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**UCLA Integrated Substance Abuse Programs**

&

**Behavioral Health Concepts**

**CALQIC**

**MARCH 2019**
Today’s Presentation Will Cover

- Results from 2018 UCLA Annual Evaluation Report
- Treatment Perception Surveys
- Administrator and Provider Surveys

- Data Standardization
- Data Quality and Submission
- Data Interpretation

- Development of Performance Measures in collaboration with Clinical Committee
- Annual Quality Reviews
DMC-ODS Waiver Goals

• Provide access to treatment modalities and services previously not covered by DMC benefits.
• Make available a full continuum of evidence based SUD treatment.
• Facilitate increased coordination and integration of SUD services with physical and mental health care.
• Enhance counties’ ability to selectively contract with providers and expand the provider types included in the SUD workforce.
DMC-ODS Implementation in California

• Seven Counties implemented in CY 2017
• Fourteen counties implemented in CY 2018
• Another ten counties expected to implement by mid 2019
• 12 Performance Measures have been developed for the first year reviews by EQRO
• Treatment Perception Surveys (TPS) were conducted for seven waivered counties that began implementation in CY 2017 and nineteen waivered counties in CY 2018
• Statewide annual evaluation report by UCLA and annual report by EQRO are available at the DHCS website at http://www.uclaisap.org/ca-policy/html/evaluation.html
I bet this has no effect on access!
Preliminary change in unique patients receiving DMC services by month. DMC Claims data, December 2016- May 2018
Among the seven counties that have implemented DMC-ODS for at least one year show a 27% increase in the first fiscal year from 23,855 beneficiaries served in FY 16-17 to 30,365 in FY 17-18.
Access

Increase in Number of Beneficiaries Served Through DMC in First Year of DMC-ODS Implementation by Age Group (First Seven Counties)

Greatest increase in access by age-group was among Older Adults with a 235% increase in numbers served followed by a 21% increase among Adults.
Access

Increase in Number of Beneficiaries Served Through DMC in First Year of DMC-ODS Implementation by Race/Ethnicity (First Seven Counties)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>FY 16-17</th>
<th>FY 17-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>3,507</td>
<td>5,616</td>
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<tr>
<td>Asian/Pacific Islander</td>
<td>1,060</td>
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<tr>
<td>Hispanic/Latino</td>
<td>16,451</td>
<td></td>
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<tr>
<td>Native American</td>
<td>169</td>
<td>282</td>
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<tr>
<td>Other</td>
<td>3,205</td>
<td>4,748</td>
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<tr>
<td>White</td>
<td>8,332</td>
<td>14,978</td>
</tr>
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</table>

Note: The increase in the number of beneficiaries served is indicated by the bars, with the height representing the number of beneficiaries served in each year.
Beneficiaries Served by Level of Care Through DMC Pre and Post DMC-ODS (First Seven Counties)

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Pre DMC</th>
<th>Post DMC</th>
<th>Difference</th>
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<tr>
<td>IOT</td>
<td>2,151</td>
<td>2,406</td>
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<td>OTP/NTP</td>
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<td>11,718</td>
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<tr>
<td>Res 3.1</td>
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<td>Res 3.3</td>
<td>271</td>
<td>2917</td>
<td>2646</td>
</tr>
<tr>
<td>Res 3.5</td>
<td>2917</td>
<td>2930</td>
<td>13</td>
</tr>
<tr>
<td>WM 3.2</td>
<td>2330</td>
<td>2330</td>
<td>0</td>
</tr>
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</table>
Data Caveats with SDMC Claims Data

• Data is still early and incomplete for a variety of reasons
  – Many programs/providers are still in the process of starting their programs under DMC-ODS
  – Billing for some services is delayed due to questions about appropriate billing
  – New services under DMC-ODS such as Medication Assisted Treatment (MAT) and Recovery Support Services are slowly ramping up.
  – Billing for case management has increased.
Ok, but are there really MORE people accessing treatment, or did they just shift from SAPT BG to DMC?
After counties began waiver services, the # of people receiving treatment rose very modestly.
...but there was a large increase in people receiving *residential treatment*
Current Living Arrangement at Admission (CalOMS – First Seven Counties)

- Homeless: 33.5%
- Dependent Living: 29.4%
- Independent Living: 37.1%
Employment Status at Admission (CalOMS – First Seven Counties)

- Employed Full Time: 9.3%
- Employed Part Time: 7.2%
- Unemployed - Looking for Work: 29.2%
- Not in the Labor Force and Not Seeking: 54.2%
Referral Source to Treatment (CalOMS – First Seven Counties)

- Individual Including Self-Referral: 61.6%
- Other Health Care Provider: 1.3%
- Child Protective Services: 6.3%
- Alcohol and Drug Abuse Programs: 6.1%
- Other: 7.0%
- Criminal Justice: 17.7%
Data Caveats with CalOMS-Tx

• CalOMS-Tx transitioned to a new data system in 2018.

• Data relies on client self-report

• Provider data submission is imperfect
More residential, huh? Well is that even the RIGHT level of treatment?
ASAM

• Under DMC-ODS counties are required to submit ASAM – Level of Care (LOC) data.

• The goal is to see if clients are being placed in appropriate levels of care based on Screenings or Assessments.
Level of care placement decisions generally match the level indicated by initial assessments (Three Counties)
ASAM
Reasons for Difference Between Indicated and Referred Level of Care

- Actual Referral Missing: 30.9%
- Clinical Judgement: 27.5%
- Level of Care Not Available: 23.5%
- Other: 21.1%
- Patient Preference: 45.7%
- Referral Reason Missing: 8.2%

*Brief Screening*  *Initial Assessment*  *Followup Assessment*
Data Caveats with ASAM Data

• Data collection mechanism varies between counties
  – Some counties are using their EHR while others are collecting it manually
  – This is creating differences in types of missing data
• Inconsistent time periods of reporting ASAM Data
• Missing CIN numbers for clients making it difficult to match ASAM file against the SDMC claims file
Fine, but once they get there, I bet they don’t engage in treatment!
Treatment Engagement Rates (3+ visits in first 30 days)

Live-Waiver Counties  National Study (Garnick et al., 2009)

- OTP/NTP: 83%
- Outpatient: 54%
- Intensive Outpatient: 92%
- Residential: 96%
Ok, they go. I bet they HATE treatment!
TPS Surveys – 2017 & 2018

• In 2017, seven counties participated and returned 9,027 adult surveys

• In 2018, 20 counties participated and returned 15,761 adult and youth surveys

• In 2018 youth surveys were added to the data collection

• UCLA prepared County and Provider Level Reports and placed them in Box Folder for each County via UCLA’s Health Sciences Box

• Next survey period: October 7-11, 2019
## 2018 Treatment Perceptions Surveys – Average Score by Question

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Domain</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Convenient Location</td>
<td>Access</td>
<td>4.3</td>
</tr>
<tr>
<td>2 Convenient Time</td>
<td>Access</td>
<td>4.3</td>
</tr>
<tr>
<td>3 Chose Goals</td>
<td>Quality</td>
<td>4.3</td>
</tr>
<tr>
<td>4 Enough Time</td>
<td>Quality</td>
<td>4.4</td>
</tr>
<tr>
<td>5 Treated with Respect</td>
<td>Quality</td>
<td>4.4</td>
</tr>
<tr>
<td>6 Understood Communication</td>
<td>Quality</td>
<td>4.5</td>
</tr>
<tr>
<td>7 Cultural Sensitivity</td>
<td>Quality</td>
<td>4.4</td>
</tr>
<tr>
<td>8 Work with PH Providers</td>
<td>Care Coordination</td>
<td>4.3</td>
</tr>
<tr>
<td>9 Work with MH Providers</td>
<td>Care Coordination</td>
<td>4.2</td>
</tr>
<tr>
<td>10 Better Able to Do Things</td>
<td>Outcome</td>
<td>4.3</td>
</tr>
<tr>
<td>11 Felt Welcomed</td>
<td>General Satisfaction</td>
<td>4.5</td>
</tr>
<tr>
<td>12 Like Services</td>
<td>General Satisfaction</td>
<td>4.4</td>
</tr>
<tr>
<td>13 Enough Help</td>
<td>General Satisfaction</td>
<td>4.3</td>
</tr>
<tr>
<td>14 Recommend Agency</td>
<td>General Satisfaction</td>
<td>4.5</td>
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</table>
# Average Score by Domain (2018)

<table>
<thead>
<tr>
<th>Survey Question</th>
<th>Domain</th>
<th>Average Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convenient Location, Convenient Time</td>
<td>Access</td>
<td>4.3</td>
</tr>
<tr>
<td>Chose Goals, Enough Time, Treated with respect, Understood Communication and Cultural Sensitivity</td>
<td>Quality</td>
<td>4.4</td>
</tr>
<tr>
<td>Worked with Physical Health and Mental Health Providers</td>
<td>Care Coordination</td>
<td>4.3</td>
</tr>
<tr>
<td>Better Able to Do Things</td>
<td>Outcome</td>
<td>4.3</td>
</tr>
<tr>
<td>Felt Welcomed, Liked Services, Enough help and Recommend Agency</td>
<td>General Satisfaction</td>
<td><strong>4.5</strong></td>
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</table>
Number of Programs that Returned Survey Forms - 2018

<table>
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<tr>
<th>Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>Outpatient/Intensive</td>
<td>258</td>
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<tr>
<td>Residential</td>
<td>171</td>
</tr>
<tr>
<td>OTP/NTP</td>
<td>103</td>
</tr>
<tr>
<td>Withdrawal Management</td>
<td>23</td>
</tr>
</tbody>
</table>
Number of Clients that Returned Survey Forms By Treatment Setting - 2018

- Outpatient/Intensive Outpatient: 5775
- Residential: 3336
- OTP/NTP: 5679
- Withdrawal Management: 228
Percent of Survey Participants in Agreement By Survey Questions and Five Domains (2018)

- Convenient Location: 85%
- Convenient Time: 88%
- Staff Gave Me Enough Time: 87%
- Treated with Respect: 91%
- Understand Communication: 92%
- Cultural Sensitivity: 93%
- Work with Physical Health Providers: 84%
- Work with Mental Health Providers: 82%
- Better Able to Do Things: 87%
- Feel Welcomed: 93%
- I Got the Help I Needed: 91%
- Recommend Agency: 90%
Average Domain Score by County Size (2018)
TPS Data Submission Tips

• Before submitting forms to UCLA
  – Review the CalOMS Tx Provider ID, Tx Setting, and Reporting Unit for accuracy and completeness
  – Different Provider IDs in 2017 vs. 2018 for the same provider makes it difficult to compare provider level findings over time

• Review client comments for anything that might need immediate attention prior to sending the forms to UCLA for scanning.
Alright, fine, but what about all that OTHER stuff the waiver’s supposed to do?
Administrator Survey Results

County administrators overwhelmingly report the waiver has positively influenced:

- Establishing beneficiary access lines
- Quality improvement activities
- Communication between SUD and health services
- Communication between SUD and mental health services
- Delivery of case management services

In some cases, even *non-waiver* counties reported it has had an effect on their practices.
Example: Cross-system Communication

Percentage of counties indicating the waiver has had a positive influence on communication between SUD and MH

- Live-Waiver Counties: 60.0% (2015), 100% (2017)
- In-Preparation Waiver Counties: 62.5% (2015), 76.0% (2017)
- Non-Waiver Counties: 50.0% (2015), 23.1% (2017)

Percentage of counties indicating the waiver has had a positive influence on communication between SUD and PH

- Live-Waiver Counties: 28.6% (2015), 30.8% (2017)
- In-Preparation Waiver Counties: 52.0% (2015), 91.7% (2017)
Are you trying to tell me everything’s perfect?
Challenges

- Beneficiary access line “growing pains”
- Expanding medical detox/WM
- Low penetration rates (4.4%)
- Need for training & technical assistance, especially: Recovery support services, case management, youth services, telehealth, ASAM Criteria, DMC Billing, utilization management, evidence-based practices
- Is ASAM having an effect?
Health Care Referrals to SUD Tx

Intensive Outpatient Withdrawal Management (non-hospital)
NTP Withdrawal Management NTP Maintenance
Outpatient Residential
Beneficiary Access Line Growing Pains
Secret Shopper Call Results
(34 completed calls)

• In some cases, multiple calls were needed to complete the process.
• In some instances the phone was not answered, callers were instructed to call a different number, or were asked to call back at another time due to high call volume.
• All callers made it through eventually. Staff were generally rated as friendly (avg rating 8 on a 10-point scale)
Percentage of counties selecting each modality as most challenging to expand

- Residential: 0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%
- Medical detox/WM: 0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%
- NTP: 0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%
- Outpatient: 0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%
- Intensive outpatient: 0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%
- Non-medical WM: 0% - 10% - 20% - 30% - 40% - 50% - 60% - 70% - 80% - 90% - 100%
Medical Detox

• Voluntary Inpatient Detox bills are being rejected

• “DHCS released All Plan Letter 18-001 clarifying voluntary inpatient detoxification benefits, and MHSUDS Information Notice 18-031 providing additional guidance on incidental medical services, which can include withdrawal management in residential settings, but it is too early to evaluate the effect of these efforts with the data available.”
Telehealth

There are codes in DMC claims that could be used to track telehealth, but no claims to date have used this code.

Interviews suggest providers are mostly still ramping up telehealth, but telephone-based services are “definitely” being used.
ASAM assessment and placement is increasing.
BUT transitions to another level of care within 14 days of discharge in Live-Waiver Counties remain rare
(Note: Refresh)

Following Residential Tx

Following Non-NTP WM
New Upcoming Activities

• Provider survey results
• Health and Mental Health cost analysis
• Expansion to non-Health costs analysis
• Case studies of promising practices
What else would be helpful to you, as stakeholders?
Is it worth it, in spite of all the challenges?

Yes!
Questions? Comments?

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www.uclaisap.org
How Does CalEQRO coordinate with UCLA to prepare for DMC reviews?

- Coordination of data including Claims, Medi-Cal Eligibility, CalOMS, Treatment Perceptions Surveys, and ASAM Level of Care Referral Data.

- Developing and Sharing Performance Measures (12 measures for year one of Services, 16 measures for years 2-5).

- Comparison of data and review results for each county before a review and for annual outcome analysis statewide. Key Question – How are DMC-ODS services expansion and design elements impacting care for SUD clients and the system overall???
Expanded Access to SUD Treatment

• Are new and expanded services reaching more people with SUD needs?

• CalEQRO uses claims and CalOMS to look at access issues overall in terms of unique clients served and by level of care. All our key data sets are coordinated with UCLA to insure consistency.

• For year two counties we will be looking together at trends over time.
Each October (or more often if county wishes) this one page, client friendly TPS survey is done at each treatment site.

The survey includes research linked questions for Access (1-2), Client experience of quality (3-7), Coordination of care (with MH and PH, 8-9), Outcome/impact of care (10), and general satisfaction (11-14).

This is evaluated and discussed in each review in terms of overall results and site specific results. Low scores are identified by site and in terms of the key domains.
TPS Results for Youth - Sample

V. Percent of Participants in Agreement by Length of Stay 'N=222'

VI. Percent of Participants in Agreement by Agency

<table>
<thead>
<tr>
<th>Rank</th>
<th>Agency Name</th>
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<th>Overall</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Q5</th>
<th>Q6</th>
<th>Q7</th>
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<th>Q10</th>
<th>Q11</th>
<th>Q12</th>
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<td>Agency #16</td>
<td></td>
<td>7</td>
<td>71</td>
<td>86</td>
<td>57</td>
<td>46</td>
<td>71</td>
<td>67</td>
<td>96</td>
<td>86</td>
<td>57</td>
<td>71</td>
<td>67</td>
<td>71</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Agency #17</td>
<td></td>
<td>9</td>
<td>71</td>
<td>80</td>
<td>86</td>
<td>50</td>
<td>86</td>
<td>63</td>
<td>100</td>
<td>100</td>
<td>86</td>
<td>82</td>
<td>67</td>
<td>100</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Agency #18</td>
<td></td>
<td>11</td>
<td>55</td>
<td>64</td>
<td>55</td>
<td>27</td>
<td>36</td>
<td>55</td>
<td>73</td>
<td>64</td>
<td>45</td>
<td>40</td>
<td>45</td>
<td>45</td>
<td>56</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Agency #19</td>
<td></td>
<td>5</td>
<td>100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Agency #20</td>
<td></td>
<td>3</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>0</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>100</td>
<td>33</td>
<td>33</td>
<td>33</td>
<td>67</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Agencies in the 20th percentile are shaded. * indicates percent below 60% (above 2 for Q3) and ** indicates percent below 50% (above 5 for Q3).
ASAM LOC Referral Data Used on DMC Reviews

• Used on reviews for assessment of ASAM fidelity and optimal matching of services to client SUD Treatment needs

• Data currently spotty and challenging to capture in consistent manner unless added into screening/assessment work flows with data capture options

• Three interventions are tracked for each client – Brief ASAM screening, the full ASAM assessment, referral to treatment by ASAM LOC.

• If no match to ASAM LOC recommendations, reason codes – client preference, clinical judgement, etc.

• Many counties also tracking admission date to treatment after the assessment and referral.
### ASAM Results Sample

FY 2017-18: Congruence of Level of Care Referrals with ASAM Findings

<table>
<thead>
<tr>
<th>January to April, 2018</th>
<th>Initial Screening</th>
<th>Initial Assessment</th>
<th>Follow-up Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
</tr>
<tr>
<td>If assessment-indicated LOC differed from referral, then reason for difference</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not Applicable - No Difference</td>
<td>NA</td>
<td>NA</td>
<td>63</td>
</tr>
<tr>
<td>Patient Preference</td>
<td>NA</td>
<td>NA</td>
<td>7</td>
</tr>
<tr>
<td>Level of Care Not Available</td>
<td>NA</td>
<td>NA</td>
<td>3</td>
</tr>
<tr>
<td>Clinical Judgement</td>
<td>NA</td>
<td>NA</td>
<td>2</td>
</tr>
<tr>
<td>Geographic Accessibility</td>
<td>NA</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>Family Responsibility</td>
<td>NA</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>Legal Issues</td>
<td>NA</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>Lack of Insurance/Payment Source</td>
<td>NA</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>NA</td>
<td>NA</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>NA</td>
<td>NA</td>
<td>84</td>
</tr>
</tbody>
</table>
DMC PMs for Year One DMC-ODS Implementations

- First six are similar to those used for Mental health (e.g. beneficiaries served, penetration rates, etc.)
- Second six are specific to DMC-ODS:
  - Timeliness of first methadone dosing
  - Extent of non-methadone MAT visits and clients
  - Transitions in care following residential treatment
  - Access Call Center Key Indicators
  - High-cost beneficiaries at 90% or higher of state average
  - Utilization patterns of residential withdrawal management and other SUD care
Baseline Data:
Total Beneficiaries Served with DMC

<table>
<thead>
<tr>
<th></th>
<th>Marin</th>
<th>San Mateo</th>
<th>Riverside</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY13-14</td>
<td>257</td>
<td>255</td>
<td>1,923</td>
</tr>
<tr>
<td>FY 14-15</td>
<td>432</td>
<td>345</td>
<td>4,183</td>
</tr>
<tr>
<td>FY 15-16</td>
<td>516</td>
<td></td>
<td>5,488</td>
</tr>
<tr>
<td>FY 16-17</td>
<td>630</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FY: Fiscal Year
CY2017 Medi-Cal Penetration Rates for Each Reviewed County Calculated by the CalEQRO Method and by the Modified NSDUH Total Population Prevalence Rate Method

- Marin: 1.35%
- San Mateo: 0.63%
- Riverside: 0.73%
- Total Population Prevalence Rate: 9.00%

- National Survey on Drug Use and Health: 4.40%
- Total Population Prevalence Rate: 6.20%
First Dose of Methadone after requesting NTP/OTP Services

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Marin</th>
<th>San Mateo</th>
<th>Riverside</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Count</td>
<td>231</td>
<td>1.33</td>
<td>281</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Age Group 12-17</td>
<td>0</td>
<td>n/a</td>
<td>0</td>
<td>n/a</td>
</tr>
<tr>
<td>Age Group 18-64</td>
<td>187</td>
<td>1.6</td>
<td>236</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Age Group 65+</td>
<td>44</td>
<td>&lt;1</td>
<td>45</td>
<td>&lt;1</td>
</tr>
</tbody>
</table>
## Extent of Non-Methadone MAT

<table>
<thead>
<tr>
<th>County</th>
<th># of Total DMC-ODS Clients</th>
<th># of Clients with Any MAT Visit</th>
<th>% of any Visits</th>
<th>% of 3+ MAT Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>6,791</td>
<td>50</td>
<td>0.74%</td>
<td>0.57%</td>
</tr>
<tr>
<td>Marin</td>
<td>585</td>
<td>29</td>
<td>4.95%</td>
<td>3.42%</td>
</tr>
<tr>
<td>San Mateo</td>
<td>870</td>
<td>106*</td>
<td>12%</td>
<td>n/a</td>
</tr>
<tr>
<td>Riverside</td>
<td>5,336</td>
<td>21</td>
<td>0.39%</td>
<td>0.36%</td>
</tr>
</tbody>
</table>

*San Mateo reported their fee-for-service MAT data.
# Post-Residential Treatment Transitions in Care

<table>
<thead>
<tr>
<th></th>
<th>Marin</th>
<th>San Mateo</th>
<th>Riverside</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Clients</td>
<td>Transfer Admits</td>
<td>Total Clients</td>
</tr>
<tr>
<td>Within 7 days</td>
<td>91</td>
<td>9</td>
<td>214</td>
</tr>
<tr>
<td>Within 14 days</td>
<td>91</td>
<td>14</td>
<td>214</td>
</tr>
<tr>
<td>Within 30 days</td>
<td>91</td>
<td>20</td>
<td>214</td>
</tr>
<tr>
<td>30 plus days</td>
<td>91</td>
<td>28</td>
<td>214</td>
</tr>
<tr>
<td>Total Transfer Admits, Post Residential</td>
<td>91</td>
<td>28</td>
<td>214</td>
</tr>
</tbody>
</table>
# Access Line Critical Indicators

<table>
<thead>
<tr>
<th></th>
<th>Marin</th>
<th>San Mateo</th>
<th>Riverside</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Average Volume</strong></td>
<td>508 calls per month</td>
<td>14 calls per month (only screening and referrals were counted)</td>
<td>3,466 calls per month</td>
</tr>
<tr>
<td><strong>% Dropped Calls</strong></td>
<td>5.3%</td>
<td>5.5%</td>
<td>7.45%</td>
</tr>
<tr>
<td><strong>Time to answer calls</strong></td>
<td>9.6 seconds</td>
<td>22 seconds</td>
<td>No data reported</td>
</tr>
<tr>
<td><strong>Monthly authorizations for residential treatment</strong></td>
<td>24.4</td>
<td>54.4</td>
<td>291</td>
</tr>
<tr>
<td><strong>% of calls referred to a treatment program for care, including residential authorizations</strong></td>
<td>20%</td>
<td>Only screening and referral calls were tracked, so the percent of total calls is unknown</td>
<td>12.27%</td>
</tr>
<tr>
<td><strong>Non-English capacity</strong></td>
<td>4.0 FTE Access Line staff are bilingual (English/Spanish) and the County has contracts with two language vendors.</td>
<td>Staff who speak Spanish, Mandarin, and Korean</td>
<td>Spanish capacity; TTY/711 for hard of hearing</td>
</tr>
<tr>
<td><strong>Software Used</strong></td>
<td>Avaya</td>
<td>Netsmart</td>
<td>Cisco</td>
</tr>
</tbody>
</table>
# High-Cost Beneficiaries at 90% or above Statewide DMC Costs

<table>
<thead>
<tr>
<th></th>
<th>Total Beneficiary Count</th>
<th>HCB Count</th>
<th>HCB % by Count</th>
<th>Average Approved Claims per HCB</th>
<th>HCB Total Claims</th>
<th>HCB % by Total Claims</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td>36,763</td>
<td>2,992</td>
<td>8%</td>
<td>$16,543</td>
<td>49,497,265</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Marin</strong></td>
<td>761</td>
<td>154</td>
<td>20%</td>
<td>$11,398</td>
<td>$1,755,322</td>
<td>40%</td>
</tr>
<tr>
<td><strong>San Mateo</strong></td>
<td>1,084</td>
<td>160</td>
<td>15%</td>
<td>$10,552</td>
<td>$2,281,673</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Riverside</strong></td>
<td>5,461</td>
<td>670</td>
<td>12%</td>
<td>$13,435</td>
<td>$9,718,479</td>
<td>47%</td>
</tr>
</tbody>
</table>
## Withdrawal Management with No Other Treatment

<table>
<thead>
<tr>
<th>WM by Age Group</th>
<th>Marin</th>
<th>San Mateo*</th>
<th>Riverside</th>
<th>Statewide</th>
</tr>
</thead>
<tbody>
<tr>
<td># WM Clients</td>
<td>% 3+ Episodes &amp; no other services</td>
<td># WM Clients</td>
<td>% 3+ Episodes &amp; no other services</td>
<td># WM Clients</td>
</tr>
<tr>
<td>Total</td>
<td>41</td>
<td>0.0%</td>
<td>n/a</td>
<td>662</td>
</tr>
<tr>
<td>12-17</td>
<td>0</td>
<td>0.0%</td>
<td>n/a</td>
<td>0</td>
</tr>
<tr>
<td>18-64</td>
<td>39</td>
<td>0.0%</td>
<td>n/a</td>
<td>640</td>
</tr>
<tr>
<td>65+</td>
<td>2</td>
<td>0.0%</td>
<td>n/a</td>
<td>22</td>
</tr>
</tbody>
</table>

*San Mateo does not have a DMC-certified Withdrawal Management site.*
Additional PMs for Counties in Years 2-5
Delivering DMC-ODS Services

• Domain: Client Centered Care Based on Six ASAM Dimensions
  – Percentage of persons who received an ASAM-based screening through a call center or walk-in service provider and: 1) whose indicated level of care (LOC) by ASAM criteria matched the LOC to which they were referred; 2) who were referred to a treatment provider at the LOC to which they were referred.

  – Percentage of persons who received a full ASAM criteria-based assessment and whose indicated LOC by ASAM criteria matched the LOC to which they were referred.

  – Both of the above-mentioned measures are central to the Waiver principle of client/treatment matching by ASAM criteria.
Additional PMs for Counties in Years 2-5
Delivering DMC-ODS Services (cont’d)

• Initiation of Treatment & Engagement in Treatment

  – Percentage of clients identified in an initial visit as having a SUD condition who then attend a second treatment event or visit within 14 days thereafter; this measures the timeliness with which the system “initiates” new clients into treatment without losing them through the referral process.

  – Percentage of clients “initiated” into treatment for SUDs who then engage in at least two treatment program days or visits within the next 30 days; this measures how effectively the system “engages” new clients in treatment.
Domain: Continuity of Care and Retention in Treatment – Total Length of Stay in Care

- Clients’ cumulative length of stay (LOS) in SUD treatment, linking all levels of care in which a client received treatment until there was a break of more than 30 days without any billed treatment activity. Clients included are all those who had a 30-day break within the year being measured. LOS is strongly linked in research to sustained recovery from SUD conditions.
Domain: Client Outcomes

– The percent of clients who had an episode involving residential withdrawal management (WM2.0) and returned to that level of care for an additional episode within 30 days.

– This measure is similar to inpatient readmission within 30 days for mental health and is not the desired outcome.
San Mateo
• Clinical: Increasing ASAM assessments and case management for persons in WM (active)
• Non-Clinical: Increasing offender access to substance use disorder (SUD) treatment (active)

Marin
• Clinical: Road to Recovery for SMI with SUD (active)
• Non-Clinical: Linkage to continuing treatment following WM (active)

Riverside
• Clinical: Improving continuity of care for adults post-discharge from residential treatment (active)
• Non-Clinical: Increasing access and treatment services to SUD youth (active)

Santa Clara
• Clinical: Increasing client initiation into and engagement in treatment (active)
• Non-clinical: Improving client progress in outpatient programs through feedback-informed treatment using the Treatment Perception Survey (conceptual at time of review)
Contra Costa
• Clinical: Improving residential treatment outcomes for clients with co-occurring mental health and substance use disorders (active)
• Non-Clinical: Improving the rate of prospective clients referred to SUD treatment who make their first session (active)

Los Angeles
• Clinical: Improving client access to and satisfaction with SUD treatment among clients with physical disabilities (active)
• Non-clinical: Improving timely access to SUD treatment through SASH (active)

San Luis Obispo
• Clinical: Improving care transitions from residential treatment to outpatient services (conceptual)
• Non-clinical: Improving engagement in in non-methadone MAT (conceptual)

San Francisco
• Clinical: Enhancing MAT access for SMI clients with alcohol use disorders (active)
• Non-clinical: Expanding access to treatment with buprenorphine in NTP/OTP programs (active)
Challenges and Opportunities in DMC-ODS Implementation

- Access Call Center linkage to providers and data capture;
- Out of county Medi-Cal transfers delaying access to care
- Billing systems and claiming in general especially non-methadone MAT in Narcotic Treatment Programs
- Stigma in community related to SUD and related to MAT
- Building capacity and access at all levels of care including remote areas
- Funding for Info Systems in contract providers and county programs
- Meeting all requirements related to residential authorization without causing delays in care that create barriers
- Cost reports being settled at site level, not level entity, impacting specialty populations/remote sites with lower volumes
- Housing costs and homelessness impacting capacity to step down clients in supportive safe environments
- Limits of two residential episodes per year
More Opportunities & Challenges

• Timeliness and “No Wrong Door”
• Hospital Medical Detox availability
• Improving transitions in care to operate as a managed care system and recognize that SUD is a chronic disease
• Case studies to share of promising practices and PIPs
Training & Technical Assistance Opportunities

• Review of your data in more depth is an option for understanding quality and system issues

• BHC highly recommends and offers technical assistance on PIPs, especially at early stages of formulation and later regarding technical issues or challenges.

• BHC has a web site with useful information to help you prepare including use of forms, YouTube videos, and a PIP library of other county PIPs that are solid examples of work on access, timeliness, quality of care, and outcomes. www.Caleqro.com

• Other options of training are also available based on individual county needs; please email rama.khalsa@bhceqro.com or tom.trabin@bhceqro.com
Key Resources at DHCS and CalEQRO

Michele Wong, Assistant Division Chief, DHCS
916-327-3184, michele.wong@dhcs.ca.gov

Rachel Biron, Health Program Specialist, SUD Compliance Division, DHCS
916-345-7463, rachel.biron@dhcs.ca.gov

Rama Khalsa, DMC-ODS EQRO Director
855-385-3776, ext 136, rama.khalsa@bhceqro.com

Tom Trabin, DMC-ODS EQRO Deputy Director
855-385-3776, ext 144, tom.trabin@bhceqro.com

Contact us at DMC-ODSWAIVER@dhcs.ca.gov