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# FY 2021-22 MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

## VENTURA FINAL REPORT

- MHP
- DMC-ODS

Prepared for:

**California Department of  
Health Care Services (DHCS)**

Review Dates:

**November 30<sup>th</sup> – December 2<sup>nd</sup>,  
2021**

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## EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2021-22 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, “Ventura” shall be used to identify the Ventura County DMC-ODS program, unless otherwise indicated.

### DMC-ODS INFORMATION

**DMC-ODS Reviewed** — Ventura

**Review Type** — Virtual

**Date of Review** — November 30th – December 2, 2022

**DMC-ODS Size** — Large

**DMC-ODS Region** — Southern

**DMC-ODS Location** — Ventura is bordered on the north by Kern County, on the east and south by Los Angeles County, on the west by Santa Barbara, and on the southwest by the Pacific Ocean.

**DMC-ODS Beneficiaries Served in Fiscal Year (FY) 2020-21** — 2,995

**DMC-ODS Threshold Language(s)** — English, Spanish

### SUMMARY OF FINDINGS

Of the five recommendations for improvement that resulted from the FY 2020-21 EQR, the DMC-ODS addressed or partially addressed all recommendations.

CalEQRO evaluated the DMC-ODS on the following four Key Components that impact beneficiary outcomes; among the 23 components evaluated, the DMC-ODS met or partially met the following, by domain:

- Access to Care: 100 percent (three of three components)
- Timeliness of Care: 100 percent (six of six components)
- Quality of Care: 100 percent (eight of eight components)
- Information Systems (IS): 100 percent (six of six components)

The DMC-ODS submitted both required Performance Improvement Projects (PIPs). The clinical PIP, “Study of client engagement and retention in early outpatient treatment,” is in the implementation phase with a low confidence validation rating. The non-clinical

PIP, “Reducing no-shows to assessment appointments for outpatient care,” is in the implementation phase with a low confidence validation rating.

CalEQRO conducted two consumer family member focus groups, comprised of a total of 12 participants.

## SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

The DMC-ODS demonstrated significant strengths in the following areas: Created a number of data dashboards and applied these tools to monitor critical areas of DMC-ODS performance and respond with interventions; expanded residential bed capacity through out-of-county contracts while continuing to work with a local provider to establish an in-county residential treatment program; rapidly established telehealth services with minimal interruption to substance use disorder (SUD) services; provides services for youth at local schools; has a strong Friday Night Live Program; offers extensive care coordination; collaborates closely with multiple stakeholders; there is a Substance Use Services (SUS) clinic in the county hospital and a SUD training program for physicians interning in that hospital; the County Opioid Abuse Suppression Taskforce (COAST) provides information cards and notices on overdose prevention, naloxone availability, and access to aftercare services; overall, the penetration rate for the DMC-ODS is higher than the statewide penetration rate (1.75 percent compared to 1.03 percent), and that of other large counties; the DMC-ODS has been proactive in educating the community regarding Medication-assisted treatment (MAT) services; the DMC-ODS has flexible staffing and a reasonable budget allocation for adequate maintenance of an EHR and other core technology infrastructure; the county has implemented Phase 1 of a dashboard project; the fiscal team is current on its claims submissions and has a low denial rate; averages for all domains on the Treatment Perception Survey (TPS) increased from 2019 to 2020; and, withdrawal management (WM) readmissions are lower than the statewide average of 11.1 percent, with only 8.2 percent of Ventura clients returning to WM within 30 days of discharge.

There are DMC-ODS opportunities for growth in the following areas: The county monitors timeliness to first NTP dose for five NTP providers and could expand its tracking and monitoring for timeliness; Ventura monitors timeliness but only for outpatient services; most residential services are out-of-county yet some access and timeliness data could be collected; only 80.5 percent of combined youth and adult urgent requests to first offered appointment occur within the DHCS standard hours of 48 hours, leaving room for improvement; Ventura does not offer outpatient WM services, although it does have residential WM; the county does not currently have a social media policy; the DMC-ODS also needs an emergency plan for critical business functions which could impact critical client services; organizing peer support for Recovery Services (Recovery Services) could strengthen and expand those services; the Ventura Behavioral Health Advisory Board (BHAB) appears to focus on Mental Health Services Act (MHSA) and other mental health (MH) projects.

FY 2021-22 CalEQRO recommendations for improvement include: expanding RS beyond the current average of just 75 units per month which is low for a large county, and should be increased; continue expanding youth services, and gather more youth-specific data; reviewing and refining documentation to remove redundancies; ensuring the upcoming revision of the Cultural Competency Plan (CCP) reflects areas of concern specific to SUD which are currently lacking; improve timeliness of services and expand the tracking of timeliness to include additional parts of the system.



# INTRODUCTION

## BACKGROUND

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

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

Additionally, DHCS requires the CalEQRO to evaluate counties on the following: delivery of substance use disorder (SUD) treatment services in a culturally competent manner, coordination of care with other healthcare providers, and beneficiary satisfaction. CalEQRO also considers the State of California requirements pertaining to Network Adequacy (NA) as set forth in California Assembly Bill (AB) 205.

This report presents the fiscal year (FY) 2021-22 findings of the EQR for Ventura DMC-ODS by Behavioral Health Concepts, Inc., conducted as a virtual review on November 30 – December 2, 2021.

## METHODOLOGY

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

upon prior year's findings, and identifies system-level strengths, opportunities for improvement, and recommendations to improve quality.

Data used to generate Performance Measures (PM) tables and graphs throughout this report are derived from multiple source files, unless otherwise specified. These statewide data sources include: Monthly Medi-Cal Eligibility Data System Eligibility File, DMC-ODS approved claims, the Treatment Perception Survey (TPS), CalOMS, and the American Society of Addiction Medicine (ASAM) level of care data. CalEQRO reviews are retrospective; therefore, data evaluated are from FY 2020-21, unless otherwise indicated. As part of the pre-review process, each county is provided a description of the source of data and a summary report of their performance measures, including Medi-Cal approved claims data. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

## FINDINGS

Findings in this report include:

- Changes, progress, or milestones in the county's approach to performance management – emphasizing utilization of data, specific reports, and activities designed to manage and improve quality of care – including responses to FY 2020-21 EQR recommendations.
- Review and validation of two elements pertaining to NA: Alternative Access Standards (AAS) requests and use of out-of-network (OON) providers.
- Summary of county-specific activities related to the following four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact beneficiary outcomes: Access, Timeliness, Quality, and IS.
- PM interpretation and validation, including sixteen PMs.
- Review and validation of submitted Performance Improvement Projects (PIPs).
- Assessment of the Health Information System's (HIS) integrity and overall capability to calculate PMs and support the county's quality and operational processes.
- Consumer perception of the county's service delivery system, obtained through satisfaction surveys and focus groups with beneficiaries and family members.
- Summary of county strengths, opportunities for improvement, and recommendations for the coming year.

## HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act (HIPAA), and in accordance with DHCS guidelines, CalEQRO suppressed values in the report tables when the count was less than or equal to 11 and replaced it with an asterisk (\*) to protect the confidentiality of county beneficiaries. Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data; its corresponding penetration rate percentages; and cells containing zero, missing data, or dollar amounts.

## CHANGES IN THE DMC-ODS ENVIRONMENT AND WITHIN THE COUNTY

In this section, the status of last year's (FY 2020-21) EQRO review recommendations are presented, as well as changes within the county's environment since its last review.

### ENVIRONMENTAL IMPACT

This review took place during the Coronavirus Disease 2019 (COVID-19) pandemic. The DMC-ODS has been impacted by staff shortages, particularly for line staff, and the need to transition many services to telehealth. CalEQRO worked with the county to design an alternative agenda due to the above factors. CalEQRO was able to complete the review without any insurmountable challenges.

### SIGNIFICANT CHANGES AND INITIATIVES

Changes since the last CalEQRO review, identified as having a significant effect on service provision or management of those services, are discussed below. This section emphasizes systemic changes that affect access, timeliness, and quality of care, including those changes that provide context to areas discussed later in this report.

- Ventura now educates all providers on the process for submitting grievances and appeals, and the grievance form is now included with the client intake package.
- A new care coordination manager position was created and filled to attend to all facets of care coordination. Residential admissions have increased since filling this position.
- Contract providers now directly manage requests for service, and are linked to Avatar, the county electronic health record system (EHR). Bimonthly level of care (LOC) reporting is now in Avatar.
- A new referral process for clients receiving county-provided inpatient psychiatric services with co-occurring substance use disorders (SUDs) has been initiated to refer these clients more efficiently to SUD services. Ventura County Medical Center (VCMC) has hired a SUD navigation team and the DMC-ODS is working with VCMC to improve the referral process from the hospital, county-operated clinics, and the local Whole Person Care program.
- Ventura is collaborating with Federally Qualified Health Center (FQHC) facilities and the county jail system to improve coordination of services and improve the referral process.
- The DMC-ODS was able to expand consent for treatment to include telehealth and verbal options, along with obtaining an electronic consent for care coordination. These additions have enhanced the ability to continue to serve clients during the COVID-19 pandemic.

## RESPONSE TO FY 2020-21 RECOMMENDATIONS

In the FY 2020-21 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2021-22 EQR, CalEQRO evaluated the status of those FY 2020-21 recommendations; the findings are summarized below.

### Assignment of Ratings

**Addressed** is assigned when the identified issue has been resolved.

**Partially Addressed** is assigned when the county has either:

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

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

### Recommendations from FY 2020-21

**Recommendation 1:** Ventura needs to continue its work to expand RS.

Addressed

Partially Addressed

Not Addressed

- Ventura reported that the treatment services manager is educating clinical staff on the importance of informing clients about the benefits of RS. As a result, RS are being discussed with clients more consistently during the discharge process.
- Efforts to expand utilization of RS is evident since the number of billed units per month is now 62.7 compared to 26.3 units which was reported in the last review cycle. However, while that represents an increase of more than double, the billable claims amount for RS remains low at \$680 per client compared to the statewide average of \$1521, indicating brief use of RS for the individual client. Ongoing efforts to increase the use of RS will benefit the recovery process for beneficiaries.

**Recommendation 2:** Ventura continues to underutilize residential beds for adults and youth. Ventura is challenged with most residential bed capacity out of county which may be a barrier to this LOC. Ventura should continue efforts on existing program expansion or engagement with a developer/provider group or other strategies to augment the Request for Proposals (RFP) process.

(This recommendation is a carry-over from FY 2019-20.)

Addressed

Partially Addressed

Not Addressed

- Referrals have increased to the out of county residential service provider, Tarzana Treatment Centers. Ventura has engaged a provider who is actively working on an in-county residential treatment services site. The provider is making progress, but the organization does not have DMC-ODS certification.
- Ventura has hired a care coordinator which has assisted in increasing the number of clients receiving residential treatment.

**Recommendation 3:** Ventura needs to establish recovery residence (RR) beds and set standards for them.

Addressed

Partially Addressed

Not Addressed

- Ventura released an RFP for RR services in June 2021. Submitted proposals to the RFP are currently being processed and are in the final stages of evaluation.

**Recommendation 4:** Ventura does assist with transportation as possible but needs to develop a consistent transportation plan to assist clients who are receiving services out of county to the residential program and then back to Ventura County for stepdown treatment.

Addressed

Partially Addressed

Not Addressed

- The DMC-ODS uses internal Ventura County Behavioral Health (VCBH) vans to transport clients when needed.
- The DMC-ODS has a contract with Ventura transit to assist clients in transitioning from residential to outpatient care.

**Recommendation 5:** There continue to be zero reported grievances or appeals by clients receiving DMC-ODS services. Although Ventura reports a change in process there was still zero grievances or appeals. Ventura needs to develop an educational program to assure that clients are aware of how to utilize this process if they are not getting the services they have requested and assure that staff are documenting this process correctly.

Addressed

Partially Addressed

Not Addressed

- In June 2020, the VCBH quality improvement program hosted its quarterly quality management (QM) action committee meeting to solicit stakeholder feedback on how to communicate more directly with new clients about grievance/appeal procedures and their rights to use them. Based on this feedback, the grievance form is now included in the intake packet of every Medi-Cal client.

- On the consent to treatment form, clients are now asked to acknowledge that they have been informed of and received the Notice of Problem Resolution form.
- QM has initiated quarterly TA meetings with contractors. Grievance and appeals have been discussed at every meeting to ensure that contractors are in compliance and appropriately tracking and reporting grievances and appeals that are investigated by their sites.
- QM and quality improvement (QI) are collaborating on a long-term data analysis and monitoring plan for grievances and appeals. QI will conduct an independent analysis to identify patterns in the grievances data and present findings to QM, who will then determine needed action. This analysis will be conducted at least annually and possibly on a more frequent basis depending on the volume of grievances, and availability of data from providers.

# NETWORK ADEQUACY

## BACKGROUND

CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, the California State Legislature passed AB 205 in 2017 to specify how NA requirements must be implemented in California. The legislation and related DHCS policies and Behavioral Health Information Notices (BHINs) assign responsibility to the EQRO for review and validation of the data collected and processed by DHCS related to NA.

All DMC-ODSs submitted detailed information on their provider networks in July 2021 on the Network Adequacy Certification Tool (NACT) form, per the requirements of DHCS BHIN 21-023. The NACT outlines in detail the DMC-ODS provider network by location, service provided, population served, and language capacity of the providers; it also provides details of the rendering provider's NPI number as well as the professional taxonomy used to describe the individual providing the service. DHCS reviews these forms to determine if the provider network meets required time and distance standards.

The travel time to the nearest provider for a required service level depends upon a county's size and the population density of its geographic areas. The two types of care that are measured for DMC-ODS NA compliance with these requirements are outpatient SUD services and Narcotic Treatment Program (NTP)/Opioid Treatment Program (OTP) services, for youth and adults. If these standards are not met, DHCS requires the DMC-ODS to improve its network to meet the standards or submit a request for a dispensation in access.

CalEQRO verifies and reports if a DMC-ODS 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 reviews separately and with DMC-ODS staff all relevant documents and maps related to NA for their Medi-Cal beneficiaries and the DMC-ODS's efforts to resolve NA issues, services to disabled populations, use of technology and transportation to assist with access, and other NA-related issues. CalEQRO reviews timely access-related grievance and complaint log reports; facilitates beneficiary focus groups; reviews claims and other performance data; reviews DHCS-approved corrective action plans; and examines available beneficiary satisfaction surveys conducted by DHCS, the DMC-ODS, or its subcontractors.

## FINDINGS

For Ventura County, the time and distance requirements are 60 minutes and 30 miles for outpatient SUD services, and 60 minutes and 30 miles for NTP/OTP services. These



services are further measured in relation to two age groups – youth (12-17) and adults (18 and over)<sup>1</sup>.

### **Alternative Access Standards and Out-of-Network Access**

DHCS required the DMC-ODS to submit an AAS request for one zip code, 93225, where the time and/or distance standards were not met. At the time of the FY 2020-21 EQR, the AAS request had been approved.

Zip code 93225 includes the Frazier Park area which is 90 minutes and 77 miles to the nearest youth provider, and 74 minutes and 74 miles to the nearest adult outpatient provider.

The DMC-ODS can provide full services for all beneficiaries residing in this area via telehealth if the beneficiaries agree with this modality. Additionally, the DMC-ODS identified the closest providers in this zip code (which are in neighboring Kern County) and received authorization in writing to establish single-case agreements or they will use currently established contracts to serve adult or youth DMC-ODS beneficiaries. If, for any reason, telehealth or treatment in Kern County options are not available or acceptable to the beneficiary, the DMC-ODS will arrange to transport the beneficiary to the closest in-network provider site to receive appropriate the level of DMC-ODS services.

### **Planned Improvements to Meet NA Standards**

Telehealth is now available through all county-run clinics. The limited number of beneficiaries in outlying and distant areas, such as Frazier Park, does not warrant establishing new clinics. If in-person services are requested or deemed necessary, the DMC-ODS has received written communications from providers within Kern County attesting to their willingness to establish single case agreements or to utilize currently established in-network contracts, to service Ventura County beneficiaries. Ventura will also offer transportation services to those clients wanting or needing to receive services in-county.

### **DMC-ODS Activities in Response to FY 2020-21 AAS**

The DMC-ODS has worked with Kern County to address the issues of this area and has expanded telehealth services to better reach clients in distant areas.

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<sup>1</sup> [AB 205](#) and [BHIN 21-023](#)

# ACCESS TO CARE

## BACKGROUND

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

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

## ACCESS IN VENTURA COUNTY

SUD services are delivered by both county-operated and contractor-operated providers in the DMC-ODS. Regardless of payment source, approximately 53.3 percent of services were delivered by county-operated/staffed clinics and sites, and 46.7 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 75.1 percent of services provided are claimed to Medi-Cal.

The DMC-ODS has a toll-free Beneficiary Access Line (BAL) providing SUS information, screening, and referral services to beneficiaries. The BAL is operated by 21 county staff, 24-hours, 7-days per week, and functions as the central portal into the county's DMC-ODS. The DMC-ODS employs a “no wrong door” policy and also empowers beneficiary access directly through any of the county-operated clinics or county contract providers. When services are requested through direct provider contact, the provider contacts and coordinates care through the BAL. Regardless of the point of entry, all beneficiaries are assigned a care coordinator from the Care Coordination Team (CCT) who assists them with entry into treatment and management of any other care needs such as medically necessary services.

There are four full-time equivalent (FTE) clinicians dedicated to the BAL, and three of the staff are bilingual. The bilingual staff respond to callers who are monolingual Spanish speakers or those who prefer to speak in Spanish. A language line is also available when required. All BAL staff are trained and experienced in accessing the language line. The BAL averages 535 calls per month; during FY 2020-21, approximately 31 calls per month (5.8 percent) required bilingual staff to assist clients in their preferred language.

The BAL system provides all callers near immediate (within 30 seconds) connection to a live staff person, as well as providing the additional option of leaving a voice mail

message. Voice mail messages receive a call back within 24 hours. BAL calls are generally either for information only, a crisis call, or a request for referral to services. Crisis calls receive immediate attention and are connected to an appropriate resource. If the crisis or urgent situation requires a SUS referral, a brief screening is completed and the caller is linked to a CCT member who personally links the client to the appropriate service placement, generally within the 48-hour timeliness standard. When a non-urgent request for referral is made, the BAL staff completes a brief screening and makes a referral to the indicated LOC. The DMC-ODS has developed and implemented a brief six-dimension screening tool, the Request for Services (RFS) form, for use by the BAL and other providers. The RFS form is used throughout the SUS system of care and is embedded in the EHR at the BAL and in the six county-operated outpatient clinics. BAL clinicians are trained in the use of motivational interviewing techniques and make every effort to individualize their referral to reflect the client's preferences and assessed ASAM-based LOC indicators. The BAL has the capacity to use a three-way call process and uses that option when it would benefit access.

Once a RFS is completed and a LOC is determined, the beneficiary is assigned a Care Coordinator from the CCT. The Care Coordinator may complete a full ASAM criteria-based, six-dimension assessment of the beneficiary, or the client may go directly to the referral provider for assessment. Centralized Care Coordination services are provided to assist beneficiaries in accessing medical, social, or other community services, and to support beneficiaries as they initiate services in a treatment program. Once a beneficiary is enrolled at an in-county treatment program, treatment program staff provides care coordination or Case Management (CM). When a beneficiary is referred to an out-of-county treatment provider, the care coordinator from the CCT also provides CM support throughout the beneficiary's treatment episode and works with the client to transition in care back to the county.

In addition to clinic-based services, the DMC-ODS provides telehealth and mobile services. Specifically, the DMC-ODS delivers outpatient services via telehealth to youth and adults, and NTP services via mobile services. Crisis support, group and individual therapy, group education, CM, and new client intake and assessment services are offered via telehealth. In FY 2020-21, the DMC-ODS reported serving 1,147 adult beneficiaries, 151 youth beneficiaries, and 42 older adult beneficiaries across six county-operated sites and one contractor-operated site. Among those served, 219 beneficiaries received telehealth services in a language other than English in the preceding 12 months.

## ACCESS KEY COMPONENTS

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

form the foundation of access to quality services that ultimately lead to improved beneficiary outcomes.

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

**Table 1: Key Components – Access**

KC #	Key Component – Access	Rating
1A	Service Access are Reflective of Cultural Competence Principles and Practices	Partially Met
1B	Manages and Adapts its Network Adequacy to Meet SUD Client Service Needs	Met
1C	Collaboration and Coordination of Care to Improve Access	Met

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

- The DMC-ODS has improved the efficacy and efficiency of their SUS BAL by integrating functions and facilities with the MH access team and cross training on the use of a six-dimension RFS form.
- Ventura conducted a study to support their AAS request to DHCS. To meet the service needs for clients who reside in zip code areas identified in the AAS plan, Ventura uses either telehealth or provides transportation to service sites.
- The CCP is primarily focused on MH services and there is limited focus on the DMC-ODS. CalEQRO found no evidence that the CCP has implemented strategies to address the cultural, ethnic, and racial needs of SUD clients. There is evidence of meeting linguistic needs, but other elements are not as clearly articulated.
- Neither the Quality Assessment and Performance Improvement (QAPI) report nor the CCP utilized measurable goals to address the needs of SUD clients.
- There was one prevention meeting held at a community church, and occasional referrals to another faith-based location, but there are no strong collaborative relationships with faith-based organizations.

## PERFORMANCE MEASURES

In addition to the Key Components identified above, the following PMs further reflect access to care in the DMC-ODS:

- Total beneficiaries served, stratified by age and race/ethnicity;

- Penetration rates, stratified by age, race/ethnicity, and eligibility categories;
- Approved claims per beneficiary (ACB) served, stratified by age, race/ethnicity, eligibility categories, and service categories;
- Initial service used by beneficiaries.

### Total Beneficiaries Served

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

Most clients served were in the 18-64 age group (86.6 percent) with smaller numbers of youth and adults over 65 age groups served. Penetration rates for the DMC-ODS were higher compared to statewide across all age groups. Overall, the penetration rate in the DMC-ODS is higher than the statewide penetration rate (1.75 percent compared to 1.03 percent), and that of other large counties.

**Table 2: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2020**

Ventura				Large Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Beneficiaries Served	Penetration Rate	Penetration Rate	Penetration Rate
Ages 12-17	30,790	149	0.48%	0.26%	0.25%
Ages 18-64	120,316	2,594	2.16%	1.44%	1.26%
Ages 65+	19,781	252	1.27%	0.90%	0.77%
<b>TOTAL</b>	<b>170,887</b>	<b>2,995</b>	<b>1.75%</b>	<b>1.18%</b>	<b>1.03%</b>

As shown in Table 3 below, penetration rates for Latino/Hispanic beneficiaries are almost double the statewide rate and significantly higher than other large California counties. Penetration rates for beneficiaries identifying as Native American, Asian/Pacific Islander, or Other, are also higher than statewide or other large county rates. Only the penetration rate for African American beneficiaries lags behind the rates seen statewide or in other large counties.

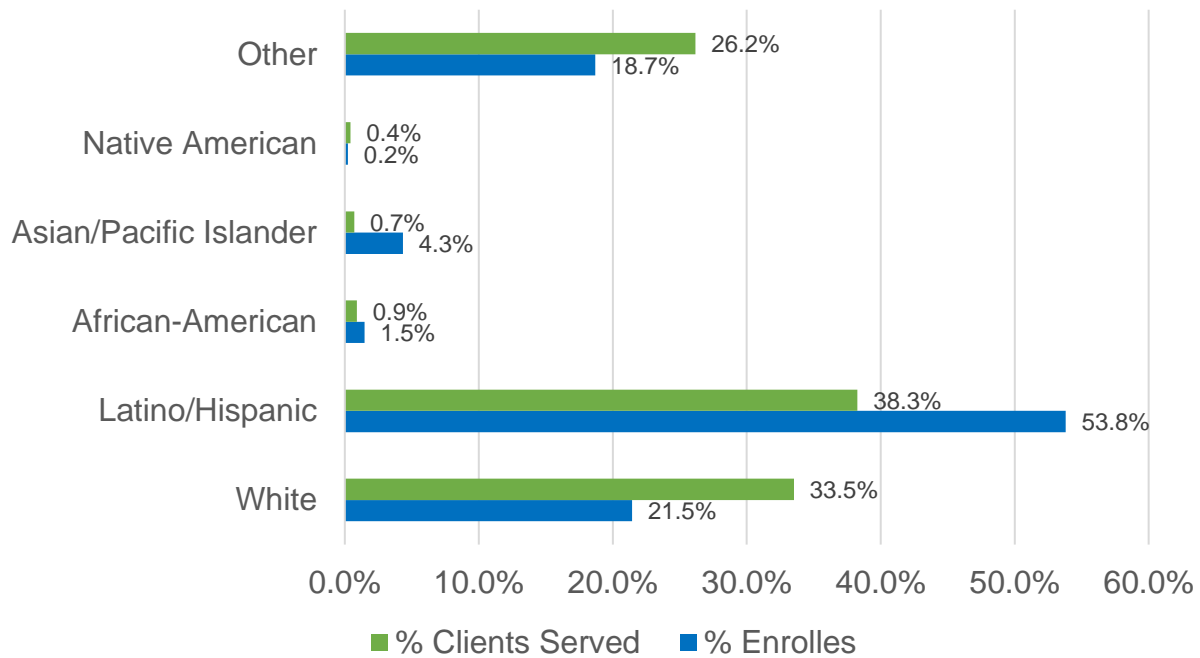
**Table 3: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity, CY 2020**

Ventura				Large Counties	Statewide
Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	36,658	1,004	2.74%	2.34%	1.96%
Latino/Hispanic	91,959	1,146	1.25%	0.76%	0.69%
African-American	2,509	27	1.08%	1.53%	1.34%
Asian/Pacific Islander	7,407	21	0.28%	0.17%	0.17%
Native American	410	13	3.17%	2.77%	1.84%
Other	31,946	784	2.45%	1.58%	1.41%
<b>TOTAL</b>	<b>170,889</b>	<b>2,995</b>	<b>1.75%</b>	<b>1.18%</b>	<b>1.03%</b>

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.

The majority of clients served by the DMC-ODS were Latino/Hispanic (38.3 percent), and they were also the demographic group with the highest percentage of eligibles (53.8 percent). White clients were disproportionately served in relation to the percentage of eligibles (33.5 percent of clients served and 21.5 percent of eligibles).

**Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2020**



**Penetration Rates and Approved Claim Dollars by Eligibility Category**

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.

Tables 4 and 5 highlight penetration rates and average approved claims by eligibility category.

Over 50 percent of DMC-ODS beneficiaries are Affordable Care Act (ACA) eligible and the penetration rate for ACA clients exceeds the statewide rate. The penetration rate for clients eligible through ACA was 2.7 percent, compared to the statewide rate of 1.6 percent. Family Adult and Disabled were also common eligibility categories, and the penetration rates for those eligibility categories were higher than statewide as well.

**Table 4: Clients Served and Penetration Rates by Eligibility Category, CY 2020**

Ventura				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Penetration Rate	Penetration Rate
Disabled	15,295	468	3.1%	1.8%
Foster Care	505	19	3.8%	2.3%
Other Child	17,706	99	0.6%	0.3%
Family Adult	30,877	685	2.2%	1.1%
Other Adult	27,456	43	0.2%	0.1%
MCHIP	13,992	53	0.4%	0.2%
ACA	64,902	1,757	2.7%	1.6%

Average approved claims by eligibility categories are lower in the DMC-ODS for the ACA, Foster Care, and Disabled, but slightly higher for Family Adult, compared to statewide. Youth eligibility categories also had lower average approved claims compared to statewide. Average approved claims are comparable to FY 2019-20 and are like or slightly lower than statewide averages. This may be due to a high utilization of outpatient and NTP/OTP services relative to residential treatment services.



**Table 5: Average Approved Claims by Eligibility Category, CY 2020**

Ventura				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	Average Approved Claims	Average Approved Claims
Disabled	15,295	468	\$4,022	\$4,559
Foster Care	505	19	\$1,613	\$2,037
Other Child	17,706	99	\$1,637	\$2,492
Family Adult	30,877	685	\$4,442	\$4,231
Other Adult	27,456	43	\$1,630	\$3,386
MCHIP	13,992	53	\$1,181	\$2,748
ACA	64,902	1,757	\$4,637	\$5,131

Table 6 tracks the initial DMC-ODS service used by clients to determine how they first accessed DMC-ODS services and shows the diversity of the continuum of care. The majority of clients in the DMC-ODS initially access DMC-ODS services through an NTP/OTP (53.9 percent). Outpatient services is the next most common initial service modality (38.9 percent).

There was a notable increase in the initiation of services in the NTP/OTP service modality compared to FY 2019-20 (23.3 percent). A significant decrease is also noted in the initiation into outpatient treatment compared to FY 2019-20(65.8 percent). The DMC-ODS has put effort into educating the community regarding MAT services along with quickly identifying and referring clients to MAT services when that service need is indicated.

**Table 6: Initial DMC-ODS Service Used by Beneficiaries, CY 2020**

Ventura			Statewide	
DMC-ODS Service Modality	#	%	#	%
Outpatient treatment	1,167	38.9%	33,885	33.1%
Intensive outpatient treatment	-	0.0%	2,679	2.6%
NTP/OTP	1,617	53.9%	40,908	40.0%
Non-methadone MAT	2	0.1%	291	0.3%
Ambulatory Withdrawal	-	0.00%	22	0.02%
Partial hospitalization	-	0.00%	23	0.02%
Residential treatment	105	3.5%	16,620	16.3%
Withdrawal management	88	2.9%	6,790	6.6%
Recovery Support Services	22	0.7%	1,006	1.0%
<b>TOTAL</b>	<b>3,001</b>	<b>100.0%</b>	<b>102,224</b>	<b>100.0%</b>

Table 7 shows the percentage of clients served and the average approved claims by service categories. The majority of clients in the DMC-ODS are served in NTP/OTPs (41.4 percent). Outpatient services are the next most common service category, serving 33.1 percent of the total clients served. With the exception of RS and Intensive Outpatient Treatment (IOT), DMC-ODS approved claims by category are similar to statewide averages.

**Table 7: Average Approved Claims by Service Categories, CY 2020**

<b>Service Categories</b>	<b>% Served</b>	<b>Statewide % Served</b>	<b>Ventura Average Approved Claims</b>	<b>Statewide Average Approved Claims</b>
Narcotic Tx. Program	41.4%	30.7%	\$4,907	\$4,097
Residential Treatment	7.6%	17.5%	\$7,667	\$8,846
Res. Withdrawal Mgmt.	5.7%	6.8%	\$2,218	\$2,057
Ambulatory Withdrawal Mgmt.	0.0%	0.0%	\$0	\$654
Non-Methadone MAT	8.0%	5.2%	\$1,323	\$1,093
Recovery Support Services	2.4%	2.7%	\$680	\$1,521
Partial Hospitalization	0.0%	0.0%	\$0	\$1,926
Intensive Outpatient Tx.	1.8%	6.4%	\$180	\$966
Outpatient Services	33.1%	30.6%	\$1,474	\$2,037
<b>TOTAL</b>	<b>100.0%</b>	<b>100.0%</b>	<b>\$4,473</b>	<b>\$4,894</b>

## IMPACT OF FINDINGS

The DMC-ODS has expanded its ability to screen clients with SUD issues, provided training for its BAL, and increased support for clients as they enter services through the county care coordination program.

Although the penetration rate is higher for Latino/Hispanic clients than the statewide average, Ventura is underserving the number of Latino/Hispanic eligibles, who compose 53.8 percent of county eligibles. Three-quarters of all clients are served in the NTP and in outpatient services, and the percentage of clients served in non-methadone MAT is higher than the statewide rate (8.0 percent compared to 5.2 percent).

The average approved claims for IOT are only \$180 with a penetration rate of 1.8 percent of beneficiaries, which is much lower than the statewide average rate of 6.4 percent and \$966. Claims data indicates that DMC-ODS beneficiaries are receiving a negligible amount of IOT. Increasing the number of clients in IOT along with the length of stay (LOS) could be helpful in assisting some clients in their recovery process, particularly those exiting residential care. Since the last review, Ventura looked deeper into this issue and consulted with operational staff to identify causes and potential solutions. Continued attention to this topic is warranted. The rates for residential care and WM are also lower than the statewide averages.

The DMC-ODS does have two areas that exceed state standards for time and distance from services, and Ventura has well-developed telehealth and transportation services that can support these clients in addition to available OON providers. The DMC-ODS can meet the needs of all its SUD beneficiaries through its thoughtful planning and development of services.

## TIMELINESS OF CARE

### BACKGROUND

The amount of time it takes for beneficiaries to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likely the delay will result in not following through on keeping the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track the timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. CalEQRO uses a number of indicators for tracking and trending timeliness, including the Key Components and Performance Measures addressed below.

### TIMELINESS IN VENTURA COUNTY

The DMC-ODS reported timeliness data in aggregate. Further, not all timeliness data presented to CalEQRO represented the full range of providers which makes it challenging to ensure that all beneficiaries have access to timely treatment services.

### TIMELINESS KEY COMPONENTS

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

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

**Table 8: Key Components – Timeliness**

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

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

- Ventura provides NTP/OTP contractors with access/timeliness reports and initiates action by meeting with contracted providers.
- The DMC-ODS is tracking timeliness at all outpatient county-run sites and some but not for all providers and all LOCs.
- The county is not tracking no shows and cancellations for all LOCs. Consequently, it is unclear if there are current performance improvement activities addressing or indicated for no show and cancellation rates across the system.
- The DMC-ODS made significant improvement in timeliness for the first request to first service metric: 92.7 percent of adult clients met the standard, compared to 44.6 percent in FY 2019-20, and 98.1 percent of youth met the standard compared to 53.4 percent in FY 2019-20.
- Timely transition in care rates following residential treatment were lower than statewide averages, especially in the “within seven days” range and the initiation of any performance improvement activities was not evident.

## PERFORMANCE MEASURES

DHCS has established timeliness metrics to which DMC-ODSs must adhere for initial offered appointments for non-urgent outpatient Substance Use Disorder (SUD) services, non-urgent MAT, and urgent care. In preparation for the EQR, DMC-ODSs complete and submit the Assessment of Timely Access form in which they identify DMC performance across several key timeliness metrics for a specified time period.

Additionally, utilizing approved claims data, CalEQRO analyzes DMC performance on withdrawal management readmission and follow up after residential treatment.

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

- First Non-urgent Appointment Offered
- First Non-urgent Appointment Rendered
- Non-Urgent MAT Request to First NTP/OTP Appointment
- Urgent Services Offered
- Average Days for Follow-up Post-Residential Treatment
- Withdrawal Management (WM) Readmission Rates Within 30 Days
- No-Shows

### **DMC-ODS-Reported Data**

For the FY 2021-22 EQR, the DMC-ODS reported its performance for FY 2020-21 on the DMC Assessment of Timely Access form.

- Average wait time of 5.6 days from initial service request to first non-urgent appointment offered for adult services falls within the state standard of ten business days.
- Average wait time is 3.5 days from initial service request to first non-urgent NTP/OTP appointment at the treatment site for adults.
- Average wait time is 5.2 days from initial service request to first non-urgent outpatient appointment offered for youth services.
- Average wait time of 64.8 hours from initial urgent service request to first urgent appointment offered exceeds the DHCS standard of 48 hours.
- The DMC-ODS reported the timeliness data for days from initial service request to the first appointment and to first non-urgent service rendered for the six county-operated outpatient facilities and one contractor-operated outpatient facility.
- Only 11.1 percent of residential clients received post-residential services within the 7-day state standard.

**Table 9: FY 2020-21 DMC Assessment of Timely Access**

<b>FY 2021-22 DMC Assessment of Timely Access</b>			
<b>Timeliness Measure</b>	<b>Average/Rate</b>	<b>Standard<sup>2</sup></b>	<b>% That Meet Standard</b>
First Non-Urgent Appointment Offered	5.6 Days	10 Business Days	89.9%
First Non-Urgent Service Rendered	2.9 Days	10 Business Days*	93.4%
Non-Urgent MAT Request to First NTP/OTP Appointment	3.5 Days	3 Business Days	69.8%
Urgent Services Offered	64.8 Hours	48 Hours	80.5%
Follow-up Services Post-Residential Treatment		7 Days	11.1%
WM Readmission Rates Within 30 Days	11.1%		
No-Shows	4.7%		

\* DMC-ODS standard

### **Medi-Cal Claims Data**

The following data represents DMC-ODS performance related to methadone access and follow-up post-residential discharge, as reflected in the FY 2020-21 claims as reviewed by EQRO.

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

The DMC-ODS NTP providers deliver timely dosing for methadone, exceeding the statewide average. 87.2 percent of county clients compared to 80.4 percent of clients statewide receive their first dose in less than one day.

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<sup>2</sup> DHCS-defined standards, unless otherwise noted.



**Table 10: Days to First Dose of Methadone by Age, CY 2020**

Ventura				Statewide		
Age Groups	Clients	%	Avg Days	Clients	%	Avg. Days
Ages 12-17	-	0.00%	<1	*	n/a	n/a
Ages 18-64	1,426	87.2%	<1	33,027	80.4%	<1
Ages 65+	*	n/a	n/a	*	n/a	n/a
<b>TOTAL</b>	<b>1,635</b>	<b>100.0%</b>	<b>&lt;1</b>	<b>41,093</b>	<b>100.0%</b>	<b>&lt;1</b>

### Transitions in Care

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

Clients who completed residential treatment received a follow-up service within the calendar year just 12.62 percent of the time. This transition rate is lower than the statewide rate of 20.31 percent. Only 2.16 percent had a follow-up service within the 7-day standard.

**Table 11: Timely Transitions in Care Following Residential Treatment, CY 2020**

Ventura (n= 602)			Statewide (n= 49,799)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	13	2.16%	3,757	7.54%
Within 14 Days	21	3.49%	5,160	10.36%
Within 30 Days	34	5.65%	6,422	12.90%
<b>Any days (TOTAL)</b>	<b>76</b>	<b>12.62%</b>	<b>10,112</b>	<b>20.31%</b>

### Residential Withdrawal Management Readmissions

The DMC-ODS has a WM readmission rate of 4.4 percent, which is much lower than the statewide rate of 11.1 percent.

**Table 12: Residential Withdrawal Management Readmissions, CY 2020**

Ventura			Statewide	
Total DMC-ODS admissions into WM	274		11,647	
	#	%	#	%
WM readmissions within 30 days of discharge	12	4.4%	1,291	11.1%

## IMPACT OF FINDINGS

First offered and first rendered non-urgent appointments meet the DHCS standard the majority of the time. However, timeliness to the first urgent appointment meets the DHCS 48-hour standard 80.5 percent of the time, but improvements could be made so that more clients with urgent needs are seen more quickly. Post-residential follow-up is low, with only 2.16 percent of clients seen in another LOC within the 7-day standard. WM readmissions are lower than the statewide average of 11.1 percent, with only 4.4 percent of Ventura clients returning to WM within 30 days of discharge. Depending on the type of service the client is receiving, some clients receive very timely service, and other clients are served at a timely rate lower than the statewide average.

# QUALITY OF CARE

## BACKGROUND

CMS defines quality as the degree to which the PIHP increases the likelihood of desired outcomes of the beneficiaries through:

- Its structure and operational characteristics.
- The provision of services that are consistent with current professional, evidenced-based knowledge.
- Intervention for performance improvement.

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

## QUALITY IN VENTURA COUNTY

In the DMC-ODS, the responsibility for QI is included under the umbrella of the Quality Management Program and resides within the VCBH Administration Division and is overseen by the Administration Division Chief and Compliance Senior Manager and addresses both MH and SUS. The QM program consists of five units that work collaboratively to achieve the goals of the annual QAPI and Performance Improvement Work Plan. The QM units include Quality Assurance, Quality Improvement, Medical Records, Training, and the Pharmacist unit.

QA activities include monitoring compliance with contract requirements, federal and state regulations, and as well as SUS policies and procedures. QA staff are responsible for policy and procedure development; utilization review; inpatient and outpatient service authorization; documentation training; processing provider appeals and beneficiary grievances and appeals; provider credentialing; monitoring provider network adequacy; and ensuring the completion of Medi-Cal site certifications for all internal county programs and contracted providers. In the event that fraud, waste, or abuse are suspected or identified, QA staff make a report to the HCA Compliance Officer and can assist with investigation activities, as well as identify procedures to prevent future incidents and resolve quality of care issues.

QI activities include the use of performance measures and outcome data to identify and prioritize areas of strength and areas for improvement. The QI unit prepares the annual QAPI work plan after evaluating progress on the prior year's QAPI goals. The QAPI includes measurable goals and data which guide QI/QM activities throughout the year.

Additionally, QI staff is responsible for PIP development and oversight. It is also responsible for the QM Action Committee, the multidisciplinary entity which includes community stakeholders and beneficiaries that makes policy and performance improvement recommendations. Other activities include collecting beneficiary/family satisfaction surveys, informing providers of the results, and evaluating beneficiary grievances, appeals and fair hearings at least annually to ensure that practices are in place to address any identified quality of care concerns.

The DMC-ODS monitors its quality processes through the Quality Improvement Committee (QIC) and the annual evaluation of the QAPI workplan. The QIC, comprised of consumer advocates, community members, and county and contractor staff, is scheduled to meet quarterly. Since the previous EQR, the DMC-ODS QIC met four times. Of the eight identified FY 2020-21 QAPI workplan goals, the DMC-ODS either met or partially met all goals. Goals included access, care coordination, cultural competence, contract provider EHR use, beneficiary outcomes and satisfaction, overutilization of services, grievances and appeals, and employee engagement.

## QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD services healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for beneficiaries. These key components include an organizational culture that prioritizes quality, utilizes data to inform and make decisions, engages in QI activities, matches beneficiary needs to appropriate services, coordinates care with other providers, routinely monitors outcomes, satisfaction, and medication practices, and promotes transparent communication with focused leadership and strong stakeholder involvement.

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

**Table 13: Key Components – Quality**

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

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

- Ventura rapidly established telehealth services with minimal interruption to SUD services.
- Ventura demonstrates solid utilization of CM services with 73 percent of clients receiving them
- Some outcome and client data are being collected but evidence of how this may be used to support a system-wide outcome evaluation was not discussed during the review.
- Outcome data from the adult TPS was shared with providers but collaboration with providers to improve or adapt services was not evidenced.
- Youth program evaluations were insufficient or absent. All reports are based on adult data, and there is no data on the youth TPS results.
- County-operated programs have EHR capability to monitor client progress, although line staff reported they do not receive feedback on client progress.
- The CCP describes scheduled meetings with CBOs, beneficiaries, their families, and stakeholders for the purpose of community education and information sharing but these are described as MHSA- focused activities and do not include

a focus on the DMC-ODS. VCBH engages the community through a number of advisory committees, boards, and commissions but the focus of these bodies is on MH services.

## PERFORMANCE MEASURES

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

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

### Diagnosis Data

Table 14 compares the breakdown by diagnostic categories of the DMC-ODS and statewide by the number of beneficiaries served and total approved claims amount, respectively, for CY 2020. The most common diagnosis categories for DMC-ODS clients are Opioid (62.7 percent), Other Stimulant Abuse (15.2 percent), and Alcohol Use Disorder (14.5 percent). With the exception of opioid treatment, the average cost for the treatment of other diagnoses is lower than the statewide average.

**Table 14: Percentage Served and Average Cost by Diagnosis Code, CY 2020**

Diagnosis Codes	Ventura		Statewide	
	% Served	Average Cost	% Served	Average Cost
Alcohol Use Disorder	14.5%	\$4,164	17.6%	\$5,936
Cannabis Use	5.9%	\$1,614	8.0%	\$2,921
Cocaine Abuse or Dependence	0.5%	\$2,432	1.8%	\$5,769
Hallucinogen Dependence	0.0%	\$0	0.2%	\$6,112
Inhalant Abuse	0.0%	\$0	0.0%	\$8,581
Opioid	62.7%	\$5,391	47.4%	\$4,788
Other Stimulant Abuse	15.2%	\$3,257	23.1%	\$5,269
Other Psychoactive Substance	0.0%	\$100	0.1%	\$7,114
Sedative, Hypnotic Abuse	1.1%	\$4,231	0.5%	\$6,077
Other	0.1%	\$641	1.2%	\$2,923
<b>Total</b>	<b>100%</b>	<b>\$4,632</b>	<b>100%</b>	<b>\$4,962</b>

The DMC-ODS had 323 clients who received at least one service of non-methadone MAT. Of those, 60 percent continued on to receive three or more services. Both of these metrics exceed the statewide averages.

## Non-Methadone MAT Services

Table 15: DMC-ODS Non-Methadone MAT Services by Age, CY 2020

Ventura					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
Ages 12-17	*	n/a	*	n/a	*	n/a	*	n/a
Ages 18-64	314	12.1%	187	7.2%	6,698	7.6%	3,227	3.7%
Ages 65+	*	n/a	*	n/a	*	n/a	*	n/a
<b>TOTAL</b>	<b>323</b>	<b>10.8%</b>	<b>194</b>	<b>6.5%</b>	<b>7,146</b>	<b>7.0%</b>	<b>3,397</b>	<b>3.3%</b>

### Residential Withdrawal Management with No Other Treatment

No clients had three or more Residential WM episodes and no other service.

Table 16: Residential Withdrawal Management with No Other Treatment, CY 2020

Ventura			Statewide	
	# WM Clients	% 3+ Episodes & no other services	# WM Clients	% 3+ Episodes & no other services
<b>TOTAL</b>	227	0.00%	8,824	3.34%

### High-Cost Beneficiaries

Tracking the HCBs provides another indicator of quality of care. High cost of care typically occurs when a beneficiary continues to require more intensive care at a greater frequency than the rest of the beneficiaries receiving services. This often indicates system or treatment failures to provide the most appropriate care in a timely manner. Further, HCBs may disproportionately occupy treatment slots that may cause cascading effect of other beneficiaries not receiving the most appropriate care in a timely manner, thus being put at risk of becoming higher utilizers of services themselves. HCB percentage of total claims, when compared with the HCB count percentage, provides a



proxy measure for the disproportionate utilization of intensive services by the HCB beneficiaries.

The DMC-ODS had few clients who met the threshold to be considered an HCB, only 1.4 percent of clients served, but they comprised 5.97 percent of total claims. Statewide, as indicated in Table 18, HCBs comprise 5.42 percent of clients served.

**Table 17: High-Cost Beneficiaries by Age, DMC-ODS, CY 2020**

<b>Ventura</b>						
<b>Age Groups</b>	<b>Total Beneficiary Count</b>	<b>HCB Count</b>	<b>HCB % by Count</b>	<b>Average Approved Claims per HCB</b>	<b>HCB Total Claims</b>	<b>HCB % by Total Claims</b>
Ages 12-17	149	-	n/a	n/a	n/a	n/a
Ages 18-64	2,594	42	1.62%	\$19,039	\$799,645	6.57%
Ages 65+	252	-	n/a	n/a	n/a	n/a
<b>TOTAL</b>	<b>2,995</b>	<b>42</b>	<b>1.40%</b>	<b>\$19,039</b>	<b>\$799,645</b>	<b>5.97%</b>

**Table 18: High-Cost Beneficiaries by Age, Statewide, CY 2020**

<b>Statewide</b>					
<b>Age Groups</b>	<b>Total Beneficiary Count</b>	<b>HCB Count</b>	<b>HCB % by Count</b>	<b>Average Approved Claims per HCB</b>	<b>HCB Total Claims</b>
Ages 12-17	3,980	53	1.33%	\$19,547	\$1,036,014
Ages 18-64	89,545	5,355	5.98%	\$20,688	\$110,786,886
Ages 65+	10,277	217	2.11%	\$20,676	\$4,486,743
<b>TOTAL</b>	<b>103,802</b>	<b>5,625</b>	<b>5.42%</b>	<b>\$20,677</b>	<b>\$116,309,644</b>

### **ASAM Level of Care Congruence**

For initial assessments, the LOC congruence was 79.0 percent, with clinical judgement explaining most of the incongruence (13.0 percent). Follow-up assessment data showed 91.8 percent congruence with the indicated LOC and referred LOC.

**Table 19: Congruence of Level of Care Referrals with ASAM Findings, CY 2020**

Ventura ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
<b>CY 2020</b>						
<b>If assessment-indicated LOC differed from referral, then reason for difference</b>						
Not Applicable - No Difference	0	0.0%	1,793	79.0%	1,475	91.8%
Patient Preference	0	0.0%	117	5.1%	32	2.0%
Level of Care Not Available	0	0.0%	21	0.9%	11	0.7%
Clinical Judgement	0	0.0%	310	13.0%	75	4.7%
Geographic Accessibility	0	0.0%	1	0.04%	0	0.0%
Family Responsibility	0	0.0%	0	0.0%	0	0.0%
Legal Issues	0	0.0%	0	0.0%	0	0.0%
Lack of Insurance/Payment Source	0	0.0%	1	0.04%	0	0.0%
Other	0	0.0%	17	0.7%	13	0.8%
<b>TOTAL</b>	<b>0</b>	<b>0.0%</b>	<b>2,270</b>	<b>100.0%</b>	<b>1,606</b>	<b>100.0%</b>

### Initiation and Engagement

For adults, 88.2 percent initiated treatment after their initial visit, comparable to the statewide percentage of 89.1 percent. For engagement, 81.8 percent of adults continued to engage in services, which was higher than statewide (78.9 percent). Youth had comparable initiation rates compared to statewide (81.3 percent compared to 81.4 percent); however, the engagement for youth dropped off to 53.2 percent, much lower than the statewide rate of 70.1 percent.

**Table 20: Initiating and Engaging in DMC-ODS Services, CY 2020**

	Ventura				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	2,846		155		98,320		3,904	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	2,509	88.2%	126	81.3%	87,609	89.1%	3,179	81.4%
Clients who then engaged in DMC-ODS services	2,053	81.8%	67	53.2%	69,099	78.9%	2,230	70.1%

**Length of Stay**

The mean (average) length of stay was 193 days (median 122 days), compared to the statewide mean of 142 (median 88 days). 57.2 percent of clients had at least a 90-day length of stay; 39.9 percent had at least a 180-day stay, and 28.2 percent had at least a 270-day length of stay.

**Table 21: Cumulative LOS in DMC-ODS Services, CY 2020**

Ventura	Statewide			
Clients with a discharge anchor event	3,335			110,817
LOS for clients across the sequence of all their DMC-ODS services	Mean (Average)	Median (50 <sup>th</sup> percentile)	Mean (Average)	Median (50 <sup>th</sup> percentile)
	193	122	142	88
	#	%	#	%
Clients with at least a 90-day LOS	1,906	57.2%	54,782	49.43%
Clients with at least a 180-day LOS	1,330	39.9%	32,644	29.46%
Clients with at least a 270-day LOS	939	28.2%	20,256	18.28%

## CalOMS Discharge Ratings

The positive discharge status ratings are lower for the DMC-ODS compared to the state (39.3 percent compared to 46.0 percent).

**Table 22: CalOMS Discharge Status Ratings, CY 2020**

Discharge Status	Ventura		Statewide	
	#	%	#	%
Completed Treatment – Referred	384	21.2%	16,988	17.8%
Completed Treatment – Not Referred	70	3.4%	5,541	5.8%
Left Before Completion with Satisfactory Progress – Standard Questions	151	8.3%	13,830	14.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	116	6.4%	7,566	7.9%
<i>Subtotal</i>	<i>721</i>	<i>39.3%</i>	<i>43,925</i>	<i>46.0%</i>
Left Before Completion with Unsatisfactory Progress – Standard Questions	617	34.0%	13,918	14.6%
Left Before Completion with Unsatisfactory Progress – Administrative	406	22.4%	36,618	38.3%
Death	5	0.3%	341	0.4%
Incarceration	63	3.5%	722	0.8%
<i>Subtotal</i>	<i>1,091</i>	<i>60.2%</i>	<i>51,599</i>	<i>54.1%</i>
<b>TOTAL</b>	<b>1,812</b>	<b>100.0%</b>	<b>95,524</b>	<b>100.0%</b>

## IMPACT OF FINDINGS

There could be some improvement in efficiency if providers conducting the initial assessment received all of the information gathered in the initial screenings. This could result in reduced assessment time and could increase the availability of clinicians to conduct treatment sessions.

All clients who received three or more sessions of WM received other treatment, which demonstrates effective WM practices. CalOMS positive discharge ratings are lower than statewide. Initiation and engagement rates for adults are high; however, youth are only engaging in services just over 50 percent of the time. This is low compared to the statewide engagement rate of 70 percent for youth.

# PERFORMANCE IMPROVEMENT PROJECT VALIDATION

## BACKGROUND

Each DMC-ODS is required to have two active and ongoing PIPs, one clinical and one non-clinical, as a part of the plan's QAPI program, per 42 CFR §§ 438.330<sup>3</sup> and 457.1240(b)<sup>4</sup>. PIPs are designed to achieve significant improvement, sustained over time, in health outcomes and beneficiary satisfaction. They should have a direct beneficiary impact and may be designed to create improvement at a member, provider, and/or DMC system level.

CalEQRO evaluates each submitted PIP and provides TA throughout the year as requested individually by the DMC-ODS, hosting quarterly webinars, and maintaining a PIP library at [www.caleqro.com](http://www.caleqro.com).

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

## CLINICAL PIP

### General Information

Clinical PIP Submitted for Validation: Study of client engagement and retention in early outpatient treatment

Date Started: April 2021

Aim Statement: Can the average number of contacts per client within the first 90 days of outpatient treatment, and throughout the duration of treatment, be increased by 5 percent by April 2022, by implementing an intervention in which clients identify an obstacle to attendance and related problem-solving strategy during their treatment planning sessions?

Target Population: The target population consists of all adults over age 18 entering outpatient treatment, of which 62 percent are male and 38 percent are female. 48.6

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<sup>3</sup> <https://www.govinfo.gov/content/pkg/CFR-2019-title42-vol4/pdf/CFR-2019-title42-vol4-sec438-330.pdf>

<sup>4</sup> <https://www.govinfo.gov/content/pkg/CFR-2020-title42-vol4/pdf/CFR-2020-title42-vol4-sec457-1260.pdf>

percent are Mexican or Mexican American, 11.5 percent are Latino, and 39.9 percent are not Hispanic.

#### Validation Information:

The DMC-ODS's clinical PIP is in the implementation and considered active and ongoing.

#### **Summary**

During treatment planning the counselor discusses with the client any potential obstacles to attendance at treatment. Delivery of the intervention will be tracked via a report on the specific field in the treatment plan where obstacles to attendance are identified.

The primary performance indicator is the number of billable treatment contacts a client has within the first 90 days of treatment post-admission. The secondary performance indicator is overall retention in outpatient services, measured by the number of billable treatment contacts between admission and discharge.

#### **TA and Recommendations**

As submitted, this clinical PIP was found to have low confidence, the intervention has not been administered yet and will be administered just once every three months during the treatment planning session. The results will be measurable and could be quite reliable because the data will be extracted from the EHR if the counselor completes the required field on the treatment plan accurately. Performance measures will be whether or not problem solving occurred during treatment planning as noted on the treatment plan and the number of treatment sessions the client attended. Discussing obstacles just one time based on calendar convenience instead of client needs such as missed appointments due to employment changes, childcare, or transportation issues could limit the impact of the intervention and may also be a confounding variable if problem-solving occurs more often with some clients than others. If counselors do not address barriers as they arise there could be a drop in attendance, and barriers may take more than one discussion to adequately address and resolve. Another confounding variable could be the manner in which the counselor follows the training protocol on how to discuss obstacles to treatment and do joint problem-solving.

The TA provided to the DMC-ODS by CalEQRO consisted of:

- Ventura looked at national measures and did extensive research to develop the PIP. They also included clients in the development of the PIP. The primary TA included questioning if just one problem-solving discussion per treatment period would be sufficient to yield a significant change in attendance rates.

- CalEQRO also discussed the importance of training all staff to do the intervention based on the same protocol so that each client is receiving the same intervention.

CalEQRO recommendations for improvement of this clinical PIP include:

- The PIP could be improved if there is not significant reduction in the no show and cancellation rates with a single intervention by comparing clients who received one intervention during treatment planning to a second group of clients that may have cancelled or missed an appointment and then received the intervention. Then three groups could be compared: those whose counselor forgot to problem solve and received no intervention; those who received the intervention once during treatment planning; and third, those who received the intervention based on clinical need. The number of interventions received could be correlated with the number of attended appointments during the first 90 days and also from admission to discharge.

## NON-CLINICAL PIP

### General Information

Non-Clinical PIP Submitted for Validation: Reducing no-shows to assessment appointments for outpatient care.

Aim Statement: Can the percentage of client no-shows and cancellations for assessments be reduced by 5 percent by April 2022, by implementing an intervention in which reminder calls are made the day before a scheduled assessment appointment?

Target Population: The population consists of all youth and adults receiving outpatient services at county operated clinics. The mean age of the baseline population was 34, and most clients were Hispanic.

Validation Information:

The DMC-ODS's non-clinical PIP is in the implementation phase and considered active and ongoing.

### Summary

Ventura is focusing on reducing their no show/cancellation rate for counseling appointments and is going to institute a reminder call the day before the assessment appointment. This will be tracked on the scheduling calendar in a new field where it will be noted whether or not the client confirmed the appointment when they received the reminder call.

## TA and Recommendations

As submitted, this non-clinical PIP was found to have low confidence, because youth and adults may respond differently to the assessment reminder call, which could confound the results. The reminder call may make a significant difference in the no show/cancellation rate for one age group but may not significantly affect the other age group.

The TA provided to the DMC-ODS by CalEQRO consisted of:

- Advising the county that a single intervention prior to an assessment session may not result in significant change in client behavior and outcomes.
- Advising the county that one call may not be sufficient to remind all clients to attend their assessment session the next day.
- Suggesting that the effect may vary based on age group.

CalEQRO recommendations for improvement of this non-clinical PIP include:

- Compare the impact of the intervention for adults and youth separately.
- Consider doing more than one reminder call prior to the assessment if the intervention is not found to be effective early in the intervention process.



# INFORMATION SYSTEMS (IS)

## BACKGROUND

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

## IS IN VENTURA COUNTY

California DMC-ODS EHRs fall into two main categories, those that are managed by county IT and those being operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is Netsmart's myAvatar, which has been in use for 12 years. Currently, the DMC-ODS has no plans to replace the current system, which has been in place for more than five years and is functioning in a satisfactory manner.

Approximately 5.67 percent of the DMC-ODS budget is dedicated to support the IS (County IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is a combined process involving DMC-ODS control and another county department or agency.

The DMC-ODS has 130 named users with log-on authority to the EHR, including approximately 80 staff at county-operated facilities, and 50 staff at contractor-operated facilities. Support for the users is provided by 13 FTE IS technology positions. Currently, all positions are filled, including the three new positions added to the department.

As of the FY 2021-22 EQR, most contract providers have access to directly enter data into the DMC-ODS's EHR. Only the NTPs independently send electronic batch files to the state because they have their own EHRs and prefer to transmit data in this manner. Providing line staff direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors, and it provides superior services for beneficiaries through line staff accessing progress notes and medication lists in the EHR 24/7 that have been entered by all providers to the client. If there is no line staff access, then contract providers submit beneficiary practice management and service data to the DMC-ODS IS as reported in the following table:

**Table 23: Contract Providers’ Transmission of Beneficiary Information to DMC-ODS EHR**

Submittal Method		Frequency	Submittal Method Percentage
<input type="checkbox"/>	Health Information Exchange (HIE) between DMC IS	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch	0%
<input type="checkbox"/>	Electronic Data Interchange (EDI) to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
<input checked="" type="checkbox"/>	Electronic batch file transfer to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly	20%
<input checked="" type="checkbox"/>	Direct data entry into DMC IS by provider staff	<input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	80%
<input type="checkbox"/>	Documents/files e-mailed or faxed to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
<input type="checkbox"/>	Paper documents delivered to DMC IS	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	0%
			100%

### Beneficiary Personal Health Record

The 21st Century Cures Act (Cures Act) of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a PHR enhances beneficiaries’ and their families’ engagement and participation in treatment. The DMC-ODS does not currently offer a PHR but has plans to implement it within the next year. Netsmart has developed their own client portal, scheduled to be released in December 2021. The DMC-ODS has seen demonstrations and believes that this product will be a good fit and comply with requirements of the federal Cures Act.

### Interoperability Support

The DMC is not a member or participant in a HIE. Staff use a secure email messaging system to exchange information with hospitals, MH providers and Whole Person Care.

### IS KEY COMPONENTS

CalEQRO identifies the following key components related to DMC system infrastructure that are necessary to meet the quality and operational requirements necessary to promote positive beneficiary outcomes. Technology, 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 SUD delivery system and organizational operations.

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

**Table 24: Key Components – IS Infrastructure**

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

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

- The DMC-ODS has flexible staffing and a reasonable budget allocation for adequate maintenance of an EHR and other core technology infrastructure.
- The data warehouse, a Netsmart product, is the source for the data analytic dashboards. Ventura has been able to implement Phase 1 of the dashboard project and is utilizing the data for system monitoring and decision-making.
- The DMC-ODS’s fiscal team is current on its claims submissions and has a low denial rate after excluding denials due to errors resolved by DHCS.
- Central IT manages security monitoring and there is no operations continuity plan at the DMC-ODS level.

## IMPACT OF FINDINGS

The DMC-ODS fully met five out of six IS-Key Components. The DMC-ODS QI, EHR, and management teams have collaborated effectively to produce meaningful and current dashboards that assist managers and supervisors with system monitoring. Phase 2 of the dashboard project will be underway soon, adding further data dissemination capacity. Contract providers have access to myAvatar for CalOMS admissions and discharges and some have full access to the EHR. The NTPs are the only providers who do not directly enter data into the EHR. Ventura is currently expanding the use of the EHR.

# VALIDATION OF CLIENT PERCEPTIONS OF CARE

## BACKGROUND

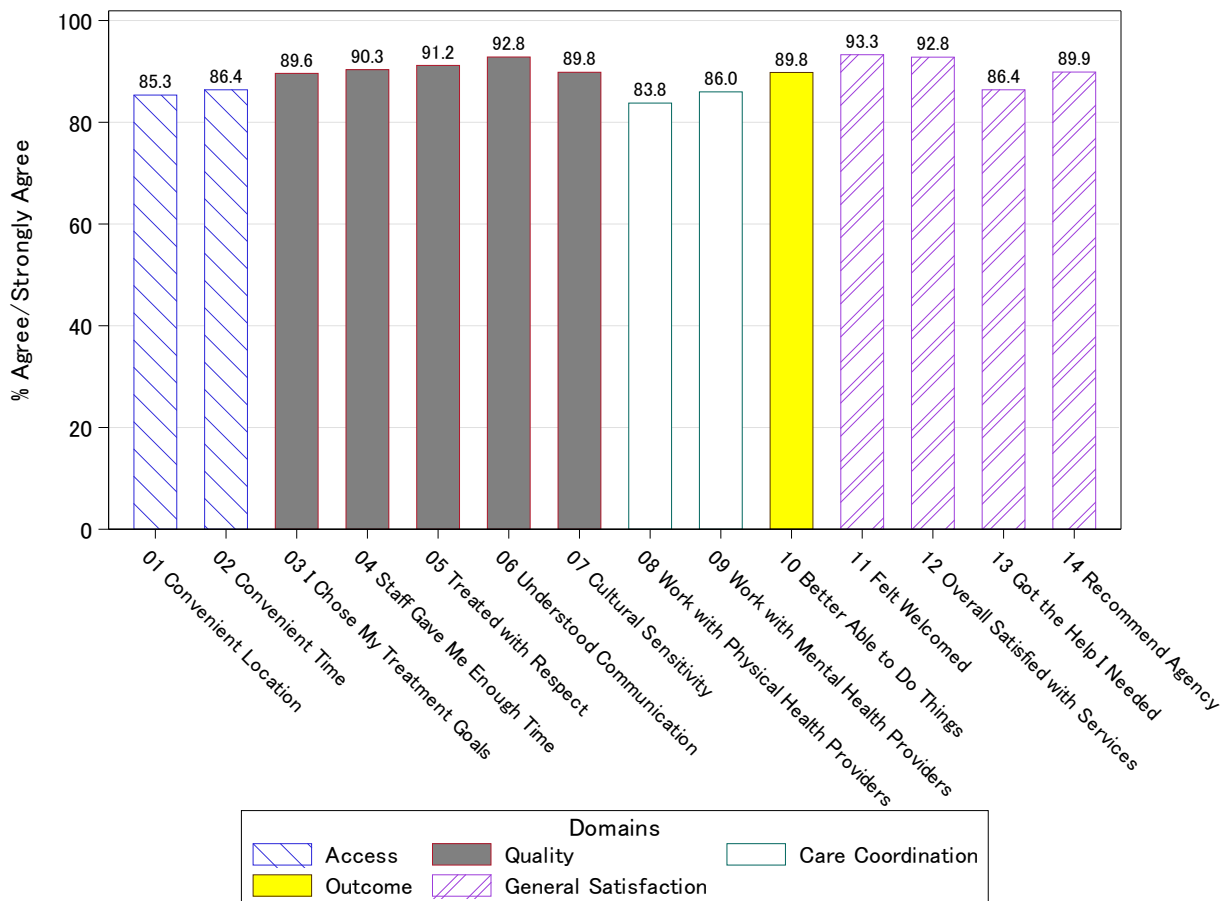
CalEQRO examined available client satisfaction surveys conducted by DHCS, the DMC-ODS, or its subcontractors.

## TREATMENT PERCEPTION SURVEY

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

The Ventura TPS had 239 adult respondents in October 2020 but only received 10 responses from youth, compared to 681 adult responses and no youth responses the previous year. With such a low response rate from youth, the data could not be displayed due to suppression rules. For adult respondents, TPS items were all higher than 80 percent. The lowest rated item was “Work with Physical Health Providers” at 83.8 percent. There was a slight drop in TPS scores for adults from the previous year, although the drop may not reach the level of a significant difference.

**Figure 2: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA**



## CONSUMER FAMILY MEMBER FOCUS GROUP

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

As part of the pre-site planning process, CalEQRO requested two focus groups with clients and/or their family members, containing 10 to 12 participants each.

## Consumer Family Member Focus Group One

CalEQRO requested a 90-minute adult outpatient focus group composed of both males and females who started services within the past 12 months. The focus group was held via teleconferencing due to the COVID-19 pandemic and included four participants. All four participants spoke English, so language interpretation services were not needed.

Participants were first facilitated through a group process to rate each of nine items on a survey, and discussion was encouraged. The facilitator 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. The facilitators further explained that the goal of the survey is to understand the clients' experiences and generate recommendations for system of care improvement.

Participants described their experience as the following:

**Table 25: CFM Focus Group One**

Question	Average	Range
1. I easily found the treatment services I needed.	4.6	3-5
2. I got my assessment appointment at a time and date I wanted.	4.4	3-5
3. It did not take long to begin treatment soon after my first appointment.	4.6	4-5
4. I feel comfortable calling my program for help with an urgent problem.	4.6	4-5
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	3.2	1-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	4.2	3-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	4.2	3-5
8. Because of the services I am receiving, I am better able to do things that I want.	4.4	4-5
9. I feel like I can recommend my counselor to friends and family if they need support and help.	4.6	4-5

In summary, clients learned about the program from a variety of sources including their PCP, Probation, and a DUI program. Although treated with respect, clients would have preferred an in-person intake instead of a phone assessment.

Clients were informed about MAT services, and one client began MAT right after his assessment, and another client also learned about MAT as an option during the intake process, but it took about three weeks to begin MAT services. A third client was offered MAT to help with withdrawal but declined. Staff stayed in contact with the client in case she needed MAT later in her treatment process.

Collaboration, from the client perspective, to receive MH services has not been as efficient. One person is experiencing depression and is still waiting for a call-back from MH to be evaluated and receive services. Another client has been waiting over 40 days for MH services, although MH does call the client to assess for suicidal symptoms. A third client told their counselor they were in crisis and the counselor gave the client a referral to MH but “MH has not fully responded.”

Clients feel the program is supportive during times of relapse. Clients are encouraged to self-disclose if they have used. When someone does relapse, staff seems to respond with “kindness” and understanding, and an effort to process the relapse to understand the causes for the relapse. The group is included in processing with the client in a supportive fashion and to help group members understand their own risk profile.

Clients reported the program is effective in helping learn coping tools and strategies and they do feel they are making progress in their recovery. They also strongly feel their various cultures are supported and respected. One client who has received previous treatment finds this program more effective and they are “totally satisfied.”

Recommendations from focus group participants included:

- Adding videos with information on various aspects of recovery to add variety and different points of view to group sessions.
- Scheduling more individual sessions and have them scheduled at a specific time, not just at the last minute. They would also “possibly” like to meet other counselors in the program and get input from other professionals. Another client felt if they knew more about the other counselors, they might be able to make a decision about who would be the best fit for them.
- Having recovery information more concrete and ‘tangible,’ consolidated in one place such as a web-based platform that is accessible for clients.
- Occasionally have face-to-face sessions, including both individual and group sessions.
- Provide more information on medications for addiction.

### **Consumer Family Member Focus Group Two**

CalEQRO conducted one 90-minute focus group with consumers (DMC-ODS beneficiaries) and/or their family members on the second day of the site review.

CalEQRO requested a women’s residential focus group for women current receiving residential services. The focus group was held at New Starts for Moms via videoconferencing due to the COVID-19 pandemic and included eight female participants, and the preferred language for all participants was English. Seven of the eight participants started services in the past 12 months.

Participants were first facilitated through a group process to rate each of nine items on a survey, and discussion was encouraged. The facilitator 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. The facilitators further explained that the goal of the survey is to understand the clients’ experiences and generate recommendations for system of care improvement.

Participants described their experience as the following:

**Table 26: CFM Focus Group Two**

Question	Average	Range
1. I easily found the treatment services I needed.	4.1	3-5
2. I got my assessment appointment at a time and date I wanted.	3.8	1-5
3. It did not take long to begin treatment soon after my first appointment.	4.4	3-5
4. I feel comfortable calling my program for help with an urgent problem.	4.4	3-5
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	4.0	2-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	4.2	2-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	4.5	2-5
8. Because of the services I am receiving, I am better able to do things that I want.	3.5	2-5
9. I feel like I can recommend my counselor to friends and family if they need support and help.	4.4	3-5

Clients found it difficult to access the program. For example, one client tried to reach the program by calling for a week with no response so finally just came in, and another person had to call multiple times a day. Clients also reported that clients can come on the day they were told they would be admitted and then come in and be told their bed



was taken. One person knows two people that got discouraged and did not wait again for another bed to become available.

All clients found the therapists helpful and professional, but some found the counselors unprofessional and difficult to reach. One person reported she met with her counselor fairly soon after entering the program, yet another client reported that after waiting six weeks for a counselor, her sister called and then it took another week to see the counselor.

Clients reported that urgent issues are not always responded to promptly, that it depends on the counselor. One client put in a request to have an individual session with a counselor over a week ago and has not heard back yet. One woman summarized it by saying if there is an urgent need, "You have to make an appointment and just wait it out." Another client reported she had a physical issue, was not shown compassion, was then drug tested twice, and staff ignored her physical pain. The client reported that the program did not send her to a doctor but gave her Ibuprofen and told her to rest and never asked if she was doing better.

One client feels like she is "just getting sober time in the program." Groups often consist of doing multiple crafts in succession because the program is short staffed, but they have learned some coping skills. Clients felt that the therapists do well, but counselors seem to lack experience and professionalism.

Client responses about medication and MAT varied. One client is on methadone and reported no problems because she is able to have it on-site. Another has missed several appointments with her methadone counselor because the front office did not tell her the counselor had called. Another client came with her MAT but was not allowed to take it until it was prescribed by their own doctor, so she had withdrawal symptoms.

Three clients reported satisfaction with the program. One client feels happy here, likes the program, and feels it is helpful because they do two groups a day. Another thinks program has saved her life and that of her children, and a third feels like the counselor is "like a mom" to her because she goes the extra mile and helps her with her CPS case. This woman also stated there are a few counselors that are not as good, but they are probably overworked. Clients feel like staff have to do a lot of paperwork and carry "huge caseloads," so they lack client time.

Group topics include self-love, relapse prevention, healthy relationships, Matrix, health education, anger management, Triple P Parenting, beyond trauma, and safe coping, but sessions are cancelled quite frequently, and clients are told to have quiet time or watch a movie.

All clients feel they spend more time cleaning than they do learning. They stated they do not mind cleaning; they just want to learn more since they spend more time cleaning than in sessions. Clients do appreciate having a follow up appointment one month after

they discharge from the program. All clients said the food is nutritious and there is good variety, and that “Food is the favorite part of the program.” They also appreciated that they could exercise because the property is large and has a track.

Recommendations from focus group participants included:

- Have a workbook for the classes so that the instruction is cumulative instead of random.
- Provide orientation and a client handbook upon admission. Make sure it is updated and has all pages copied because often there are missing pages.
- Several clients reported that more counselors would be helpful as clients currently receive just one 60-minute individual session per week and would prefer more frequent contact. Individually assigned case managers was also suggested.
- Individual sessions can be impacted if their counselor is sick or on vacation.
- Clients also recommended expanding AA meeting availability to more than one meeting per week.
- A better answering service, or a live person answering the phone would be helpful. Clients also stated that the program should not offer someone admission if they do not have an available bed.

## IMPACT OF FINDINGS

Client feelings about the residential program were mixed, with only three of the eight clients feeling positive about their experience in the program. Clearly clients would like to spend more time working on their recovery through more psychoeducation and process groups and have fewer craft groups and less free time. It also appears that the program is under-staffed, resulting in reduced quality and quantity in the services clients receive.

Outpatient clients were generally satisfied with their services and felt they were making progress toward recovery. They, too, though would appreciate more time in individual sessions, and would appreciate more in-person services.

## CONCLUSIONS

During the FY 2021-22 annual review, CalEQRO found strengths in the DMC-ODS's programs, practices, and IS that have a significant impact on beneficiary outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective DMC-ODS managed care system.

## STRENGTHS

1. The DMC-ODS rapidly established telehealth services with minimal interruption to SUD services in response to the COVID-19 pandemic. They were able to expand their ability to obtain consents to include telehealth, use verbal options, and obtain consent for care coordination electronically. These additions have assisted them in their ability to continue services for clients despite the public health restrictions. (Access, Timeliness)
2. The DMC-ODS has strong collaborations with several partners and stakeholders. For example, DMC-ODS collaboration for juveniles and AB109 clients involves partnerships with the Ventura County Juvenile Court and other courts, the Ventura County Public Defender's office, the Ventura County District Attorney's office, Ventura County Office of Education and Public Health. These collaborations are positive, and benefit clients involved with the court system. (Access, Quality)
3. Ventura has embedded a SUS clinic in the county hospital and developed a SUD training program for physicians interning in the hospital. (Access, Quality)
4. Ventura has developed a successful opioid coalition, COAST, which provides information cards and notices for overdose prevention, naloxone availability, and access to RS. The coalition communicates their messages in a manner that is clear and easily understandable to the target population. (Access, Quality)
5. The DMC-ODS has flexible staffing and a reasonable budget allocation for adequate maintenance of an EHR and other core technology infrastructure; the county has implemented Phase 1 of the dashboard project. (IS)
6. Overall, the penetration rate in the DMC-ODS is higher than the statewide penetration rate (1.75 percent compared to 1.03 percent), and that of other large counties. (Access)

## OPPORTUNITIES FOR IMPROVEMENT

1. The average approved claims for IOT are only \$180 with a penetration rate of 1.8 percent of beneficiaries, which is much lower than the statewide average rate of 6.4 percent and \$966. Claims data indicates that DMC-ODS beneficiaries are receiving a negligible amount of IOT. Increasing the number of clients in IOT along with the LOS could be helpful in assisting some clients in their recovery process, particularly those exiting residential care. The rates for residential care and WM are also lower than the statewide averages. (Quality)
2. Neither the QAPI nor the CCP utilized measurable goals to address the needs of SUD clients. (Quality)
3. The Ventura BHAB appears to focus on MHSA projects. It would be beneficial to have both MH and SUS addressed by the BHAB. Similarly, the department's Office of Health Equity and Cultural Diversity outreach could include SUS outreach more equal to the level it provides MH outreach. (Quality, Access)
4. Currently there are no strong collaborative relationships with faith-based organizations. Working with faith-based organizations can potentially expand information, outreach, and services in the community. (Access)
5. Program efficacy would benefit from setting outcome measures and goals beyond the current focus on initiation and engagement, as evidenced by CalOMS data that shows 39.3 percent of Ventura clients complete treatment with satisfactory progress which is lower than the statewide average of 46.0 percent. (Quality)

## RECOMMENDATIONS

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

1. Continue efforts to expand RS, as both billed units and average claims per month are low for a large county and less than half the statewide average. Expanding use of RS was a recommendation in the prior EQR and continuing efforts to increase this service will benefit the recovery process for DMC-ODS beneficiaries. (Access, Quality)
2. Expand timeliness tracking across the system to allow the county to expand its quality improvement activities and enhance client care. Currently, the ODS is tracking county-provided outpatient timeliness but not provider timeliness and other LOCs, nor is it tracking no-shows and cancellations for all LOCs.

3. Provide expanded data analysis on youth services; evaluate and implement areas for improvement to increase the quality of care and the number of youths served. Youth had comparable initiation rates compared to statewide rates (81.3 percent compared to 81.4 percent); however, after entering treatment, engagement for youth dropped off to 53.2 percent, which is much lower than the statewide rate of 70.1 percent. An increased focus on youth services was a recommendation in the prior EQR and expanding this focus will benefit Ventura youth. (Quality, Access)
4. The CCP is primarily focused on MH services and includes limited focus on the DMC-ODS. There is evidence of meeting linguistic needs for SUS clients, but strategies addressing the cultural, racial, and ethnic needs of these clients is not articulated. The plan includes a great deal of data on MH clients and services but there is no data on SUD services and clients. Although the Cultural Competency report on trainings includes trainings focused on MH needs, there are no SUD-specific trainings, nor mention of substance use as it relates to cultural competency. Providing a more balanced focus on both MH and substance use treatment when addressing cultural competence will be beneficial for all clients. (Quality, Access)
5. Ventura should continue to take meaningful steps to identify redundant or duplicative documentation requirements and make necessary workflow adjustments. Both county staff and providers reported paperwork is burdensome, adding to counselor burn-out and difficulty enlisting and maintaining a trained, effective counseling workforce. Ventura has developed a new referral tool that gathers additional assessment information and is going to form a staff advisory group that will provide input on documentation and clinical workflow. Ventura will expand on these existing efforts. Addressing redundant paperwork will result in increased counselor availability and morale and will also assist in providing more timely treatment for clients. (Quality)

## **SITE REVIEW BARRIERS**

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

Due to the California Governor's Executive Order N-33-22 it was not possible to conduct an on-site external quality review of the DMC-ODS. Consequently, some areas of the review were limited.

## **ATTACHMENTS**

ATTACHMENT A: CalEQRO Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: Additional Performance Measure Data

ATTACHMENT E: County Highlights

## ATTACHMENT A: CALEQRO REVIEW AGENDA

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

**Table A1: CalEQRO Review Sessions – Ventura DMC-ODS**

<b>Table A1: CalEQRO Review Sessions - Ventura DMC-ODS</b>
Opening session: Changes in the past year, current initiatives, status of previous year's recommendations, CalAIM progress, baseline data trends and comparisons, and dialogue on results of performance measures
Quality Improvement Plan, implementation activities, and evaluation results, timelines, grievance process, cultural competence, penetration rates, NACT
Information systems capability assessment (ISCA)/fiscal/billing, EHR, claims processing, interface with MH and primary care, telehealth
Call Center staff: linkage, Case Management, transportation, data systems
DMC-specific data use: TPS, ASAM LOC Placement Data, CalOMS, timeliness, critical indicators, interface with contract providers, NACT, report use
PIPs
Health Plan, primary and specialty health care, and mental health coordination with DMC-ODS, homelessness
Medication-assisted treatments (MATs): staffing, care coordination, data tracking, opioid prevention
ASAM Continuum of Care and fidelity, training, capacity expansion
Criminal justice coordination with DMC-ODS
Contract providers group interview: communication with DMC, call center, RS, ASAM, outcomes and quality, data interface, CalAim
Clinical line staff group interview: county and contracted
Client/family member focus groups including adult outpatient and residential treatment
Key stakeholders and community-based service agencies group interview
Exit interview: strengths and opportunities, questions, and next steps



## ATTACHMENT B: REVIEW PARTICIPANTS

### **CalEQRO Reviewers**

Sue Nelson, EdD – Lead Quality Reviewer

Jan Tice – Second Quality Reviewer

Melissa Mollard-Martin, PhD – Information Systems Reviewer

Luann Baldwin, LCSW - Consumer/Family Member Consultant

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 Ventura's DMC-ODS Review

### **DMC-ODS and Contract Provider Sites**

All sessions were held via video conference.

**Table B1: Participants Representing the DMC-ODS**

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Agency</b>
<b>Adam</b>	Allison	Management Assistant – Loretta Denering	VCBH - SUS
<b>Ashur</b>	Ophra	Compliance Senior Manager	VCBH - QM
<b>Blake</b>	Jeff	CFO	Western Pacific
<b>Block</b>	Sherri	Director of Nursing	HCA
<b>Burt</b>	Sloane	Quality Improvement Manager	VCBH – Quality Improvement
<b>Burke</b>	Shannon	Clinician-BHI	VCBH
<b>Caceres</b>	Glenda	Counselor	VCBH
<b>Cahuantzi</b>	Itzel	Counselor	VCBH
<b>Calica</b>	Anne	Clinic Administrator	Aegis Treatment Centers - Ventura
<b>Campos</b>	Sergio	Clinician	VCBH
<b>Catapusan</b>	Anita	Manager	VCBH – SUS DMC- ODS Plan
<b>Chen</b>	Yvette	Program Administrator	VCBH - QI
<b>Clemore</b>	Brandy	Compliance Coordinator	Prototypes
<b>Connelly- Cumming</b>	Nancy	Clinician	VCBH – SUS Care Coordination and Beneficiary Access
<b>Cooper</b>	Dr. Jason	Medical Director	VCBH
<b>Corona</b>	Eileen	Clinic Administrator	VCBH – SUS Oxnard
<b>Davis</b>	Dr. Jessica	Manager	VCBH – SUS Treatment Services
<b>Denering</b>	Dr. Loretta	Division Chief	VCBH – Substance Use Services
<b>Donovan</b>	Leisa	Senior Manager	VCBH – Fiscal/Accounting
<b>Dougherty</b>	Jennifer	Senior Manager	VCBH – Youth & Family Services
<b>Duenas</b>	Alicia	Program Administrator	VCBH – Technical Projects

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Agency</b>
<b>Dugan</b>	Cheryl	Clinician - Utilization Review	VCBH – Quality Management
<b>Duran</b>	Jose L.	Community Services Coordinator	VCBH – SUS Oxnard
<b>Egan</b>	Narcisa	Assistant CFO	HCA
<b>Escoto</b>	Susan	Clinician	VCBH
<b>Espana</b>	Brandon	Counselor	Tarzana Treatment Centers
<b>Fekete</b>	Doreen	Senior Program Administrator	VCBH – Fiscal/Accounting
<b>Flores</b>	Anna	Manager	VCBH – SUS DUI Programs
<b>Ford</b>	Cris	Clinic Administrator	VCBH – SUS Simi Valley
<b>Ford</b>	Lucy	Clinician	VCBH – SUS Simi Valley
<b>Garcia</b>	Ivanna	N/A	AAP
<b>Glantz</b>	Julie	Senior Manager	VCBH – Adult Services
<b>Goldner</b>	Richard	Senior Program Administrator	VCBH – QI
<b>Handel</b>	Deanna	Manager	HCA – VCMC Whole Person Care
<b>Hickman</b>	Mark	President and CEO	Western Pacific
<b>Hicks</b>	Daniel	Manager	VCBH – SUS Prevention Services
<b>Huey</b>	Chris	Clinic Administrator	VCBH – SUS Ventura and Fillmore
<b>Johnson</b>	Dr. Sevet	Director	VCBH
<b>Juarez</b>	Michael	Executive Director	Alternative Action Programs
<b>Kahn</b>	Tipu	Physician	VCBH
<b>Kaplan</b>	Janet	Senior Program Administrator	VCBH – SUS Prevention Services
<b>Keeler</b>	Samantha	Clinician	VCBH – SUS Care Coordination and Beneficiary Access
<b>Kramer</b>	Barbara	Program Administrator	VCBH – Contracts

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Agency</b>
<b>Lamalu</b>	Tamara	Clinic Administrator	Aegis Treatment Centers – Santa Paula
<b>Lambert</b>	Rachel	Director of Care Management	Gold Coast
<b>Lee</b>	Karen	Manager	VCBH – QA
<b>Leggett</b>	Cindy	IT Supervisor	HCA/VCBH
<b>Lopez</b>	Cindi	Clinic Manager	Alternative Action Programs
<b>Lubell</b>	Courtney	Manager	VCBH – Special Projects
<b>Luz</b>	Gabrielle	Office Assistant	VCBH
<b>Malandra</b>	Nicole	Clinician	Prototypes/Healthright 360
<b>Marrero</b>	Lucy	Director of Behavioral Health	Gold Coast HCP
<b>McDuffee</b>	Rachel	Regional Clinic Manager	Aegis Treatment Centers
<b>Medina</b>	Leo	Clinic Administrator	VCBH – SUS Care Coordination and Beneficiary Access
<b>Mendoza</b>	Juan	Billing Manager	VCBH- Fiscal/Accounting
<b>Meza</b>	Maria	Clinic Administrator	Aegis Treatment Centers – Oxnard
<b>Mikkelson</b>	Sandra	Program Administrator	VCBH – QI
<b>Miller</b>	Ronald	Clinician	VCBH
<b>Montoya</b>	Alyssa	Administrative Assistant	VCBH- QA
<b>Mulford</b>	Kathy	Senior Manager	VCBH – Substance Use Services
<b>Nagle</b>	Laura	Clinic Administrator	VCBH – Youth & Family Services – Juvenile Justice
<b>Napolitano</b>	Dr. Ralph	Physician	AAP
<b>Neal</b>	Kathy	Executive Director, Health Services	Gold Coast

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Agency</b>
<b>Nettles</b>	Ashley	Administrative Assistant	VCBH
<b>Ortiz</b>	Lillian	Clinician	VCBH – SUS Simi Valley
<b>Ortiz</b>	Ruben	Clinic Administrator	Western Pacific
<b>Padilla</b>	Rosa	Probation Officer	VC Probation
<b>Pappas</b>	Chelsea	Clinic Administrator	Aegis Treatment Centers – Simi Valley
<b>Paz</b>	Guadalupe	Probation Officer	VC Probation
<b>Preciado</b>	Pauline	Director of Population	Gold Coast Health Plan
<b>Rabinovitz</b>	Katheryn	Program Administrator	VCBH – QI
<b>Riddle</b>	Angela	Manager	VCBH – Training
<b>Rivera</b>	John	Clinic Administrator	VCBH – SUS DUI Oxnard
<b>Rojas</b>	Michelle	Program Administrator	VCBH – Technical Projects
<b>Roman</b>	Dave	Senior Program Administrator	VCBH – Technical Projects
<b>Rosenstein</b>	Dr. Irving	Physician’s Assistant	VCBH
<b>Rosier</b>	Stephanie	Early Recovery Specialist	Aegis-Ventura
<b>Salas</b>	Cynthia	Manager	VCBH – Health Equity and Cultural Diversity
<b>Sanchez</b>	Juan	Management Assistant	VCBH – SUS
<b>Sanchez</b>	Sara	Manager – Crisis Team	VCBH
<b>Schipper</b>	Dr. John	Division Chief	VCBH – Adult Services
<b>Schmidt</b>	Erin	Regional Director	Western Pacific
<b>Seal</b>	Maryza	Manager	VCBH – Contracts
<b>Shafa</b>	Shahram	Clinic Administrator	VCBH – SUS Thousand Oaks
<b>Shah</b>	Brinda	Senior Program Administrator	VCBH – QI
<b>Simental</b>	Cindy	Clinic Administrator	VCBH

<b>Last Name</b>	<b>First Name</b>	<b>Position</b>	<b>Agency</b>
<b>Stuthers</b>	Silvana	Clinician	VCBH – SUS Care Coordination and Beneficiary Access
<b>Star</b>	Keith	Clinic Manager	Tarzana Treatment Centers – Los Angeles
<b>Stuart</b>	Jennifer	Senior Registered Nurse	VCBH - MAT
<b>Swanson</b>	Kaj	Clinic Administrator	VCBH – SUS AB109 Programs
<b>Thomas</b>	Alice	Clinician	VCBH
<b>Torres</b>	April	Vice President of Behavioral Health, Southern California	Prototypes/Healthright 360
<b>Tovar</b>	David	Policy Analyst	Gold Coast
<b>Ummer</b>	Faizal	Program Administrator	VCBH – EHR - QI
<b>Valdivia</b>	Angelic	Program Director	Prototypes/Healthright 360
<b>Van Steen</b>	Heather	Administrative Supervisor	Prototypes/Healthright 360
<b>Villegas</b>	Alexis	Program Administrator	VCBH – QI
<b>Vlaskovits</b>	Joseph	Medical Director	VCBH
<b>Volf</b>	Dr. Eleonora	Pharmacist	VCBH
<b>Warren</b>	Liz	Client Advocate	Client Network
<b>Washington</b>	Chauntrece	Manager	VCBH – SUS QA
<b>White Wood</b>	Susan	Senior Manager	VCBH – Housing
<b>Wright</b>	Megan	Clinician	VCBH – SUS Ventura
<b>Yanez</b>	Terri	Division Chief	VCBH – Administration
<b>Yomtov</b>	Dani	Program Administrator	VCBH – QI
<b>Zanolini</b>	Dr. Shanna	Senior Program Administrator	VCBH – QI
<b>Zapeda</b>	Geneveve	Clinical Nurse Manager – Utilization Review	VCBH - QM

## ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

### Clinical PIP

**Table C1: Overall Validation and Reporting of Clinical PIP Results**

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> →High confidence <input type="checkbox"/> →Moderate confidence <input checked="" type="checkbox"/> →Low confidence <input type="checkbox"/> →No confidence	The PIP is in the implementation phase so it cannot yet be determined if the data analysis was conducted appropriately.
<b>General PIP Information</b>	
<b>Mental Health MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name: Ventura</b>	
<b>PIP Title:</b> Study of client engagement and retention in early outpatient treatment.	
<b>PIP Aim Statement:</b> Can the average number of contacts per client within the first 90 days of outpatient treatment be increased by 5 percent by April 2022, by implementing an intervention in which clients identify an obstacle to attendance and related problem-solving strategies during their treatment planning session?	
<b>Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)</b> <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)	
<b>Target age group (check one):</b> <input type="checkbox"/> Children only (ages 0–17)* <input checked="" type="checkbox"/> Adults only (age 18 and over) <input type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:	
<b>Target population description, such as specific diagnosis (please specify):</b>	

The pre-intervention population includes all adult clients (ages 18 and above) admitted to DMC-ODS outpatient services between July 1, 2020, and June 30, 2021. The majority of clients were Hispanic, of which 37.6 percent were female and 62.4 percent were male. Alcohol use, cannabis, and opioid use disorders were the most common diagnoses.

**Improvement Strategies or Interventions (Changes in the PIP)**

Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach)  
 Clients and counselors will problem solve to address barriers to treatment attendance.

Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach)  
 Counselors and clients will problem solve any barriers to treatment attendance during the treatment planning phase.

MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools)  
 n/a

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Intervention to identify and address obstacles to attendance will help improve client retention, as indicated by increased average number of contacts per episode, in the first 90 days of treatment.	2021	Sample size = 900 clients. Rate =9.4 contacts per client in the first 90 days of treatment.	<input checked="" type="checkbox"/> Not applicable— PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):



Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Intervention to identify and address obstacles to attendance will help improve client retention, as indicated by increased average number of contacts per episode, in the overall treatment episode (admission to discharge)	2021	Sample size = 740 clients. Rate = 15.4 contacts per client from admission to discharge.	<input checked="" type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):
			<input type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

**PIP Validation Information**

**Was the PIP validated?**  Yes  No

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

**Validation phase (check all that apply):**

PIP submitted for approval     
 Planning phase     
 Implementation phase     
 Baseline year  
 First remeasurement     
 Second remeasurement     
 Other (specify):

Validation rating:  
 High confidence  
 Moderate confidence  
 Low confidence  
 No confidence  
“Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

**EQRO recommendations for improvement of PIP:**

The PIP could be improved if there is not significant improvement in retention rates with this intervention. The reduction in the no show and cancellation rates with a single intervention by comparing clients who received one intervention during treatment planning to a second group of clients that may have cancelled or missed an appointment and then received the intervention. Then three groups could be compared: those whose counselor forgot to problem solve and received no intervention; those who received the intervention once during treatment planning; and third, those who received the intervention based on clinical need. The number of interventions received could be correlated with the number of attended appointments from admission to discharge.

## Non-Clinical PIP

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

PIP Validation Rating (check one box)	Comments
<input type="checkbox"/> →High confidence <input type="checkbox"/> →Moderate confidence <input checked="" type="checkbox"/> →Low confidence <input type="checkbox"/> →No confidence	
<b>General PIP Information</b>	

<b>Mental Health MHP/DMC-ODS/Drug Medi-Cal Organized Delivery System Name:</b> Ventura
<b>PIP Title:</b> Reducing no-shows to assessment appointments for outpatient care.
<b>PIP Aim Statement:</b> Can the percentage of client no-shows and cancellations for assessments be reduced by 5 percent by April 2022, by implementing an intervention in which reminder calls are made the day before a scheduled appointment?
<b>Was the PIP state-mandated, collaborative, statewide, or MHP/DMC-ODS choice? (check all that apply)</b> <input type="checkbox"/> State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic) <input type="checkbox"/> Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases) <input checked="" type="checkbox"/> MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)
<b>Target age group (check one):</b> <input type="checkbox"/> Children only (ages 0–17)* <input type="checkbox"/> Adults only (age 18 and over) <input checked="" type="checkbox"/> Both adults and children *If PIP uses different age threshold for children, specify age range here:
<b>Target population description, such as specific diagnosis (please specify):</b> Target population includes all adults and youth in outpatient treatment, most of which are male.
<b>Improvement Strategies or Interventions (Changes in the PIP)</b>
Member-focused interventions (member interventions are those aimed at changing member practices or behaviors, such as financial or non-financial incentives, education, and outreach) Clients are contacted the day prior to their assessment to confirm the appointment.
Provider-focused interventions (provider interventions are those aimed at changing provider practices or behaviors, such as financial or non-financial incentives, education, and outreach) Clinic staff contact the client and confirm the assessment appointment and then designate on the scheduling calendar whether or not the appointment was confirmed.
MHP/DMC-ODS-focused interventions/system changes (MHP/DMC-ODS/system change interventions are aimed at changing MHP/DMC-ODS operations; they may include new programs, practices, or infrastructure, such as new patient registries or data tools) n/a

Performance measures (be specific and indicate measure steward and NQF number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
No-show/ cancellation rate to clinical appointments	2020	11,813 Rate = 22.4 percent	<input checked="" type="checkbox"/> Not applicable—PIP is in Planning or implementation phase, results not available		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify P-value: <input type="checkbox"/> <.01 <input type="checkbox"/> <.05 Other (specify):

**PIP Validation Information**

**Was the PIP validated?**  Yes  No  
 “Validated” means that the EQRO reviewed all relevant part of each PIP and made a determination as to its validity. In many cases, this will involve calculating a score for each relevant stage of the PIP and providing feedback and recommendations.)

**Validation phase (check all that apply):**  
 PIP submitted for approval       Planning phase       Implementation phase       Baseline year  
 First remeasurement       Second remeasurement       Other (specify):

Validation rating:  High confidence       Moderate confidence       Low confidence       No confidence  
 “Validation rating” refers to the EQRO’s overall confidence that the PIP adhered to acceptable methodology for all phases of design and data collection, conducted accurate data analysis and interpretation of PIP results, and produced significant evidence of improvement.

**EQRO recommendations for improvement of PIP:**  
 Compare the impact of the intervention for adults and youth separately.  
 Consider doing more than one reminder call if the intervention is not effective early in the intervention process.

## ATTACHMENT D: ADDITIONAL PERFORMANCE MEASURE DATA

**Table D1: CalOMS Living Status at Admission, CY 2020**

Admission Living Status	Ventura		Statewide	
	#	%	#	%
Homeless	179	10.0%	25,577	27.9%
Dependent Living	877	48.2%	22,882	25.5%
Independent Living	773	41.8%	43,711	46.6%
<b>TOTAL</b>	<b>1,829</b>	<b>100.0%</b>	<b>92,170</b>	<b>100.0%</b>

**Table D2: CalOMS Legal Status at Admission, CY 2020**

Admission Legal Status	Ventura		Statewide	
	#	%	#	%
No Criminal Justice Involvement	1,040	56.9%	58,971	64.0%
Under Parole Supervision by CDCR	32	1.7%	1,849	2.0%
On Parole from any other jurisdiction	26	1.4%	1,305	1.4%
Post release supervision - AB 109	652	35.6%	23,836	25.9%
Court Diversion CA Penal Code 1000	10	0.5%	1,382	1.5%
Incarcerated	0	0.0%	442	0.5%
Awaiting Trial	69	3.8%	4,348	4.7%
<b>TOTAL</b>	<b>1,829</b>	<b>100.0%</b>	<b>92,133</b>	<b>100.0%</b>

**Table D3: CalOMS Employment Status at Admission, CY 2020**

Current Employment Status	Ventura		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	253	13.8%	10,461	11.3%
Employed Part Time - Less than 35 hours	199	10.9%	6,784	7.4%
Unemployed - Looking for work	658	36.0%	28,853	31.3%
Unemployed - not in the labor force and not seeking	719	39.3%	46,072	50.0%
<b>TOTAL</b>	<b>1,829</b>	<b>100.0%</b>	<b>92,170</b>	<b>100.0%</b>

**Table D4: CalOMS Types of Discharges, CY 2020**

Discharge Types	Ventura		Statewide	
	#	%	#	%
Standard Adult Discharges	1,111	61.3%	40,731	42.6%
Administrative Adult Discharges	590	32.6%	45,247	47.4%
Detox Discharges	53	2.9%	7,946	8.3%
Youth Discharges	58	3.2%	1,600	1.7%
<b>TOTAL</b>	<b>1,812</b>	<b>100.0%</b>	<b>95,524</b>	<b>100.0%</b>

## ATTACHMENT E: COUNTY HIGHLIGHTS

None at this time.