BHC

Behavioral Health Concepts, Inc.
info@bhceqro.com
www.caleqro.com
855-385-3776

FY 2022-23
MEDI-CAL SPECIALTY BEHAVIORAL HEALTH EXTERNAL QUALITY REVIEW

YOLO FINAL REPORT

☐ MHP

☒ DMC-ODS

Prepared for:

California Department of Health Care Services (DHCS)

Review Dates:

August 30-31, 2022

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF TABLES

EXECUTIVE SUMMARY

Highlights from the Fiscal Year (FY) 2022-23 Drug Medi-Cal Organized Delivery System (DMC-ODS) External Quality Review (EQR) are included in this summary to provide the reader with a brief reference, while detailed findings are identified throughout the following report. In this report, "Yolo" may be used to identify the Yolo DMC-ODS program, unless otherwise indicated.

DMC-ODS INFORMATION

Review Type — Virtual

Date of Review — August 30-31, 2022

DMC-ODS Size — Medium

DMC-ODS Region — Central

SUMMARY OF FINDINGS

The California External Quality Review Organization (CalEQRO) evaluated the DMC-ODS on the degree to which it addressed FY 2021-22 EQR recommendations for improvement; four categories of Key Components that impact beneficiary outcomes; activity regarding Performance Improvement Projects (PIPs); and beneficiary feedback obtained through focus groups. Summary findings include:

Table A: Summary of Response to Recommendations

# of FY 2021-22 EQR Recommendations	# Fully Addressed	# Partially Addressed	# Not Addressed
5	2	3	0

Table B: Summary of Key Components

Summary of Key Components	Number of Items Rated	# Met	# Partial	# Not Met
Access to Care	4	4	0	0
Timeliness of Care	6	0	0	6
Quality of Care	8	2	4	2
Information Systems (IS)	6	3	3	0
TOTAL	**24**	**9**	**7**	**8**

Table C: Summary of PIP Submissions

Title	Type	Start Date	Phase	Confidence Validation Rating
Improving Screening of Co-Occurring Disorders (COD) for Beneficiaries	Clinical	07/2020	Second Remeasurement	Moderate
Follow-up After Emergency Department (ED) Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	Non-Clinical	09/2022	Implementation	Moderate

Table D: Summary of Consumer/Family Focus Groups

Focus Group #	Focus Group Type	# of Participants
1	Perinatal Women's Residential	3
2	Outpatient Adults	10

SUMMARY OF STRENGTHS, OPPORTUNITIES, AND RECOMMENDATIONS

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

Yolo hired additional IS staff to prepare for the development and roll out of Avatar Next Generation (NX) electronic health record (EHR); the overall penetration rate (PR) for FY 2022-23 is .30 percent higher than the statewide average; the Cultural Competence Plan (CCP) and associated Strategic Updates address systemic inequity and focus on strategies to increase the workforce; residential treatment capacity expansion for adults is occurring on several fronts for Yolo beneficiaries; Addiction Intervention Court (AIC) shifts from a reactionary Felony Drug Court model to an initiative designed to address addiction issues before the point someone is facing prison time and includes funding for in-custody and residential treatment.

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

Establish a reliable point of contact to receive withdrawal management (WM) referrals from contracted providers; reinforce utilization of case management (CM)/care coordination (CC), recovery support services (RSS) and availability of recovery residence (RR) placement for beneficiaries; collection and analysis of timely access metrics and standards are required; submission of two active PIPs annually is required; and analysis of the Treatment Perception Survey (TPS), University of Los Angeles (UCLA), outcomes report provide opportunities to respond to beneficiaries who receive services through the DMC-ODS.

FY 2022-23 CalEQRO recommendations for improvement include:

Improve access to WM; establish clear protocols and eligibility criteria for CM/CC and RSS; ensure consistent and reliable collection and report of all timeliness metrics; submit two active PIPs or concept proposal annually; and use the TPS outcome report, which provides data specific to county, contracted providers, level of care (LOC), and demographics information for improvement projects and activities.

INTRODUCTION

BASIS OF THE EXTERNAL QUALITY REVIEW

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

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

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

This report presents the FY 2022-23 findings of the EQR for Yolo County DMC-ODS by BHC, conducted as a virtual review on August 30-31, 2022.

REVIEW METHODOLOGY

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

Data used to generate Performance Measures (PM) tables and graphs throughout this report, unless otherwise specified, are derived from multiple source files: Monthly Medi-Cal Eligibility Data System Eligibility File; DMC-ODS approved claims; TPS; the California Outcomes Measurement System (CalOMS); and the American Society of Addiction Medicine (ASAM) LOC data.

CalEQRO reviews are retrospective; therefore, data evaluated represent calendar year (CY) 2021 and FY 2021-22, unless otherwise indicated. As part of the pre-review process, each DMC-ODS is provided a description of the source of data and a summary report of Medi-Cal approved claims data. These worksheets provide additional context for many of the PMs shown in this report. CalEQRO also provides individualized technical assistance (TA) related to claims data analysis upon request.

Findings in this report include:

- Changes and initiatives the DMC-ODS identified as having a significant impact on access, timeliness, and quality of the DMC-ODS service delivery system in the preceding year. DMC-ODS' are encouraged to demonstrate these issues with quantitative or qualitative data as evidence of system improvements.

- DMC-ODS activities in response to FY 2021-22 EQR recommendations.

- Summary of DMC-ODS-specific activities related to the four Key Components, identified by CalEQRO as crucial elements of quality improvement (QI) and that impact beneficiary outcomes: Access, Timeliness, Quality, and IS.

- Evaluation of the DMC-ODS's two contractually required PIPs as per 42 CFR Section 438.330 (d)(1)-(4) – validation tool included as Attachment C.

- Analysis and validation of Access, Timeliness, Quality, and IS PMs as per 42 CFR 438.358(b)(1)(ii) – also listed in Attachment E.

- Review and validation of each DMC-ODS's NA as per 42 CFR Section 438.68 and compile data related to DHCS Alternative Access Standards (AAS) as per California WIC Section 14197.05, detailed in the Access section of this report.

- Assessment of the extent to which the DMC-ODS and its subcontracting providers meet the Federal data integrity requirements for Health Information Systems (HIS), including an evaluation of the county DMC-ODS's reporting systems and methodologies for calculating PMs, and whether the DMC-ODS and its subcontracting providers maintain HIS that collect, analyze, integrate, and report data to achieve the objectives of the Quality Assessment and Performance Improvement (QAPI) program.

- Beneficiary perception of the DMC-ODS's service delivery system, obtained through review of satisfaction survey results and focus groups with beneficiaries and family members.

- Summary of DMC-ODS strengths, opportunities for improvement, and recommendations for the coming year.

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT SUPPRESSION DISCLOSURE

To comply with the Health Information Portability and Accountability Act, and in accordance with DHCS guidelines, CalEQRO suppresses values in the report tables when the count is less than 12, then "≤11" is indicated to protect the confidentiality of DMC-ODS beneficiaries. Further suppression was applied, as needed, with a dash (-) to prevent calculation of initially suppressed data, its corresponding PR percentages, and cells containing zero, missing data, or dollar amounts.

DMC-ODS CHANGES AND INITIATIVES

In this section, changes within the DMC-ODS's environment since its last review, as well as the status of last year's (FY 2021-22) EQR recommendations are presented.

ENVIRONMENTAL ISSUES AFFECTING DMC-ODS OPERATIONS

This review took place during the third year of the Coronavirus Disease 2019 (COVID-19) pandemic and on-going COVID-19 outbreaks within the facilities of the county SUD providers impact service delivery. Contract providers continue to report high staff turnover, and contract providers and Yolo are challenged with hiring qualified staff. CalEQRO was able to complete the review without any insurmountable challenges.

SIGNIFICANT CHANGES AND INITIATIVES

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

- Yolo partnered with the local Community Corrections Partnership to fund inmate services initiatives including a 10-bed in custody substance use program set to launch in Fall 2022; initiatives will build on the work of the Medication Assisted Treatment (MAT) Learning Collaborative which funds in custody MAT services for up to 15 individuals; funding includes a Sherriff's correctional officer, Wellpath medical and behavioral health (BH) staff, and a CommuniCare post-release clinician position.

- The county created an EHR Steering Committee to develop and implement an EHR Strategic Plan and Roadmap design to improve information systems and processes.

- The DMC-ODS established three new Avatar user workgroups that include 1) fiscal plus administrative staff, 2) internal clinical staff, and 3) providers, and hired one new 0.5 full time equivalent (FTE) staff to support the Avatar roll out. Support focuses on Avatar NX (to update the functionality of their EHR and Netsmart's CareConnect Inbox (to provide added security for transmission of personal health information.

- Expungement clinics coordinated by the Cultural Competence Committee (CCC) reduce obstacles to housing and employment due to a criminal record. Yolo assisted 29 people at the first clinic held in August 2022. Announcements were held in threshold languages and interpreters provided for Russian and Spanish speakers.

- Yolo is pursuing a sole source agreement for Youth within the DMC-ODS for residential treatment, outpatient (OP), and IOT services. The sole source

agreement is a stop gap measure until a request for proposal (RFP) is released for youth services.

- Yolo actively participates in the Crises Now initiative which includes a sobering station within the 24/7 crises stabilization framework. Phase two includes the Sobering Center with a pending roll out date after the phase one roll out which is planned for July 2023.

RESPONSE TO FY 2021-22 RECOMMENDATIONS

In the FY 2021-22 EQR technical report, CalEQRO made several recommendations for improvements in the county's programmatic and/or operational areas. During the FY 2022-23 EQR, CalEQRO evaluated the status of those FY 2021-22 recommendations; the findings are summarized below.

Assignment of Ratings

Addressed is assigned when the identified issue has been resolved.

Partially Addressed is assigned when the county has either:

- Made clear plans and is in the early stages of initiating activities to address the recommendation; or

- Addressed some but not all aspects of the recommendation or related issues.

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

Recommendations from FY 2021-22

Recommendation 1: Complete implementation of the Clinical-PIP including completion of first re-measure of dependent variable PMs. Complete the planning phase of the Non-Clinical PIP and submit to EQRO for review and validation. Continue to work with CalEQRO for TA as needed.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- TA was provided for the Clinical PIP and refinements integrated into the updates. The Clinical PIP extension to 12/31/2022 is approved. As a next step, the DMC-ODS should begin consideration for a clinical PIP.

- The clinical PIP validation rating is moderate. The non-Clinical PIP, submitted for this review, end date is 06-2021 and considered inactive. The most recent remeasurement of this PIP is 04-2021.

Recommendation 2: Complete the Fiscal Department's Excel billing spreadsheet and transfer to Avatar training for all providers. Fiscal to complete coordination with IS to find a program for providers to use for uploading information into Avatar. Soliciting and incorporating provider feedback on the product and process is recommended.

(This recommendation is a carry-over from FY 2020-21.)

☒ Addressed   ☐ Partially Addressed   ☐ Not Addressed

- The DMC-ODS piloted a new process with several providers before rolling it out to all providers. Previously, providers were sending daily transaction and claims forms using hard copy paper documents.

- A system-wide electronic process has been implemented for all contract providers that utilizes an Excel template which is then uploaded by the DMC-ODS. The DMC-ODS reports providers are now consistently using this process successfully and have provided positive feedback on the new process.

- Once Yolo County implements CareConnect this process will be executed even more securely, and, long-term, Yolo County intends to have all providers on Avatar.

Recommendation 3: Yolo recognizes their challenges with collecting and analyzing timeliness metrics and are in the process of increasing their IT staff and thereby their ability to develop tracking solutions in Avatar, extract data, and write analysis reports. Yolo should continue to pursue options to increase contract provider access to Avatar in order to improve their ability to provide more complete, centrally located, and accessible beneficiary treatment episode information.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The DMC-ODS has added a 0.5 FTE dedicated to Avatar functionality. The county reports they now believe they have achieved staffing levels necessary to fully support Avatar initiatives that will improve timeliness tracking and other important data collection and analytics.

Recommendation 4: Grow capacity for in-county residential treatment beds, CM, Intensive Outpatient Treatment (IOT), and RSS.

(This recommendation is partially carried over from FY 2020-21.)

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- Yolo initiatives to grow capacity for residential treatment beds have anticipated go-live dates for late 2022 and in 2023. Interim IOT services are available and the release date for an IOT RFP process was not provided.

Recommendation 5: Latino beneficiaries in Yolo continue to be underserved. There is a robust CCP and equity initiative in process, however the plan does not include steps for identifying the culture specific barriers to recognizing and accepting treatment for SUDs and action steps to overcome those barriers. Efforts should be continued until there is substantial gain in the number of Latinos served.

☐ Addressed   ☒ Partially Addressed   ☐ Not Addressed

- The DMC-ODS has fostered partnerships to improve outreach and connections with the Hispanic/Latino population. Specifically, Yolo has partnered with two

Mental Health Services Act programs intended to address the needs of migrant and/or monolingual populations, and CommuniCare Health Centers' perinatal Journey Home, Promotores, and Latino Services programs to provide more culturally and linguistically appropriate outreach and service provision.

- Cultural Competence members also participate in in the District Attorney's Multi-Cultural Community Council, which developed the Yolo Commons Criminal Justice dashboard to identify racial/ethnic disparities in accessing diversion programs and is working to address these disparities. Despite these efforts, the total number of Hispanic/Latino beneficiaries decreased from the prior year, and the penetration rate for this population decreased.

ACCESS TO CARE

CMS defines access as the ability to receive essential health care and services. Access is a broad set of concerns that reflects the degree to which eligible individuals or beneficiaries are able to obtain needed health care services from a health care system. It encompasses multiple factors, including insurance/plan coverage, sufficient number of providers and facilities in the areas in which beneficiaries live, equity, as well as accessibility—the ability to obtain medical care and services when needed. [1] The cornerstone of DMC-ODS services must be access or beneficiaries are negatively impacted.

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

ACCESSING SERVICES FROM THE DMC-ODS

SUD services are delivered by contractor-operated providers in the DMC-ODS. Regardless of payment source, 0 percent of services were delivered by county-operated/staffed clinics and sites, and 100 percent were delivered by contractor-operated/staffed clinics and sites. Overall, approximately 85 percent of services provided were claimed to Medi-Cal.

The DMC-ODS has a toll-free Access Line available to beneficiaries 24-hours, 7-days per week that is operated by contract provider staff; beneficiaries may request services through the Access Call Line (ACL) as well as through the following system entry points: Beneficiaries may walk in to county clinics in Woodland, West Sacramento, and Davis to be screened and referred to services by behavioral health Yolo County's Integrated Behavioral Health Services access staff, or may contact contract providers who will then assist with facilitating access via the ACL . The DMC-ODS operates a centralized access team that is responsible for linking beneficiaries to appropriate, medically necessary services. When the individual agrees to an assessment and they specify an SUD request, the clinician completes the assessment using the Yolo developed ASAM form for SUD. All persons requesting services are screened for COD. After completing the assessment, the clinician makes a referral based on the ASAM indicated LOC with consideration of the client's preference. A three-way call to the provider with the clinician and client completes a "warm handoff" to the provider. Walk-in clients to providers require the provider to facilitate a warm handoff to the ACL for completion of the ASAM assessment.

---

[1] CMS Data Navigator Glossary of Terms

In addition to clinic-based SUD services, the DMC-ODS has telehealth services available via video conferencing and telephone for adults. In FY 2021-22, the DMC-ODS reports having provided telehealth services to 217 adults and four older adult beneficiaries across zero county-operated sites and 15 contractor-operated sites. Among those served, it is unknown how many, if any, beneficiaries received telehealth services in a language other than English in the preceding 12 months.

NETWORK ADEQUACY

An adequate network of providers is necessary for beneficiaries to receive the medically necessary services most appropriate to their needs. CMS requires all states with MCOs and PIHPs to implement rules for NA pursuant to Title 42 of the CFR §438.68. In addition, through WIC 14197.05, California assigns responsibility to the EQRO for review and validation of specific data, by plan and by county, for the purpose of informing the status of implementation of the requirements of Section 14197, including the information contained in Table 1A, Table 1B, and Table 1C below.

In November 2021, DHCS issued its FY 2021-22 NA Findings Report for all Mental Health Plans (MHPs) based upon its review and analysis of each DMC-ODS' Network Adequacy Certification Tool and supporting documentation, as per federal requirements outlined in the Annual BHIN.

For Yolo County, the time and distance requirements are 60 miles and 90 minutes for outpatient SUD services, and 45 miles and 75 minutes for Narcotic Treatment Program/ Opioid Treatment Program (NTP/OTP) services. These services are further measured in relation to two age groups – youth (0-17) and adults (18 and over).

Table 1A: DMC-ODS Alternative Access Standards, FY 2021-22

Alternative Access Standards				
The DMC-ODS was required to submit an AAS request due to time and distance requirements	☒ Yes ☐ No			
AAS Details	Opioid Treatment		Outpatient SUD Services	
	Adults (ages 18+)	Youth (ages 0-17)	Adults (ages 18+)	Youth (ages 0-17)
# of zip codes outside of the time and distance standards that required AAS request	n/a	n/a	n/a	20
# of allowable exceptions for the appointment time standard, if known (timeliness is addressed later in this report)	n/a	n/a	n/a	n/a
Distance and driving time between nearest network provider and zip code of the beneficiary furthest from that provider for AAS requests	n/a	n/a	n/a	n/a
Approximate number of beneficiaries impacted by AAS or allowable exceptions	n/a	n/a	n/a	0
The number of AAS requests approved and related zip code(s)	n/a	n/a	n/a	1
Reasons cited for approval	n/a	n/a	n/a	pending
The number of AAS requests denied and related zip code(s)	n/a	n/a	n/a	pending
Reasons cited for denial	n/a	n/a	n/a	pending

- The DMC-ODS did not meet all time and distance standards and was required to submit an AAS request for youth, 0-17, for outpatient and OTP services.

- Yolo has secured youth 0-17 NTP/OTP services access by way of an existing contract provider. Until an RFP can be released for contracted services, the DMC-ODS is in the process of securing a sole source agreement for youth outpatient services and residential treatment.

- In partnership with other northern counties, Yolo participates in ongoing discussions about developing regional capacity residential treatment needs for youth (0-17). Yolo and other involved counties submitted a request for support and funding to the State Children's Health Insurance Program.

Table 1B: MHP OON, FY 2021-22

Out-of-Network (OON) Access		
The DMC-ODS was required to provide OON access due to time and distance requirements	☒ Yes ☐ No	
OON Details		
Contracts with OON Providers		
Does the DMC-ODS have existing contracts with OON providers?	☒ Yes ☐ No	
OON Access for Beneficiaries		
The DMC-ODS ensures OON access for beneficiaries in the following manner:	☒ The DMC-ODS has existing contracts with OON providers ☐ Other:	

ACCESS KEY COMPONENTS

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

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

Table 2: Access Key Components

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

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

- Yolo's CCP and Updated Strategies include outreach to Russian, Native American, and Spanish-speaking communities. The culturally specific outreach and presentations are highly informative and supportive of the communities.

- Yolo acknowledges that a revision to its CCP is indicated, but notes that DHCS has yet to provide guidance with new standards. The Yolo CCP should be updated with DMC-ODS requirements.

ACCESS PERFORMANCE MEASURES

Total Beneficiaries Served

The following information provides details on Medi-Cal eligibles and beneficiaries served by race/ethnicity, first in a table showing numbers served and then compared to the State based on percentages of the county's Medi-Cal population.

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

The statewide PR is 0.85 percent, with an average approved claim amount of $5,821. Using PR as an indicator of access for the DMC-ODS, Yolo exceeded the statewide rate, with an overall PR of 1.15 percent. The DMC-ODS average approved claim amount, $3,466, was lower than the statewide average.

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

Table 3: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Age, CY 2021

Age Groups	Average # of Eligibles per Month	# of Beneficiaries Served	County PR	Similar Size Counties PR	Statewide PR
Ages 0-17	14,215	≤11	-	0.10%	0.10%
Ages 18-64	31,535	568	1.80%	1.48%	1.30%
Ages 65+	8,150	≤60	-	0.60%	0.43%
TOTAL	**53,900**	**621**	**1.15%**	**0.97%**	**0.85%**

- The population primarily served by the DMC-ODS are adults ages 18 to 64. The PR for this group was 1.80 percent for CY 2021, which is higher than in other similarly sized counties, as well as higher than the statewide PR for this group.

- As stated above, the DMC-ODS's overall PR for all age groups combined at 1.15 percent, which is higher than the statewide PR, as well as that of similarly sized counties.

Table 4: County Medi-Cal Eligible Population, Beneficiaries Served, and Penetration Rates by Race/Ethnicity, CY 2021

Race/Ethnicity Groups	Average # of Eligibles per Month	# of Clients Served	County PR	Similar Size Counties PR	Statewide PR
African-American	2,245	24	1.07%	1.33%	1.13%
Asian/Pacific Islander	4,103	≤20	-	0.23%	0.15%
Hispanic/Latino	21,494	135	0.63%	0.54%	0.56%
Native American	368	≤11	-	1.76%	1.75%
Other	12,598	201	1.60%	1.32%	1.15%
White	13,094	243	1.86%	1.77%	1.64%
TOTAL	**53,899**	**621**	**1.15%**	**0.97%**	**0.85%**

- The PR for Asian/Pacific Islander beneficiaries was the lowest of all identified groups (<0.30 percent), though it was higher than the PR reported for this group by both other similarly sized counties and the statewide PR.

- Hispanic/Latino beneficiaries had the second lowest PR, though the DMC-ODS's PR for this group was also higher than similar counties and the state.

- The PRs for African American and Native American beneficiaries were lower than in comparable counties and lower than the statewide PRs for those groups as well.

Figure 1: Percentage of Eligibles and Beneficiaries Served by Race/Ethnicity, CY 2021

Yolo County

	African-American	Asian/Pacific Islander	Hispanic/Latino	Native American	Other	White
■ County % Served	4%	2%	22%	1%	32%	39%
■ County % Eligibles	4%	8%	40%	1%	23%	24%
■ State % Served	10%	2%	32%	1%	20%	35%
■ State % Eligibles	7%	10%	49%	0%	15%	18%
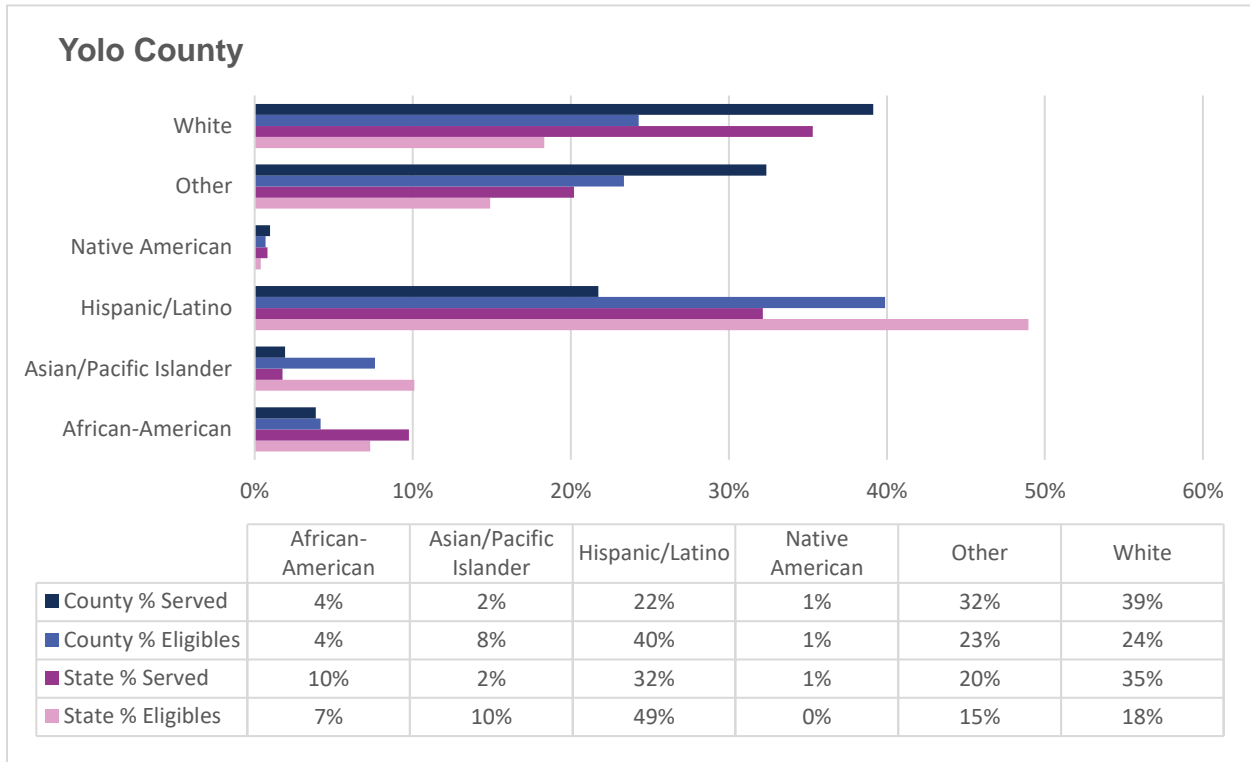
- Most beneficiaries served by the DMC-ODS were white, followed by people captured by the "Other" category. Native American, Asian/Pacific Islander, and African American populations were the least represented among those served by the DMC-ODS in CY 2021.

- White and "Other" had the highest disproportionate overrepresentation among those served by the DMC-ODS. Hispanic/Latino and Asian/Pacific Islander beneficiaries are the most disproportionately underrepresented categories served by the DMC-ODS, though this is similar to statewide trends.

Table 5: Beneficiaries Served and Penetration Rates by Eligibility Category, CY 2021

Eligibility Categories	Average Number of Eligibles per Month	Number of Beneficiaries Served	County PR	Similar Size Counties PR	Statewide PR
Affordable Care Act (ACA)	18,740	377	2.01%	1.83%	1.55%
Disabled	5,377	123	2.29%	1.77%	1.54%
Family Adult	9,143	129	1.41%	1.26%	1.05%
Foster Care	317	≤11	-	1.02%	1.25%
Maternal & Child Health Program (MCHIP)	5,565	≤11	-	0.08%	0.08%
Other Adult	6,698	≤11	-	0.09%	0.07%
Other Child	8,508	≤11	-	0.11%	0.10%
TOTAL	**53,899**	**621**	**1.15%**	**0.97%**	**0.85%**

- The largest eligibility category served by the DMC-ODS was ACA, followed by the Family Adult and Disability categories. PRs for the adult categories included in Table 5 were higher for Yolo than the statewide PRs for those categories. PRs in all adult eligibility categories were down slightly from CY 2020, similar to trends statewide.

- Extremely small numbers of youth were served across youth eligibility categories, and PRs for all youth eligibility categories were smaller than in similar counties and the state overall.

Table 6: Average Approved Claims by Eligibility Category, CY 2021

Eligibility Categories	# Served	County AACB	Similar Size County AACB	Statewide AACB
ACA	377	$3,303	$5,036	$5,999
Disabled	123	$3,789	$5,273	$5,549
Family Adult	129	$3,225	$4,818	$5,010
Foster Care	≤11	$1,506	$1,605	$2,826
MCHIP	≤11	$1,529	$2,859	$3,783
Other Adult	≤11	$1,672	$4,472	$4,547
Other Child	≤11	$2,216	$2,331	$3,460
Total	**621**	**$3,466**	**$5,085**	**$5,821**

- Average approved claims were lower across all eligibility categories compared to similarly sized counties and as previously stated, statewide averages.

Table 7: Services Used by Beneficiaries CY 2021

County			Statewide	
DMC-ODS Service Modality	#	%	#	%
Ambulatory Withdrawal Mgmt	≤11	-	41	0.03%
Intensive Outpatient	35	4.62%	14,586	9.73%
Narcotic Treatment	224	29.59%	40,196	26.81%
Non-Methadone MAT	39	5.15%	7,837	5.23%
Outpatient Drug Free	279	36.86%	44,111	29.42%
Partial Hospitalization	≤11	-	19	0.01%
Recovery Support Services	≤11	-	5,439	3.63%
Res. Withdrawal	≤11	-	10,869	7.25%
Residential Treatment	168	22.19%	26,859	17.91%
Total	**757**	**100.00%**	**149,957**	**100.00%**

- The three most utilized service modalities in Yolo were outpatient treatment (36.86 percent of services used), NTP/OTP (29.59 percent), and residential treatment (22.19 percent). This is congruent with the most-used services statewide, although the DMC-ODS utilization is higher in each of these categories than the statewide proportions.

- Residential WM and intensive outpatient services are being provided at lower rates (>5 percent difference) in the DMC-ODS than in the state overall, and non-methadone MAT and RSS are being accessed slightly less in Yolo than in the state overall. Ambulatory WM and partial hospitalization services were not provided in CY 2021.

Table 8: Average Approved Claims by Service Categories, CY 2021

Service Categories	County AACB	Similar Size AACB	Statewide AACB
Ambulatory Withdrawal Mgmt	$0	$1,044	$996
Intensive Outpatient	$1,500	$1,917	$1,630
Narcotic Treatment Program	$3,820	$4,948	$4,271
Non-Methadone MAT	$1,659	$1,842	$1,454
Outpatient Drug Free	$2,083	$2,053	$2,581
Partial Hospitalization	$0	$0	$5,027
Recovery Support Services	$1,344	$1,605	$1,761
Res. Withdrawal Mgmt	$1,119	$1,996	$2,438
Residential Treatment	$3,485	$7,392	$10,157
Total	**$3,466**	**$5,085**	**$5,821**

- Average approved claims per beneficiary were lower in all service categories for the DMC-ODS as compared to statewide averages with the exception of non-methadone MAT. For that service category the DMC-ODS average ($1,659) was slightly higher than the state average ($1,454).

- The largest disparity between Yolo and statewide AACBs was in the residential treatment service category, where the DMC-ODS's average approved claim for that service was $3,485 compared to the statewide average approved claim amount of $10,157. The AACB for this service in similarly sized counties was $7,392.

IMPACT OF ACCESS FINDINGS

- Youth ages 0 to 17 are currently underserved by the DMC-ODS. Yolo is currently pursuing a sole source agreement as a stop-gap measure to provide youth services which include residential, intensive outpatient, and outpatient services, while they build a more robust youth service network. The DMC-ODS should continue to expand outreach and improve access for youth.

- The PRs for different races/ethnicities can help identify disparities in access. While the DMC-ODS' exceeds comparable counties and the statewide rates for most groups, they are lower for African-American and Native American

populations. Further, while the Asian/Pacific Islander PR is higher than in both comparable counties and the state overall, it remains very low (<0.30 percent) as compared with the PRs in the county for other groups. The Hispanic/Latino PR is the second lowest group in the county. The DMC-ODS may want to explore additional strategies for outreach to these populations, particularly those who identify as Asian/Pacific Islander and Latino/Hispanic, as they are the most disproportionately underserved.

- Access to the full continuum of care appears to be constrained by a lack of availability of some services. Overall, 88.87 percent of services provided fell into three service categories (NPT/OTP, outpatient, and residential). There are four service categories that were provided less than ten times in CY 2021, and two additional categories that were provided less than 40 times each.

- CalAIM changes in access criteria for the DMC-ODS align with building upon relationships with new and existing stakeholders. Yolo's focus on policy and system changes, building relationships with other care providers, and collaborations with MCPs and other stakeholders are the necessary ingredients to create and deliver high-touch, individualized care. Yolo's clinical PIP, Improving Screening of COD for Beneficiaries, is one example of how Yolo is preparing for a seamless integrated health and social services system of care.

TIMELINESS OF CARE

The amount of time it takes for beneficiaries to begin treatment services is an important component of engagement, retention, and ability to achieve desired outcomes. Studies have shown that the longer it takes to engage into treatment services, the more likelihood individuals will not keep the appointment. Timeliness tracking is critical at various points in the system including requests for initial, routine, and urgent services. To be successful with providing timely access to treatment services, the county must have the infrastructure to track timeliness and a process to review the metrics on a regular basis. Counties then need to make adjustments to their service delivery system in order to ensure that timely standards are being met. DHCS monitors DMC-ODS' compliance with required timeliness metrics identified in BHIN 22-023. Additionally, CalEQRO uses the following tracking and trending indicators to evaluate and validate DMC-ODS timeliness, including the Key Components and PMs addressed below.

TIMELINESS KEY COMPONENTS

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

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

Table 9: Timeliness Key Components

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

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

- Yolo Innovation & Technology Service Department plans fill a vacancy that supports further Avatar development. With this position filled, that addition of this

support for QM will allow analysts to implement interventions that include requirements for tracking timeliness metrics.

- The DMC-ODS recognizes full access to Avatar would expedite timeliness reporting and noted that contract providers do not document directly into Avatar. The inability for contract providers to enter timeliness data such as no shows, offered and accepted appointments into Avatar is a barrier to Yolo's ability to track and provide comprehensive reports. Yolo tracks rendered data through claims.

- Yolo acknowledges the current limits that it has to track timeliness metrics as required though Avatar upgrades are in the planning and implementation phase. This continues to be an area in need of improvement for the DMC-ODS.

TIMELINESS PERFORMANCE MEASURES

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

For the FY 2022-23 EQR, the DMC-ODS reported in its submission of the Assessment of Timely Access, representing access to care during the 12-month period of FY 2021-22. Table 10 and Figures 2 – 4 display data submitted by the DMC-ODS; an analysis follows. This data represented the entire system of care.

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

Table 10: FY 2022-23 DMC-ODS Assessment of Timely Access

FY 2022-23 DMC-ODS Assessment of Timely Access			
Timeliness Measure	**Average/Rate**	**Standard[2]**	**% That Meet Standard**
First Non-Urgent Appointment Offered	***	10 Business Days	***
First Non-Urgent Service Rendered	7 days	10 Business Days	92%
Non-Urgent MAT Request to First NTP/OTP Appointment	***	3 Business Days	***
Urgent Services Offered	***	48 Hours	***
Follow-up Services Post-Residential Treatment	***	7 Days	***
WM Readmission Rates Within 30 Days	***	n/a	***
No-Shows	***	n/a	***
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** DMC-ODS's-defined timeliness standards ***DMC-ODS did not report data for this measure			
For the FY 2022-23 EQR, the DMC-ODS reported its performance for the following time period: FY 2021-22			

---

[2] DHCS-defined standards, unless otherwise noted.

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

Yolo County DMC-ODS — Wait times bar chart showing First Offered Service, First Delivered Service (value 7 for All and Adult), First Offered NTP/OTP, and First Delivered NTP/OTP, with legend All, Adult, Youth. Note box: "Data submitted on one measure"
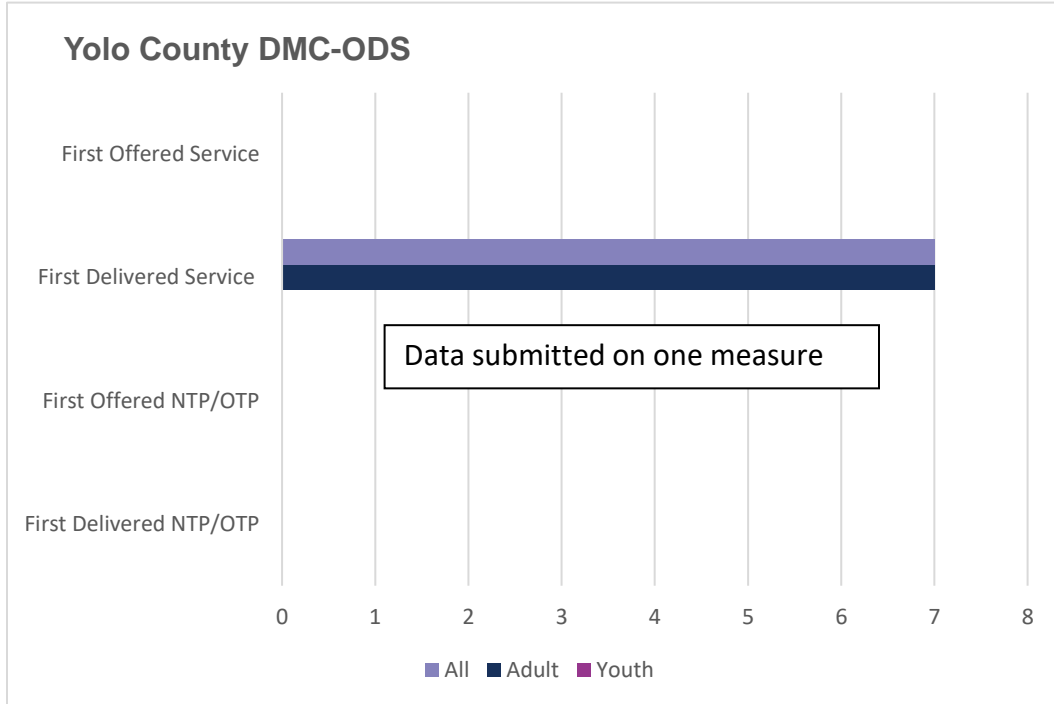
- Other than first delivered services, Yolo does not track timeliness metrics.

- Yolo has an established Hub and Spoke system of care to treat opioid use disorders. The Medical–Hub and Spoke community is comprised of an extensive directory of prescribers.

- Yolo also works with hospitals and the ED's CA Bridge substance use navigators who conduct screenings and referrals to treatment.

Figure 3: Wait Times for Urgent Services

Yolo County DMC-ODS

Urgent Service Delivered

No urgent data submitted

Urgent Service Offered

0   10   20   30   40   50

■ All ■ Adult ■ Youth
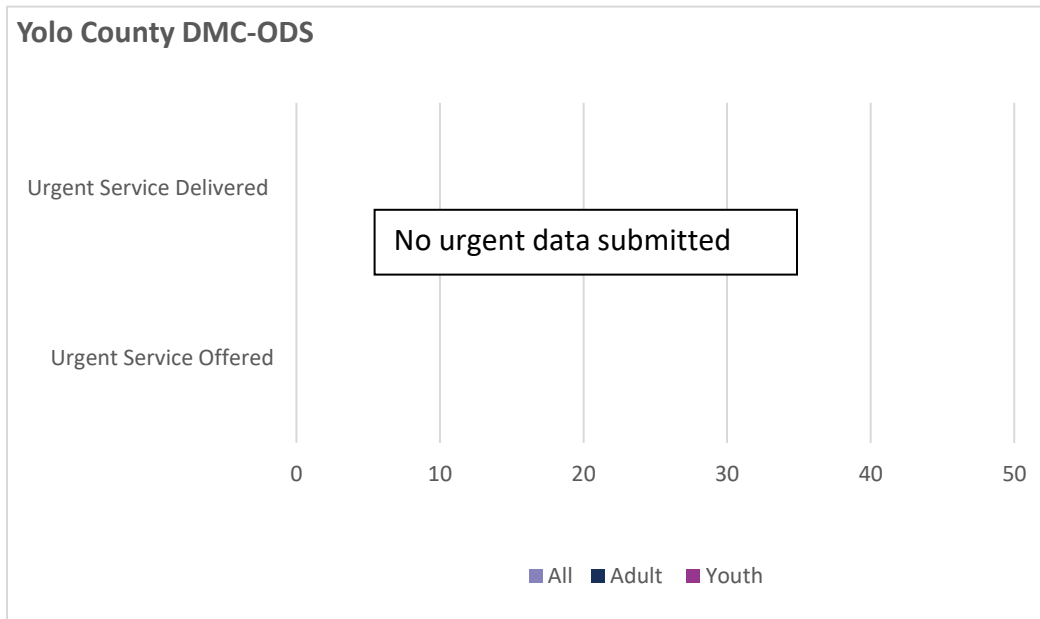
- Yolo does not track wait times to urgent services.

Figure 4: Percent of Services Offered/Delivered that Met Timeliness Standards

Yolo County DMC-ODS

First Offered Service

First Delivered Service

First Offered NTP/OTP

First Delivered NTP/OTP

Data submitted on one measure

First Offered Urgent Service

First Delivered Urgent Service

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ All ■ Adult ■ Youth
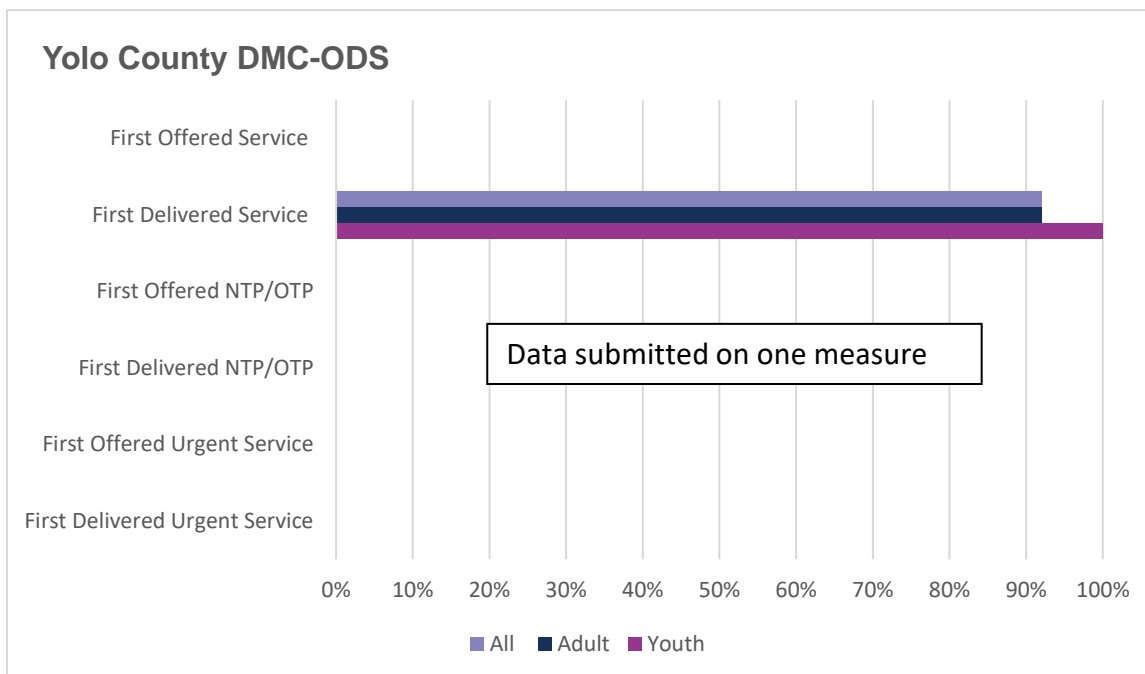
Medi-Cal Claims Data

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

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

Table 11: Days to First Dose of Methadone by Age, CY 2021I

County				Statewide		
Age Groups	Clients	%	Days Wait Average	Clients	%	Days Wait Average
Ages 0-17	≤11	-	-	≤11	0.03%	10.20
Ages 18-64	179	85.24%	0.80	33,162	84.03%	3.41
Ages 65+	≤40	-	-	6,292	15.94%	0.41
Total	**210**	**100.00%**	**0.40**	**39,464**	**100.00%**	**3.12**

- The DMC-ODS' time to first dose of methadone was shorter than the statewide average wait times for both adults ages 18 to 64 and adults over 65. For adults ages 18 to 64 the DMC-ODS average was 0.80 days whereas the statewide average was 3.41 days for that population. The overall average for Yolo was 0.40 days compared to the statewide average of 3.12 days.

Transitions in Care

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

Table 12: Timely Transitions in Care Following Residential Treatment, CY 2021

County	N= 404		Statewide N=	58,923
Number of Days	Transition Admits	Cumulative %	Transition Admits	Cumulative %
Within 7 Days	≤11	-	5,740	9.74%
Within 14 Days	15	3.71%	7,610	12.92%
Within 30 Days	27	6.68%	9,214	15.64%

- Beneficiaries transitioned into follow-up services more slowly in the DMC-ODS than they did statewide. As calculated using billable claims data, just 3.71 percent of beneficiaries transitioned to step-down care within 14 days, whereas the 12.92 percent of beneficiaries transitioned in that timeframe statewide. Similarly, within 30 days only 6.68 percent of the DMC-ODS's beneficiaries had transitioned to follow-up services whereas 15.64 percent of beneficiaries statewide transitioned within this timeframe. While local data typically exceeds

these rates by including non-billable transition activities, Yolo provided no LOC transition data for this review.

Residential Withdrawal Management Readmissions

Table 13: Residential Withdrawal Management Readmissions, CY 2021

County			Statewide	
Total DMC-ODS admissions into WM	≤11		14,120	
	#	**%**	**#**	**%**
WM readmissions within 30 days of discharge	≤11	-	1,128	7.99%

- Access to residential WM in the DMC-ODS is extremely limited and only a handful of beneficiaries have received this service. The DMC-ODS WM contract provider is located out-of-county in Sacramento and local SUD providers noted the WM program does not respond to calls, making it difficult to refer someone into WM treatment services.

- Yolo is actively pursuing contracts with new vendors for residential, WM, and residential perinatal services.

IMPACT OF TIMELINESS FINDINGS

- The DMC-ODS's transitions to follow-up services after residential were occurring more slowly for beneficiaries overall than in the state as a whole for CY 2021. This may be an indicator that there are issues with coordination or capacity that need to be addressed in order to facilitate timely transitions in care for beneficiaries.

- A provider representative stated they were not aware that clients, other than criminal justice (CJ), could be referred to RR as they transition out of residential.

QUALITY OF CARE

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

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

QUALITY IN THE DMC-ODS

In the DMC-ODS, the responsibility for QI is with Yolo County Health and Human Services Agency (HHSA) BH, through a Quality Management (QM) Program, and is inclusive of QAPI activities. QM is accountable to the HHSA director, QM Program Supports program, administrative, and fiscal staff. QM's purpose is to develop, monitor, coordinate, and assign activities, as appropriate, with individuals and programs to ensure BH clients receive value-based services that adhere to regulatory standards. QM and QAPI activities are viewed as a continuous process across systems to provide quality culturally competent services and supports that are consumer focused, clinically appropriate, cost effective and data driven to enhance recovery.

The DMC-ODS monitors its quality processes through the Quality Improvement Committee (QIC), the QAPI workplan, and the annual evaluation of the QAPI workplan. The QIC is comprised of representatives from the following stakeholder groups: consumers, family members, Local Mental Health (MH) Board, QM Program staff, contract provider and HHSA staff, supervisors, and managers. Yolo has established schedules for SUD Provider meetings but due to the impact of COVID-19 has not consistently met with providers. Of the 13 identified FY 2021-22 QAPI workplan goals and objectives, the DMC-ODS did not identify either the percentage of goals met or provide a summary of findings.

QUALITY KEY COMPONENTS

CalEQRO identifies the following components of SUD healthcare quality that are essential to achieve the underlying purpose for the service delivery system – to improve outcomes for beneficiaries. These key components include an organizational culture that prioritizes quality, promotes the use of data to inform decisions, focused leadership, active stakeholder participation, and a comprehensive service delivery system.

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

Table 14: Quality Key Components

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

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

- To ensure continuity of services during the height of COVID-19 Yolo provider trainings occurred on an individual virtual basis. The DMC-ODS system updates include a goal to increase evidence-based practice trainings in-person and virtual trainings; David M. Lee's COD ASAM focused training is a recent example.

- Providers see Yolo as a strong partner and look forward to regularly participating in system planning and implementation meetings, with more opportunities to provide input into the system, more consistent with the time before COVID-19.

- The DMC-ODS does not appear to have implemented a robust strategy for data extraction and analysis pertaining to access, timeliness, quality, and outcomes for use in evaluating the effectiveness of its QAPI efforts.

- While the county does have plans in place to expand capacity or access in some LOCs, these will not come to fruition until late 2023. The full continuum of care is not currently available to beneficiaries, and the DMC-ODS does not routinely measure or monitor key indicators to ensure the sufficiency and effectiveness of its system of care.

- WM services have not been readily accessible or available and providers are not referring to WM due to a lack of response from the contracted out of county WM provider.

- The lack or low utilization of CM/CC, and recovery support services indicates all LOCs are not available or clients and providers are not aware of the availability or how to bill for these services.

- While the DMC-ODS does administer the TPS, there is no evidence that results are utilized to inform QAPI efforts.

QUALITY PERFORMANCE MEASURES

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

- Beneficiaries served by Diagnostic Category

- Non-methadone MAT services

- Residential WM with no other treatment

- High-Cost Beneficiaries (HCB)

- ASAM congruence

- Initiation and Engagement

- Length of Stay (LOS)

- CalOMS Discharge Status Ratings

Diagnosis Data

Developing a diagnosis, in combination with level of functioning and other factors associated with medical necessity and eligibility for SUD, is a foundational aspect of delivering appropriate treatment. The tables below represent the primary diagnosis as submitted with the DMC-ODS's claims for treatment. The first table shows the percentage of DMC-ODS beneficiaries in a diagnostic category compared to statewide. This is not an unduplicated count as a beneficiary may have claims submitted with different diagnoses crossing categories. The second table shows the percentage of approved claims by diagnostic category compared to statewide.

Figure 5: Percentage of Beneficiaries by Diagnosis Code, CY 2021

Yolo DMC-ODS

	Other	Sedative Hypnotic Abuse	Other Stimulant Abuse	Other Psychoactive Abuse	Opioid Use Disorder	Inhalant Abuse	Hallucinogen Dependence	Cocaine Abuse Disorder	Cannabis Use Disorder	Alcohol use Disorder
■ County	5%	0%	28%	1%	39%	0%	0%	1%	8%	19%
■ State	1%	2%	23%	0%	45%	0%	0%	2%	7%	20%
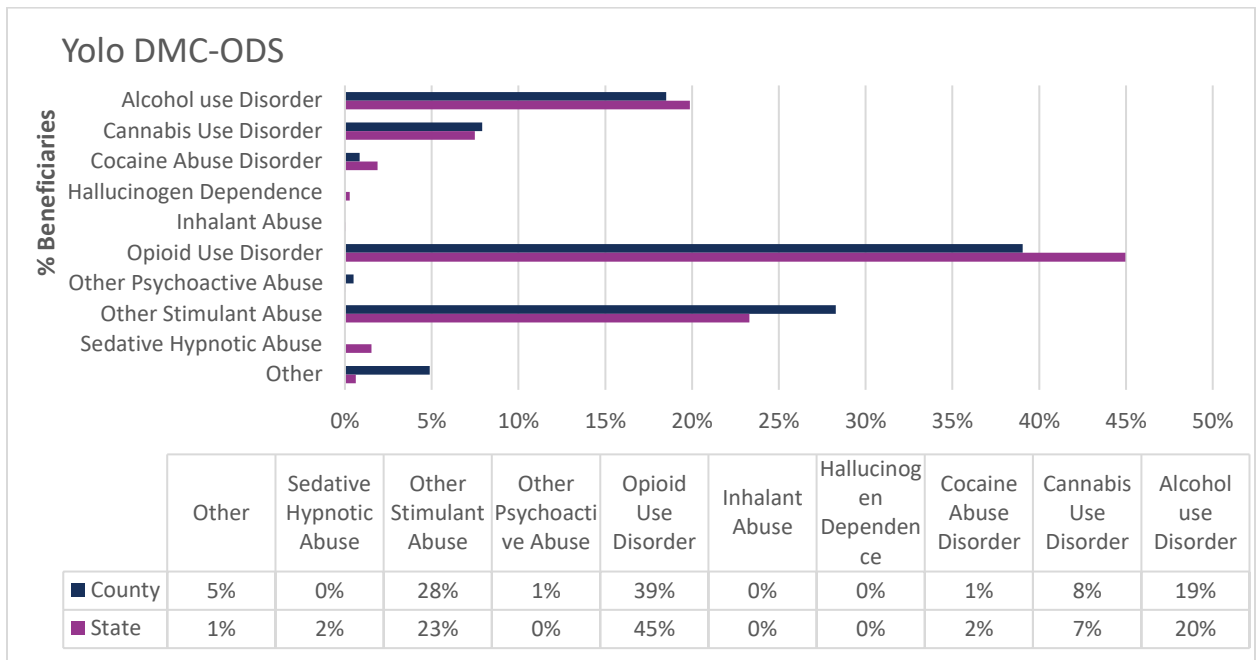
Figure 6: Percentage of Approved Claims by Diagnosis Code, CY 2021

Yolo DMC-ODS

	Other	Sedative Hypnotic	Other Stimulant Abuse	Other Psychoactive Abuse	Opioid Use Disorder	Inhalant Abuse	Hallucinogen Dependence	Cocaine Abuse Disorder	Cannabis Use Disorder	Alcohol use Disorder
■ County	2%	0%	25%	0%	48%	0%	0%	1%	5%	18%
■ State	1%	1%	26%	0%	41%	0%	0%	2%	5%	24%
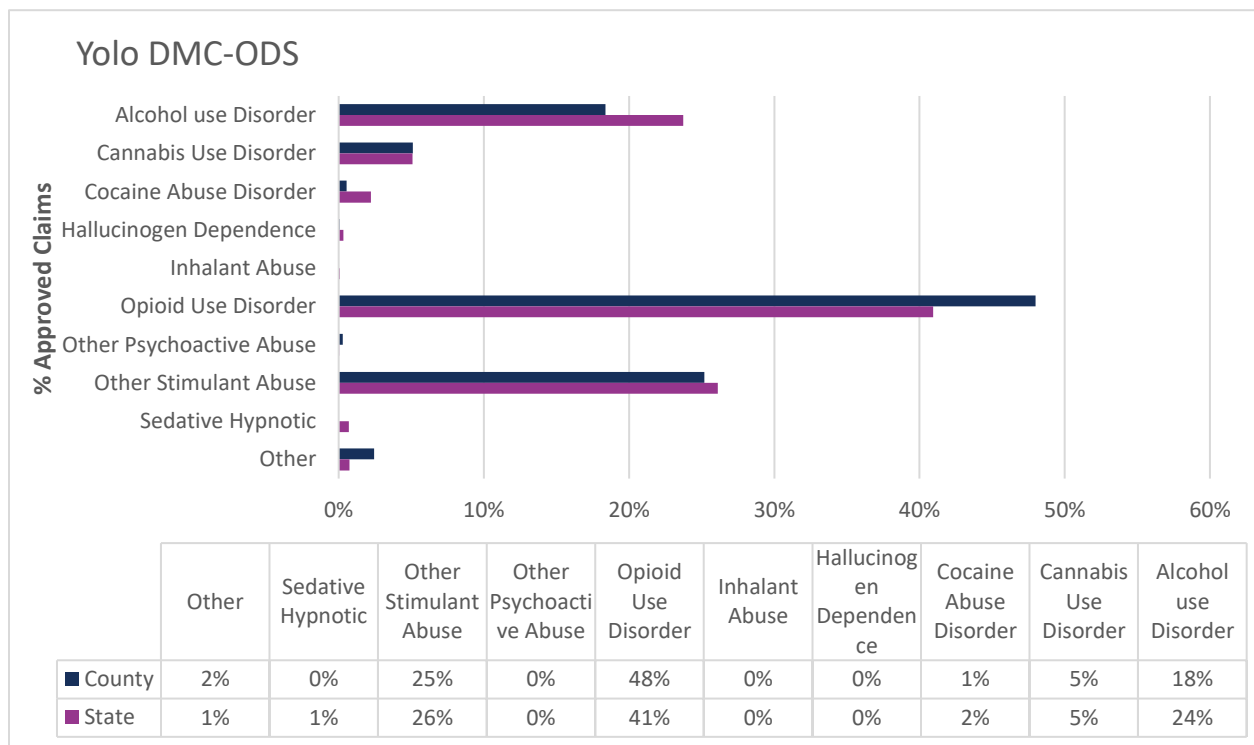
- The DMC-ODS's diagnostic patterns are comparable to the statewide patterns seen for CY 2021. Yolo has a slightly smaller proportion of beneficiary diagnoses

in the Opioid category, and slightly larger proportions in the Other Stimulant Abuse and Other categories as compared to the statewide proportions. Average costs for the DMC-ODS are lower than statewide averages across all diagnostic codes, however.

Non-Methadone MAT Services

Table 15: DMC-ODS Non-Methadone MAT Services by Age, CY 2021

County					Statewide			
Age Groups	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services	At Least 1 Service	% At Least 1 Service	3 or More Services	% 3 or More Services
0 to 17	≤11	-	≤11	-	12	0.37%	≤11	-
18 to 64	36	6.34%	17	2.99%	7,505	7.96%	3,873	4.11%
65+	≤11	-	≤11	-	447	5.01%	172	1.93%
Total	**39**	**6.28%**	**18**	**2.90%**	**7,964**	**7.15%**	**4,051**	**3.63%**

- Adults ages 18 to 64 are the only group for which data are not suppressed in Table 16 due to the small numbers of beneficiaries in other age categories receiving non-methadone MAT services. For this group, engagement in non-methadone MAT had a slightly greater drop-off between one and three services for the DMC-ODS (6.34 percent to 2.99 percent) than statewide (7.96 percent to 4.11 percent). In other words, Yolo retained 47.2 percent of adults who received one non-methadone MAT service for at least three non-methadone MAT services, whereas statewide 51.6 percent of this group remained engaged for three of more of these services.

Residential Withdrawal Management with No Other Treatment

Table 16: Residential Withdrawal Management with No Other Treatment, CY 2021

	# WM Clients with no other Services	# WM Clients with 3+ Episodes & No Other Services	% 3+ Episodes & No other Services
County	≤11	≤11	0.00%
Statewide	10,707	370	3.46%

High-Cost Beneficiaries

- Tracking the HCBs provides another indicator of quality of care. In SUD treatment, this may reflect multiple admissions to residential treatment or

residential withdrawal management. High-cost beneficiaries may be receiving services at a LOC not appropriate to their needs. HCBs for the purposes of this report are defined as those who incur SUD treatment costs at or above the 90 percentile statewide.

Table 17: High-Cost Beneficiaries by Age, County DMC-ODS, CY 2021

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages 0-17	≤11	≤11	-	≤11	≤11	-
Ages 18-64	≤11	≤11	-	≤11	≤11	-
Ages 65+	≤11	≤11	-	≤11	≤11	-
TOTAL	≤11	≤11	-	≤11	≤11	-

Table 18: High-Cost Beneficiaries by Age, Statewide, CY 2021

Statewide					
Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims
0 to 17	3,230	66	2.04%	$23,446	$1,547,458
18 to 64	94,361	5,669	6.00%	$23,766	$134,727,122
65+	8,925	289	3.24%	$23,432	$6,771,773
Total	**106,516**	**6,024**	**5.65%**	**$23,746**	**$143,046,353**

ASAM LOC Congruence

Table 19: Congruence of LOC Referrals with ASAM Findings, CY 2021 – (Data through October 2021)

County ASAM	Initial Screening		Initial Assessment		Follow-up Assessment	
	#	%	#	%	#	%
Not Applicable - No Difference	370	84.3%	159	98.8%	55	90.2%
Patient Preference	37	8.4%	≤11	-	≤11	-
LOC Not Available	≤11	-	≤11	-	≤11	-
Clinical Judgement	14	3.2%	≤11	-	≤11	-
Geographic Accessibility	≤11	-	≤11	-	≤11	-
Family Responsibility	≤11	-	≤11	-	≤11	-
Legal Issues	≤11	-	≤11	-	≤11	-
Lack of Insurance/Payment Source	≤11	-	≤11	-	≤11	-
Other	≤11	-	≤11	-	≤11	-
Actual LOC Missing	≤11	-	≤11	-	≤11	-
Total	**439**	**100.0%**	**161**	**100.0%**	**61**	**100.0%**

- The DMC-ODS appears to have a robust ASAM screening and assessment process in place, conducting 439 Initial Screenings, 161 Initial Assessments, and 61 Follow-Up Assessments in CY 2021. 84.3 percent of beneficiary referrals after Brief Screening were congruent with ASAM findings. The most common reason for incongruence was identified as Patient Preference (8.4 percent), followed by Clinical Judgment (3.2 percent). After Initial Assessment congruence was 98.8 percent, and at Follow-Up Assessment congruence between LOC findings and referrals was 90.2 percent.

- Initial screenings for all, MH and SUD, callers requesting services include COD screening questions. Yolo's aim statement for the clinical PIP, Improving Screening of COD for Beneficiaries, focuses on identification of COD needs and increasing appropriate referrals to COD services by 30 percent. The additional training, and addition of clinical staff are reflected in the LOC congruence rating.

Initiation and Engagement

An effective system of care helps people who request SUD treatment to initiate treatment services and become further engaged in them. Table 20 displays results for two early and vital phases of treatment-initiation compared to results representing

treatment engagement. Research suggests that those who can engage in treatment services are more likely to continue their treatment and enter a recovery process with positive outcomes. The method for measuring the number of clients who initiate treatment begins with identifying the initial visit in which the client's SUD is identified. Based on claims data, the "initial DMC-ODS service" refers to the first approved or pended claim for a client that is not preceded by one within the previous 30 days. The second day or visit is defined in this measure as "initiating" treatment.

CalEQRO's method of measuring engagement in services is at least two billed DMC-ODS days or visits that occur after initiating services and that are between days 15-45 following initial DMC-ODS service.

Table 20: Initiating and Engaging in DMC-ODS Services, CY 2021

	County				Statewide			
	# Adults		# Youth		# Adults		# Youth	
Clients with an initial DMC-ODS service	601		≤11		101,279		3,051	
	#	%	#	%	#	%	#	%
Clients who then initiated DMC-ODS services	526	88%	≤11	-	89,055	88%	2,583	85%
Clients who then engaged in DMC-ODS services	463	77%	≤11	-	69,161	68%	1,823	60%

- The adult rate for initiation of services is the same for the DMC-ODS as the statewide rate: 88 percent. The DMC-ODS has a higher rate of engagement, 77 percent, than the statewide rate of 68 percent.

Length of Stay

Table 21: Cumulative LOS in DMC-ODS Services, CY 2021

Length of Stay	County		Statewide	
Clients with a program discharge		470		89,610
LOS for clients across the sequence of all their DMC-ODS services	**Average**	**Median**	**Average**	**Median**
	117	88	123	87
Cumulative LOS	**#**	**%**	**#**	**%**
Clients with at least a 90-day LOS	233	50%	43,937	49%
Clients with at least a 180-day LOS	125	27%	25,334	28%
Clients with at least a 270-day LOS	57	12%	14,774	16%

- The DMC-ODS' average LOS is on par with the statewide average LOS for CY 2021. Cumulative LOS at both 90 or greater and 180 or greater days reflect similar proportions to the statewide proportions. However, for a LOS of at least 270 days, the DMC-ODS retained 12 percent of beneficiaries whereas statewide 16 percent of beneficiaries were retained for at least 270 days.

CalOMS Discharge Ratings

Table 22: CalOMS Discharge Status Ratings, CY 2021

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment - Referred	≤11	-	11,892	19.1%
Completed Treatment - Not Referred	68	22.6%	3,798	6.1%
Left Before Completion with Satisfactory Progress - Standard Questions	36	12.0%	10,888	17.5%
Left Before Completion with Satisfactory Progress – Administrative Questions	≤20	-	4,643	7.4%
Subtotal	127	42.2%	31,221	50.1%
Left Before Completion with Unsatisfactory Progress - Standard Questions	72	23.9%	10,791	17.3%
Left Before Completion with Unsatisfactory Progress - Administrative	100	33.2%	18,522	29.7%
Death	≤11	-	1,301	2.1%
Incarceration	≤11	-	485	0.8%
Subtotal	174	57.8%	31,099	49.9%
Total	**301**	**100.0%**	**62,320**	**100.0%**

- Yolo has a lower proportion of completed or satisfactory discharges than the statewide proportion (42.2 percent compared to 50.1 percent). Likewise, the DMC-ODS had a higher proportion of unsatisfactory discharges (including those due to death or incarceration) than the statewide proportion (57.8 percent compared to 49.9 percent).

- Of note, the proportion of those who complete treatment and are referred for follow-up services upon discharge (2.0 percent) is much lower than for the state overall (19.1 percent). 22.6 percent of beneficiaries who completed treatment were not referred for follow-up, where statewide only 6.1 percent of this group were not referred.

IMPACT OF QUALITY FINDINGS

- Average approved claims in the DMC-ODS were lower than statewide averages across all diagnostic codes and for HCBs, this despite having a much higher proportion of HCBs in the DMC-ODS. The high proportion of HCBs in the DMC-ODS may indicate that beneficiaries are having difficulty accessing the

most appropriate types of care in a timely manner, potentially resulting in the need for more intensive services.

- Some of the other PMs pertaining to quality reflect limitations to the DMC-ODS's continuum of care. For example, fewer than 11 beneficiaries accessed WM services in CY 2021, and youth services are, in effect, not taking place except in rare instances.

- An extremely low number of beneficiaries across initial screenings and both types of assessments were identified as being referred for a LOC incongruent with the ASAM determination due to it being missing or unavailable, despite known limitations to the full continuum of care. This may indicate ASAM screening determinations were being influenced by the LOCs available, funneling beneficiaries to LOCs that were in place and had openings. It is possible but improbable that the gaps in the continuum of care aligned so closely with ASAM determinations of beneficiary needs. Further, the DMC-ODS had a very low proportion of beneficiaries referred for follow-up after treatment completion, which may also be indicative of gaps in the continuum of care.

- The DMC-ODS had a higher rate of engagement in services than the statewide rate, which may reflect that the quality of services contributes positively to beneficiary engagement. While Yolo had a slightly smaller proportion of beneficiaries with a LOS greater than 270 days compared to the state, their average LOS was on par with that of the statewide rate for CY 2021.

PERFORMANCE IMPROVEMENT PROJECT (PIP) VALIDATION

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

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

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

CLINICAL PIP

General Information

Clinical PIP Submitted for Validation: Improving Screening of COD Beneficiaries

Date Started: July 2020

Aim Statement: "Will initial BH ACL screenings, including use of a SUD pre-screening tool, conducted by clinical staff, along with stakeholder feedback increase identification of COD needs and referrals to COD services by 30 percent by 12-31-2022/?"

Target Population: The initial focus of the PIP is for all Yolo County beneficiaries who call the ACL with a request for behavioral health services (except those who are in crisis or seeking "information only"), as evidenced by an Access Log service request entered into Avatar. This is an important first step for the PIP, as this is how beneficiaries enter into the MHP and DMC-ODS systems of care and where COD needs are first identified

---

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

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

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

Summary

All beneficiaries who call the ACL with a MH or SUD request for services are asked questions associated with their substance use to help determine if a COD is present. If present, the caller is referred for appropriate services and provider(s). After screening the clients may opt into completing a satisfaction perception survey about the screening process. Refinements to improve the number of received perception surveys are planned. It was reported that staff changes at the ACL staff (from case managers to clinical staff) made a meaningful change in the performance of this PIP. Although not an intervention, clinical staff completion of David M. Lee's COD ASAM training is required for ACL staff. The goal of staff is to appropriately identify beneficiaries in need of COD services and to increase referrals. The interventions are aimed at changing the DMC-ODS operations at the ACL which will improve the quality of screening and increase identification of beneficiaries who would benefit from COD services.

Baseline data states 22 percent of callers to the ACL were referred to COD services and as of the last re-measurement, March 1 to June 30, 2022, 81 percent of callers were referred for COD services. This is a significant increase in referrals. PMs for this PIP include differentiating callers with a request for SUD from callers requesting MH services, and the number of SUD screenings with a MH indicator and number of MH screenings with an SUD indicator. Linkage to COD services after the SUD pre-screening for MH service requests had a baseline of 0 percent in March 2022 and a re-measurement (April to June 2022) indicates 13 percent of beneficiaries successfully linked to MH services.

TA and Recommendations

As submitted, this clinical PIP was found to have moderate confidence, because: The DMC-ODS is going into an RFP process for the ACL contract. This change may impact the continuity of screening services. To sustain reliability Yolo is moving the pilot to another county clinic ACL center.

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

- Discussed the merits of changing from Yolo's existing screening tool to the new CalAIM screening tool. It was decided to stay with the current version.

- Discussed and agreed with the decision to extend the PIP through December 31, 2022 and convert to the new CalAIM screening instrument in January 2023. Plans for onboarding the new ACL contractor include a start date of July 2023.

- Refinement discussions addressed the low response rate to the post-screening perception survey and adding technology to connect with the clients, revision of

the ACL paper survey forms, and incentives such as staff rewards recognition when meeting PM benchmarks.

NON-CLINICAL PIP

General Information

Non-Clinical PIP Submitted for Validation: Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence

Date Started: 09/2022

Aim Statement:

"This PIP is designed to improve Yolo care coordination activities and timely 7- and 30-day follow-up and substance use service linkage for Medi-Cal beneficiaries who are seen in an ED with a primary diagnosis for Alcohol or Other Drug abuse or dependence."

Target Population: This study focuses on Yolo County beneficiaries with a primary diagnosis for alcohol or other drug abuse or dependence and who are seen at the ED.

Validation Information: The DMC-ODS CalAIM BHQIP is in the implementation phase.

Summary

The strategy to establish real-time access to Yolo Medi-Cal beneficiary ED visit data and with staff assigned for engagement post ED visit is supported by four preliminary interventions selected to address the root cause of lack of timely notification. The intervention strategies are not complex and the interventions are well designed and planned. Briefly stated, the preliminary interventions selected to address the root causes include Yolo joining the SacValley MedShare Health Information Exchange (HIE) to secure real-time access to Yolo Medi-Cal beneficiary ED visit data. Yolo will develop a mechanism to review available data to identify beneficiary who visit the ED and who have a primary AOD diagnosis. Yolo will assign a county or contracted provider to engage with this identified population of beneficiaries within seven calendar days of the ED visit. Yolo engagement staff will offer engaged beneficiaries to complete the Yolo SU assessment and make referrals/service linkages accordingly.

Yolo is working with California Mental Health Services Administration to recalculate FUA7 and FUA30 measures by linking Yolo Medi-Cal DMC service data to the Managed Care Plan data which is accessed via Plan Data Feed or HIE for FY 2021-22. Data exchange collection of performance measures is planned to occur quarterly.

TA and Recommendations

TA has not been requested for this PIP. The DMC-ODS is encouraged to contact CalEQRO to request TA throughout the review year.

INFORMATION SYSTEMS

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

INFORMATION SYSTEMS IN THE DMC-ODS

The EHRs of California's DMC-ODS' are managed by county or DMC-ODS IT or operated as an application service provider (ASP) where the vendor, or another third party, is managing the system. The primary EHR system used by the DMC-ODS is Netsmart/Avatar, which has been in use for 19 years. Currently, the DMC-ODS has no plans to replace the current system, which has been in place for more than five years and is functioning in a satisfactory manner.

Approximately 0.75 percent of the DMC-ODS budget is dedicated to support the IS (county IT overhead for operations, hardware, network, software licenses, ASP support, contractors, and IT staff salary/benefit costs). The budget determination process for IS operations is under DMC-ODS control, and this year's allocation is the same as the previous year.

The DMC-ODS has 97 named users with log-on authority to the EHR, including approximately 51 county staff and 46 contractor staff. Support for the users is provided by 2 FTE IS technology positions, reflecting an increase of 0.5 FTE since the last EQR. Currently all positions are filled.

As of the FY 2022-23 EQR, no contract providers have access to directly enter clinical data into the DMC-ODS's EHR. Contractor staff having direct access to the EHR has multiple benefits: it is more efficient, it reduces the potential for data entry errors associated with duplicate data entry, and it provides for superior services for beneficiaries by having comprehensive access to progress notes and medication lists by all providers to the EHR 24/7. The DMC-ODS reports having the intent to provide access to providers and is working to mitigate barriers to implementation, though a specific timeline has not yet been identified.

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

Table 23: Contract Provider Transmission of Information to DMC-ODS EHR

	Submittal Method	Frequency	Submittal Method Percentage
☐	Health Information Exchange (HIE) between DMC-ODS IS	☐ Real Time ☐ Batch	0%
☐	Electronic Data Interchange to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	0%
☐	Electronic batch file transfer to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	0%
☒	Direct data entry into DMC-ODS IS by provider staff	☒ Daily ☒ Weekly ☒ Monthly	50%
☒	Documents/files e-mailed or faxed to DMC-ODS IS	☒ Daily ☒ Weekly ☒ Monthly	50%
☐	Paper documents delivered to DMC-ODS IS	☐ Daily ☐ Weekly ☐ Monthly	0%
			100%

Beneficiary Personal Health Record

The 21st Century Cures Act of 2016 promotes and requires the ability of beneficiaries to have both full access to their medical records and their medical records sent to other providers. Having a Personal Health Record enhances beneficiaries' and their families' engagement and participation in treatment. The DMC-ODS does not currently offer PHR access to beneficiaries but does plan to implement PHR within the next year.

Interoperability Support

The DMC-ODS is not a member or participant in a HIE. Healthcare professional staff use secure information exchange directly with service partners through secure email, CC application/module, and/or electronic consult. The DMC-ODS engages in electronic exchange of information with the following departments/agencies/organizations: Federally Qualified Health Center and Alcohol and Drug Community Based Organization/Contract Providers (restricted to administrative staff only at contracted entities).

INFORMATION SYSTEMS KEY COMPONENTS

CalEQRO identifies the following Key Components related to DMC-ODS system infrastructure that are necessary to meet the quality and operational requirements to promote positive beneficiary outcomes. Technology, effective business processes, and staff skills in extracting and utilizing data for analysis must be present to demonstrate

that analytic findings are used to ensure overall quality of the SUD delivery system and organizational operations.

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

Table 24: IS Infrastructure Key Components

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

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

- The DMC-ODS has made progress in terms of adding staff dedicated to EHR support, and through the implementation of an EHR Steering Committee and three new Avatar workgroups (fiscal/administrative staff, internal clinical staff, and providers) have gained significant momentum for moving IS improvement projects forward.

- EHR functionality is limited, and only some clinical data are stored in electronic form at this time. The DMC-ODS is currently working to implement Avatar NX and Netsmart's CareConnect Inbox within the next year and is hoping to expand provider interoperability as well as PHR access for beneficiaries after it is fully rolled out.

- The DMC-ODS does not currently maintain a Data Warehouse to support analytics.

INFORMATION SYSTEMS PERFORMANCE MEASURES

Medi-Cal Claiming

The timing of Medi-Cal claiming is shown in the table below, including whether the claims are either adjudicated or denied. This may also indicate if the DMC-ODS is behind in submitting its claims, which would result in the claims data presented in this report being incomplete for CY 2021.

Table 25 shows the amount of denied claims by denial reason, and Table 26 shows approved claims by month.

Table 25: Summary of CY 2021 Medi-Cal Claim Denials

Denial Code Description	Number Denied	Dollars Denied	Percentage of Total Denied
Exceeds maximum rate	20,576	$361,615	87.86%
Duplicate service	711	$22,733	5.52%
No valid diagnosis	265	$15,297	3.72%
Other Healthcare coverage	826	$11,926	2.90%
Total Denied Claims	**22,378**	**$411,571**	**100.00%**
Denied Claims Rate	**16.80%**		
Statewide Denied Claims	**20.20%**		

Table 26: Approved Claims by Month, CY 2021

Month	Approved Claims
Jan-21	$165,913
Feb-21	$156,528
Mar-21	$197,418
Apr-21	$186,328
May-21	$186,262
Jun-21	$198,783
Jul-21	$187,671
Aug-21	$177,600
Sep-21	$169,441
Oct-21	$182,757
Nov-21	$179,732
Dec-21	$184,625
Total	**$2,173,060**

IMPACT OF INFORMATION SYSTEMS FINDINGS

- Timeliness and data analytic tracking continue to be an issue. Last year's reported noted an ongoing inadequate level of staff, with the hire of three IS FTEs, although dedicated to the Avatar NX roll out, the ability to track this can be addressed.

- Yolo's largest contracted provider plans to on board with the Avatar NX 2023 EHR, access and data entry to the EHR will reduce labor intensive billing submissions. Incentives to promote other contracted providers to onboard with the EHR would reduce the workload for both contracted providers and Yolo.

VALIDATION OF CLIENT PERCEPTIONS OF CARE
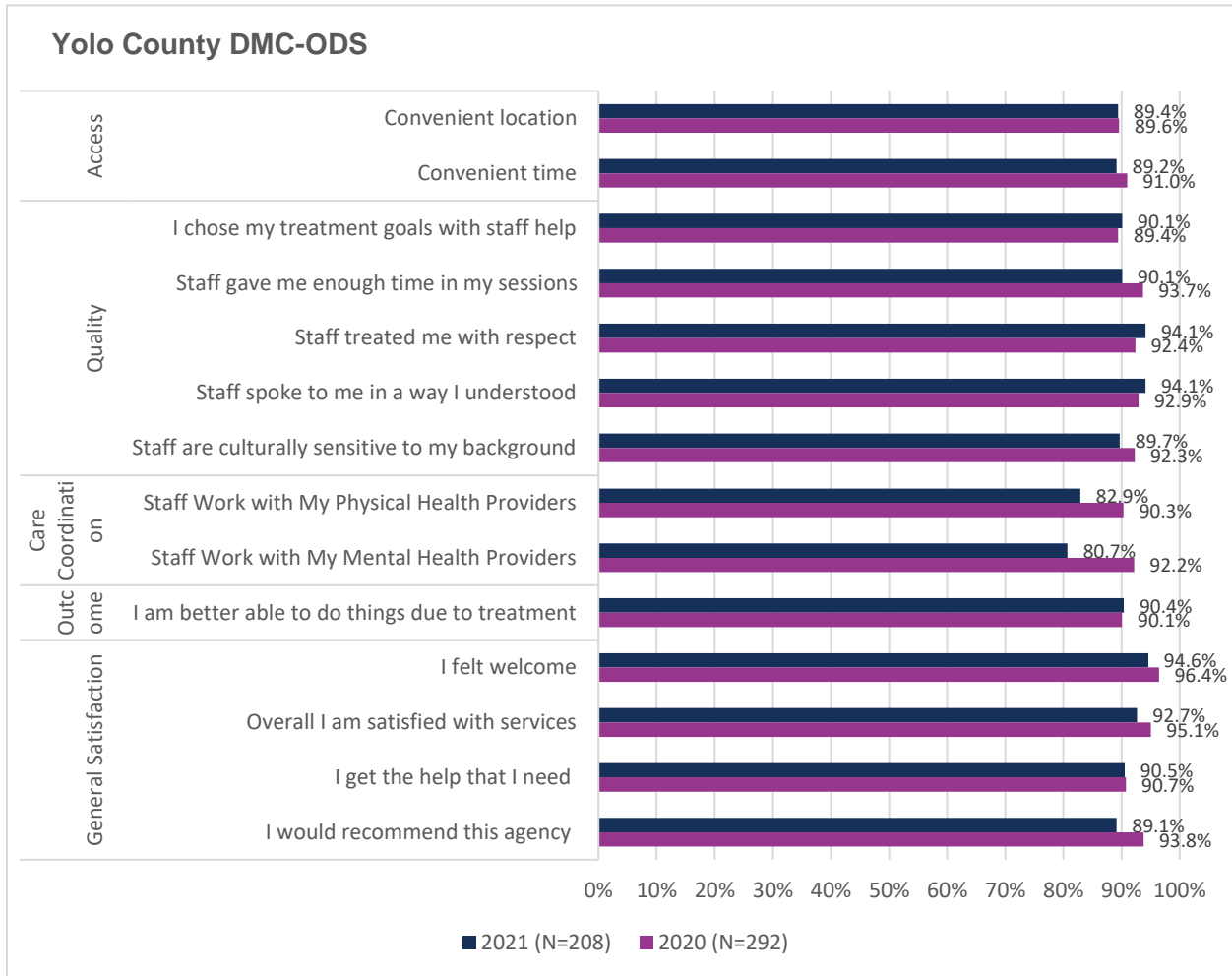
TREATMENT PERCEPTION SURVEYS

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

The DMC-ODS had beneficiary ratings slightly higher (≤4 percent difference) than the statewide rating on the following items: Convenient location, staff are culturally sensitive to my background, I felt welcome, and I would recommend this agency.

All other items were rated slightly lower (≤5 percent difference) than the statewide rating, except for two items that were rated much lower compared to the statewide figures. 76 percent of DMC-ODS beneficiaries agreed with the statement "I get the help that I need" as compared with 88 percent of beneficiaries statewide (a 12 percent difference) and 77 percent of DMC-ODS beneficiaries agreed with the statement "I am better able to do things due to treatment" as compared with 88 percent of statewide beneficiaries (an 11 percent difference).

While the DMC-ODS does include prior year TPS results in its CCP, it does not appear that the data has been used to inform recent QAPI efforts. The DMC-ODS acknowledges the importance of the TPS and states plans to revive previous QI activities that are based on TPS outcomes, particularly given the disparities in ratings on key items described above.

Figure 7: Percentage of Adult Participants with Positive Perceptions of Care, TPS Results from UCLA

- Client's perception of care for CY 2021 improved in the domains of, I chose my treatment goals with staff help, staff treated me with respect, and staff spoke to me in a way that I understood.

CONSUMER FAMILY MEMBER FOCUS GROUPS

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

As part of the pre-review planning process, CalEQRO requested two 75 to 90-minute focus groups, Perinatal Women's residential and adult outpatient, with consumers

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

Consumer Family Member Focus Group One

CalEQRO requested a diverse group of female consumers who initiated perinatal residential treatment services in the preceding 12 months. The focus group was held virtually and included three participants; a language interpreter was not used for this focus group. All consumers participating receive clinical services from the DMC-ODS.

Access to urgent care and other resources are readily available, including referrals to support groups. The quality aspects of treatment include discussions with staff about MAT and the availability of services, open discussions about relapse and how they support each other, assistance with transportation, food and shelter, and coordination with child welfare, the courts, probation, and other offices. According to feedback given to CalEQRO, program counselors are sensitive to their cultural needs, respectful and non-judgmental. The participants have been asked for the input as they all have completed the TPS. As a result of treatment, participants state they feel more confident, not so shy, and able to speak up for themselves. All participants receive mental health assistance to strengthen their recovery and are taking medications as prescribed. All recommend the program for family and friends.

Recommendations from focus group participants included:

- All participants say, "recovery support services are not available."
- All participants recommend that a mechanism allowing for family members to participate in their treatment sessions should be considered.

Consumer Family Member Focus Group Two

CalEQRO conducted two 90-minute focus groups with consumers (DMC-ODS beneficiaries) during the site review of the DMC-ODS. CalEQRO requested a diverse group of adult outpatient consumers for the second focus group who initiated services in the preceding 12 months. The focus group was held virtually and included ten participants; a language interpreter was not used for this focus group. All consumers participating receive clinical services from the DMC-ODS.

Participants found treatment through a wide variety of referral systems that include CJ referrals from the county, probation, and AIC. Other referrals are through psychiatric services, MH service providers and BH ACL. Participants access services within a range of same day to two weeks and two months. The time frame for admissions into treatment also varied widely, from same day to two months. Program staff are responsive to urgent matters, particularly for relapse. There were mixed responses in terms of MAT discussions with the majority indicating that yes, they did discuss MAT services and the availability of treatment when or if needed.

Program staff are culturally sensitive, though one person indicated an unpleasant experience that they did not want to talk about. Counselors were characterized as "great" and provide the help clients needed for addressing thoughts of suicide, helping them see situations from an unfamiliar perspective, identifying problems and how to cope and make better decisions. Participants agree they receive necessary supports and now have a better understanding of addiction.

Recommendations from focus group participants included:

- The program should provide support after discharge.

- Help and assistance with efforts to obtain jobs and housing would make transitions much easier.

- More help for persons with disabilities (the comment was not specific to type of help or assistance).

SUMMARY OF BENEFICIARY FEEDBACK FINDINGS

Based on client input received during this review, it is apparent that there are a wide variety of treatment referral sources within Yolo County and use of SUD programs by those sources demonstrates an overall awareness of services. Beneficiaries are very satisfied with the quality of services and the help they receive from program staff; they all appreciate counseling staff and the program's support towards their recovery. Six of the thirteen clients who participated in the CFM focus groups did not know that aftercare support, in the form of RSS, are available. Ten of the focus group participants made requests for more residential treatment beds and increased availability of RR housing.

CONCLUSIONS

During the FY 2022-23 annual review, CalEQRO found strengths in the DMC-ODS's programs, practices, and IS that have a significant impact on beneficiary outcomes and the overall delivery system. In those same areas, CalEQRO also noted challenges that presented opportunities for QI. The findings presented below synthesize information gathered through the EQR process and relate to the operation of an effective SUD managed care system.

STRENGTHS

1. The DMC-ODS added IS staff to support development and roll out of Avatar NX and they are taking active steps to improve their information systems' functionality and interoperability. Yolo's One Year Plan recommendations include an EHR Steering Committee with three work groups. Two and one half of the three recently hired IS staff has positioned Yolo as fully supported in Avatar. (Timeliness, IS)

2. The DMC-ODS' overall PR for FY 2022-23 is .35 percent higher (1.15 percent) than the statewide average (85 percent). (Access, Quality)

3. Yolo's CCP and associated Strategic Updates are designed to address systemic inequity with an area of focus on strategies to increase the staffing. The Spanish-speaking CCC workgroup, as of June 2021's reconvening of the CCC, made formal recommendations to improve access and quality of outreach and treatment for this community. (Access, Timeliness, Quality, IS)

4. Bed expansion for adults is occurring on several fronts for Yolo beneficiaries, including Walter's House 2022 planned residential treatment expansion to 60 beds in a new facility. The Now Crises center supports a sobering station to stabilize and transition individuals to the next appropriate ASAM LOC. (Access, Timeliness, Quality)

5. As stated by a client, AIC "gets you in right away." Yolo's CJ SUD treatment services include MAT and NTP treatments with existing in-custody partners such as Wellpath, Health Management Associates, and soon to start, CommuniCare Health Center. Additional funding for in custody treatment, and 10 residential beds, is set to launch in Fall 2022. (Access, Timeliness, Quality)

OPPORTUNITIES FOR IMPROVEMENT

1. Ensure reliable points of contact are in place to receive WM referrals. Contracted providers complain of no call backs from Wellspace, the contracted out-of-county provider for WM residential treatment referrals, when initiating a transfer or placement. (Access, Timeliness, Quality)

2. Inform contracted providers that RR placements with client's active participation in OP, are available to all Medi-Cal eligible beneficiaries. RSS data is suppressed and statewide 3.63 percent of beneficiaries utilize RSS.

Contracted providers stated they thought RR placement was offered to CJ involved clients. Participants in the CFM focus groups requested RSS and did not realize CM/CC was readily available. (Access, Timeliness, Quality, IS)

3. Monitoring, tracking, analysis, and reporting of timely access requires consistent and reliable data collection of the identified metrics. Of the eight sections on the Assessment of Timely Access form, seven sections were left blank. (Access, Timeliness, Quality, IS)

4. Submission of two active PIPs or a proposed concept, clinical and non-clinical, were not provided for this year EQR or last year. Last year the non-clinical PIP was submitted too late for the EQR and this year the same PIP submitted with a most recent measurement of 04-2021 and therefore considered inactive. (Access, Timeliness, Quality, IS)

5. TPS reporting and presentation of QI analysis, projects, and activities to contracted providers and other stakeholders is one of many ways to actively respond to beneficiary experiences and perceptions of care. In addition, through the CFM focus groups this EQRO report brings forth beneficiary appreciation for the support they receive, how treatment improves lives and recommendations and suggestions to improve the quality of services. (Quality, IS)

RECOMMENDATIONS

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

1. ASAM Continuum of Care improvements should include a reliable point of contact and instructions for providers to successfully refer clients to Wellspace WM services. (Access, Timeliness, Quality)

2. Yolo should reestablish protocols, criteria, and messaging for contract providers to promote appropriate utilization of CM/CC, IOT, RSS, and RR within the system. (Access, Timeliness Quality, IS)

    (This recommendation is partially carried over from FY 2020-21)

3. Yolo should collaborate with contracted providers to develop and implement a viable collection, tracking and analysis method that meets and fulfills all metrics for the Assessment of Timely Access. (Access, Timeliness, Quality, IS)

    (This recommendation is a carry-over from FY 2020-21.)

4. Yolo should develop and implement two active PIPs annually, one clinical and one non-clinical, with timely submission for the next scheduled EQR and continue to work with CalEQRO for TA as needed. (Access, Timeliness Quality, IS)

(This recommendation is a carry-over from FY 2020-21.)

5. Yolo QI activities and presentations should include feedback from beneficiaries, i.e., CFM focus group, and data from the TPS, UCLA, outcome report. Yolo QI activities should continue to address and take steps to identify Hispanic/Latino community culturally specific barriers to recognizing and accepting SUD treatment. Efforts should be continued until there is substantial gain in the number of Latinos served. (Quality, IS)

(This recommendation is partially carried-over from FY 2020-21.)

EXTERNAL QUALITY REVIEW BARRIERS

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

As a result of the continued consequences of the COVID-19 pandemic, a public health emergency (PHE) exists. Therefore, all EQR activities were conducted virtually through video sessions. The virtual review allowed stakeholder participation while preventing high-risk activities such as travel requirements and sizeable in-person indoor sessions. The absence of cross-county meetings also reduced the opportunity for COVID-19 variants to spread among an already reduced workforce. All topics were covered as planned, with video sessions necessitated by the PHE having limited impact on the review process.

ATTACHMENTS

ATTACHMENT A: Review Agenda

ATTACHMENT B: Review Participants

ATTACHMENT C: PIP Validation Tool Summary

ATTACHMENT D: Additional Performance Measure Data

ATTACHMENT E: CalEQRO Review Tools Reference

ATTACHMENT F: Additional Performance Measure Data

ATTACHMENT A: REVIEW AGENDA

The following sessions were held during the EQR, either individually or in combination with other sessions.

Table A1: CalEQRO Review Agenda

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 PMs
Quality Improvement Plan, implementation activities, and evaluation results
Information systems capability assessment/fiscal/billing
General data use: staffing, processes for requests and prioritization, dashboards, and other reports
DMC-ODS-specific data use: TPS, ASAM LOC Placement Data, CalOMS
Disparities: CCP, implementation activities, evaluation results
PIPs
Medication-assisted treatments
Mental Health coordination with DMC-ODS
Criminal justice coordination with DMC-ODS
Clinic managers group interview – contracted
Clinical line staff group interview – contracted
Client/family member focus groups such as adult, youth, special populations, and/or family-two focus groups
Exit interview: questions and next steps

ATTACHMENT B: REVIEW PARTICIPANTS

CalEQRO Reviewers

Sharon Loveseth, Lead Quality Reviewer
Anita Catapusan, Quality Reviewer
Leah Hanzlicek, Lead Information System Reviewer
Zena Jacobi, Information System Reviewer
Jon Santoyo, Consumer and Family Member Reviewer

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

DMC-ODS Contract Provider Sites

All sessions were held via video conference.

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

Last Name	First Name	Position	County or Contracted Agency
Green	Mila	Deputy Director	Yolo HHSA
Evans	Ian	Alcohol and Other Drug (AOD) Administrator Branch Director	Yolo HHSA
Freitas	Julie	Clinical Manager	Yolo HHSA
Woods	Danyeil	QM Manager	Yolo HHSA
Sandoval	Blanca	QM Office Support Specialist	Yolo HHSA
Gay	Jennifer	QM Supervising Clinician	Yolo HHSA
Johnson	Glenn	AOD Program Coordinator	Yolo HHSA
Smith	Tessa	Diversity, Equity, and Inclusion Coordinator	Yolo HHSA
Littlejohn	Aisha	DMC Contracts Analyst	Yolo HHSA
Kurzenhauser	Sara	QM Analyst	Yolo HHSA
Strachan	Colin	IT Manager	Yolo HHSA
Valle	Fabian	CCP Program Coordinator	Yolo HHSA
Inaba	Audrey	IT Specialist	Yolo HHSA
Kuhn	Melanie	IT Specialist	Yolo HHSA
Sidhu	Pam	IT Specialist	Yolo HHSA
Sandoval	Sophia	QM Supervising Analyst	Yolo HHSA

Last Name	First Name	Position	County or Contracted Agency
Budhathoki	Sajana	QM Analyst	Yolo HHSA
Xiong	Tina	MAT Lead Clinician	CommuniCare Health Care Centers
Andrade-Lemus	Christina	Associate Director of Substance Use and Latinx Services	CommuniCare Health Care Centers
Fagan	Bobbie	Peer Support Advocate	CommuniCare Health Care Centers
Lee	Katelyn	Assistant Health Services Administrator	WellPath
Theis	Mackenzie	Substance Abuse Counselor	CommuniCare Health Care Centers
Chavez	Lucy	Business Services Manager	Yolo HHSA
Azevedo	Marcie	Fiscal Accountant	Yolo HHSA
Buzolich	John	Fiscal Administrative Officer	Yolo HHSA

ATTACHMENT C: PIP VALIDATION TOOL SUMMARY

Clinical PIP

Table C1: Overall Validation and Reporting of Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ No confidence	The PIP interventions and refinements continue to show positive outcomes for identification and referral for persons requesting MH or SUD services and whose screening indicates a COD and need for additional services. The ACL clinic initially participating in this PIP is changing to a different location and is the reasoning for a moderate rating.
General PIP Information	

DMC-ODS Name: Yolo

PIP Title: Improving Screening of Co-Occurring Disorders (COD) for Beneficiaries

PIP Aim Statement: Will initial BH ACL screenings, including use of a SUD pre-screening tool, conducted by clinical staff, along with stakeholder feedback increase identification of COD needs and referrals to COD services by 30 percent by 12-31-2022?

Date Started: 07-01-2020

Date Completed: 12-31-2022

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

  ☐ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)

  ☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)

  ☒ DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

Target age group (check one):

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

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

General PIP Information

Target population description, such as specific diagnosis (please specify): The initial focus of the PIP will be on all Yolo County beneficiaries who call the BH ACL requesting behavioral health services (except those who are in crisis or seeking "information only"), as evidenced by an Access Log service request entered into Avatar. This is an important first step for the PIP, as this is how beneficiaries enter into the MHP and DMC-ODS systems of care and where COD needs are first identified.

Improvement Strategies or Interventions (Changes in the PIP)

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

Will implementing a client stakeholder/program feedback loop result in improvements in the COD screening/linkage process as indicated by client survey responses of "agree" or "strongly agree" at 70% or higher on a measure of satisfaction (based on the Liberty Quality Care Client Satisfaction Survey), by 7/1/2022?

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

Will participation of clinical staff in the HHSA Access Crisis Line COD pilot program, attendance of Dr. David Mee Lee's ASAM training, on COD screening, increase clinical staff identification of COD needs from all callers requesting services, thereby, increase client referrals to SUD and COD specific treatment by 7/1/2022?

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

Will implementing a SUD Pre-Screening tool as part of current BH ACL screening processes increase identification of COD needs and referrals to COD services by 7/1/2022? Note: Items from the Screening, Brief Intervention, and Referral to Treatment (SBIRT) were added to the Beacon Mental Health (MH) screening tool as "pre-screening" questions for SUD's "pre-screening" questions for SUD.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Will increase of 24/7 BH ACL clinical capacity increase identification of COD needs by 30% for SUD service request calls	22% March 1 to 30, 2022		☐ Not applicable— PIP is in planning or implementation phase, results not available	81% March 1 to June 30, 2022	☒ Yes ☐ No	☒ Yes ☐ No Specify P-value: ☒ <.01 ☐ <.05 Other (specify):
Number of persons calling ACL making a SUD Service request Number of persons calling ACL making a SUD Service request who received an ASAM (SUD) screening Number of persons receiving a SUD screening who also had indication of MH need Number of SUD screened persons with MH issue indicated who received a MH screen	FY 2019/20	813 92/11.3 Percent 83/90.2 Percent 15/18.1 Percent	July 1 to October 31, 2021	40% 102/256 256 ACL calls for SUD and 102 SUD requests 12% 24/207 SUD requests that received ASAM (SUD) screening 36% 74/207 of 207 clients unique receiving SUD 74 identified with CO 34% 88/258 MH requests identified with COD	☒ Yes ☐ No	☒ Yes ☐ No Specify P-value: ☐ <.01 ☒ <.05 Other (specify):

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Linkage to COD services post SUD pre-screening for MH services calls	0% March 1 to 30, 2022		☐ Not applicable—PIP is in Planning or implementation phase, results not available	13% April 1 to June 30, 2022	☒ Yes ☐ No	☒ Yes ☐ No Specify P-value: ☐ <.01 ☒ <.05 Other (specify):
Implementation of an anonymous "client informed" stakeholder feedback loop process with client consent	April 1 to June 30, 2022	28% 18/64 accepted and consented to the email survey < 1% or 1/18 submitted the survey	☐ Not applicable—PIP is in Planning or implementation phase, results not available	57% 29/51 accepted and consented to the email survey June 10 to June 30, 2022 < 1% or 1/29 submitted the survey	☐ Yes ☒ No	☐ Yes ☒ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated? ☒ Yes ☐ No

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

PIP Validation Information
Validation phase (check all that apply):

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

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

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

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

EQRO recommendations for improvement of PIP: Yolo received TA for this PIP and as suggested revised the AIM statement to be more concise. ASAM COD training provided by David. M. Lee is not considered as one of the identified interventions. Staff changes for this PIP include placement of clinical staff over CM staff at the ACL with this and other changes increasing the COD referral outcomes. The planned intervention refinements include feedback survey's use of technology to connect with the clients, revision of the ACL paper forms, a staff rewards recognition system for meeting PM benchmarks, and modifications of the EHR workflow. PIP outcomes with the updated pre-screening tool show an increase in COD referrals from MH and SUD specific callers. Yolo's request to extend this PIP through 12-31-2022 was approved.

Non-Clinical PIP

Attachment C1: Overall Validation and Reporting of Non-Clinical PIP Results

PIP Validation Rating (check one box)	Comments
☐ High confidence ☒ Moderate confidence ☐ Low confidence ☐ →No confidence	The strategy to establish real-time access to Yolo Medi-Cal beneficiary ED visit data and with staff assigned for engagement post ED visit is supported by four preliminary interventions selected to address the root cause of lack of timely notification. The intervention strategies are not complex and the interventions are well designed and planned.
General PIP Information	
DMC-ODS/Drug Medi-Cal Organized Delivery System Name: Yolo	

General PIP Information

PIP Title: Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence

PIP Aim Statement: This PIP is designed to improve Yolo care coordination activities and timely 7- and 30-day follow-up and substance use service linkage for Medi-Cal beneficiaries who are seen in an ED with a primary diagnosis for Alcohol or Other Drug abuse or dependence.

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

☒ State-mandated (state required MHP/DMC-ODSs to conduct a PIP on this specific topic)

☐ Collaborative (MHP/DMC-ODS worked together during the Planning or implementation phases)

☐ MHP/DMC-ODS choice (state allowed the MHP/DMC-ODS to identify the PIP topic)

Target age group (check one):

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

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

Target population description, such as specific diagnosis (please specify): a primary diagnosis for alcohol or other drug abuse or dependence and who are seen at the ED.

Improvement Strategies or Interventions (Changes in the PIP)

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

Beneficiaries will engage with Yolo staff as a result of the ED visit and determination of AOD concerns and be encouraged to participate in a county substance use assessment with referrals/services linkages provided as appropriate.

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

Yolo assigns staff and/or contracted providers to engage, within seven calendar days of the ED visit, with beneficiaries who are identified with an AOD use disorder

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

Yolo will join the SacValley Med Share Health Information Exchange to secure real-time access to Yolo Medi-Cal beneficiary ED visit data.

PMs (be specific and indicate measure steward and National Quality Forum number if applicable):	Baseline year	Baseline sample size and rate	Most recent remeasurement year (if applicable)	Most recent remeasurement sample size and rate (if applicable)	Demonstrated performance improvement (Yes/No)	Statistically significant change in performance (Yes/No) Specify P-value
Improve follow-up and linkage to substance use services for any client who presents at an ED with an AOD diagnosis.	FY 2021	Good Performance/ Second Quartile for the State	☒ Not applicable— PIP is in Planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Improve the 7-day follow-up and linkage to substance use services for any client who presents at an ED with an AOD diagnosis by 4% and 3% respectively by end of FY 2022-23.	FY 2021	10%	☒ Not applicable— PIP is in Planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):
Improve the 30-day follow-up and linkage to substance use services for any client who presents at an ED with an AOD diagnosis by 4% and 3% respectively by end of FY 2022-23.	FY 2021	17%	☒ Not applicable— PIP is in Planning or implementation phase, results not available		☐ Yes ☐ No	☐ Yes ☐ No Specify P-value: ☐ <.01 ☐ <.05 Other (specify):

PIP Validation Information

Was the PIP validated?   ☒ Yes   ☐ No

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

PIP Validation Information
Validation phase (check all that apply):

Validation phase (check all that apply):

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

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

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

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

EQRO recommendations for improvement of PIP: The DMC-ODS is encouraged to seek TA from CalEQRO throughout the review year.

ATTACHMENT D: CALEQRO REVIEW TOOLS REFERENCE

All CalEQRO review tools, including but not limited to the Key Components, Assessment of Timely Access, and PIP Validation Tool, are available on the CalEQRO website.

ATTACHMENT F: ADDITIONAL PERFORMANCE MEASURE DATA

Table F1: CalOMS Living Status at Admission, CY 2021

Admission Living Status	Yolo		Statewide	
	#	%	#	%
Homeless	143	31.9%	20,981	28.4%
Dependent Living	95	21.2%	16,923	22.9%
Independent Living	210	46.9%	35,838	48.6%
TOTAL	**448**	**100%**	**73,742**	**100.0%**

Table F2: CalOMS Legal Status at Admission, CY 2021

Admission Legal Status	Yolo		Statewide	
	#	%	#	%
No Criminal Justice Involvement	222	49.5%	46,882	63.6%
Under Parole Supervision by CDCR	23	5.1%	1,415	1.9%
On Parole from any other jurisdiction	15	3.3%	1,305	1.8%
Post release supervision - AB 109	144	32.1%	18,491	25.1%
Court Diversion CA Penal Code 1000	18	4.0%	1,120	1.5%
Incarcerated	0	0.0%	292	0.4%
Awaiting Trial	26	5.8%	4,207	5.7%
TOTAL	**448**	**100.0%**	**73,712**	**100.0%**

Table F3: CalOMS Employment Status at Admission, CY 2021

Current Employment Status	Yolo		Statewide	
	#	%	#	%
Employed Full Time - 35 hours or more	77	17.2%	9,404	12.7%
Employed Part Time - Less than 35 hours	34	7.6%	5,561	7.5%
Unemployed - Looking for work	150	33.5%	22,884	31.0%
Unemployed - not in the labor force and not seeking	187	41.7%	35,893	48.7%
TOTAL	**448**	**100.0%**	**73,742**	**100.0%**

Table F4: CalOMS Types of Discharges, CY 2021

Discharge Types	Yolo		Statewide	
	#	%	#	%
Standard Adult Discharges	182	60.4%	30,192	48.4%
Administrative Adult Discharges	119	39.6%	24,951	40.0%
Detox Discharges	0	0.0%	6,418	10.3%
Youth Discharges	0	0.0%	759	1.2%
TOTAL	**301**	**100.0%**	**62,320**	**100.0%**