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FY 2023-24
MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

VENTURA FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

December 5-7, 2023

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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, "Ventura" may be used to identify the Ventura County DMC-ODS program.

DMC-ODS INFORMATION

Review Type — On-site

Date of Review — December 5-7, 2023

DMC-ODS Size — Large

DMC-ODS Region — Southern

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

I# of FY 2022-23 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
6	4	2	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	4	2	0
Quality of Care	8	8	0	0
Information Systems (IS)	6	5	1	0
TOTAL	**24**	**21**	**3**	**0**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Study of member engagement and retention in early outpatient treatment.	Clinical	04/2021	Second Remeasurement Phase	Moderate
Follow-Up After Emergency Department (ED) Visit for Alcohol Use Disorder or Other Substance Use Disorder (SUD)	Non-Clinical	09/2022	Baseline Year	Low

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	8

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

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

- The DMC-ODS' medication assisted treatment (MAT) program's innovative incorporation of half-time rotation of Addiction Medicine fellows through the clinic's two sites, supports best practices medication prescribing and monitoring.

- Average days to the first offered non-urgent NTP/OTP appointment (0.4 days) is timelier than the three-day standard.

- Ventura saw a significant increase in the number of TPS responses in CY 2022 compared to CY 2021 (199 to 349). Moreover, positive member perceptions increased for virtually every domain.

- Data for CY 2022 indicates much higher penetration rates than statewide as well as other large counties, including within all age groups, genders, Hispanic/Latino, within most levels of care, and overall.

- The DMC-ODS maintains a well-developed opioid prevention program that serves as a central hub for naloxone distribution across the county with greater than 60 distribution partners.

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

- Transitions to lower levels of care (LOC) following residential treatment frequently do not meet the timeliness standard.

- Telephone hold times as well as the number of dropped calls remain elevated for members seeking to access substance use disorder (SUD) treatment through the DMC-ODS' Access Line.

- ASAM incongruence rates attributed to clinical judgment remain high both at the time of initial assessment as well as at subsequent follow-up assessment.

- A significant percentage of members leave treatment before completion with unsatisfactory progress.

- Timeliness of first offered urgent appointments frequently exceed the 48-hour standard.

FY 2023-24 CalEQRO recommendations for improvement include:

- Ventura is encouraged to revisit the manner in which Requests for Services (RFS) are being processed by the "Access Line," a recent change which the DMC-ODS acknowledges has contributed to the number of dropped calls as well as to excessive caller wait times.

  (This recommendation is a carry-over from FY 2022-23.)

- The DMC-ODS should ensure that staff receive the necessary training to decrease the incidence of ASAM LOC placement incongruence due to "clinical judgment." Moreover, Ventura should explore the feasibility of instituting post-training fidelity checks.

  (This recommendation is a carry-over from FY 2022-23.)

- As Ventura reports that it can now track timeliness data for all LOCs, the DMC ODS should prioritize the development and implementation of a strategy designed to increase the timeliness of post-residential treatment LOC transitions.

- Identify and analyze the potential causes for members' precipitous termination of treatment with unsatisfactory progress and launch an initiative aimed at reducing the frequency of such departures.

- Develop a tracking mechanism within the SmartCare by Streamline platform which will allow for greater precision in the DMC-ODS's efforts to track the timeliness of first offered urgent appointments.

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 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 services 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 Ventura DMC-ODS by BHC, conducted as an onsite review on December 5-7, 2023.

REVIEW METHODOLOGY

CalEQRO's review emphasizes the DMC-ODS' use of data to promote quality and improve performance. Review teams are comprised of staff who have subject matter expertise in the public SUD system, including former directors, IS administrators, and individuals with lived experience as consumers or family members served by SUD systems of care. Collectively, the review teams utilize qualitative and quantitative techniques to validate and analyze data, review DMC-ODS-submitted documentation, and conduct interviews with key county staff, contracted providers, advisory groups, 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) LOC data.

CalEQRO reviews are retrospective; therefore, data evaluated represent calendar year (CY) 2022 and FY 2022-23, unless otherwise indicated. As part of the pre-review process, each DMC-ODS is provided a description of the source of data and a summary report of Medi-Cal approved claims data. These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the DMC-ODS identified as having a significant impact on access, timeliness, and quality of the DMC-ODS service delivery system in the preceding year. DMC-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 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

There were no environmental issues which impacted the operations of the DMC-ODS during this review.

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 worked with its Prevention unit to provide member access to fentanyl test strips at a total of ten distribution sites, plus all five NTP sites, and began their roll-out at SUD clinics.

- The DMC-ODS demonstrated an improvement in TPS response rates and continues to garner strong member satisfaction results.

- Due in large part to the DMC-ODS's efforts, community programs offering substance use treatment expanded the provider network beyond the county, in such areas as providing MAT training to primary care providers.

- In July 2023, Ventura implemented a new Electronic Health Record (EHR), SmartCare by Streamline, as part of the California Mental Health Services Authority (CalMHSA) semi-statewide EHR initiative.

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 from FY 2022-23

Recommendation 1: Improve processes and tracking throughout the continuum of care, including timeliness and no-shows for residential treatment. Consider using proven continuous QI models, or "a rapid cycle improvement model" for administrative management to assess the referral and linkage process for clinical staff in connecting members to higher or lower LOC.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- In the past year, the methodology used by the DMC-ODS for reporting timeliness was expanded to include residential services. Ventura can now track timeliness for all LOC.

- Ventura County Behavioral Health (VCBH) QI department explored various methods for obtaining the most accurate and complete timeliness measures using available data and determined that since most requests for residential service emanate from VCBH Care Coordination, the data in Ventura's EHR allows the county to link these requests to scheduled first services at all residential providers. Researching and testing this method over the past year led to a reliable measure of time to service for requests for residential treatment.

- Ventura notes that while the number of initial RFS made directly to a residential provider represent a small percentage of total requests for residential services, their QI department continues to explore ways of tracking the timeliness of such requests.

- Despite these significant efforts made by the DMC-ODS, some timeliness issues are noted to persist, most acutely in terms of urgent appointments and first follow-up appointments post-residential treatment.

Recommendation 2: Continue to strive for efficiency in the screening and admission process but decrease the long hold times and dropped calls to the Access Call Center.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- Over the past year, processes continued to evolve to address workflow or lag issues to ensure that SUD Access Line calls are handled more quickly and efficiently. Ventura has taken several steps to improve in this area:
    - Since the last review, the SUD Care Coordination team has devoted more time to responding to access line calls, and two new Alcohol & Drug Treatment Specialists have been hired to fill staff shortages.
    - QI continues to produce and distribute monthly data reports to SUD management for review and feedback.
    - Test calls for quality assurance are conducted three times per month.
    - Issues identified through data monitoring and test calls are discussed during monthly check-in meetings with access line and care coordination staff.
- Ventura is encouraged to consider further modification of their Access department's RFS management protocol in order to further reduce the frequency of dropped calls and shorten caller wait times.

Recommendation 3: Increase morale and help with employee retention, improve two-way communication between administrative management and line employees to keep staff informed of various system changes, and to give them opportunities to provide input into system planning and the delivery of services.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- The DMC-ODS notes that it took active steps to improve communication and respond to staff concerns, which included site visits to county-operated SUD clinics by upper management including the SUD Division Chief and VCBH Director. During these visits, information was shared, and input was received from line staff including any workplace-related concerns. Frequently raised issues such as the need for additional residential treatment and recovery residence capacity were addressed with Ventura, noting a new provider was added in late 2022 and there are continued efforts to locate more capacity.
- The DMC-ODS notes various efforts to improve workforce development and training. This included having ten staff attend the statewide SUD conference in

August 2023. A debriefing session was held with the Division Chief to share highlights from the conference and to discuss any information that might be beneficial to share with clinic staff.

- Monthly Quality Management (QM) and SUD meetings are attended by management and non-management staff from units including Utilization Review, Operations, Quality Improvement, and EHR departments. A significant portion of the agenda in these meetings is informed by ongoing issues relayed from line staff to managers.

- Staff and clinics within the DMC-ODS also participated in department-wide efforts made to improve two-way communication, such as an employee engagement survey, results of which have been used to strategize staff retention initiatives. Quality Management meetings have also actively solicited and increased representation of SUD stakeholders with a subcommittee to discuss workforce issues.

Recommendation 4: Expand use of CalOMS data to inform system of care services; analyze member progress in the various domains by comparing member admission status with discharge status. Doing so will show treatment impact during members' episodes of care, which can be utilized by management to guide treatment services.

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- The DMC-ODS noted that EHR staff provided QI staff with an orientation of CalOMS and granted access to the online portal to enhance a further understanding of the data. After this orientation, QI staff were able to strategize areas in which they could request reports/data that would assist them to monitor and analyze their system of care.

- Ventura notes that multiple reports were created that monitor CalOMS admissions and discharges and where they could now track long-term retention to outpatient treatment.

- CalOMS data was utilized in the clinical PIP where baseline admission data was used to compare member outcomes post-intervention.

- The DMC-ODS notes that QI also produced a report where outpatient treatment initiation and engagement rates for outpatient treatment were linked to CalOMS admission and discharge data in order to include homelessness and substance use frequency data in the analysis.

Recommendation 5: Explore strategies and implement solutions to decrease ASAM LOC incongruence. Consider additional ASAM training and/or support for clinical staff to increase fidelity to the ASAM model.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- While the DMC-ODS planned to review the ASAM assessment in detail to determine if there were ways it might reduce incongruent LOC placements, further exploration was impacted by the County's July 2023 conversion to the SmartCare EHR system. Because the ASAM assessment in SmartCare is standardized, Ventura believes that many of the issues with the content and interface inherent to Ventura's previous ASAM assessment were thereby largely rendered irrelevant.

- QI researched LOC placement data for patterns and additional insights, such as rates of incongruence broken down by the referral site and by specific levels of care. Once more SmartCare reports and functionality become available to VCBH staff, the DMC-ODS intends to continue researching this issue. QI staff will monitor whether incongruent LOC placements persist even with the newer tool and will collaborate as needed with Operations to implement process improvements that reduce the incidence of incongruent placements.

Recommendation 6: Provide expanded data analysis on youth services; evaluate and implement areas for improvement to increase the quality of care and the number of youths served.

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

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- Ventura's Early Intervention services for youth utilizes the Teen Intervene curriculum. The DMC-ODS continues to seek opportunities to expand utilization of this service and intends to hire additional staff to help facilitate this work with the schools.

- VCBH Prevention Services developed a targeted intervention and hired a Prevention Education lead that will help coordinate SUD care for adolescents at all levels of care.

- Ventura is encouraged to strive to build on these youth-services developments with the goal of increasing the quality of services delivered as well as expanding the number of youth served.

- In terms of data analysis, the monthly timeliness report export from Avatar (prior to the launch of SmartCare) included a column for age, which permitted the breakout time to service for youth.

- Ventura's CY 2022 CalOMS data indicates that 95 members ages 12-17 years old were provided service, a slight drop from the 99 youth members provided treatment during the FY 2021-22 review cycle and well below the 163 who obtained access to SUD care in FY 2019-20.

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 members or Plan 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 by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 59 percent of services were delivered by county-operated/staffed clinics and sites, and 41 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 78 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 the following system entry points: Direct calls to SUD clinics and Other (courts, hospitals, community, etc.). The DMC-ODS operates a centralized access team that is responsible for linking members to appropriate, medically necessary services. The Access Line center is a component of Ventura's Access & Outreach division. Calls for both SUD and MHP services are received by the Access Line team who can provide information on services and complete the RFS and forward all RFS to the Care Coordination program. The 24/7 Access Line is staffed during business hours, 8AM to 5PM, Monday through Friday, by the Access Line team and after hours and weekends (including holidays) by VCBH crisis team staff. A primary function of the member Access Line is to serve as the central portal into the county's DMC-ODS system of care, provide timely access to these services and to serve as a linkage to MHP and primary care services.

Calls coming into the Access Line are routed through the Cisco Finesse Auto Attendant/Automated Call Distribution Phone system, developed by the county's IT Services department. The features of the system equip the Access Line with an overall real-time call management tool for the routing, monitoring, and evaluation of calls. The system provides all callers with immediate connection to a live staff person, as well as providing callers with the additional option via an auto attendant to leave a voicemail message.

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 1,851 adults, 157 youth, and 20 older adults across seven county-operated sites and five contractor-operated sites. Among those served, 143 members received telehealth services in a language other than English in the preceding 12 months.

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 Ventura County, the time and distance requirements are 30 miles and 60 minutes for both outpatient SUD services and 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

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

Table 1B: Ventura 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

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

ACCESS KEY COMPONENTS

CalEQRO identifies the following components as representative of a broad service delivery system which provides access to 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 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 opportunity areas associated with the access components identified above include:

- The DMC-ODS assesses, identifies, implements, and evaluates the implementation of strategies to provide the appropriate types and numbers of practitioners and providers necessary to meet the needs of its members.

- Local residential treatment options have been limited and rates of use by members (Table 7) is just 6.94 percent, nearly two-thirds less than found statewide (18.50 percent), indicating a key access limitation as individuals are less likely to seek treatment in adjacent counties.

- Access for youth members is limited and, as noted earlier, has decreased overthe past two review cycles.

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, the PR for Ventura is 1.44 percent indicating easier access to services for members compared to statewide.

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: Ventura 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	33,841	95	0.28%	0.29%	0.25%
Ages 18-64	137,115	2,528	1.84%	1.29%	1.19%
Ages 65+	22,863	173	0.76%	0.56%	0.49%
Total	**193,819**	**2,796**	**1.44%**	**1.04%**	**0.95%**

- PRs for all age groups are higher in the DMC-ODS than statewide except for youth aged 12-17 which measure essentially the same as similar sized counties.

Table 4: Ventura 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	2,726	30	1.10%	1.29%	1.19%
Asian/Pacific Islander	8,195	-	-	0.15%	0.15%
Hispanic/Latino	96,408	928	0.96%	0.74%	0.69%
Native American	434	<11	-	2.34%	2.01%
Other	46,053	1,002	2.18%	1.34%	1.26%
White	40,005	808	2.02%	1.89%	1.67%

- PR is higher in Ventura than in similar sized counties and the state for all racial/ethnic groups other than African Americans and Native Americans.

- PR for African Americans is 0.19 percentage points lower than large counties as a whole and 0.09 percentage points lower than statewide.
- PR for Native Americans is lower than large counties as a whole but above statewide.

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

Ventura DMC-ODS

	White	Other	Native American	Hispanic/Latino	Asian/Pacific Islander	African American
■ County % Served	29%	36%	-	33%	1%	1%
■ County % Eligibles	21%	24%	0.22%	50%	4%	1%
■ State % Served	34%	21%	0.86%	34%	2%	9%
■ State % Eligibles	19%	15%	0.41%	46%	11%	8%
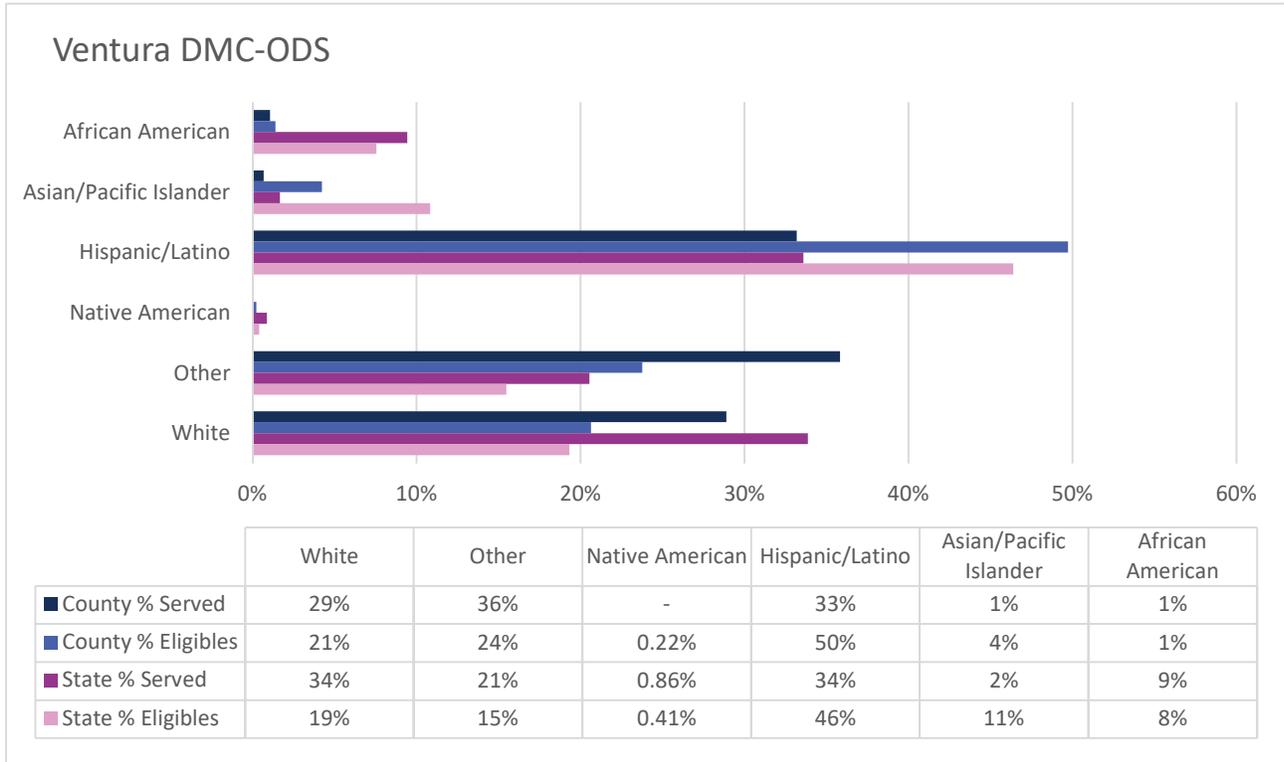
- Other members were the most proportionally overrepresented racial/ethnic group (24 percent of Medi-Cal eligibles and 36 percent of members served), followed by White (21 percent of eligibles and 29 percent of members served).
- Hispanic/Latino members were the most underrepresented group (50 percent of eligibles and 33 percent of members served). Hispanic/Latino members were underrepresented statewide as well (46 percent of eligibles and 34 percent of members served).

Table 5: Ventura 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	83,498	1,774	2.12%	1.53%	1.42%
Disabled	15,104	332	2.20%	1.51%	1.37%
Family Adult	38,934	636	1.63%	1.03%	0.94%
Foster Care	519	11	2.12%	2.08%	1.84%
MCHIP	16,049	36	0.22%	0.20%	0.18%
Other Adult	20,384	19	0.09%	0.10%	0.09%
Other Child	19,792	67	0.34%	0.32%	0.27%

- The top three most common eligibility categories in the DMC-ODS are Affordable Care Act (ACA), Family Adult, and Disabled.

- PR for all eligibility categories compares favorably to that of similar sized counties.

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

Eligibility Categories	County AACM	County Size Group AACM	Statewide AACM
ACA	$5,380	$5,742	$6,216
Disabled	$5,247	$5,393	$5,707
Family Adult	$5,269	$5,180	$5,296
Foster Care	$2,130	$2,578	$2,716
MCHIP	$1,818	$3,692	$3,594
Other Adult	$4,024	$3,880	$4,075
Other Child	$2,484	$3,427	$3,194
Total	**$5,353**	**$5,607**	**$5,998**

- AACM is lower in Ventura than statewide for all eligibility categories.

- AACM is also lower in Ventura than similar-sized counties for all eligibility categories except for Family Adult and Other Adult.

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

County			Statewide	
Service Categories	#	%	#	%
Ambulatory Withdrawal Mgmt	26	0.63%	56	0.04%
Intensive Outpatient	67	1.63%	14,422	9.58%
Narcotic Treatment Program	1,367	33.17%	37,134	24.67%
Non-Methadone MAT	515	12.50%	7,782	5.17%
Outpatient Treatment	1,392	33.78%	46,441	30.85%
Partial Hospitalization	0	0.00%	13	0.01%
Recovery Support Services	158	3.83%	6,400	4.25%
Res. Withdrawal Mgmt	310	7.52%	10,429	6.93%
Residential Treatment	286	6.94%	27,841	18.50%
Total	4,121	100.00%	150,518	100.00%

- The majority of members utilize outpatient treatment (33.78 percent) which is nearly 3 percentage points higher than the statewide rate.

- NTP is the next most utilized modality at 33.17 percent, which is more than 8 percentage points higher than statewide (24.67 percent).

- Non-methadone MAT is the third most accessed service type at 12.50 percent which is considerably higher than the statewide rate of 5.17 percent.

- Intensive outpatient and residential treatment are both utilized considerably less than statewide.

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

Service Categories	County AACM	County Size Group AACM	Statewide AACM
Ambulatory Withdrawal Mgmt	$7	$234	$484
Intensive Outpatient	$227	$1,207	$1,729
Narcotic Treatment Program	$5,292	$4,279	$4,526
Non-Methadone MAT	$1,241	$1,601	$1,660
Outpatient Treatment	$2,164	$2,304	$2,547
Partial Hospitalization	$0	$2,802	$2,802
Recovery Support Services	$1,233	$1,660	$1,669
Res. Withdrawal Mgmt	$2,746	$2,278	$2,392
Residential Treatment	$10,564	$10,379	$10,178
Total	**$5,353**	**$5,607**	**$5,998**

- AACM for NTP, residential withdrawal management, and residential treatment are all higher in Ventura than statewide, while all other service categories are lower than statewide.

IMPACT OF ACCESS FINDINGS

- Total PR is higher than both similar sized counties and statewide, which is an indication that Medi-Cal members are successful in accessing SUD services via the Ventura DMC-ODS.

- NTP and non-methadone MAT are both utilized at higher rates than statewide, which aligns with the high rates of opioid use in the region.

- Residential treatment and intensive outpatient utilization are much lower than statewide, indicating a potential opportunity for improved access to these modalities.

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 members 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	Met
2B	First Non-Urgent Request to First Offered MAT Appointment	Met
2C	Urgent Appointments	Partially Met
2D	Follow-Up Appointments after Residential Treatment	Partially Met
2E	Withdrawal Management Readmission Rates	Met
2F	No-Shows/Cancellations	Met

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

- A relative strength of the DMC-ODS is its utilization of a methodology to collect data related to initial contact to first methadone MAT appointment, its diligence in

tracking and trending the data at least quarterly to determine length of wait times, which at present meet the 3-day state standard 95 percent of the time.

- First offered appointments and first delivered services meet the established standard 89 and 79 percent of the time, respectively.

- According to the data provided by Ventura, urgent service requests meet the 48-hour standard just 64 percent of the time.

- The DMC-ODS data for FY 2022-23 indicates that residential follow-up services occur within the 7-day standard for just 33 of the 278 recorded discharges (12 percent).

TIMELINESS PERFORMANCE MEASURES

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

For the FY 2023-24 EQR, the DMC-ODS reported in its submission of the Assessment of Timely Access (ATA), representing access to care during the 12-month period of FY 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 the exception of First Offered Non-Urgent NTP/OTP Appointments, Follow-up Services after Residential Treatment, and Withdrawal Management (WM) Readmission Rates within 30 days, as these represent contractor-operated services only. It should be noted that no-show rates also include the entire system of care other than NTP services.

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 Ventura DMC-ODS Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	5.6 Business Days	10 Business Days*	89%
First Non-Urgent Service Rendered	8.8 Business Days	10 Business Days**	79%
Non-Urgent MAT Request to First Offered NTP/OTP Appointment	0.4 Business Days	3 Business Days*	95%
Urgent Services Offered	61 Hours	48 Hours**	64%
Follow-up Services Post-Residential Treatment	32.6 Days	7 Days	12%
WM Readmission Rates Within 30 Days	2%	n/a	n/a
No-Shows	25%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** DMC-ODS-defined timeliness standards			
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
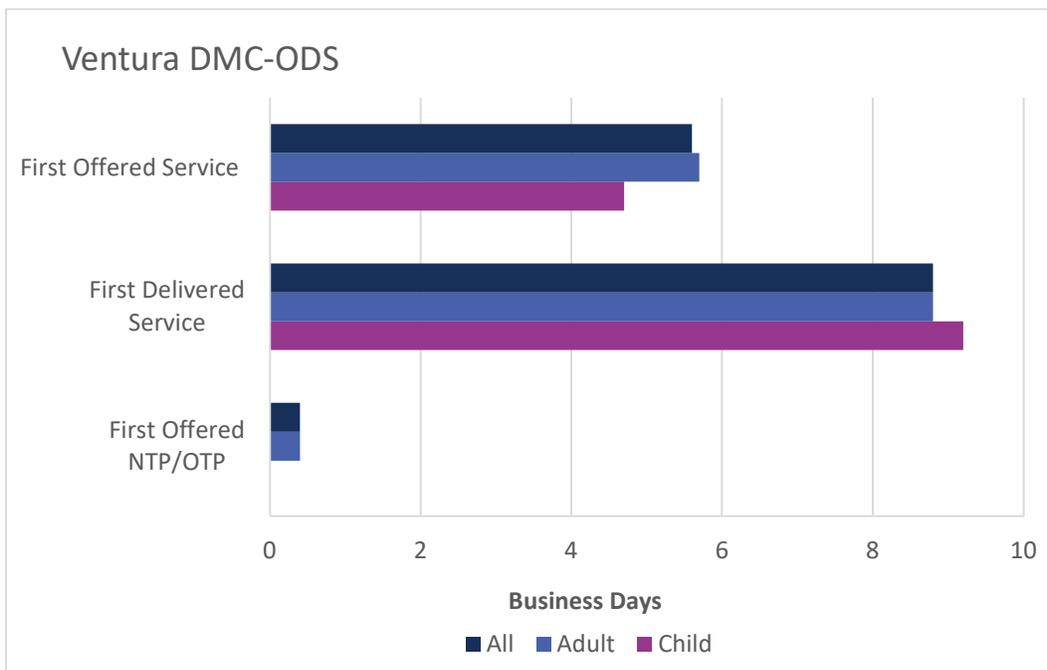
Figure 3: Wait Times for Urgent Services
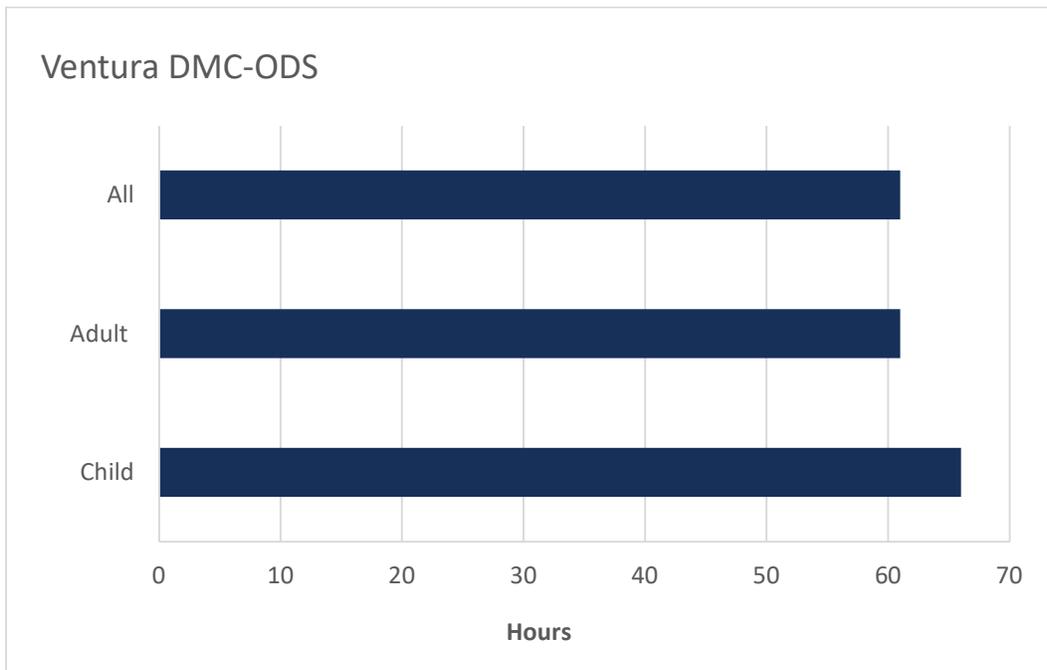
Figure 4: Percent of Services that Met Timeliness Standards
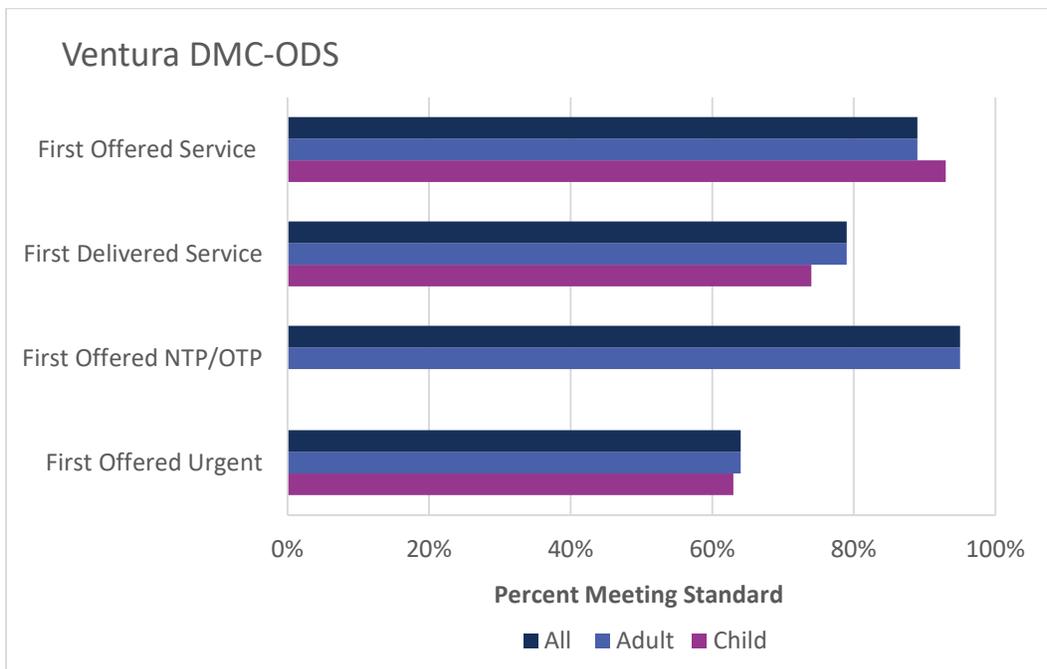
- Wait times for urgent appointments were reported to average 61 hours, which is longer than the 48-hour standard. The DMC-ODS mentioned that the previous and current EHRs do not have functionality set up to track urgent appointment wait times. There is an opportunity for Ventura to track urgent appointment times

with more specificity through workarounds outside of the EHR as the DMC-ODS awaits date/time field customization within SmartCare.

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: Ventura 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	-	42.00	15	0.04%	12.60
18 to 64	1,244	91.81%	4.74	31,839	87.46%	3.59
65+	-	-	0.21	4,551	12.50%	0.56
Total	**1,355**	**100.00%**	**4.40**	**36,405**	**100%**	**3.19**

- Overall, Ventura has an average total wait time of 4.40 days to first dose of methadone, which is more than one full day slower than the statewide average of 3.19 days.

- The majority of members receiving methadone are aged 18 to 64 (91.81 percent).

- Youth had a very long wait time to first dose of methadone (42 days); however, considering the small number of members served in this age group, one or two members with excessive wait times could inflate this average.

Transitions in Care

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

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

	N = 273		Statewide N = 27,232	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	61	22.34%	3,243	11.91%
Within 14 Days	79	28.94%	4,515	16.58%
Within 30 Days	95	34.80%	5,706	20.95%

- Of the 273 members who were discharged from residential treatment, 22.34 percent had a follow-up service in a lower LOC within 7 days, 28.94 percent within 14 days, and 34.80 percent within 30 days, each higher than found statewide.

- The percentage of transitions that meet the 7-day standard as reported in Ventura's data (12 percent) indicates a need for further review and likely an opportunity for improvement.

- The rates seen in Table 12 include billable services only, so services or transitions in care to providers outside those claimed under Medi-Cal are not included.

Residential Withdrawal Management Readmissions

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

County			Statewide	
Total DMC-ODS admissions into WM	363		13,062	
	#	#	#	%
WM readmissions within 30 days of discharge	16	4.41%	1,148	8.79%

- Of the 363 admissions to WM, 4.41 percent had a readmission within 30 days, which is half the statewide rate.

IMPACT OF FINDINGS

- Timeliness metrics for first non-urgent appointment offered, first non-urgent service rendered, and non-urgent MAT request to first offered appointment are all well within DHCS and DMC-ODS standards, indicating timely access to these service types for members.

- With a reported average of 61 hours from request to urgent service offered, there is an opportunity to improve toward the 48-hour standard. The DMC-ODS is currently unable to track urgent services by time in the new EHR, SmartCare by Streamline, as implementation is still ongoing. With a proper tracking mechanism, timeliness to urgent services could be calculated more precisely.

- As indicated within the CalEQRO data provided, efforts to meet the 7-day post residential follow-up services are lagging with an average of 32.6 days. In this regard, there is much room for improvement even as the data in Table 12 indicates that the DMC-ODS is having greater success than statewide in transitioning members.

- The DMC-ODS has had success in keeping WM readmissions lower than statewide.

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

In the DMC-ODS, the responsibility for QI and QA falls to the VCBH QM program, which resides within the Quality Care division and is overseen by the Quality Care Division Chief with support from the Senior Behavioral Health Manager. QM is focused on the successful implementation of the BH department's stated mission, vision, and goals and is responsible for overseeing and reviewing the quality of BH services provided to Medi-Cal members and ensuring compliance with contract requirements and relevant County, Federal and State regulations.

Ventura's QI Committee (QIC) is an overarching decision-making body which helps to facilitate discussions and enables systematic monitoring of issues of importance to the department. The QIC is comprised of seven subcommittees with distinct focus areas. To maintain continuous QI efforts (CQI), key performance indicator outcomes and results are presented to the QIC regularly to facilitate discussion and implement performance improvement methods if/when needed when falling short of outlined goals.

The DMC-ODS monitors its quality processes through the QIC, the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC was established in March 2023 and is comprised of the VCBH Director, VCBH Medical Director, VCBH Assistant Director, Policy Office, Office of Health Equity, All Division Chiefs/Designees, and delegates from its seven subcommittees (Community Experience, Provider Experience, Fiscal Responsibility, Information Architecture, Operational Excellence, Quality Oversight and Staff Experience). The QIC is scheduled to meet six times a year. Since the previous EQR, the QIC met five times. Of the 12 identified FY 2022-23 QAPI workplan goals, the DMC-ODS reports 10 out of 12 goals were met and 2 were partially met.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for 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	Met
3D	Evidence of an ASAM Continuum of Care	Met
3E	MAT Services (both NTP and non-NTP) Exist to Enhance Wellness and Recovery	Met
3F	ASAM Training and Fidelity to Core Principles is Evident in Programs within the Continuum of Care	Met
3G	Measures Clinical and/or Functional Outcomes of Members Served	Met
3H	Utilizes Information from the Treatment Perception Survey to Improve Care	Met

Notable strengths and opportunities associated with the quality components identified above include:

- It is evident that CQI is a philosophy that permeates Ventura's management. The DMC-ODS demonstrates a systematic organization-wide approach for improving overall access, timelines, and quality of care. This is demonstrated through the QAPI function of the DMC-ODS that uses a collaborative approach to study and improve existing processes at all levels.

- Meaningful steps taken by the DMC-ODS to understand, report, and review CalOMS data appears indicated with treatment completions at 17.50 percent, below statewide rate of 21.62; and unsatisfactory exits (both standard and administrative) total more than half of all discharges at 55.24 percent.

- Clinically indicated care for those in need of SUD residential treatment was limited due to the local options within Ventura County and for males. In addition, there are just two recovery residence programs with a total of 14 beds, none of which take women with children, again limiting system access for those in need of housing.

- The DMC-ODS should explore adopting an in-person/virtual "hybrid" approach to its auditing activities so as to minimize the administrative burden shouldered by clinicians during virtual audits.

- Ventura reports that non-methadone forms of MAT are not being billed by one of two contracted NTPs, an issue which warrants further review by the DMC-ODS.

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)

- Initiation and Engagement

- Length of Stay (LOS)

- CalOMS admission versus discharge for employment and housing status

- CalOMS Legal Status at Admission

- Cal OMS 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

Ventura DMC-ODS

	Sedative Hypnotic	Other Stimulant	Other Psycho-active	Other	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
County	1%	15%	0%	6%	54%	0%	0%	1%	5%	18%
State	1%	23%	0%	7%	39%	0%	0%	2%	8%	20%
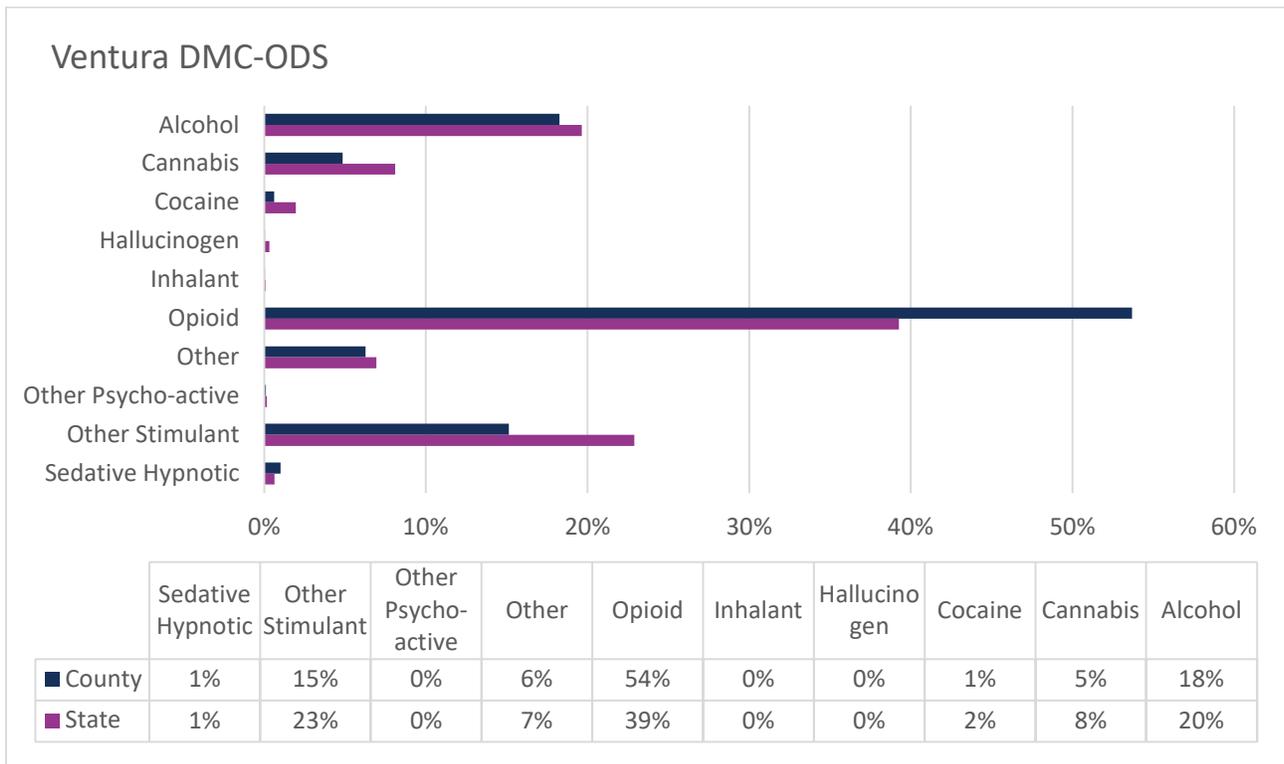
- In Ventura, 54 percent of members have been diagnosed with an opioid use disorder (OUD), which is the leading diagnostic category for the DMC-ODS and occurs at a frequency 15 percentage points higher than statewide.

- All other diagnostic categories are the same as, or lower than, statewide. This further confirms the crisis that the DMC-ODS is experiencing with opioids in the region. In fact, during this EQR, Ventura shared their finding that other drugs including methamphetamines and cannabis, are being tainted with fentanyl, and members are testing positive for this substance without having any knowledge of having used it. This finding is likely to further amplify the widespread and ever-increasing opioid crisis occurring in the county.

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

Ventura DMC-ODS

	Sedative Hypnotic	Other Stimulant	Other Psycho-active	Other	Opioid	Inhalant	Hallucinogen	Cocaine	Cannabis	Alcohol
■ County	1%	13%	0%	1%	64%	0%	0%	0%	2%	19%
■ State	1%	26%	0%	1%	40%	0%	0%	2%	5%	24%
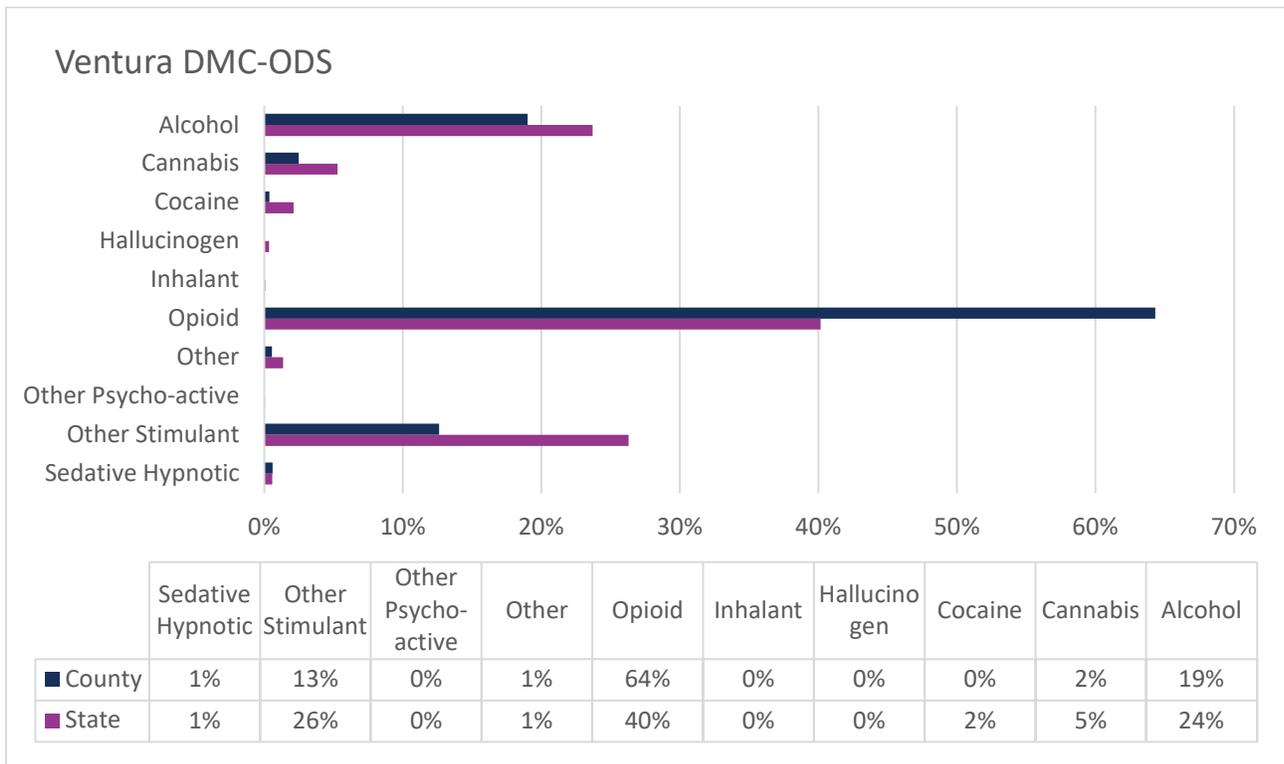
- Following the trends seen in Figure 5, OUD accounts for the largest percentage of approved claims at 64 percent, which is 24 percentage points higher than statewide.

Non-Methadone MAT Services

Table 15: Ventura 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	490	19.38%	258	10.21%	7,473	7.96%	3,881	4.13%
Ages 65+	-	-	-	-	428	5.78%	173	2.34%
Total	**516**	**18.45%**	**270**	**9.66%**	**7,925**	**7.13%**	**4,051**	**3.66%**

- In Ventura 516 members had at least one non-methadone MAT service and 270 had three or more of these services.

- Members receiving at least one or three or more services both far exceeded statewide rates.

Residential Withdrawal Management with No Other Treatment

Table 16: Ventura 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	0	0.00%
Statewide	205	2.00%

- There were no members in Ventura with three or more episodes of residential WM with no other treatment. This is below the statewide rate of 2 percent.

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 withdrawal management. 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: Ventura 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	2,796	59	2.11%	$24,028	$1,417,650	9.47%
Statewide	105,657	5,724	5.42%	$24,551	$140,532,204	21.84%

- There is a much lower percentage of HCMs in Ventura compared to statewide (2.11 percent versus 5.42 percent).
- HCMs account for only 9.47 percent of total claims in the DMC-ODS compared to statewide (21.84 percent).

ASAM Level of Care Congruence

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

ASAM LOC Referrals	Initial Screening #	Initial Screening %	Initial Assessment #	Initial Assessment %	Follow-up Assessment #	Follow-up Assessment %
Not Applicable /No Difference	0	0.00%	1,618	69.29%	1,283	64.70%
Member Preference	0	0.00%	115	4.93%	58	2.92%
Level of Care Not Available	0	0.00%	0	0.00%	0	0.00%
Clinical Judgement	0	0.00%	587	25.14%	628	31.67%
Geographic Accessibility	0	0.00%	0	0.00%	0	0.00%
Family Responsibility	0	0.00%	0	0.00%	0	0.00%
Legal Issues	0	0.00%	0	0.00%	0	0.00%
Lack of Insurance/Payment	0	0.00%	0	0.00%	0	0.00%
Other	0	0.00%	15	0.64%	14	0.71%
Actual Level of Care Missing	0	0.00%	0	0.00%	0	0.00%
Total	**0**	**0.00%**	**2,335**	**100.00%**	**1,983**	**100.00%**

- Similar to ASAM data seen in last year's EQR, ASAM incongruence attributed to clinical judgement remains high. Clinical judgement accounts for 25.14 percent of incongruence at the time of assessment, and 31.67 percent of incongruence at the time of assessment follow-up.

- Member preference is the next most common reason for incongruence at assessment (4.93 percent) and at the time of assessment follow-up (2.92 percent).

- It should be noted that while the DMC-ODS's Access staff state that they do, in fact, conduct initial screenings, the screening tool that Ventura utilized had a field for level of care *indicated*, at which point members were referred to this indicated level of care for assessment. The *final* LOC determinations, however, were not made until the initial assessment. Ventura QI department is aware of this issue and will take steps to ensure that this issue does not persist within their new EHR (SmartCare) environment.

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 15th and 45th day following initial DMC-ODS service.

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

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Members with an initial DMC-ODS service	2,646		89		99,855		4,026	
	#	%	#	%	#	%	#	%
Members who then initiated DMC-ODS services	2,272	86%	63	71%	83,830	84%	3,286	82%
Members who then engaged in DMC-ODS services	1,760	77%	38	60%	63,753	76%	2,202	67%

- Initiation and engagement for adults in Ventura were both slightly higher than statewide. Conversely, initiation and engagement for youth were both considerably lower than 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 Ventura DMC-ODS - DMC ODS Services, CY 2022

	County		Statewide	
Members discharged from care (no treatment for 30+ days)	3,666		139,688	
LOS for members across the sequence of all their DMC-ODS services	Average	Median	Average	Median
	227	119	158	90

	#	%	#	%
Members with at least a 90-day LOS	2,081	57%	69,919	50%
Members with at least a 180-day LOS	1,466	40%	43,096	31%
Members with at least a 270-day LOS	1,130	31%	27,677	20%

- There were 3,666 members discharged from care in the DMC-ODS with an average LOS of 227 days and a median of 119 days. The LOS was considerably higher than statewide (average of 158 days and median of 90 days).

- The percentage of members with at least a 90-day, 180-day, and 270-day LOS was considerably higher in Ventura than statewide. This long-term retention likely contributes to the low WM readmission rates discussed earlier.

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: Ventura DMC-ODS CalOMS Legal Status at Admission, CY 2022

	County		Statewide	
Admission Legal Status	#	%	#	%
No Criminal Justice Involvement	896	62.35%	56,511	65.47%
Under Parole Supervision by CDCR	17	1.18%	1,649	1.91%
On Parole from any other jurisdiction	<11	-	1,427	1.65%
Post release supervision - AB 109	408	28.39%	19,933	23.09%
Court Diversion CA Penal Code 1000	17	1.18%	1,312	1.52%
Incarcerated	<11	-	446	0.52%
Awaiting Trial	90	6.26%	5,038	5.84%
Total	1,437	100.00%	86,316	100.00%

- The majority (62.35 percent) of members in Ventura had no criminal justice involvement, which was more than 3 percentage points lower than statewide (65.47 percent).

- Post release supervision – AB 109 was the next most common legal status at 28.39 percent, and more than 5 percentage points higher than statewide.

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

	County		Statewide	
Discharge Status	**#**	**%**	**#**	**%**
Completed Treatment – Referred	242	17.50%	19,232	21.62%
Completed Treatment - Not Referred	50	3.62%	5,687	6.39%
Left Before Completion with Satisfactory Progress - Standard Questions	130	9.40%	12,302	13.83%
Left Before Completion with Satisfactory Progress – Administrative Questions	127	9.18%	7,046	7.92%
Subtotal	*549*	*39.70%*	*44,267*	*49.76%*
Left Before Completion with Unsatisfactory Progress - Standard Questions	343	24.80%	15,497	17.42%
Left Before Completion with Unsatisfactory Progress - Administrative	421	30.44%	28,288	31.80%
Death	<11	-	166	0.19%
Incarceration	-	-	740	0.83%
Subtotal	*834*	*60.30%*	*44,691*	*50.24%*
Total	**1,383**	**100.00%**	**88,958**	**100.00%**

- Ventura members successfully discharged from services at 39.70 percent, with "completed treatment – referred" as the most common status at discharge.

- More than 60 percent of total discharges (which were considered "with unsatisfactory progress") occurred before completion, which represents an opportunity for Ventura, with the statewide percentage for this category being 50.24 percent. "Administrative" is the leading (30.44 percent) subgroup of pre-completion "with Unsatisfactory Progress" discharges.

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

	County		Statewide	
Discharge Types	**#**	**%**	**#**	**%**
Standard Adult Discharges	711	51.41%	44,306	49.81%
Administrative Adult Discharges	618	44.69%	36,240	40.74%
Detox Discharges	30	2.17%	7,075	7.95%
Youth Discharges	24	1.74%	1,337	1.50%
Total	**1,383**	**100.00%**	**88,958**	**100.00%**

- Standard adult discharge was the leading CalOMS discharge type at 51.41 percent.

- All CalOMS discharges were higher than statewide except for detox discharges, which were more than 5 percentage points lower.

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
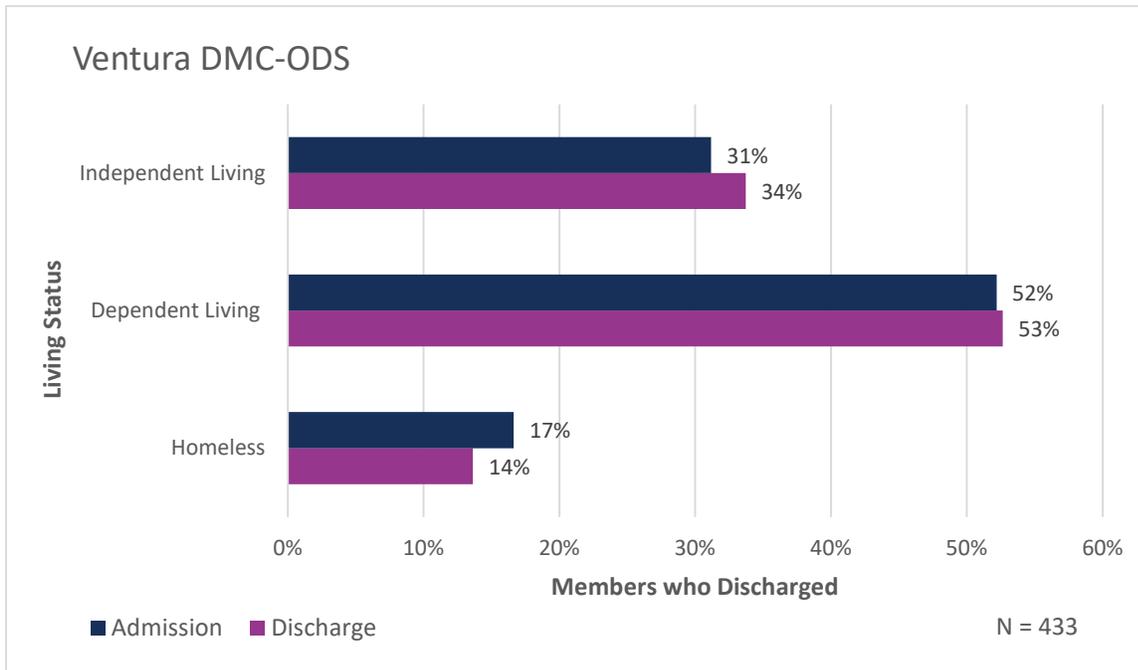
- At the time of discharge, independent living and dependent living increased compared to the time of admission, while the rate of homelessness decreased among DMC-ODS members. In all cases, favorable improvements were limited to just 1 to 3 percent.

Figure 8: CalOMS Employment Status at Admission versus Discharge, CY 2022
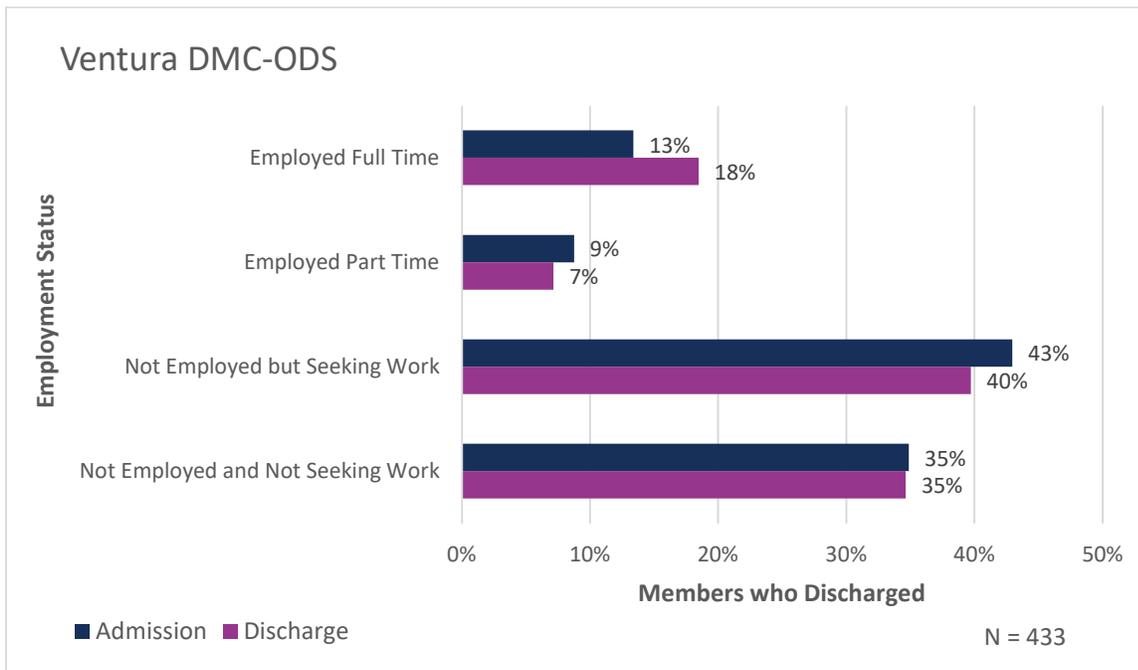
- Members employed part-time and not employed but seeking work decreased 5 percentage points at the time of discharge compared to admission, while members employed full-time subsequently increased by 5 percentage points.

IMPACT OF QUALITY FINDINGS

- ASAM incongruence has remained high for clinical judgement and is an area that the DMC-ODS should take steps to review, perhaps by increased fidelity checks, clinical monitoring, and staff guidance.

- Rates of initiation and engagement with services in Ventura exceeded statewide rates for adults but lagged behind for youth ages 12-17, who continue to be underserved compared to numbers seen in prior review years.

- The DMC-ODS has seen some improvements in not only linking members to housing upon discharge, but also to full-time employment, though given these marginal increases, Ventura should consider further enhancing these gains as part of a more robust discharge planning and case management endeavor.

- Contract providers shared that the overall volume of multi-entity audits imposes a great administrative burden, as many addiction treatment programs seldom employ clerical staff. Clinicians feel that they are able to attend to their members' needs with far greater ease during in-person audits. To this end, perhaps the DMC-ODS could explore adopting a "hybrid" approach to its auditing activities so as to minimize the administrative burden shouldered by clinicians during virtual audits.

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: Study of Member Engagement and Retention in Early Outpatient Treatment.

Date Started: 04/2021

Date Completed: 07/2023

Aim Statement: "Can the average number of contacts per member within the first 90 days of outpatient treatment be increased by 5 percent by April 2023, by implementing an intervention in which members identify an obstacle to attendance and related problem-solving strategy during their treatment planning session?"

Target Population: The pre-intervention population includes all adult members (ages 18 and above) admitted to a DMC-ODS in-scope outpatient program between November 2020 to January 2022. This includes 665 unique members.

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[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

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

Summary

Members were asked to identify obstacles to attendance as part of their treatment plan. The member and counselor would work together during treatment planning to problem-solve ways to overcome the obstacle(s) and select a reasonable goal. Progress towards meeting this goal was tracked throughout their treatment episode. The identification of the obstacles and subsequent problem-solving were kept simple so that members would not be overwhelmed with information during the early stages of recovery.

The DMC-ODS monitored EHR data from the section of the treatment plan in which obstacles were identified. An EHR report for capturing this data was built by EHR staff and was available for direct download by QI staff at any time. It indicated the frequency that each dropdown option was selected, reported both overall and for each clinic.

However, data collection for this fidelity check was affected by subsequent changes mandated by CalAIM, specifically Ventura's implementation of the problem list in lieu of the treatment plan, starting in September 2022. Since the identified barrier was captured in the treatment plan, Ventura explored alternative methods to enter and track the identified barrier. At first, it was decided that the dropdown menu for the barrier could be added to a section of the ASAM assessment. The implementation would be recorded and tracked by asking staff to note the barrier in the progress note for that particular appointment where the barrier was selected. The transition to a new EHR system in July 2023 and lack of customization hindered the DMC-ODS' plan to carry the intervention forward beyond July 2023.

There were no notable improvements in outcomes when comparing the baseline period to the post-intervention period.

TA and Recommendations

As initially submitted, this clinical PIP was found to have moderate confidence because credible, reliable, or valid methods were implied or able to be established for part of the PIP.

During the review itself, CalEQRO provided TA to the DMC-ODS in the form of an in-depth discussion of the technical barriers outlined above which thwarted Ventura's best efforts to sustain implementation of this PIP beyond July 2023.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Follow-Up After Emergency Department (ED) Visit for Alcohol Use Disorder or Other Substance Use Disorder

Date Started: 09/2022

Aim Statement: "In the six months following the intervention, the aim is to increase referrals from hospital staff/navigators for members with an ED visit for SUD or self-referrals by 5 percent."

Target Population: Members presenting at the EDs with an SUD diagnosis.

Validation Information: The DMC-ODS' non-clinical PIP is in the baseline year.

Summary

In this non-clinical PIP, the DMC-ODS is attempting to improve the follow-up appointment rates after an ED visit by a member with a primary diagnosis of SUD (HEDIS measure FUA) as part of the DHCS BH QI Plan. In its updated submission of the project plan and findings for FY 2023-24, the DMC-ODS changed its improvement strategy. Previously, the DMC-ODS focused on creating a data tracking system. This year, the focus has been on creating better connections with hospital staff who provide direct member care. Consequently, the DMC-ODS has started providing trainings to the navigators and the hospital staff who treat members at the ED. The DMC-ODS is continuing to track the 7- and 30-day FUA measures as was originally planned.

Current results: The DMC-ODS has partially completed the training for the ED staff to improve awareness and knowledge of available SUD services and how to access them. The attendance has so far been lower than expected, but those who attended reported improvements in their knowledge and inclination to use that knowledge. The DMC-ODS reported the baseline data for 7- and 30-day follow-up rates but no remeasurements were completed at the time of this EQR.

TA and Recommendations

As submitted, this non-clinical PIP was found to have low confidence due to the fact that the actual implementation of improving the connections with the ED staff remained incomplete with less than expected attendance at the initial trainings with the navigators; moreover, there was no remeasurement data available for the FUA measures.

The DMC-ODS's baseline data indicated already high 7- and 30-day follow-up rates, in the top quartile in the state. Therefore, meeting the improvement goals for that measure

may not actually be accomplished. However, the actual referral rates and access to DMC-ODS services may still need improvements.

CalEQRO recommendations for improvement of this non-clinical PIP:

- The DMC-ODS needs to work closely with its ED and navigation partners to improve attendance at the trainings.

- In addition, the DMC-ODS needs to continually monitor any additional barriers to implementation strategies and improvements in the FUA measures. This may include monitoring the referral call volume and appropriateness as performance indicators as already identified by the DMC-ODS.

- As the DMC-ODS noted, it needs to work with its Access and follow-up system for more streamlined and timely access after ED visits and inpatient discharges.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODSs are generally managed by county, DMC-ODS IT, or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is SmartCare by Streamline, which was implemented in July 2023. Currently, the DMC-ODS is actively implementing this new system which requires heavy staff involvement to fully develop.

Approximately 5.5 percent of the DMC-ODS budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving DMC-ODS control and another county department or agency.

The DMC-ODS has 250 named users with log-on authority to the EHR, including approximately 166 county staff and 84 contractor staff. Support for the users is provided by 14 full-time equivalent (FTE) IS technology positions which provide support for both the Mental Health Plan (MHP) and DMC-ODS in Ventura. Currently there is one vacant IS position.

As of the FY 2022-23 EQR, all contract providers have access to directly enter clinical data into the DMC-ODS' EHR. While the EHR is fully implemented, some contract providers have opted to only use it in a limited capacity but may bill directly into SmartCare and also enter admission, discharge, diagnosis, and CalOMS forms in the EHR should they desire. 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: Ventura 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	10%
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	0%
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 PHR; however, they plan to implement a SmartCare PHR within the next two years.

Interoperability Support

The DMC-ODS is not a member or participant in an HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, care coordination application/module, and/or electronic consult. The DMC-ODS engages in electronic exchange of information with local 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 service 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	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:

- The DMC-ODS has a sufficient budget allocated for IS and implemented SmartCare by Streamline in July 2023 as their new EHR, replacing myAvatar.

- There is a strong group of EHR and data analytics staff, giving Ventura a solid foundation for report creation as EHR implementation moves to recreate vital reports that were utilized in the old EHR.

- The Medi-Cal denial rate is above the statewide average (4.21 percent vs. 3.64 percent). The leading reason for denial is "other healthcare coverage must be billed first" at 44.79 percent of all denials. Slight improvements in this category alone could bring the overall denial rate below statewide.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

Table 27 shows the amount of denied claims by denial reason, and Table 28 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 27 and 28 appear to reflect a substantially complete claims data set for the time frame represented.

Table 26: Summary of Ventura 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	3,811	$298,441	44.79%
Duplicate/same day service without modifier or other info needed for adjudication	770	$182,246	27.35%
Member not eligible	971	$144,215	21.65%
Late claim submission	262	$31,625	4.75%
Service location not eligible	29	$8,456	1.27%
Other	6	$1,258	0.19%
Total Denied Claims	**5,849**	**$666,241**	**100.00%**
Denied Claims Rate	**4.21%**		
Statewide Denied Claims Rate	**3.64%**		

- The overall denied claims rate is at 4.21 percent, which is higher than statewide.

- More than 70 percent of denials fall under "other healthcare coverage must be billed first" and "duplicate/same day service without modifier or other info needed for adjudication."

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

Month	# Claim Lines	Total Approved Claims
Jan-22	10,603	$1,096,546
Feb-22	10,602	$1,095,763
Mar-22	11,556	$1,247,919
Apr-22	11,146	$1,190,452
May-22	11,632	$1,198,108
Jun-22	11,770	$1,168,733
Jul-22	11,340	$1,394,975
Aug-22	11,396	$1,383,081
Sep-22	10,377	$1,362,574
Oct-22	10,428	$1,346,889
Nov-22	11,723	$1,357,765
Dec-22	11,307	$1,318,784
Total	**133,880**	**$15,161,588**

- Ventura maintained relatively consistent claim submissions to DHCS throughout the year, ranging from 10,377 to 11,770 claim lines.

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Ventura employs a robust and talented group of IS, EHR, and data analytics staff who will ensure that the SmartCare implementation goes as smoothly as possible. They also have the necessary expertise in report creation gleaned from having worked with their previous EHR (Avatar) and will soon begin re-creating critical tools for line staff and leadership. New structured query language (more commonly referred to as "SQL") servers are currently being developed to aid in the DMC-ODS' data analytics capabilities, as well.

- Although the DMC-ODS does not currently have an HIE, they are moving toward an agreement with CalMHSA's Interoperability Solution, which will improve data sharing capabilities.

VALIDATION OF PLAN MEMBER PERCEPTIONS OF CARE

TREATMENT PERCEPTION SURVEYS

The Treatment Perception Survey consists of ratings from the 14 items (adult version) and 18 items (youth version), respectively, yielding information regarding five distinct domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction in the adult version, with the youth version adding the Therapeutic Alliance domain. DMC-ODS' 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 saw an increase in TPS responses in CY 2022 compared to CY 2021 (199 to 349). Along with this increase in responses, positive perception by members increased for almost every domain.

Figure 9: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA
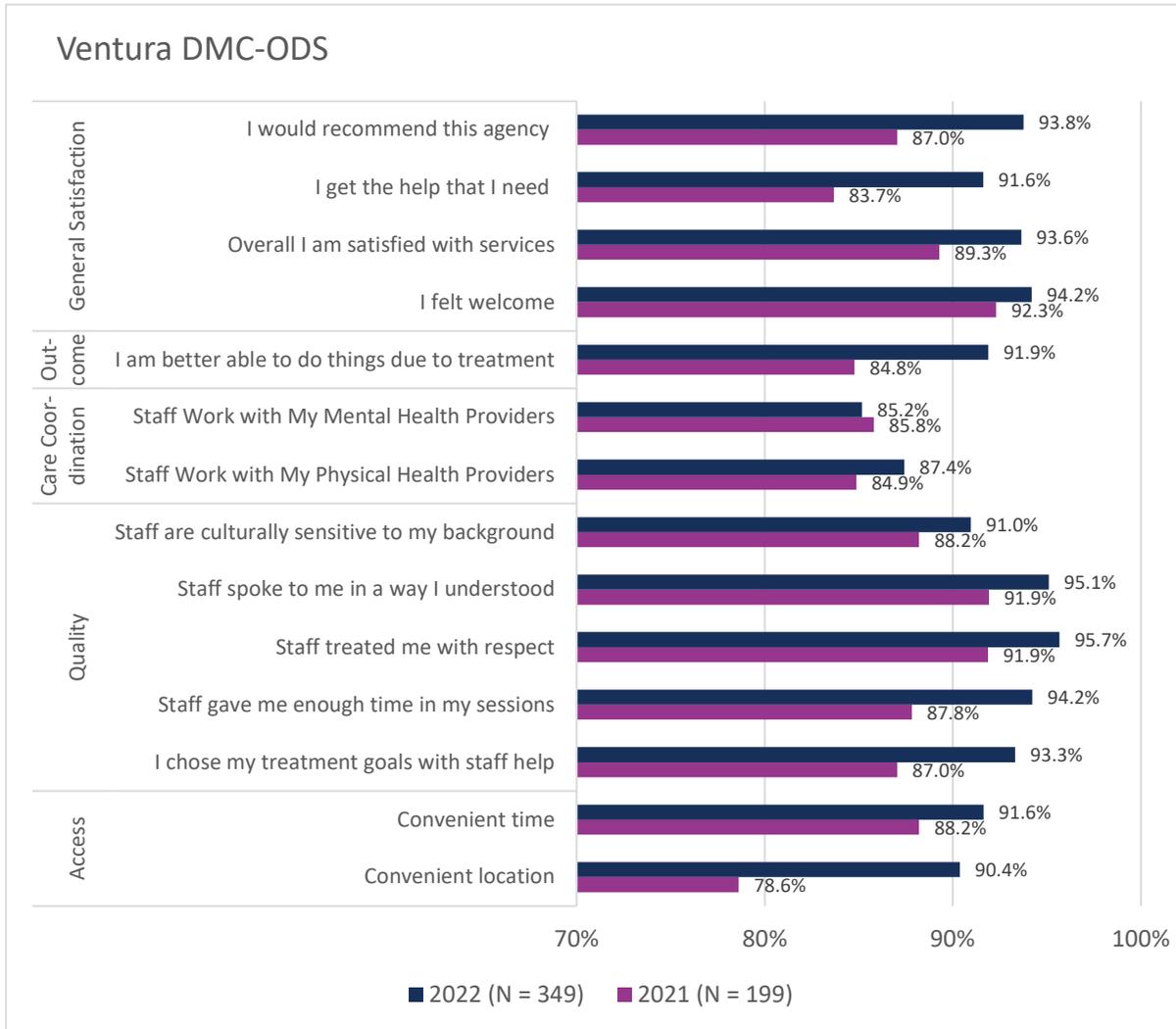
Note that the horizontal axis begins at 70% in order to display small differences in responses from year to year.

- Positive perceptions of care increased dramatically in many TPS domains for the 2022 administration compared to the previous cycle. Some of the largest improvements were with "Convenient Location" in the Access domain (78.6 percent to 90.4 percent), "I get the help that I need" in the General Satisfaction domain (83.7 percent to 91.6 percent), and "I am better able to do things due to treatment" in the Outcome domain (84.8 percent to 91.9 percent).

- Care coordination was the only domain which saw a very slight decrease in the 2022 cycle, which rated "Staff work with my mental health providers" at 85.8 percent compared to 85.2 percent.

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 DMC-ODS members and/or their family, containing 10 to 12 participants each.

Plan Member/Family Focus Group One

CalEQRO requested a diverse group of plan members including a mix of ongoing and new plan members. The focus group was held remotely at the Oxnard Center Substance Use Services outpatient program and included eight participants. All plan members participating receive clinical services from the DMC-ODS.

Group participants were generally very positive about their experiences in this county-operated outpatient treatment program. However, one participant shared "I was told to go through my primary care provider to get mental health [services]. Mental health is a very difficult area to get into, and a lot of programs have not assisted me with finding a psychiatrist or other mental health help." Others noted assistance with access, "transportation is a problem for me, but they give you bus passes here." Favorable comments were made regarding staff such as "the counselors here are in recovery themselves, which is very important to us." When asked about how relapses are handled, it was shared that "they don't kick you out like other places do." Several members were concerned over the role that referring agencies have as they pursue recovery, stating "Ventura needs to educate CPS and Probation on the disease of addiction. Probation is trying to catch us being bad and CPS is requiring a license that isn't [available] in substance abuse treatment programs" to sign off on their counseling sessions.

Recommendations from focus group participants included:

- Provide more assistance in obtaining mental health services and housing.
- Greater availability of LPHA staff to meet the terms of members' child custody proceedings.
- Improved access to transportation is needed.
- Develop a centralized multi-service site.
- Increase effective communication among treatment team members.

- Increase inter-agency educational opportunities to increase understanding of the disease of addiction.

Plan Member/Family Focus Group Two

CalEQRO requested a group of 8-10 culturally diverse plan members who began receiving MAT services within the past 12 months. The focus group was held at an outpatient NTP clinic, Aegis Ventura, and included eight participants. All members participating receive clinical services from the contracted DMC-ODS provider.

Focus group participants were demonstrably grateful for this MAT program, with many commenting that they believed they would no longer be alive were it not for the counselors and nurses who work here. One stated, "if I'm not getting my injection, my nurse has always been a great help for me, making sure that I'm ready to be at my appointment." Some noted flexibility of the program around appointments as a positive, stating, "I am a very busy worker, and they work with my schedule."

Recommendations from focus group participants included:

- Amplify outreach and engagement efforts to the homeless and expand urban outreach PSA efforts targeting at-risk people relative to the benefits of MAT.

- Better coordination between the program and referring agencies such as in-custody services.

- Increased education for referral sources such as probation who frequently have outdated notions of what treatment and addiction are.

SUMMARY OF MEMBER FEEDBACK FINDINGS

- A common theme of member uncertainty emerged regarding factors somewhat external to the treatment environment itself, especially apparent when members found themselves needing to comply with frequently complex legal terms and conditions of release from incarceration or child custody-related requirements, which place them into what members perceive to be opposition to overly-rule bound and inflexible institutions. This could be an opportunity for the DMC-ODS to provide training and education for allied agencies who would benefit from more science-based information on the realities of addiction, treatment, and recovery.

- Another common theme was the dawning realization that while the true extent of "wreckage" wrought by SUD varied from participant to participant, they each felt that they needed assistance with rebuilding their lives across multiple domains— often *simultaneously*: housing, employment, physical health, relationships, transportation, personal finances, medication management, even healthy eating choices, all needed attention. While focus group participants were nearly unanimous in their praise of their program staff, frustrations that one or another of their life circumstances remained unresolved were occasionally voiced and

indicated more formalized supports, and case management, are needed along with active assistance with discharge planning and placement.

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. The DMC-ODS' MAT program's innovative incorporation of half-time rotation of Addiction Medicine fellows through the clinic's two sites supports best practices for medication prescribing and monitoring. (Quality)

2. Average days to first offered non-urgent NTP/OTP appointment (0.4 days) shows performance much timelier than the three-day standard. (Timeliness)

3. Ventura saw a significant increase in the number of TPS responses in CY 2022 compared to CY 2021 (199 to 349). Moreover, positive member perceptions increased for virtually every domain. (Quality)

4. Data for CY 2022 indicates much higher penetration rates than statewide as well as other large counties, including within all age groups, genders, Hispanic/Latino, within most levels of care, and overall. (Access)

5. The DMC-ODS maintains a well-developed opioid prevention program that serves as a central hub for naloxone distribution across the county with greater than 60 distribution partners. (Quality)

OPPORTUNITIES FOR IMPROVEMENT

1. Transitions to lower LOC following residential treatment frequently do not meet the timeliness standard. (Timeliness, Access)

2. Telephone hold times as well as the number of dropped calls remain elevated for members seeking to access SUD treatment through the DMC-ODS' Access line. (Access, Timeliness)

3. ASAM incongruence rates attributed to clinical judgment remain high both at the time of initial assessment as well as at the subsequent follow-up assessment. (Access, Quality)

4. A significant percentage of members leave treatment before completion with unsatisfactory progress. (Quality)

5. Timeliness of first offered urgent appointments frequently exceeds the 48-hour standard. (Access, Timeliness)

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. As Ventura reports that it can now track timeliness data for all LOC's, the DMC-ODS should prioritize the development and implementation of a strategy designed to increase the timeliness of post-residential treatment LOC transitions. (Timeliness, Quality)

    (This recommendation is a carry-over from FY 2022-23.)

2. Ventura is encouraged to revisit the manner in which RFS are being processed by the "Access Line," a recent change which the DMC-ODS acknowledges has contributed to an increased number of dropped calls as well as to excessive caller wait times. (Access, Timeliness)

    (This recommendation is a carry-over from FY 2022-23.)

3. As a means of decreasing the incidence of ASAM LOC placement incongruence due to "clinical judgment;" Ventura should explore the feasibility of instituting post training fidelity checks once staff have received ASAM training. (Access, Quality)

    (This recommendation is a carry-over from FY 2022-23.)

4. Identify and analyze commonalities to determine the root causes for members' precipitous termination of treatment with unsatisfactory progress and take active steps to define and launch initiatives aimed at reducing the frequency of such departures. (Quality)

5. Develop a tracking mechanism within the SmartCare platform which will allow for greater precision in the DMC-ODS' efforts to track the timeliness of first offered urgent appointments. (Access, Quality)

EXTERNAL QUALITY REVIEW BARRIERS

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

There were no barriers to this FY 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 - Ventura 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
Clinical line staff group interview – county and contracted
Criminal justice coordination with DMC-ODS
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS
PIP Validation and Analysis
Health Plan and Mental Health care coordination with DMC-ODS
Adult Member Focus Groups
Access to Care
Validation and Analysis of the DMC-ODS Health Information System
Performance Measure Validation and Analysis
Validation and Analysis of the DMC-ODS Network Adequacy
Timeliness of Services
Quality of Care
Medication-Assisted Treatments
Youth Services and Prevention
Performance Improvement Project (PIP) Review and Validation
Clinic Managers Group Interview – Contracted
Exit session: Summary of Findings and Next Steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Eric McMullen, Lead Quality Reviewer
Cynthia Hudgins, Quality Reviewer
Brian Deen, Information Systems Reviewer
Katie Faires, Consumer/Family Member Reviewer

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

Sites for Ventura's DMC-ODS Review:

DMC-ODS County Sites

Ventura County Behavioral Health Services
1911 Williams Drive
Oxnard, CA 93036

DMC-ODS Contract Provider Sites

Aegis Ventura
5225 Telegraph Road
Ventura, CA 93003

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

Last Name	First Name	Position	County or Contracted Agency
Adato	Levana	Clinic Administrator - AOT	VCBH
Aguila	Gabriela	BH Manager - CWS	VCBH
Amezquita	Wendi	Clinic Administrator - VCPOP	VCBH
Avila-Hererra	Ruby	Clinic Administrator - Crisis	VCBH
Baca-Leanos	Kathleen	Clinic Administrator - Y&F	VCBH
Barajas	Maria	Peer Specialist - Adults	VCBH
Bednarz	Daniella	Clinic Administrator - Y&F	VCBH
Bennett	Kimberly	Chief Clinical Officer	Casa Pacifica
Bezdjian	Serena	Research Psychologist - QI	VCBH
Blake	Jeff	CFO	Western Pacific
Block	Sherri	Clinic Administrator	Hillmont Residential
Boscarelli	Robin	Clinic Administrator - Care Coordination	VCBH
Buckley	Lara	Clinical Director	Horizon View
Burt	Sloane	BH Manager - QI and EHR	VCBH
Calica	Anne	Clinic Administrator	Aegis Treatment
Cameron	Jena	Clinic Administrator - Y&F FSP	VCBH
Carson	Hilary	Senior Program Administrator - MHSA	VCBH
Castro	Chris	Program Administrator - QA	VCBH
Chen	Yvette	Senior Program Administrator - QI	VCBH
Churn	Ayana	Program Administrator	Telecare-Casa Esperanza
Cleland	Don	Regional Director	Golden Hillmont House

Last Name	First Name	Position	County or Contracted Agency
Clemens	Frank	COO	Casa Pacifica
Clemore	Brandy	Compliance Coordinator	Prototypes/HealthRIGHT 360
Colton	Michael	Clinic Administrator - Adults	VCBH
Contreras	Ricardo	Head of Service	New Way Group Home
Cooper	Jason	Medical Director	VCBH
Corona	Eileen	Clinic Administrator - SUS	VCBH
Cowie	Stephanie	Clinic Administrator - Y&F	VCBH
Cunningham	Lindsey	Program Administrator	Telecare
Denering	Loretta	BH Acting Director	VCBH
Diaz	Amber	Senior Program Administrator - Contracts	VCBH
DiBattista	Maria	Treatment Services Manager - SUS	VCBH
Donovan	Leisa	Senior Accounting Manager	VCBH
Dougherty	Jennifer	Senior Manager - Y&F	VCBH
Dougherty	Ria	Clinic Administrator - Access Team	VCBH
Doutt	Cynthia	Director	Telecare
Duenas	Alicia	Program Administrator - EHR	VCBH
Duran	Jose L.	Senior Program Administrator - DMC-ODS	VCBH
Ebner	Patricia	Clinical Line Staff - Adults	VCBH
Egan	Narci	Assistant CFO - HCA	VCBH

Last Name	First Name	Position	County or Contracted Agency
Elhard	Erick	BH Manager - Care Coordination	VCBH
Elizalde	Estefania	Clinical Line Staff - TAY/VCPOP	VCBH
Escoto	Stephanie	Clinical Line Staff - TAY/VCPOP	VCBH
Espinoza	Yesenia	Clinical Line Staff - Y&F	VCBH
Farhat	Linda	Director of Ventura BH	Pathpoint
Fernandez	Araly	Administrative Assistant	Telecare
Flores	Anna	BH Manager	VCBH
Flores	Raudel	Clinic Administrator	VCBH
Fox	Cheryl	Division Chief - Y&F (Y&F)	VCBH
Gailey	Kenneth	BH Manager - A&O	VCBH
Galvan	Ramon	Peer	VCBH
Garcia	Abigail	Peer Specialist - Y&F	VCBH
Garcia	Adriana	SUD - Office assistant	VCBH
Glantz	Julie	Senior Manager - Adults	VCBH
Gonzalez	Juanita	Peer Specialist - SUS	VCBH
Gonzalez- Seitz	Nicholle	Clinic Administrator	VCBH
Gooden	Toni	Clinical Line Staff - AOT	VCBH
Guffee	Susan	Program Director CSU and COMPASS	Seneca
Guilin	Heather	Clinic Administrator - Y&F	VCBH

Last Name	First Name	Position	County or Contracted Agency
Hagerty	David	Clinical Line Staff - SUS	VCBH
Handel	Deanna	Manager - Whole Person Care	HCA
Hannah	Melissa	Executive Director	United Parents
Heath	Curtis	Program Administrator - Contracts	VCBH
Hernandez-Lopez	Yuleni	Clinical Line Staff - Adults	VCBH
Hickman	Mark	President and CEO	Western Pacific
Hicks	Daniel	BH Manager - SUS Prevention	VCBH
Hipple	Wendy	Clinic Administrator - Logrando Bienestar	VCBH
Hodge	Hayley	Clinic Administrator - CWS	VCBH
Isaac	Carmela	Clinical Line Staff - Y&F	VCBH
Johnson	Heather L.	Clinic Administrator	VCBH
Kagan	Melissa	Administrator	Guiding Our Youth
Kapp	Ciara	Clinical Line Staff - Y&F	VCBH
Keeler	Samantha	Clinical Line Staff / Care Coordinator - SUS	VCBH
Kennedy	Kelly	Compliance	Khepera House
Khan	Traci	Clinic Administrator - Adults	VCBH
Kory	Leah	Medical Director	VCMC
Kramer	Barbara	Program Administrator - Contracts	VCBH
Ladner	Spencer	Program Administrator - Adult Peer Support Services	VCBH

Last Name	First Name	Position	County or Contracted Agency
Lee	Karen	Senior Manager - Quality Care	VCBH
Lemus	Alex	Clinical Line Staff - Adults	VCBH
Linden	Vel	Clinic Administrator - EPICS/ARS-AOT	VCBH
Lomeli	Nicole	Program Director	Jackson House
Lopez	Gracie	Management Assistant - QI	VCBH
Lopez	Marcus	Clinic Administrator - Y&F	VCBH
Lubell	Courtney	BH Manager - Strategic Planning & Initiatives	VCBH
Magbitang	Ana	BH Manager - Y&F	VCBH
Magdaleno-Ortega	Estela	Administrative Assistant - SPA	VCBH
Mahdavi	Amir	Division Chief - Quality Care	VCBH
Mahon	Joni	BH Clinician - QA/UR	VCBH
Manzo	Sal	BH Manager - Adults	VCBH
Marrero	Lucy	Director of Behavioral Health	Gold Coast Health Plan
Martinez	Rocio	Clinical Line Staff - SUS	VCBH
Matisek	Kalie	Clinical Director	Turning Point
Medina	Leo	Program Administrator - SUS Care Coordination	VCBH
Mendoza	Juan F.	Billing Manager	VCBH
Meza	Maria E.	Clinic Administrator - Adults	VCBH
Mikkelson	Sandra	Program Administrator - QI	VCBH

Last Name	First Name	Position	County or Contracted Agency
Miles	Martie	Director	Aspiranet
Miller	Ronald	Clinical Line Staff - SUS	VCBH
Moneyhun	Stephanie	Clinic Administrator - CWS	VCBH
Montes	Raquel	Clinical Line Staff - Y&F	VCBH
Montoya	Alyssa	Administrative Assistant - QA	VCBH
Morris	Shawna	CEO	Casa Pacifica
Munoz	Monica	Senior Psychologist - EPICS/ARS-AOT	VCBH
Muslow	Christina	Probation Officer	VC Probation
Nagle	Laura	Clinic Administrator - Y&F	VCBH
Nelson	Pamela	Peer Specialist - Adults	VCBH
Newman	Arielle	Clinic Administrator - Adults	VCBH
Nogueira	Ana	Clinical Line Staff - Y&F	VCBH
Norton	Phinette	Clinical Line Staff - TAY/VCPOP	VCBH
Ortiz	Lillian	Clinical Line Staff - SUS	VCBH
Ortiz	Ruben	Clinic Administrator	Western Pacific
Padilla	Rosa	Probation Officer	VC Probation
Palermino	Tony	IT Supervisor	VCBH
Pavlovskaya	Aliona	Program Administrator - Policies & Procedures	VCBH
Perez	Laticha	Clinic Administrator - RISE	VCBH

Last Name	First Name	Position	County or Contracted Agency
Perry	Mark	Clinical Line Staff - Adults	VCBH
Pletcher	Rachel	Caregiver Clinical Program Manager	Kids and Families
Pratt	Krista	Clinical Line Staff - EPICS/ARS-AOT	VCBH
Preciado	Pauline	Director of Population Health	Aspiranet
Price	Megan	Compliance Supervisor	Aspiranet
Rabinovitz	Katheryn	Program Administrator - QI	VCBH
Reyes	Richardo	Peer Specialist - Adults	VCBH
Reynoso	Eileen	Clinical Line Staff - Y&F	VCBH
Riddle	Angela	BH Manager - Training and Workforce Development	VCBH
Rivera	John	Clinic Administrator - SUS Prevention/DUI	VCBH
Rodriguez	Jenn	Program Manager	Turning Point
Rodriguez	Mike	BH Manager - Older Adults	VCBH
Rosenstein	Irving	Physician's Assistant - SUS MAT	VCMC
Ruiz	Deanna	Clinic Administrator - CalWORKS	VCBH
Sajjad	Tahera	QA and Operations Manager	Seneca
Salazar	Nicole	BH Manager - Strategic Planning & Initiatives	VCBH
Sanchez	Sara	Division Chief - A&O (A&O)	VCBH
Satterlee	David	Clinical Line Staff - Y&F	VCBH
Schipper	John	Division Chief - Adults	VCBH

Last Name	First Name	Position	County or Contracted Agency
Schriener	Peter	Clinic Administrator - Older Adults	VCBH
Seal	Maryza	BH Manager - Contracts	VCBH
Shafa	Shahram	Clinic Administrator - DUI	VCBH
Shah	Brinda	Senior Program Administrator - QI	VCBH
Shannon	Jeff	Clinic Administrator - Adults	VCBH
Silvey	Richard	Clinical Director	Khepera House
Simental	Cindy	Clinic Administrator - SUS	VCBH
Snee	Rachel	Peer Specialist - VCPOP	VCBH
Springer	Nancy	BH Manager - Adults/Transitions	VCBH
Star	Keith	Independent Detox Hospital Director	Tarzana Treatment Center
Sternad	Erik	Executive Director	Interface
Supan	Valerie	Clinical Line Staff - A&O	VCBH
Swanson	Kaj	Clinic Administrator - SUS	VCBH
Tadeo	Zandra	BH Manager - Y&F	VCBH
Taylor	Thomas	BH Manager - AOT	VCBH
Thomas	Alice	Clinical Line Staff - SUS	VCBH
Torres	Crystal	Clinical Line Staff - Adults	VCBH
Torres	Miguel	Clinical line Staff - SUS	VCBH
Torres	Monica	BH Manager - Y&F	VCBH

Last Name	First Name	Position	County or Contracted Agency
Tryk	Lisa	Senior Program Administrator - Human Resources	VCBH
Turcios	Vanessa	BH Clinician - QA	VCBH
Ullah	Sabrina	Vice President of SoCal Behavioral Health	Prototypes/HealthRIGHT 360
Ummer	Faizal	Program Administrator - EHR	VCBH
Urutia	Sara	Peer Specialist - TAY	VCBH
Vaca	Mayra	Clinical Line Staff - Y&F	VCBH
Valdivia	Angelic	Program Director	Prototypes/HealthRIGHT 360
Villegas	Alexis	Program Administrator - QI	VCBH
Vlaskovits	Joseph	Medical Director - SUS	VCBH
Volf	Eleonora	Pharmacist - QA/UR	VCBH
Warren	Liz	Peer Advocate	Client Network
Weaver	Bradley	Peer Specialist - Adults	VCBH
West	Raena	Division Chief - Substance Use Services (SUS)	VCBH
Westhoff	Shannon	Clinic Administrator - Adults	VCBH
White Wood	Susan	BH Manager - Housing	VCBH
Yomtov	Dani	Program Administrator - QI	VCBH
Zapeda	Geneveve	Clinical Nurse Manager - QA/UR	VCBH
Zarate	Laura	Director of Case Management	VCMC

Last Name	First Name	Position	County or Contracted Agency
Zavala	Yazmin	CSC - TAY	VCBH

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	The initial rating of "Moderate Confidence" was based upon the structure of this PIP, not upon subsequent data reporting and analysis. When activity on this PIP ceased in July 2023, no improvement in the number of outpatient treatment "contacts" when compared with pre-implementation data.
General PIP Information	

MHP/DMC-ODS Name: Ventura

PIP Title: Study of client engagement and retention in early outpatient treatment

PIP Aim Statement: Can the average number of contacts per client within the first 90 days of outpatient treatment be increased by 5 percent by April 2023, by implementing an intervention in which clients identify an obstacle to attendance and related problem-solving strategy during their treatment planning session?

Date Started: 04/2021

Date Completed: 07/2023

Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)

☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)
☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)
☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

Target age group (check one):

☐ Children only (ages 0–17) *   ☒ Adults only (age 18 and over)   ☐ Both adults and children

*If PIP uses different age threshold for children, specify age range here:

Target population description, such as specific diagnosis (please specify):
Adults (age 18 and over) receiving outpatient treatment.

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):

Work with treatment staff to identify obstacles to attendance.

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

Work with treatment staff to assure interactions with members occur to better identify and address obstacles to attendance; address these throughout treatment.

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 member registries or data tools):

Adjust workflow and support with protocol and training need for staff to identify, track and address obstacles to member attendance; assure fidelity to this project and data collection, reporting to measure impacts members.

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
Average number of treatment contacts per client during the first 90 days of treatment.	11/1/20 to 1/2/22	N = 721 episodes Mean contacts in the 1st 90 days: 9.9	☐ Not applicable— 08/01/22 to 02/28/23	N = 371 Mean contacts in the 1st 90 days: 9.6	☐ Yes ☐ No Baseline: 9.9. Post-intervention (1/3/22 to 02/28/23): 9.7 = 2% decrease	☐ Yes ☒ No Specify P-value: ☐ <.01 ☒ <.05 Other (specify):

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Average number of treatment contacts per client in their overall treatment episode	11/01/20 to 1/2/22	*N* = 722 Mean contacts per episode: 16.4 Mean episode length: 115	☐ Not applicable— PIP is in planning or implementation phase, results not available 4/1/22 to 6/30/22	*N* = 372 Mean contacts per episode: 14.8 Mean episode length: 108	☐ Yes ☒ No Baseline: 16.4 Post-intervention (1/3/22 to 02/28/23): 15.5 5% decrease	☐ Yes ☒ No Specify P-value: ☐ <.01 ☒ <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

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

Validation phase (check all that apply):

☐ PIP submitted for approval   ☐ Planning phase   ☐ Implementation phase   ☐ Baseline year

☐ First remeasurement   ☒ Second remeasurement   ☐ Other (specify):

Validation rating: ☐ High confidence   ☒ Moderate confidence   ☐ Low confidence   ☐ No confidence

"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

EQRO recommendations for improvement of PIP: Data for this PIP relied upon the existence of a treatment plan within Avatar, within which the identified barrier was to be captured. Per CalAIM requirements, in September 2022, the ODS was obliged to implement a problem list in lieu of the treatment plan, thus creating a data-capture challenge, which the ODS hoped to ameliorate by adding a drop-down menu to a section of the ASAM assessment. Another unanticipated variable was the move to SmartCare in July 2023, whose lack of customization effectively stymied the ODS's efforts to carry the intervention forward beyond July 2023.

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	The actual implementation of improving the connections with the ED staff remained incomplete with less than expected attendance at the initial trainings and there was no remeasurement data available for the FUA measures. The DMC-ODS' baseline data indicated already high 30-day follow-up rate, in the top quartile in the state. Therefore, meeting the improvement goals for that measure may not actually be accomplished. However, the 7-day follow-up rate may be improved once the training series is completed.
General PIP Information	
MHP/DMC-ODS Name: Ventura	
PIP Title: Follow-Up After ED Visit for SUD	
PIP Aim Statement: In the six months following the intervention, the aim is to increase referrals from hospital staff/navigators for members with an ED visit for SUD-related issues or self-referrals by 5 percent.	
Date Started: 09/2022	
Date Completed: n/a	
Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply) ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) ☒ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
Target age group (check one): ☐ Children only (ages 0–17) * ☐ Adults only (age 18 and over) ☒ Both adults and children *If PIP uses different age threshold for children, specify age range here:	
Target population description, such as specific diagnosis (please specify): Members presenting at the EDs with an SUD diagnosis.	

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):

Encouraging members to connect with Access.

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

Orientation on the separate entities providing follow-up care (County system and community providers), service access and provision specific to the Medi-Cal population, the importance of level-of-care determination and its effect on timeliness to follow-up, care coordination and No Wrong Door, and considerations with privacy and information sharing.

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 member registries or data tools):

Improving data interchange with the managed care plans, hospitals, and Emergency Departments.

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
Percentage of participants who attended trainings out of all invitees.	2023	N=7 43%	☒ Not applicable— PIP is in planning or implementation phase, results not available		☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Percent change measuring knowledge gap related to SUD services available for Medi-Cal members.	2023	N=3 Pre-test average=4	☒ Not applicable— PIP is in planning or implementation phase, results not available	N=3 Post-test average=4.7 Improvement=17.5%	☒ Yes ☐ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Percent change measuring knowledge gap related to access points to SUD services in Ventura County.	2023	N=3 Pre-test average=3.7	☐ Not applicable— PIP is in planning or implementation phase, results not available	N=3 Post-test average=4.7 Improvement=25%	☒ Yes ☐ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Percent agreement measuring willingness to use knowledge gained in day-to-day care coordination work	2023	N=3 Baseline score=N/A	☐ Not applicable— PIP is in planning or implementation phase, results not available	N=3 Post-test score=100%	☒ Yes ☐ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Percentage of referrals from hospital which resulted in an SUD service follow-up a) Within 7 days b) Within 30 days	2023	N=80 7-day FUA=86% 30-day FUA=100%	☒ Not applicable— PIP is in planning or implementation phase, results not available	N/A	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated?   ☒ Yes   ☐ No

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

Validation phase (check all that apply):

   ☐ PIP submitted for approval   ☐ Planning phase   ☐ Implementation phase   ☒ Baseline year

   ☐ First remeasurement   ☐ Second remeasurement   ☐ Other (specify):

Validation rating: ☐ High confidence   ☐ Moderate confidence   ☒ Low confidence   ☐ No confidence

"Validation rating" refers to the EQRO's overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

In this non-clinical PIP, the DMC-ODS is attempting to improve the follow-up appointment rates after an ED visit by a plan member with a primary diagnosis of SUD (HEDIS measure FUA) as part of the DHCS Behavioral Health QI Plan. In its updated submission of the project plan and findings for FY 2023-24, the DMC-ODS has changed its approach to the implementation of the PIP by shifting its improvement strategy. Previously, the DMC-ODS focused on creating a data tracking system. This year, the focus has been on creating better connections with

PIP Validation Information
hospital staff who provide direct member care. Consequently, the DMC-ODS has started providing trainings to the navigators and the hospital staff who treat members at the ED. The DMC-ODS is continuing to track the 7- and 30-day FUA measures as was originally planned. Current results: The DMC-ODS has partially completed the training for the ED staff to improve awareness and knowledge of available mental health services and how to access them. The attendance has so far been lower than expected, but those who attended reported improvements in their knowledge and inclination to use that knowledge. The DMC-ODS reported the baseline data for 7- and 30-day follow-up rates but no remeasurements were completed at the time of this EQR. As submitted, this non-clinical PIP was found to have low confidence, because: the actual implementation of improving the connections with the ED staff remained incomplete with less than expected attendance at the initial trainings with the navigators and there was no remeasurement data available for the FUA measures. The DMC-ODS' baseline data indicated already high 7- and 30-day follow-up rates, in the top quartile in the state. Therefore, meeting the improvement goals for that measure may not actually be accomplished. However, the actual referral rates and access to DMC-ODS services may still need improvements
EQRO recommendations for improvement of PIP: • The DMC-ODS needs to work closely with its ED and navigation partners to improve attendance at the trainings. • In addition, the DMC-ODS needs to continually monitor any additional barriers to implementation strategies and improvements in the FUA measures. This may include monitoring the referral call volume and appropriateness as performance indicators as already identified by the DMC-ODS. • As the DMC-ODS noted, it needs to work with its Access and follow-up system for more streamlined and timely access after ED visits and inpatient discharges. • The DMC-ODS needs to continually monitor any additional barriers to implementation strategies and improvements in the FUA measures.

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](#).

ATTACHMENT E: LETTER FROM DMC-ODS DIRECTOR

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