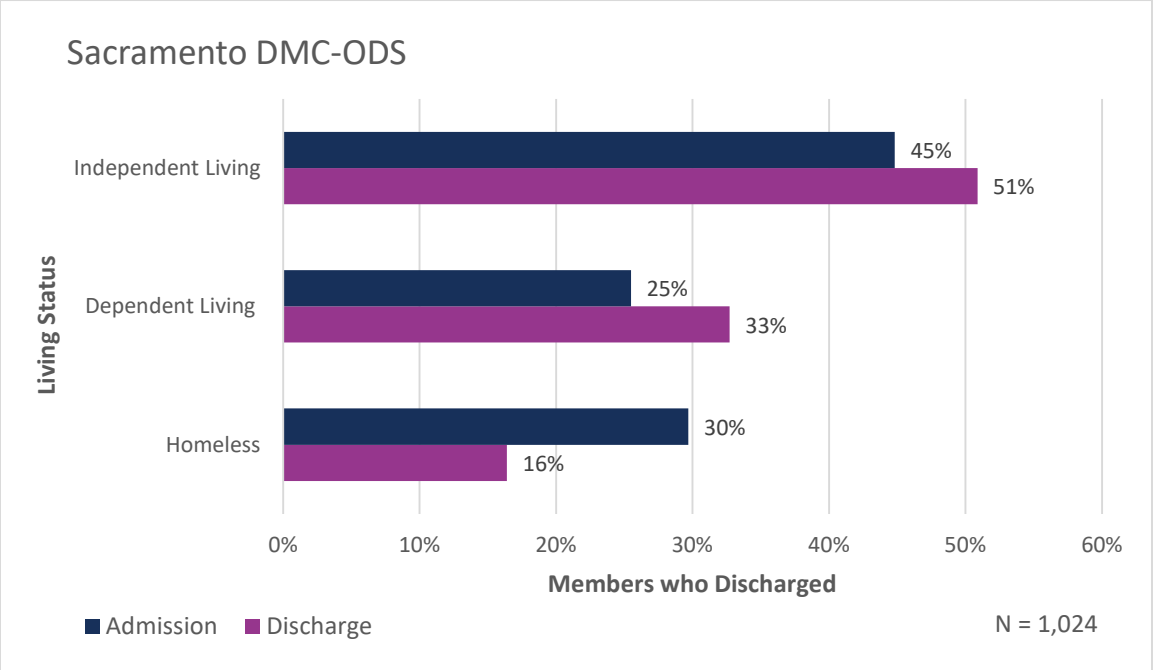
Table 23: Sacramento DMC-ODS CalOMS Types of Discharges, CY 2022

Discharge Types	County		Statewide	
	#	%	#	%
Standard Adult Discharges	974	31.85%	52,677	49.81%
Administrative Adult Discharges	1,985	64.91%	41,707	40.74%
Detox Discharges	50	1.64%	7,233	7.95%
Youth Discharges	49	1.60%	1,813	1.50%
Total	**3,058**	**100.00%**	**103,430**	**100.00%**

- The DMC-ODS total reported discharges more than doubled since the prior EQR.
- Administrative adult discharges were the primary discharge type at 64.91 percent, a slight decrease from the prior year that remained substantially above the statewide rate of 40.74 percent.

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

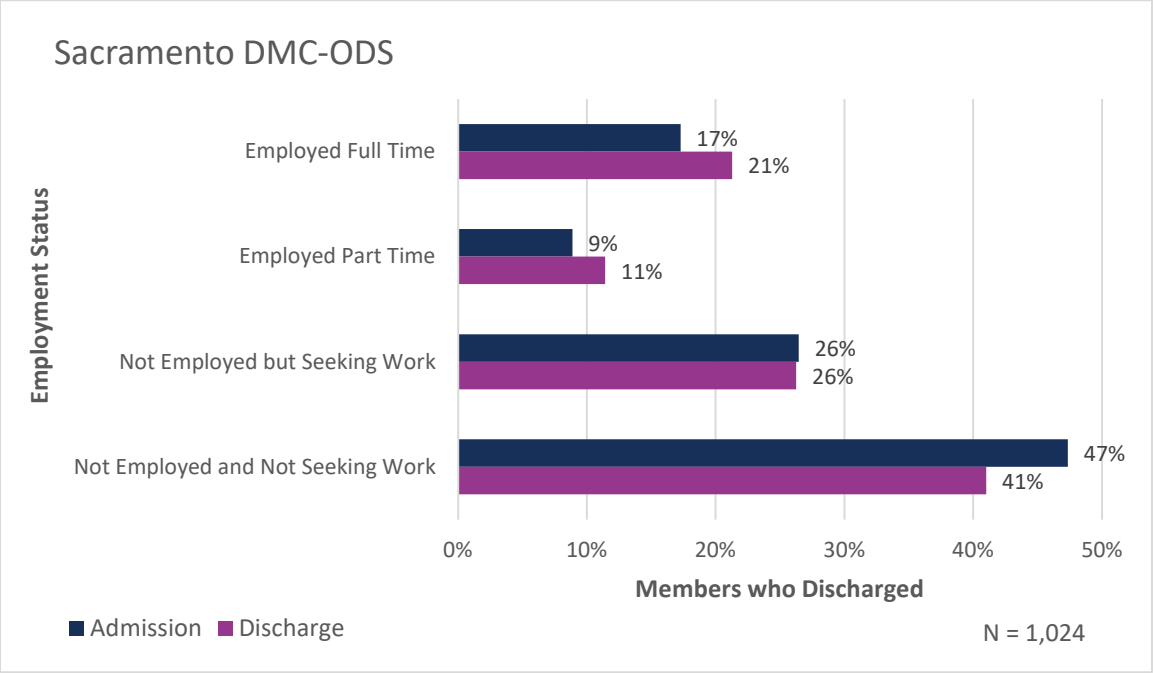
Figure 7: CalOMS Living Status at Admission versus Discharge, CY 2022



- The plurality of DMC-ODS members (45 percent) were in independent living at admission, with 30 percent of members reporting being homeless, which was an increase from the CY 2021 CalOMS data (22 percent).

- There was a positive change in living status between admission and discharge for many members, showing improvement in housing stability at the time of discharge. The housing status of homeless was reduced by 47 percent.

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



- In CY 2022, there was an increase for members employed full-time between admission and discharge (from 17 to 21 percent). There was also a decrease in members unemployed but not seeing work (from 47 to 41 percent).

IMPACT OF QUALITY FINDINGS

- The living status and employment at discharge data show encouraging trends indicating positive changes in members towards becoming self-reliant and committed to successful recovery occurred during the treatment episode.
- Increases in claims for other stimulants (methamphetamine) is consistent with the local substance use patterns within Sacramento County, which has formed an inter-agency safety coalition to orchestrate coordinated mitigation efforts in addition to another such task force to address the impacts of opioids.
- There is an elevated rate of member elopement from treatment as reflected in the discharge data from CalOMS with more than 50 percent of members summarily exiting with an administrative discharge and unsatisfactory progress.
- The initiation and engagement data indicates successful engagement is aligned with statewide rates, but when reviewing the discharge data, there are a substantial number of members leaving treatment prior to completion, indicating the engagement of the member in treatment lessens over time. To some degree,

this is a common problem in SUD treatment, but the high numbers reported suggest a more complex problem. One probable factor is the continuous staffing shortages that have plagued the SUD field statewide since the pandemic.

- Combined with staffing shortages, which already create extra work for current staff, the continuous changes and learning curves created by the implementation of CalAIM, payment reform, and the new EHR, the members reportedly receive less time and support from program staff than is necessary for staying motivated for successful SUD treatment.

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 Plan member satisfaction. They should have a direct Plan member impact and may be designed to create change at a member, provider, and/or DMC-ODS system level.

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

Date Started: 07/1/23

Aim Statement: "By identifying a need for mental health services during the initial SUPT assessment process and making a referral through SmartCare the number of successful linkages to mental health services will increase by 5 percent by the fourth quarter of FY 2023-24."

Target Population: All clients receiving an assessment by a SUPT service provider and identified as having a mental health need.

Status of PIP: Baseline phase

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

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

SUMMARY

Sacramento identified a lack of referrals from SUD programs to MH services. Recent chart audits did not find any documented referrals for members to MH services. In conversations with providers, staff acknowledged they had made referrals but had not documented anything in the chart. Sacramento developed this PIP to improve the cross-referral process.

Sacramento is using a single performance measure: "referral to mental health services to address on-going mental health needs for the client." Through documentation training, a formal letter and "tip sheet" sent to providers, plus reminders to providers at meetings, they want to see a 5 percent increase in referrals by the fourth quarter of FY 2023-24. The PIP discusses collecting information to measure engagement in the MH referral but does not list this as a performance measure.

TA AND RECOMMENDATIONS

As submitted, this clinical PIP was found to have low confidence because while it is a positive step toward probable increased referrals to MH services for Plan members receiving SUD treatment, there was no baseline data. In other words, without knowing how many referrals were made previously and not documented (which was reported by staff) there is no way to know if the increase is in referrals or documented referrals. There will be no way to affirm that improvement in referrals is actually what took place over the measurement period. Additionally, the PIP is specific to the admission assessment and does not note a referral could be made at any time during treatment, which could be a preponderance of the referrals.

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

- Conduct a root cause analysis to look for other contributing factors such as insufficient staff knowledge and/or training.
- Expand the opportunity for identification of a mental health need from during initial assessment process to "beginning with initial assessment and throughout the treatment episode."
- Consider adding a performance measure that indicates if the referral was successful, with the member receiving the referred service.

NON-CLINICAL PIP

GENERAL INFORMATION

Non-Clinical PIP Submitted for Validation: Information Dissemination

Date Started: 07/01/2023

Aim Statement: “By providing providers with clear direction for information dissemination through an information letter and confirmation through email response by signed attestation will lead to improvement in the number of correctly completed Timely Assessment Data Tool (TDAT) and entry of Special Populations Housing Status by 15% by the fourth quarter of FY 23/24.”

Target Population: All Medi-Cal members receiving SUPT services.

Status of PIP: Baseline phase

SUMMARY

Sacramento County has identified an overall lack of information dissemination from provider program managers to line staff. After creating user forums, info sessions, and standing lunchtime question and answer meetings focused on educating providers/staff on the changes with the new EHR system and payment reform, it became evident that providing program management information and instructions did not result in line staff receiving the needed information. While this has been an ongoing problem, the CalAIM and SmartCare changes have brought the enormity of this problem to the forefront. The PIP is designed to address the apparent lack of information dissemination from provider management to line staff.

There was no comprehensive analysis to determine all possible factors that could be contributing to this problem. Sacramento has opted to measure improvement by increased completion of information on two required forms: 1) accurate completion of the TDAT and 2) a completed question often left blank during the admission process entitled “Special Populations – Housing Status.” An increase of 15 percent for both measures by the end of the fourth quarter of FY 2023-24 is the goal.

TA AND RECOMMENDATIONS

As submitted, this non-clinical PIP was found to have low confidence because a root cause analysis was not conducted, and the intervention will be conducted mostly through email and paperwork. While providers will be asked to provide read receipts and/or an attestation, the actual communication from provider management to line staff could continue to be negligible. Additionally, even a non-clinical PIP must tie back to an impact on members.

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

- The title is overly broad, and the AIM is specific to two measures but does not speak to the overall goal stated in the narrative. During the review, BHC suggested changes that could better align the two.
- Solicit feedback from line staff regarding County communication on requirements and changes to gather info on their experience as to why the two measurements are not being effectively completed.

- Speak with provider managers directly in a forum with bi-directional communication to discuss the County's experience and collaboratively determine how the two entities can improve this process.
- Identify a member outcome or member satisfaction measure that should be impacted by this non-clinical PIP.

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, IT, claims, outcomes, and other reporting systems and methodologies to support IS operations and calculate PMs.

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is SmartCare by Streamline, as part of the CalMHSA multi-county EHR initiative which has been in use for one year. Currently, the DMC-ODS is actively implementing a new system which requires heavy staff involvement to fully develop.

Approximately 0.79 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.

The DMC-ODS has 780 named users with log-on authority to the EHR, including approximately 419 county staff and 361 contractor staff. Support for the users is provided by 12 full-time equivalent (FTE) IS technology positions. Currently all positions are filled with no change in the number of positions from the prior review.

As of the FY 2022-23 EQR, all contract providers have access to directly enter clinical data into the DMC-ODS' EHR, however NTP providers and one outpatient provider send in batch service data to the DMC-ODS which is imported into the 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 members by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7.

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

Table 24: Sacramento DMC-ODS Contract Provider Transmission of Information to DMC-ODS EHR

Submittal Method	Frequency	Submittal Method Percentage
Health Information Exchange (HIE) between DMC-ODS IS	☐ 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%

PLAN MEMBER PERSONAL HEALTH RECORD

The 21st Century Cures Act of 2016 promotes and requires the ability of members to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record (PHR) enhances members' and their families' engagement and participation in treatment. The DMC-ODS does not currently have a functioning PHR, though it anticipates one will be implemented in the next year under the SmartCare system.

INTEROPERABILITY SUPPORT

The DMC-ODS is not a member or participant in an HIE. The DMC-ODS will begin planning meetings in May 2024 to establish a Social Health Exchange (SHE), in collaboration with primary health and other community partners. The SHE initiative has an estimated implementation of two years. Healthcare professional staff use secure information exchange directly with service partners through secure email. The following outside entities have access to the EHR or engage in electronic exchange of information with the EHR: mental health providers, SUD 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 Plan member outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present to demonstrate that analytic findings are used to ensure overall quality of the SUD delivery system and organizational operations.

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

Table 25: IS Infrastructure Key Components

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

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

- In terms of IT infrastructure, the DMC-ODS has a relatively low percentage of the annual budget (0.79 percent), to support IS positions and EHR infrastructure. The existing teams supporting IS have experienced staff in key positions to move the SmartCare implementation forward. Budgeted IS support was at 12 FTE positions.
- Training for the SmartCare implementation as well as ongoing staff development is well organized within the DMC-ODS and continues to be adjusted based on the needs of system issues.
- Regarding the integrity of data collection and processing, the DMC-ODS has only one FTE data analytics position to support the system of care. Additionally, 8 FTE data analytic positions exist within the department with primary support for the mental health system, although the positions can assist the DMC-ODS when needed. The absence of a data warehouse is a missing component, leading to a rating of Partially Met for this Key Component.
- The Medi-Cal claims process meets most of the stated metrics of fiscal and billing training, consistent claiming volume, and formal claiming procedures, but the DMC-ODS claim denial rate of 5.01 percent is higher than the statewide average denial rate of 3.64 percent, so the key component is rated as Partially Met.

INFORMATION SYSTEMS PERFORMANCE MEASURES

MEDI-CAL CLAIMING

Table 26 shows the amount of denied claims by denial reason, and Table 27 shows approved claims by month, including whether the claims are either adjudicated or

denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2022.

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

The DMC-ODS reported at the time of the review that claiming is current through December 2023; however, it was also reported that there have been ongoing issues with claiming following payment reform updates July 2023. These issues have required multiple system development updates for the SmartCare system as well as delays within the Medi-Cal claiming system.

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

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Other Healthcare coverage must be billed first	42,914	$804,402	65.02%
Beneficiary not eligible	12,353	$336,881	27.23%
Duplicate/same day service without modifier or other info needed for adjudication	3,863	$90,160	7.29%
NPI issue	35	$4,055	0.33%
Missing valid diagnosis	5	$1,137	0.09%
Service location not eligible	3	$287	0.02%
Other	14	$222	0.02%
Total Denied Claims	**59,187**	**$1,237,144**	**100.00%**
Denied Claims Rate	**5.01%**		
Statewide Denied Claims Rate	**3.64%**		

- The top three denial reasons account for $1.2 million in denied claims, over 99 percent of the denied claims amount.
- The DMC-ODS denied claims rate is higher than the statewide denial rate.

Table 27: Sacramento DMC-ODS Claims by Month, CY 2022

Month	# Claim Lines	Total Approved Claims
Jan-22	61,898	$1,700,502
Feb-22	59,709	$1,699,777
Mar-22	68,344	$1,977,503
Apr-22	66,328	$1,946,311
May-22	66,742	$1,850,597
Jun-22	65,736	$1,838,689
Jul-22	60,643	$2,022,904
Aug-22	60,627	$2,171,834
Sep-22	59,057	$2,067,788
Oct-22	61,000	$2,112,756
Nov-22	59,049	$1,985,108
Dec-22	59,316	$2,102,435
Total	**748,449**	**$23,476,205**

- The DMC-ODS had a relatively stable volume of claim lines across CY 2022.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- With the transition to SmartCare, multiple DMC-ODS development projects have been delayed or require redevelopment under the new EHR, including but not limited to PHR functionality, custom reports, interoperability with contract provider EHRs, and billing updates tied to CalAIM. Due to delays, many of these initiatives and the related functionality may still be in process or not in place prior to the next EQR.
- While the DMC-ODS has updated Medi-Cal claiming under CalAIM payment reform, the lack of timely reimbursement delays in submitting FY 2023-24 claims impacts cash flow and resources needed to support the system of care.
- The current one FTE data analytics position dedicated to the DMC-ODS is not sufficient to support the system functionality projects occurring with SmartCare. The DMC-ODS reported the FY 2024-25 budget request included: two FTE additional data analytics positions to support the EHR team and overall SUD support, a reclassified position adding management capacity, and three FTE support positions for the system of care. The budget is pending review and approval from the Sacramento Board of Supervisors. These requested positions would provide vital support for long-term EHR initiatives.

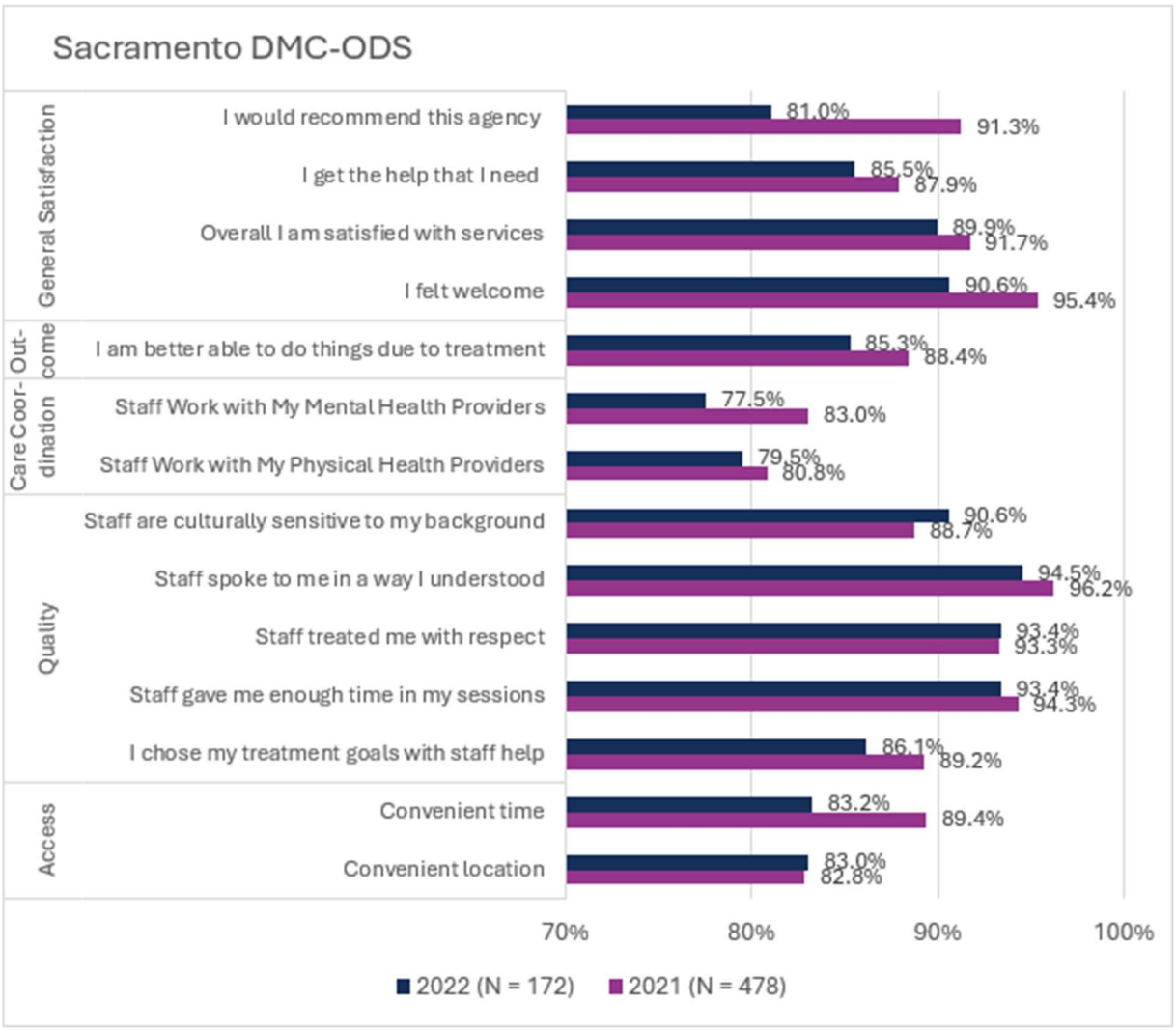
VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE

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

The DMC-ODS had a 64 percent decrease in participants from the prior year TPS, with lower ratings in most domains. The DMC-ODS received highest ratings in the Quality domain, and the lowest ratings were seen in the Care Coordination domain.

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



** Note that the horizontal axis begins at 70% in order to display small differences in responses from year to year.*

- The largest increase in rating from the prior TPS was for the cultural sensitivity of staff, and the largest decrease in rating was members in agreement that they would recommend the agency providing services.
- More items received lower ratings in 2022 compared to 2021. This warrants more intensive review of patterns of change. Some of this may be the impact of significantly fewer members participating in the 2022 survey.

PLAN MEMBER/FAMILY FOCUS GROUPS

Plan member and family (PMF) focus groups are an important component of the CalEQRO review process; feedback from those who receive services provides

important information regarding quality, access, timeliness, and outcomes. Focus group questions emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and PMF involvement. CalEQRO provides gift cards to thank focus group participants.

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

PLAN MEMBER/FAMILY FOCUS GROUP ONE SUMMARY

CalEQRO requested a diverse group of adult Plan members who initiated services in the preceding 12 months. The focus group was held via video conference and included three participants. All members were receiving MAT via NTPs in the DMC-ODS. No interpreter services were needed.

Members shared they were referred to treatment by a hospital, self-referred, and had been in treatment before. They were either admitted the day of the assessment or had to wait up to two months due to Medi-Cal updates that had to be made prior to admission. All members were aware of transportation options should the need arise. When asked about coordination with other agencies or physicians, one said it had not happened but believed it would if needed. Another said there was good coordination with child welfare. All had counselors that shared information about mental health, but no referrals had been made.

There was a discussion about wanting more individualized treatment related to all the rules that “seemed to punish everyone” instead of just addressing the issues with the few members having difficulty.

Everyone would recommend their counselor/program to others, acknowledging they are better able to function and enjoy life, with one member stating, “Methadone saved my life. No matter how hard it is to stay in treatment, it has saved my life.”

Recommendations from focus group participants included:

- Improve coordination and communication between treatment programs and other agencies such as child welfare, probation, and healthcare providers.
- Enhance discharge planning and aftercare support.
- Expand access to funded recovery residences.

PLAN MEMBER/FAMILY FOCUS GROUP TWO SUMMARY

CalEQRO requested a diverse group of adult Plan members who initiated services in the preceding 12 months. The focus group was held via video conference and included eight participants. The group was comprised of both male and female members receiving residential treatment services from the DMC-ODS. No interpreter services were needed.

Participants shared the experiences of accessing treatment beginning with being referred by doctors, counselors, commercials on television, to looking a number up in the phonebook. Admission time after assessment ranged from one day to several months due to a long waiting list for residential beds or problems with Medi-Cal reinstatement or county transfer. Some said the intake process was a few hours and others said longer time frames up to a full day. Transportation was provided by some of the programs while others required members to arrange their own.

All members expressed satisfaction with their experiences in treatment and the quality of care they were receiving, including cultural sensitivity in general and respect for cultural backgrounds. Members noted improvements in themselves with communication skills and self-management.

Recommendations from focus group participants included:

- Remove obstacles to getting into treatment.
- Make it safe for members to lodge a grievance without fear of retaliation.

SUMMARY OF MEMBER FEEDBACK FINDINGS

Participants shared various avenues used to access treatment. Doctors, counselors, hospitals, and even seeing a television commercial, were some of the ways that guided members to treatment. All were basically in agreement that treatment was going well, and they are benefiting from the process.

Admission times varied from one day at time of request to several months for residential treatment, and all recommended removing barriers to admission, which ranged from lack of beds including recovery residence beds to problems with Medi-Cal that could take up to two months to rectify.

Additional recommendations included improving communication between programs and other agencies such as child welfare, probation, and other healthcare providers, and improved discharge planning and support for recovery support services.

CONCLUSIONS

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

STRENGTHS

1. Prevention and education efforts within the DMC-ODS are strong, with focused outreach and campaigns addressing the local substance use issues impacting the members of Sacramento. Sacramento Substance Use Prevention and Treatment Services (SUPT) has implemented several opioid remediation activities such as social media campaigns, "One Pill Can Kill" and "Talk, They Hear You," are two of several youth specific programs and harm reduction services. There has been a significant reduction in overall fentanyl related deaths so far in this CY compared to last CY, with 5 overdoses involving youth 0-17 and 19 involving youth aged 18-21. (Quality)
2. Collaboration with the Sherrif's Department and Police Department includes teams from all entities focused on substance use and mental health issues. The behavioral health teams work with the law enforcement teams to divert individuals to appropriate treatment services instead of incarceration. (Access, Quality)
3. Sacramento has implemented various initiatives to improve cultural competence in SUD programs and engage underserved communities. There have been successful engagement activities with underserved communities, such as immigrant and refugee populations, through culturally tailored outreach. The BHREC focused on the African American community, and through this and other activities, Sacramento was able to increase bilingual staff from 10 percent to 49 percent, significantly improving DMC-ODS services for monolingual Spanish speakers. (Access, Quality)
4. Access to MAT services continues to be robust within the DMC-ODS, with timeliness to first dose of methadone twice as fast as the statewide average. Additionally, since the implementation of MAT induction in the jails, 579 incarcerated members have received MAT, and there have been no overdose deaths compared to several the year prior. Sacramento was awarded $4 million in opioid settlement funds for expanding MAT services and other remediation activities. (Access, Timeliness)

OPPORTUNITIES FOR IMPROVEMENT

1. There are many opportunities for improvement in the Access Call Center. Attempting to conduct a complete ASAM in one hour is not feasible and is not needed prior to admission. Staff indicated that when calls come in, the member is asked if they want residential treatment and if they say no, they are immediately given phone numbers to outpatient programs. This completely bypasses the screening and opportunity for the clinician to help the member access the most clinically appropriate LOC. (Access, Timeliness, Quality)
2. Access and timeliness continue to be impacted by a lack of capacity in multiple modalities, including residential treatment and WM, and providers who were not prepared for No Wrong Door. (Access, Timeliness)
3. The QIP has a number of areas where the term mental health is used when SUD or SUPT should be referenced instead, suggesting that the QI goal may not be specifically tailored to the SUD system issues. Also noted was the lack of member and line staff involvement in QI activities relating to the plan. (Quality)
4. While the level of follow-up care from residential treatment improved from the prior year, there still appears to be a lack of successful transitions into necessary outpatient and RSS. (Access, Timeliness, Quality)
5. The system reporting currently available from the SmartCare EHR is a known issue which has negatively impacted both State-mandated reporting requirements and the DMC-ODS reporting that supports clinical care as well as system oversight. (Quality, Information Systems)

RECOMMENDATIONS

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

1. Take meaningful and ongoing steps to improve the Access Call Center process. Ongoing SUD specific training should be conducted for all staff, including management, regarding assessment and referral to the appropriate LOC. This should include replacing the full ASAM assessment with a brief screening tool to save time and relieve the pressure on staff to complete a full ASAM assessment in one hour. Documentation is necessary so that all staff are managing calls in the same manner and allow the member to engage in the process of determining the most appropriate LOC with a knowledgeable clinician. (Access, Timeliness, Quality)
2. Continue aggressively soliciting providers to expand the number of residential beds available. Additionally, engage in bidirectional discussion with providers on the challenges No Wrong Door is presenting, options for remediating challenges, and how the Access Call Center should be involved. (Access, Timeliness, Quality)

3. Take meaningful steps to find new and innovative ways to invite and engage line staff and Plan members in the QI process. Also, ensure the QIP for SUD is clearly and consistently defined as such – and specific and meaningful to the DMC-ODS – and delete any misplaced mental health verbiage. (Quality)
4. Expand collaboration with contract provider management and line staff to engage in a problem-solving process to address the low follow-up rates after discharge from residential treatment and the low numbers of members accessing RSS. (Access, Timeliness, Quality)
5. Continue to build internal IS and data analytic capacity of SmartCare reporting simultaneous to the development efforts of CalMHSA. (Quality, Information Systems)

EXTERNAL QUALITY REVIEW BARRIERS

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

The DMC-ODS and CalEQRO identified no barriers to this FY 2023-24 EQR.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: CalEQRO Review Tools Reference

ATTACHMENT E: Letter from DMC-ODS Director

ATTACHMENT A: REVIEW AGENDA

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

Table A1: CalEQRO Review Agenda

CalEQRO Review Sessions - 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, and Quality of Care
PIP Validation and Analysis
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS Network Adequacy
Validation and Analysis of the DMC-ODS Health Information System
Validation and Analysis of Member Satisfaction
Plan Member/Family Focus Group(s)
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 supervisors group interview – contracted
Clinical line staff group interview – contracted
Recovery support services group interview including staff with lived experience – county and contracted
Key stakeholders and community-based service agencies group interview
Closing session: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CALEQRO REVIEWERS

Cynthia Hudgins, MBA, Lead Quality Reviewer
Eric McMullen, LPT, Quality Reviewer
Joel Chain, Information Systems Reviewer
Christin Zamora, Consumer/Family Member Reviewer

DMC-ODS SITES

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
Adriano	Tyrone	AOD Counselor	Bridges
Amos	Heather	Program Coordinator	BHS
Anderson	Staci	Prevention Provider	Pro Youth and Families
Arroyo	Elena	Sr. Mental Health Counselor	BHS
Bartlett	Joyce	Program Coordinator	BHS
Bennett	Deborah	Clinical Director	Stanford Sierra Youth and Families
Bowens	Ineeka	AOD Counselor	Gateway Residential
Brunsvold	Larsson	Deputy, Collab Courts	Sacramento County Sheriff
Campus	Moneshia	Program Planner	BHS
Chan Robison	Connie	Prevention Provider	Center for Collaborative Planning
Cress	Joe	Chief Assistant Public Defender	Sacramento County Courts
Dasalla	Stephanie	Program Manager	BHS
Davis	Dr. BJ	Sac Recovery, Residential	Sac Recovery
Duthler	Kristina	Program Planner	BHS
Dziuk	Ed	Program Manager	BHS
Ebrahimi-Nuyken	Soraya	ASW	Stanford Sierra Youth and Families
Echevarria	Kayla	Program Manager	Bridges
Edmisten	Robert	Asst. Probation Chief	Sacramento County Probation
Edsinger	Steven	Sac Recovery, AOD Counselor	BHS
Egeland	Shari	Prevention Provider	Omni Youth
Fleweylln	Christa	Supervising DPO, Juvenile	BHS
Genera	Richard	ASO II/EHR Fiscal	BHS
Gonzales	Janelle	Program Planner	BHS
Grant	Janelle	Sr, Accounting Manager	BHS

Last Name	First Name	Position	County or Contracted Agency
Grimes	Kimberly	Program Manager	BHS
Hale	Barb	Program Coordinator	BHS
Hammock	Tianna	Division Manager Adult Correctional Health	Sacramento Co Correctional Health
Henderson	Monique	AOD Counselor	Alpha Oaks
Her	James	Program Coordinator	BHS
Hovermale	Matt	Sergeant, Reentry	Sacramento County Sheriff
Ibarra	Melony	ASO III/EHR Manager	BHS
Isbell	Talia	ASO I/Program Admin Support	BHS
Jameson	Ashley	Treatment Associates	Treatment Associates
Jones	Jennifer	Manager	TLCS Manager-OP/IOP
Juarez	Leah	Residential Provider Staff	Alpha Oaks
Khushal	Neil	Residential Provider Staff	River City Recovery
Lewis	Sevina	Program Planner	BHS
Lyons	Tim	Division Manager	BHS
Mahlman	Colleen	Program Coordinator	BHS
Matthews	Debra	AOD Counselor	Bridges
Miller	Lori	Division Manager	BHS
Mostafa	Tamer	Program Coordinator	BHS
Mumford	Cynthia	Prevention Provider	Omni Youth
Nakamura	Mary	Program Manager	BHS
Narayan	Payal	AOD Counselor	Stanford Sierra Youth and Families
Nava	Christina	Sr. Mental Health Counselor	BHS
O'Daniel	Bri	Program Coordinator	BHS
Okoro-Duncan	Shanece	Program Coordinator	BHS
Orrock	Joelle	Prevention Provider	Sacramento Co Office of Education

Last Name	First Name	Position	County or Contracted Agency
Owens	Whitney	Program Planner	BHS
Parker	Trisha	Program Coordinator	BHS
Parker	Kelsey	Program Coordinator	BHS
Parker	Ye'Are	AOD Counselor	Sacramento Transitions
Pichardo	William	Sr. Mental Health Counselor	BHS
Quist	Ryan	Behavioral Health Director	BHS
Ramirez	Gabe	Sr. Mental Health Counselor	BHS
Rapagnani	Suzanne	AOD Counselor	TLCS - OP/IOP
Rechs	Alex	Program Manager	BHS
Rosier	Birdi	AOD Counselor	TLCS-OP/IOP
Safrans	Jamie	Residential Provider Staff	Alpha Oaks
Sanchez	Athecia	AOD Counselor	MedMark
Sawyer	John	IT Applications Analyst II	Sacramento County Tech
Schneider	William	Director	TLCS - OP/IOP
Semon	Lynsey	Chief Deputy, Probation	Sacramento County Probation
Staats	Alyssia	AOD Counselor	Bridges
Stenson	Garrett	Program Director	CORE
Sunahara	Vanessa	Youth Tx Provider	Stanford Sierra Youth and Families
Suzuki	David	RC, Residential, AOD Counselor	River City Recovery
Swetland	Kayleigh	Sr. Mental Health Counselor	BHS
Synott	Tiffanie	Deputy Director, CCD	BHS
Torrecampo	Alex	AOD Counselor	Sacramento Recovery
Viscarra	Melissa	Program Planner	BHS
Weaver	Kelli	Behavioral Health Deputy Director	BHS
Williams	Dawn	Program Manager	BHS

Last Name	First Name	Position	County or Contracted Agency
Yang	Yeng	Sr. Office Assistant	BHS
Young	Addie	Supervising Public Defender, Collab Court	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 rated with low confidence. It is a positive step towards increased referrals to mental health services for members participating in SUD treatment. However, the AIM Statement includes the number of successful linkages, and the performance measure only collects data on documented referrals. In addition, without knowing how many referrals were made previously but not documented (which was reported by staff), there is no way to know with certainty if an increase in referrals is a result of documentation improvement or referral increases.
General PIP Information	
MHP/DMC-ODS Name: Sacramento	
PIP Title: Cross Referrals	
PIP Aim Statement: "By identifying the need for mental health services during the initial SUPT assessment process, and making a referral through SmartCare, the number of successful linkages to mental health services will increase by five percent by the end of the fourth Quarter of FY 2023-24.	
Date Started: 07/01/2023	
Date Completed: Schedule to complete 06/30/2025	
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): All clients receiving an assessment by a SUPT service provider and identified as having a mental health issue.

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):

n/a: PIP is in baseline year

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

n/a: PIP is in baseline year

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):

n/a: PIP is in baseline year

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
Referrals to mental health services to address on-going mental health needs will increase.	FY 2023-24		☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ 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 parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.
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: • Conduct a root cause analysis. Determine why there are no documented referrals and look for contributing factors such as insufficient staff knowledge or training. • Expand the opportunity for identification of a mental health need from during the initial assessment process to beginning with the initial assessment and throughout the treatment episode. • Consider adding a performance measure that indicates if the referral was successful.

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 PIP was found to have low confidence because a root cause analysis was not conducted, and the intervention will be conducted mostly through email and informational documents. Providers will be asked to submit read receipts for the emails and/or an attestation that they have complied, the actual communication from provider management to line staff could continue to be negligible.
General PIP Information	
MHP/DMC-ODS Name: Sacramento	
PIP Title: Information Dissemination	
PIP Aim Statement: "By providing providers with clear direction for information dissemination through an information letter and confirmation through email response by signed attestation will lead to improvement in the number of correctly completed TDATs and entry of Special Populations Housing Status by 15% by the fourth quarter of FY 23/24."	
Date Started: 07/01/2023	
Date Completed: Schedule to complete 06/30/2025	
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): All Medi-Cal beneficiaries receiving SUD services through the DMC-ODS

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):

n/a: PIP is in a baseline year

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

n/a: PIP is in baseline year

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):

n/a: PIP is in baseline year

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
Increase the number of completed TDATs	FY 2023/24		☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Increase the number of entries to "Special Populations Housing Status	FY 2023/24		☒ Not applicable—PIP is in planning or implementation phase, results not available		☐ 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 parts of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.
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: • Align AIM Statement and Title of the PIP. The title is overly broad, and the AIM Statement does not address Information Dissemination as a whole but is specific to two measures. Suggest both be revised to better explain the project. During the review, BHC suggested changes that could better align the two. • Solicit feedback from line staff regarding County communication on requirements and changes to gather info on their experience as to why the two measurements are not being effectively completed. • Speak with provider managers directly in a forum with bi-directional communication to discuss the County's experience and collaboratively determine how the two entities can improve this process. • Include a relevant measure of member impact, either an outcome or member satisfaction.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

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

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

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