Behavioral Health Concepts, Inc.
5901 Christie Avenue, Suite 502
Emeryville, CA 94608

info@bhceqro.com
www.caleqro.com
855-385-3776

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

YOLO DMC-ODS REPORT

Prepared for:
California Department of Health Care Services

Review Dates:
October 1st - 2nd, 2019

TABLE OF CONTENTS

LIST OF TABLES

YOLO DMC-ODS EXECUTIVE SUMMARY

Beneficiaries Served in Calendar Year (CY) 2018— 444
Yolo Threshold Language(s) — Spanish, Russian
Yolo Size — Medium
Yolo Region — Central
Yolo Location — Woodland
Yolo Seat — Woodland
Yolo Onsite Review Process Barriers — None noted

Introduction

Yolo County is a medium size county with a total area of 1,023 square miles. As of 2018, the population in the county was 218,896. Eighteen percent of the population live below the federal poverty level. There are four incorporated cities in Yolo County: Davis, Woodland, West Sacramento and Winters. The University of California is located in Davis and is the major employer in the county. Davis is a residential community and is known for its commitment to environmental awareness. West Sacramento is home to the Port of West Sacramento which ships out one million tons of crops such as wheat, rice, and safflower seed. The city of Winters is a small farming town and is close to Lake Berryessa. The Medi-Cal population in Yolo County is 51 percent white and 40 percent Hispanic.

Yolo County officially launched its Drug Medi-Cal Organized Delivery System (DMC-ODS) in July 2018 for Medi-Cal recipients as part of California's 1115 DMC Waiver. Yolo County was one of nine counties that started implementation of DMC-ODS services beginning on July 1, 2018. In this report, "Yolo" shall be used to identify the Yolo DMC-ODS program unless otherwise indicated.

Yolo's Substance Abuse Services is located within the Adult and Aging Branch of the integrated Health and Human Services Agency.

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

Access

Yolo began the Waiver stakeholder process several years prior to the implementation of the Waiver and included a monthly DMC-ODS Provider Workgroup, a Behavioral Health Provider Stakeholder Workgroup and additional forums. Stakeholders included Yolo County Board of Supervisors, contract providers, Community Corrections Partnership, physical health care providers, managed health plans, health clinics, client and advocacy groups, Probation, Public Health, Social Services, and other county partners. These partner agencies continue to work with the Substance Use Disorders to provide feedback and collaboration as part of the ongoing Waiver process.

Prior to the DMC-ODS Yolo provided prevention, education and early intervention, outpatient, and intensive outpatient for perinatal and residential. Yolo beneficiaries had to access Narcotic Treatment Programs (NTP) in another county. With the implementation of the DMC-ODS, Yolo now provides all required levels of care in the DMC-ODS continuum.

Yolo contracts with Heritage Oaks to provide 24/7 coverage for their Access Call Center and has prompts to use translation line for all three threshold languages. Callers are never put "on hold" and the calls are answered within 1.35 rings on average. The Access Call Center conducts a brief screening based on ASAM criteria and enters the data into their Electronic Health Record (EHR). During FY 2017-18 the Access Call center received 1827 calls and only 11 requested substance use disorder services. Since implementation of the Waiver, the Access Call Center received 5517 contacts and 1715 requests for substance use disorder (SUD) services in FY 18-19.

In addition to the Access Call Center, Yolo has walk-in capability at the county sites and at CommuniCare at the following locations: Davis, Woodland and West Sacramento. Yolo developed their own brief screening tool based on ASAM criteria. This brief screening tool is conducted at the above access points to direct clients to the appropriate levels of care for full assessments.

Yolo contracts with network providers to deliver the DMC-ODS services. Currently Yolo has two providers who provide outpatient and intensive outpatient services, and they contract with three providers for residential treatment. One of the residential treatment providers is located in Yolo County with plans to increase from 44 beds to 58 beds in the next 18 to 24 months. Yolo was also able to contract with an NTP provider and opened an NTP clinic within Yolo County due to the requirements of the Waiver.

Yolo is implementing their Clinical PIP with a focus on reducing wait times to access residential treatment services following the initial contact for services. Yolo reports that the average number of days from the request for services and admission to a substance use treatment program is 23 days across all levels of care. It takes an average of 30 days from date of contact with the Access Call Center to admission into a residential treatment program.

Yolo is starting an Opioid Coalition with the first meeting in November 2019. This coalition will monitor overdose rates, prescription usage, needle exchange, harm reduction and the overall usage of medication assisted treatment in Yolo.

Timeliness

Yolo utilizes Netsmart Avatar as their electronic health record (EHR), but at the time of the review the measuring of timeliness was impacted as they are unable to generate reports which included complete data. They were having numerous problems getting data captured from contract providers who were often on other systems or had no EHR.

Yolo is unable to track the length of time from initial request to first offered appointment for all services in their DMC-ODS delivery system. They developed an Excel tracking spreadsheet for the providers to complete, but many of the providers have not completed this information or do so in an inconsistent manner. Many of the providers are providing services in multiple counties, each requiring different paperwork, and this spreadsheet is time consuming to complete and is creating additional paperwork. All of the contract providers have access to Avatar to perform administrative functions such as look up functionality and opening an admission, but the contract providers do not have access to enter claims data or progress notes. Yolo would like to have more data input directly into their EHR, but currently they do not have the capacity to implement this.

Yolo is also not able to track the no-show rate for client appointments at their network providers. They report that only 36 percent of adults currently meet their standard of ten days from initial request to first face-to-face appointment. Yolo does have a definition for urgent conditions and is tracking this through the Excel tracking spreadsheet. Yolo reported that they are meeting the state standard of two days only 15 percent of the time. Yolo reported they are meeting their standard of post residential treatment follow-up within ten days of discharge seven percent of the time. The EQRO claims data reports that the length of time to first methadone dose is less than one day.

Yolo does track unduplicated client counts annually for each fiscal year including indicators of gender, age, ethnic groups, preferred language, and disability. These and other demographics are part of the cultural competence and CLAS planning.

Quality

Yolo has a behavioral health quality management work plan for FY 2018-19 and an evaluation of that plan. The Quality Management Department is integrated with staff dedication to substance use disorders. All of the quality management staff have been cross-trained and have interchangeable responsibilities. Because of the implementation of the DMC-ODS, Yolo combined their Quality Management Committee meetings with their contract providers meetings. There are plans in the future to split out these two committees and to have separate meetings for quality management.

Yolo has only one dedicated staff to manage Avatar and because of the lack of capacity and customization, Yolo is not able to produce reports from the EHR system. Yolo created an Excel tracking sheet which the contract providers are to complete. Yolo has identified issues with the data from this tracking log and have determined that more training and reinforcement of compliance with requirements for timeliness data is needed. Yolo relies on their Results Based Accountability reports to monitor the performance of their contract providers such as engagement rate, retention rate, and reduction of substance use at the end of treatment.

Yolo does not currently have recovery services. These services are to be provided by one of their contract providers. This contract provider presented numerous billing issues that currently exist with the county's fiscal department with the current services they provide. The provider reported that they need these current issues to be resolved by the fiscal department before they can fully implement these recovery services. Once the fiscal department resolves these billing issues, the provider will provide recovery services.

Yolo did provide ASAM training to the staff and contract providers. Dr. Mee-Lee provided an initial training and has conducted four additional trainings. Yolo also utilized the free trainings offered by CIBHS and UCLA. Yolo is focused on documentation training for the next year.

The Cultural Competency Plan was last updated in 2018. There are a number of outreach and engagement activities listed in the plan. The plan includes goals and objectives along with a number of specified initiatives for the LGBTQ population, Latino and Hispanic Community, Russian Speaking community and the Native American and Indigenous People community. Each of the initiatives have a workgroup with identified strategies such as providing education, outreach activities, and training providers in cultural competence. Yolo also conducts test calls to the providers in threshold languages and the results are reported back to the CC Committee.

Yolo has developed excellent working relationship with Partnership Health Plan, which is the managed care health plan; they coordinate with each other and with the county network of providers through the Memorandum of Understanding (MOU).

Outcomes

Yolo participated in the Treatment Perception Survey (TPS) in October of 2018 and is planning to participate again this year. After receiving their data, they evaluated their overall data and looked for outliers. Ninety percent of the clients completing the TPS were satisfied with their outpatient treatment and with their narcotic and opioid treatment. But only 70 percent of the clients were satisfied with residential treatment services. This is an area for potential improvement.

Yolo has a Results Based Accountability (RBA) system that is completed twice a year. This tool has three layers of performance regarding the following: how much did we do, how well did we do it, and is anyone better off. The RBA includes demographic information, the type and quantity of services provided, referral information, beneficiary satisfaction, and retention rate. The RBA is given to each of the contract providers and reviewed by the Yolo management team.

Yolo CalOMS data indicates a high percentage of administrative adult discharges at 65 percent compared to the statewide average of 38 percent. Yolo has a high percentage of homeless population compared to the average statewide (43 percent compared to 26 percent statewide).

Client/Family Impressions and Feedback

CalEQRO conducted two diverse client focus groups during the onsite review with a total of 14 participants that included adults in residential treatment and women's perinatal. The purpose of the focus groups was to obtain first-hand perceptions from those receiving treatment services regarding the accessibility, timeliness and quality of those services. The scores on the focus group feedback survey which was administered during the on-site review, ranged from 2. 8 to 4. 8 on a scale of 1 to 5. There were scores of 4 and higher in the perinatal focus group.

The residential treatment focus group stated that their counselors were very helpful and that they would recommend the program to a family member. Most of the clients began treatment within days to a couple of weeks after completion of the assessment. There were complaints about the Access Call Center in the perinatal focus group. The complaints centered around the call staff being rude and unprofessional. Several clients stated that they were encouraged to exaggerate their symptoms in order to receive services.

Client recommendations for improving care included the following:

- More structured and meaningful activities at the residential treatment facility because clients reported getting bored and not having enough treatment activities;

- Increase the number of counselors and client access to counseling and MAT services;

- Increase transportation and include staff to assist with navigation of the system;

- Would like more fruit and healthier snacks at the residential facility;

- More classes in the evenings and want the counselors to be more prepared before teaching a class with tools and handouts;

- Provide a workbook to the perinatal clients and have homework time built into the program to learn and enhance skills;

- Hire a psychiatrist for the residential treatment program to help with managing mental needs and medications when needed;

- Have the counselors be more transparent and share their own life experiences as examples.

Recommendations

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

EXTERNAL QUALITY REVIEW COMPONENTS

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

The State of California Department of Health Care Services (DHCS) has received 40 implementation and fiscal plans for California counties to provide Medi-Cal covered specialty DMC-ODS services to DMC beneficiaries under the provisions of Title XIX of the federal Social Security Act. DHCS has approved and contracted thus far with 30 of those counties, and EQRO has scheduled each of them for review.

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

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

Validation of Performance Measures[1]

Both a statewide annual report and this DMC-ODS-specific report present the results of CalEQRO's validation of 12 performance measures (PMs) for year one of the DMC-ODS Waiver as defined by DHCS. The 12 PMs are listed at the beginning of the PM chapter, followed by tables that highlight the results.

---

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

Performance Improvement Projects[2]

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

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

DMC-ODS Information System Capabilities[3]

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

Validation of State and County Client Satisfaction Surveys

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

---

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

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

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

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

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

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

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

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

OVERVIEW OF KEY CHANGES TO ENVIRONMENT AND NEW INITIATIVES

Changes to the Environment

Yolo implemented the DMC-ODS on July 1, 2018. Yolo reported a smooth transition to the Access Call Center with a just a few issues. They had to conduct training with the mental health staff on substance use and on using their own brief screening tool based on ASAM criteria. There was a significant increase in the number requesting services since the implementation of the DMC-ODS. Yolo reported in FY 2017-18, 1827 contacts with 11 requests for substance use services versus FY 2018-19, with 5517 contacts and 1715 requests for services.

Another significant change was the opening of an NTP within Yolo County. Before the Waiver, beneficiaries had to obtain services out of Yolo County.

Past Year's Initiatives and Accomplishments

- Developed episode management structure and billing set up for all SUD certified DMC-ODS providers.
- Built Access Call Log, developed related training materials and instructional guides, and provided training to all access points including contract providers.
- Revised RFP and contract template for all SUD services, including standardized performance measures for all DMC-ODS providers across levels of care.
- Provided trainings for the full continuum of SUD care including:
  a. Partners trained in Health and Human Services Agency (HHSA) and community SUD service providers, criminal justice partners, and child welfare partners; and
  b. Extensive trainings for the following: cross-training all HHSA mental health clinical staff in SUD brief ASAM screenings and e-trainings for ASAM, five in-person trainings by Dr. David Mee-Lee, Cognitive Behavioral Therapy, Motivational Interviewing, UCLA case management training, medication assisted treatment (MAT) for SUD
- Developed site monitoring review tools – protocols for system, chart, and medication reviews for all levels of care and contracts.
- Developed residential authorization processes from request, authorization, etc.
- Yolo administered the TPS for the first time in July 2019 and used data elements from the CalOMS data set as an outcome measure. Yolo also implemented ASAM Level of Care for screening and assessment of clients. For more information about CalOMS, TPS and ASAM Level of Care, go to:

1. CalOMS Treatment Data Collection Guide:
   http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf
2. TPS:
   http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information_Notice_17-026_TPS_Instructions.pdf
3. ASAM Level of Care Data Collection System:
   http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS_Information_Notice_17-035_ASAM_Data_Submission.pdf

Yolo Goals for the Coming Year

- Provide additional clinical documentation training for all direct service providers to ensure successful compliance with Medi-Cal requirements. Yolo provided one clinical documentation training for residential services in October and one for outpatient services in November;
- Establish HHSA ODS steering committee for advice and oversight;
- In the process of launching Opioid Coalition for Yolo County to improve and prevent overdose death rate;
- Provide Narcan training and distribution for county staff; and
- Continue to hold system-wide trainings for county staff, contract providers, and system partners on important SUD treatment issues and reduce stigma.

PERFORMANCE MEASURES

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

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

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

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

- Percentage of clients with three or more WM episodes and no other treatment to improve engagement.

HIPAA Guidelines for Suppression Disclosure:

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

Baseline Data

CalEQRO reported baseline data from FY13-14 through FY 16-17 for counties that went live before July 2018. However, for counties implementing the waiver July 2018 or later, it was determined that there was too much lag time between the baseline data and the year 1 data to make meaningful comparisons. Therefore, no baseline data for Yolo is included in this report.

Year 1 of Waiver Services

This is the first year that Yolo has been implementing DMC-ODS services. Performance Measure data was obtained by CalEQRO from DHCS for claims, eligibility, the provider file (CY 2018), and from UCLA for TPS, ASAM, and CalOMS data from CY 2018. The results of each PM will be discussed for that time period, followed by highlights of the overall results for that same time period. DMC-ODS counties have six months to bill for services after they are provided and after providers have obtained all appropriate licenses and certifications. Thus, there may a claims lag for services in the data available at the time of the review. CalEQRO included in the analyses all claims for the specified time period that had been either approved or pended by DHCS and excluded claims that had been denied.

DMC–ODS Clients Served in CY 2018

Clients Served, Penetration Rates and Approved Claim Dollars per Beneficiary

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

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

Medi-Cal approved claims by the unduplicated number of Medi-Cal beneficiaries served per year.

For Yolo, the adult age group 18-64 makes up the majority of DMC-ODS clients served (91 percent). Youth ages 12-17 are not yet served in Yolo County. Adults ages 65 and over are proportionally underserved compared to the 18-64 age group, but on par with the penetration rates for like-sized counties and statewide.

Table 1 – Penetration Rates by Age, CY 2018

Penetration Rates by Age CY 2018					
Yolo				Medium Counties	**Statewide**
Age Groups	**Average # of Eligibles per Month**	**# of Clients Served**	**Penetration Rate**	**Penetration Rate**	**Penetration Rate**
Ages12-17	6,845	0	0.00%	0.09%	0.16%
Ages 18-64	32,297	407	1.26%	0.80%	0.77%
Ages 65+	4,882	37	0.76%	0.65%	0.52%
TOTAL	**44,024**	**444**	**1.01%**	**0.66%**	**0.64%**

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

Table 2 below shows Yolo's average approved claims per beneficiary served overall and by age groups. The amounts are compared with the statewide averages for all actively implemented DMC-ODS counties. Yolo's overall average approved claims are lower than claims statewide ($2,309 compared to $3,863). Average approved claims for older adults are slightly higher than statewide ($3,454 compared to $3,168).

Table 2 – Average Approved Claims by Age, CY 2018

Average Approved Claims by Age CY 2018			
Yolo			**Statewide**
Age Groups	**Total Approved Claims**	**Average Approved Claims**	**Average Approved Claims**
Ages 12-17	$0	$0	$1,430
Ages 18-64	$897,528	$2,205	$4,054
Ages 65+	$127,807	$3,454	$3,168
TOTAL	**$1,025,335**	**$2,309**	**$3,863**

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. In Yolo County, clients who are White are accessing services more readily than Hispanic/Latino and Asian/Pacific Islander clients. African-American clients and clients who fall into the "Other" race/ethnicity category are proportionally receiving services.

Figure 1 - Percentage of Eligibles and Clients Served by Race/Ethnicity, CY 2018
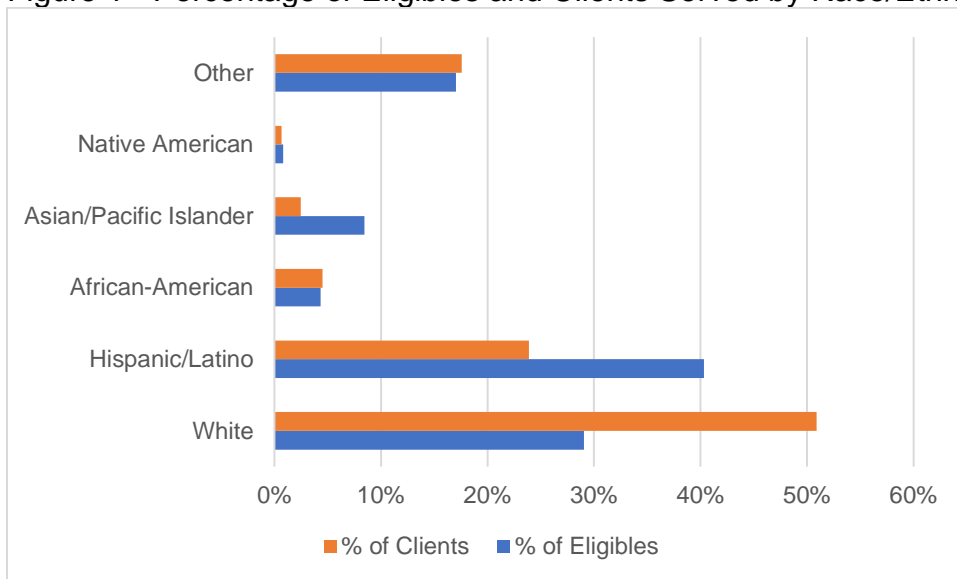

Table 3 shows the penetration rates by race/ethnicity compared to counties of like size and statewide rates. As discussed above, White clients have the highest penetration rate, higher than the statewide rate. Latino/Hispanic clients have a penetration rate of 0.60 percent, slightly higher than the statewide rate of 0.46 percent.

Table 3 - Penetration Rates by Race/Ethnicity, CY 2018

Penetration Rates by Race/Ethnicity CY 2018					
Yolo				Medium Counties	Statewide
Age Groups	Average # of Eligibles per Month	# of Clients Served	Penetration Rate	Penetration Rate	Penetration Rate
White	12,788	226	1.77%	1.19%	1.20%
Latino/Hispanic	17,755	106	0.60%	0.32%	0.46%
African-American	1,902	20	1.05%	1.04%	0.95%
Asian/Pacific Islander	3,715	11	0.30%	0.16%	0.11%
Native American	368	3	0.82%	1.18%	1.01%
Other	7,497	78	1.04%	0.93%	0.69%
TOTAL	44,025	444	1.01%	0.66%	0.64%

Table 4 below shows Yolo's penetration rates by DMC eligibility categories. The rates are compared with statewide averages for all actively implemented DMC-ODS counties. The eligibility categories with the most clients served are ACA, Disabled, and Family Adult.

Table 4 – Clients Served and Penetration Rates by Eligibility Category, CY 2018

Clients Served and Penetration Rates by Eligibility Category CY 2018				
Yolo				Statewide
Eligibility Categories	Average Number of Eligibles per Month	Number of Clients Served	Penetration Rate	Penetration Rate
Disabled	5,292	120	2.27%	1.19%
Foster Care	170	1	0.59%	1.38%
Other Child	3,926	0	0.00%	0.17%
Family Adult	8,609	99	1.15%	0.63%
Other Adult	5,630	8	0.14%	0.07%
MCHIP	3,039	0	0.00%	0.11%
ACA	17,334	231	1.33%	1.01%

Table 5 below shows Yolo's approved claims per penetration rates by DMC eligibility categories. The rates are compared with statewide averages for all actively implemented DMC-ODS counties. Average approved claims for Yolo are generally lower than statewide averages, reflected here by eligibility categories.

Table 5 – Average Approved Claims by Eligibility Category, CY 2018

Average Approved Claims by Eligibility Category CY 2018			
Yolo			**Statewide**
Eligibility Categories	**Average Number of Eligibles per Month**	**Number of Clients Served**	**Average Approved Claims**	**Average Approved Claims**
Disabled	5,292	120	$2,973	$3,112
Foster Care	170	1	$276	$1,083
Other Child	3,926	0	$0	$1,337
Family Adult	8,609	99	$1,981	$3,281
Other Adult	5,630	8	$2,733	$2,928
MCHIP	3,039	0	$0	$1,710
ACA	17,334	231	$1,950	$4,274

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

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

Table 6 shows the percentage of clients served and the average approved claims by service categories. This table provides a summary of service usage by clients in CY 2018. The majority of clients served in CY 2018 were in outpatient and narcotic treatment programs (46 percent and 38 percent, respectively). The next largest category was residential treatment (11 percent).

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

% of Clients Serviced and Average Approved Claims by Service Categories, CY 2018			
Service Categories	# of Clients Served	% Served	Average Approved Claims
Narcotic Tx. Program	174	38%	$3,214
Residential Treatment	53	11%	$3,840
Res. Withdrawal Mgmt.	7	2%	$570
Ambulatory Withdrawal Mgmt.	0	0%	$0
Non-Methadone MAT	0	0%	$0
Recovery Support Services	0	0%	$0
Partial Hospitalization	0	0%	$0
Intensive Outpatient Tx.	18	4%	$2,486
Outpatient Drug Free	211	46%	$1,013
TOTAL	463	100.0%	$2,309

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

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

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

Median number of days indicated below for Yolo client beneficiaries indicate they are able to access care in a timely manner, on average within one (1) day of diagnosis/assessment.

Table 7 –Days to First Dose of Methadone by Age, CY 2018

Days to First Dose of Methadone by Age CY 2018						
Yolo				**Statewide**		
Age Groups	**Clients**	**%**	**Median Days**	**Clients**	**%**	**Median Days**
Total Count	0	0.0%	n/a	5	0.1%	<1
Age Group 12-17	143	83%	<1	21,338	79.4%	<1
Age Group 18-64	30	17%	<1	5,493	20.4%	<1
Age Group 65+	**173**	**100%**	**<1**	**26,886**	**100%**	**<1**

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

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

Some people with opiate addictions have become interested in newer-generation addiction medicines that have increasing evidence of effectiveness. These include buprenorphine and suboxone that do not need to be taken in as rigorous a daily regimen as methadone. While these medications can be administered through NTPs, they can also be prescribed and administered by physicians through other settings such as primary care clinics, hospital-based clinics, and private physician practices. For those seeking an alternative to methadone for opiate addiction or a MAT for another type of addiction such as alcoholism, some of the other MATs have the advantages of being available in a variety of settings that require fewer appointments for regular dosing. The DMC-ODS Waiver encourages delivery of MATs in other settings additional to their delivery in NTPs.

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

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

Yolo had not yet begun to bill for non-methadone MAT for CY 2018, as Table 8 indicates.

Table 8 – DMC-ODS Non-Methadone MAT Services by Age, CY 2018

DMC-ODS Non-Methadone MAT Services by Age, CY 2018								
Age Groups	Yolo				Statewide			
	At Least 1 Service	**% At Least 1 Service**	**3 or More Services**	**% 3 or More Services**	**At Least 1 Service**	**% At Least 1 Service**	**3 or More Services**	**% 3 or More Services**
Ages 12-17	0	n/a	0	n/a	2	0.08%	1	0.04%
Ages 18-64	0	n/a	0	n/a	1,734	3.16%	723	1.32%
Ages 65+	0	n/a	0	n/a	121	1.86%	43	0.66%
TOTAL	**0**	n/a	**0**	n/a	**1,871**	**2.88%**	**767**	**1.18%**

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

Transitions in Care Post-Residential Treatment – CY 2018

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

Table 9 shows two aspects of this expectation — (1) whether and to what extent clients discharged from residential treatment receive their next treatment session in a non-residential treatment program, and (2) the timeliness with which that is accomplished. Table 9 shows the percent of clients who began a new level of care within 7 days, 14 days and 30 days after discharge from residential treatment. Also shown in each table are the percent of clients who had follow-up treatment from 31-365 days, and clients who had no follow-up within the DMC-ODS system.

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

Of the 57 clients discharged from residential treatment, none received follow-up services within seven days. Only six clients (11 percent) received follow-up services within any days post-residential. This rate is low compared to other counties and could be a positive performance improvement project (PIP).

Table 9 – Timely Transitions in Care Following Residential Treatment Yolo, CY 2018

Timely Transitions in Care Following Residential Treatment CY 2018				
	Yolo (n= 57)		Statewide (n= 20,141)	
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	0	0%	1140	5.7%
Within 14 Days	2	4%	1,579	7.8%
Within 30 Days	3	5%	1,987	9.9%
Any days (TOTAL)	**6**	**11%**	**2,895**	**14.4%**

Asterisks and n/a indicate suppression of the data in accordance with HIPAA guidelines (see introduction to Performance Measurement - HIPAA Guidelines for Suppression Disclosure for detailed explanation). Youth follow up reflected small numbers in residential.

Access Line Quality and Timeliness

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

Table 10 shows Access Line critical indicators from November 2018 through June 2019. For the Access Line Key Indicator form, please refer to Attachment F.

Table 10 – Access Line Critical Indicators, November 2018-June 2019

Yolo Access Line Critical Indicators November 2018 through June 2019	
Average Volume	275 calls per month
% Dropped Calls	2.6
Time to answer calls	8 seconds
Monthly authorizations for residential treatment	22
% of calls referred to a treatment program for care, including residential authorizations	18% of callers are linked to treatment through the Access Line
Non-English capacity	The Access Call Center welcome message has options and prompts for all 3 threshold languages. UHS/Heritage Oaks Hospital contracts with the following phone line translation system. https://www.helloglobo.com/telephone-interpreting.

High-Cost Beneficiaries

Table 11a provides several types of information on the group of clients who use a substantial amount of DMC-ODS services in Yolo. These persons, labeled in this table as high-cost beneficiaries (HCBs), are defined as those who incur SUD treatment costs at the 90th percentile or higher statewide, which equates to at least $11,172 approved claims per year. The table lists the average approved claims costs for the year for Yolo HCBs compared with the statewide average. The table also lists the demographics of this group by race/ethnicity and by age group. Some of these clients use high-cost high-intensity SUD services such as residential WM without appropriate follow-up services and recycle back through these high-intensity services again and again without long-term positive outcomes. The intent of reporting this information is to help DMC-ODS counties identify clients with complex needs and evaluate whether they are receiving individualized treatment including care coordination through case management to optimize positive outcomes. To provide context and for comparison purposes, Table 11b provides similar types of information as Table 11a, but for the averages for all DMC-ODS counties statewide.

Due to the high percentage of clients receiving services in NTPs and outpatient, typically lower cost levels of care, as well as the data only reflecting six months of services, Yolo did not have any high-cost beneficiaries.

Table 11a – High Cost Beneficiaries by Age, Yolo, CY 2018

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages12-17	0	0	n/a	n/a	n/a	n/a
Ages 18-64	407	0	n/a	n/a	n/a	n/a
Ages 65+	37	0	n/a	n/a	n/a	n/a
TOTAL	444	0	n/a	n/a	n/a	n/a

Table 11b – High Cost Beneficiaries by Age, Statewide, CY 2018

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims
Ages 12-17	2,498	25	1.0%	$17,005	$425,116
Ages 18-64	54,833	3,939	7.2%	$29,974	$86,556,047
Ages 65+	6,511	173	2.7%	$20,893	$3,614,507
TOTAL	64,870	4,137	6.4%	$21,899	$90,595,670

Withdrawal Management with No Other Treatment

This PM intends to measure engagement after WM for beneficiaries with no other DMC-ODS treatment services for their SUDs. The goal is to track levels of engagement for a high-risk group of clients who are using only WM.

Yolo had a small number of withdrawal management clients, none of whom had three or more WM episodes and no other services.

Table 12 – Withdrawal Management with No Other Treatment, CY 2018

Withdrawal Management with No Other Treatment CY 2018					
	Yolo			Statewide	
	# WM Clients	% 3+ Episodes & no other services		# WM Clients	% 3+ Episodes & no other services
TOTAL	8	0%		3,794	1.95%

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

Use of ASAM Criteria for Level of Care Referrals

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

Data from UCLA for Yolo was not available from DHCS, although the County provided evidence of their report submissions. The county is using ASAM-based criteria in their screening and assessment processes and submitting the data to the state.

Table 13 - Congruence of Level of Care Referrals with ASAM Findings, CY 2018

Congruence of Level of Care Referrals with ASAM Findings, CY 2018						
Yolo ASAM LOC Referrals	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
If assessment-indicated LOC differed from referral, then reason for difference	n/a	n/a	n/a	n/a	n/a	n/a
Not Applicable - No Difference	n/a	n/a	n/a	n/a	n/a	n/a
Patient Preference	n/a	n/a	n/a	n/a	n/a	n/a
Level of Care Not Available	n/a	n/a	n/a	n/a	n/a	n/a
Clinical Judgement	n/a	n/a	n/a	n/a	n/a	n/a
Geographic Accessibility	n/a	n/a	n/a	n/a	n/a	n/a
Family Responsibility	n/a	n/a	n/a	n/a	n/a	n/a
Legal Issues	n/a	n/a	n/a	n/a	n/a	n/a
Lack of Insurance/Payment Source	n/a	n/a	n/a	n/a	n/a	n/a
Other	n/a	n/a	n/a	n/a	n/a	n/a
TOTAL	n/a	n/a	n/a	n/a	n/a	n/a

Diagnostic Categories

Table 14 compares the breakdown by diagnostic category of the Yolo and statewide number of beneficiaries served and total approved claims amount, respectively, for CY 2018. Opioids (43 percent), stimulants (27 percent), and alcohol (17 percent) were the most prominent types of SUDs addressed by Yolo's DMC-ODS treatment providers.

Table 14 – Percentage Served and Average Cost by Diagnosis Code, CY 2018

Percentage Served and Average Cost by Diagnosis Code, CY 2018				
Diagnosis Codes	**Yolo**		**Statewide**	
	% Served	**Average Cost**	**% Served**	**Average Cost**
Total	**100%**	**$2,309**	**100%**	**$4,010**
Alcohol Use Disorder	17%	$2,322	16.0%	$5,870
Cannabis Use	2%	$1,107	8.0%	$1,116
Cocaine Abuse or Dependence	1%	$1,243	2.4%	$5,342
Hallucinogen Dependence	0%	$0	0.3%	$4,353
Inhalant Abuse	0%	$0	0.0%	$4,785
Opioid	43%	$3,165	45.4%	$3,372
Other Stimulant Abuse	27%	$1,573	25.1%	$4,865
Other Psychoactive Substance	1%	$1,974	0.8%	$4,035
Sedative, Hypnotic Abuse	0%	$0	0.6%	$6,565
Other	9%	$882	1.4%	$3,730

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

Client Perceptions of Their Treatment Experience

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

Yolo clients who responded to the TPS were generally positive about their treatment experience. The domains that received the lowest ratings, comparatively, were: Work with Physical Health Providers, Convenient Location, and Work with Mental Health Providers. These domains are consistently rated lowest by clients in counties across the state.

Figure 2 - Percentage of Participants with Positive Perceptions of Care, Yolo, TPS Results from UCLA (n= 223)
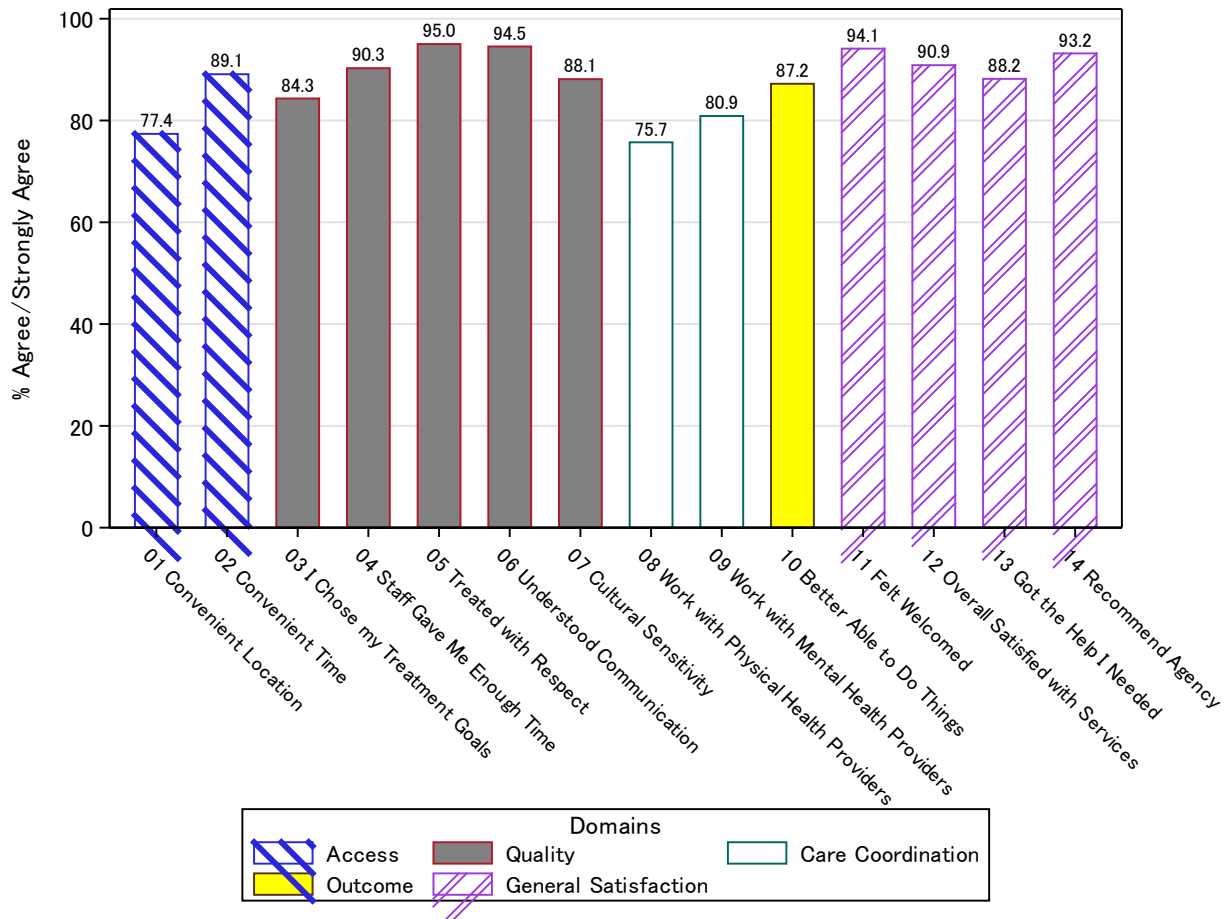
CalOMS Data Results for Client Characteristics at Admission and Progress in Treatment at Discharge

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

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

Yolo has a higher percentage of clients who are homeless compared to statewide (42.8 percent compared to 26.2 percent). The county has implemented significant outreach and engagement strategies to its homeless population, which could explain the high numbers.

Table 15: CalOMS Living Status at Admission, Yolo and Statewide, CY 2018

CalOMS Living Status at Admission CY 2018				
Admission Living Status	Yolo		Statewide	
	#	%	#	%
Homeless	192	42.8%	24,020	26.2%
Dependent Living	83	18.5%	26,296	28.6%
Independent Living	174	38.7%	41,472	45.2%
TOTAL	449	100.0%	91,788	100.0%

Yolo also has a lower percentage of clients with no criminal justice involvement compared to statewide (29.8 percent versus 59.8 percent).

Table 16 – CalOMS Legal Status at Admission, Yolo and Statewide, CY 2018

CalOMS Legal Status at Admission CY 2018				
Admission Legal Status	Yolo		Statewide	
	#	%	#	%
No Criminal Justice Involvement	134	29.8%	54,930	59.8%
Under Parole Supervision by CDCR	118	26.3%	2,288	2.5%
On Parole from any other jurisdiction	2	0.4%	890	1.0%
Post release supervision - AB 109	127	28.3%	28,801	31.4%
Court Diversion CA Penal Code 1000	37	8.2%	1,259	1.4%
Incarcerated	22	4.9%	389	0.4%
Awaiting Trial	9	2.0%	3,221	3.5%
TOTAL	449	100.0%	91,788	100.0%

Lastly, more clients in Yolo had the status "Unemployed—looking for work" compared to statewide (43.2 percent compared to 27.8 percent).

Table 17 – CalOMS Employment Status at Admission, Yolo and Statewide, CY 2018

CalOMS Employment Status at Admission, CY 2018				
Current Employment Status	Yolo		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	74	16.5%	12,134	13.2%
Employed Part Time - Less than 35 hours	32	7.1%	7,259	7.9%
Unemployed - Looking for work	194	43.2%	25,522	27.8%
Unemployed - not in the labor force and not seeking	149	33.2%	46,873	51.1%
TOTAL	449	100.0%	91,788	100.0%

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

The majority of Yolo's discharges are Administrative Adult Discharges (65.1 percent), higher than the statewide rate of 37.9 percent.

Table 18 – CalOMS Types of Discharges, Yolo and Statewide, CY 2018

CalOMS Types of Discharges, CY 2018				
Discharge Types	Yolo		Statewide	
	#	%	#	%
Standard Adult Discharges	59	33.7%	43,654	49.6%
Administrative Adult Discharges	114	65.1%	33,344	37.9%
Detox Discharges	0	0.0%	8,470	9.6%
Youth Discharges	2	1.1%	2,609	3.0%
TOTAL	175	100.0%	88,077	100.0%

Table 19 displays the rating options in the CalOMS discharge summary form counselors use to evaluate their clients' progress in treatment. This is the only statewide data commonly collected by all counties for use in evaluating treatment outcomes for clients with SUDs. The first four rating options are positive. "Completed Treatment" means the client met all their treatment goals and/or the client learned what the program intended for clients to learn at that level of care. "Left Treatment with Satisfactory Progress"

means the client was actively participating in treatment and making progress, but left before completion for a variety of possible reasons other than relapse that might include transfer to a different level of care closer to home, job demands, etc. The last four rating options indicate lack of satisfactory progress for different types of reasons.

Only 34 percent of clients had a positive discharge outcome, much lower than the statewide percentage (52 percent).

Table 19 – CalOMS Discharge Status Ratings, Yolo and Statewide, CY 2018

CalOMS Discharge Status Ratings, CY 2018				
Discharge Status	**Yolo**		**Statewide**	
	#	**%**	**#**	**%**
Completed Treatment - Referred	13	7.4%	20,054	22.9%
Completed Treatment - Not Referred	3	1.7%	6,015	6.9%
Left Before Completion with Satisfactory Progress - Standard Questions	7	4.0%	12,155	13.9%
Left Before Completion with Satisfactory Progress – Administrative Questions	37	21.1%	7,227	8.3%
Subtotal	60	34.2%	45451	52.0%
Left Before Completion with Unsatisfactory Progress - Standard Questions	37	21.1%	7,227	8.3%
Left Before Completion with Unsatisfactory Progress - Administrative	38	21.7%	16,187	18.5%
Death	77	44.0%	24,666	28.2%
Incarceration	0	0.0%	96	0.1%
Subtotal	152	86.8%	48176	55.1%
TOTAL	175	100.0%	87,595	100.0%

Performance Measures Findings—Impact and Implications

Access to Care PM Issues

- Services for adolescents are not yet available in Yolo, reflected in the zero penetration rate for youth.

- Access Line initially experience some implementation challenges, but Yolo provided training and support to Access line staff to create a smooth entry point into the system.

- Latino/Hispanic clients are underserved in Yolo. Latino/Hispanics make up 40 percent of eligible beneficiaries but only 24 percent of clients served.

Timeliness of Services PM Issues

- Yolo cannot track many of the timeliness measures due to contract providers not entering all relevant data into Avatar or timeliness tracking sheets. Yolo has developed a spreadsheet that providers must complete to try to track timeliness until the data can be entered into Avatar.

- Yolo is not attaining the state standard for urgent treatment access except 15 percent of the time. This would be an important PIP to consider to meet the needs of urgent clients.

Quality of Care PM Issues

- California has a longstanding legacy of social model abstinence-oriented approaches to SUD treatment. This approach has helped many clients who are highly prone to addiction and cannot use alcohol or other drugs occasionally. They respond well to a charismatic, group supportive approach. However, this approach does not work for everyone. Unfortunately, some of its leaders and participants were inclined to shun those who used psychiatric or addiction medicines as MATs, equating their use with non-abstinence and excluding them from participation in residential or outpatient SUD treatment programs. The lack of non-methadone MAT prescribing should be reviewed in line of the requirement for NTPs to make this service available.

- Without ASAM data from UCLA, the EQRO is unable to validate the ASAM congruence scores. Submission of ASAM screening or assessment data is a state requirement that has been implemented. Yolo does their own brief screening instrument that the Access Line uses for initial calls using ASAM principles and reports this data to UCLA on a monthly basis.

  .

Client Outcomes PM Issues

- Initial year one results from the TPS indicate Yolo adult clients are satisfied with services provided and rated quality higher than care coordination.

- Yolo has a higher administrative discharge rate compared to statewide (65 percent compared to 38 percent). This is an area where improvements can be made to allow for better tracking of outcomes.

INFORMATION SYSTEMS REVIEW

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

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

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

ISCA Table 1 shows the percentage of services provided by type of service provider.

Table 1: Distribution of Services, by Type of Provider	
Type of Provider	**Distribution**
County-operated/staffed clinics	5%
Contract providers	95%
Total	**100%**

Percentage of total annual budget dedicated to supporting information technology operations (includes hardware, network, software license, and IT staff): 0.75 percent.

The budget determination process for information system operations is:

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

DMC-ODS currently provides services to clients using a telehealth application:
☐ Yes   ☒ No   ☐ In Pilot phase

Summary of Technology and Data Analytical Staffing

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

ISCA Table 2 – Summary of Technology Staff Changes

Table 2: Summary of Technology Staff Changes			
IS FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
0.75	0	0	0.25

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

ISCA Table 3 – Summary of Data and Analytical Staff Changes

Table 3: Summary of Data and Analytical Staff Changes			
IS FTEs (Include Employees and Contractors)	# of New FTEs	# Employees / Contractors Retired, Transferred, Terminated	Current # Unfilled Positions
1.25	0.1	0	0

The following should be noted regarding the above information:

- Partially dedicated Data Analytical FTE includes:
  - 0.5 FTE Analysts, Behavioral Health Quality Management (BH-QM)
  - 0.25 FTE Senior Administrative Services Analyst, BH-QM Supervisor

Current Operations

Yolo uses myAvatar as its electronic health record. Less than one percent of the annual budget is dedicated to IT support. This limits Yolo's ability to use and support the full functionality of Avatar, including generating reports for management and leadership for data-driven decision making.

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

ISCA Table 4 – Primary EHR Systems/Applications

Table 4: Primary EHR Systems/Applications				
System/ Application	Function	Vendor/Supplier	Years Used	Operated By
Avatar CalPM	Practice Management	Netsmart	16	County IT
Avatar CWS	Clinical Workstation	Netsmart	13	County IT
OrderConnect	Electronic Prescribing & Lab Results	Netsmart	6	Netsmart

Priorities for the Coming Year

- Implement IT ticketing system to track incidents and requests for Avatar and other related applications.

- Relocate Avatar to Netsmart's hosted environment.

- Implement Care Quality and Care Connect for Avatar (pending)

- Implement Netsmart's Online learning center (pending)

Major Changes since Prior Year

- Developed and implemented new and improved Access Call Log, access screening tools (Beacon adults and Beacon children), Yolo County SUD Assessment summary form, Crisis Assessment, Medication Consent form, and Medication Services Client Plan. Development efforts included forms, widgets, and related reports.

- Increased access for contract providers, developed episode management structure for DMC-ODS.

Other Significant Issues

- Claims data from contract providers is generally submitted to the county on paper and then the data is entered into Avatar by county fiscal employees. This is an inefficient and potentially error-prone process.

- Yolo is in the process of relocating Avatar to Netsmart's hosted environment. A workgroup has been formed to create a test plan and decide when to go live. The group is aiming for conversion completion by April 2020.

- Yolo is also in the process of implementing Netsmart's online learning center that will create a standard space to have training modules for Avatar users.

Plans for Information Systems Change

- Yolo has no plans to replace current system.

Current Electronic Health Record Status

ISCA Table 5 summarizes the ratings given to the DMC-ODS for EHR functionality.

Table 5: EHR Functionality					
		Rating			
Function	System/ Application	Present	Partially Present	Not Present	Not Rated
Alerts	Avatar/Netsmart	x			
Assessments	Avatar/Netsmart	x			
Care Coordination	None			x	
Document imaging/storage	Perceptive/ Netsmart	x			
Electronic signature— client	Netsmart	x			
Laboratory results (eLab)	OrderConnect	x			
Level of Care/Level of Service	Avatar/Netsmart	x			
Outcomes	Avatar/Netsmart	x			
Prescriptions (eRx)	OrderConnect	x			
Progress notes	Avatar/Netsmart	x			
Referral Management	None			x	
Treatment plans	Avatar/Netsmart	x			
Summary Totals for EHR Functionality:		**10**		**2**	

Progress and issues associated with implementing an EHR over the past year are discussed below:

- Contract providers do not have full access to many functions of the county's EHR.

Clients' Chart of Record for county-operated programs (self-reported by DMC-ODS):
☐ Paper ☐ Electronic ☒ Combination

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

Table 6: ASAM, CalOMS, and TPS			
ASAM LOC Referral Data, CalOMS, and TPS Summary of Findings	**Yes**	**No**	**%**
ASAM Criteria is being used for assessment for clients in all DMC Programs.	x		
ASAM Criteria is being used to improve care.	x		
CalOMS being administered on admission, discharge and annual updates.	x		
CalOMS being used to improve care. Track discharge status. Outcomes.	x		
Percent of treatment discharges that are administrative discharges.			65.1%
TPS being administered in all Medi-Cal Programs.	x		

Highlights of use of outcome tools above or challenges:

- Conducted training around CalOMS and incorporating CalOMS discharge reason into the Results-based Accountability framework.

- Successfully administered the TPS in October 2018 and was preparing to administer it for the second time shortly after the EQRO review.

- Yolo is using an ASAM-based brief screening for calls to the Access Line.

Drug Medi-Cal Claims Processing

- Yolo is currently billing 62 percent of DMC-ODS services to Drug Medi-Cal; however, as the county gets more of its providers certified, this percentage is expected to increase significantly.

Special Issues Related to Contract Agencies

- Contract provider access to the EHR increased with the development of an episode management structure in Avatar. The episode is now tied to CalOMS, diagnosis, and the brief ASAM-based assessment.

- Contract providers do not complete billing in Avatar—claims are sent to county staff and they enter the information for billing.

Overview and Key Findings

Access to Care

- Yolo is using an ASAM-based brief screening tool at the Access Line, which is linked to the episode in Avatar.

- Only five percent of the system is county-run so 95 percent of the programs have limited access to Avatar or an EHR at all.

Timeliness of Services

- Yolo has had difficulty tracking many of the timeliness measures because contract providers do not enter information directly into Avatar. A spreadsheet is currently being used to track these measures, which are a critical requirement of the Waiver, and this presents problems tracking timeliness affecting 95 percent of the Yolo's providers.

Quality of Care

- Contract provider access to Avatar, while increased through the creation of an episode management structure, is still limited.

- The IS staff is stretched thin and more resources are needed to continue to support the clinical record functionality, expand access to contract providers, and provide supervisors and managers data and reports to drive decisions.

Client Outcomes

- Yolo is administering the TPS annually to clients and sending the data to UCLA for scoring and reporting.

- Yolo is administering the CalOMS and using reason for discharge as an outcome for the Results-based Accountability framework utilized countywide.

- While Yolo is using and submitting ASAM-based brief screening and assessment tools as required, the data is not yet available from DHCS or UCLA.

NETWORK ADEQUACY

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

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

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

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

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

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

CalEQRO reviewed separately and with Yolo County staff all documents and maps submitted to DHCS. CalEQRO also reviewed the special form created by CalEQRO for alternative access standard zip codes and efforts to resolve these access issues. There were no alternative access standards needed or requested by Yolo County.

PERFORMANCE IMPROVEMENT PROJECT VALIDATION

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

Yolo PIPs Identified for Validation

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

Clinical PIP—Co-Occurring Disorders

Date PIP Began: TBD   **Status of PIP:** Concept only, not yet active (not rated)

Brief Description of the problems the PIP is designed to address: Early and accurate identification of co-occurring mental health and substance use disorders diagnoses have been a long-standing challenge in Yolo County. The goal of this PIP is to identify and implement effective strategies to increase early and accurate

---

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

identification of co-occurring disorders and to increase the care coordination between mental health and substance use disorder services in the service delivery.

PIP Question:
Yolo has not presented its formal study question for the clinical PIP.

Indicators:
Yolo listed the following PIP indicators:

1. Co-Occurring diagnosis rate. The percentage of clients with co-occurring mental health and substance use disorders diagnosis.
2. Mental health referral rate. The percentage of clients with a referral to mental health treatment during their substance use treatment admission.

Interventions:
Yolo cited the following proposed intervention:

1. Improve integrated assessment process for mental health and substance use disorders via providing multiple trainings on ASAM level of care to (a) all Yolo County Access point staff and (b) all substance use disorder treatment providers.
2. Provide both MH and SUD treatment to those identified with both disorders and improve outcomes.

Results/Impact upon Clients: Pip is concept only

Technical Assistance Provided: The technical assistance provided to Yolo by CalEQRO consisted of a conference call on August 9, 2019, an in-person meeting on August 21, 2019 and an on-site meeting with the Yolo team on October 1, 2019. Since this PIP is concept only, CalEQRO is available for additional technical assistance should Yolo require. The next step is for Yolo to formally submit the PIP to CalEQRO. Training is not a valid intervention. Yolo should submit a draft PIP as soon as possible.

PIP Score: N/A

Non-Clinical PIP— Access to Residential Treatment

Date PIP Began: TBD   **Status of PIP:** Concept only, not yet active (not rated)

Brief Description of the problems the PIP is designed to address: Yolo presented its study question for the clinical PIP as follows: On average it takes 23 days from initial contact with any Yolo access point to placement into a residential treatment facility. The goal of this PIP is to identify and implement effective strategies to increase client engagement and reduce wait times to residential treatment services following a service request.

PIP Question:
Yolo has not presented its formal study question for the clinical PIP.

Indicators:
Yolo listed the following PIP indicators:
1. Average wait time to residential treatment admission following access contact and request.

Interventions:
Yolo cited the following interventions:
1. Developed a SUD residential referral widget in Avatar that is monitored weekdays during business hours by the HHSA SUD Access Clinician
2. Updated SUD residential referral business process around monitoring/utilizing SUD residential treatment capacity website to make authorizations and referrals to programs – access-point staff make one referral based on bed availability and client preference.

Results/Impact upon Clients: PIP is concept only

Technical Assistance Provided: The technical assistance provided to Yolo by CalEQRO consisted of a conference call on August 9, 2019, an in-person meeting on August 21, 2019 and an on-site meeting with the Yolo team on October 1, 2019. Since this PIP is concept only, CalEQRO is available for additional technical assistance should Yolo require. The next step is for Yolo to formally submit the PIP to CalEQRO as soon as possible.

PIP Score: N/A: PIPs were not rated since they are concept only.

PIP Table 1: PIP Validation Review – Unable to rate since PIPs are concept only

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

PIP Findings—Impact and Implications

PIPs are concept only but Yolo should submit draft PIPs as soon as possible to come into compliance with required standards of two active PIPs.

CLIENT FOCUS GROUPS

CalEQRO conducted two 90-minute client and family member focus groups during the Yolo DMC-ODS site review. As part of the pre-site planning process, CalEQRO requested these two focus groups with eight to ten participants each, the details of which can be found in each section below.

The client/family member focus group is an important component of the CalEQRO site review process. Obtaining feedback from those who are receiving services provides significant information regarding quality, access, timeliness, and outcomes. The focus group questions are specific to the DMC-ODS being reviewed and emphasize the availability of timely access to care, recovery, peer support, cultural competence, improved outcomes, and client and family member involvement.

Focus Group One: Adult Clients in Residential Treatment

CalEQRO requested a culturally diverse group of adult beneficiaries including a mix of existing and new clients who have initiated/utilized services within the past 12 months.

Nine adults participated in the focus group, all of who were new in the past twelve months. All nine spoke English and no interpreters were needed. The group consisted of five males and four females; two identified as Asian/Pacific Islander, four identified as Caucasian and two identified as Hispanic/Latino.

Number of participants: 9

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. Clients were told there were no wrong answers, and that their feelings were important. The group facilitators explained that the information sharing was regarded as confidential and reflected the participating group members' own experiences and feelings about the program. 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:

Question	Average	Range
1. I easily found the treatment services I needed.	3.91	2-5
2. I got my assessment appointment at a time and date I wanted.	3.58	1-5
3. It did not take long to begin treatment soon after my first appointment.	4.58	4-5
4. I feel comfortable calling my program for help with an urgent problem.	4.08	2-5
5. Has anyone discussed with you the benefits of new medications for addiction and cravings?	4.00	2-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	4.08	3-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	4.25	3-5
8. Because of the services I am receiving, I am better able to do things that I want.	4.58	4-5
9. I feel like I can recommend my counselor to friends and family if they need support and help.	5.00	4-5

The following comments were made by some of the nine participants who entered services within the past year and who described their experiences as follows:

- Overall good experience with all aspects of the residential program

General comments regarding service delivery that were mentioned included the following:

- Wish medications were scheduled better (and did not overlap with meal times or activities)
- Do not feel there are enough counselors for the amount of clients in the program

Recommendations for improving care included the following:

- Activities during free times so don't get bored such as exercise classes, educational activities, access to more books, music, etc.
- Wish counselors or peer support peoples could escort them to appointments and help navigate the system. Worried they will relapse without more support.
- Wish there was a nutritionist and healthier snacks in the program
- Want more processing groups and educational programs with hand-outs and skills around cravings, stress, family issues, relationships, coping
- Wish a psychiatrist could come in a couple of times a week
- Transportation

Interpreter used for focus group 1: No

Focus Group Two: Women's Perinatal

CalEQRO requested a culturally diverse group of parents of youth client beneficiaries including a mix of existing and new clients who have initiated/utilized services within the past 12 months.

Five adult women participated in the focus group and between the ages of 25 to 59. All five spoke English and they identified as Caucasian and Hispanic/Latino.

Number of participants: 5

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. Clients were told there were no wrong answers, and that their feelings were important. The group facilitators explained that the information sharing was regarded as confidential and reflected the participating group members' own experiences and feelings about the program. 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:

Question	Average	Range
1. I easily found the treatment services I needed.	4.8	4-5
2. I got my assessment appointment at a time and date I wanted.	4.2	4-5
3. It did not take long to begin treatment soon after my first appointment.	4.8	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?	4	2-5
6. My counselor(s) were sensitive to my cultural background (race, religion, language, etc.)	4.4	3-5
7. I found it helpful to work with my counselor(s) on solving problems in my life.	4.4	3-5
8. Because of the services I am receiving, I am better able to do things that I want.	4.8	4-5
9. I feel like I can recommend my counselor(s) to friends and family if they need support and help.	4.8	4-5

The following comments were made by some of the five participants who entered services within the past year and who described their experiences as follows:

- Positive experience with help with all parts of life, i.e. parenting, personal problems, self-reflection.

General comments regarding service delivery that were mentioned included the following:

- Poor rating of the Access Call Center staff were not kind
- Encourage to exaggerate problems to get a high enough ASAM score to be allowed in the program and to stay in the program

Recommendations for improving care included the following:

- Workbook for each participant for journal and notes and handouts
- More interactive classes and less reading and discussion
- Time to do homework and practice skills
- Classes offered in the evening so participants can have a job later in the program
- Counselors to be more informed about what they are teaching and more transparent with life experiences by giving their own experience

Interpreter used for focus group two: No

Client Focus Group Findings and Experience of Care

Overview

There were two focus groups conducted during the on-site review of Yolo that included adults in a residential treatment facility and women in a perinatal program with a total of 14 participants. The scores were mostly in the four range with two scores in the three range of a scale from one to five.

Access Feedback from Client Focus Groups

- There were complaints about the Access Call Center staff being rude and unprofessional
- Long waits were described by the participants for therapy
- Participants would like access to psychiatrists, and many did not know about MAT and wanted more information.

Timeliness of Services Feedback from Client Focus Groups

- Participants reported treatment starting shortly after the assessment and not long delays

Quality of Care Issues from Client Focus Groups

- Programs are effective and positive comments overall about the programs
- Cultural needs are met and respected
- Participants really like their counselors but would like to have more counselors on staff and time to talk to counselors

Client Outcomes Feedback from Client Focus Groups

- Participants would like to have transportation and a counselor or peer support staff to assist with navigation of the system

PERFORMANCE AND QUALITY MANAGEMENT KEY COMPONENTS

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

Access to Care

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

KC Table 1

Table 1: Access to Care Components		Quality Rating
Component		
1A	Service Access are Reflective of Cultural Competence Principles and Practices	M
Yolo has a monthly Cultural Competency Committee meeting and has the following three workgroups: Latino/Hispanic, Russian Speaking and LGBTQ. The Cultural Competency Committee has a standing agenda item to review any feedback from clients, family members, staff, providers, community members and other stakeholders. The Russian community was very interested in substance use treatment and the department was able to provide a presentation on services, and they also provided some additional technical assistance to the local residential treatment facility. The Cultural Competency Plan identifies goals and strategies to address the needs and to reduce disparities. This plan is reviewed and revised on an annual basis. They conduct test calls and present the results of the test calls to the committee.		
1B	Manages and Adapts its Network Adequacy to Meet SUD Client Service Needs	M
Yolo reviewed data prior to implementation of the Waiver to project the need. They also developed a web-based tool for residential treatment bed availability and the contract providers enter the number of vacant beds on a daily basis. The Access Call Center has access to this web site so that they are aware if there are any vacant		

Table 1: Access to Care Components	
Component	**Quality Rating**
residential treatment beds. Areas needing expansion were recovery support and non-methadone MAT. Due to Network Adequacy requirements, Yolo has developed geo-maps to meet time and distance standards. Yolo does not have any alternative access standards.	
1C Collaboration with Community-Based Services to Improve SUD Treatment Access	M
Yolo county held a number of meetings with the stakeholders prior to the implementation of the Waiver. They have maintained positive collaborations with their community partners, other county departments, contract providers and other stakeholders. Residential treatment has faith-based organizations come to the facility.	

Timeliness of Services

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

KC Table 2

Table 2: Timeliness of Services Components	
Component	**Quality Rating**
2A Tracks and Trends Access Data from Initial Contact to First Appointment	PM
The Access Call Log is in Avatar but no evidence of routine data analyses. Yolo does not have the resources to run reports. Not all of the contract providers enter in Avatar so there is not access to all the data in the entire system. They have developed a non-clinical PIP but it is in concept only at the time of the review.	
2B Tracks and Trends Access Data from Initial Contact to First Methadone MAT Appointment	NM
At the time of the review, Yolo does not track Methadone MAT from initial contact t first face to face appointment. Yolo reported the need for additional resources that are needed to meet this requirement.	
2C Tracks and Trends Access Data from Initial Contact to First Non-Methadone MAT Appointment:	NM

Table 2: Timeliness of Services Components		
	Component	**Quality Rating**
	CalEQRO data indicates that there were no non-methadone clients during Calendar Year 2018. Because of the time lag between service delivery and billing, this data will be reported by the time of the next review.	
2D	Tracks and Trends Access Data for Timely Appointments for Urgent Conditions	PM
	Yolo does have a definition for urgent care. The standard is to meet the urgent conditions within two days. However, Yolo reported that the average amount of time to respond for urgent condition is currently ten days and only 15% of time did they meet the two-day standard.	
2E	Tracks and Trends Timely Access to Follow-Up Appointments after Residential Treatment	PM
	Currently only 7% of the clients meet the appointment standard of ten days. Yolo has hired case managers to engage clients into treatment and expects that this will assist in timely follow-up appointments after residential treatment.	
2F	Tracks Data and Trends on Readmissions to Residential Withdrawal Management within 30 days	NM
	Yolo's Timeliness Self-Assessment indicates that only one client was re-admitted to residential treatment. It is difficult to evaluate performance with only one client.	
2G	Tracks and Trends No Shows	NM
	Yolo does not currently track for no shows. In addition, not all of the contract providers enter data into Avatar which makes it difficult to track the no show rate for the entire system. Yolo reported the need for additional resources that are needed to meet this requirement.	

Quality of Care

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

KC Table 3

Table 3: Quality of Care Components		
	Component	**Quality Rating**
3A	Quality management and performance improvement are organizational priorities	M
	The Quality Manager does reports to a Deputy Director who is a member of the executive team and they have a Quality Improvement Committee. However, prior to and during implementation of the Waiver they combined that committee with the contract provider meeting since there were duplication of information. Yolo does intend on splitting this meeting into two committees in the future. However, they do not have a consumer or family member that is a member of this committee. Yolo County utilizes a Results Based Accountability system that is completed twice a year. This is the method they use to monitor quality and performance improvement. The QM activities do communicate with county departments, but it is on an informal basis.	
3B	Data is used to inform management and guide decisions	PM
	Yolo's contracts with their provider includes a result-based matrix and the providers receive the results of the RBA twice a year. Yolo's DMC-ODS IT resources are limited and they have no capability for report writing in Avatar. Improvements are needed in IT capacity and resources.	
3C	Evidence of effective communication from DMC-ODS administration and SUD stakeholder input and involvement on system planning and implementation	M
	Yolo conducted a number of stakeholder meetings prior to and during implementation of the Waiver. Yolo does have monthly meetings with the contract providers. Some of the clients in the focus group reported that they did not know about MAT services.	
3D	Evidence of an ASAM continuum of care	M
	Yolo does have the continuum of care established, but recovery services and non-methadone MAT are required but not provided. The Results Based Accountability system does include initiation, engagement and retention data. The FQHC had a peer support person. Yolo did provide training prior to implementation of the Waiver and had Dr. Mee-Lee also conducted trainings on ASAM. Yolo also utilized the trainings offered through UCLA and CIBHS.	
3E	MAT services (both outpatient and NTP) exist to enhance wellness and recovery:	PM

Table 3: Quality of Care Components	
Component	**Quality Rating**
Because of the DMC-ODS waiver, Yolo now contracts with an NTP provider that is located in the county. The NTP is required to provide non-methadone medications but there was no evidence these were being provided. Prior to the Waiver, clients had to access these services in another county. Yolo relies on the State Public Health Departments dashboard regarding opioid use in the county. The coroner will informally share overdose information periodically. Yolo currently does not have a MAT committee, but they are launching an Opioid Coalition which plans to monitor this data.	
3F ASAM training and fidelity to core principles is evident in programs within the continuum of care	NM
No evidence was found regarding a smooth transition to a different level of care. The data indicated that there is little engagement and follow up services. Providers do not enter progress notes into Avatar. Clients in the focus groups reported that you are kicked out of residential treatment only if you bring drugs/alcohol into the residential or you offer it to another client. You then have to wait 30 days and then can be readmitted.	
3G Measures clinical and/or functional outcomes of clients served	PM
They use TPS and CalOMS. But since implementation, they have only administered the TPS once and will administer it again in October 2019. They will then be able to conduct a comparison of the results. Yolo reported reviewing the first year's data as a baseline and they did not see anything outstanding. The RBA is conducted twice a year and not done quarterly. Admin discharge rate for CalOMS data was very high making it a questionable source for outcome data.	
3H Utilizes information from TPS surveys to improve care	NM
Yolo has completed only one TPS which was in October 2018 which was closely after they launched the Waiver in July 2018. They reviewed the results for any outliers. Yolo will administer the TPS for the second year in October 2019. They then plan to compare those results with the results from the previous year.	

DMC-ODS REVIEW CONCLUSIONS

Access to Care

Strengths:

- Yolo began the Waiver stakeholder process prior to the implementation of the Waiver and included a monthly DMC-ODS Provider Workgroup, a Behavioral Health Provider Stakeholder Workgroup and additional forums. Stakeholders included Yolo County Board of Supervisors, contract providers, Community Corrections Partnership, physical health care providers, managed health plans, health clinics, client and advocacy groups, Probation, Public Health, Social Services, and other county partners. These partner agencies continue to work with the Substance Use Disorders to provide feedback and collaboration as part of the ongoing Waiver process.

- Prior to the DMC-ODS, Yolo provided prevention, education and early intervention, outpatient, and intensive outpatient for perinatal and residential. Yolo beneficiaries had to access NTP services in another county. With the implementation of the DMC-ODS, Yolo now provides NTP services and other levels of care in the DMC-ODS continuum.

- Yolo contracts with Heritage Oaks to provide 24/7 coverage for their Access Call Center and has prompts to use translation line for all three threshold languages. Callers are never put "on hold" and the calls are answered within 1.35 rings on average. The Access Call Center conducts a brief screening based on ASAM criteria and enters the data into their Electronic Health Record (EHR). During FY 2017-18 the Access Call center received 1827 calls and only 11 requested substance use disorder services. Since implementation of the Waiver, the Access Call Center received 5517 contacts and 1715 requests for SUD services in FY 18-19.

- In addition to the Access Call Center, Yolo has walk-in capability at the county sites and at CommuniCare at the following locations: Davis, Woodland and West Sacramento. Yolo developed their own brief screening tool based on ASAM criteria. This brief screening tool is conducted at the above access points to direct clients to the appropriate levels of care for full assessments.

- Yolo contracts with network providers to deliver the DMC-ODS services, and 95 percent of the DMC-ODS system is contracted out. Currently Yolo has two providers who provide outpatient and intensive outpatient services, and they contract with three providers for residential treatment.

- Yolo was also able to contract with an NTP provider and opened an NTP clinic within Yolo County due to the requirements of the Waiver.

- Yolo does need Alternate Access Standards and has met all of the network adequacy standards.

- Yolo is starting an Opioid Coalition with the first meeting in November 2019. This coalition will monitor overdose rates, prescription usage, needle exchange, harm reduction and the overall usage of medication assisted treatment in Yolo.

Opportunities:

- Ongoing training on substance use disorders for the Access Call Center staff to enhance customer service skills.

- Yolo is implementing their Clinical PIP with a focus on reducing wait times to access residential treatment services following the initial contact where the client is requesting residential services. Yolo reports that the average number of days from the request for services and admission to a substance use treatment program is 23 days.

- One of the residential treatment providers is located in Yolo County with plans to increase from 44 beds to 58 beds in the next 18 to 24 months.

- Yolo is not yet providing Recovery support services which is required as part of the DMC-ODS benefits and plans for this service delivery and billing are should be put in place.

- NTPs are required to offer four non-methadone MATs if appropriate clinically, but none are being provided during the first year of services.

Timeliness of DMC-ODS Services

Strengths:

- Yolo does track unduplicated client counts annually for each fiscal year including indicators of gender, age, ethnic groups, preferred language, and disability. These and other demographics are part of the cultural competence CLAS planning.

- Yolo is able to track bed availability for residential treatment via the web site.

- The EQRO claims data reports that the length of time to first methadone dose is less than one day.

Opportunities:

- Yolo utilizes Netsmart Avatar as their electronic health record (EHR), but at the time of the review the measuring of timeliness was impacted as they are unable to generate reports. They were having numerous problems getting data captured from contract providers who were often on other systems or had no EHR. Ability to track timeliness data is an important requirement.

- Yolo is unable to track the length of time from initial request to first offered appointment for all services DMC-ODS delivery system. They developed an Excel tracking spreadsheet for the providers to complete but many of the providers have not completed this information or do so in an inconsistent manner. Many of the providers are located in multiple counties, each requiring different paperwork, and this spreadsheet is time consuming to complete and is creating additional paperwork. All of the contract providers have access to Avatar to perform administrative functions such as look up functionality, open an admission, but the contract providers do not have access to enter claims data or progress notes. Yolo would like to have more data input directly into their EHR but currently they do not have the capacity to implement this.

- Yolo is also not able to track the no-show rate at their network providers. They report that only 36 percent of adults currently meet their standard of ten days from initial request to first face-to-face appointment.

- Yolo does have a definition for urgent conditions and is tracking this through an Access Tracking Log. Yolo reported that they are meeting the state standards of two days only 15 percent of the time.

Quality of Care in DMC-ODS

Strengths:

- Yolo has a behavioral health quality management work plan for FY 2018-19 and an evaluation of that plan. The Quality Management Department is integrated with staff dedication to substance use disorders. All of the quality management staff have been cross-trained and have interchangeable responsibilities. Because of the implementation of the DMC-ODS, Yolo combined their Quality Management Committee meetings with their contract providers meetings. There are plans in the future to split out these two committees and to have separate meetings for quality management.

- Yolo did provide ASAM training to the staff and contract providers. Dr. Mee-Lee provided an initial training and has conducted four additional trainings. Yolo also utilized the free trainings offered by CIBHS and UCLA. Yolo is focused on documentation training for the next year.

- The Cultural Competency Plan was last updated in 2018. There are a number of outreach and engagement activities listed in the plan. The plan includes goals and objectives along with a number of specified initiatives for the LGBTQ population, Latino and Hispanic Community, Russian Speaking community and the Native American and Indigenous People community. Each of the initiatives have a workgroup with identified strategies such as providing education, outreach activities, and training providers in cultural competence. Yolo also conducts test calls to the providers in threshold languages and the results are reported back to the CC Committee.

- Yolo has developed excellent working relationship with Partnership Health Plan, which is the managed care health plan; they coordinate with each other and with the county network of providers through the Memorandum of Understanding (MOU).

- Yolo relies on their Results Based Accountability reports to monitor the performance of their contract providers such as engagement rate, retention rate, and reduction of substance use at the end of treatment.

Opportunities:

- Yolo has only one dedicated staff to manage Avatar for the DMC-ODS and because of the lack of capacity and customization, Yolo is not able to produce reports from the EHR system required. Yolo created an Access Tracking Log which the contract providers are to complete. Yolo has identified issues with the data from this tracking log and have determined that more training and reinforcement of compliance with requirements for timeliness data is needed.

- Yolo does not currently have recovery services. These services are to be provided by one of their contract providers. This contract provider presented numerous billing issues that currently exist with the county's fiscal department with the current services they provide. For example, when the provider billed for recovery services, the fiscal department denied the billing. The provider reported that they need these current issues to be resolved by the fiscal department before they can fully implement these recovery services.   Once the fiscal department resolves these billing issues, the provider will provide recovery services.

Client Outcomes for DMC-ODS

Strengths:

- Ninety percent of the clients completing the TPS were satisfied with their outpatient treatment and with their narcotic and opioid treatment.

- Yolo has a Results Based Accountability (RBA) system that is completed twice a year. This tool has three layers of performance regarding the following: how

much did we do, how well did we do it, and is anyone better off? The RBA includes demographic information, the type and quantity of services provided, referral information, beneficiary satisfaction, and retention rate. The RBA is given to each of the contract providers and reviewed by the Yolo management team.

Opportunities:

- Yolo participated in the Treatment Perception Survey in October of 2018 and is planning to participate again this year. After receiving their data, they evaluated their overall data and looked for outliers.

- The TPS survey indicated that only 70 percent of the clients were satisfied with residential treatment services.

- Yolo CalOMS data indicates a high percentage of administrative adult discharges at 65 percent compared to the statewide average of 38 percent.

Recommendations for DMC-ODS for FY 2019-20

1. Yolo only has one staff dedicated to Avatar for the DMC-ODS and they do not have the capacity to run required access and timeliness reports on a regular basis. Because of this they are not able to provide appropriate oversight and monitoring of their DMC-ODS service delivery system. Additional staff and software capacity is strongly recommended to meet essential required elements of the STCs of the Waiver.

2. The contract providers reported that there is a serious problem between program and fiscal staff at the county working with them. For example, program will outline the services the contract providers can provide, but then the fiscal department will deny that billing. The contract providers also discussed a paper system where they have to invoice the county for services provided using a county daily transaction form which has to be signed by provider staff. Once the county receives this form the county staff input the information into their billing system. The contract providers reported that this process is labor intensive, time consuming and open to human data entry errors. Yolo should explore ways to convert from a paper system to an electronic system for the contract providers for their billing interface and ideally a clinical interface as well. Communication improvements and a provider manual where requirements and procedures are clear and documented is needed, ideally on a web site.

3. Related to the above, not all of the contract providers can enter information into the county EHR. Yolo utilizes an Excel tracking spreadsheet which the contract providers must complete on a regular basis. Yolo has identified a need to conduct additional training to the providers on how to complete this form, and insure it is completed to track required timeliness metrics. Yolo should explore ways for this function to be completed on Avatar or in some electronic streamlined fashion to make tracking timeliness easier.

4. Yolo has successfully implemented a robust continuum of care; however, has not yet begun recovery services. The contract provider reported that these services have not been implemented due to billing issues with the Fiscal department. The Fiscal department should work with Program to develop a viable solution to these billing issues. Also, the NTP provider is required to provide non-methadone MATs to the community as there is no other DMC-ODS MAT source at this time. None are being provided as documented by the last year's billing.

5. Yolo does not have a Medication Assisted Treatment Committee. As proposed, Yolo should launch the Yolo Opioid Coalition in order to monitor and support expansion of the usage of MAT access overall, misuse of prescription drugs and to meet the goal of this committee to reduce overdose deaths in the community.

6. Yolo has identified an increase in the usage of residential treatment. Many of the focus groups identified the lack of residential treatment beds as a barrier to engage in services. While Yolo is expanding their bed capacity, they identified that this will take years to fully correct. Yolo also shared challenges with Medi-Cal when a Yolo county resident is placed in a residential bed located out of the county. Yolo should explore other intensive treatment options to engage their clients into services such as enhanced case management to support access. Residential treatment is a DMC-ODS entitlement service and additional capacity should be developed to meet this requirement.

7. Yolo should implement their two performance improvement projects and continue to work with CalEQRO for technical assistance as needed.

ATTACHMENTS

Attachment A: CalEQRO On-site Review Agenda

Attachment B: On-site Review Participants

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

Attachment D: County Highlights – None at this time

Attachment E: Continuum of Care Form

Attachment F: Acronym List Drug Medi-Cal EQRO Reviews

Attachment A—On-site Review Agenda

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

Table A1—CalEQRO Review Sessions - Yolo DMC-ODS
Opening session – Changes in the past year, current initiatives, status of previous year's recommendations (if applicable), baseline data trends and comparisons, and dialogue on results of performance measures
Quality Improvement Plan, implementation activities, and evaluation results
Information systems capability assessment (ISCA)/fiscal/billing
Disparities: cultural competence plan, implementation activities, evaluation results
PIPs
Medication-assisted treatments (MATs)
Clinic managers group interview – contracted
Clinical supervisors group interview – county and contracted
Clinical line staff group interview – county and contracted
Client/family member focus groups such as adult, youth, special populations, and/or family
Site visits such as residential treatment (youth, perinatal, or general adult), WM, access center, MAT induction center, and/or innovative program
Key stakeholders and community-based service agencies group interview
Exit interview: questions and next steps

Attachment B—Review Participants

CalEQRO Reviewers

Karen Baylor, Ph.D., LMFT -Lead Quality Reviewer
Melissa Martin-Mollard, MFT – Information System Reviewer
Laura Bemis- Client/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 Yolo's DMC-ODS Review

DMC-ODS Sites

Yolo County Health and Human Services Agency, Adult and Aging Branch
137 N. Cottonwood
Woodland, CA

Contract Provider Sites

Hansen Family Health center
215 West Beamer Street
Woodland, CA

Walter's House
285 Fourth Street
Woodland, CA

Heritage Oaks Hospital
4250 Auburn Blvd.
Sacramento, CA

CommuniCare Health Centers
500 B Jefferson Blvd., Suite 195
West Sacramento, CA

Table B1 - Participants Representing Yolo			
Last Name	**First Name**	**Position**	**Agency**
Acevedo	Marcie	Accountant III	HHSA
Andrade-Lemus	Christina	Adult Program Manager	CommuniCare
Armas	Ann Margaret	QM SUD Clinician	HHSA
Bader	Matt		
Brown	Lindsay	Fiscal Admin Officer	HHSA
Duarte	Sylvia	Accountant III	HHSA
Evans	Ian	AOD Administrator	HHSA
Frietas	Julie	Clinical Manager	HHSA
Fusselman	Samantha	QM Manager	HHSA
Gavin	Sara	Chief Behavioral Health Officer	CCHC
Gay	Jennifer	QM SUD Clinician	HHSA
Giddings	Cynthia	Pregnancy Counselor	CORE
Green	Mila		HHSA
Harjit	Gir		
Harrington	Leigh	Medical Director	HHSA
Hill	Douglas	Treatment Center Director	MedMark
Hoffman	Michael	Counselor	Turning Point
Huber	Jennifer		
Igbinosa	Igee		TPCP
Jakowski	Karleen	Deputy Branch	HHSA
Johnson	Glenn	AOD Program Coordinator	HHSA
Le	Chau	Case Manager	HHSA
Leino	Amy	QM Supervisor	HHSA
Love	Kara	Lead SUD Clinician	CommuniCare
Natti	Ashley	QM Nurse	HHSA

Table B1 - Participants Representing Yolo			
Last Name	**First Name**	**Position**	**Agency**
Ng	Helen	QM Analyst	HHSA
Pickens	Amara	Operations Director	4th & Hope
Sidhu	Pam	QM Senior Analyst	HHSA
Smith	Theresa	Cultural Competence ESM	HHSA
Stenson	Marshall	Business Director	CORE
Vallejo	Amber		
Villarreal	Robert		HHSA

Attachment C—PIP Validation Tools: PIPS are Concept Only

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION WORKSHEET FY 2018-19 CLINICAL PIP
GENERAL INFORMATION

DMC-ODS: Yolo

PIP Title: Co-Occurring Disorders

Start Date (MM/DD/YY): **Completion Date** (MM/DD/YY): **Projected Study Period** (#of Months): **Completed**: Yes ☐　　　No ☒ **Date(s) of On-Site Review** (10/01/19): **Name of Reviewer**: Karen Baylor	**Status of PIP (Only Active and ongoing, and completed PIPs are rated):**
	Rated
	☐　Active and ongoing (baseline established and interventions started)
	☐　Completed since the prior External Quality Review (EQR)
	Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.
	☒　Concept only, not yet active (interventions not started)
	☐　Inactive, developed in a prior year
	☐　Submission determined not to be a PIP
	☐　No Clinical PIP was submitted

Brief Description of PIP (including goal and what PIP is attempting to accomplish):

　Early and accurate identification of co-occurring mental health and substance use disorders diagnoses have been a long-standing challenge in Yolo County. The goal of this PIP is to identify and implement effective strategies to increase early and accurate identification of co-occurring disorders and to increase the care coordination between menta health and substance use disorder services.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY		
STEP 1: Review the Selected Study Topic(s)		
Component/Standard	**Score**	**Comments**
1 Was the PIP topic selected using stakeholder input? Did Yolo develop a multi-functional team compiled of stakeholders invested in this issue?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
Select the category for each PIP: *Clinical:* ☐ Prevention of an acute or chronic condition ☐ High volume services ☐ Care for an acute or chronic condition ☐ High risk conditions		*Non-clinical:* ☐ Process of accessing or delivering care
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? *Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.*	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
Totals 0	**0** Met **0** Partially Met **0** Not Met **0** UTD	

STEP 2: Review the Study Question(s)		
(1) Will changing the format and curricula of group counseling services in the Road to Recovery Program improve client satisfaction, engagement, retention and positive treatment outcomes?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
Totals 0	**0** Met **0** Partially Met **0** Not Met **0** UTD	
STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☒ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?
Methods of identifying participants:
  ☐ Utilization data   ☐ Referral   ☐ Self-identification
  ☐ Other: <Text if checked>
	☐ Met
	☐ Partially Met
	☐ Not Met
	☐ Unable to Determine	

Totals 0	**0** Met **0** Partially Met **0** Not Met **0** UTD	
STEP 4: Review Selected Study Indicators		
4.1 Did the study use objective, clearly defined, measurable indicators? *List indicators:* (1)	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong	☐ Met ☐ Partially Met ☐ Not Met	

associations with improved outcomes? All outcomes should be client-focused. ☐ Health Status ☐ Functional Status ☐ Member Satisfaction ☐ Provider Satisfaction Are long-term outcomes clearly stated? ☐ Yes ☒ No Are long-term outcomes implied? ☐ Yes ☐ No	☐ Unable to Determine	

Totals 0	**0** Met	**0** Partially Met	**0** Not Met	**0** UTD

STEP 5: Review Sampling Methods

5.1 Did the sampling technique consider and specify the: a) True (or estimated) frequency of occurrence of the event? b) Confidence interval to be used? c) Margin of error that will be acceptable?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
5.2 Were valid sampling techniques that protected against bias employed? *Specify the type of sampling or census used:* <Text>	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
5.3 Did the sample contain a sufficient number of enrollees? _____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

Totals 0	**0** Met	**0** Partially Met	**0** Not Met	**0** UTD

STEP 6: Review Data Collection Procedures		
6.1 Did the study design clearly specify the data to be collected?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.2 Did the study design clearly specify the sources of data? *Sources of data:* ☐ Member　　☐ Claims　　☐ Provider ☐ Other: <Text if checked>	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? *Instruments used:* ☐ Survey ☐ Outcomes tool　　☐ Level of Care tools ☐ Other:	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.6 Were qualified staff and personnel used to collect the data? *Project leader:*	☐ Met ☐ Partially Met ☐ Not Met	

Name: Title: Role: *Other team members:* Names:	☐ Unable to Determine	
Totals 0	**0** Met **0** Partially Met **0** Not Met **0** UTD	

STEP 7: Assess Improvement Strategies		
7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes? *Describe Interventions:*	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
Totals 0	**0** Met **0** Partially Met **0** Not Met **0** UTD	

STEP 8: Review Data Analysis and Interpretation of Study Results		
8.1 Was an analysis of the findings performed according to the data analysis plan?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled? ☐ Yes ☐ No Are they labeled clearly and accurately? ☐ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable	

repeat measurements, and factors that threaten internal and external validity? *Indicate the time periods of measurements*: *Indicate the statistical analysis used*: *Indicate the statistical significance level or confidence level if available/known:*	☐ Unable to Determine	
8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? *Limitations described:* *Conclusions regarding the success of the interpretation:* *Recommendations for follow-up:*	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

Totals 0	**0** Met	**0** Partially Met	**0** Not Met	**0** UTD

STEP 9: Assess Whether Improvement is "Real" Improvement

9.1 Was the same methodology as the baseline measurement used when measurement was repeated? *Ask: At what interval(s) was the data measurement repeated?* *Were the same sources of data used?* *Did they use the same method of data collection?* *Were the same participants examined?* *Did they utilize the same measurement tools?*	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: ☐ Improvement ☐ Deterioration Statistical significance: ☐ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

Clinical significance: ☐ Yes ☐ No		
9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? *Degree to which the intervention was the reason for change:* ☐ No relevance ☐ Small ☐ Fair ☐ High	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.4 Is there any statistical evidence that any observed performance improvement is true improvement? ☐ Weak ☐ Moderate ☐ Strong	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

Totals 0	**0** Met **0** Partially Met **0** Not Met **0** UTD

ACTIVITY 2: VERIFYING STUDY FINDINGS (OPTIONAL)

Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	☐ Yes ☐ No	

ACTIVITY 3: OVERALL VALIDITY AND RELIABILITY OF STUDY RESULTS: SUMMARY OF AGGREGATE VALIDATION FINDINGS

Conclusions:

Recommendations:		
Check one:	☐ High confidence in reported Plan PIP results ☐ Confidence in reported Plan PIP results ☐ Confidence in PIP results cannot be determined at this time	☐ Low confidence in reported Plan PIP results ☐ Reported Plan PIP results not credible

PIP item scoring

0 Met

0 Partially Met

0 Not Met

0 Not Applicable

PIP overall scoring

((#M x 2) + #PM) / (# applicable x 2) = 0%

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

GENERAL INFORMATION

DMC-ODS: Yolo

Start Date (MM/DD/YY): **Completion Date** (MM/DD/YY): **Projected Study Period** (#of Months): **Completed**: Yes ☐ No ☐ **Date(s) of On-Site Review**: 10/1/19 **Name of Reviewer**: Karen Baylor	**Status of PIP (Only Active and ongoing, and completed PIPs are rated):**
	Rated
	☐ Active and ongoing (baseline established and interventions started) ☐ Completed since the prior External Quality Review (EQR)
	Not rated. Comments provided in the PIP Validation Tool for technical assistance purposes only.
	☒ Concept only, not yet active (interventions not started)
	☐ Inactive, developed in a prior year
	☐ Submission determined not to be a PIP
	☐ No Non-clinical PIP was submitted

Brief Description of PIP (including goal and what PIP is attempting to accomplish):   Yolo presented its study question for the clinical PIP as follows: On average it takes 23 days from contact with the Access Call Center to placement into a residential treatment facility. The goal of this PIP is to identify and implement effective strategies to increase client engagement and reduce wait times to residential treatment services following a service request.

ACTIVITY 1: ASSESS THE STUDY METHODOLOGY

STEP 1: Review the Selected Study Topic(s)

Component/Standard	Score	Comments
1.1 Was the PIP topic selected using stakeholder input? Did Yolo develop a multi-functional team compiled of stakeholders invested in this issue?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
1.2 Was the topic selected through data collection and analysis of comprehensive aspects of enrollee needs, care, and services?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

Select the category for each PIP:

Clinical:

☐ Prevention of an acute or chronic condition ☐ High volume services

☐ Care for an acute or chronic condition ☐ High risk conditions

Non-clinical:

☐ Process of accessing or delivering care

Component/Standard	Score	Comments
1.3 Did the Plan's PIP, over time, address a broad spectrum of key aspects of enrollee care and services? *Project must be clearly focused on identifying and correcting deficiencies in care or services, rather than on utilization or cost alone.*	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
1.4 Did the Plan's PIPs, over time, include all enrolled populations (i.e., did not exclude certain enrollees such as those with special health care needs)? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
Totals 0	**0** Met **0** Partially Met **0** Not Met **0** UTD	

STEP 2: Review the Study Question(s)		
2.1 Was the study question(s) stated clearly in writing? Does the question have a measurable impact for the defined study population? *Include study question as stated in narrative:*	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

Totals 0		0 Met 0 Partially Met 0 Not Met 0 UTD

STEP 3: Review the Identified Study Population		
3.1 Did the Plan clearly define all Medi-Cal enrollees to whom the study question and indicators are relevant? *Demographics:* ☐ Age Range ☐ Race/Ethnicity ☐ Gender ☐ Language ☐ Other	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

3.2 If the study included the entire population, did its data collection approach capture all enrollees to whom the study question applied?
 Methods of identifying participants:
   ☐ Utilization data   ☐ Referral   ☐ Self-identification
   ☐ Other: ASAM Level of Care Results
	☐ Met
	 ☐ Partially Met
	 ☐ Not Met
	 ☐ Unable to Determine	

Totals 0		0 Met 0 Partially Met 0 Not Met 0 UTD

STEP 4: Review Selected Study Indicators		
4.1 Did the study use objective, clearly defined, measurable indicators? *List indicators:*	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

| 4.2 Did the indicators measure changes in: health status, functional status, or enrollee satisfaction, or processes of care with strong associations with improved outcomes? All outcomes should be client-focused.

☐ Health Status   ☐ Functional Status

☐ Member Satisfaction   ☐ Provider Satisfaction

Are long-term outcomes clearly stated? ☐ Yes ☐ No

Are long-term outcomes implied? ☐ Yes   ☐ No | ☐ Met
☐ Partially Met
☐ Not Met
☐ Unable to Determine | |

| **Totals 0** | **0** Met **0** Partially Met **0** Not Met **0** UTD |

| **STEP 5: Review Sampling Methods** |

| 5.1 Did the sampling technique consider and specify the:
  a) True (or estimated) frequency of occurrence of the event?
  b) Confidence interval to be used?
  c) Margin of error that will be acceptable? | ☐ Met
☐ Partially Met
☐ Not Met
☐ Not Applicable
☐ Unable to Determine | |
| 5.2 Were valid sampling techniques that protected against bias employed?

Specify the type of sampling or census used:
<Text> | ☐ Met
☐ Partially Met
☐ Not Met
☐ Not Applicable
☐ Unable to Determine | |

5.3 Did the sample contain a sufficient number of enrollees? _____N of enrollees in sampling frame _____N of sample _____N of participants (i.e. – return rate)	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

Totals 0	**0** Met	**0** Partially Met	**0** Not Met	**0** UTD

STEP 6: Review Data Collection Procedures

6.1 Did the study design clearly specify the data to be collected?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.2 Did the study design clearly specify the sources of data? *Sources of data:* ☐ Member ASAM ☐ Claims ☐ Provider ☐ Other: <Text if checked>	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.3 Did the study design specify a systematic method of collecting valid and reliable data that represents the entire population to which the study's indicators apply?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	
6.4 Did the instruments used for data collection provide for consistent, accurate data collection over the time periods studied? *Instruments used:* ☐ Survey ☐ Medical record abstraction tool ☐ Outcomes tool ☐ Level of Care tools ASAM ☐ Other: <Text if checked>	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

6.5 Did the study design prospectively specify a data analysis plan? Did the plan include contingencies for untoward results?	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	.
6.6 Were qualified staff and personnel used to collect the data? *Project co-leaders:* Name: Title: Role: *Other team members:* Names:	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

Totals 0	**0** Met	**0** Partially Met	**0** Not Met	**0** UTD

STEP 7: Assess Improvement Strategies

7.1 Were reasonable interventions undertaken to address causes/barriers identified through data analysis and QI processes? *Describe Interventions:*	☐ Met ☐ Partially Met ☐ Not Met ☐ Unable to Determine	

Totals 0	**0** Met	**0** Partially Met	**0** Not Met	**0** UTD

STEP 8: Review Data Analysis and Interpretation of Study Results

8.1 Was an analysis of the findings performed according to the data analysis plan?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

8.2 Were the PIP results and findings presented accurately and clearly? Are tables and figures labeled?　　　☐ Yes ☐ No Are they labeled clearly and accurately?　　☐ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
8.3 Did the analysis identify: initial and repeat measurements, statistical significance, factors that influence comparability of initial and repeat measurements, and factors that threaten internal and external validity? Indicate the time periods of measurements: Claims encounter data during brief stay in residential WM and for treatment intake within 7 and 14 days post-discharge Indicate the statistical analysis used: percentages Indicate the statistical significance level or confidence level if available/known: _____% _____Unable to determine	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
8.4 Did the analysis of the study data include an interpretation of the extent to which this PIP was successful and recommend any follow-up activities? *Limitations described:* *Conclusions regarding the success of the interventions:* *Recommendations for follow-up:*	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
	Totals 0	**0** Met　**0** Partially Met　**0** Not Met　**0** UTD

STEP 9: Assess Whether Improvement is "Real" Improvement		
9.1 Was the same methodology as the baseline measurement used when measurement was repeated? *Ask: At what interval(s) was the data measurement repeated?* *Were the same sources of data used?* *Did they use the same method of data collection?* *Were the same participants examined?* *Did they utilize the same measurement tools?*	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.2 Was there any documented, quantitative improvement in processes or outcomes of care? Was there: ☐ Improvement ☐ Deterioration Statistical significance: ☐ Yes ☐ No Clinical significance: ☐ Yes ☐ No	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.3 Does the reported improvement in performance have internal validity; i.e., does the improvement in performance appear to be the result of the planned quality improvement intervention? *Degree to which the intervention was the reason for change:* ☐ No relevance ☐ Small ☐ Fair ☐ High	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.4 Is there any statistical evidence that any observed performance improvement is true improvement? ☐ Weak ☐ Moderate ☐ Strong	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	
9.5 Was sustained improvement demonstrated through repeated measurements over comparable time periods?	☐ Met ☐ Partially Met ☐ Not Met ☐ Not Applicable ☐ Unable to Determine	

	Totals 0	**0**	Met	**0**	Partially Met	**0**	Not Met	**0**	UTD

ACTIVITY 2: SCORING

PIP Item Scoring: **PIP Overall**

 <#> Met   **((#M x 2) + #PM) / (# applicable x 2) = <#>%**

 <#> Partially Met

 <#> Not Met

 <#> Not Applicable

ACTIVITY 3: VERIFYING STUDY FINDINGS (OPTIONAL)

Component/Standard	Score	Comments
Were the initial study findings verified (recalculated by CalEQRO) upon repeat measurement?	☐ Yes ☐ No	

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

Conclusions:

Recommendations:

Check one: ☐ High confidence in reported Plan PIP results   ☐ Low confidence in reported Plan PIP results

  ☐ Confidence in reported Plan PIP results   ☐ Reported Plan PIP results not credible

  ☐ Confidence in PIP results cannot be determined at this time

Attachment D—County Highlights

None at this time

Attachment E—Continuum of Care Form

Continuum of Care –DMC-ODS/ASAM

DMC-ODS Levels of Care & Overall Treatment Capacity:

County: **Yolo**   Review date(s): **10/1/19-10/2/19**
Person completing form**: Ian Evans, AOD Administrator**
Please identify which programs are billing for DMC-ODS services on the form below.

Percent of all treatment services that are contracted: 100%

County role for access and coordination of care for persons with SUD requiring social work/linkage/peer supports to coordinate care and ancillary services.
Describe county role and functions linked to access processes and coordination of care:

> Yolo County has behavioral health access staff in all 3 major cities (Woodland, West Sacramento, and Davis) that are cross-trained in mental health and substance use access. This allows any beneficiary throughout the county to walk into our clinics and be screened and referred to treatment for either mental health or substance use, or both seamlessly. In addition to these staff, HHSA contracts with Heritage Oaks Hospital to manage the 24/7 behavioral health access and crisis line.

Case Management- Describe if it's done by DMC-ODS via centralized teams or integrated into DMC certified programs or both:
Monthly estimated billed hours of case management: **27**

Comments:

> Yolo County HHSA contracts out all DMC ODS services to local providers. Within each of those contracts there is the ability to provide case management services, those services are outlined to meet the DMC ODS requirements, and costs associated with the appropriate codes are included. In addition, HHSA has 2 dedicated SUD case managers that support individuals moving through the continuum of care however these services are not build to DMC, as HHSA is not a certified DMC provider.

Recovery Services – Support services for clients in remission from SUD having completed treatment services, but requiring ongoing stabilization and supports to remain in recovery including assistance with education, jobs, housing, relapse prevention, peer support.
Pick 1 or more as applicable and explain below:
      1)   Included with Access sites for linkage to treatment

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

Total Legal entities offering recovery services: **1**
Total number of legal entities billing DMC-ODS: 1
Choices: Enter choice(s) here.

Comments:

> Yolo County released a Request for Proposal (RFP) for all services under DMC ODS prior to initiating services on 7/1/18. Only one provider responded including Recovery Services in their response and were awarded a contract to provide these services.

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

Number of Sites: 0
Total number of legal entities billing DMC-ODS: Enter the total number of legal entities billing.
Estimated billed hours per month: Enter hours.
 How are you structuring it? - *Pick 1 or more as applicable and explain below*

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

Choice(s):   Enter choice(s) here.

Comments:

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

Number of sites: 1
Total number of legal entities billing DMC-ODS: 1
Number of beds: 5
Estimated billed hours per month: 376
Pick 1 or more as applicable and explain below:

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

Choice(s):   residential treatment provider

Comments:

> We contract with a residential treatment provider who has 5 dedicated level 3.2WM beds and also has residential level 3.5 and 3.1 programming on the same campus which allows for an easy transition of services.

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

Total legal entities in county: 4
In county NTP: Sites   1   Slots: contracted to provide services for approximately 125 clients annually between in county and out of county location for 1 provider.
Out of county NTP: Sites   5   Slots: Contracted for approximately 40 clients annually
Total estimated billed hours per month: Enter number of hours.
Are all NTPs billing for non-methadone required medications? __X__yes   ____no
Comments:

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

Total legal entities: 0   Number of sites: 0
Total estimated billed hours per month: Enter number of hours.

Comments:

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

Total legal entities: 3   Total sites: 4
Total number of legal entities billing DMC-ODS: 2
Average estimated billed hours per month: 416

Comments:

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

Estimated billed hours per month: Enter hours.
Total legal entities: 3   Total sites for all legal entities: 4
Total number of legal entities billing DMC-ODS: 3
Average estimated billed hours per month: 153

Comments:

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

Total sites for all legal entities: N/A
Total number of legal entities billing DMC-ODS: N/A
Total number of programs: N/A
Average client capacity per day: N/A

Comments:

| |
| |

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

Total sites for all legal entities: 3
Total number of legal entities billing DMC-ODS: 4
Number of program sites: 5
Total bed capacity: Approximately 44
 Average estimated billed bed days per month: 746

Comments:

| |
| |

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

Total sites for all legal entities: N/A
Number of program sites: N/A
Total number of legal entities billing DMC-ODS: N/A
Total bed capacity: N/A
                    (Can be flexed and combined in some settings with 3.5)
Comments:

| |
| |

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

Total sites for all legal entities: 1
Number of program sites: 1
Total number of legal entities billing DMC-ODS: 1
Total bed capacity: 5
                    (Can be flexed and combined in some settings with 3.5)
Comments:

| |
| |

Level 3.7: Medically Monitored, High-Intensity Inpatient Services – 24-hour, professionally directed medical monitoring and addiction treatment in an inpatient setting.   (May be billing Health Plan/FFS not DMC-ODS but can you access service??) _____yes _____no

Number of program sites: N/A
Total number of legal entities billing DMC-ODS: N/A
Number of legal entities: N/A
Total bed Capacity: N/A

Comments:

Level 4: Medically Managed Intensive Inpatient Services – 24-hour services delivered in an acute care, inpatient setting. (billing Health Plan/FFS can you access services? _____yes ___no access)

Number of program sites: N/A
Total number of legal entities billing DMC-ODS: N/A
Number of legal entities: N/A
Total bed capacity: N/A

Comments:

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

Total sites for all legal entities: 2
Number of program sites: 2
Total bed capacity: 20

Comments:

Are you still trying to get additional services Medi-Cal certified? Please describe:
Yes, Yolo County HHSA is working with one residential provider and DHCS to receive Medi-Cal certification for that provider. While they're currently providing residential treatment for Yolo County beneficiaries, they are waiting on approval for their Medi-Cal certification.

Attachment F—Acronym List Drug Medi-Cal EQRO Reviews

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

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

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