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2019-20 DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM EXTERNAL QUALITY REVIEW

SANTA BARBARA DMC-ODS REPORT

Prepared for:
**California Department of
Health Care Services**

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SANTA BARBARA DMC-ODS EXECUTIVE SUMMARY

Beneficiaries Served in Fiscal Year (FY) 2018-19: 1,829

Threshold Language(s): Spanish

Size: Medium

Region: Southern

Location: Central Coast

Seat: Santa Barbara

Onsite Review Process Barriers: see the following Site Review Special Characteristics section in this Executive Summary

Site Review Special Characteristics

This review took place a few days after the six Bay Area counties began a Sheltering-in-Place injunction in response to the COVID-19 pandemic, and shortly before the Governor's Executive Order for a statewide Sheltering-in-Place. A few days before the scheduled review, CalEQRO and Santa Barbara began planning for a change from an onsite review to a video conferenced one using Zoom technology.

The organizers from CalEQRO and from Santa Barbara worked quickly to learn how to use the technology for meetings, including how to share the screen during sessions for document reviews. They then communicated instructions to the participants on how to meet in the same sessions and at the same times as previously scheduled, but through video conferencing rather than at the previously arranged physical locations. The technology worked well; participants could clearly see and hear each other throughout the discussions. Sessions that involved slide presentations or document reviews were in some respects easier than in person, as the shared screen function allowed participants to easily view the slides or documents close up and at the same time view and hear each other.

The order and type of sessions went ahead as originally planned, with a few exceptions. Three of the sessions had been planned to take place at treatment settings with a brief tour to precede the sessions; the tours of course did not take place. Two of the sessions planned as client focus groups did not take place. However, Santa Barbara did arrange for the client focus group invitees to receive and complete client feedback surveys that are part of the focus group protocol (see the Client Feedback Chapter).

Introduction

Santa Barbara officially launched its Drug Medi-Cal Organized Delivery System (DMC-ODS) in December 2018 for Medi-Cal recipients as part of California's 1115 DMC Waiver. Santa Barbara was the seventh to launch in California's Southern Region and

21st statewide. In this report, “Santa Barbara” shall be used to identify the Santa Barbara DMC-ODS program unless otherwise indicated. Santa Barbara is part of the county’s Department of Behavioral Wellness.

Santa Barbara County is located in the southern part of California’s central Pacific Coast. It is surrounded by San Luis Obispo County to the north, Kern County to the northeast, Ventura County to the southeast, and the Pacific Ocean to the west. Santa Barbara is a medium-sized county with a total area of 3,789 square miles, of which 2,735 square miles is land and 1,054 square miles is water. Four of the Channel Islands (San Miguel, Santa Cruz, Santa Rosa, and Santa Barbara) are in Santa Barbara County. Santa Barbara County has a mountainous interior abutting several coastal plains on the west and south coasts of the county. The largest concentration of the county’s population is on the southern coastal plain, which includes the cities of Santa Barbara, Goleta and Carpinteria. In the northern region of Santa Barbara County are several small cities and Santa Maria, which is the largest city in the county.

The primary industries driving Santa Barbara County’s economy are engineering, resource extraction (particularly petroleum extraction and diatomaceous earth mining), winemaking, agriculture, and education. The software development and tourism industries are important employers in the southern part of the county. The major undergraduate colleges and universities are University of California at Santa Barbara, Westmont College, Santa Barbara City College, and Allan Hancock College. According to the U.S. Census population estimate for July 1, 2019, Santa Barbara County has 446,499 residents. Its population gender are 50 percent female and its age groupings are 22.1 percent under 18, 61.6 between 18-65, and 15.3 percent over 65. The population is 45.8 percent Hispanic/Latino, 44.1 percent White/Caucasian; 6.0 percent Asian, 3.7 percent two or more races, 2.4 percent Black/African American, and 2.5 percent Native American, Alaskan, Hawaiian or other Pacific Islander.

The average household income in Santa Barbara as of 2018 was \$71,657 and average per capita income was \$34,229. Of the population over 16 years old, 63.5 percent were employed, and 12.6 percent of the total population were at or below poverty level. The median home value as of 2018 was \$549,900 and the median gross rent per month was \$1,576.

During this FY 2019-20 Santa Barbara review, the California External Quality Review Organization (CalEQRO) reviewers found the following overall significant changes, initiatives, and opportunities related to DMC access, timeliness, quality, and outcomes related to the first-year implementation of Santa Barbara’s DMC-ODS services. More details from the EQRO-mandated review are provided in the full report. CalEQRO reviews are retrospective, therefore data evaluated is from FY 2018-19.

Access

Santa Barbara designed its system of care with a centralized Access Call Center of licensed staff trained in American Society of Addiction Medicine (ASAM) Criteria for

screening and referring prospective clients. All call agents are cross trained in both mental health and substance use disorders. Prospective clients who go direct to a treatment site must still call from the site to be registered and briefly screened. The one exception to this gateway process is for callers seeking methadone medication-assisted treatment (MAT), who go direct to either of the two regional Narcotic Treatment Program (NTP) sites for intake, assessment, and admission.

The Access Call Center Uses several software applications to manage their workflow and track timeliness of their processes. The primary call center software they use is GNAV to track call wait time, call abandonment rate, call volume by time of day and day of the week, and other call metrics. They also use SmartSheet to determine in real time what the bed census is at various residential treatment and withdrawal management sites to guide referrals for those sites. They generate reports from GNAV regularly to adjust staffing levels and target processes warranting quality improvement. They selected as a focus for their non-clinical Performance Improvement Project (PIP) the reduction of their call wait time at 3.4 minutes and call abandonment rate at 19 percent. Their methods for reduction are to increase staffing and streamline their screening and referral processes. They are making slow but steady progress.

The Call Center also uses Clinician's Gateway and Sharecare to review previous clinical history of callers when available and enter data on screening interviews and referral decisions. These applications also serve as Santa Barbara's practice management and clinical record systems, so it supports tracking of whether and how timely callers connected to treatment. A high percentage (64 percent) of callers are linked to DMC-ODS treatment services through the Access Call Center. Santa Barbara's penetration rate is nearly twice that of the average across all DMC-ODS counties.

Santa Barbara designed its DMC-ODS with county-employed Care Coordinators providing a vital function of helping prospective clients link to treatment and to ancillary services. This function is especially designed to help prospective clients deemed as high risk for relapse and those with complex co-occurring conditions who need help with linkage to multiple types of treatment. Santa Barbara needs to staff that function more fully, and they are actively recruiting for more staff.

Santa Barbara established all the services required by the DMC-ODS Waiver for a complete continuum of care and met state standards for Network Adequacy time and distance standards. Previous to the Waiver they had no residential treatment or withdrawal management beds other than a small number for perinatal women and have since built substantial capacity in-county that was a major achievement. Santa Barbara also expanded its case management and recovery support services offered by contract providers, who now bill Drug Medi-Cal separately for those services.

Santa Barbara added services to further strengthen its continuum of care that are encouraged but optional in the Waiver standards and conditions. They contract with

a provider of inpatient medically managed treatment and withdrawal management in a nearby county for clients needing that intensity of service. They established a sobering center for clients needing short-term detoxification and to help facilitate transfers upon discharge to other forms of treatment.

Santa Barbara operates several effective MAT programs through a variety of funding mechanisms. They contract with an NTP who operates a site in the northern region and a site in the southern region of the county, each of which is primarily focused on methadone MAT but also prescribes non-methadone MATs such as buprenorphine, naltrexone, disulfiram and naloxone. Santa Barbara also contracts with three DMC-certified outpatient sites to prescribe non-methadone MATs. In addition, Santa Barbara helps support and works closely with the Bridge Clinic, which functions primarily as a transition treatment site for clients exiting the hospital or the sobering center and needing MAT and other treatments to stabilize before longer-term maintenance treatment at one of the Santa Barbara Neighborhood Clinics who are Federally Qualified Health Clinics (FQHCs). Santa Barbara is also actively involved with other county agencies and community-based organizations in the Opioid Safety Coalition, and together they have distributed thousands of Narcan kits since 2015 for people who overdose; they have documented saving hundreds of lives.

Santa Barbara does not contract for recovery residences due to funding challenges. They recognize the vital importance that this housing support provides for many of their clients in intensive outpatient treatment (IOT) and outpatient treatment. Santa Barbara should search for possible opportunities to fund and contract with recovery residences, including innovative sources such as partnering with community-based organizations, identifying distressed multiple-housing opportunities, applying for HUD grants, and other options.

Santa Barbara is intent on growing its youth services and in doing so will have to address several barriers to access. Juvenile courts and the schools do not tend to make many referrals and closer coordination with them will be important. Santa Barbara might need to help encourage mental health and physical health treatment sites to provide Screening, Brief Intervention, Referral and Treatment (SBIRT) approaches. Santa Barbara will also need to expand its secondary prevention efforts and develop a treatment model that will attract youth into recovery. Santa Barbara might look to examples from other counties trying similar developments like Riverside and Merced.

Santa Barbara has an impressive cultural competence program. They have a substantial number of county staff and contract providers who are bilingual in Spanish, the county's threshold language. They train all their providers in how to use the county's interpreter and translator services. They monitor how well their providers implement culturally and linguistically appropriate services (CLAS) standards with clients. Santa Barbara has a singularly high match between each race/ethnicity group's proportion of Medi-Cal eligibles and the proportion of that race/ethnicity group's Medi-Cal eligibles who received treatment. The integrated

Cultural Competence Plan appears in how it is written to be predominantly mental health in focus and might strengthen the mention of its many substance use activities and achievements.

CalEQRO elicited feedback from both clients and providers as their perspectives on accessibility of services. Clients reported through the Treatment Perception Survey (TPS) and the client focus group survey that they experienced services as readily accessible. Some providers in group sessions with CalEQRO expressed concern about low client census in their programs due to a lack of referrals, particularly in the perinatal women's residential treatment program. This situation placed some of the programs in fiscal difficulty during the initial Waiver implementation year when referrals were newly centralized in the Access Call Center, and the county gave impacted programs some assistance to make it through that transition time. Nonetheless, some providers expressed continuing concern going forward about receiving sufficient referrals through the Access Call Center.

Timeliness

Santa Barbara identified from its GNAV-generated reports some challenges with callers being received in a timely manner. They began a series of interventions to reduce call wait times and call abandonment rates through use of GNAV to become more aware of fluctuating call volumes so they could adjust staffing accordingly. They altered the phone tree to route callers more effectively to the appropriate call agents. They improved their timeliness rates for responsiveness somewhat, but still have a way to go. They have been exploring these strategies for improvements through an active and ongoing Non-Clinical PIP that will continue.

Santa Barbara tracks multiple timeliness measures, including time from first contact to first offered and first face-to-face appointment. There is data linkage between the Access Call Center, contract providers, and the commonly shared EHR to track core timeliness metrics. Santa Barbara reports timely offered first appointments for routine conditions after initial request and are well within state standards. Similarly, they report timely first visits in treatment after initial request, again well within state standards. Santa Barbara also reports timely first dosing for MAT after first initial appointment at their contracted NTP.

Santa Barbara's reported timeliness statistics for urgent conditions indicate their average time from first request to first visit is twice the state standard. Santa Barbara should focus on further clarifying their operational definitions of urgency and improving the timeliness with which they respond to such conditions.

Santa Barbara reports a high rate of timely transfers from residential treatment to less intensive levels of care after discharge. This is an important measure of client-centered care, which assumes that clients' treatment will change to match

their changing conditions and needs over time. CalEQRO analyzes this process somewhat differently than Santa Barbara, using only DMC claims data. According to this methodology, is transferring clients to less intensive treatment after discharge at a similar rate to the average for all DMC-ODS counties combined statewide.

Santa Barbara reports a low rate of readmission to withdrawal management within 30 days of discharge, suggesting that Santa Barbara is facilitating connections to treatment upon discharge in a timely manner.

Quality

Santa Barbara has a stable staff with low turnover and solid morale. They have a strong leader at the Department Director level with extensive substance use disorder (SUD) knowledge and experience, and a similarly strong leader in charge of the county's SUD services. They also have a highly effective QI/QA person assigned to those functions for SUD.

Santa Barbara uses ASAM criteria to guide its treatment planning and proactively transitions clients when their conditions warrant a change in level of care. Santa Barbara monitors the implementation of this approach, including self-reported high numbers of clients transitioning from residential treatment to lower levels of care.

Santa Barbara's integrated QI Plan might specify more clearly which items pertain just to mental health, which just to substance use, and which to both. For the SUD items the first-year focus was predominantly on compliance and getting new systems into place. For the upcoming year, Santa Barbara might specify more objectives related to measurable performance improvements with quantitative results.

Santa Barbara provides extensive training and supervision to providers on several important areas including implementation of EBPs, documentation and billing, and how to enter CalOMS ratings. Providers report finding the technical assistance helpful.

Santa Barbara currently uses a patchwork of several types of software to address its EHR needs and recognizes the importance of a more cohesive and comprehensive EHR solution. It should consider articulating this long-term vision in its next RFP. Santa Barbara might consider assembling a clinical EHR users' group to identify their clinical workflow automation needs and designate a lead person from the group to work with IS leadership on these specifications to include in an RFP. Santa Barbara established a process for prioritization and decision making around metrics, dashboards, and reports for all levels of staff. Bimonthly meetings occur with leadership from the Data and Evaluation team participating in the DMC-ODS workgroup and leadership committees. Staffing for IS and especially for data analytic functions is sufficient to meet the minimum data tracking and reporting requirements for DMC-ODS. However, they are stretched too thin for the more

extensive data analytic functions that Santa Barbara would like for providing systemwide data to leadership for proactive decision-making. Santa Barbara should explore what its further data analytic needs and goals are, and what FTEs would be needed to achieve them.

Santa Barbara is exploring, as part of their Clinical PIP, how to encourage more clients to use Recovery Support Services following treatment to stabilize and further their progress in recovery.

Santa Barbara has forged excellent working relationships with other service areas including health care, mental health, and criminal justice for collaborative projects and care coordination. They have integrated mental health and substance use treatment programs for clients with co-occurring disorders. They have many projects involving collaboration with their single-county health plan, FQHCs and hospitals, particularly with MATs. The county's jail services promote access to SUD services by promoting in-custody assessment opportunities between detainees and the SUD Access Line, and their jail-contracted medical services include an X-waivered psychiatrist who can prescribe non-methadone MATs.

Santa Barbara contracts with most of their treatment providers and seems to be effective in communicating with them. Some providers expressed a concern with the low referral rates that resulted after Santa Barbara instituted a centralized screening and referral system as part of their Waiver implementation. Santa Barbara might work collaboratively with providers to develop solutions with these providers.

Outcomes

Santa Barbara uses TPS and CalOMS data for quality improvement opportunities. The county has invested substantial time in quality monitoring and cleaning their CalOMS data so they can now have confidence in the accuracy and reliability of the data for use in measuring outcomes.

Santa Barbara discusses findings from the TPS in their QIC, analyzes qualitative comments, and distributes individual reports to providers. They initiated follow-up conversations with those providers who had lower than average ratings or client grievances to explore opportunities for improvements.

Santa Barbara analyzed its data to understand several critical types of outcomes for quality improvement purposes. In analyzing their encounter data, they found a high rate of clients (87 percent) who engaged in services. CalEQRO analyzed their CalOMS data and found that providers rated 67 percent of their clients at discharge as having made successful progress in treatment, which was substantially higher than the combined average for all DMC-ODS counties statewide. rates of engagement in services (reports from analysis of their treatment encounter data high engagement and retention statistics for clients—87 percent engaged in services and 67 percent had a successful completion of treatment. In reviewing the results of the TPS analyzed by the UCLA Integrated Substance Abuse Program (ISAP), Santa

Barbara found that clients rated their treatment as highly instrumental in helping them accomplish what they want in their lives.

Santa Barbara has several aspirations for productive data analyses to support quality improvements. They acknowledged they would like to do much more in data analysis and outcome measurement, but they lack sufficient data analytic staff to do so. They also expressed the wish to use their practice management and clinical record systems to add more outcome data elements and enable them to analyze them more efficiently through their current EHR or a new one they might select. Santa Barbara is developing new outcome measures through its Clinical PIP to determine the effectiveness of its expanding Recovery Support Services interventions.

Client/Family Impressions and Feedback

Santa Barbara administered the TPS in October 2019 to their clients throughout the diverse treatment programs in their DMC-ODS. Clients reported being satisfied with the accessibility of the programs. One in treatment, they felt listened to and respected, engaged in the treatment planning process, given enough time and attention, and treated well and helpfully by their counselors. These ratings are reported and displayed in graph format in the Performance Measure (PM) section of this report.

CalEQRO also schedules several client focus groups for more in-depth feedback from clients. Because of the health safety risks presented by the unfolding COVID pandemic, it was not feasible to conduct the onsite review or to conduct the two client focus groups through video conferencing. However, CalEQRO and Santa Barbara were able to arrange for the administering of CalEQRO's client feedback survey to the 11 clients who had been invited to participate in the Adult Residential Treatment Focus Group. The survey consists of nine items for clients to use in rating their treatment experience, followed by three open-ended questions about their treatment experiences inviting narrative responses. The survey is a standard part of the client focus group process, completed by the client participants at the beginning of the focus group.

Clients reported mixed experiences in accessing treatment. Some found it easy to get the treatment they needed while others found it to be a somewhat slow process to get admitted and begin treatment.

Clients were all at the same program site, which had just shifted to sheltering in place with both clients and staff making challenging adjustments. Clients expressed concern that the treatment program was understaffed and had insufficient time to provide the clients with individual counseling. Several clients expressed the wish for better-quality food, more opportunity for exercise, and for recreational activities other than just watching television and reading books.

The clients gave mixed ratings to their perceptions of how sensitive and helpful their counselors were. Some expressed the wish for more help with short-term challenges

of finding housing and employment upon discharge. They also asked for help with the more long-term challenges of sustaining recovery from substance use addictions. It is difficult to determine the extent to which these responses were due to temporary challenges that both the clients and the program were experiencing due to the COVID-19 pandemic and its associated health safety constraints.

Recommendations

In the conclusions section at the end of this report, CalEQRO prioritizes the most important opportunities for improvements into a closing set of recommendations that suggest specific actions. As a standard EQR protocol for all counties, at the time of the next EQR Santa Barbara will summarize the actions it took and progress it made regarding each of the recommendations.

EXTERNAL QUALITY REVIEW COMPONENTS

The United States Department of Health and Human Services (HHS), Centers for Medicare and Medicaid Services (CMS) requires an annual, independent external evaluation of State Medicaid Managed Care programs by an External Quality Review Organization (EQRO). The External Quality Review (EQR) process includes the analysis and evaluation by an approved EQRO of aggregate information on quality, timeliness, and access to health care services furnished by Prepaid Inpatient Health Plans (PIHPs) and their contractors to recipients of State Medicaid managed care services. The CMS (42 CFR §438; Medicaid Program, External Quality Review of Medicaid Managed Care Organizations) regulations specify the requirements for evaluation of Medicaid managed care programs. DMC-ODS counties are required as a part of the California Medicaid Waiver to have an external quality review process. These rules require an annual on-site review or a desk review of each DMC-ODS Plan.

The State of California Department of Health Care Services (DHCS) has received 40 implementation and fiscal plans for California counties to provide Medi-Cal covered specialty DMC-ODS services to DMC beneficiaries under the provisions of Title XIX of the federal Social Security Act. DHCS has approved and contracted thus far with most of them, and EQRO has scheduled each of them for review.

This report presents the FY 2019-20 EQR findings of Santa Barbara's FY 2018-19 implementation of their DMC-ODS by the CalEQRO, Behavioral Health Concepts, Inc. (BHC).

The EQR technical report analyzes and aggregates data from the EQR activities as described below:

Validation of Performance Measures¹

Both a statewide annual report and this DMC-ODS-specific report present the results of CalEQRO's validation of twelve performance measures (PMs) for year one of the DMC-ODS Waiver as defined by DHCS. The sixteen PMs are listed at the beginning of the PM chapter, followed by tables that highlight the results.

¹ Department of Health and Human Services for Medicare and Medicaid Services (2012). Validation of Performance Measures Reported by the MCO: A Mandatory Protocol for External Quality Review (EQR). Protocol 2, Version 2.0, September 2012. Washington, DC: Author.

Performance Improvement Projects²

Each DMC-ODS county is required to conduct two PIPs — one clinical and one non-clinical — during the 12 months preceding the review. These are special projects intended to improve the quality or process of services for beneficiaries based on local data showing opportunities for improvement. The PIPs are discussed in detail later in this report. The CMS requirements for the PIPs are technical and were based originally on hospital quality improvement models and can be challenging to apply to behavioral health.

This is the second year for the DMC-ODS programs to develop and implement PIPs so the CalEQRO staff have provided extra trainings and technical assistance to the County DMC-ODS staff. Materials and videos are available on the web site in a PIP library at <http://www.caleqro.com/pip-library>. PIPs usually focus on access to care, timeliness, client satisfaction/experience of care, and expansion of evidence-based practices and programs known to benefit certain conditions.

DMC-ODS Information System Capabilities³

Using the Information Systems Capabilities Assessment (ISCA) protocol, CalEQRO reviewed and analyzed the extent to which Santa Barbara meets federal data integrity requirements for Health Information Systems (HIS), as identified in 42 CFR §438.242. This evaluation included a review of Santa Barbara reporting systems and methodologies for calculating PMs. It also includes utilization of data for improvements in quality, coordination of care, billing systems, and effective planning for data systems to support optimal outcomes of care and efficient utilization of resources.

Validation of State and County Client Satisfaction Surveys

CalEQRO examined the Treatment Perception Survey (TPS) results compiled and analyzed by the University of California, Los Angeles (UCLA) which all DMC-ODS programs administer at least annually in October to current clients, and how they are being utilized as well as any local client satisfaction surveys. DHCS Information Notice 17-026 (describes the TPS process in detail) and can be found on the DHCS website for DMC-ODS. The results each year include analysis by UCLA for the key questions organized by domain. The survey is administered at least annually after a DMC-ODS has begun services and can be administered more frequently at the discretion of the county DMC-ODS. Domains include questions linked to ease of access, timeliness of services, cultural competence of services, therapeutic alliance with treatment staff, satisfaction with services, and outcome of services. Surveys are confidential and linked

² Department of Health and Human Services, Centers for Medicare and Medicaid Services (2012). Validating Performance Improvement Projects: Mandatory Protocol for External Quality Review (EQR), Protocol 3, Version 2.0, September 2012. Washington, DC: Author.

³ Department of Health and Human Services, Centers for Medicare and Medicaid Services (2012). EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations: A Mandatory Protocol for External Quality Review (EQR), Protocol 1, Version 2.0, September 1, 2012. Washington, DC: Author.

to the specific substance use disorders (SUD) program that administered the survey so that quality activities can follow the survey results for services at that site. CalEQRO reviews the UCLA analysis and outliers in the results to discuss with the DMC-ODS leadership any need for additional quality improvement efforts.

CalEQRO also conducts 90-minute client focus groups with beneficiaries and family members to obtain direct qualitative evidence from beneficiaries. The client experiences reported on the TPS are also compared to the results of the in-person client focus groups conducted on all reviews. Groups include adults, youth, parent/guardians and different ethnic groups and languages. Focus group forms which guide the process of the reviews include both structured questions and open questions linked to access, timeliness, quality, and outcomes.

Review of DMC-ODS Initiatives, Strengths and Opportunities for Improvement

CalEQRO onsite reviews also include meetings during in-person sessions with line staff, supervisors, contractors, stakeholders, agency partners, local Medi-Cal Health Plans, primary care, and hospital providers. Additionally, CalEQRO conducts site visits to new and unusual service sites and programs, such as the Access Call Center, Recovery support services, and residential treatment programs. These sessions and focus groups allow the CalEQRO team to assess the Key Components (KC) of the DMC-ODS as it relates to quality of care and systematic efforts to provide effective and efficient services to Medi-Cal beneficiaries.

CalEQRO considers in its assessment of quality the research-linked programs and special terms and conditions (STCs) of the Waiver as they relate to best practices, enhancing access to MAT, and developing and supervising a competent and skilled workforce with ASAM criteria-based training and skills. The DMC-ODS should also be able to establish and further refine an ASAM Continuum of Care modeled after research and optimal services for individual clients based upon their unique needs. Thus, each review includes a review of the Continuum of Care, program models linked to ASAM fidelity, MAT models, use of evidence-based practices, use of outcomes and treatment informed care, and many other components defined by CalEQRO in the Key Components section of this report that are based on CMS guidelines and the STCs of the DMC-ODS Waiver.

Discussed in the following sections are changes in the last year and particularly since the launch of the DMC-ODS Program that were identified as having a significant effect on service provision or management of those services. This section emphasizes systemic changes that affect access, timeliness, quality, and outcomes, including any changes that provide context to areas discussed later in this report. This information comes from a special session with senior management and leadership from each of the key SUD and administrative programs.

OVERVIEW OF KEY CHANGES TO ENVIRONMENT AND NEW INITIATIVES

Changes to the Environment

Santa Barbara began implementation of their approved DMC-ODS Plan during FY2018-19.

Past Year's Initiatives and Accomplishments

Santa Barbara:

- Through a competitive RFP process, awarded contracts to a full range of providers who are proficient with evidenced-based practices (EBP), harm reduction, MAT, and cultural competency.
- Established WM 3.2 and residential treatment services in each region of the County and in Los Angeles.
- Contracted with specialty MAT services in Santa Maria.
- Integrated behavioral health services with services in the Public Health Department.
- Integrated primary care into the DMC-ODS by following care coordination mandates of their Memorandum of Understanding (MOU) with their Managed Care Plan.
- Expanded Access Line staff.
- Created two new Alcohol and Drug Program project management positions and one additional quality care management manager position dedicated to DMC-ODS.
- Developed an in-custody screening and referral protocol with the Public Defender's Office and Sheriff's Department to screen jail inmates for residential treatment eligibility and referrals.
- Established strong documentation review processes.
- Launched work on two PIPs.
- Made many Alcohol and Drug Program (ADP) specific modifications to the Behavioral Wellness Department's EHR.
- Collaborated with Crisis Services to direct beneficiaries to SUD services when clinically appropriate.

- involuntary mental health hold when the former is clinically necessary and more helpful.
- Substantially increased data collection tracking of beneficiary usage of services, etc.
- Updated and integrated the Cultural Competency Plan.
- Updated the SUD Compliance Plan.
- Expanded the contract with Tarzana for youth residential 3.1 services.
- Helped develop and coordinate MAT services as a working member of the Santa Barbara South County Opioid Safety Task Force.
- Developed a six (6) subject Alcohol and Other Drug (AOD)/SUD skills-based training program, including Motivational Interviewing, Cognitive Behavioral Therapy, Harm Reduction, Relapse Prevention Planning, Co-Occurring Disorder Treatment, and MAT, and have provided each training twice to SUD counselors, licensed mental health practitioners, members of law enforcement agencies, the Department of Social Services (DSS) and primary care providers;
- Hosted a two (2) day conference on Harm Reduction and MAT for over one hundred and fifty (15) attendees including those listed above in #14 and members of the public.
- Established ADP/SUD seminars for Quality Care Management Coordinator (QCMC) staff.
- Revised administrative monitoring protocols.

Santa Barbara Goals for the Coming Year

- Begin hiring process for two Care Coordinators.
- Just opened and begin establishing the Sobering Center through a Prop 47 grant.
- Expand contracts with county providers to provide 3.5 Residential Treatment Services.
- Launch Residential Bed Inventory and Referral System modules in Smartsheet.
- Hired a Recovery Assistant to begin helping coordinate MAT services.
- Establish a MAT Sub-Committee within the QIC committee.

PERFORMANCE MEASURES

The purpose of PMs is to foster access to treatment and quality of care by measuring indicators with solid scientific links to health and wellness. CalEQRO conducted an extensive search of potential measures focused on SUD treatment, and then proceeded to vet them through a clinical committee of over 60 experts including medical directors and clinicians from local behavioral health programs. Through this thorough process, CalEQRO identified twelve performance measures to use in the annual reviews of all DMC-ODS counties. Data were available from DMC-ODS claims, eligibility, provider files, CalOMS, and the ASAM level of care data for these measures.

The first six PMs are used in each year of the Waiver for all DMC-ODS counties and statewide. The additional PMs are based on research linked to positive health outcomes for clients with SUD and related to access, timeliness, engagement, retention in services, placement at optimal levels of care based on ASAM assessments, and outcomes. The additional six measures could be modified in subsequent years if better, more useful metrics are needed or identified.

As noted above, CalEQRO is required to validate the following PMs using data from DHCS, client interviews, staff and contractor interviews, observations as part of site visits to specific programs, and documentation of key deliverables in the DMC-ODS Waiver Plan. The measures are as follows:

- Total beneficiaries served by each county DMC-ODS to identify if new and expanded services are being delivered to beneficiaries.
- Number of days to first DMC-ODS service after client assessment and referral.
- Total costs per beneficiary served by each county DMC-ODS by ethnic group.
- Cultural competency of DMC-ODS services to beneficiaries.
- Penetration rates for beneficiaries, including ethnic groups, age, language, and risk factors (such as disabled and foster care aid codes).
- Coordination of Care with physical health and mental health (MH).
- Timely access to medication for NTP services.
- Access to non-methadone MAT focused upon beneficiaries with three or more MAT services in the year being measured.
- Timely coordinated transitions of clients between LOCs, focused upon transitions to other services after residential treatment.
- Availability of the 24-hour access call center line to link beneficiaries to full ASAM-based assessments and treatment (with description of call center metrics).

- Identification and coordination of the special needs of high-cost beneficiaries (HCBs).
- Percentage of clients with three or more WM episodes and no other treatment to improve engagement.

For counties beyond their first year of implementation, four additional performance measures have been added. They are:

- Use of ASAM Criteria in screening and referral of clients (also required by DHCS for counties in their first year of implementation).
- Initiation and engagement in DMC-ODS services.
- Retention in DMC-ODS treatment services.
- Readmission into residential withdrawal management within 30 days.

HIPAA Guidelines for Suppression Disclosure:

Values are suppressed on PM reports to protect confidentiality of the individuals summarized in the data sets where beneficiary count is less than or equal to 11 (* or blank cell), and where necessary a complimentary data cell is suppressed to prevent calculation of initially suppressed data. Additionally, suppression is required of corresponding percentages (n/a); and cells containing zero, missing data or dollar amounts (-).

Year Two of Waiver Services

This is the first year that Santa Barbara has been implementing DMC-ODS services. Performance Measure data was obtained by CalEQRO from DHCS for claims, eligibility, the provider file (FY 2018-19), and from UCLA for TPS, ASAM, and CalOMS data from CY 18.

- CalOMS Treatment Data Collection Guide:
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf
- TPS:
http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information_Notice_17-026_TPS_Instructions.pdf
- ASAM Level of Care Data Collection System:
http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notice17-035_ASAM_Data_Submission.pdf

The results of each PM will be discussed for that time period, followed by highlights of the overall results for that same time period. DMC-ODS counties have six months to bill for services after they are provided and after providers have obtained all appropriate licenses and certifications. Thus, there may be a claims lag for services in the data available at the time of the review. CalEQRO used the time period of FY 2018-19 to maximize data completeness for the ensuing analyses. The results of each PM will be discussed for that time period, followed by highlights of the overall results for that same time period. CalEQRO included in the analyses all claims for the specified time period that had been either approved or pending by DHCS and excluded claims that had been denied.

DMC-ODS Clients Served in FY 2018-19

Clients Served, Penetration Rates and Approved Claim Dollars per Beneficiary

FY 2018-19 Table 1 shows Santa Barbara's number of clients served and penetration rates overall and by age groups. The rates are compared to the statewide averages for all actively implemented DMC-ODS counties.

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

Santa Barbara served 1,829 unduplicated clients in FY 2018-19. Penetration rates for all age groups were higher than other like-sized counties and statewide, with the penetration rate for adults 18-64 the highest at 2.05 percent.

Table 1: Penetration Rates by Age, FY 2018-19

Table 1: Penetration Rates by Age, FY 2018-19					
Santa Barbara				Medium Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages 12-17	19,474	146	0.75%	0.19%	0.26%
Ages 18-64	75,344	1,543	2.05%	1.27%	1.12%
Ages 65+	10,010	140	1.40%	0.98%	0.70%
TOTAL	104,828	1,829	1.74%	1.06%	0.93%

Table 2 below shows Santa Barbara's average approved claims per beneficiary served overall and by age groups. The amounts are compared with the statewide averages for all actively implemented DMC-ODS counties.

The average approved claim for all clients was \$2,609, lower than the statewide average which is not unusual for a county in their first year of implementation of the Waiver. Adults 65 and older were the costliest at \$3,432 per client.

Table 2: Average Approved Claims by Age, FY 2018-19

Table 2: Average Approved Claims by Age, FY 2018-19			
Santa Barbara			Statewide
Age Groups	Total Approved Claims	Average Approved Claims	Average Approved Claims
Ages 12-17	\$257,660	\$1,765	\$1,750
Ages 18-64	\$4,034,458	\$2,615	\$3,898
Ages 65+	\$480,439	\$3,432	\$4,560
TOTAL	\$4,772,556	\$2,609	\$3,868

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

Santa Barbara has remarkable proportionality of DMC eligibles and clients served, particularly as it relates to clients who are White and those who are Hispanic/Latino. Typically, in other counties, clients who are White are disproportionately more likely to be served compared to Hispanic/Latino clients. In Santa Barbara, 56 percent of eligible beneficiaries and 59.1 percent of clients served are White. Similarly, 27 percent of eligible beneficiaries and 20.4 percent of clients served are Hispanic/Latino. This proportionality is true for the race/ethnicity groups who make up smaller percentages of eligibles.

Figure 1: Percentage of Eligibles and Clients Served by Race/Ethnicity, FY 2018-19

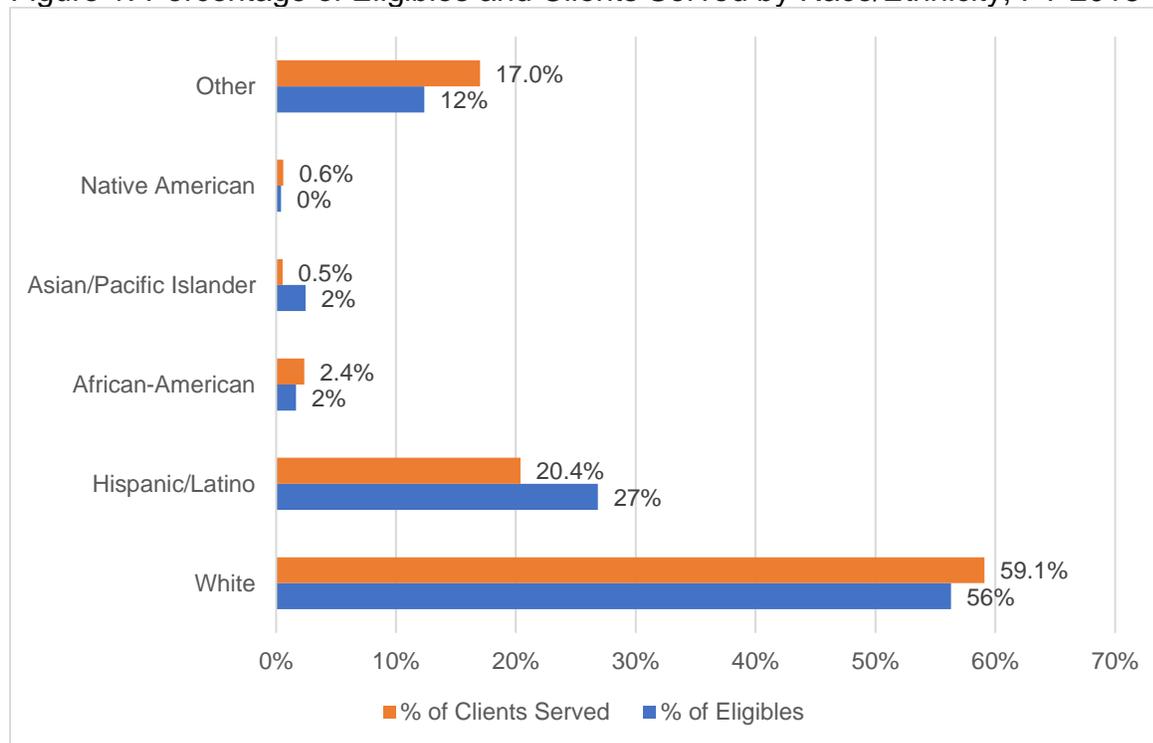


Table 3 shows the penetration rates by race/ethnicity compared to counties of like size and statewide rates. Penetration rates for race/ethnicity confirm the prior statements. The penetration rate for White clients is on par with statewide rates, while their penetration rates for clients who are Hispanic/Latino, African American, Asian/Pacific Islander, Native American, and Other are higher than like-sized counties and statewide.

Table 3: Penetration Rates by Race/Ethnicity, FY 2018-19

Table 3: Penetration Rates by Race/Ethnicity, FY 2018-19					
Santa Barbara				Medium Counties	Statewide
Race/Ethnicity	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	59,016	1,081	1.83%	1.92%	1.76%
Latino/Hispanic	28,144	373	1.33%	0.56%	0.67%
African American	1,724	43	2.49%	1.54%	1.28%
Asian/Pacific Islander	2,563	*	n/a	0.25%	0.16%
Native American	433	*	n/a	1.72%	1.55%
Other	12,949	311	2.40%	1.37%	1.05%
TOTAL	104,829	1,829	1.74%	1.06%	0.93%

Asterisks indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Table 4 below shows Santa Barbara's penetration rates by DMC eligibility categories. The rates are compared with statewide averages for all actively implemented DMC-ODS counties.

The majority of clients in Santa Barbara are eligible for services through the Affordable Care Act (ACA), followed by Family Adult and Disabled categories.

Table 4: Clients Served and Penetration Rates by Eligibility Category, FY 2018-19

Table 4: Clients Served and Penetration Rates by Eligibility Category, FY 2018-19				
Santa Barbara				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Clients Served	Penetration Rate	Penetration Rate
Disabled	8,944	309	3.45%	1.62%
Foster Care	248	*	n/a	1.72%
Other Child	11,085	101	0.91%	0.28%
Family Adult	18,426	404	2.19%	0.95%
Other Adult	19,807	36	0.18%	0.10%
MCHIP	9,376	51	0.54%	0.20%
ACA	36,619	993	2.71%	1.46%

Asterisks indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation).

Table 5 below shows Santa Barbara's approved claims per penetration rates by DMC eligibility categories. The claims are compared with statewide averages for all actively implemented DMC-ODS counties. Average approved claims are lower for youth eligibility categories and clustered fairly closely to the overall average approved claim for the adult eligibility categories.

Table 5: Average Approved Claims by Eligibility Category, FY 2018-19

Table 5: Average Approved Claims by Eligibility Category FY 2018-19				
Santa Barbara				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Clients Served	Average Approved Claims	Average Approved Claims
Disabled	8,944	309	\$3,016	\$4,207
Foster Care	248	*	n/a	\$1,117
Other Child	11,085	101	\$1,604	\$1,690
Family Adult	18,426	404	\$2,583	\$3,255
Other Adult	19,807	36	\$3,100	\$4,269
MCHIP	9,376	51	\$1,951	\$1,810
ACA	36,619	993	\$2,438	\$3,867

Asterisks indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation).

Children 12 and under rarely need treatment for SUD. Foster Care, Other Child and Maternal and Child Health Integrated Program (MCHIP) include children of all ages contributing to a low penetration rate.

Table 6 shows the percentage of clients served and the average approved claims by service categories. This table provides a summary of service usage by clients in FY 2018-19.

The majority of clients in Santa Barbara during year one received outpatient services (45.1 percent). Just over a third were served by NTPs (31 percent), and 11.6 percent in Intensive Outpatient Programs. For a county in year one, their service continuum is robust, with non-methadone MAT, residential treatment, withdrawal management, and the beginnings of recovery support services, in addition to NTP and outpatient services.

Table 6: Percentage of Clients Served and Average Approved Claims by Service Categories, FY 2018-19

Table 6: % of Clients Served and Average Approved Claims by Service Categories, FY 2018-19			
Service Categories	# of Clients Served	% Served	Average Approved Claims
Narcotic Tx. Program	670	31.0%	\$3,180
Residential Treatment	117	5.4%	\$3,717
Res. Withdrawal Mgmt.	105	4.9%	\$941
Ambulatory Withdrawal Mgmt.	-	-	\$0
Non-Methadone MAT	*	n/a	\$1,549
Recovery Support Services	*	n/a	\$5,608
Partial Hospitalization	-	-	\$0
Intensive Outpatient Tx.	251	11.6%	\$1,901
Outpatient Drug Free	976	45.1%	\$1,589
TOTAL	2,163	100%	\$2,609

Asterisks indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

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

Methadone is a well-established evidence-based practice for treatment of opiate addiction using a narcotic replacement therapy approach. Extensive research studies document that with daily dosing of methadone, many clients with otherwise intractable opiate addictions are able to stabilize and live productive lives at work, with family, and in independent housing. However, the treatment can be associated with stigma, and usually requires a regular regimen of daily dosing at an NTP site.

Persons seeking methadone maintenance medication must first show a history of at least one year of opiate addiction and at least two unsuccessful attempts to quit using opioids through non-MAT approaches. They are likely to be conflicted about giving up their use of addictive opiates. Consequently, if they do not begin methadone medication soon after requesting it, they may soon resume opiate use and an addiction lifestyle that can be life-threatening. For these reasons, NTPs regard the request to begin treatment with methadone as time sensitive.

The 655 clients who received methadone had their first dose within a median of one day from the time of first request.

Table 7: Days to First Dose of Methadone by Age, FY 2018-19

Table 7: Days to First Dose of Methadone by Age FY 2018-19						
Santa Barbara				Statewide		
Age Groups	Clients	%	Avg. Days	Clients	%	Avg. Days
Age Group 12-17	-	-	-	*	n/a	n/a
Age Group 18-64	545	83.2%	<1	28,929	80.04%	<1
Age Group 65+	110	16.8%	<1	*	n/a	n/a
TOTAL	655	100.0%	<1	36,144	100.0%	<1

Asterisks and n/a indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Services for Non-Methadone MATs Prescribed and Billed in Non-DMC-ODS Settings

Some people with opiate addictions have become interested in newer-generation addiction medicines that have increasing evidence of effectiveness. These include buprenorphine and long-acting injectable naltrexone that do not need to be taken in as rigorous a daily regimen as methadone. While these medications can be administered through NTPs, they can also be prescribed and administered by physicians through other settings such as primary care clinics, hospital-based clinics, and private physician practices. For those seeking an alternative to methadone for opiate addiction or a MAT for another type of addiction such as alcoholism, some of the other MATs have the advantages of being available in a variety of settings that require fewer appointments for regular dosing. The DMC-ODS Waiver encourages delivery of MATs in other settings additional to their delivery in NTPs. Medical providers are required to receive specialized training before they prescribe some of these medications, and many feel the need for further clinical consultation once they begin prescribing. Consequently, physician uptake in most counties throughout the state tends to be slow.

CenCal, the county's health plan, along with several hospitals and FQHCs, launched initiatives to expand the use of non-methadone MATs throughout the physical health care system. One example is the launch of the Bridge Clinic through a collaboration between Cottage Hospital and Santa Barbara Neighborhood Clinics. When clients are treated for overdoses in the Emergency Department, they are released to the Bridge Clinic for non-methadone MAT induction, monitored for several weeks under physician oversight, and then transferred for maintenance dosing to one of the Neighborhood Clinics. The MOU between CenCal and Santa Barbara does not include mechanisms for monitoring and sharing of data tracking these service encounters and pharmacy prescriptions.

Expanded Access to Non-Methadone MATs through DMC-ODS Providers

Tables 8 display the number and percentage of clients receiving three or more MAT visits per year provided through Santa Barbara providers and statewide for all actively implemented DMC-ODS counties in aggregate. Three or more visits were selected to identify clients who received regular MAT treatment versus a single dose. The numbers for this set of performance measures are based upon DMC-ODS claims data analyzed by EQRO.

There were 50 Santa Barbara clients who had at least one non-methadone MAT service, which is 2.7 percent of the 1829 beneficiaries who received any type of treatment in FY 2018-19. This is a somewhat lesser proportion than the statewide average for all DMC-ODS counties of 3.81 percent. There were 29 Santa Barbara clients who received three or more non-methadone services, which is 1.6 percent of the 1829 beneficiaries who received any type of treatment and is slightly more than the 1.3 percent statewide. What is most noteworthy is that 58 percent of the clients receiving non-methadone MAT had at least three services (29 of 50 clients). This engagement in MAT services is higher than statewide where only 29 percent of clients receive three or more services after receiving at least one service.

Table 8: DMC-ODS Non-Methadone MAT Services by Age, FY 2018-19

Table 8: DMC-ODS Non-Methadone MAT Services by Age, FY 2018-19								
Age Groups	Santa Barbara				Statewide			
	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 12-17	-	-	-	-	*	n/a	*	n/a
Ages 18-64	50	3.2%	29	1.9%	3,200	4.15%	1,335	1.73%
Ages 65+	-	-	-	-	*	n/a	*	Na/
TOTAL	50	2.7%	29	1.6%	3,462	3.81%	1,012	1.3%

Asterisks and n/a indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Transitions in Care Post-Residential Treatment – FY 2018-19

The DMC-ODS Waiver emphasizes client-centered care, one element of which is the expectation that treatment intensity should change over time to match the client's changing condition and treatment needs. This treatment philosophy is in marked contrast to a program-driven approach in which treatment would be standardized for clients according to their time in treatment (e.g. week one, week two, etc.).

Table 9 shows two aspects of this expectation: (1) whether and to what extent clients discharged from residential treatment receive their next treatment session in a non-residential treatment program, and (2) the timeliness with which that is accomplished. Table 9 shows the percent of clients who began a new level of care within 7 days, 14 days, and within any amount of days within the measurement period after discharge from residential treatment.

Follow-up services that are counted in this measure are based on DMC-ODS claims data and include outpatient, intensive outpatient (IOT), partial hospital, MAT, NTP, case management, and physician consultation. CalEQRO does not count re-admission to residential treatment in this measure. Additionally, CalEQRO was not able to obtain and calculate Fee-for Service (FFS)/Health Plan Medi-Cal claims data at this time.

Santa Barbara had 121 clients discharged from residential treatment. Of those, only eight (6.6 percent) received a follow-up service within the DHCS standard of seven days which was slightly lower than the statewide percentage of 8.3 percent. Within 30 days after discharge the percent with a follow-up service was 18.2 percent, which was on par with the statewide average of 18.7 percent.

Table 9: Timely Transitions in Care Following Residential Treatment, FY 2018-19

Table 9: Timely Transitions in Care Following Residential Treatment FY 2018-19				
Santa Barbara (n= 121)			Statewide (n= 24,582)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	*	n/a	2,034	8.3%
Within 14 Days	*	n/a	2,728	11.1%
Within 30 Days	16	13.2%	3,383	13.8%
Any days (TOTAL)	22	18.2%	4,607	18.7%

Access Line Quality and Timeliness

Most prospective clients seeking treatment for SUDs are understandably ambivalent about engaging in treatment and making fundamental changes in their lives. The moment of a person's reaching out for help to address a SUD represents a critical crossroad in that person's life, and the opportunity may pass quickly if barriers to accessing treatment are high. A county DMC-ODS is responsible to make initial access easy for prospective clients to the most appropriate treatment for their particular needs. For some people, an Access Line may be of great assistance in finding the best treatment match in a system that can otherwise be confusing to navigate. For others, an Access Line may be perceived as impersonal or otherwise off-putting because of long telephone wait times. For these reasons, it is critical that all DMC-ODS counties monitor their Access Lines for performance using critical indicators.

Table 10 shows Access Line critical indicators from January 1st, 2019 through December 31st, 2018.

Table 10: Access Line Critical Indicators, January 1st, 2019 through December 31st, 2019

Table 10: Santa Barbara Access Line Critical Indicators January 1st, 2019 through December 31st, 2019	
Average Volume	896 calls per month
% Dropped Calls	19%
Time to answer calls	3.4 minutes
Monthly authorizations for residential treatment	n/a
% of calls referred to a treatment program for care, including residential authorizations	64% of callers are linked to treatment through the Access Line
Non-English capacity	Behavioral Wellness currently employs 2 full time bilingual staff in the county's threshold language, Spanish. There is a contract with the Language Line as well to enable any screener to three-way call a certified translator to assist in screening any beneficiary in their language of preference.

High-Cost Beneficiaries

Table 11a provides several types of information on the group of clients who use a substantial amount of DMC-ODS services in Santa Barbara. These persons, labeled in this table as high-cost beneficiaries (HCBs), are defined as those who incur SUD treatment costs at the 90th percentile or higher statewide, which equates to at least \$10,554 in approved claims per year. The table lists the average approved claims costs for the year for Santa Barbara HCBs compared with the statewide average. The table also lists the demographics of this group by race/ethnicity and by age group. Some of these clients use high-cost high-intensity SUD services such as residential WM without appropriate follow-up services and recycle back through these high-intensity services again and again without long-term positive outcomes. The intent of reporting this information is to help DMC-ODS counties identify clients with complex needs and evaluate whether they are receiving individualized treatment including care coordination through case management to optimize positive outcomes. To provide context and for comparison purposes, Table 11b provides similar types of information as Table 11a, but for the averages for all DMC-ODS counties statewide.

Many counties in their first year of implementation of the Waiver do not have high numbers of clients who exceed the threshold for high cost, as is reflected in Table 11a. Santa Barbara only had a small number of clients who were high cost beneficiaries in FY 2018-19, comprising only 2.6 percent of their total claims.

Table 11a: High Cost Beneficiaries by Age, Santa Barbara, FY 2018-19

Table 11a: Santa Barbara High Cost Beneficiaries by Age FY 2018-19						
Age Groups	Total Beneficiary Count	HC B Count	HC B % by Count	Average Approved Claims per HC B	HC B Total Claims	HC B % by Total Claims
Ages 12-17	146	*	n/a	\$12,291	\$12,291	4.8%
Ages 18-64	1,543	*	n/a	\$13,955	\$111,637	2.8%
Ages 65+	140	*	n/a	n/a	n/a	n/a
TOTAL	1,829	*	n/a	\$13,770	\$123,928	2.6%

Asterisks indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Table 11b: High Cost Beneficiaries by Age, Statewide, FY 2018-19

Table 11b: Statewide High Cost Beneficiaries, FY 2018-19					
Age Groups	Total Beneficiary Count	HC B Count	HC B % by Count	Average Approved Claims per HC B	HC B Total Claims
Ages 12-17	4,028	30	0.7%	\$13,629	\$408,873
Ages 18-64	77,199	4,558	5.9%	\$15,585	\$71,034,634
Ages 65+	8,837	270	3.1%	\$15,569	\$4,203,684
TOTAL	90,064	4,858	5.4%	\$15,572	\$75,647,191

Residential Withdrawal Management with No Other Treatment

This PM is a measure of the extent to which the DMC-ODS is not engaging clients upon discharge from residential WM. If there are a substantial number or percent of clients who frequently use WM and no treatment, that is cause for concern and the DMC-ODS should consider exploring ways to improve discharge planning and follow-up case management.

Santa Barbara had 102 clients who received residential withdrawal management, and none who had three or more episodes with no other services.

Table 12: Residential Withdrawal Management with No Other Treatment, FY 2018-19

Table 12: Withdrawal Management with No Other Treatment FY 2018-19				
Santa Barbara			Statewide	
	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services
TOTAL	102	0.0%	5,010	2.4%

Use of ASAM Criteria for Level of Care Referrals

The clinical cornerstone of the DMC-ODS Waiver is use of ASAM Criteria for initial and ongoing level of care placements. Screeners and assessors are required to enter data for each referral, documenting the congruence between their findings from the screening or assessment and the referral they made. When the referral is not congruent with the LOC indicated by ASAM Criteria findings, the reason is documented.

Table 13: Congruence of Level of Care Referrals with ASAM Findings, 5/1/18 to 12/18/19

Table 13: Congruence of Level of Care Referrals with ASAM Findings, 5/1/18 to 12/18/19						
Santa Barbara ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
If assessment-indicated LOC differed from referral, then reason for difference	#	%	#	%	#	%
Not Applicable - No Difference	2,010	82.1%	1,546	89.2%	1,290	91.1%
Patient Preference	340	13.9%	86	5.0%	45	3.2%
Level of Care Not Available	32	1.3%	*	n/a	*	n/a
Clinical Judgement	31	1.3%	95	5.5%	66	4.7%
Geographic Accessibility	*	n/a	-	-	-	-
Family Responsibility	*	n/a	*	n/a	*	n/a
Legal Issues	*	n/a	*	n/a	*	n/a
Lack of Insurance/Payment Source	*	n/a	-	-	-	-
Other	22	0.9%	*	n/a	*	n/a
Actual Referral Missing	-	-	-	-	-	-
TOTAL	2,447	100.0%	1,734	100.0%	1,416	100.0%

Asterisks indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Diagnostic Categories

Table 14 compares the breakdown by diagnostic category of the Santa Barbara and statewide number of beneficiaries served and total approved claims amount, respectively, for FY 2018-19.

The majority of clients in Santa Barbara receiving DMC-ODS services have an opioid use disorder (45.0 percent). The next most common DMC diagnosis is Other Stimulant Abuse (23.1 percent), followed by Alcohol Use Disorder (18.1 percent). These percentages conform closely to the statewide averages. The average approved claims are fairly clustered around the average of \$2,609, and mostly lower than the statewide costs per diagnosis.

Table 14: Percentage Served and Average Cost by Diagnosis Code, FY 2018-19

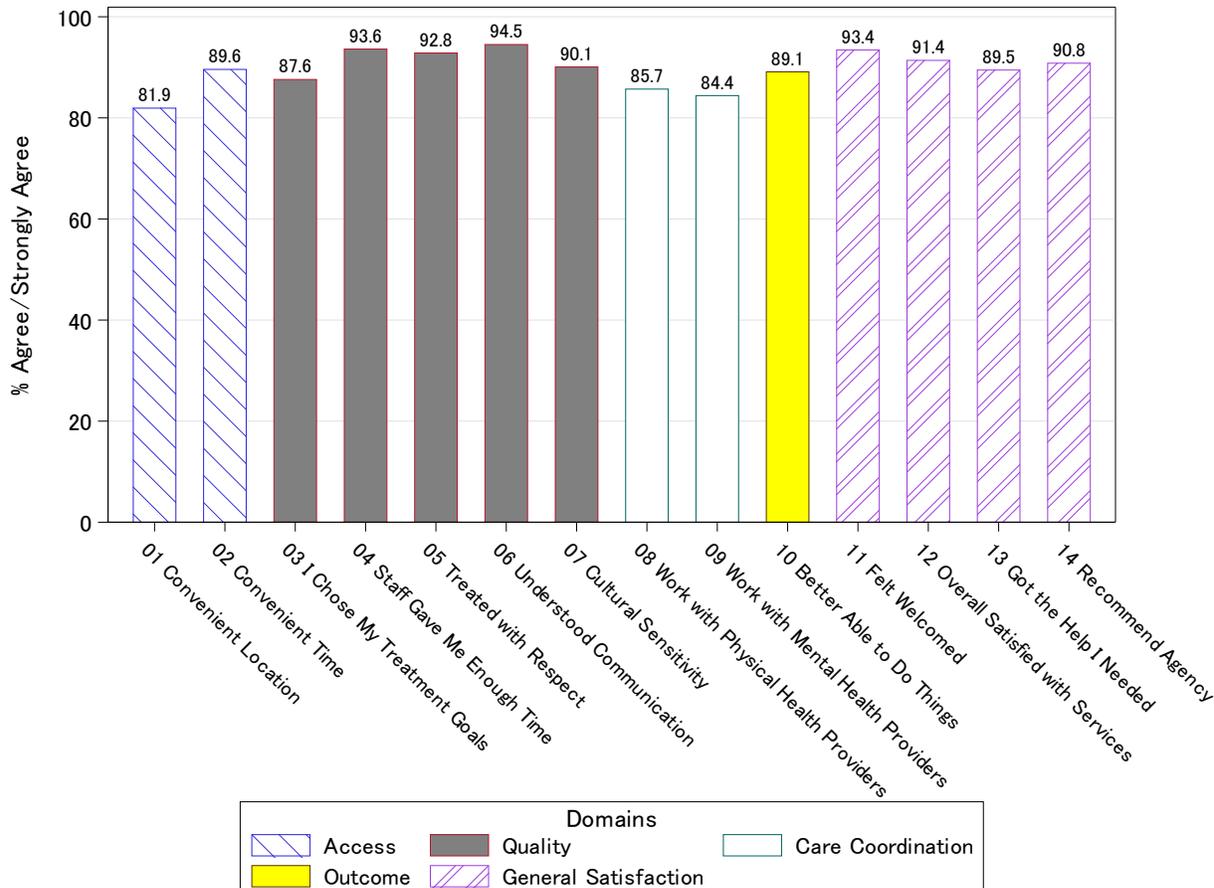
Table 14: Percentage Served and Average Cost by Diagnosis Code FY 2018-19				
Diagnosis Codes	Santa Barbara		Statewide	
	% Served	Average Cost	% Served	Average Cost
Alcohol Use Disorder	18.1%	\$2,455	15.8%	\$4,232
Cannabis Use	10.9%	\$2,113	8.7%	\$1,953
Cocaine Abuse or Dependence	0.7%	\$1,702	2.1%	\$4,593
Hallucinogen Dependence	0.1%	\$1,636	0.2%	\$3,847
Inhalant Abuse	0.0%	\$0	0.02%	\$3,119
Opioid	45.0%	\$3,243	46.9%	\$4,286
Other Stimulant Abuse	23.1%	\$2,225	24.4%	\$3,736
Other Psychoactive Substance	0.2%	\$2,346	0.4%	\$5,521
Sedative, Hypnotic Abuse	0.3%	\$1,875	0.5%	\$4,033
Other	1.7%	\$2,115	0.9%	\$2,586
Total	100.0%	\$2,609	100%	\$3,868

Client Perceptions of Their Treatment Experience

CalEQRO regards the client perspective as an essential component of the EQR. In addition to obtaining qualitative information on that perspective from focus groups during the onsite review, CalEQRO uses quantitative information from the TPS administered to clients in treatment. DMC-ODS counties upload the data to DHCS, it is analyzed by the UCLA Team evaluating the statewide DMC-ODS Waiver, and UCLA produces reports they then send to each DMC-ODS County. Ratings from the 14 items yield information regarding five distinct domains: Access, Quality, Care Coordination, Outcome, and General Satisfaction.

538 adults responded to the Treatment Perception Survey (TPS). Average ratings were high across domains, particularly in the Quality and General Satisfaction domains.

Figure 2: Percentage of Participants with Positive Perceptions of Care, TPS Results from UCLA, October 2019



CalOMS Data Results for Client Characteristics at Admission and Progress in Treatment at Discharge

CalOMS data is collected for all substance use treatment clients at admission and the same clients are rated on their treatment progress at discharge. The data provide rich information that DMC-ODS counties can use to plan services, prioritize resources, and evaluate client progress.

Tables 15-17 depict client status at admission compared to statewide regarding three important situations: living status, criminal justice involvement, and employment status. These data provide important indicators of what additional services Santa Barbara will need to consider and with which agencies they will need to coordinate.

Santa Barbara has a lower percentage of clients who are homeless compared to statewide (16.9 percent compared to 26.2 percent), and more clients who live independently (64.7 percent versus 45.2 percent).

Table 15: CalOMS Living Status at Admission, CY 2018

Table 15: CalOMS Living Status at Admission, CY 2018				
Admission Living Status	Santa Barbara		Statewide	
	#	%	#	%
Homeless	378	16.9%	24,020	26.2%
Dependent Living	409	18.3%	26,296	28.6%
Independent Living	1,445	64.7%	41,472	45.2%
TOTAL	2,232	100.0%	91,788	100.0%

Santa Barbara has a strong relationship with the criminal justice system, as evidenced by over half of their clients on post release supervision (52.6 percent). Compared to statewide, more of their clients have criminal justice involvement (59.1 percent versus 40.2 percent statewide).

Table 16: CalOMS Legal Status at Admission, CY 2018

Table 16: CalOMS Legal Status at Admission CY 2018				
Admission Legal Status	Santa Barbara		Statewide	
	#	%	#	%
No Criminal Justice Involvement	912	40.9%	54,930	59.8%
Under Parole Supervision by CDCR	*	n/a	2,288	2.5%
On Parole from any other jurisdiction	*	n/a	890	1.0%
Post release supervision - AB 109	1,175	52.6%	28,801	31.4%
Court Diversion CA Penal Code 1000	122	5.5%	1,259	1.4%
Incarcerated	*	n/a	389	0.4%
Awaiting Trial	*	n/a	3,221	3.5%
TOTAL	2,232	100.0%	91,788	100.0%

Asterisks indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

While more clients live independently in Santa Barbara compared to statewide, the majority of clients are unemployed (72.5 percent versus 78.9 percent statewide).

However, clients are slightly more likely in Santa Barbara to be employed full-time compared to statewide (17.9 percent versus 13.2 percent).

Table 17: CalOMS Employment Status at Admission, CY 2018

Table 17: CalOMS Employment Status at Admission CY 2018				
Current Employment Status	Santa Barbara		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	400	17.9%	12,134	13.2%
Employed Part Time - Less than 35 hours	215	9.6%	7,259	7.9%
Unemployed - Looking for work	584	26.2%	25,522	27.8%
Unemployed - not in the labor force and not seeking	1,033	46.3%	46,873	51.1%
TOTAL	2,232	100.0%	91,788	100.0%

The information displayed in Tables 18-19 focus on the status of clients at discharge, and how they might have changed through their treatment. Table 18 indicates the percent of clients who left treatment before completion without notifying their counselors (Administrative Discharge) vs. those who notified their counselors and had an exit interview (Standard Discharge, Detox Discharge, or Youth Discharge). Without prior notification of a client's departure, counselors are unable to fully evaluate the client's progress or, for that matter, attempt to persuade the client to complete treatment.

The types of discharges for Santa Barbara closely mirror statewide percentages. Standard Adult Discharges are slightly lower at 42.9 percent compared to the statewide percentage of 49.6.

Table 18: CalOMS Types of Discharges, CY 2018

Table 18: CalOMS Types of Discharges, CY 2018				
Discharge Types	Santa Barbara		Statewide	
	#	%	#	%
Standard Adult Discharges	1,110	42.9%	43,654	49.6%
Administrative Adult Discharges	1,032	39.9%	33,344	37.9%
Detox Discharges	318	12.2%	8,470	9.6%
Youth Discharges	129	5.0%	2,609	3.0%
TOTAL	2,589	100.0%	88,077	100.0%

Table 19 displays the rating options in the CalOMS discharge summary form counselors use to evaluate their clients' progress in treatment. This is the only statewide data commonly collected by all counties for use in evaluating treatment outcomes for clients with SUDs. The first four rating options are positive. "Completed Treatment" means the client met all their treatment goals and/or the client learned what the program intended for clients to learn at that level of care. "Left Treatment with Satisfactory Progress" means the client was actively participating in treatment and making progress, but left before completion for a variety of possible reasons other than relapse that might include transfer to a different level of care closer to home, job demands, etc. The last four rating options indicate lack of satisfactory progress for different types of reasons.

Santa Barbara has higher positive discharge status ratings overall compared to statewide (68.0 percent versus 51.9 percent).

Table 19: CalOMS Discharge Status Ratings, CY 2018

Table 19: CalOMS Discharge Status Ratings, CY 2018				
Discharge Status	Santa Barbara		Statewide	
	#	%	#	%
Completed Treatment - Referred	162	6.3%	20,190	22.9%
Completed Treatment - Not Referred	263	10.2%	6,070	6.9%
Left Before Completion with Satisfactory Progress - Standard Questions	1,055	40.7%	12,220	13.9%
Left Before Completion with Satisfactory Progress – Administrative Questions	279	10.8%	7,259	8.2%
<i>Subtotal</i>	<i>1,759</i>	<i>68.0%</i>	<i>45,739</i>	<i>51.9%</i>
Left Before Completion with Unsatisfactory Progress - Standard Questions	*	n/a	16,253	18.4%
Left Before Completion with Unsatisfactory Progress - Administrative	714	27.5%	24,781	28.1%
Death	*	n/a	96	0.1%
Incarceration	138	1.5%	1,208	1.4%
<i>Subtotal</i>	<i>930</i>	<i>32.0%</i>	<i>42,338</i>	<i>48.0%</i>
TOTAL	2,589	100.0%	88,077	100.0%

Asterisks indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Totals at the bottom of each column reflect the total of the actual numbers for all the above cells including the ones which are asterisked.

Performance Measures Findings—Impact and Implications

Access to Care PM Issues

- There is impressive proportionality of clients served compared to eligibles by race/ethnicity, as reflected in the penetration rates for Hispanic/Latino clients and Figure 2.
- While there is a high volume of calls to the Access Call Center, according to the County's tracking of key indicators, there is a 19 percent dropped/abandoned call rate per month and callers wait an average of 3.4 minutes to talk to a live person.
- Despite these challenges, 64 percent of callers are linked to treatment within the DMC-ODS through the Access Call Center.

Timeliness of Services PM Issues

- Santa Barbara tracks timeliness measures, including time from first contact to first offered and first face-to-face appointment. Their timeliness performance for first offered and first actual appointments were similar to state standards for first routine appointments and for first NTP appointments.
- CalEQRO discussed steps to improve their current definition of “urgent” and how to improve the timeliness of referrals to appointments for urgent conditions.

Quality of Care PM Issues

- Santa Barbara self-reported high numbers of clients transitioning from residential treatment to lower levels of care. CalEQRO analyzed Santa Barbara's claims data using stringent criteria that included only DMC-covered clients and found a somewhat lower transition rate that was similar to the average for all DMC-ODS counties statewide. Santa Barbara has made this process a focus for their Non-Clinical PIP to try and increase their transition rates.
- Santa Barbara administers the TPS and sends the data for analysis to the UCLA Integrated Substance Abuse Program (ISAP), which then sends the resulting report back to Santa Barbara. The results indicate high client ratings across multiple domains of quality care.
- Santa Barbara's Quality Improvement Plan should have clear goals with measurable objectives and should report evaluation results for each objective. It appears that some analyses were conducted but the results are in a different place and not linked to the plan.
- Santa Barbara provides technical assistance to providers on implementation of evidence-based practices, documentation and billing, and rating clients on CalOMS measures.

Client Outcomes PM Issues

- Santa Barbara uses TPS and CalOMS data for quality improvement opportunities. The county has invested in cleaning up their CalOMS data so that they can use it for measuring outcomes.
- Santa Barbara clients rated their own outcomes positively on the TPS through the item “I am better able to do the things I want as a result of my treatment”.
- Providers rated client progress positively through CalOMS, at a substantially higher rate than the statewide average for all DMC-ODS counties.

INFORMATION SYSTEMS REVIEW

Understanding the capability of a county DMC-ODS information system is essential to evaluating its capacity to manage the health care of its beneficiaries. CalEQRO used the responses to standard questions posed in the California-specific ISCA, additional documents provided by the DMC-ODS, and information gathered in interviews to complete the information systems evaluation.

Key Information Systems Capabilities Assessment Information Provided by the DMC-ODS

The following information is self-reported by the DMC-ODS through the ISCA and/or the site review.

ISCA Table 1: Distribution of Services, by Type of Provider

ISCA Table 1: Distribution of Services, by Type of Provider	
Type of Provider	Distribution
County-operated/staffed clinics	0%
Contract providers	100%
Total	100%

Percentage of total annual budget dedicated to supporting information technology operations (includes hardware, network, software license, and IT staff): 2.0 percent.

The budget determination process for information system operations is:

- Under DMC-ODS control
- Allocated to or managed by another County department
- Combination of DMC-ODS control and another County department or Agency

DMC-ODS currently provides services to clients using a telehealth application:

- Yes No In Pilot phase

Summary of Technology and Data Analytical Staffing

DMC-ODS self-reported technology staff changes in Full-time Equivalent (FTE) staff since the previous CalEQRO review are shown in ISCA Table 2.

ISCA Table 2: Summary of Technology Staff Changes

ISCA Table 2: Summary of Technology Staff Changes			
IS FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
2	0	0	0

DMC-ODS self-reported data analytical staff changes (in FTEs) that occurred since the previous CalEQRO review are shown in ISCA Table 3.

ISCA Table 3: Summary of Data and Analytical Staff Changes

ISCA Table 3: Summary of Data and Analytical Staff Changes			
IS FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
1	0	0	0

The following should be noted regarding the above information:

- The FTEs listed above are Santa Barbara's estimates for IS and data analytic staff dedicated to DMC-ODS functions. However, it should be noted that IS and data analytic staffing resources are shared between the MHP and DMC-ODS.

Current Operations

- Santa Barbara uses ShareCare for practice management and managed care functionalities and Clinician's Gateway for EHR functionality.
- Santa Barbara plans to replace their current system. They are going to release an RFP for a psychiatric health facility (PHF) electronic health record before releasing a systemwide RFP for a new EHR.

ISCA Table 4 lists the primary systems and applications the DMC-ODS county uses to conduct business and manage operations. These systems support data collection and storage, provide EHR functionality, produce Short-Doyle/Medi-Cal (SD/MC) and other third-party claims, track revenue, perform managed care activities, and provide information for analyses and reporting.

ISCA Table 4: Primary EHR Systems/Applications

ISCA Table 4: Primary EHR Systems/Applications				
System/ Application	Function	Vendor/Supplier	Years Used	Operated By
ShareCare	Practice Management; Managed Care	The Echo Group	13	MHP, Contract Providers
Clinician's Gateway	Electronic Health Records	Krassons, Inc	14	MHP, Contract Providers

Priorities for the Coming Year

- Install the application for management of Residential Treatment Facility placements.
- Install upgrades to Tableau's clinical reporting development and distribution
- Initiate collaborative data collection for Vertical Change development
- Implement ServiceNow HR Onboarding and Transitions
- Implement rollout of ServiceNow contract management
- Continue remediation of identified security risk items from 2018 Review in the county wide security audit

Major Changes since Prior Year

- Initial implementation/install of Tableau for improved data reporting
- Negotiated contract with Smartsheet for cloud-based workflow management solutions – including, RTF placement management, CBO reporting, NACT improvements, and improved collaboration solutions
- Launching DMC-ODS Residential Bed Inventory and Referral Project in Smartsheet in FY 2019-20. This will increase transparency for bed availability and assist with accuracy around capacity and NACT. It will also streamline the referral process and communication between the Access Line staff and contracted providers. Additionally, it will allow for data collection and tracking.

Other Significant Issues

- There was discussion about the widespread dissatisfaction of staff with Krasson's Clinician's Gateway because of the small staff at Krasson's and subsequent slow turnaround for any change requests.

- There is also dissatisfaction with The Echo Group's ShareCare, which although more responsive to change requests, is perceived as limited in its ability to develop interoperability with other IT systems.
- The IT Director is not part of the senior leadership team and instead reports to the CFO. This structure does not facilitate the level of input for technology planning to support the county's strategic business initiatives.
- Santa Barbara worked diligently to track the most basic data elements required by the Waiver. They would like to do more but are constrained by limited numbers of data analytic staff. Santa Barbara should consider increasing their staffing in that functional area to enable expansion of their data tracking and analytic reporting.

Plans for Information Systems Change

- Due to the limitations of ShareCare and Clinician's Gateway, Santa Barbara is planning to change systems. They plan to release an RFP for their Psychiatric Health Facility (PHF) as a pilot installation of a new system and then release an RFP for their entire system EHR.

Current Electronic Health Record Status

ISCA Table 5: EHR Functionality

ISCA Table 5: EHR Functionality					
Function	System/ Application	Rating			
		Present	Partially Present	Not Present	Not Rated
Alerts				X	
Assessments		X			
Care Coordination		X			
Document imaging/storage				X	
Electronic signature— client		X			
Laboratory results (eLab)		X			
Level of Care/Level of Service		X			
Outcomes		X			
Prescriptions (eRx)				X	
Progress notes		X			
Referral Management		X			
Treatment plans		X			

Summary Totals for EHR Functionality:	9		3	
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Progress and issues associated with implementing an EHR over the past year are discussed below:

- In part because of the slow responsiveness of Clinician's Gateway, and some difficulty with interoperability with ShareCare, Santa Barbara has sought alternatives to assist with data collection and tracking functions that an EHR might otherwise perform. For example, the county is using SmartSheet to enable Access Call Center staff to see real-time what openings are available in residential treatment facilities for referral purposes. These solutions help the county track and report on data elements but create an IT infrastructure that is fragmented and comprised of disparate pieces.

Clients' Chart of Record for county-operated programs (self-reported by DMC-ODS):

Paper Electronic Combination

Findings Related to ASAM Level of Care Referral Data, CalOMS, and Treatment Perception Survey

ISCA Table 6: ASAM LOC Referral Data, CalOMS, and TPS Summary of Findings

ISCA Table 6: ASAM LOC Referral Data, CalOMS, and TPS Summary of Findings			
	Yes	No	%
ASAM Criteria is being used for assessment for clients in all DMC Programs.	x		
ASAM Criteria is being used to improve care.	x		
CalOMS being administered on admission, discharge, and annual updates.	x		
CalOMS being used to improve care. Track discharge status. Outcomes.	x		
Percent of treatment discharges that are administrative discharges.			39.9
TPS being administered in all Medi-Cal Programs.	x		

Highlights of use of outcome tools above or challenges:

- Santa Barbara analyzes the TPS for quality improvement opportunities.
- Santa Barbara spent a great deal of time cleaning up historic CalOMS data and are now able to use that data for evaluating rates of clients initiating and engaging in treatment, and client outcomes from participating in treatment.

Drug Medi-Cal Claims Processing

- Santa Barbara reports claiming 83 percent to Medi-Cal, matching their budgeted amount. In the initial implementation year, they claimed for treatment services rendered to the fullest extent warranted by regulation, having built upon their effective pre-Waiver billing system. Claims are submitted the first week of every month, and the fiscal department is currently up to date with monthly claims submissions.

Special Issues Related to Contract Agencies

- Contract providers submit both electronic batch file transfer and do direct data entry.
- 100 percent of service providers are contracted. In order to ensure as seamless of a transition as possible for claims, several user group meetings were held with providers. These meetings emphasized the following: 1) making the language simple and understandable on the front-end for providers so that services codes were entered correctly and consistently; 2) provided extensive training for providers, and; 3) forced the system to allow only procedure codes usable for a specific level of service so that providers cannot input service codes that do not fit.

Overview and Key Findings

Access to Care

- To enable Access Line staff the ability to see where there are residential openings, the county has started using Smart Sheet as a tracking tool.

Timeliness of Services

- There is data linkage between the Access Call Center, contract providers, and the EHR to track core timeliness metrics.

Quality of Care

- Santa Barbara is in the process of replacing their current EHR. The county currently has a fragmented IT infrastructure that has evolved to address some of the challenges in responsiveness and interoperability of their current systems. In the process of selecting, reconfiguring, and implementing a new system, they would do well to involve some of their clinical staff in providing input so that the new system supported and streamlined clinical workflow needs.
- Staffing for IS functions, and especially data analytics, is not sufficient to maintain more than the most basic data tracking and reporting requirements

for DMC-ODS, and more are needed to provide systemwide data reports to leadership for proactive decision-making.

Client Outcomes

- CalOMS and TPS are both used for quality improvement opportunities. County staff have invested in training providers on use of CalOMS, and the robust response rate on the TPS indicates that there is sufficient support for survey administration to clients.
- Both client self-ratings of their treatment progress and their providers' ratings of their progress were positive and exceeded the average ratings for all DMC-ODS counties statewide.

NETWORK ADEQUACY

CMS has required all states with managed care plans to implement new rules for network adequacy as part of the Final Rule. In addition, the California State Legislature passed AB 205 which was signed into law by Governor Brown to specify how the Network Adequacy requirements must be implemented by California managed care plans, including the DMC-ODS plans. The legislation and related DHCS policies assign responsibility to the EQRO for review and validation of the data collected by DHCS related to Network Adequacy standards with particular attention to Alternative Access Standards.

DHCS produced a detailed plan for each type of managed care plan related to network adequacy requirements. CalEQRO followed these requirements in reviewing each of the counties which submitted detailed information on their provider networks in April, 2019, and will continue to do so each April thereafter to document their compliance with the time and distance standards for DMC-ODS and particularly to Alternative Access Standards when applicable.

The time to get to the nearest provider for a required service level depends upon a county's size and the population density of its geographic areas. For Santa Barbara, the time and distance requirements are 90 minutes or 60 miles for outpatient services and 75 minutes or 45 miles for NTPs. The two types of care that are measured for compliance with these requirements are outpatient treatment services and narcotic treatment programs. These services are separately measured for time and distance in relation to two age groups—youth and adults.

CalEQRO reviews the provider files, maps of clients in services, and distances to the closest providers by type and population. If there is no provider within the time or distance standard, the county DMC-ODS plan must submit a request for an alternate access standard for that area with details of how many individuals are impacted, and access to any alternative providers who might become Medi-Cal certified for DMC-ODS. They must also submit a plan of correction or improvement to assist clients to access care by: 1) making available mobile services, transportation supports, and/or telehealth services, 2) making possible the taking of home doses of MAT where appropriate, and 3) establishing new sites with new providers to resolve the time and distance standards.

CalEQRO will note in its report if a county can meet the time and distance standards with its provider distribution. As part of its scope of work for evaluating the accessibility of services, CalEQRO will review grievance reports, facilitate client focus groups, review claims and other performance data, and review DHCS-approved corrective action plans.

Network Adequacy Certification Tool (NACT) Data Submitted in April 2019

CalEQRO reviewed separately and with Santa Barbara staff the Network Adequacy documents submitted to DHCS and the special Network Adequacy form created by CalEQRO. Santa Barbara met California Network Adequacy standards so there were no subsequent Alternative Access Standards to review.

Santa Barbara's integrated cultural competence plan differentiates between mental health and substance use services and gives special attention to each. Most noteworthy, Santa Barbara's PM results indicated equality of service utilization across various ethnic-racial populations more than in most counties. In particular they seem to have connected well to the Hispanic/Latino communities whose penetration rate is much higher than the combined average for all DMC-ODS counties statewide.

Santa Barbara requires that all their DMC-ODS providers, per their contract, provide interpreter services. For the hearing impaired, providers are required to subcontract with a language line that can provide TTY and will use a sign language interpreter for services as needed. For clients with vision impairments, providers are required to accommodate individuals based on their needs.

All DMC-ODS sites are required by contract to be ADA compliant and wheelchair accessible. Santa Barbara's Quality Control Management department conducts both administrative and programmatic monitoring of ADA compliance.

Santa Barbara made transportation support arrangements with the county's health plan, CenCal, for clients who need them to get to and from needed appointments. They also developed transportation cards in English and in Spanish with clear instructions on how to access the benefit.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

CalEQRO has a federal requirement to review a minimum of two PIPs in each DMC-ODS county. A PIP is defined by CMS as “a project designed to assess and improve processes and outcomes of care and that is designed, conducted, and reported in a methodologically sound manner.” PIPs are opportunities for county systems of care to identify processes of care that could be improved given careful attention, and in doing so could positively impact client experience and outcomes. The Validating Performance Improvement Projects Protocol specifies that the CalEQRO validate two PIPs at each DMC-ODS that have been initiated, are underway, were completed during the reporting year, or some combination of these three stages. One PIP (the clinical PIP) is expected to focus on treatment interventions, while the other (non-clinical PIP) is expected to focus on processes that are more administrative. Both PIPs are expected to address processes that, if successful, will positively impact client outcomes. DHCS elected to examine projects that were underway during the preceding calendar year.

Santa Barbara PIPs Identified for Validation

Each DMC-ODS is required to conduct two PIPs during the 12 months preceding the review. Following are descriptions of the two PIPs submitted by Santa Barbara and then reviewed by CalEQRO as required by the PIP Protocols: Validation of PIPs.⁴

Clinical PIP—Recovery Services

Date PIP Began: 12/01/19

Status of PIP: Active and ongoing

Brief Description of the problems the PIP is designed to address: The goal of this PIP is to reduce the recurrence of relapse, as evidenced by readmissions to treatment among beneficiaries who receive treatment through Santa Barbara county DMC-ODS. The PIP is attempting to increase utilization of Recovery Services as the primary intervention to reduce relapse and increase rates of abstinence following treatment completion (U.S. Department of Health and Human Services 2016). Clients in Santa Barbara’s treatment services are not engaging in recovery services, which may be putting them at a higher risk for relapse and readmission.

PIP Question: Santa Barbara presented its study question for the clinical PIP as follows: Does equipping providers with clinical tools and interventions to enhance recovery support result in: 1) provider utilization of clinical interventions, 2) provider referral to recovery services, and 3) beneficiary utilization of recovery services?

⁴ 2012 Department of Health and Human Services, Centers for Medicare and Medicaid Service Protocol 3 Version 2.0, September 2012. EQR Protocol 3: Validating Performance Improvement Projects.

Indicators:

Santa Barbara listed the following PIP indicators:

1. Percent of direct service staff who completed the Continuum of Care-Recovery Services Training
2. Percent of client beneficiaries successfully discharged who received any of the three clinical interventions meant to support engagement in recovery services
3. Percent of client beneficiaries who engage in Recovery Services after a successful treatment episode completion (CalOMS discharge status 1, 2 or 3)
4. Percent of beneficiaries who are successfully discharged from treatment and who are then readmitted to a new treatment episode.

Interventions:

Santa Barbara cited the following interventions:

1. Staff training in Motivational Interviewing techniques to encourage clients completing treatment to engage in recovery support services. The three key components of Motivational Interviewing that Santa Barbara is using for this PIP are Engaging, Focusing and Planning, which are further defined in their PIP materials.
2. Staff implementation of the Motivational Interviewing techniques with clients.
3. Implementation of recovery support services, which are defined in Santa Barbara's Intergovernmental Agreement with DHCS. Those delivering the recovery support services are trained to draw from any or all of the recovery support services elements that seem appropriate for each individual client's needs and situation.

Results/Impact upon Clients:

Santa Barbara cited the following client outcomes:

The study began recently and is in too early a phase to measure and cite client outcomes.

Technical Assistance Provided: The Lead Reviewer met by phone with the PIP team on several occasions to discuss the study design. The Lead Reviewer helped them to define the Motivational Interviewing interventions and how they would track them. He also helped the PIP team to operationally define Recovery Support Services and how they would track their implementation. The Lead Reviewer cautioned them on proceeding further to measure the effectiveness of the recovery support services, acknowledging the value of doing so but advising them of the complex additions they would have to be built into the PIP study design. Santa Barbara decided to begin some

preliminary analyses of the effectiveness of their recovery support services in an exploratory approach without making it a central part of the PIP design.

PIP Score: 84.3%

Non-Clinical PIP—Increasing Access to Screening and Referral

Date PIP Began: 06/01/2019

Status of PIP: Active and ongoing

Brief Description of the problems the PIP is designed to address: The goal of the PIP is to maximize client access to screening and referral for DMC-ODS Substance Use (SUD) treatment by reducing call wait time and abandoned calls on the centralized Access Line.

PIP Question:

Santa Barbara presented its study question for the clinical PIP as follows:
Will reducing wait time and the abandoned call rate result in increased screening and referrals to SUD treatment?

Indicators:

Santa Barbara listed the following PIP indicators:

1. Abandoned call rates for all and ADP only calls
2. Access call wait times for all and ADP only calls
3. Call agent count (FTEs and external help)
4. Routine screenings per quarter

Interventions:

Santa Barbara cited the following interventions:

1. Expanded use of GNAV to monitor call metrics
2. Implementation of an automated phone tree to route callers by type of request
3. Increase call agent FTEs

Results/Impact upon Clients:

Santa Barbara did not cite direct client outcomes, because the interventions focused on callers preliminary to their becoming clients. However, an assumption included in the PIP is that improved access to the call agents would result in increased screenings and referrals, which would in turn result in increased treatment admissions. One of the PIP

indicators was the number of quarterly screenings. Results were equivocal, with the fluctuations in screenings seeming to match the fluctuations in call wait time and abandonment rate during some months but not in others. Santa Barbara explained that the PIP study period matched the opening launch of the DMC-ODS during which time the percent of callers seeking treatment was especially high and decreased in later months.

Technical Assistance Provided: The CalEQRO Lead Reviewer provided technical assistance through several phone calls to discuss PIP study goals, interventions, and design strategies. Santa Barbara had originally designed a more expansive PIP to include a focus on following up with clients to help connect them to their first appointment. The Lead Reviewer suggested they leave this added element as a possible future PIP after completing the current one.

PIP Score: 85.4%

PIP Table 1, on the following page, provides the overall rating for each PIP, based on the ratings given to the validation items: Met (M), Partially M, Not Applicable (NA), Unable to Determine (UTD), or Not Rated (NR).

PIP Table 1: PIP Validation Review

PIP Table 1: PIP Validation Review					
Step	PIP Section	Validation Item	Item Rating		
			Clinical	Non-clinical	
1	Selected Study Topics	1.1	Stakeholder input/multi-functional team	PM	M
		1.2	Analysis of comprehensive aspects of enrollee needs, care, and services	PM	M
		1.3	Broad spectrum of key aspects of enrollee care and services	M	M
		1.4	All enrolled populations	M	M
2	Study Question	2.1	Clearly stated	PM	PM
3	Study Population	3.1	Clear definition of study population	M	M
		3.2	Inclusion of the entire study population	M	M
4	Study Indicators	4.1	Objective, clearly defined, measurable indicators	PM	M
		4.2	Changes in health status, functional status, enrollee satisfaction, or processes of care	PM	M
5	Sampling Methods	5.1	Sampling technique specified true frequency, confidence interval and margin of error	NA	NA
		5.2	Valid sampling techniques that protected against bias were employed	NA	NA
		5.3	Sample contained sufficient number of enrollees	NA	NA
6	Data Collection Procedures	6.1	Clear specification of data	M	M
		6.2	Clear specification of sources of data	M	M
		6.3	Systematic collection of reliable and valid data for the study population	M	M
		6.4	Plan for consistent and accurate data collection	M	M
		6.5	Prospective data analysis plan including contingencies	M	M
		6.6	Qualified data collection personnel	M	M
7	Assess Improvement Strategies	7.1	Reasonable interventions were undertaken to address causes/barriers	M	PM
8	Review Data Analysis and Interpretation of Study Results	8.1	Analysis of findings performed according to data analysis plan	NA	M
		8.2	PIP results and findings presented clearly and accurately	NA	M
		8.3	Threats to comparability, internal and external validity	NA	PM
		8.4	Interpretation of results indicating the success of the PIP and follow-up	NA	M
9	Validity of Improvement	9.1	Consistent methodology throughout the study	NA	NA
		9.2	Documented, quantitative improvement in processes or outcomes of care	NA	PM
		9.3	Improvement in performance linked to the PIP	NA	PM
		9.4	Statistical evidence of true improvement	NA	PM
		9.5	Sustained improvement demonstrated through repeated measures	NA	PM

PIP Table 2 provides a summary of the PIP validation review.

PIP Table 2: PIP Validation Review Summary

PIP Table 2: PIP Validation Review Summary		
Summary Totals for PIP Validation	Clinical PIP	Non-clinical PIP
Number Met	11	17
Number Partially Met	5	7
Number Not Met	0	0
Number Applicable (AP) (Maximum = 28 with Sampling; 25 without Sampling)	12	4
Overall PIP Rating Clinical: $((\#M*2) + (\#PM))/(\#AP*2)$ Non-clinical: $((\#M*2) + (\#PM))/(\#AP*2)$	84.3%	85.4%

PIP Findings—Impact and Implications

Overview

Santa Barbara's Clinical PIP is focused on increasing client admissions in recovery services. The Non-Clinical PIP is focused on decreasing call wait times and call abandonment rate at the Access Line. Both PIPs are in active and ongoing stages.

Access to Care Issues related to PIPs

Access to care in Santa Barbara is highly concentrated through their Access Line. Callers have challenges getting through to a call agent, and the Non-Clinical PIP is focused on improving that process.

While the Non-Clinical PIP is focused on the earliest processes of access to treatment, the Clinical PIP is focused on access to the end stage of treatment when clients might enter into follow-up recovery services. The PIP methods for increasing access to these services are motivational interviewing and increased availability of recovery services.

Timeliness of Services Related to PIPs

Santa Barbara identified timeliness challenges for callers to the Access Line. The Non-Clinical PIP addresses those challenges through various methods to reduce call wait time and call abandonment rates.

The Clinical PIP sets into motion a series of interventions that should increase not only admissions to recovery support services, but also the timeliness of those admissions post-discharge from treatment.

Quality of Care Related to PIPs

Santa Barbara cited research supporting a chronic care model for substance use disorders and their treatment, with implications for the value of longer-term recovery support services following the treatment phase. This research suggests that a system of care would find systematic ways to encourage client participation in recovery support services as a means to strength their recovery and prevent relapses. Santa Barbara's Clinical PIP is a proactive way to further these efforts and make them as effective as possible. It is a vital element of quality of care, encouraged by the DMC-ODS Waiver.

Client Outcomes Related to PIPs

Santa Barbara's Non-Clinical PIP has achieved some modest reductions in caller wait times and call abandonment rates at the Access Line. Thus far results are equivocal regarding the impact on number of call screenings and referrals. The PIP may study additional interventions to find out if other methods might further help Santa Barbara achieve its goals for this PIP.

The Clinical PIP set client outcome goals of increasing engagement in recovery support services after treatment and reducing post-treatment readmissions back into treatment. The PIP is at too early a stage to determine what outcomes might be achieved from the PIP interventions.

CLIENT FOCUS GROUPS

CalEQRO and Santa Barbara planned two 90-minute client and family member focus groups for what was originally intended as an onsite review. With only one day notice for the shift to a video conferenced review, it was not feasible to ask the invitees receiving their MAT from the NTP to participate by computer or smart phone from their homes. Nor was it appropriate to ask the invitees receiving residential treatment to congregate in the same room for a video conferenced focus group facilitated by CalEQRO reviewers and thereby break the new health safety requirement for physical distancing.

CalEQRO recognizes the value of obtaining client feedback about the accessibility, timeliness, quality, and outcomes of the treatment services they received. While the client focus groups could not be conducted to obtain that feedback, CalEQRO and Santa Barbara collaborated to disseminate the client brief feedback survey that is always disseminated at the beginning of a focus group. The attempt to obtain client feedback through the brief survey did not work at the NTP site, where staff had their hands full with rearranging how MAT services were delivered to ensure client health safety amidst the newly unfolding COVID-19 pandemic. CalEQRO worked with Santa Barbara and with staff at the residential treatment site where the other client focus group had been scheduled to administer the survey without compromising client health safety, and that attempt was successful.

Brief Client Survey for Adult Residential Treatment Clients

CalEQRO requested a culturally diverse group of adult beneficiaries in residential treatment, including a mix of existing and new clients who have initiated/utilized services within the past 12 months. The eleven survey respondents were each residents of the residential treatment center known as the Salvation Army Transition and Recovery Center located at 423 Chapala Street in Santa Barbara. Ten of the clients were between the ages of 25-59, and one was over 60 years old. All the clients were male and spoke English. Six were White, four were Hispanic/Latino, and one was Black. Ten began treatment within the past year.

Number of participants: 11

CalEQRO sent the survey forms to a Santa Barbara representative, who drove to the treatment site, disseminated the survey form, and explained its use to the clients. He asked the clients to rate each of nine items on the survey, and invited questions and comments. He asked each participant to rate each item on a five-point scale (using feeling facial expressions, not numbers) using five (5) for best and one (1) for worst experiences. Clients were told there were no wrong answers, and that their feelings were important. He explained that the information sharing was regarded as confidential and reflected the participating group members' own experiences and feelings about the

program. He further explained that the goal of the survey is to understand the clients' experiences and generate recommendations for system of care improvement. The day during which the survey was administered was at the very beginning of the more restrictive health safety practices mandated throughout the county. Many of the clients were angry and frightened, and that impacted their survey responses.

Clients used the survey to describe their experiences with the DMC-ODS treatment system as the following:

Question	Average	Range
1. I easily found the treatment services I needed.	2.6	1 – 4
2. I got my assessment appointment at a time and date I wanted.	3.1	1 – 5
3. It did not take long to begin treatment soon after my first appointment.	3.5	1 – 5
4. I feel comfortable calling my program for help with an urgent problem.	2.4	1 – 4
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	2.2	1 – 4
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	3.0	1 – 4
7. I found it helpful to work with my counselor(s) on solving problems in my life.	2.6	1 – 4
8. Because of the services I am receiving, I am better able to do things that I want.	2.4	1 – 4
9. I feel like I can recommend my counselor to friends and family if they need support and help.	2.4	1 - 3

10. What do you think would make the program or counselor more helpful to your recovery?

- Several clients remarked there was little or no individual counseling and it was badly needed. Some said they thought this was due to staffing shortages that needed to be remedied.
- Some clients were dissatisfied with the quality of counseling, stating they wished for counselors who had more knowledge and skill to help the clients improve their lives.
- Some clients expressed concern that counselors were insensitive and seemed to bring their personal problems into their interactions with the clients.
- Less focus on isolation in response to COVID and more focus on long-term strategies for how to maintain health and live free of drugs/alcohol. Included in this should be more access to recreating/exercise and better nutrition.
- More knowledgeable help to identify job opportunities.

11. What would you change if you could to make the services better?

- Several clients remarked that more and better-quality food was needed. A couple clients said that for many days they were only served sandwiches for lunch and dinner. This issue was an emotional one for many clients.
- Several clients expressed the wish for more exercise opportunities, including onsite workout equipment and offsite recreational activities such as trips to nearby parks. Somewhat related, several clients expressed the wish for more independence, including more free time on weekends.
- A client perceived the treatment program as understaffed and disorganized. He suggested the organization focus on improving the program.
- A couple of clients wrote about the value of 12-step meetings. One remarked that rule infractions of any kind should never be punished by taking away access to 12-step meetings, but instead by immediate access to them.

12. Please add comments about any of the ratings you made to the previous questions:

- “Overall, I believe in this program. I personally am motivated to go back to school and come back and work in treatment.”
- Clients expressed the need for housing assistance upon discharge from residential treatment.
- Clients complained of insufficient activities outside the group sessions: “There are no activities other than watching TV or books”.
- “The meetings with counselors help with subjects like ways to cope with and adjust to sober life, and the reasons for and consequences of substance abuse. However, there is very little focus upon how to live free of alcohol and substances for the long term.” Some clients expressed the wish for more programming on ways they could learn to manage their long-term recovery like 12-step counseling, self-improvement skills, and rational recovery.

Interpreter used for focus group 1: No

Client Focus Group Findings and Experience of Care

Overview

Because of the health safety risks presented by the unfolding COVID pandemic, it was not feasible to conduct the onsite review or to conduct the two client focus groups through video conferencing. However, CalEQRO and Santa Barbara were able to arrange for the administering of CalEQRO’s client feedback survey to the 11 clients who had been invited to participate in the Adult Residential Treatment Focus Group. The survey consists of nine items for clients to use in rating their treatment experience, followed by three open-ended questions about their treatment experiences inviting narrative responses. The survey is a standard part of the client focus group process, completed by the client participants at the beginning of the focus group.

Access Feedback from Client Focus Groups

- Clients reported mixed experiences in accessing treatment. Some found it easy to get the treatment they needed while others found it to be difficult.

Timeliness of Services Feedback from Client Focus Groups

- Clients reported mixed experiences regarding the timeliness of their assessment appointment, some stating it was unduly slow and others that it was timely. They reported a similar mixture of experiences with the timeliness of beginning treatment.

Quality of Care Issues from Client Focus Groups

- Clients gave mixed ratings to their perceptions of how sensitive and helpful their counselors were. Clients expressed concern that the treatment program was understaffed and had insufficient time to provide the clients with individual counseling. Some clients expressed lack of confidence in the counselors' skills, knowledge and sensitivity, and ability to help.
- Clients expressed the wish for more help with short-term challenges of finding housing and employment upon discharge. They also asked for help with the more long-term challenges of sustaining recovery from substance use addictions.
- Several clients expressed the wish that more attention be given to their physical health and well-being. They remarked that more and better-quality food was needed. They suggested more opportunity for exercise, and for recreational activities other than just watching television and reading books.

Client Outcomes Feedback from Client Focus Groups

- Clients gave mixed ratings to how helpful their counselors are in helping them solve problems in their lives. They also gave mixed ratings to whether "Because of the services I am receiving, I am better able to do things that I want."

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS

CalEQRO emphasizes the county DMC-ODS use of data to promote quality and improve performance. Components widely recognized as critical to successful performance management include an organizational culture with focused leadership and strong stakeholder involvement, effective use of data to drive quality management, a comprehensive service delivery system, and workforce development strategies that support system needs. These are discussed below, along with their quality rating of Met (M), Partially Met (PM), or Not Met (NM).

Access to Care

KC Table 1 lists the components that CalEQRO considers representative of a broad service delivery system that provides access to clients and family members. An examination of capacity, penetration rates, cultural competency, integration, and collaboration of services with other providers forms the foundation of access to and delivery of quality services.

KC Table 1: Access to Care Components

KC Table 1: Access to Care Components		
	Component	Quality Rating
1A	Service Access are Reflective of Cultural Competence Principles and Practices	M
	Santa Barbara has an integrated Cultural Competence Plan that displays substantial training and outreach activities and a strong commitment to cultural competence. The written plan is predominantly mental health in focus, as indicated in both subheadings and content, so more emphasis on substance use is needed for balance. Santa Barbara's claims-based PM results indicated remarkably close proportionality between the race/ethnicity composition of their DMC eligibles and the race/ethnicity composition of DMC clients they served. These statistics suggest that Santa Barbara is effective in its outreach activities to racially/ethnically diverse communities, and in its delivery of CLAS standards. Particularly noteworthy are the penetration rates for Hispanic/Latino clients, which are substantially higher than the statewide combined average for all DMC-ODS counties.	
1B	Manages and Adapts its Network Adequacy to Meet SUD Client Service Needs	M
	Santa Barbara implemented the full range of services required by the DMC-ODS Waiver. They met all the time and distance standards required by the Managed Care Final Rule and had no need for Alternative Access Standards.	

KC Table 1: Access to Care Components		
Component		Quality Rating
<p>Santa Barbara requires that all their DMC-ODS providers provide interpreter services as needed, including TTY and sign language for those with hearing impairments and accommodations as needed for individuals with vision impairments. All DMC-ODS sites are required to be ADA compliant including wheelchair accessible, and Santa Barbara conducts both administrative and programmatic monitoring of ADA compliance.</p> <p>Santa Barbara made transportation support arrangements with the county's health plan, CenCal, for clients who need them to get to and from needed appointments. They also developed transportation cards in English and in Spanish with clear instructions on how to access the benefit.</p>		
1C	Collaboration with Community-Based Services to Improve SUD Treatment Access	M
<p>Santa Barbara collaborates with a full array of community-based services for prevention, outreach, and treatment. They collaborate for coordination of physical health services with the county health plan, primary care providers, hospitals, and the public health department. They collaborate for youth services with the school systems and child welfare. The Department of Behavioral Wellness offers several integrated mental health/substance use programs and others encourages close collaboration when clients with co-occurring disorders are receiving concurrent treatment for two programs. They also work closely with the criminal justice system, faith-based organizations, and the housing authority,</p>		

Timeliness of Services

As shown in KC Table 2, CalEQRO identifies the following components as necessary to support a full-service delivery system that provides timely access to DMC-ODS services. This ensures successful engagement with clients and family members and can improve overall outcomes, while moving beneficiaries throughout the system of care to full recovery.

KC Table 2: Timeliness of Care Components

KC Table 2: Timeliness of Care Components		
Component		Quality Rating
2A	Tracks and Trends Access Data from Initial Contact to First Appointment	M
<p>Santa Barbara's access system is highly centralized, with access to all services referred from the Access Center except those at the NTP. This centralization makes tracking client flow easier. Santa Barbara tracking data indicates their average time from initial call request to first offered appointment is five days and average time to first in-person visit is six days. Both metrics are well within the DHCS state standard of ten days.</p>		

KC Table 2: Timeliness of Care Components		
Component		Quality Rating
2B	Tracks and Trends Access Data from Initial Contact to First Methadone MAT Appointment	M
<p>Santa Barbara contracts its NTP services to Aegis, who are responsible for providing timely access to services. Aegis reports their average time from first contact to first methadone MAT appointment as less than a day. CalEQRO analyzed claims-based data that indicated the average time from first intake appointment to first dosing as less than one day. These statistics are well under the DHCS state standard of three days.</p>		
2C	Tracks and Trends Access Data from Initial Contact to First Non-Methadone MAT Appointment:	PM
<p>Santa Barbara has five DMC-ODS settings which provide non-methadone MAT. Two of the settings are NTP sites which track first contact to first appointment, but do not differentiate between methadone and non-methadone appointments in their timeliness reporting. The other three DMC-ODS settings participate with the Access Call Center in tracking timeliness. Santa Barbara did not conduct separate analyses and produce timeliness reports specific to these five settings for timeliness of non-methadone MATs.</p>		
2D	Tracks and Trends Access Data for Timely Appointments for Urgent Conditions	PM
<p>Santa Barbara had a somewhat limited definition of urgent conditions which they might broaden. Their data indicates an average time from first request to first visit of five days, which is well over the state standard of 48 hours. Santa Barbara will be focusing on how to improve response timeliness for this condition.</p>		
2E	Tracks and Trends Timely Access to Follow-Up Appointments after Residential Treatment	M
<p>CalEQRO reports an 18.2 percent rate of successful transitions from residential treatment to a less intensive level of care, which is equal to the average for all DMC-ODS counties statewide. Santa Barbara tracks this measure, although with a different method of calculation, they reported a significantly higher statistic of 73.8 percent.</p>		
2F	Tracks and Trends Data on follow-up and Re-Admissions to Residential Withdrawal Management	M
<p>Santa Barbara tracks its residential withdrawal management readmission rates and reports the rate to be 3.7 percent. This is a relatively low rate compared to the average for DMC-ODS counties statewide and suggests that Santa Barbara is effective in connecting clients at discharge with treatment.</p>		
2G	Tracks and Trends No Shows	M
<p>Santa Barbara does track type of no shows though their access template differentiating between staff canceled, client canceled, or client no-showed. Access screeners must reach out to providers to gather this information on referrals which is time consuming and can lead to less accurate data. Santa Barbara is looking at</p>		

KC Table 2: Timeliness of Care Components

Component	Quality Rating
solutions to enable providers to capture and enter this data directly for easier and more accurate data collection.	

Quality of Care

CalEQRO identifies the components of an organization that is dedicated to the overall quality of care. Effective quality improvement activities and data-driven decision making require strong collaboration among staff (including client/family member staff), working in information systems, data analysis, clinical care, executive management, and program leadership. Technology infrastructure, effective business processes, and staff skills in extracting and utilizing data for analysis must be present in order to demonstrate that analytic findings are used to ensure overall quality of the service delivery system and organizational operations.

KC Table 3: Quality of Care Components

KC Table 3: Quality of Care Components

	Component	Quality Rating
3A	Quality management and performance improvement are organizational priorities	M
Santa Barbara has an integrated QI Work Plan. Many of the items are not specified as to which apply to mental health and which to substance use. The format seems to summarize works in progress without clear and measurable objectives, The BeWell Department has a clear QI organization staff with staff assigned to its QI supports and activities. There is a functional QI Committee with membership including clients who track the QI Plan goals. Santa Barbara extracts and analyzes data pertaining to access, timeliness, quality and outcomes and interfaces with the DMC-ODS Division to help achieve quality-related goals.		
3B	Data is used to inform management and guide decisions	M
Santa Barbara analyzes their data to produce reports and studies the results to guide QI activities and management decision making. They appear to have sufficient staff dedicated to these activities to enable attending to basic data requirements. However, they do not have sufficient QI and research staffing to attend to all the reports they would like to have and use.		
3C	Evidence of effective communication from DMC-ODS administration and SUD stakeholder input and involvement on system planning and implementation	M
CalEQRO conducted group interviews with line staff, clinical managers, contract providers and representatives from several external agencies. Participants in these groups expressed appreciation with communication between themselves and the DMC-ODS administration. Providers in particular remarked that communication		

KC Table 3: Quality of Care Components

Component	Quality Rating
<p>increased during the time immediately preceding the launch of the DMC-ODS, when administration involved them in planning groups. They expressed the wish for one or two meetings annually to engage in dialogue on how the DMC-ODS implementation is going and how it might be improved. It was not clear to the CalEQRO reviewers how effectively the DMC-ODS was engaging in dialogue with clients and family members, since the focus groups with those groups could not be held due to the COVID pandemic.</p>	
<p>3D Evidence of an ASAM continuum of care</p>	M
<p>Santa Barbara has established all the services required by the DMC-ODS Waiver for a complete continuum of care. Previously they had no residential treatment or withdrawal management beds other than a small number for perinatal women and have since built substantial capacity in-county and contracted for inpatient withdrawal management in a nearby county. They have formalized and are continuing to grow and case management and recovery support services. They lack some of the optional services described by the Waiver, such as Recovery Residences and partial Hospital. Santa Barbara measures client initiation and engagement in treatment and analyzes CalOMS admissions and discharge data to improve outcomes. It is noteworthy that Santa Barbara's clinical workforce has very low turnover.</p>	
<p>3E MAT services (both outpatient and NTP) exist to enhance wellness and recovery:</p>	M
<p>Santa Barbara is proactive in promoting a range of MAT services. The SUD division within BeWell began distributing Narcan kits to first responders, law enforcement, behavioral health and primary care providers, and addiction clients and family members. By doing so, they report having saved hundreds of lives of people who overdosed on drugs. Santa Barbara contracted with several outpatient clinics to provide non-methadone MATs and also encouraged their contracted NTP to provide the same, in addition to methadone. Santa Barbara works closely with their health plan, hospital, Bridge Clinic, and primary care clinics to coordinate care. They are also active in the county's Opioid Safety Coalition and on committees to refine and oversee guidelines for prescribing opioids for chronic pain conditions.</p>	
<p>3F ASAM training and fidelity to core principles is evident in programs within the continuum of care</p>	M
<p>Several years before implementation of the Waiver, Santa Barbara began organizing their treatment services into an organized delivery system using ASAM principles of client-centered care. They received consultation, developed training programs for their providers, and incorporated processes within their quality management to ensure fidelity to ASAM principles. They incorporated the six ASAM dimensions into their EHR for use in screenings, referrals, and assessments. They also developed non-punitive policies to help assist clients in treatment who relapse.</p>	
<p>3G Measures clinical and/or functional outcomes of clients served</p>	M

KC Table 3: Quality of Care Components

Component		Quality Rating
<p>Santa Barbara devoted many years to cleaning up their CalOMS data so they could begin using it now to assess client outcomes and use the results to improve the quality of care. They also review TPS data and use it for similar purposes of quality improvement.</p>		
3H	Utilizes information from client perception of care surveys to improve care	M
<p>Santa Barbara received their first report from UCLA on results of the TPS surveys administered. Their research and evaluation specialists worked with DMC-ODS leadership to look in the data for opportunities to improve quality at the program level. At the overall level, the results from client ratings are quite high with regards to the domains of access, quality, timeliness, outcomes, and overall satisfaction.</p>		

DMC-ODS REVIEW CONCLUSIONS

Access to Care

Strengths:

- Santa Barbara designed its system of care with a centralized Access Call Center, which makes it easier to screen and refer prospective clients according to ASAM principles of client-treatment matching. It also makes it easier to facilitate connecting callers to their first treatment appointment, and to track with data whether they are assessed and begin treatment. A high percentage (64 percent) of callers are linked to DMC-ODS treatment services through the Access Call Center. Santa Barbara's penetration rate is nearly twice that of the average across all DMC-ODS counties. The Call Center screeners are licensed clinicians who are well-trained in implementation of ASAM principles.
- The Access Call Center uses several types of software to effectively support their functions. They use GNAV to monitor basic call center functions and help improve their accessibility to callers. They use Smart Sheet to determine in real time where there are residential treatment openings for more effective referrals.
- Santa Barbara established all the services required by the DMC-ODS Waiver for a complete continuum of care and met state standards for Network Adequacy time and distance standards. Previous to the Waiver they had no residential treatment or withdrawal management beds other than a small number for perinatal women and have since built substantial capacity in-county that was a major achievement.
- Santa Barbara added services to further strengthen its continuum of care that are encouraged but optional in the Waiver standards and conditions. They contract with a provider of inpatient medically managed treatment and withdrawal management in a nearby county for clients needing that intensity of service. They established a sobering center for clients needing short-term detoxification and to help facilitate transfers upon discharge to other forms of treatment.
- Santa Barbara operates several effective MAT programs and grant initiatives. They contract with an NTP in both north and south county that prescribes buprenorphine and naltrexone additional to methadone. There are several non-NTP outpatient centers prescribing buprenorphine, including a "bridge" clinic that works closely with the hospital and FQHCs. Santa Barbara has distributed thousands of Narcan kits to prevent overdosing since 2015.
- Santa Barbara has an impressive cultural competence program. They have a substantial number of county staff and contract providers who are bilingual in

Spanish, the county's threshold language. They train all their providers in how to use the county's interpreter and translator services. They monitor how well their providers implement CLAS standards with clients. Santa Barbara has a singularly high match between each race/ethnicity group's proportion of Medi-Cal eligibles and the proportion of that group's Medi-Cal eligibles who received treatment.

- Clients reported through the TPS and the client focus group survey that they experience services as readily accessible.

Opportunities:

- While there is a high volume of calls to the Access Call Center, according to the County's tracking of key indicators, there is a 19 percent dropped/abandoned call rate per month and callers wait an average of 3.4 minutes to talk to a live person. Santa Barbara is using a Non-Clinical PIP to improve is accessibility to callers.
- Santa Barbara designed its DMC-ODS with Care Coordinators providing a vital function of helping clients link to treatment and to ancillary services. They need to staff that function sufficiently and are actively recruiting for more staff.
- The cultural competence plan appears predominantly mental health in focus and might strengthen the mention of its many substance use activities and achievements.
- Santa Barbara does not contract for Recovery Residences due to funding challenges. They might continue their search for possible opportunities, given the importance Santa Barbara recognizes that this housing service represents to many of their clients in IOT and outpatient.
- Santa Barbara is intent on growing its youth services and in doing so will have to address several barriers to access. Juvenile courts and the schools do not tend to make many referrals. There is need for SBIRT approaches, secondary prevention efforts, and a treatment model that will attract youth into recovery.
- Providers in group sessions expressed concern about low census due to a lack of referrals, particularly in the perinatal women's residential treatment program. This situation placed providers in fiscal difficulty during the past year, even though the county gave them some assistance to make it through that time.
- Santa Barbara acknowledges the need for more youth services and, for the coming year, might look to examples from other counties (e.g. Riverside, Merced) for ideas of how to accomplish this growth. Santa Barbara might focus upon how, in the eyes of youth, to increase the attractiveness and effectiveness of Santa Barbara's Youth programs

Timeliness of DMC-ODS Services

Strengths:

- Santa Barbara tracks timeliness measures, including time from first contact to first offered and first face-to-face appointment. There is data linkage between the Access Call Center, contract providers, and the commonly shared EHR to track core timeliness metrics.
- Santa Barbara reports timely offered first appointments for routine conditions after initial request and are well within state standards. Similarly, they report timely first visits in treatment after initial request, again well within state standards.
- Santa Barbara reports timely first dosing for MAT after first initial appointment at their contracted NTP.
- Santa Barbara reports a high rate of timely transfers from residential treatment to less intensive levels of care after discharge. CalEQRO's analysis of claims-based data for the same processes indicates that Santa Barbara is transferring clients to less intensive treatment after discharge at a similar rate to the average for all DMC-ODS counties combined statewide.
- Santa Barbara reports a low rate of readmission to withdrawal management within thirty days of discharge, suggesting that it is facilitating connections to treatment upon discharge in a timely manner.

Opportunities:

- Santa Barbara is exploring ways through its Non-Clinical PIP to add to and streamline their Call Center staffing and workflow, and thereby respond to incoming calls in a timelier manner that reduces call abandonment rates.
- Santa Barbara's own timeliness statistics for urgent conditions indicate their average time from first request to first visit is twice the state standard. Santa Barbara should focus on further clarifying their operational definitions of urgency and improving the timeliness with which they respond to such conditions.

Quality of Care in DMC-ODS

Strengths:

- Santa Barbara has a stable staff with low turnover and solid morale. They have a strong leader at the Department Director level with extensive substance use disorder (SUD) knowledge and experience, and a similarly strong leader in charge of the county's SUD services. They also have a highly effective QI/QA person assigned to those functions for SUD.

- Santa Barbara provides extensive training and supervision to providers on several important areas including implementation of EBPs, documentation and billing, and how to enter CalOMS ratings. Providers report finding the technical assistance helpful.
- Santa Barbara has forged excellent working relationships with other service areas including health care, mental health, and criminal justice for collaborative projects and care coordination.
- Santa Barbara uses ASAM criteria to guide its treatment planning and proactively transitions clients when their conditions warrant a change in level of care. Santa Barbara monitors the implementation of this approach, and self-reported high numbers of clients transitioning from residential treatment to lower levels of care.
- There is an established process for prioritizing and decision making around metrics, dashboards, and reports for all levels of staff. Bimonthly meetings occur with leadership from the Data and Evaluation team participating in the DMC-ODS workgroup and leadership committees.
- Santa Barbara has implemented Tableau for visual dashboard capacity and utilizes SmartSheet for workflow management solutions.
- Jail services promote access to SUD services by providing in-custody assessment opportunities between detainees and the SUC Access Line. The jail contracts for medical services which includes an X-waivered psychiatrist on staff who can prescribe buprenorphine.

Opportunities:

- Santa Barbara's integrated QI Plan might specify more clearly which items pertain just to mental health, which just to substance use, and which to both. For the SUD items the first-year focus was predominantly on compliance and getting new systems into place. For the second-year focus, Santa Barbara might specify more objectives related to measurable performance improvements with quantitative results.
- Santa Barbara currently uses a patchwork of several types of software to address its EHR needs and recognizes the importance of a more cohesive and comprehensive EHR solution. Santa Barbara might consider assembling a clinical EHR users' group to identify their clinical workflow automation needs and designate a lead person from the group to work with IS leadership on these specifications to include in an RFP.
- Santa Barbara is exploring, as part of their Clinical PIP, how to encourage more clients to use Recovery Support Services following treatment to stabilize and further their progress in recovery.
- Quality Improvement plan should have clear measurable goals and objectives and results of the evaluation for each measure. It appears that some analysis

was conducted but the results are in a different place and not linked to the plan.

- Santa Barbara is in the process of replacing their current EHR. The county currently has a fragmented IT infrastructure that has evolved to address some of the challenges in responsiveness and interoperability of their current systems.
- Staffing for IS functions, and especially data analytics, is not sufficient to do anything more than the minimum to meet data tracking and reporting requirements for DMC-ODS, as well as provide systemwide data to leadership for proactive decision-making.
- Santa Barbara is in the process of changing EHR systems; however, the strategic plan for the department does not include the acquisition of a comprehensive, integrated EHR, which would facilitate many of the identified strategic priorities.
- Santa Barbara should consider reviewing current incentives and career ladder opportunities for SUD counseling staff with a special focus on bi-lingual, bi-cultural candidates.
- Santa Barbara should consider working with contract providers to address low referral rates and consequent fiscal dilemmas. They should collaboratively develop solutions and might consider consulting assistance.

Client Outcomes for DMC-ODS

Strengths:

- Santa Barbara uses TPS and CalOMS data for quality improvement opportunities. The county has invested in cleaning up their CalOMS data so that they can use it for outcomes.
- Santa Barbara discusses findings from the TPS in their QIC, analyzes qualitative comments, and distributes individual reports to providers. They have follow-up conversations about any lower than average ratings or client grievance.
- Santa Barbara reports high engagement and retention statistics for clients; 87 percent engaged in services and 67 percent had a successful completion of treatment. In the TPS, clients rated their treatment as highly instrumental in helping them accomplish what they want in their lives.

Opportunities:

- Santa Barbara acknowledged would like to do much more in data analysis and outcome measurement, but they lack sufficient data analytic staff to do so.

- Santa Barbara may be able to efficiently add outcome data elements and the means to efficiently analyze them through their current EHR or a new one they might select.
- Santa Barbara is developing new outcome measures through its Clinical PIP to determine the effectiveness of its new Recovery Support Services interventions.

Recommendations for DMC-ODS for FY 2019-20

1. Santa Barbara should continue exploring ways through its Non-Clinical PIP to add to and streamline their Call Center staffing and workflow, and thereby make their call line more easily accessible with reduced caller wait times and call abandonment rates.
2. Santa Barbara's integrated QI Plan should:
 - a. Specify more clearly which items pertain just to mental health, which just to substance use, and which to both. For the SUD items the first-year focus was predominantly on compliance and getting new systems into place.
 - b. For the second-year focus, Santa Barbara might specify quantitatively measurable performance improvements for more of their objectives.
3. Santa Barbara designed its DMC-ODS with Care Coordinators providing a vital function of helping clients link to treatment and to ancillary services. They need to staff that function sufficiently and are actively recruiting for more staff.
4. Santa Barbara timeliness statistics for urgent conditions suggest they might focus on further clarifying their operational definitions of urgency and improving the timeliness with which they respond to such conditions.
5. Santa Barbara currently uses a patchwork of several types of software to address its EHR needs and recognizes the importance of a more cohesive and comprehensive EHR solution. Santa Barbara should consider:
 - a. A plan in that direction beginning with an RFP and implementation benchmarks.
 - b. Assembling a clinical EHR users' group to identify their clinical workflow automation needs and designating a lead person from the group to work with IS leadership on clinical workflow specifications to include in an EHR RFP.
6. Santa Barbara should continue exploring, as part of their Clinical PIP, how to encourage more clients to use Recovery Support Services following treatment to stabilize and further their progress in recovery.
7. Staffing for IS functions, and especially data analytics, are stretched thin to meet the minimum data tracking and reporting requirements for DMC-ODS. Santa

Barbara should explore what its further data analytic needs and goals are, and what FTEs would be needed to achieve them.

8. The cultural competence plan appears predominantly mental health in focus and should call attention to more of its many substance use activities and achievements in the content and subheadings.
9. Santa Barbara does not contract for Recovery Residences due to funding challenges. They should continue their search for possible opportunities, given the importance Santa Barbara recognizes that this housing service represents to many of their clients in IOT and outpatient. They might also look for opportunities to partner with community-based operations, distressed multiple-housing opportunities, HUD grants, and other options.
10. Santa Barbara is intent on growing its youth services and in doing so will have to address several barriers to access. These might include one or more of the following:
 - a. Encourage juvenile courts and the schools to make more referrals and coordinate with Santa Barbara
 - b. Provide training and encouragement for multiple sites outside the DMC-ODS to implement Screening, Brief Intervention, Referral and Treatment (SBIRT) approaches.
 - c. Expand secondary prevention programs.
 - d. Develop treatment models that will attract more youth into recovery, perhaps considering some models used effectively in other counties.

ATTACHMENTS

Attachment A: CalEQRO On-site Review Sessions

Attachment B: On-site Review Participants

Attachment C: CalEQRO Performance Improvement Plan (PIP) Validation Tools

Attachment D: County Highlights

Attachment E: Continuum of Care Form

Attachment F: Acronym List Drug Medi-Cal EQRO Reviews

Attachment A: On-site Review Sessions

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

CalEQRO Review Sessions - Merced DMC-ODS
Opening session – Changes in the past year, current initiatives, status of previous year's recommendations (if applicable), baseline data trends and comparisons, and dialogue on results of performance measures
Quality Improvement Plan, implementation activities, and evaluation results; Network Adequacy; Timeliness Assessment; Cultural Competence Plan,
Information systems capability assessment (ISCA), fiscal/billing
General data use: staffing, processes for requests and prioritization, dashboards and other reports, DMC-specific data use (ASAM LOC Referral Data, TPS, CalOMS)
Access to Services Group Interview
Coordination of SUD with Criminal Justice Departments
Clinical Line Staff Group Interview
Coordination of SUD with Health Plan, Hospital and FQHCs
Coordination of SUD with Mental Health
MAT Providers and Opioid Coalition Group Interview
Performance Improvement Projects
Residential Treatment and Withdrawal Management Staff Group Interview
DMC-ODS Community Based Organization Group Interview
Exit interview: questions and next steps

Attachment B: Review Participants

CalEQRO Reviewers

Tom Trabin, Ph.D., Deputy Director and Lead Reviewer, CalEQRO DMC Division

Jan Tice, Second Quality Reviewer, CalEQRO DMC Division

Melissa Martin, Ph.D., IS Reviewer, CalEQRO, CalEQRO DMC Division

Diane Mintz, Client/Family Member Consultant, CalEQRO

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

Sites for Santa Barbara's DMC-ODS Review

DMC-ODS and Contract Provider Sites

The onsite review was originally scheduled to take place at Behavioral Wellness offices in Santa Barbara and at several contract provider sites. However, when the review format was changed to video conferencing through Zoom, invitees participated through computers in their own individual offices or homes.

Table B1: Participants Representing Santa Barbara

Last Name	First Name	Position	Agency
Alexander	Eric	Custody Sergeant	Sheriff's Department
Andersen	Celeste	Chief of Compliance	Behavioral Wellness
Arteaga	Maria	Ethnic Services Manager	Behavioral Wellness
Bakke	Natalie	Addiction Treatment Counselor	Good Samaritan
Barnard	Sylvia	CEO	Good Samaritan
Buenrostro	Elsa	Social Worker	Neighborhood Clinic
Burns	Shana	Forensic Services Manager	Behavioral Wellness
Burridge	Adam	Adult Treatment Services Supervisor	CADA
Chavez	Deshon	Lead Counselor	Coast Valley
Cross	Spencer		Probation
Curtis	Jeffery	Program Manager	Aegis, Santa Maria
Doyel	John	Division Chief, ADP	Behavioral Wellness
Fenzi	Dr. Charles	Physician	Neighborhood Clinics
Fisher	Pamela	BWell, Assistant Director	Behavioral Wellness
Flores	Ana	Access Screener	Behavioral Wellness
Flores	Donna	Director of Treatment	Good Samaritan
Gabbert	John	Program Manager	Aegis, Santa Barbara
Gleghorn	Alice	BWell Director	Behavioral Wellness
Gilner	Barbara	Auditor-Controller	County of Santa Barbara
Gisler	Mark	Executive Director	Salvation Army

Table B1: Participants Representing Santa Barbara

Last Name	First Name	Position	Agency
Gottlieb	Nancy	Clinical Director	CADA
Grasso	Sara	Team Supervisor Homeless Services	Behavioral Wellness
Grimmesey	Suzanne	PIO/ Chief of QC & SO	Behavioral Wellness
Gutierrez	Miwa	QCM Coordinator	Behavioral Wellness
Hamlin	Matt	Executive Director	Coast Valley
Huthsing	Jamie	QCM Manager	Behavioral Wellness
Johnston-Barton	Ashleigh	Program Manager	Salvation Army
Kadada	Waseem	Business Specialist/ IT	Behavioral Wellness
Kerwood	Michelle	Director of Child & Adolescent Treatment	CADA
Khatapoush	Shereen	Research and Evaluation	Behavioral Wellness
Ksynkina	Irina	Access Screener	Behavioral Wellness
Lagattuta	Frank	Director	LAGs Recovery
Lee	Cherylynn		Sheriff's Department
Lepore	Caitlin	Research and Evaluation	Behavioral Wellness
Lopez	Amy	ADP Project Leader	Behavioral Wellness
Lopez	Qiuana	Policy & Procedure Coordinator	Behavioral Wellness
Metz	Doug	Physician	Public Health
Milner	Lindsey	QCM Coordinator	Behavioral Wellness
Moseley	Anoushka	QCM Coordinator	Behavioral Wellness
Pyper	Amanda	Program Manager	CenCal Health
Ramsey	Marshall	Division Chief of IT	Behavioral Wellness

Table B1: Participants Representing Santa Barbara

Last Name	First Name	Position	Agency
Ribeiro	Chris	Chief Financial Officer	Behavioral Wellness
Salcido	Annie	Access Screener	Behavioral Wellness
Schoer	Barry	President/ CEO	Sanctuary Centers
Smith	Deirdre		Sheriff's Department
Smith	Leslie	QCM Coordinator	Behavioral Wellness
Taylor	Lexa	Psychiatric Nurse Practitioner	Neighborhood Clinic
Tillie	Nancy		Neighborhood Clinic
Viani	Christina	Assistant Clinical Director	Sanctuary Centers
Walker	Micki		LAGs Recovery
Westerhoff	Cyndie	Program Director	Sanctuary Centers
Wilkins	Melissa	ADP Project Leader	Behavioral Wellness
Winkler	John	Division Chief of Clinical Operations	Behavioral Wellness
Woody	Joshua	QCM Manager	Behavioral Wellness

Attachment C: PIP Validation Tools

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19 CLINICAL PIP	
GENERAL INFORMATION	
DMC-ODS: Santa Barbara	
PIP Title: Recovery Services	
Start Date (12/01/19): Completion Date (12/31/20): Projected Study Period (13 Months): Completed: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Date(s) of Video Conference Review (03/17-18/20) Name of Reviewer: Tom Trabin, Ph.D.	Status of PIP (Only Active and ongoing, and completed PIPs are rated): Rated <input checked="" type="checkbox"/> Active and ongoing (baseline established, and interventions started) <input type="checkbox"/> Completed since the prior External Quality Review (EQR) Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only. <input type="checkbox"/> Concept only, not yet active (interventions not started) <input type="checkbox"/> Inactive, developed in a prior year <input type="checkbox"/> Submission determined not to be a PIP <input type="checkbox"/> No Clinical PIP was submitted
Brief Description of PIP (including goal and what PIP is attempting to accomplish): The goal of this PIP is to reduce the recurrence of relapse, as evidenced by readmissions to treatment among beneficiaries who receive treatment through Santa Barbara County DMC-ODS. The PIP is attempting to increase utilization of Recovery Services as the primary intervention to reduce beneficiary relapse/readmission. Recovery Services have been identified as an evidence-based intervention to reduce relapse and increase rates of abstinence following treatment completion (U.S. Department of Health and Human Services, 2016). Clients in Santa Barbara's treatment services are not engaging in recovery services, which may be putting them at a higher risk for relapse and readmission.	

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY*		
STEP 1: Review the Selected Study Topic(s)		
Component/Standard	Score	Comments
1 Was the PIP topic selected using stakeholder input? Did Santa Barbara develop a multi-functional team compiled of stakeholders invested in this issue?	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	A sizable team was assembled including county and contract provider managers, researchers, and clinical providers. No clients were involved, although some of the clinical providers were persons in recovery.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The PIP Team reviewed encounter data from the previous year that established high readmission rates and low use of recovery support services. They also surveyed providers who suggested that underutilization of recovery support services was because clients were not interested and that the services are not mandated. They did not specify how readmission was measured to differentiate between readmissions due to positive continuity of care and readmissions due to relapses that might have been prevented by recovery supports.
Select the category for each PIP: <i>Clinical:</i> <input type="checkbox"/> Prevention of an acute or chronic condition <input type="checkbox"/> High volume services <input checked="" type="checkbox"/> Care for an acute or chronic condition <input type="checkbox"/> High risk conditions		<i>Non-clinical:</i> <input type="checkbox"/> Process of accessing or delivering care
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? <i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The PIP encourages motivating clients at all levels of care to transition into recovery support services.
1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	All clients in treatment are included in the study.

<p><i>Demographics: Santa Barbara analyzed the diversity of clients in treatment according to race/ethnicity, age, and gender</i></p> <p><input checked="" type="checkbox"/> Age Range <input checked="" type="checkbox"/> Race/Ethnicity <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other</p>		
Totals 0		2 Met 2 Partially Met 0 Not Met 0 UTD
STEP 2: Review the Study Question(s)		
<p>Does equipping providers with clinical tools and interventions to enhance recovery support result in:</p> <ol style="list-style-type: none"> 1. Provider utilization of clinical interventions 2. Provider referral to recovery services 3. Beneficiary utilization of recovery services 	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The question should be reframed to ask if specific types of interventions will result in client engagement in recovery support services.</p>
Totals 0		0 Met 1 Partially Met 0 Not Met 0 UTD
STEP 3: Review the Identified Study Population		
<p>3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant?</p> <p><i>Demographics:</i></p> <p><input checked="" type="checkbox"/> Age Range <input checked="" type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	
<p>3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?</p> <p><i>Methods of identifying participants:</i></p> <p><input checked="" type="checkbox"/> Utilization data <input checked="" type="checkbox"/> Referral <input checked="" type="checkbox"/> Self-identification</p> <p><input type="checkbox"/> Other: <Text if checked></p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	
Totals 0		2 Met 0 Partially Met 0 Not Met 0 UTD
STEP 4: Review Selected Study Indicators		
<p>4.1 Did the study use objective, clearly defined, measurable indicators?</p>	<p><input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met</p>	<p>The PIP described in detail several indicators. Indicator #1 belongs in the section on how Santa Barbara plans to track the</p>

<p><i>List indicators:</i></p> <p>(1) Percent of direct service staff who completed the Continuum of Care-Recovery Services Training</p> <p>(2) Percent of client beneficiaries successfully discharged who received any of the three clinical interventions meant to support engagement in recovery services</p> <p>(3) Percent of client beneficiaries who engage in Recovery Services after a successful treatment episode completion (CalOMS discharge status 1, 2 or 3)</p> <p>(4) Percent of beneficiaries who are successfully discharged from treatment and who are then readmitted to a new treatment episode.</p>	<p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>interventions rather than this section on outcomes for clients. The same point might be made regarding indicator #2. That being said, the methods for tracking whether these interventions were carried out was well-formulated.</p>
<p>4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be client focused.</p> <p><input type="checkbox"/> Health Status <input type="checkbox"/> Functional Status</p> <p><input type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction</p> <p>Are long-term outcomes clearly stated? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Met</p> <p><input checked="" type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>See comments for 4.1 regarding the first two indicators. The third indicator measures engagement in recovery support services, which research links to sustainment of long-term recovery. The fourth indicator measures readmission rates and is a measure of negative outcomes.</p>
Totals 0		<p>0 Met 2 Partially Met 0 Not Met 0 UTD</p>
STEP 5: Review Sampling Methods		
<p>5.1 Did the sampling technique consider and specify the:</p> <p>a) True (or estimated) frequency of occurrence of the event?</p> <p>b) Confidence interval to be used?</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>All clients are included so no sampling was done.</p>

c) Margin of error that will be acceptable?		
<p>5.2 Were valid sampling techniques that protected against bias employed?</p> <p><i>Specify the type of sampling or census used:</i> <Text></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	All clients are included so no sampling was done.
<p>5.3 Did the sample contain a sufficient number of enrollees?</p> <p>_____ N of enrollees in sampling frame _____ N of sample _____ N of participants (i.e. – return rate)</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	All clients are included so no sampling was done.
Totals 0		0 Met 0 Partially Met 0 Not Met 0 UTD 3 NA
STEP 6: Review Data Collection Procedures		
<p>6.1 Did the study design clearly specify the data to be collected?</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Indicator #1: Participation in training on various aspects of motivational interviewing as applied to this PIP</p> <p>Indicator #2: Referral into recovery services using specified codes in the ShareCare billing system. Santa Barbara is also working with the vendor to install codes that will enable specification of which types of clinical interventions were used to encourage client engagement in recovery services.</p> <p>Indicator #3: Beneficiary admission into and discharge from recovery services, and unique types of recovery services received.</p> <p>Indicator #4: Treatment readmission. Further specification is needed as to which types of treatment readmissions count (e.g. only residential? Any type?)</p>
<p>6.2 Did the study design clearly specify the sources of data?</p> <p><i>Sources of data:</i></p> <p><input type="checkbox"/> Member <input checked="" type="checkbox"/> Claims <input checked="" type="checkbox"/> Provider</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Indicator #1: Sign-in sheets from training events and from Relias online e-learning management system</p> <p>Indicator #2: Encounter data from Sharecare billing system for referrals to recovery services using special codes. Also working with vendor to install fields enabling entry of types of clinical</p>

<input type="checkbox"/> Other: <Text if checked>		interventions to encourage client engagement in recovery services. Indicator #3: Encounter data from ShareCare billing system. Indicator #4: Encounter data from ShareCare billing system/
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	Each indicator marks an event and the expectation is that events will be tracked as they occur per steps 6.1 and 6.2
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? <i>Instruments used:</i> <input type="checkbox"/> Survey <input type="checkbox"/> Outcomes tool <input type="checkbox"/> Level of Care tools <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	Yes, except installation of data fields and codes are needed in the EHR to indicate types of clinical interventions used for indicator #2.
6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	Yes, a detailed plan was specified in the PIP form including quality checking the data with procedures for what to do if there are errors.
6.6 Were qualified staff and personnel used to collect the data? <i>Project leaders: Melissa Wilkins, ADP Project Leader and Shereen Khatapoush, Ph.D., Research and Program Evaluation Supervisor</i> <i>Other team members: Caitlin Lepore, Ph.D., LCSW, Research and Program Evaluation Associate</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	PIP staff have clinical licensure, extensive research backgrounds, and training in substance use treatment
Totals 0		6 Met 0 Partially Met 0 Not Met 0 UTD
STEP 7: Assess Improvement Strategies		

<p>7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes?</p> <p><i>Describe Interventions:</i> 1) Staff training in Motivational Interviewing techniques to encourage clients completing treatment to engage in recovery support services, 2) Staff implementation of the Motivational Interviewing techniques with clients, and 3) Implementation of recovery support services.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Staff were trained in the clinical interventions and methods were devised for them to document what they did. In the PIP Implementation and Submission Tool, Santa Barbara should move the detailed information about the interventions and how they will be tracked from other sections into the section for Step 7.</p>
Totals 0		1 Met 0 Partially Met 0 Not Met 0 UTD
STEP 8: Review Data Analysis and Interpretation of Study Results		
<p>8.1 Was an analysis of the findings performed according to the data analysis plan?</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Data collection began recently but data analysis and reports have yet to begin.</p>
<p>8.2 Were the PIP results and findings presented accurately and clearly?</p> <p>Are tables and figures labeled? <input type="checkbox"/> Yes <input type="checkbox"/> No Are they labeled clearly and accurately? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Data collection began recently but data analysis and reports have yet to begin.</p>
<p>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?</p> <p><i>Indicate the time periods of measurements:</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Data collection began recently but data analysis and reports have yet to begin.</p>

<p><i>Indicate the statistical analysis used:</i></p> <p><i>Indicate the statistical significance level or confidence level if available/known:</i></p>		
<p>8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities?</p> <p><i>Limitations described:</i></p> <p><i>Conclusions regarding the success of the interpretation:</i></p> <p><i>Recommendations for follow-up:</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Data collection began recently but data analysis and reports have yet to begin.</p>
Totals 0		0 Met 0 Partially Met 0 Not Met 0 UTD 4 NA
STEP 9: Assess Whether Improvement is “Real” Improvement		
<p>9.1 Was the same methodology as the baseline measurement used when measurement was repeated?</p> <p><i>Ask: At what interval(s) was the data measurement repeated?</i></p> <p><i>Were the same sources of data used?</i></p> <p><i>Did they use the same method of data collection?</i></p> <p><i>Were the same participants examined?</i></p> <p><i>Did they utilize the same measurement tools?</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Data collection began recently but data analysis and reports have yet to begin.</p>
<p>9.2 Was there any documented, quantitative improvement in processes or outcomes of care?</p> <p>Was there: <input type="checkbox"/> Improvement <input type="checkbox"/> Deterioration</p> <p>Statistical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Clinical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Data collection began recently but data analysis and reports have yet to begin.</p>
<p>9.3 Does the reported improvement in performance have internal validity, i.e., does the improvement in performance appear to be</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable	<p>Data collection began recently but data analysis and reports have yet to begin.</p>

<p>the result of the planned quality improvement intervention?</p> <p><i>Degree to which the intervention was the reason for change:</i></p> <p><input type="checkbox"/> No relevance <input type="checkbox"/> Small <input type="checkbox"/> Fair <input type="checkbox"/> High</p>	<input type="checkbox"/> Unable to Determine	
<p>9.4 Is there any statistical evidence that any observed performance improvement is true improvement?</p> <p><input type="checkbox"/> Weak <input type="checkbox"/> Moderate <input type="checkbox"/> Strong</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	Data collection began recently but data analysis and reports have yet to begin.
<p>9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?</p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	Data collection began recently but data analysis and reports have yet to begin.
Totals 0		0 Met 0 Partially Met 0 Not Met 0 UTD 5 NA

ACTIVITY 2: SCORING		
<p><u>PIP Item Scoring:</u></p> <p>11 Met</p> <p>5 Partially Met</p> <p>0 Not Met</p> <p>12 Not Applicable</p>	<p><u>PIP Overall</u></p> <p>((#M x 2) + #PM) / (# applicable x 2) = ((11x2) + 5 / 16 x 2) = 84.3%</p>	
ACTIVITY 3: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

ACTIVITY 4: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS

Conclusions: The PIP topic is important for long-term recovery. The PIP question addresses the impact on clients, but places undue emphasis on the impact of staff training rather than on the impact of the interventions. The study indicators are clearly linked to the study question and are well defined and measurable. The PIP design is well-considered with regards to specification of data to be collected, procedures for data collection and analysis, and qualified staff to implement the procedures. The interventions seem appropriate, well-defined, and promising.

Recommendations: The PIP question should be recast with less emphasis on the impact of staff training and more on the impact of the interventions. The software should be modified, if possible, to enable clinician entry of types of interventions delivered so they are more easily tracked. The definition of readmissions should be refined to consider which types of readmissions might be encouraged as preventive (e.g. outpatient "booster sessions when needed") and which might be signs of relapse that might have been prevented with more recovery support services (e.g. residential treatment). The PIP shows promise and should be fully implemented to explore the results and use them for further quality improvement.

Check one:

High confidence in reported Plan PIP results Low confidence in reported Plan PIP results
 Confidence in reported Plan PIP results Reported Plan PIP results not credible
 Confidence in PIP results cannot be determined at this time

**PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19
NON-CLINICAL PIP**

GENERAL INFORMATION

DMC-ODS: Santa Barbara

PIP Title: Increasing Access to Screening and Referral

Start Date (06/01/2019):

Completion Date (12/31/2020):

Projected Study Period (19 Months):

Completed: Yes No

Date(s) of Review: March 17-18, 2020

Name of Reviewer: Tom Trabin, Ph.D.

Status of PIP (Only Active and ongoing, and completed PIPs are rated):

Rated

- Active and ongoing (baseline established, and interventions started)
 Completed since the prior External Quality Review (EQR)

Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.

- Concept only, not yet active (interventions not started)
 Inactive, developed in a prior year
 Submission determined not to be a PIP
 No Non-clinical PIP was submitted

Brief Description of PIP (including goal and what PIP is attempting to accomplish): The goal of the PIP is to maximize client access to screening and referral for DMC-ODS Substance Use Disorder (SUD) treatment by reducing call wait time and abandoned calls on the centralized Access Line.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY		
STEP 1: Review the Selected Study Topic(s)		
Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did Santa Barbara develop a multi-functional team compiled of stakeholders invested in this issue?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	With the establishment of a centralized screening and referral process of substance use treatment, it became crucial that the new Access Line was accessible. Input was obtained from clients, staff, and referrers from other county agencies including from the criminal justice system on access difficulties and what might be done to address them.
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	Santa Barbara obtained call center software that monitored Access Line accessibility and highlighted call abandonment rates well above industry standards.
Select the category for each PIP: <i>Clinical:</i> <input type="checkbox"/> Prevention of an acute or chronic condition <input type="checkbox"/> High volume services <input type="checkbox"/> Care for an acute or chronic condition <input type="checkbox"/> High risk conditions		<i>Non-clinical:</i> <input checked="" type="checkbox"/> Process of accessing or delivering care
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? <i>Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.</i>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	Particularly with the establishment of the centralized access line, all care for clients with substance use disorders begins with client registration, screening, and referral.
1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? <i>Demographics:</i> <input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	The Access Line is the primary gateway to substance use treatment services for all beneficiaries.
Totals 0		4 Met 0 Partially Met 0 Not Met 0 UTD

STEP 2: Review the Study Question(s)						
<p>2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? <i>Include study question as stated in narrative: Will reducing wait time and the abandoned call rate result in increased screening and referrals to SUD treatment?</i></p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The question should probably be revised to ask whether specified interventions (e.g. increased staffing, streamlined call line processes) reduce call wait time and call abandonment rate.</p>				
Totals 0		<p>0 Met 1 Partially Met 0 Not Met 0 UTD</p>				
STEP 3: Review the Identified Study Population						
<p>3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? <i>Demographics:</i> <input type="checkbox"/> Age Range <input type="checkbox"/> Race/Ethnicity <input type="checkbox"/> Gender <input type="checkbox"/> Language <input type="checkbox"/> Other</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine					
<p>3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied? <i>Methods of identifying participants:</i> <input type="checkbox"/> Utilization data <input type="checkbox"/> Referral <input type="checkbox"/> Self-identification <input type="checkbox"/> Other: ASAM Level of Care Results</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The PIP Team conducted analyses of the gender, age and race/ethnicity composition of clients admitted to substance use treatment services.</p>				
Totals 0		<p>2 Met 0 Partially Met 0 Not Met 0 UTD</p>				
STEP 4: Review Selected Study Indicators						
<p>4.1 Did the study use objective, clearly defined, measurable indicators? <i>List indicators: 1) abandoned call rate for all and ADP only, 2) access call wait time for all and ADP only; 3) call agent count (FTEs and EXHs), and 4) routine screenings per quarter</i></p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>The third indicator belongs in Step 7 on interventions and how they are being tracked. The fourth indicator should specify ADP.</p>				

<p>4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be client-focused.</p> <p><input type="checkbox"/> Health Status <input type="checkbox"/> Functional Status</p> <p><input type="checkbox"/> Member Satisfaction <input type="checkbox"/> Provider Satisfaction</p> <p>Are long-term outcomes clearly stated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Are long-term outcomes implied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p><input checked="" type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>Indicators #1, # 2 and #4 are measures of important processes in entry to care with strong associations to improved outcomes.</p>
Totals 0		<p>2 Met 0 Partially Met 0 Not Met 0 UTD</p>
STEP 5: Review Sampling Methods		
<p>5.1 Did the sampling technique consider and specify the:</p> <p>a) True (or estimated) frequency of occurrence of the event?</p> <p>b) Confidence interval to be used?</p> <p>c) Margin of error that will be acceptable?</p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>No sampling was conducted; all callers were included in the study.</p>
<p>5.2 Were valid sampling techniques that protected against bias employed?</p> <p><i>Specify the type of sampling or census used:</i></p> <p><Text></p>	<p><input type="checkbox"/> Met</p> <p><input type="checkbox"/> Partially Met</p> <p><input type="checkbox"/> Not Met</p> <p><input checked="" type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> Unable to Determine</p>	<p>No sampling was conducted; all callers were included in the study.</p>

<p>5.3 Did the sample contain a sufficient number of enrollees?</p> <p>_____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)</p>	<p><input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine</p>	<p>No sampling was conducted; all callers were included in the study.</p>
Totals 0		<p>0 Met 0 Partially Met 0 Not Met 0 UTD 3 NA</p>
STEP 6: Review Data Collection Procedures		
<p>6.1 Did the study design clearly specify the data to be collected?</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>Yes: call wait times, all abandonment rate, call screenings, and numbers of call agents.</p>
<p>6.2 Did the study design clearly specify the sources of data?</p> <p><i>Sources of data:</i></p> <p><input type="checkbox"/> Member ASAM <input type="checkbox"/> Claims <input type="checkbox"/> Provider <input type="checkbox"/> Other: <Text if checked></p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	<p>The GNAV system enables excellent data collection for the critical indicators of call wait time and call abandonment rate.</p>
<p>6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study’s indicators apply?</p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	
<p>6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied?</p> <p><i>Instruments used:</i></p> <p><input type="checkbox"/> Survey <input type="checkbox"/> Medical record abstraction tool <input type="checkbox"/> Outcomes tool <input type="checkbox"/> Level of Care tools ASAM <input checked="" type="checkbox"/> Other: <Text if checked></p>	<p><input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine</p>	

<p>6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	
<p>6.6 Were qualified staff and personnel used to collect the data? <i>Project co-leaders:</i> Caitlin Lepore, PhD, LCSW, Research and Evaluation Associate and Josh Woody, LMFT, Quality Care Management <i>Other team members:</i> Jamie Huthsing, LMFT, Quality Care Management Manager Sharon Beasley, LMFT; Irina Ksynkina, LMFT; Annie Flores-Salcido, LMFT; and Ana Flores, LMFT (all Access Line Staff)</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	
Totals 0		6 Met 0 Partially Met 0 Not Met 0 UTD
STEP 7: Assess Improvement Strategies		
<p>7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes? <i>Describe Interventions:</i> 1) Expanded use of GNAV to monitor call metrics, 2) Implementation of an automated phone tree to route callers by type of request, and 3) Increase call agent FTEs.</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Unable to Determine	<p>Prior to the official start of the PIP, Santa Barbara deployed two interventions that seemed to help somewhat (expanded use of GNAV and implementation of an automated phone tree). Their primary intervention had some success, but they were slow to deploy all the new staff they had wanted. Santa Barbara should use QI methods to further modify Access Line processes for further improvements in call wait time and abandonment rate, such as handoffs from lower-level reception to licensed clinicians, shortened screening scripts, and handoffs from shortened screening to clinical assessors.</p>
Totals 0		0 Met 1 Partially Met 0 Not Met 0 UTD

STEP 8: Review Data Analysis and Interpretation of Study Results		
<p>8.1 Was an analysis of the findings performed according to the data analysis plan?</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
<p>8.2 Were the PIP results and findings presented accurately and clearly?</p> <p>Are tables and figures labeled? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are they labeled clearly and accurately? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Nicely done using tables and graphs.</p>
<p>8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity?</p> <p><i>Indicate the time periods of measurements:</i> measures were run daily, and reports displayed monthly data.</p> <p><i>Indicate the statistical analysis used:</i> descriptive statistics and percentages</p> <p><i>Indicate the statistical significance level or confidence level if available/known:</i> _____% __x__ Unable to determine</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Confusing timelines for baselines that seemed to overlap with interventions. Other modifying variables due to the newness of the call line influenced results.</p>

<p>8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? <i>Limitations described:</i> challenges in recruiting and retaining access line staff. <i>Conclusions regarding the success of the interventions:</i> Limited success. <i>Recommendations for follow-up:</i> Need to explore streamlining of access line processes.</p>	<input checked="" type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
Totals 0		3 Met 1 Partially Met 0 Not Met 0 UTD
STEP 9: Assess Whether Improvement is “Real” Improvement		
<p>9.1 Was the same methodology as the baseline measurement used when measurement was repeated? <i>Ask: At what interval(s) was the data measurement repeated?</i> <i>Were the same sources of data used?</i> <i>Did they use the same method of data collection?</i> <i>Were the same participants examined?</i> <i>Did they utilize the same measurement tools?</i></p>	<input type="checkbox"/> Met <input type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Same measurements, different callers. Not a repeated measurements design.</p>
<p>9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: <input type="checkbox"/> Improvement <input type="checkbox"/> Deterioration Statistical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No Clinical significance: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Improvement showed mixed results. Although call abandonment rate reduced, it was still substantially above target levels.</p>
<p>9.3 Does the reported improvement in performance have internal validity, i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? <i>Degree to which the intervention was the reason for change:</i> <input type="checkbox"/> No relevance <input type="checkbox"/> Small <input type="checkbox"/> Fair <input type="checkbox"/> High</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	<p>Monthly fluctuations in results seemed to be influenced by multiple factors, not all of which could be controlled and were part of the study’s intervention plans.</p>

<p>9.4 Is there any statistical evidence that any observed performance improvement is true improvement? <input type="checkbox"/> Weak <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Strong</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
<p>9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?</p>	<input type="checkbox"/> Met <input checked="" type="checkbox"/> Partially Met <input type="checkbox"/> Not Met <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unable to Determine	
Totals 0		0 Met 4 Partially Met 0 Not Met 0 UTD 1 NA

ACTIVITY 2: SCORING		
<p>PIP Item Scoring:</p> <p>17 Met 7 Partially Met 0 Not Met 0 Unable to Determine 4 Not Applicable</p>	<p>PIP Overall</p> <p>$((\#M \times 2) + \#PM) / (\# \text{ applicable} \times 2) = ((17 \times 2) + 7) / (24 \times 2) = 85.4\%$</p>	
ACTIVITY 3: VERIFYING STUDY FINDINGS (OPTIONAL)		
Component/Standard	Score	Comments
<p>Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ACTIVITY 4: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS		
<p><i>Conclusions:</i> The interventions accomplished modest improvements in call wait time and call abandonment rate that were still far from reaching the goal. The interventions were inconclusive as to increasing screenings and referrals,</p>		

Recommendations: Continue the study. Consider adding new interventions that streamline the call handoff and screening processes.

Check one:

- High confidence in reported Plan PIP results Low confidence in reported Plan PIP results
- Confidence in reported Plan PIP results Reported Plan PIP results not credible
- Confidence in PIP results cannot be determined at this time

Attachment D: County Highlights

This section provides an opportunity to highlight through a county's own presentation slides the special initiatives and results for which there was not appropriate space in the main body of the report. The emphasis is on graphs and charts that highlight data. Santa Barbara did not propose any special presentation slides to incorporate into this section of the report.

Attachment E: Continuum of Care Form

Continuum of Care –DMC-ODS/ASAM

DMC-ODS Levels of Care & Overall Treatment Capacity:

County: Santa Barbara Review date(s): 3/17/20 & 3/18/20

Person completing form: Enter name of person completing form.

Percent of all treatment services that are contracted: 100%

County role for access and coordination of care for persons with SUD requiring social work/linkage/peer supports to coordinate care and ancillary services.

Describe county role and functions linked to access processes and coordination of care:

Santa Barbara County, Department of Behavioral Wellness has centralized access for all DMC-ODS services through a 24/7 Access Line, which is staffed with Behavioral Wellness staff. All beneficiaries receive a brief ODS ASAM Placement Screening to determine the initial indicated level of care. A referral to the indicated level of care is provided by Access Line staff to contracted providers, utilizing warm hand-offs whenever possible. Additionally, Behavioral Wellness has created two full-time positions and is actively recruiting for the designated Alcohol and Drug Program care coordination staff. Care coordination staff will oversee and appropriately manage a beneficiary's complex service needs including linkage to ancillary services. In the interim, Behavioral Wellness Quality Care Management Coordinators work closely with Access Line staff and contracted providers to ensure care coordination and linkage to ancillary services.

Case Management- Describe if it is done by DMC-ODS via centralized teams or integrated into DMC certified programs or both:

Monthly estimated billed hours of case management: 100

Comments:

Case Management is provided both by DMC certified programs and centralized Behavioral Wellness staff. Currently, Access Line staff and Quality Care Management Coordinators provide case management service to beneficiaries with complex service needs, to ensure smooth transitions between DMC-ODS levels of care, and with additional ancillary services as needed. These case management services are not billed as case management because they are provided outside of a DMC certified facility. Additionally, case management is integrated into DMC certified programs that are contracted providers. All beneficiaries are assessed for case management services upon intake for DMC-ODS services with contracted providers. Individualized case management interventions are developed based on beneficiary needs and contracted provider staff provide billable case management services. These services are estimated to be [insert number from above] billable hours per month.

Additional case management services will be provided by designated Alcohol and Drug Program care coordination staff upon their hire.

Recovery Services – Support services for clients in remission from SUD having completed treatment services but requiring ongoing stabilization and supports to remain in recovery including assistance with education, jobs, housing, relapse prevention, peer support.

Pick 1 or more as applicable and explain below:

- 1) Included with Access sites for linkage to treatment
- 2) Included with outpatient sites as step-down
- 3) Included with residential levels of care as step down
- 4) Included with NTPs as stepdown for clients in remission

Total Legal entities offering recovery services: 6

Total number of legal entities billing DMC-ODS: 6

Choices: 2, 3

Comments:

2) Included with outpatient sites as step-down. All beneficiaries are assessed for Recovery Services as a part of the Discharge Planning process. Beneficiaries who have successfully completed treatment may be referred for Recovery Services upon discharge from outpatient sites. Recovery Services have also been identified as a topic for the Clinical PIP.

3) Included with residential levels of care as step down. Upon completion of residential levels of care, all beneficiaries are referred to outpatient DMC-ODS services and case management is provided to support this linkage. For beneficiaries, who do not engage in outpatient services, Recovery Services are offered as a step down in level of care.

•
Initially there was some concern regarding how to bill DMC-ODS for Recovery Services so Behavioral Wellness has provided trainings, learning collaboratives, and technical assistance in order to increase provider billing for Recovery Services.

Level 1 WM and 2 WM: Outpatient Withdrawal Management – Withdrawal from SUD related drugs which lead to opportunities to engage in treatment programs (use DMC definitions).

Number of Sites: 0

Total number of legal entities billing DMC-ODS: 0

Estimated billed hours per month: 0

How are you structuring it? - *Pick 1 or more as applicable and explain below*

- 1) NTP
- 2) Hospital-based outpatient
- 3) Outpatient
- 4) Primary care sites

Choice(s): N/A

Comments:

Behavioral Wellness has not found the need for ambulatory WM in Santa Barbara County. Sometimes primary care physicians will titrate clients off of certain medications, benzodiazepines mostly, as they refer clients into SUD treatment. Integrated treatment planning helps such clients succeed in recovery without these levels of care.

Level 3.2 WM: Withdrawal Management Residential Beds- withdrawal management in a residential setting which may include a variety of supports.

Number of sites: 5

Total number of legal entities billing DMC-ODS: 4

Number of beds: 17

Estimated billed hours per month: 4,718

Pick 1 or more as applicable and explain below:

- 1) Hospitals
- 2) Freestanding
- 3) Within residential treatment center

Choice(s): 3) Within residential treatment center

Comments:

We have four sites that provide Level 3.2 WM within Level 3.1 residential treatment centers. The Salvation Army (male only) and CADA ARTS provide Level 3.2 Withdrawal Management services in South County. Good Samaritan Another Road Detox provides Level 3.2 WM (perinatal and non-perinatal) in West County, and Good Samaritan Recovery Point Acute Care provides Level 3.2 WM (perinatal and non-perinatal) in North County. The number of Level 3.2 WM beds may vary based on beneficiary need because they are located within residential treatment centers.

NTP Programs- Narcotic treatment programs for opioid addiction and stabilization including counseling, methadone, other FDA medications, and coordination of care.

Total legal entities in county: 1

In county NTP: Sites 2 Slots: 910

Out of county NTP: Sites 8 Slots: As needed

Total estimated billed hours per month: 10,041

Are all NTPs billing for non-methadone required medications? Yes No

Comments:

Behavioral Wellness contracts with Aegis Treatment Centers to provide both in-county and out-of-county NTP programs. In Santa Barbara County, Aegis Treatment Centers offer beneficiaries non-methadone medications including: buprenorphine, disulfiram, naltrexone, and naloxone. Aegis Treatment Centers staff report having a caseload of approximately 20 beneficiaries on buprenorphine in Santa Barbara County.

Non-NTP-based MAT programs - Outpatient MAT medical management including a range of FDA SUD medications other than methadone, usually accompanied by counseling and case management for optimal outcomes.

Total legal entities: 2 Number of sites: 3

Total estimated billed hours per month: 21

Comments:

Behavioral Wellness contracts with two outpatient providers, for a total of three sites, to provide Non-NTP- based MAT programs. LAGS Recovery Center prescribes primarily buprenorphine (Suboxone) and naltrexone (Vivitrol) serving a caseload of approximately 30 beneficiaries. LAGS Recovery Center provides these MAT services in combination with outpatient counseling and case management services. Coast Valley Substance Abuse Treatment Center has two services sites and prescribes primarily buprenorphine, serving a caseload of approximately twenty (20) beneficiaries in Lompoc and Santa Maria at any given time. Services at both locations provide a full range of behavioral counseling in addition to medication administration and monitoring. Our other contracted treatment providers coordinate MAT services with different agencies. For example, the Council on Alcoholism and Drug Abuse (CADA) has approximately thirty (30) clients receiving buprenorphine from the Santa Barbara Neighborhood Clinics and or the Bridge Clinic, an OBIC associated with Cottage Hospital. MAT medications are provided in combination with outpatient counseling and case management services. All of the Behavioral Wellness DMC-ODS contracted providers are required to assess beneficiaries upon intake to determine whether they may benefit from MAT services. Beneficiaries who are determined to benefit from MAT services are provided case management in order to link the client with MAT services.

Level 1: Outpatient – Less than 9 hours of outpatient services per week (6 hrs./week for adolescents) providing evidence-based treatment.

Total legal entities: 5 Total sites: 13

Total number of legal entities billing DMC-ODS: 5

Average estimated billed hours per month: 1,825

Comments:

We have a total of five legal entities contracted to provide DMC-ODS services at a total of 13 sites. Level 1 Outpatient services are provided to both adolescent and adult beneficiaries including both perinatal and non-perinatal services in each region of the county. Each provider is required to utilize evidence-based treatment including Cognitive Behavioral Treatment and Motivational Interviewing.

Level 2.1: Outpatient/Intensive – 9 hours or more of outpatient services per week to treat multidimensional instability requiring high-intensity, outpatient SUD treatment.

Estimated billed hours per month: 617

Total legal entities: 5 Total sites for all legal entities: 11

Total number of legal entities billing DMC-ODS: 5

Average estimated billed hours per month: 617

Comments:

The five entities contracted to provide Level 1 Outpatient services are also contracted to provide Level 2.1 Intensive Outpatient services. These services are available to both perinatal and non-perinatal adults in each region of the County. Level 2.1 Intensive Outpatient services are also available to adolescents and two out of the three sites. Level 2.1 Intensive Outpatient services include enhanced support to treat multidimensional instability through the provision of case management services, trauma-informed groups, and individual sessions as needed.

Level 2.5: Partial Hospitalization – 20 hours or more of outpatient services per week to treat multidimensional instability requiring high-intensity, outpatient treatment but not 24-hour care.

Total sites for all legal entities: 0

Total number of legal entities billing DMC-ODS: 0

Total number of programs: 0

Average client capacity per day: 0

Average estimated billed treatment days per month: N/A

Comments:

We have not assessed a need for this level of service at this time.

Level 3.1: Residential – Planned, and structured SUD treatment / recovery services that are provided in a 24-hour residential care setting with patients receiving at least 5 hours of clinical services per week.

Total sites for all legal entities: 8

Total number of legal entities billing DMC-ODS: 4

Number of program sites: 8

Total bed capacity: 73

Average estimated billed bed days per month: 1,636

Comments:

Behavioral Wellness contracts with a total of four legal entities to provide Level 3.1 Residential Treatment at a total of seven different sites. Six of these sites are located within Santa Barbara County. The remaining two sites are located out-of-county through Tarzana Treatment Centers. SUD treatment is highly structured, which each of our in-county contracted providers being required to provide a minimum of 14 hours of clinical services per week.

Level 3.3: Clinically Managed, Population Specific, High-Intensity Residential Services – 24-hour structured living environments with high-intensity clinical services for individuals with significant cognitive impairments.

Total sites for all legal entities: 1

Number of program sites: 2

Total number of legal entities billing DMC-ODS: 1

Total bed capacity: 1

Average estimated billed bed days per month: 0

(Can be flexed and combined in some settings with 3.5)

Comments:

Behavioral Wellness contracts with Tarzana Treatment Centers to provide one of the following two locations: 18646 Oxnard St, Tarzana or 44447 N. 10th St, West Lancaster. We have not yet had a beneficiary who needs this level of care.

Level 3.5: Clinically Managed, High-Intensity Residential Services – 24-hour structured living environments with high-intensity clinical services for individuals who have multiple challenges to recovery and require safe, stable recovery environment combined with a high level of treatment services.

Total sites for all legal entities: 1

Number of program sites: 2

Total number of legal entities billing DMC-ODS: 1

Total bed capacity: 1

Average estimated billed bed days per month: 25

(Can be flexed and combined in some settings with 3.5)

Comments:

Behavioral Wellness contracts with Tarzana Treatment Centers to provide one of the following two locations: 18646 Oxnard St, Tarzana or 44447 N. 10th St, West Lancaster. Recently, one of in-county residential treatment centers, was ASAM designated for Level 3.5 so that level of care will be available in-county following a contract amendment with the agency. The average estimated billed bed days per month was for December 2018 and January 2019. Since, then we have not had beneficiaries utilize Level 3.5 at Tarzana Treatment Centers. Behavioral Wellness found that it has been in the beneficiaries' best interest to keep individuals with multiple challenges placed in-county in order to keep them linked with mental health, primary care, and additional ancillary services as needed.

Level 3.7: Medically Monitored, High-Intensity Inpatient Services – 24-hour, professionally directed medical monitoring and addiction treatment in an inpatient setting. (May be billing Health Plan/FFS not DMC-ODS but can you access service?) Yes No

Number of program sites: Enter total number of program sites.

Total number of legal entities billing DMC-ODS: 1

Number of legal entities: 1

Total bed Capacity: 1

Average estimated billed bed days per month: 0

Comments:

Behavioral Wellness contracts with Tarzana Treatment Centers to provide one of the following two locations: 18646 Oxnard St, Tarzana or 44447 N. 10th St, West Lancaster. Level 3.7 services have not yet been provided and billed to DMC-ODS.

Level 4: Medically Managed Intensive Inpatient Services – 24-hour services delivered in an acute care, inpatient setting. (Billing Health Plan/FFS can you access services? Yes No Access)

Number of program sites: 0

Total number of legal entities billing DMC-ODS: 0

Number of legal entities: 0

Total bed capacity: N/A

Average estimated billed bed days per month: N/A

Comments:

Several entities, hospital systems especially, have bemoaned the lack of Medically Managed Intensive Inpatient Services, especially Medically Managed WM or simply “medical detox”. Often times, when Behavioral Wellness staff triage individual cases, it is concluded that only medical surgical hospitals can accommodate beneficiary needs, as their conditions are highly medically unstable, or that some beneficiaries simply do not meet the threshold for medical WM or Voluntary Inpatient Detoxification (VID) services. We have worked with physicians to help beneficiaries titrate benzodiazepine dosages as beneficiaries engage in outpatient and residential SUD treatment services. Medical detox remains a need, sometimes imaginary, and current hospitals are not interested in applying for the State VID benefit.

Recovery Residences – 24-hour residential drug free housing for individuals in outpatient or intensive outpatient treatment elsewhere who need drug-free housing to support their sobriety and recovery while in treatment.

Total sites for all legal entities: 0

Number of program sites: 0

Total bed capacity: N/A

Comments:

We do not have available funding for recovery residences. While we see the need, our available SAPT funding is utilized to provide room and board or board and care for our residential providers.

Are you still trying to get additional services Medi-Cal certified? Please describe:

Behavioral Wellness does not currently have new Drug Medi-Cal applications pending. However, Behavioral Wellness may try to get additional locations Medi-Cal certified based on identified needs. Additionally, several of the contracted providers have submitted, or plan to submit, supplemental applications in order to add levels of care and service populations (i.e. perinatal) at currently certified locations.

Attachment F: Acronym List Drug Medi-Cal EQRO Reviews

ACA	Affordable Care Act
ACL	All County Letter
ACT	Assertive Community Treatment
AHRQ	Agency for Healthcare Research and Quality
ART	Aggression Replacement Therapy
ASAM	American Society of Addiction Medicine
ASAM LOC	American Society of Addiction Medicine Level of Care Referral Data
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CalEQRO	California External Quality Review Organization
CalOMS	California's Data Collection and Reporting System
CANS	Child and Adolescent Needs and Strategies
CARE	California Access to Recovery Effort
CBT	Cognitive Behavioral Therapy
CCL	Community Care Licensing
CDSS	California Department of Social Services
CFM	Client and Family Member
CFR	Code of Federal Regulations
CFT	Child Family Team
CJ	Criminal Justice
CMS	Centers for Medicare and Medicaid Services
CPM	Core Practice Model
CPS	Child Protective Service
CPS (alt)	Client Perception Survey (alt)
CSU	Crisis Stabilization Unit
CWS	Child Welfare Services
CY	Calendar Year
DBT	Dialectical Behavioral Therapy
DHCS	Department of Health Care Services
DMC-ODS	Drug Medi-Cal Organized Delivery System
DPI	Department of Program Integrity
DSRIP	Delivery System Reform Incentive Payment
DSS	State Department of Social Services
EBP	Evidence-based Program or Practice
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
EQR	External Quality Review
EQRO	External Quality Review Organization
FC	Foster Care
FY	Fiscal Year
HCB	High-Cost Beneficiary
HHS	Health and Human Services
HIE	Health Information Exchange

HIPAA	Health Insurance Portability and Accountability Act
HIS	Health Information System
HITECH	Health Information Technology for Economic and Clinical Health Act
HPSA	Health Professional Shortage Area
HRSA	Health Resources and Services Administration
IA	Inter-Agency Agreement
ICC	Intensive Care Coordination
IMAT	Term doing MAT outreach, engagement, and treatment for clients with opioid or alcohol disorders
IN	State Information Notice
IOM	Institute of Medicine
IOT	Intensive Outpatient Treatment
ISCA	Information Systems Capabilities Assessment
IHBS	Intensive Home-Based Services
IT	Information Technology
LEA	Local Education Agency
LGBTQ	Lesbian, Gay, Bisexual, Transgender or Questioning
LOC	Level of Care
LOS	Length of Stay
LSU	Litigation Support Unit
MAT	Medication Assisted Treatment
MATRIX	Special Program for Methamphetamine Disorders
M2M	Mild-to-Moderate
MDT	Multi-Disciplinary Team
MH	Mental Health
MHBG	Mental Health Block Grant
MHFA	Mental Health First Aid
MHP	Mental Health Plan
MHSA	Mental Health Services Act
MHSD	Mental Health Services Division (of DHCS)
MHSIP	Mental Health Statistics Improvement Project
MHST	Mental Health Screening Tool
MHWA	Mental Health Wellness Act (SB 82)
MOU	Memorandum of Understanding
MRT	Moral Reconciliation Therapy
NCF	National Quality Form
NCQF	National Commission of Quality Assurance
NP	Nurse Practitioner
NTP	Narcotic Treatment Program
NSDUH	National Household Survey of Drugs and Alcohol (funded by SAMHSA)
PA	Physician Assistant
PATH	Projects for Assistance in Transition from Homelessness
PED	Provider Enrollment Department
PHI	Protected Health Information
PIHP	Prepaid Inpatient Health Plan

PIP	Performance Improvement Project
PM	Performance Measure
PP	Promising Practices
QI	Quality Improvement
QIC	Quality Improvement Committee
QM	Quality Management
RN	Registered Nurse
ROI	Release of Information
SAMHSA	Substance Abuse Mental Health Services Administration
SAPT	Substance Abuse Prevention Treatment – Federal Block Grant
SAR	Service Authorization Request
SB	Senate Bill
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SDMC	Short-Doyle Medi-Cal
Seeking Safety	Clinical program for trauma victims
SELPA	Special Education Local Planning Area
SED	Seriously Emotionally Disturbed
SMHS	Specialty Mental Health Services
SMI	Seriously Mentally Ill
SOP	Safety Organized Practice
STC	Special Terms and Conditions of 1115 Waiver
SUD	Substance Use Disorder
TAY	Transition Age Youth
TBS	Therapeutic Behavioral Services
TFC	Therapeutic Foster Care
TPS	Treatment Perception Survey
TSA	Timeliness Self-Assessment
UCLA	University of California Los Angeles
UR	Utilization Review
VA	Veteran’s Administration
WET	Workforce Education and Training
WITS	Software SUD Treatment developed by SAMHSA
WM	Withdrawal Management
WRAP	Wellness Recovery Action Plan
X Waiver	Special Medical Certificate to provide medication for opioid disorders
YSS	Youth Satisfaction Survey
YSS-F	Youth Satisfaction Survey-Family Version