



*EQRO Overview and Findings for Orange County*

Azahar Lopez, PsyD, CHC

Interim Director, Quality Management Services

Sandra Okubo, MPH

Senior Research Analyst


Mental Health and Recovery Services

**May 24, 2023**

# External Quality Review Process

- 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 EQRO.
- The EQRO conducts an EQR that is an analysis and evaluation of aggregate information on access, timeliness, and quality of health care services.
- DHCS requires the CalEQRO to evaluate on the following: delivery of services in a culturally competent manner, coordination of care with other healthcare providers, and beneficiary satisfaction.
- CalEQRO's review emphasizes the use of data to promote quality and improve performance.
- 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.

# FY2022/23 Findings



Behavioral Health Concepts, Inc.  
info@bhcegro.com  
www.calegro.com  
855-385-3776


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

ORANGE FINAL REPORT

☒ MHP  
☐ DMC-ODS

Prepared for:  
California Department of  
Health Care Services (DHCS)

Review Dates:  
November 1-3, 2022



Behavioral Health Concepts, Inc.  
info@bhcegro.com  
www.calegro.com  
855-385-3776

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

ORANGE FINAL REPORT

☐ MHP  
☒ DMC-ODS

Prepared for:  
California Department of  
Health Care Services (DHCS)

Review Dates:  
November 29-December 1, 2022



# DMC-ODS EQRO Highlights

FY 2022 – 2023 Report

# System Strengths

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

- Orange provides multiple entryways into treatment with well-trained screeners who can readily view openings and schedule appointments at most provider sites. Intake counselors also provide initial case management as needed. (Access, IS)
- Orange shifted to telehealth delivery of outpatient services during the Corona Virus Disease 2019 (COVID-19) pandemic and continue to readily provide telehealth when clients need it for convenience as the pandemic wanes. (Access, IS)
- Orange impressively tracks all required elements of timeliness, produces useful reports on timeliness for management decision making, and reports meeting state standards for all aspects of initial visits. (Timeliness, IS)
- Orange established a strong division for overseeing quality assurance (QA) and quality improvement (QI) called the Authority for Quality Improvement Services (AQIS) Division and within it the Substance Use Support Team and the Substance Use Quality Improvement Coordinators Group that monitor compliance with state regulations and work with providers to ensure that treatment is accessible, timely, and of high quality.(Quality)
- Orange has a highly capable Data Analytic Team (DAT) who are well-trained in use of data analytic software and work well with program and QI staff to produce data dashboards focused on timeliness, quality, and outcomes of care. (IS)

# EQRO Recommendations DMC-ODS

1. Continue with targeted interventions to connect prospective clients to treatment and thereby reduce the no-show rate for initial appointments. (Access, Timeliness, IS). (This is a continuation of a similar Recommendation from the previous EQR).
2. Rebuild residential treatment bed capacity after recent unanticipated program losses, streamline assessment and admission processes into residential treatment, and ensure that discharges from residential WM are followed by rapid connection to appropriate treatment. (Access, Timeliness, Quality, IS). (This is a continuation of a similar Recommendation from the previous EQR).
3. In the impending department reorganization, define a position of Substance Use Disorders (SUD) Director that includes leadership responsibility for improving the working partnership with providers and supporting successful recruitment strategies for additional county and contract provider staff. (Quality). (This is a continuation of a similar Recommendation from the previous EQR, with an added focus on the contribution of high-level leadership).

## EQRO Recommendations DMC-ODS

4. Initiate a collaborative effort with providers to identify opportunities for streamlining QI/QA procedures and implement them in the context of the new California Advancing and Innovating Medi-Cal (CalAIM) requirements. (Quality)
5. Refine and expand provider training focused upon CalOMS discharge ratings within a client-centered care framework, expand and broadcast providers' reporting of client outcomes to include using CalOMS pre-post data, and analyze provider ratings of their clients at discharge to identify opportunities for treatment quality improvement. (Quality, IS). (This is a continuation of a similar Recommendation from the previous EQR).

# DMC Timeliness Metrics

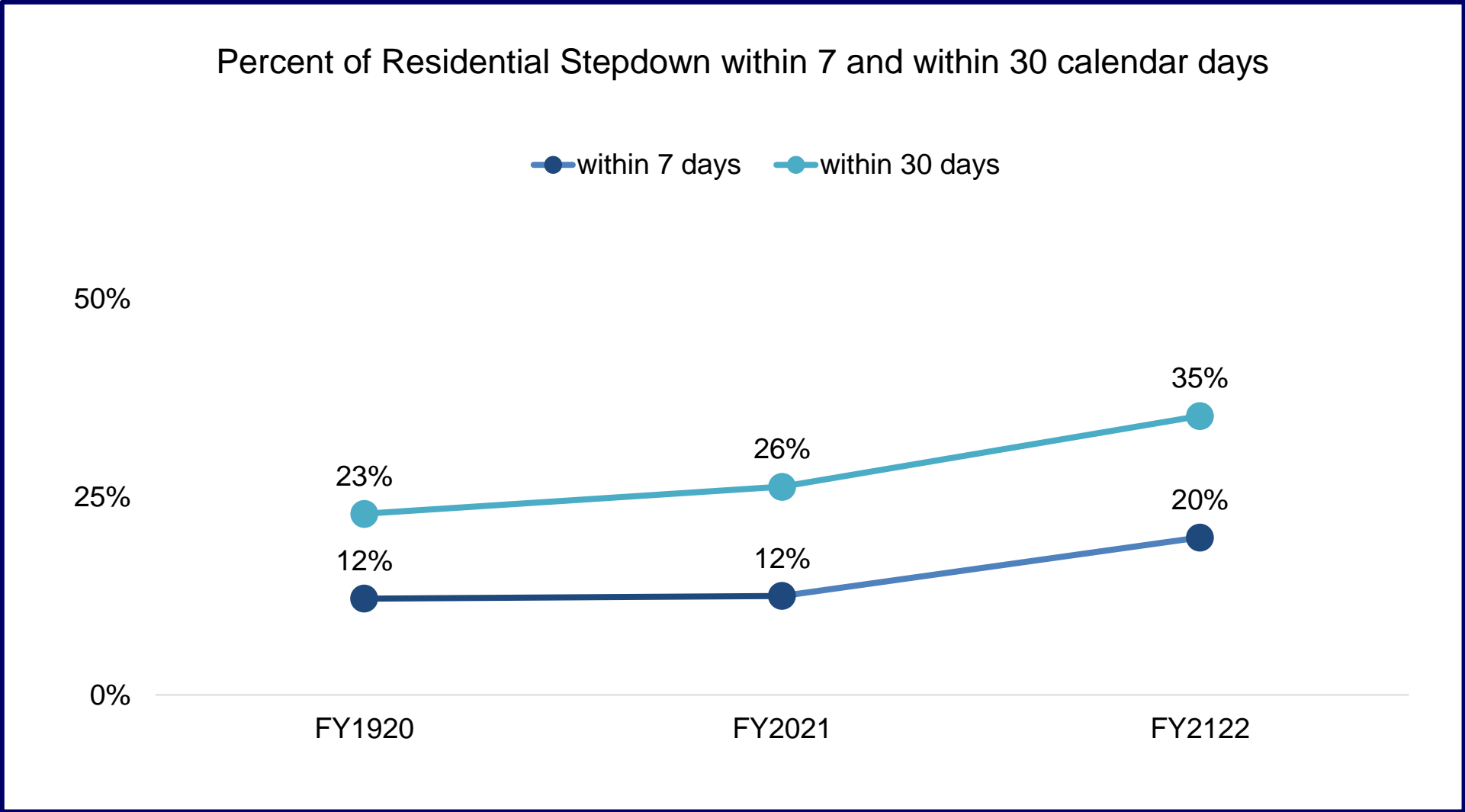
Table 10: FY 2022-23 DMC Assessment of Timely Access

Timeliness Measure	Average/Rate	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	4.14 Days	10 Business Days*	97.95%
First Non-Urgent Service Rendered	4.81 Days	10 business days**	81.74%
Non-Urgent MAT Request to First NTP/OTP Appointment	.87 Days	3 Business Days*	96.97%
Urgent Services Offered	0.35 days	2 calendar days** 48 Hours*	98.33%
Follow-up Services Post-Residential Treatment	n/a	7 Days** 30 days**	18.79% 32.62%
WM Readmission Rates Within 30 Days	7.84%	n/a	n/a
No-Shows	54.48%	n/a	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033			
** DMC-ODS-defined timeliness standards			
For the FY 2022-23 EQR, the DMC-ODS reported its performance for the following time period: FY 2021-22 on the DMC-ODS ATA form.			

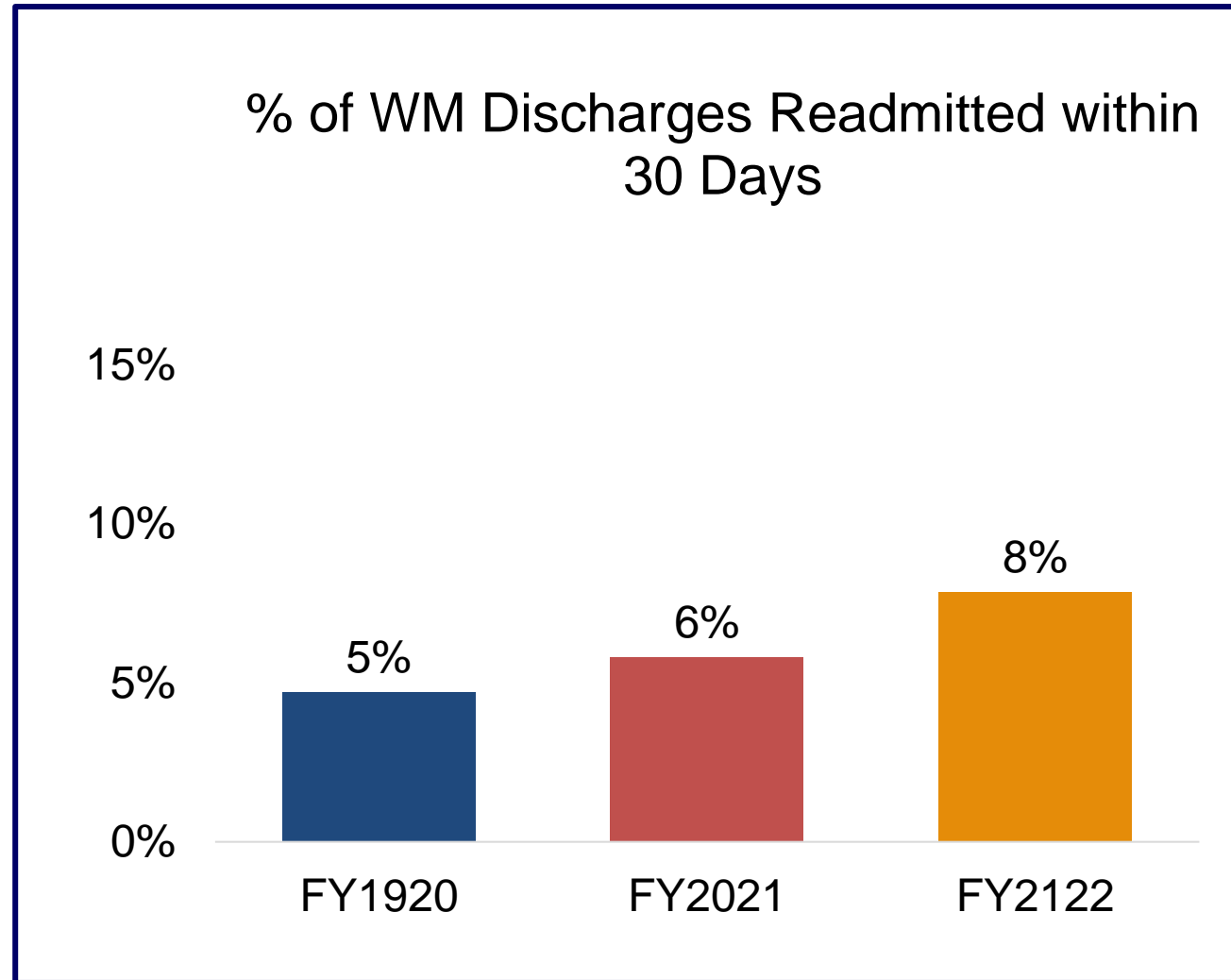
no-show rate for new clients seems high –may be room for improvement



# Residential Step Down, FY 19-20 through FY21-22



## WM Readmission Rates, FY 19-20 through FY 21-22



## Withdrawal Management with No Other Treatment Service

	# WM Clients with 3+ Episodes & No Other Services	% WM Clients with 3+ Episodes & No Other Services
County	101	10.36%
Statewide	370	3.46%

The percentage of clients with three or more episodes and no other services has increased dramatically since the previous year and is much higher than the statewide percentage.

This suggests the need for Orange to focus their discharge planning and follow-up case management efforts on transitioning residential WM clients upon discharge to SUD treatment.

## Other EQRO Findings

- High utilization of residential withdrawal management 46.8% higher than statewide
- Shortage of residential treatment bed capacity following loss of a contracted provider in the previous year causing delay in residential treatment admission and overuse of residential withdrawal management

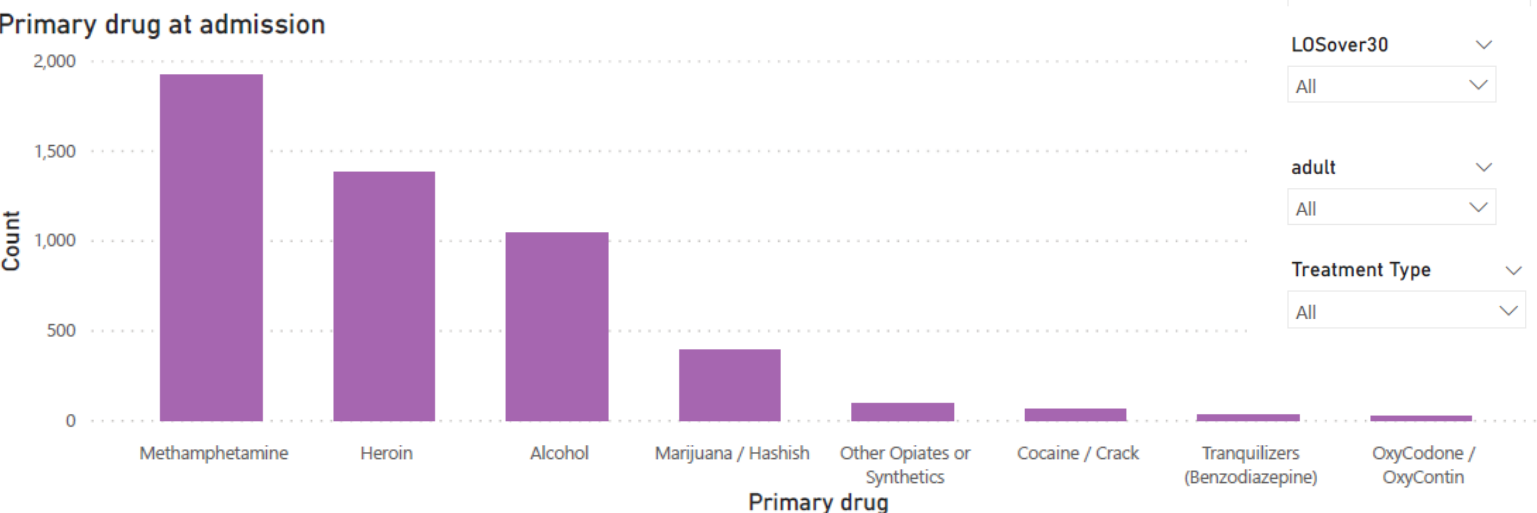
# The California Outcomes Measurement System (CalOMS) Discharge Ratings, CY 2021

Discharge Status	County		Statewide	
	#	%	#	%
Completed Treatment - Referred	474	12.3%	11,892	19.1%
Completed Treatment - Not Referred	146	3.8%	3,798	6.1%
Left Before Completion with Satisfactory Progress - Standard Questions	845	22.0%	10,888	17.5%
Left Before Completion with Satisfactory Progress - Administrative Questions	153	4.0%	4,643	7.4%
<i>Subtotal</i>	<i>1,618</i>	<i>42.1%</i>	<i>31,221</i>	<i>50.1%</i>
Left Before Completion with Unsatisfactory Progress - Standard Questions	651	16.9%	10,791	17.3%
Left Before Completion with Unsatisfactory Progress - Administrative	1,551	40.3%	18,522	29.7%
Death	≤11	-	1,301	2.1%
Incarceration	≤20	-	485	0.8%
<i>Subtotal</i>	<i>2,227</i>	<i>57.9%</i>	<i>31,099</i>	<i>49.9%</i>
<b>TOTAL</b>	<b>3,845</b>	<b>100.0%</b>	<b>62,320</b>	<b>100.0%</b>

The percentage of clients who were rated with positive treatment progress at the time of discharge was 15 percent lower than the statewide percentages (42.1 percent vs 50.1 percent).

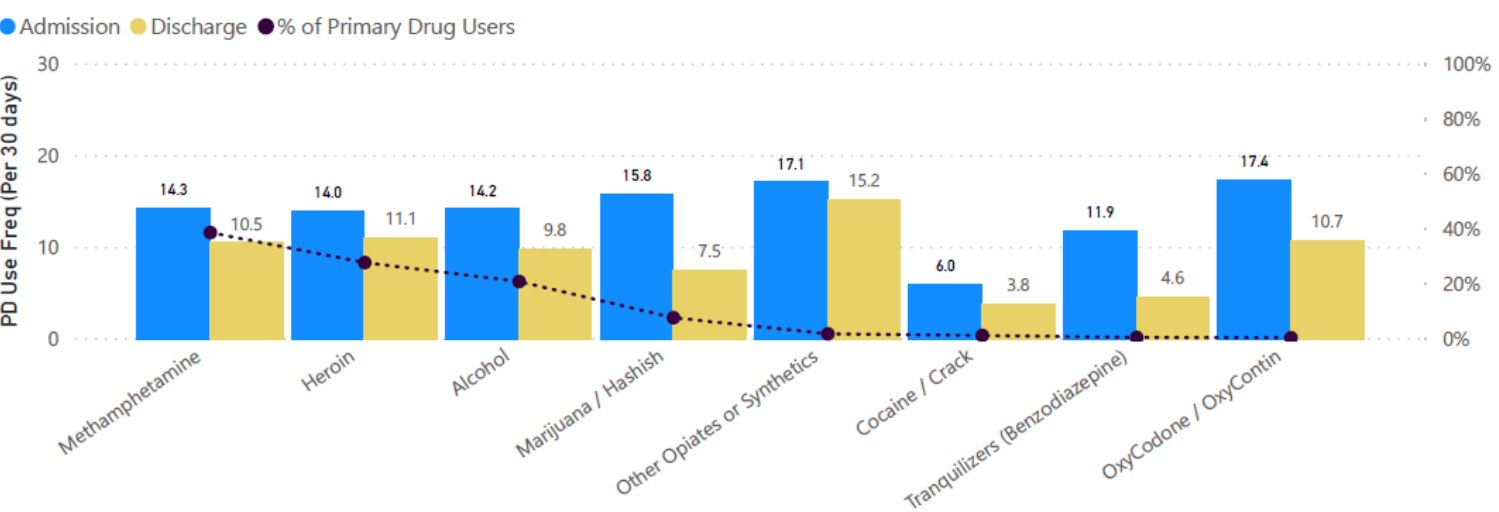
# The California Outcomes Measurement System (CalOMS): Dashboard Project

## Primary Drug Usage (for admissions with paired discharges)



← Dashboards will allow us to look at system level or program level usage data that exists in CalOMS.

## Primary Drug Use Frequency at Admission and Discharge



Options exist to generate reports according to differing interests such as treatment type, adults or youth, provider ID, etc.

# CalOMS Dashboard Reports

## Post- Discharge Outcomes

*\*Represents clients with a paired admission, discharge, and indicated all questions answered in the FY 2019-2020 dataset*

### Change in employment status after discharge

Employment Status	Admit	Discharge	% change
Unemployed, not in the labor force (not seeking)	1682	1545	▼ -8.15%
Unemployed, looking for work	809	827	▲ 2.22%
Not in the labor force (Not seeking)	205	209	▲ 1.95%
Employed Part time (less than 35 hrs)	148	173	▲ 16.89%
Employed Full time (35 hours or more)	212	302	▲ 42.45%

### Change in housing situation

Living arrangement	Admit	Discharge	% change
Homeless	1291	557	▼ -56.86%
Independent living	1069	1278	▲ 19.55%
Dependent living	696	1221	▲ 75.43%

### Health problems last 30 days

Admit	Discharge	% change
839	662	▼ -21.10%

### Phys Health- ER use past 30 days

Admit	Discharge	% change
766	580	▼ -24.28%

### Overnight Hospital stay past 30 days

Admit	Discharge	% change
260	165	▼ -36.54%

### Psych facility use last 30 days

Admit	Discharge	% change
90	61	▼ -32.22%

### Mental Health- ER use past 30 days

Admit	Discharge	% change
87	60	▼ -31.03%

- CalOMS data will be used to monitor changes in clients' functioning pre and post treatment.



# Treatment Perception Survey

October 2022 Results



# Overview of Treatment Perception Survey – DMC-ODS

- Standardized survey to assess perceptions on treatment within DMC-ODS
- The survey measures service satisfaction and clinical improvement and has 5 domains with adult participants and 6 domains with youth
- 5-point scale: 1 (strongly disagree) to 5 (strongly agree), with the option of not applicable.
- Administered each fall for approximately one week

**Treatment Perceptions Survey (Adult)** Print PDF as needed. Do not photocopy!

**County / Provider Use Only** CalOMS Provider ID (required) Program Reporting Unit (if required by your county):

Treatment Setting (required): ☐ OP/IOP ☐ Residential ☐ OTP/NTP ☐ Detox/WM (standalone) ☐ Partial hospitalization

**Please answer these questions about your experience at this program.**

**DO NOT WRITE YOUR NAME ON THIS FORM.**

Your answers must be able to be read by a computer. Therefore, please use a pen, fill in the circle completely, and choose only one answer for each question.

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree	Not Applicable
1. The location was convenient (public transportation, distance, parking, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Services were available when I needed them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I chose the treatment goals with my provider's help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Staff gave me enough time in my treatment sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Staff treated me with respect.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Staff spoke to me in a way I understood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Staff were sensitive to my cultural background (race/ethnicity, religion, language, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Staff here work with my physical health care providers to support my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Staff here work with my mental health care providers to support my wellness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. As a direct result of the services I am receiving, I am better able to do things that I want to do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I felt welcomed here.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Overall, I am satisfied with the services I received.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I was able to get all the help/services that I needed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I would recommend this agency to a friend or family member.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Comments**  
Please do not write any information that may identify you, including but not limited to your name and/or phone number.

**Please answer the following questions.**

1. How long have you received services here?  
☐ First visit/day ☐ 2 weeks or less ☐ More than 2 weeks

2. Gender Identity (Please mark all that apply):  
☐ Female ☐ Male ☐ Transgender ☐ Other gender identity ☐ Decline to answer

3. Race/Ethnicity (Please mark all that apply):  
☐ American Indian/Alaskan Native ☐ Latino ☐ Other  
☐ Asian ☐ Native Hawaiian/Pacific Islander  
☐ Black/African American ☐ White/Caucasian ☐ Unknown

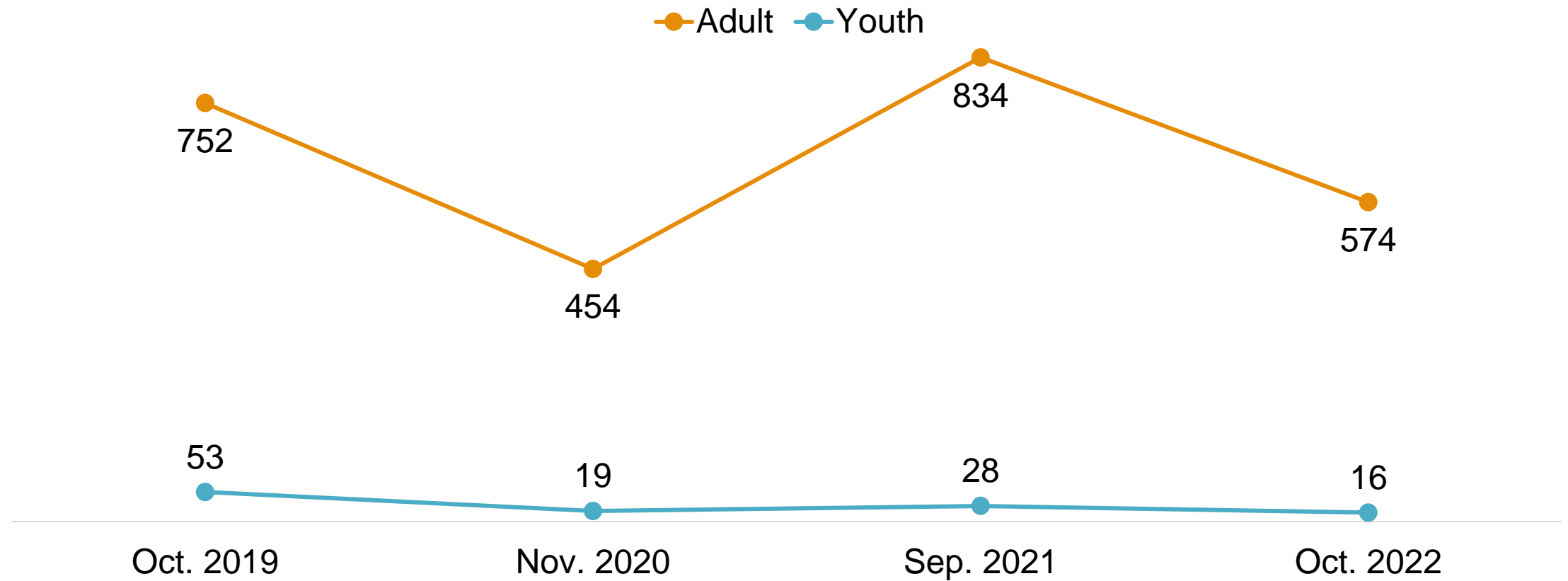
4. Age Range: ☐ 18-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56+

Thank you for taking the time to answer these questions!

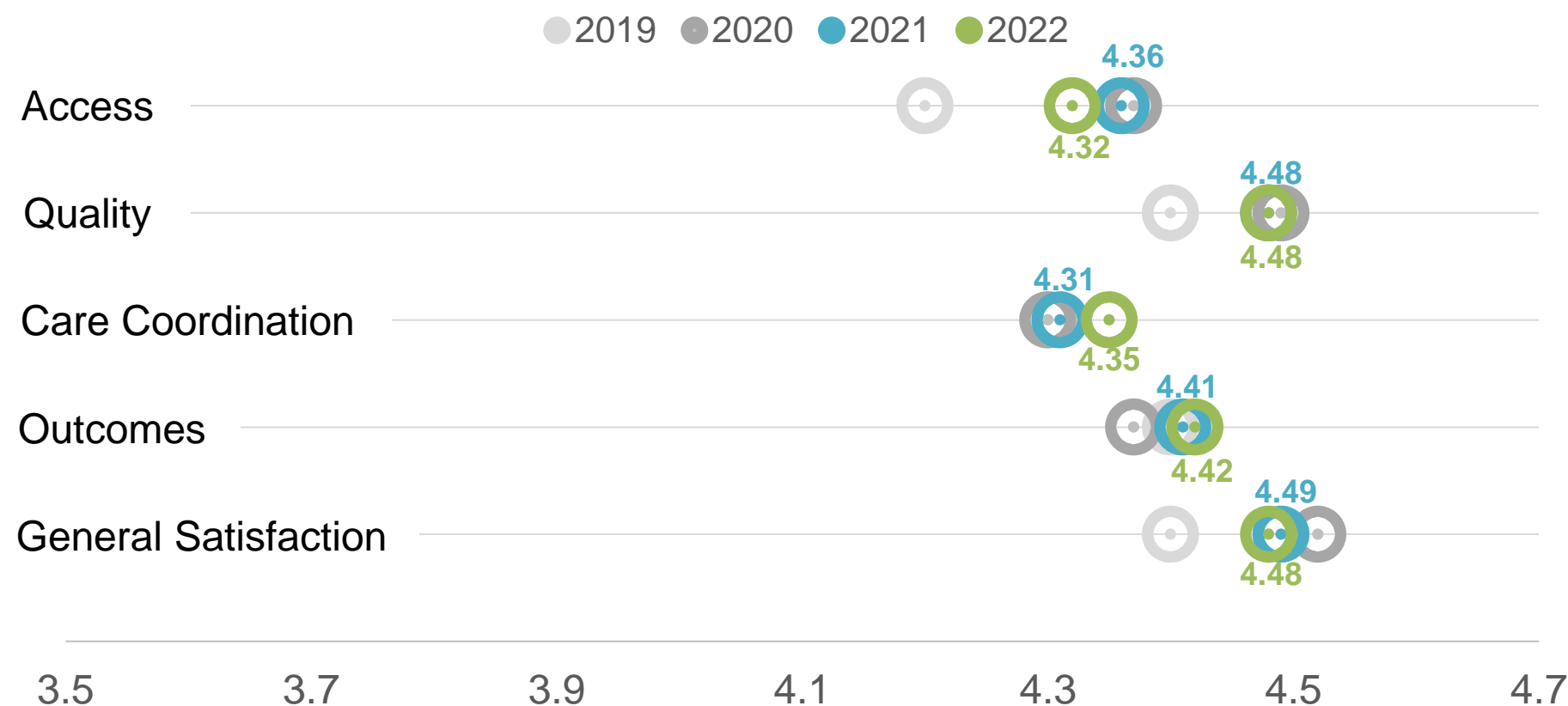
Revised 08/05/18 55484 Treatment Perception Survey (Adult) - English

# Treatment Perception Survey – DMC-ODS

Number of Adults and Youth Surveys Collected  
by Administration Time Point

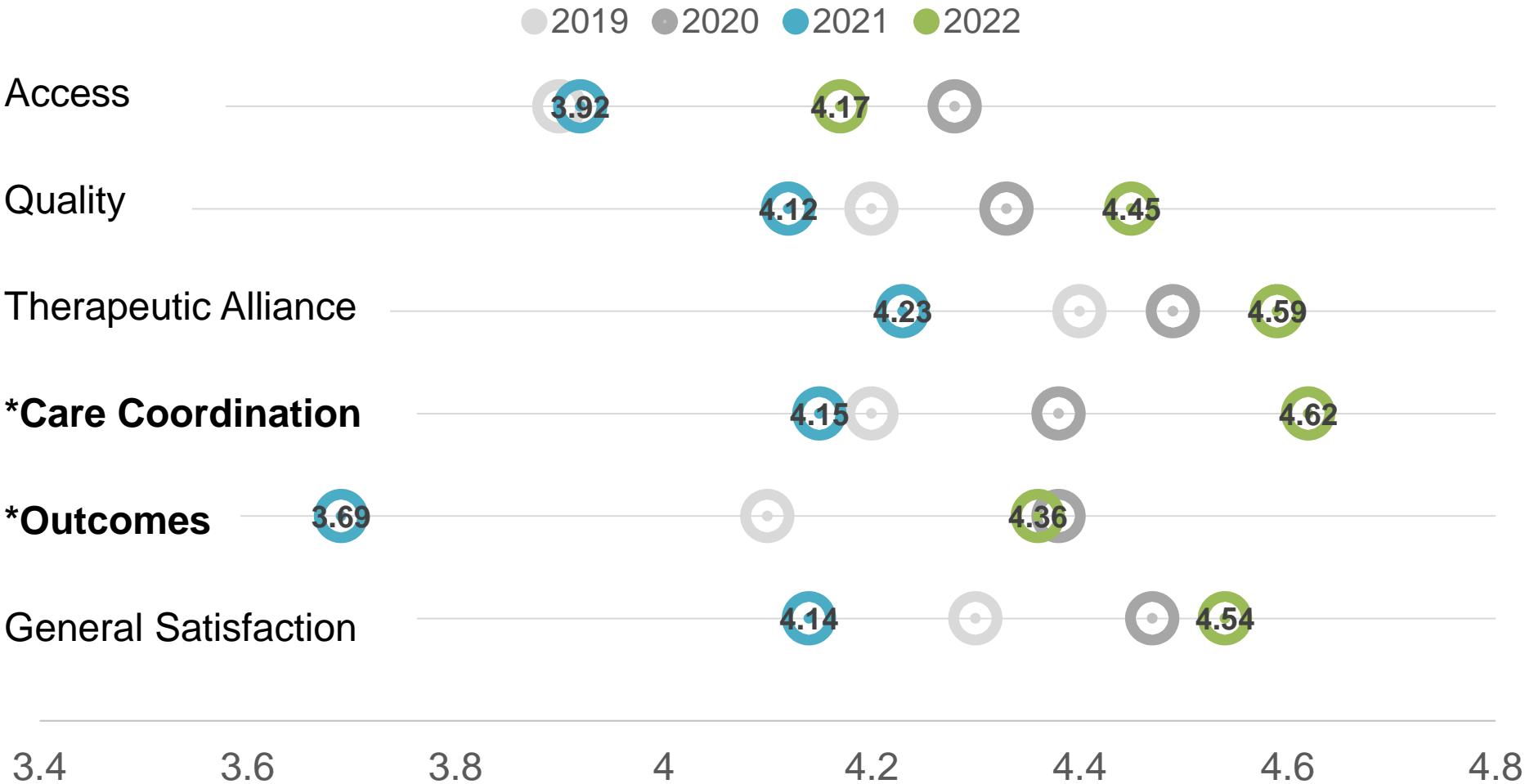


# Adult Average Scores by Year



Slightly higher average ratings in the care coordination and outcomes domains were seen in 2022 compared to 2021. In 2022, average ratings had a small decrease in the access and general satisfaction domains and stayed the same in the quality domain compared to 2021. However, there were no significant differences between the 2021 and 2022 averages within any domain.

# Youth Average Scores by Year



Higher average ratings were observed on all domains in 2022 compared to 2021. There were significant differences between the average ratings in 2022 on the care coordination and outcome domains compared to 2021 average ratings.

# Quality Improvement



Quality Improvement – should be built into all services provided



# MHP EQRO Highlights

FY 2022 – 2023 Report

# MHP System Strengths

1. The MHP has a broad range of crisis services and continues to strengthen this part of its continuum of care.
2. The MHP appears to have sufficient capacity and/or effective processes for providing timely first services.
3. The Mental Health & Recovery Services (MHRS) is in the process of reorganization, which will concentrate subject matter experts to its programs.
4. The Orange County Health Care Agency (OCHCA) has implemented a social media and outreach campaign that raises awareness of mental wellness and available community resources.
5. The MHP has solid billing practices and knowledgeable, well-trained staff.

# MHP Recommendations

1. Improve access to services for established beneficiaries.
2. Provide services at lower levels of care that reduces the proportion of adults that are hospitalized annually.
3. Verify that all navigators have the same and accurate information on MHP services.
4. Focus quality and analytic resources on further evaluating a few areas of services to begin using available data more effectively.
5. Continue the effort to sign contract providers onto the health information exchange (HIE).

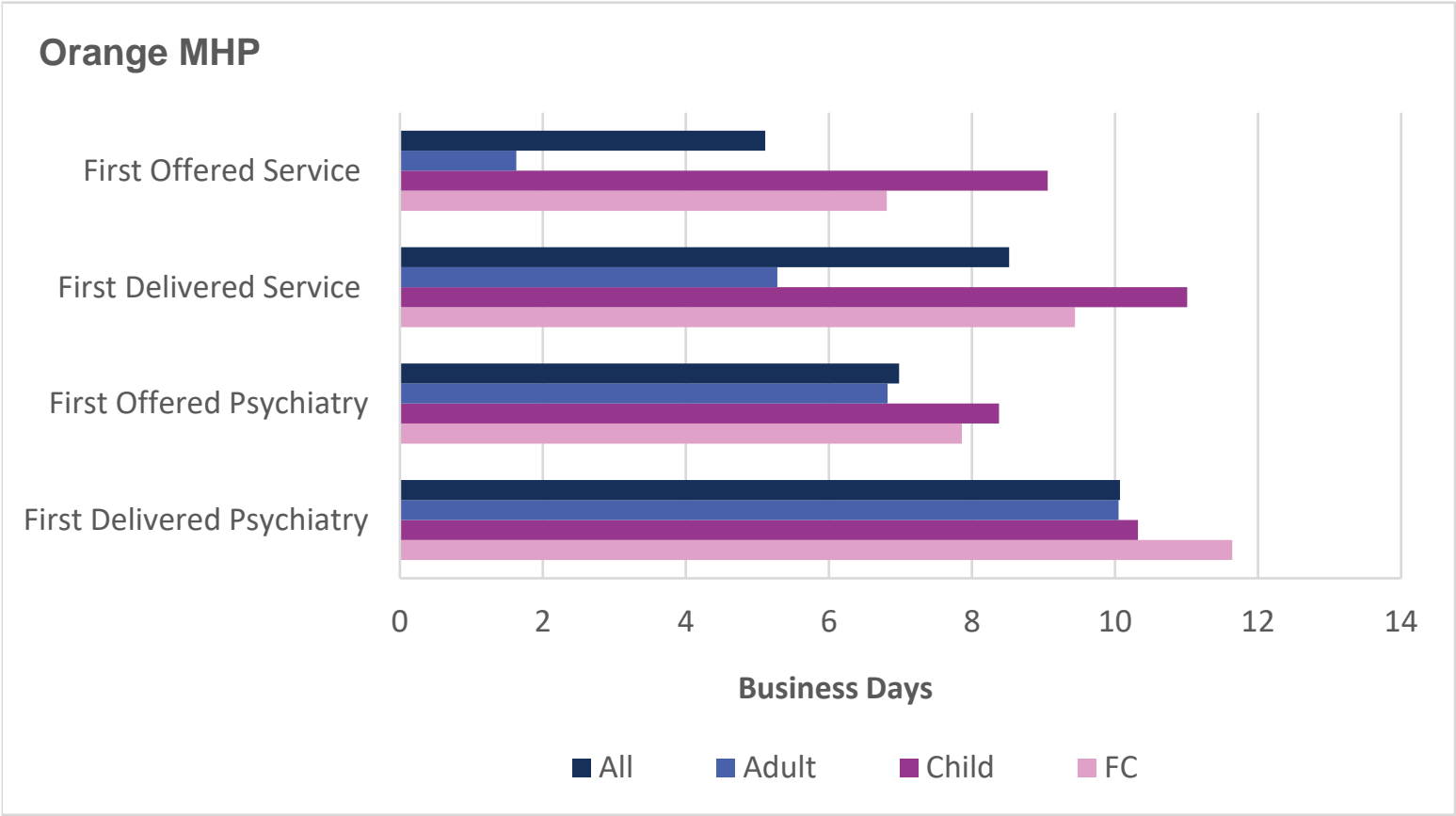


# FY 2021-22 MHP Assessment of Timely Access

Timeliness Measure	Average	Standard	% That Meet Standard
First Non-Urgent Appointment Offered	5.11 Days	10 Business Days*	90.2%
First Non-Urgent Service Rendered	8.52 Days	10 Business Days**	42.5%
First Non-Urgent Psychiatry Appointment Offered	6.98 Days	15 Business Days*	86.9%
First Non-Urgent Psychiatry Service Rendered	10.07 Days	15 Business Days**	53.8%
Urgent Services Offered (including all outpatient services) – Prior Authorization not Required	23.04 Hours	48 Hours*	94.5%
Follow-Up Appointments after Psychiatric Hospitalization	8.26 Days	7 Days**	32.8%
No-Show Rate – Psychiatry	24.47%	15%**	n/a
No-Show Rate – Clinicians	7.43%	10%**	n/a
* DHCS-defined timeliness standards as per BHIN 21-023 and 22-033 ** MHP-defined timeliness standards *** The MHP did not report data for this measure			
For the FY 2022-23 EQR, the MHP reported its performance for the following time period: FY 2021-22			

# Timeliness: First Non-Urgent Appointment

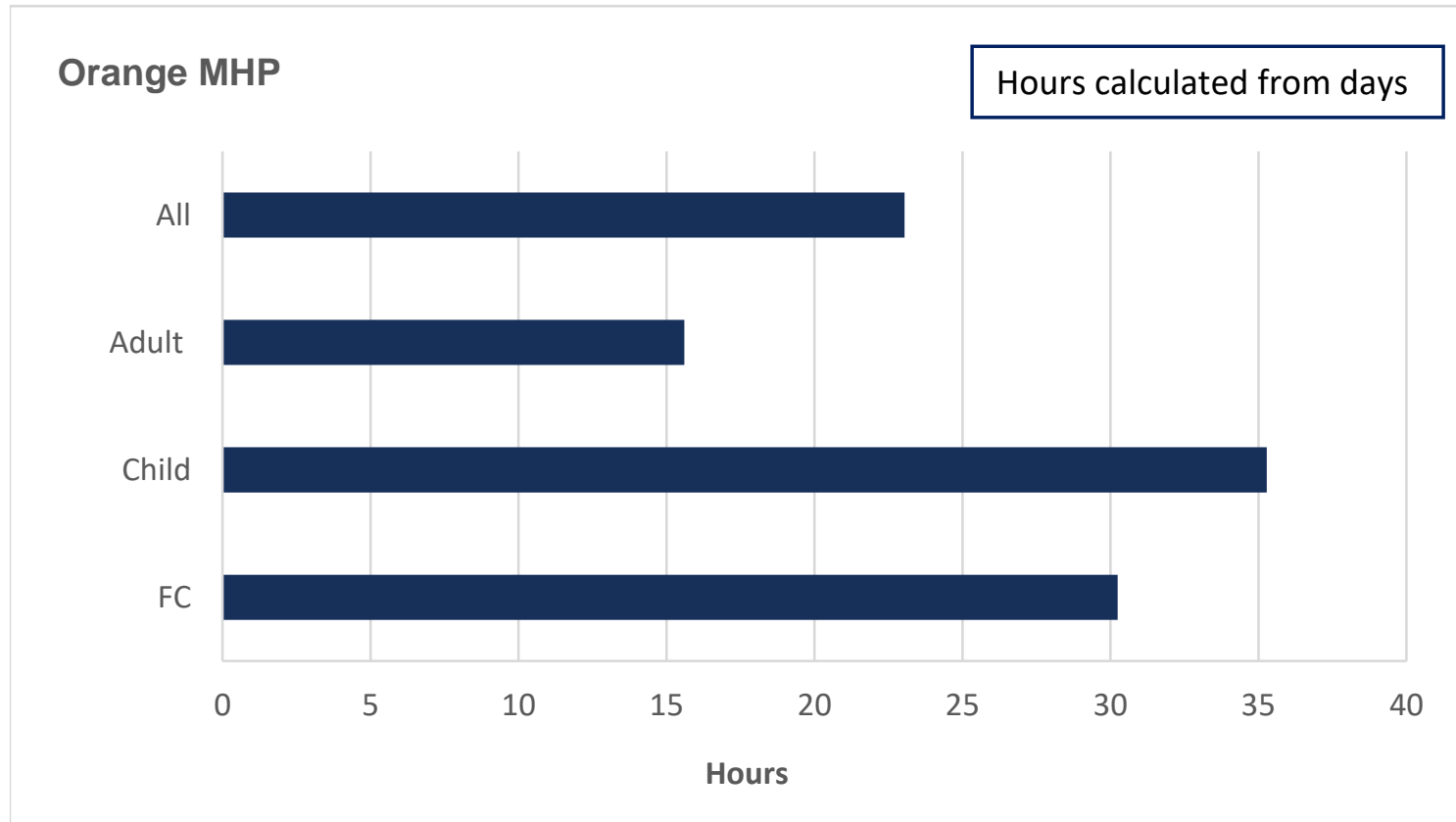
Figure 12: Wait Times to First Service and First Psychiatry Service



**Timeliness standards**  
Routine: 10 business days  
Psychiatry: 15 business days

# Timeliness: Urgent Services

Figure 13: Wait Times for Urgent Services



**Timeliness  
standard: 48 hours**

Urgent appointments:  
includes crisis services  
and those discharging  
from hospital or jail

# Psychiatric Hospitalizations

Figure 18: 7-Day and 30-Day Post Psychiatric Inpatient Follow-up CY 2019-21

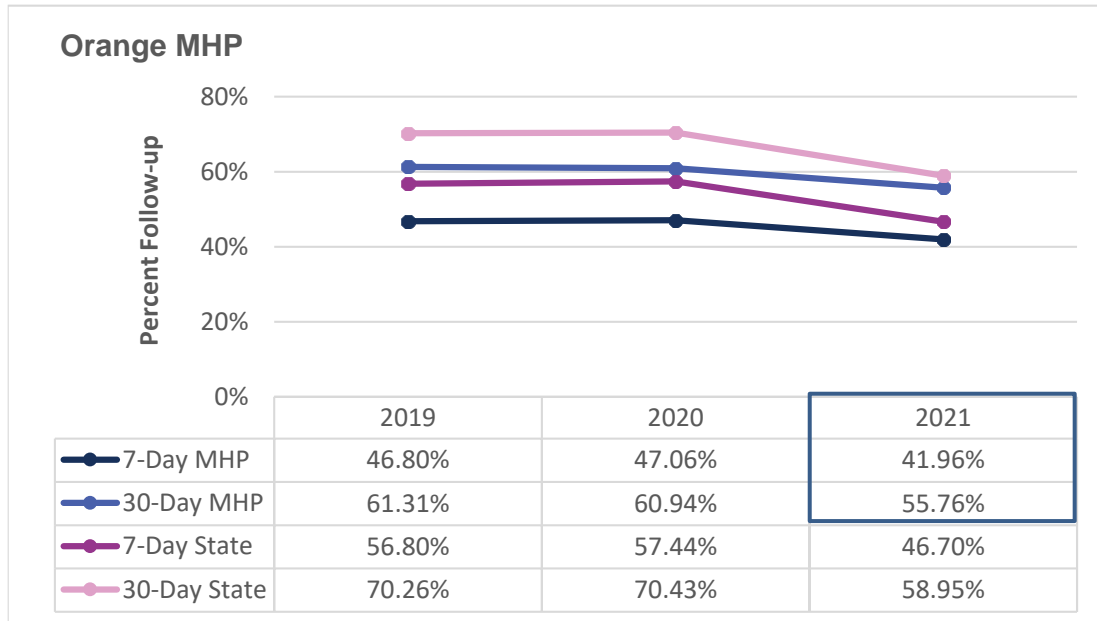
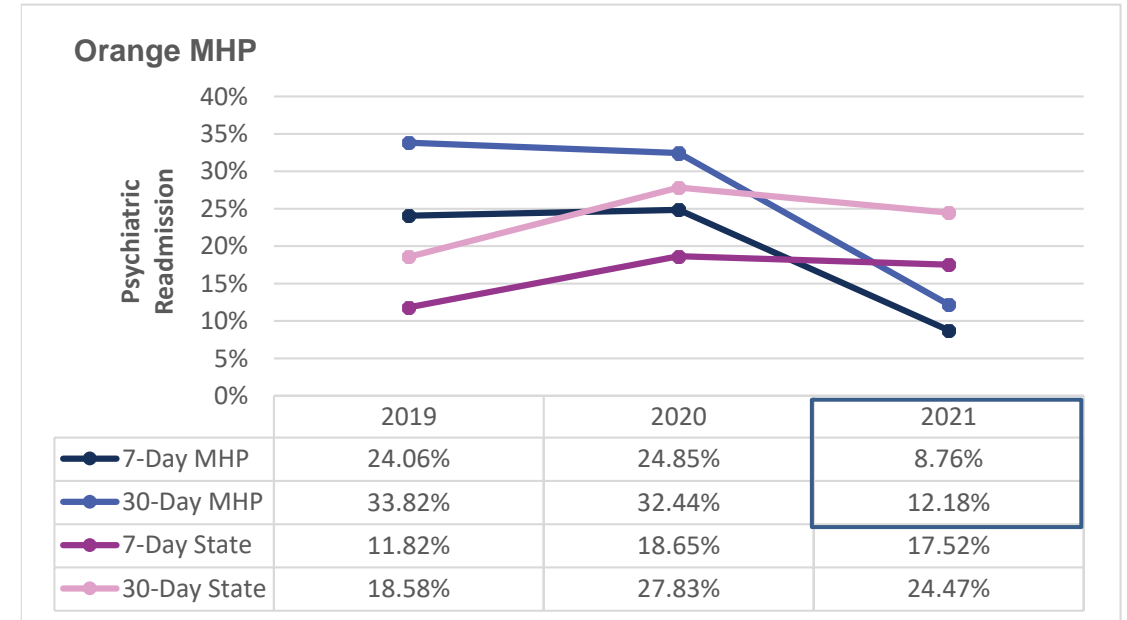


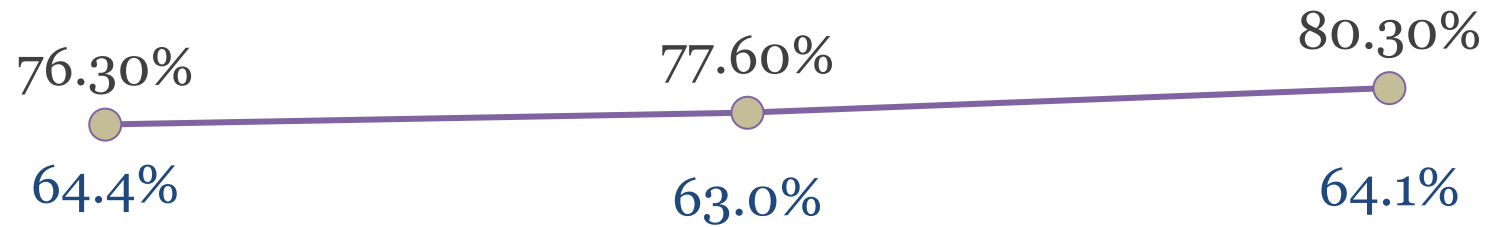
Figure 19: 7-Day and 30-Day Psychiatric Readmission Rates CY 2019-21



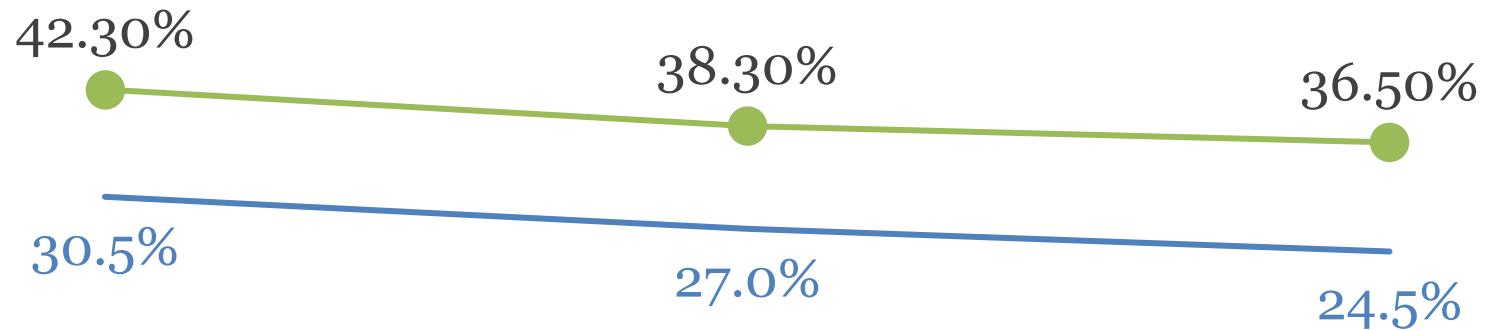
- Both 7- and 30-day follow-up rates after psychiatric discharge declined from CY 2020, and remain lower than the statewide rate.
- Both 7- and 30-day readmission rates have declined sharply between CY 2020 and CY 2021.

# hospitalization follow-ups (year-to-year)

Children  
/Youth



Adults



FY19-20

FY20-21

FY21-22

—Adults 7day

—Childrens 7 day

—Adults 30 day

—Childrens 30 day

## Additional Service Utilization Findings

- Crisis Stabilization and Crisis Intervention utilization were 60 percent and 35 percent higher in the MHP, respectively, than rates seen statewide.
- The MHP has a greater proportion of adult beneficiaries (23 percent) who were hospitalized in CY 2021 than compared to statewide (10 percent).

## Additional Service Utilization Findings

- The MHP's service utilization reflects a high-acuity services, including inpatient and crisis services (i.e., use of inpatient, Crisis Stabilization, etc.) and lower utilization of planned services (e.g., Mental Health Services, Medication Support Services, etc.).
  - It is possible that staffing vacancies throughout the continuum of care may be contributing to this orientation.
  - Consistent provision of services at lower levels of care may help decrease the need for crisis services and hospitalizations. Rightsizing level of care is dependent on the MHP's staffing capacity, which is currently limited.
  - The MHP might consider an analysis of service utilization to help prioritize limited resources.



# Consumer Perception Survey

May 2022 Results



# Consumer Perception Surveys

## CPS Administration:

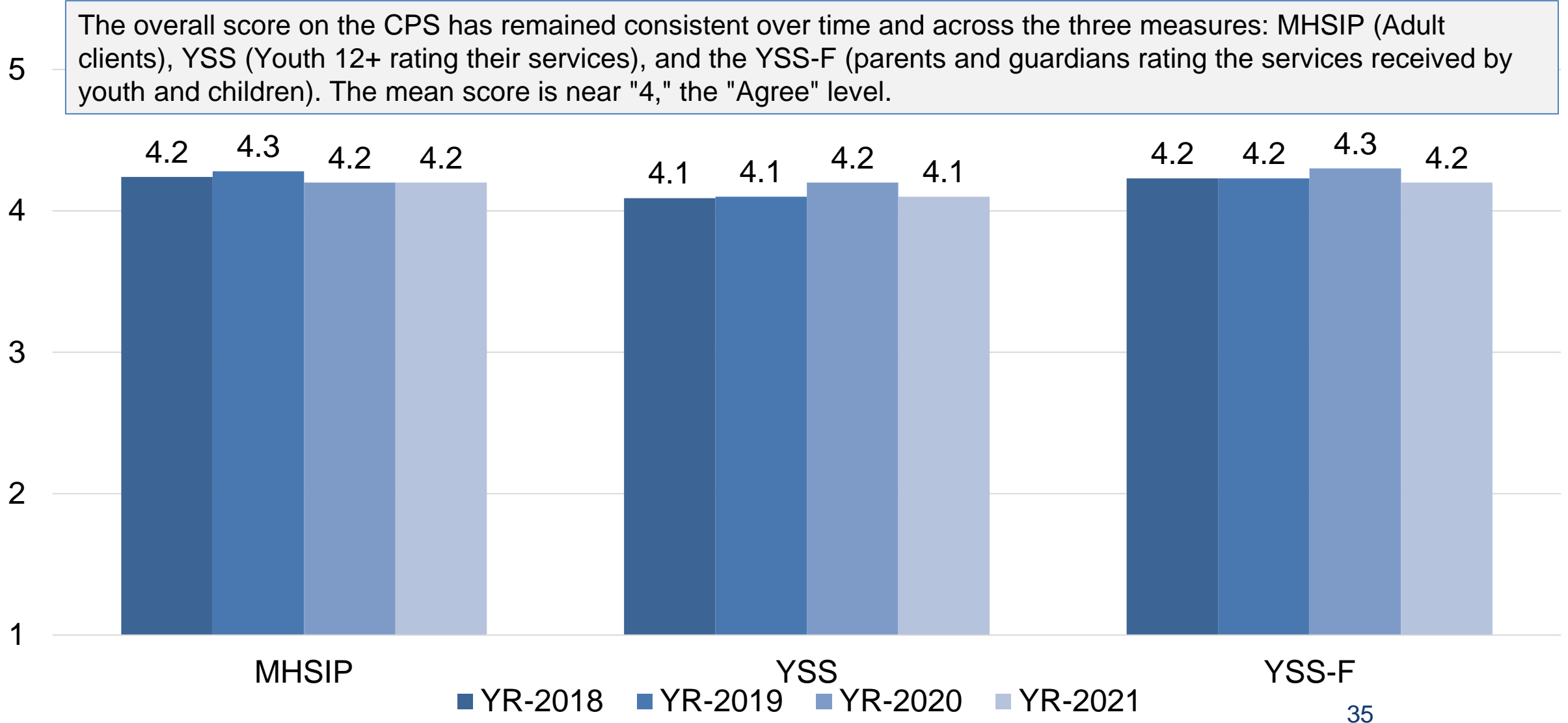
- Standardized survey to assess perceptions on outpatient treatment within the MHP
- Survey has 7 domains that measure service satisfaction and clinical improvement
- Measured on a 5-point scale: 1 (strongly disagree) to 5 (strongly agree), with the option of not applicable.
- Administered each Spring annually)

**Administered:**  
**May 16-20 2022**

## Surveys Received:

**Youth- 905**  
**Family- 995**  
**Adult- 1,083**

# Consumer Perception Surveys: Overall Score, 2018 through 2021



## CPS Adult Results May 2022 – County vs State

	OC	State
Access	4.27	4.28
General Satisfaction	4.36	4.38
Outcome	4.10	3.96
Participation in TX Planning	4.26	4.29
Quality	4.28	4.30
Social Connectedness	4.11	3.97
Functioning	4.11	3.96

1 (strongly disagree) to 5 (strongly agree)

## CPS Youth Results May 2022 – County vs State

	OC	State
Access	4.17	4.20
General Satisfaction	4.19	4.18
Outcome	3.72	3.78
Participation in TX Planning	4.13	4.08
Cultural Appropriateness	4.38	4.37
Social Connectedness	4.01	4.07
Functioning	3.77	3.82

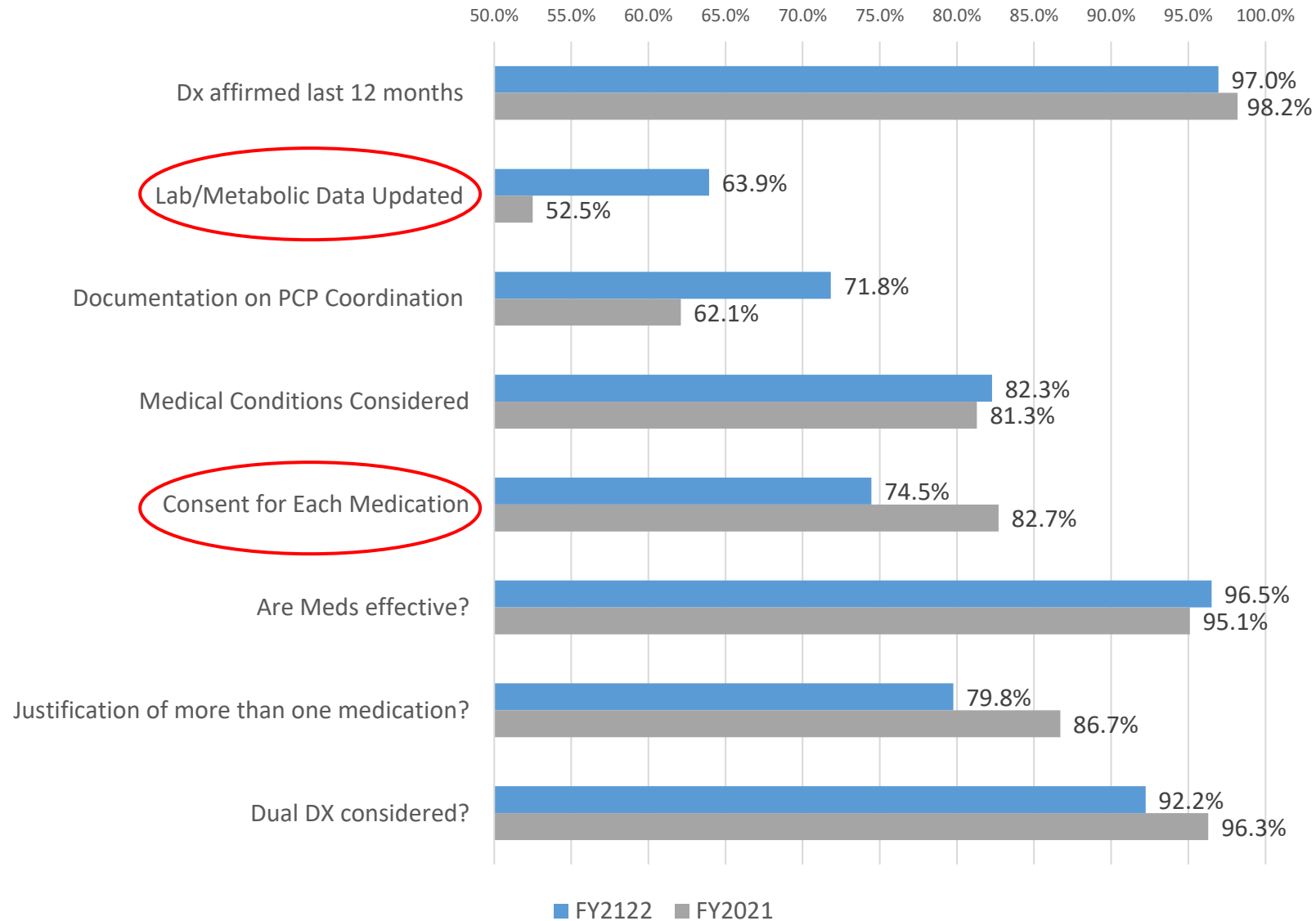
1 (strongly disagree) to 5 (strongly agree)



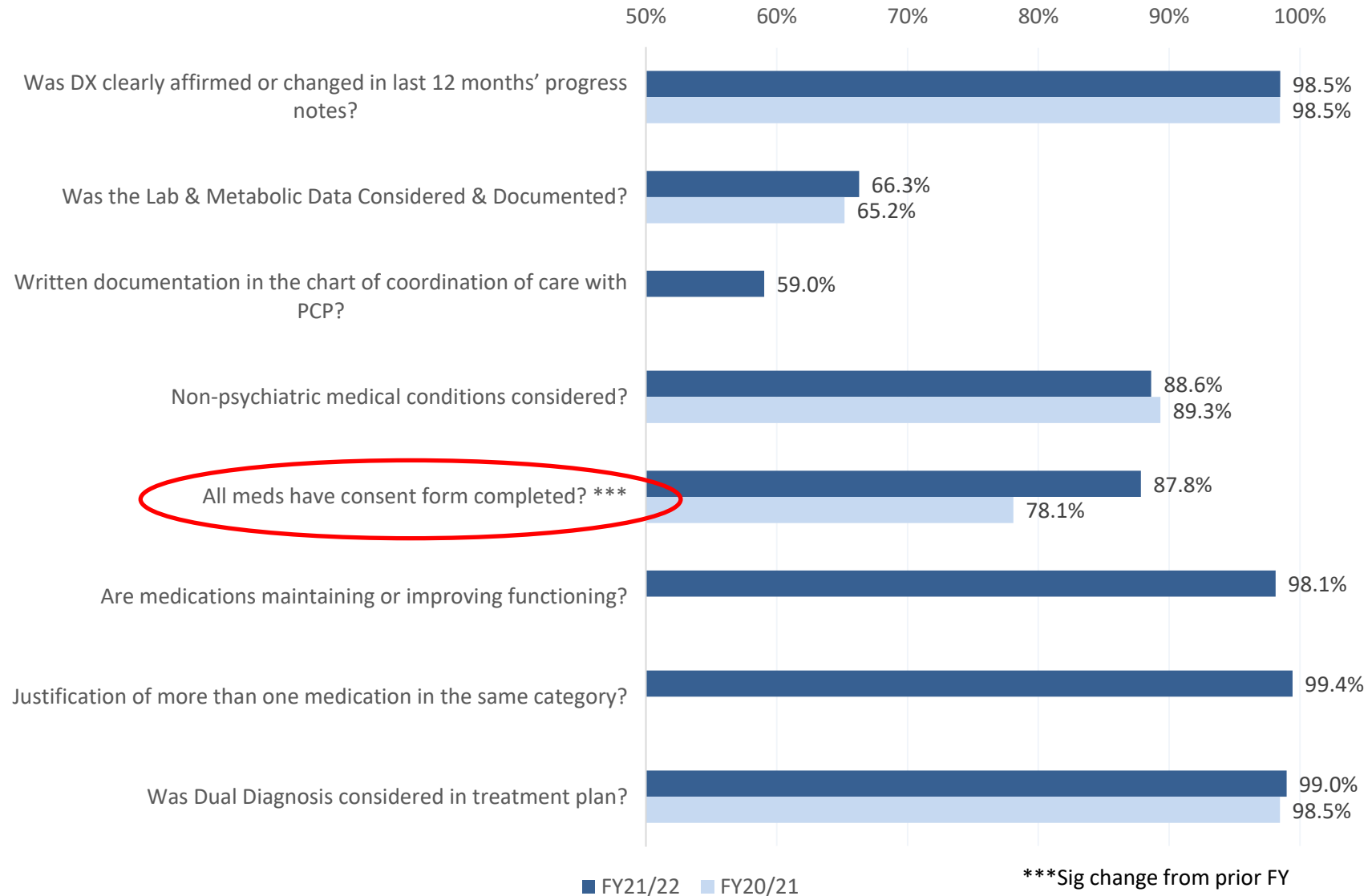
# Medication Monitoring (MHP)

**FY 21/22 results**

# Adults Medication Monitoring, FY20/21 vs FY21/22



# CYP Medication Monitoring, FY20/21 vs FY21/22





# Service Verification

**FY21/22 results**



# Service Verification Survey (QM)

## Service verification surveys

- English
- Spanish
- Vietnamese

Dear \_\_\_\_\_,

You or your child recently received the following service at:

\_\_\_\_\_

We would appreciate your input on how the visit went so that we can continue to improve the services we provide. Please circle your responses in the enclosed survey below and mail it back to our office. If you did not receive the aforementioned service or have any questions regarding the service you received, please call Authority and Quality Improvement Services at (714) 834-5601. Thank you for helping us do a better job serving you.

Kathleen Murray, Director  
Behavioral Health Services Authority and Quality Improvement Services

▼ Tear and Return ▼

**Please circle your response to each question and mail this survey to our office.**

1. Would you recommend this program to friends and family in need of similar help?

1) Definitely no      2) Possibly no      3) Possibly yes      4) Definitely yes

2. During this service, did staff treat you with courtesy and respect?

1) Yes      2) No

3. Overall, I am satisfied with the services listed above.

1) Strongly Disagree      2) Disagree      3) Agree      4) Strongly Agree

Additional Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggestions for Quality Improvement:

\_\_\_\_\_

\_\_\_\_\_

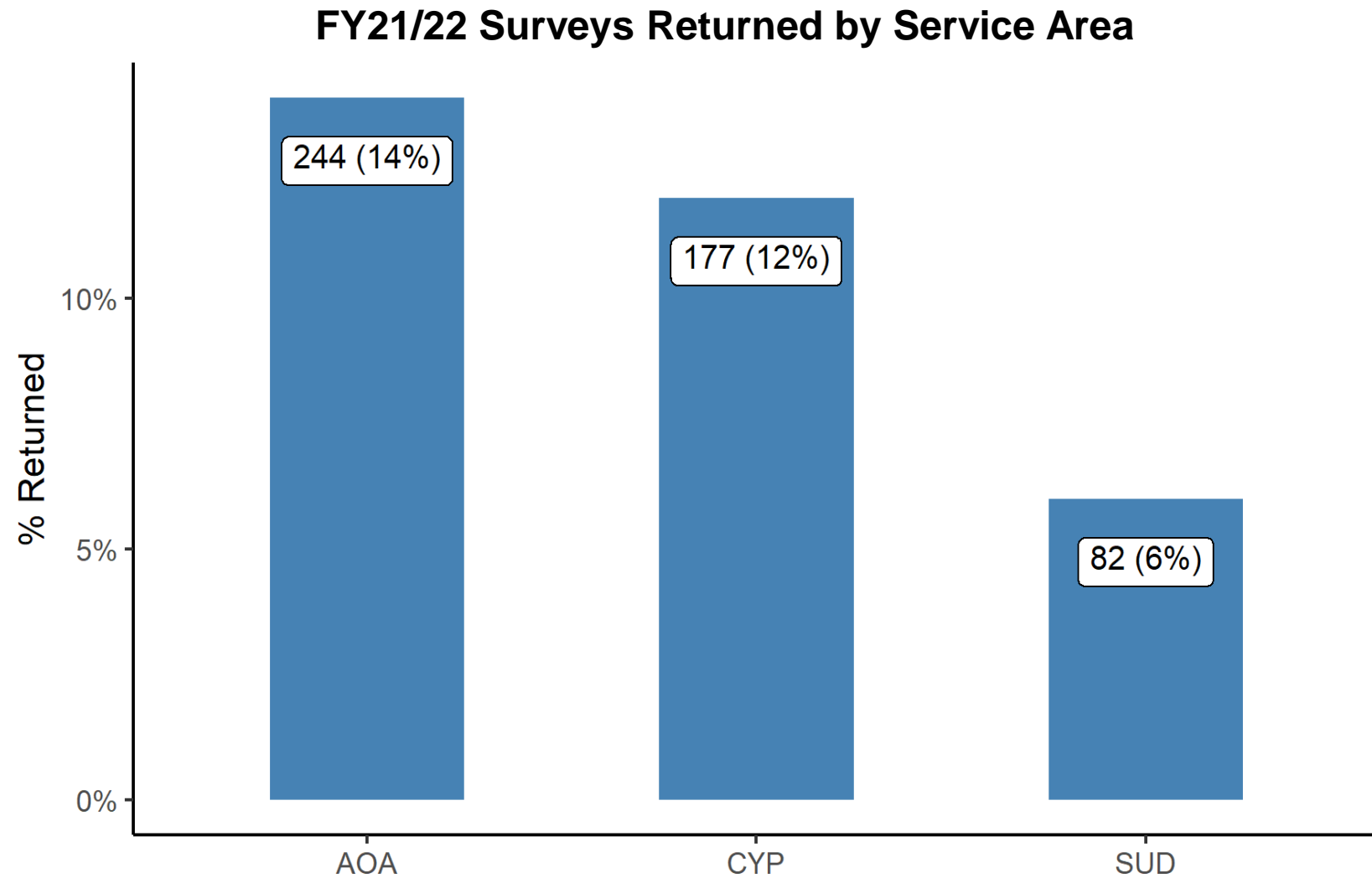
\_\_\_\_\_

Thank you for your participation.

Form# Bus Reply Verification Surveys R4/18-E

© 2018 Bus Reply Verification Surveys R4/18-E

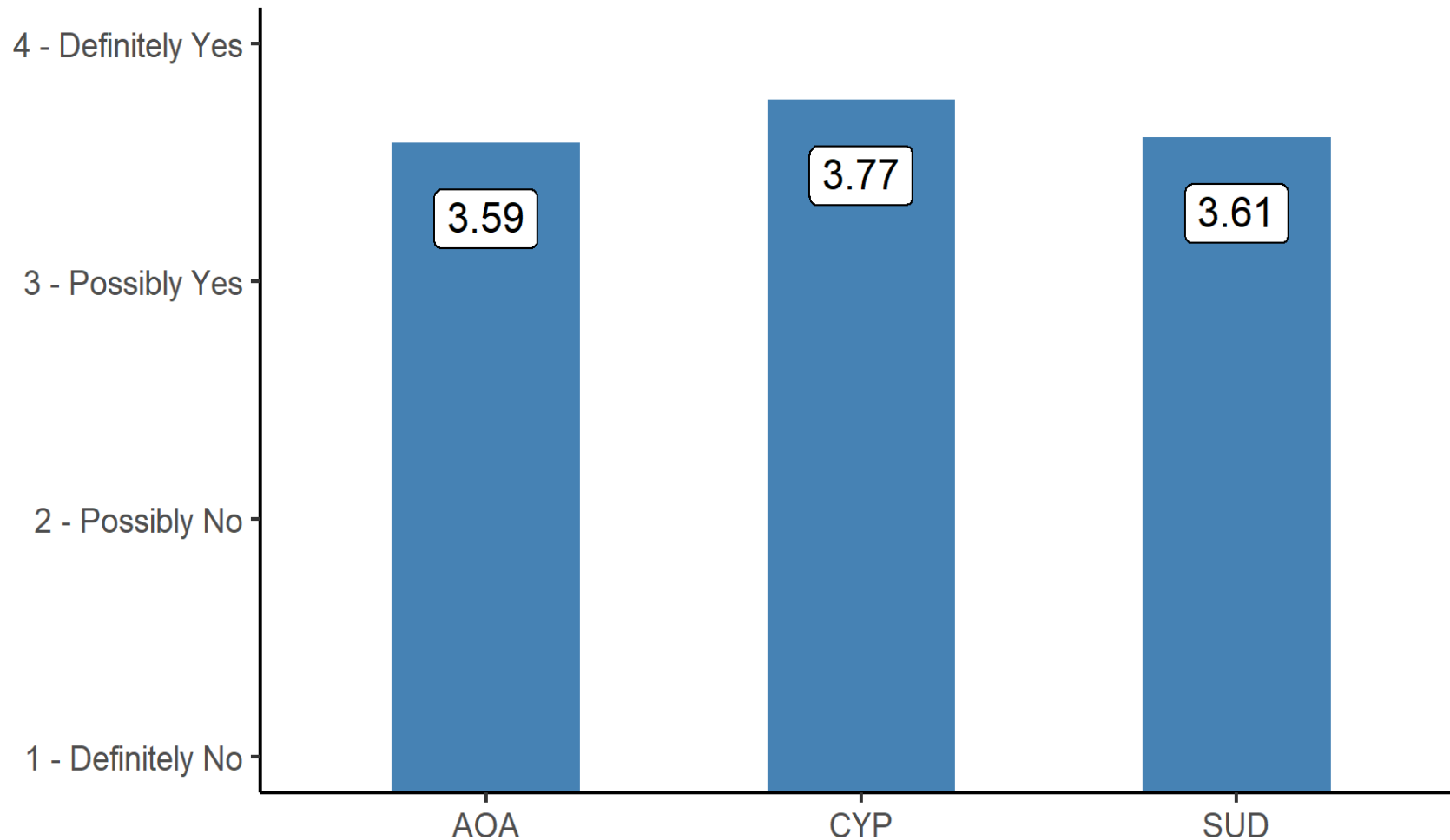
# Service Verification Surveys



# Service Verification Surveys

## FY 21/22 Average Response to Question 1:

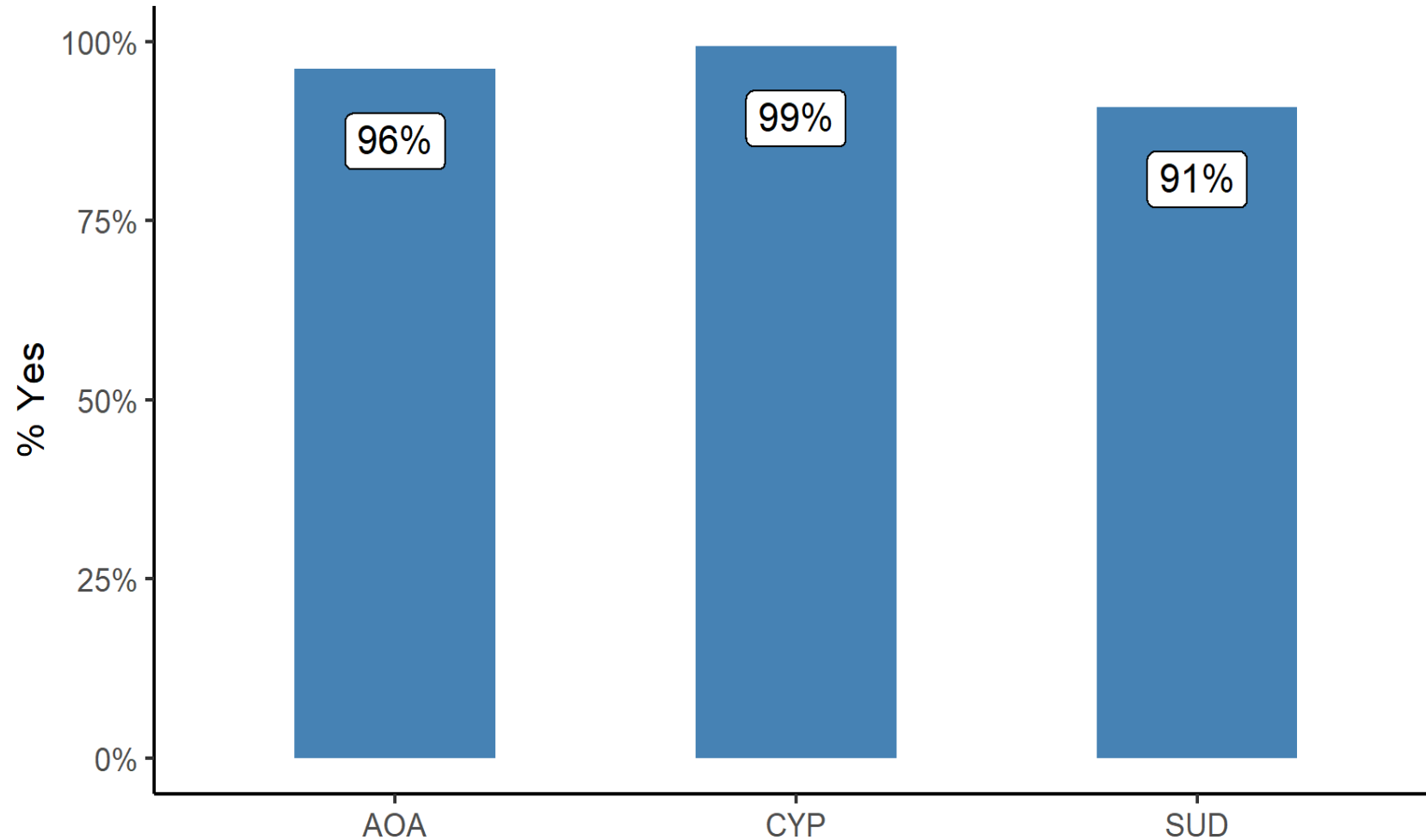
Would you recommend this program to friends and family in need of similar help?



# Service Verification Surveys

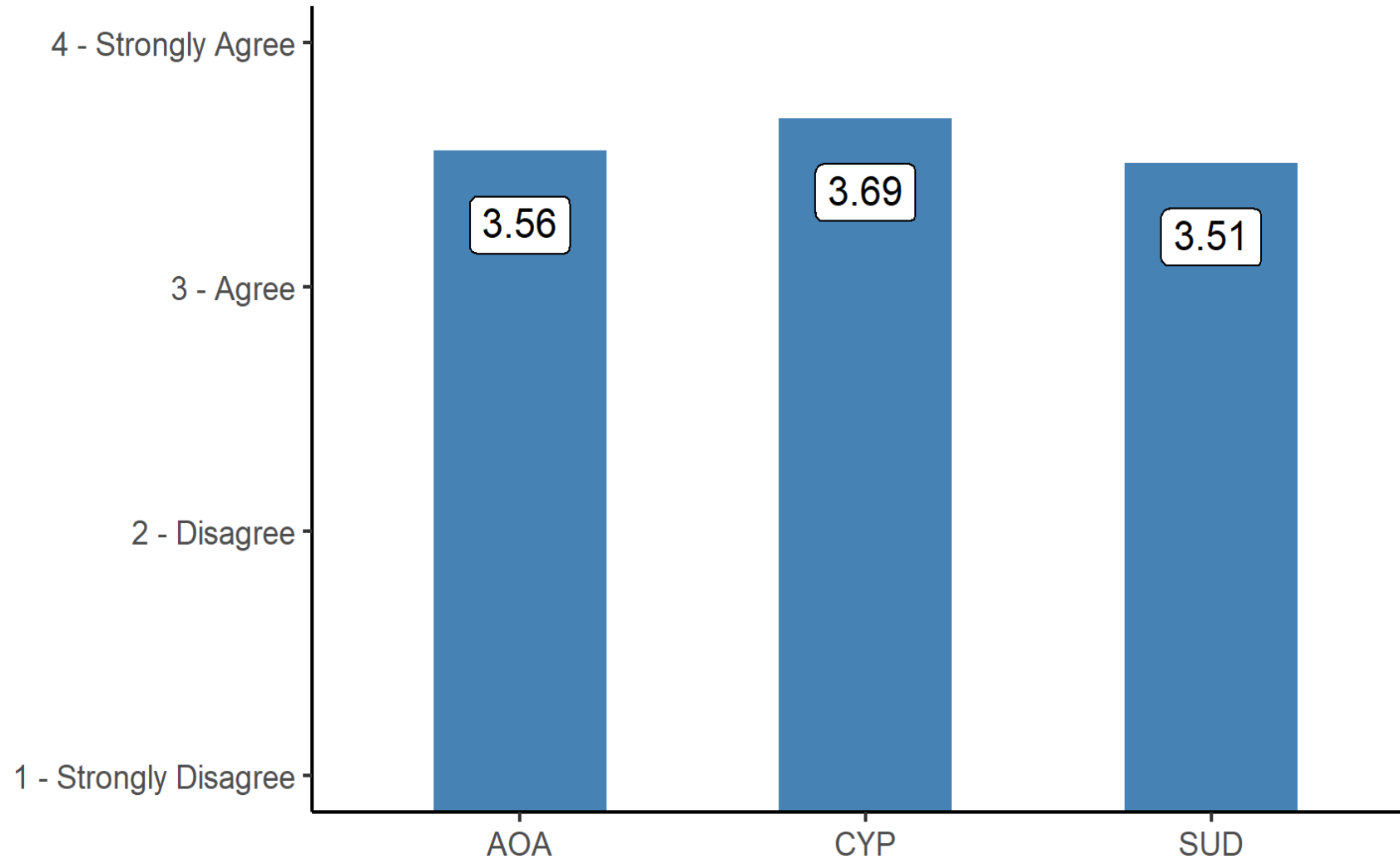
FY 21/22 Percent 'Yes' to Question 2:

During this service, did staff treat you with courtesy and respect?



# Service Verification Surveys

FY 21/22 Average Response to Question 3:  
Overall, I am satisfied with the services listed above.



## Next Steps

- MHRS is working on evaluating the EQRO recommendations to develop appropriate actions
- Re-organization is an important step toward achieving system improvement
- Data Analytics team is growing into a stand alone Research and Evaluation Division to support QI systemwide
- MHRS actively working on network development for both DMC-ODS and MHP
- MHRS actively working on implementing the California Advancing and Innovating Medi-Cal (CalAIM) initiatives

# Questions?





*EQRO Overview and Findings for Orange County*

Azahar Lopez, PsyD, CHC

Interim Director, Quality Management Services

Sandra Okubo, MPH

Senior Research Analyst

Mental Health and Recovery Services

**May 24, 2023**