
**Evaluation of
2020-2021
Quality
Improvement
Work Plan**

Contra Costa
Behavioral
Health Services

Alcohol and Other Drug
Services

As submitted for EQRO
2021-2022



CONTRA COSTA
BEHAVIORAL HEALTH
A Division of Contra Costa Health Services

Evaluation of AODS QI Work Plan, FY 2020-2021: Brief Overview

Area	Number of Goals	Number of Actions	Actions Met	Actions Partially Met	Actions Not Met	Not Available
Service Capacity	1	9	7	1	1	0
Access to Care	3	21	12	3	5	1
Beneficiary Satisfaction	2	11	9	1	0	1
Cultural and Linguistic Competence	1	7	4	1	2	0
Medication Practices	2	8	8	0	0	0
Service Delivery and Clinical Issues	4	22	15	3	4	0
Continuity and Coordination of Care	1	9	6	0	3	0

Goal 1: Monitor service delivery capacity

■ **Objective: Ensure network adequacy for service delivery.**

- ◆ Action: Reduce the number of zip codes requiring alternative action standards.

This action was met. The number of zip codes requiring alternative action standards was reduced from 6 in FY 2019-2020 to 3 in FY 2020-2021.

- ◆ Action: Review network adequacy to prioritize expansion of services to meet clients' needs.

This action was met. AOD regularly reviews network adequacy data to identify service gaps and works to add new providers to ensure the system is meeting time and distance standards.

■ **Objective: Expand services to meet network adequacy standards.**

- ◆ Action: Begin providing NTP services in Concord.

This action was met. AOD has contracted with Harmonic Solutions, which is located in Concord but with a physical address of Walnut Creek. Though AOD has promoted the services and location, there have been minimal referrals and no youth-specific referrals. AOD will continue to promote the services.

- ◆ Action: Secure residential programs for youth.

This action was not met. AOD continues to meet with Bay Area counties, which started back in September 2019, to consider the possibility of utilizing Advent for youth residential treatment. Despite the pandemic, counties were polled to understand the number of beds that could be secured regionally and per county. Advent submitted a Drug Medi-Cal (DMC) application. AOD staff have been communicating regularly with Advent staff to gauge progress. Besides the DMC application, Advent applied for an ASAM designation and license. No response has been received yet from DHCS.

- ◆ Action: Increase availability of 3.5 services in West County.

This action was met. AOD opened the Richmond Health and Wellness Center, and also added 3.3 and 3.5 at Discovery House and Diablo Valley Ranch, all men's facilities. Wollam House, a women's program, became a 3.5 facility as well.

■ **Objective: Increase penetration rates for Latinos.**

- ◆ Action: Provide targeted outreach to Latino communities.

This action was met. AOD hired a Spanish-speaking outreach worker and developed an Outreach Plan, which the outreach worker began implementing in September 2019.

■ **Objective: Expand outreach to the Latino community.**

- ◆ Action: Contract with Latino Commission for enhanced outreach to Latino community.

This action was met.

■ **Objective: Increase services for Spanish-speaking clients.**

- ◆ Action: When hiring freeze is lifted, emphasize increasing Spanish speaking staff by hiring 2 additional staff throughout the SUD System (including CBOs).

This action was met. AOD added 2 FTEs, one at Access and the second counselor is a member of the Transition Team who delivers outpatient services at the Family Justice Center in Concord. Expansion is subjected to growth. AOD also added La Familia, which initiated intense outreach and engagement services in the Monument Corridor and in central Richmond.

- ◆ Action: Provide interim services for monolingual Spanish-speaking clients waiting for services or wanting “low level” care.

This action was partially met. AOD began providing interim services for clients waiting for a lower level of care through a contract with La Familia.

Access to Care

Goal 2: Beneficiaries will have timely access to the services they need

■ **Objective: 90% of clients will be offered routine care services within 10 days of initial request for appointments.**

- ◆ Action: At least 90% of first appointments are offered to clients within 10 business days.

This action was not met. During FY 2020-2021, 70.3% of clients were offered an appointment within 10 business days of their ASAM screen date. As AOD is still greatly impacted by the COVID-19 pandemic and shelter in place order, wait times for appointments increased due to temporarily suspending new intakes, new safety protocols amid COVID-19, and workforce shortages.

■ **Objective: 80% of clients will be offered MAT appointments within 3 days.**

- ◆ Action: Increase the percentage of clients offered a MAT appointment within 3 days from FY 2019-2020 rate of 31.6%.

This action was not met. During FY 2020-2021, the average wait time from referral to completed appointment was 10.1 days, and 22% of clients referred had their appointments completed within 3 days. However, these data were collected through a Choosing Change Referral report that only captures a portion of the MAT treatments offered in the County. Also, these data reflect *completed* appointments instead of *offered* appointments. Lastly, clients referred might be able to receive MAT with prescription refill before having to attend another initial appointment.

■ **Objective: 100% of clients will be offered urgent appointments (WM) within 2 days from initial request.**

- ◆ Action: Start tracking urgent appointments (WM) that are offered within 2 business days of request.

The action was met. On February 2021, AOD met with Withdrawal Management sites and provided a tracking log template; all programs started using this template for the tracking of all potential clients contacting the program for urgent appointment needs. These tracking logs include date of call, client information, bed availability, date for admission/discharge, and follow-up notes. These logs were sent to AOD every 2 weeks. During FY 2020-2021, there were 503 urgent requests and 74% were offered an appointment within 2 calendar days. Of the 503 requests, 355 were made when the facility had beds available, and 48.4% of these clients successfully entered a program. An additional 25.9% of clients were offered an appointment but no showed. For the clients who successfully entered the program, 94% of them enrolled in the program within 2 calendar days.

■ ***Objective: 80% of clients will be offered appointments within 7 days of residential discharge.***

- ◆ Action: Improve the percentage of discharged clients offered an appointment within 7 days.

The action was not met. During FY 2020-2021, 14.4% of clients discharged from residential treatment were enrolled in a lower LOC and received at least 1 service within 7 days of discharge compared to 17.1% in FY 2019-2020.

■ ***Objective: Enhance continuity of care for clients transitioning from residential treatment.***

- ◆ Action: Residential providers hold care coordination meetings every other week.

This action was met. Care coordination meetings with residential providers take place every other Monday via virtual platform or by phone if necessary. All nine (9) SUD Residential providers participate in the Care Coordination meetings and the focus remains on addressing elements while a client is in residential treatment to support a successful transition to an outpatient level of care.

- ◆ Action: Expand recovery services and CM and work with DHCS to optimize billing options particularly for CM.

This action was met. Billable Case Management services have increased by 21.66% in FY 2020-2021 as compared with last fiscal year. Recovery Support services are still limited but growing, and AOD expects to see a significant increase in those specific services in the next fiscal year.

- ◆ Action: Continue efforts to add Oxford Housing and recovery housing.

This action was met. During FY 2020-2021, AOD added 2 houses. Unfortunately, the goal to expand into West County was not met due to the high cost of property in that region. AOD will continue to pursue at least one house in West County.

■ ***Objective: Create more accessibility to Withdrawal Management by reducing readmissions within 30 days.***

- ◆ Action: Develop standardized data collection tool to track WM readmissions.
- ◆ Action: Track and Trend Data on Readmissions to WM.

These actions were met. Health Services Business Intelligence created a report, *SCR4987 Follow-Up and Readmissions for Residential Withdrawal Management*, to better track readmissions. In FY 2020-2021, there were 447 discharges from WM, and 8.3% of clients were readmitted within 30 days.

- ◆ Action: Analyze readmission data to identify new interventions for clients with more than one readmission.

This action was met. Readmission data continue to be discussed at both the Management Team meetings and the Data Quality Workgroup meetings. The Data Quality Workgroup meets monthly, and Management Team meetings are weekly. During these meetings, an assortment of data are discussed and corresponding interventions are designed. Coordination of Care meetings continue to occur at least monthly to discuss areas of improvement and monitoring movement into various levels of care.

- ◆ Action: Work with Withdrawal Management to increase referrals by 20% to another level of care within 2 days of completion of 3.2WM.

This action was partially met. Although there was an increase in referrals to another LOC, it was not a 20% increase. In FY 2020-2021, the increase was 11.2%. The overall number that were referred to another level of care within two days was 207/455 or 45.49% of WM discharges.

In FY 2018-2019, 250/757 (33.0%) of clients discharged from WM were enrolled in 3.1, 2.1, or 1.0 services within 2 days of their WM discharge. In FY 2019-2020, this increased by 23.9% to 282/689 (40.9%) of WM discharges enrolled into a lower LOC within 2 days.

- ◆ Action: Increase services provided in WM to reduce readmissions.

This action was met. With the assistance of residential providers in only sending clients that were diagnosed as needing WM services, WM providers have begun offering increased treatment services to clients in WM settings. WM providers are now meeting with clients and preparing discharge plans that include continuing steps and referrals for continuing treatment services. All WM clients are also assessed for diagnosis and further treatment prior to discharge.

Goal 3: Improve the Behavioral Health Access Line triaging and referral processes into the AODS system of care

■ Objective: Reduce the percentage of calls answered by clerks.

- ◆ Action: No more than 40% of calls answered by clerks.

This action was partially met. For FY 2020-2021, clerks answered 48% of the calls. While this is an improvement over last year, and preceding years, AOD did not fully meet our goal of no more than 40% of calls answered by clerks. For FY 2019-2020, 58.6% of calls were answered by a clerk, and in FY 2018-2019, 59.1% of calls were answered by a clerk.

- ◆ Action: Hire bilingual Spirit counselor to reduce need for clerk to answer calls.

This action was met. AOD was able to create and hire an SUD Counselor Trainee position at the Access Line. This position was flagged as bilingual. Although the employee was not a Spirit graduate, the creation of this position has opened future opportunities for Spirit Program participants.

- **Objective: Ensure access to care 24 hours per day, 7 days per week.**

- ◆ Action: Secure Access Line coverage for nights and weekends.

This action was met. The OPTUM contract to cover services for nights and weekends was signed by San Mateo Board of Supervisors, and the MOU was signed by all counties.

- **Objective: Access Line test call results made for both daytime and after hours will have an 80% success rate.**

- ◆ Action: On a quarterly basis, conduct 10 test calls, 6 (including 2 in Spanish) during business hours and 4 (including 2 in Spanish) after hours.

This action was not met. This action was delayed due to the COVID-19 pandemic. DHCS did not report any test call results either. This action will be continued, and test calls will be made when possible.

- **Objective: At least 75% of SUD Access Line referrals are assigned into the correct level of care.**

- ◆ Action: At least 75% of SUD referrals are assigned the correct ASAM level.

This action was met. 90.1% of Access line referrals were screened into the correct level of care. For the 102 referrals where the indicated and referred levels of care did not match, 70.5% detailed the reason for the difference as "Patient Preference." The next most common reasons were "Clinical Judgement" (14.7%) and "Level of care not available" (12.7%)."

- **Objective: Access Line call abandonment rate is under 3%.**

- ◆ Action: Reduce the percentage of calls that are abandoned.

This action was not met. The abandonment rate rose to 18% during FY 2020-2021. Longer wait times for callers and high percentages of calls answered by clerks were a problem. The longer wait times were also caused by COVID issues that were necessary to discuss with each client. Longer explanations of services, especially telehealth, caused longer time on the call and also caused additional call backs. These factors led to an increase in the abandoned call rate. For FY 2019-2020, the abandonment rate was 9.4% and 6.2% for FY 2018-2019.

Goal 4: Reduce appointment no show rates

- **Objective: Improve data quality for appointment adherence.**

- ◆ Action: Refine reporting on appointment adherence.

This action was partially met. CCHS Business Intelligence Unit, Behavior Health Research and Evaluation Unit, and AOD worked together on the new report to improve data quality for appointment adherence; *AOD Access to Care and Outcomes (BHS4989)* was officially published during FY 2020-2021. The plan to roll out a new reporting process for programs is being postponed due to staff turnover and the COVID-19 pandemic.

■ **Objective: Reduce rate of missed initial intake appointments (25% Mental Health, 15% AOD)**

- ◆ Action: No show rates for missed appointments are no more than 15%.

This action is pending. Data quality issues for FY 2020-2021 are currently being examined. It is anticipated that final no show rates will be available by the end of August/early September.

- ◆ Action: SUD Transition Team reach out to clients by phone calls in advance of appointments to foster engagement.

This action was met. The Transition Team continues to contact clients who screen as needing SUD services through the Access Line. These are clients who could not schedule a timely intake appointment within 3 days. Once a Transition Team counselor makes contact, they assess the clients' needs and barriers to treatment, such as anxiety, COVID 19 testing requirements, and vaccination needs, and schedule transportation so clients can address barriers to treatment. Transition Team counselors also took the lead role in placement of clients into quarantine hotels. Once a Transition Team member engages a client, the client is placed in an early recovery group, and Transition Team counselors continue to provide case management services to connect clients with services outside of SUD treatment (such as housing, food banks, and dental/mental health services) as well as brief counseling, groups, and motivational interviewing to maintain clients' engagement in the recovery process.

Beneficiary Satisfaction

Goal 5: Evaluate client grievances, unusual occurrence notifications, and change of provider and appeal requests

■ **Objective: Review and respond to 100% of grievances and appeal requests within the policy guidelines and state regulations to identify system improvement issues.**

- ◆ Action: Collect and analyze Behavioral Health Services grievances and appeals requests to examine patterns that may inform the need for changes in policy or programming.

This action was met. QI/QA has been collecting and analyzing all submitted grievances and appeals.

- ◆ Action: Collect and analyze State Fair Hearing requests.

There were no State Fair Hearing request in FY 2020-2021.

- ◆ Action: Track and respond to 100% of requests for change of provider.

This action was partially met. AOD responds to all change of provider requests. AOD will develop a process to systematically track all of these requests in FY 2021-2022.

- ◆ Action: Compare grievances and appeals received from last FY to this FY.

This action was met. QI/QA tracks the number of all grievances (FY19-20:11; FY20-21:8), appeals (FY19-20:0; FY20-21: 0), and UONs (FY19-20:5; FY20-21:1).

- ◆ Action: Respond to 100% of grievances, appeals, and expedited appeals within the Final Rule timelines.

This action was met. QI/QA responds to 100% of grievances, appeals and expedited appeals within established timelines.

- ◆ Action: Present findings to QIC on a quarterly basis to identify strategies to improve reporting and address issues.

This action was met. QI/QA reports on grievances and appeals to the Quality Improvement Committee (QIC) on a quarterly basis.

- **Objective: Review 100% of unusual occurrences to identify trends.**

- ◆ Action: Collect and analyze trends in unusual occurrences.

This action was met: All UONs received by QI/QA are reviewed for possible trends.

- ◆ Action: Report on unusual occurrences quarterly to the QIC.

This action was met. QI/QA reports all UONs received on a quarterly basis to the QIC.

Goal 6: Monitor client/family satisfaction

- **Objective: All survey means 4.0 or higher (indicating clients and/or their families are satisfied with their care).**

- ◆ Action: Conduct annual Treatment Perception Survey to gather quantitative and qualitative data about satisfaction with services.

This action was met. The TPS survey was completed virtually this year, somewhat complicating taking the survey. While the number of respondents was lower than before the pandemic, there was still an acceptable sampling of clients from throughout the system.

- ◆ Action: Report satisfaction survey findings to contracted providers.

This action was met. Results were distributed to each facility on 3/12/21. Results of the survey were discussed at the System of Care meeting on 3/11/21 and also at smaller workgroups like the Data Management Workgroup.

- **Objectives:** Obtain feedback from clients about satisfaction with services.

- ◆ Action: Administer client survey.

This action was met. In addition to the feedback obtained from the Treatment Perception Survey (TPS), AOD also conducted a separate COVID-19 survey, which contained components on client satisfaction.

Cultural and Linguistic Competence

Goal 7: Provide all clients with welcoming, engaging, and culturally- and linguistically-appropriate client-centered care

- **Objective: All services are delivered in a culturally responsive manner.**

- ◆ Action: Update the Cultural Humility Plan, incorporating DHCS cultural competency plan requirements.

This action was met. In 2019-2020, Contra Costa Behavioral Health Services (CCBHS) completed a full reorganization of the Cultural Humility Plan to include data from the Alcohol and Other Drugs Services (AODS) system of care as well as the Mental Health system of care to better integrate and improve adherence to the required criteria. The most recent plan is available for review on the website and includes information for both Mental Health and AODS and can be found at: <https://cchealth.org/bhs/pdf/Cultural-Humility-Plan2023.pdf>

- **Objective: 100% of clients are served in their preferred language.**

- ◆ Action: Monitor accessibility of Access Line services to non-English speakers.

This action was met. CCBHS continues to monitor language line usage at the Access Line by non-English speakers. Data are reported in the EQRO submission. During this past year, many providers struggled with limited staffing due to the COVID pandemic. This caused some difficulty for non-English speakers to access language line services. A solution was worked out with the County-operated clinics, which have access to a more robust language line, to help with treatment for non-English speakers, resulting in little disruption in services.

- ◆ Action: All staff trained in how to use the Language Line.

This action was met. AOD has trained all existing staff in the use of the Language Line and trains all new hires.

- ◆ Action: All materials are translated into threshold languages.

This action was partially met. This is a continuing effort. To this end, curricula, brochures and flyers were developed in the threshold language. In addition, this year AOD assisted a provider with translating material for a Rapid Improvement Quality project so that Spanish-speaking clients could participate.

- **Objective: 100% of staff complete a cultural humility training.**

- ◆ Action: At least 75% of staff complete cultural humility training.

This action was not met. CCBHS uses the Relias Learning Management System to monitor staff completions of cultural humility training. About 32% of AOD staff and contracted providers completed the cultural humility training during FY 2020-2021. CCBHS is aware of the need to better monitor training completion for County staff and contracted providers and has since incorporated changes to better monitor timely completion. Part of corrective steps taken are quarterly staff/supervisor reminder reports and emails sent to any Relias user and their supervisor notifying of any overdue and soon to be due training in Relias.

■ **Objective: 100% of staff complete a cultural humility training annually.**

- ◆ Action: At least 75% of staff complete cultural competency training in recommended timeframe of one year.

This action was not met. CCBHS started to monitor staff percentages of those who complete cultural humility training within a year of the last time they completed the course. However, the objective and action were not met. Only 17% of enrolled AOD staff and contracted providers completed the course within 365 days of the last time they took the course.

■ **Objective: Expand services delivered in Spanish.**

- ◆ Action: Plan implementation of a Spanish-speaking recovery group for early recovery and relapse prevention.

This action was met. A Spanish-speaking recovery group has begun and is called Nuevos Comienzos. The group is delivered at the Family Justice Center. All Spanish-speaking clients who complete services at Pueblos del Sol step down to Nuevos Comienzos.

Medication Practices

Goal 8: Promote safe and effective medication practices

■ **Objective: Revise Disaster Medication Plan to address challenges posed by COVID-19.**

- ◆ Action: Implement Disaster Medication Plan during COVID-19 pandemic.

This action was met. Due to the COVID-19 outbreak, the plan was implemented to address the needs of clients sheltering in place. During the pandemic, the BH Pharmacist met with the AOD Chief daily to provide updates on access to medication and attended biweekly meetings with the Branch Operations Center staff and Behavioral Health Chiefs to coordinate medication needs. All County AOD residential staff know where they can refer clients to access medication during COVID-19 and other disasters. A new pharmacy contract was secured to deliver medications to clients sheltering at home, hotels/motels, and alternative care sites.

■ **Objective: Ensure all providers have an emergency medication plan.**

- ◆ Action: All SUD providers have a safety emergency plan in place.

This action was met. All SUD providers including Driving Under the Influence (DUI) programs have a safety plan in place. The plans are saved in Administration in case of emergency. The plans include a section on medications. AOD intends to update the plans in 3-year cycles.

■ ***Objective: Ensure medication adherence for opioid use disorders and prevent diversion of medications.***

- ◆ Action: Establish contract with local pharmacy to store and deliver Sublocade for administration at BHS clinics.

This action was met. The BH Pharmacist arranged a contract with a local pharmacy to store Sublocade for Contra Costa County and deliver the medication to Behavioral Health clinics for administration as needed.

- ◆ Action: Collaborate with neighboring counties to ensure Sublocade available for administration across the region.

This action was met. Contra Costa partners with surrounding counties to ensure regional access to Sublocade.

- ◆ Action: Collaborate with Public Health and CBOs to ensure all clients have access to Sublocade.

This action was met. Contra Costa collaborates with Public Health and community partners to ensure clients served by CBOs and Public Health have access to Sublocade.

■ ***Objective: Promote safety of patients with history of opioid use.***

- ◆ Action: Embed field on psychiatrist dashboard that highlights patient use of opioids to alert doctors when prescribing benzodiazepines.

This action was met. The BH Pharmacist worked with the Business Intelligence team to ensure that a field was included on the Psychiatrist dashboard to alert doctors of a patient's opioid use when prescribing benzodiazepines.

■ ***Increase usage of Medication Assisted Treatment (MAT) for clients with Alcohol Use Disorder (AUD) by 5%.***

- ◆ Action: Establish training for AOD providers on MAT for AUD treatment.

This action was met. SUD counselors designed training materials, which will be used for provider education. It is anticipated that the first training will be completed on August 11, 2021.

Goal 9: Ensure client health during COVID pandemic

■ ***Objective: Facilitate AODS clients obtaining the COVID-19 vaccine.***

- ◆ Action: Schedule appointments for clients at vaccine clinics.

This action was met. Facilitation of clients obtaining the COVID-19 vaccine was supported through Care Coordination, SUD Transition Team, BH Access SUD staff, and the larger system of care efforts. AOD also provided staff support for clients to participate in accessing the COVID-19 vaccine when offered by the outpatient Behavioral Health clinics.

Service Delivery and Clinical Issues

Goal 10: Expand services and improve provider collaboration

■ **Objective: Improve collaboration with contract providers.**

- ◆ Action: Create a provider manual outlining expectations, requirements, procedures and coordination of care goals.

This action was not met. Work on the manual was interrupted due to needing to respond to COVID-19.

- ◆ Action: Host regular calls to address provider and system concerns.

This action was met. AOD hosts Tuesday Lunch Meetings and has created multiple workgroups for discussion and brainstorming. Additionally, AOD has held 3 Listening Sessions.

- ◆ Action: Provide real time updates to providers using “Up to the Minute” communication tool.

This action was met. AOD continued to provide “Up to the Minute” updates through the end of May 2021.

- ◆ Action: Inform providers of COVID guidelines by providing updated workflows based on tiers and convening Town Halls with Health Officers and Nurses.

This action was met. AOD hosted multiple meetings to provide guidance, answer questions, and address concerns about COVID. Examples are a training offered by a Public Health Nurse at the beginning of April 2021 and a meeting with one of the County Health Officers on April 20, 2021 to respond to questions and concerns about guidance based on Orange Tier requirements. AOD has continued this action through the end of May 2021.

- ◆ Action: Host provider workgroup on documentation to provide guidance, answer questions, and address concerns.

This action was met. The SUD Ad Hoc Workgroup was formed in late September 2020 as a continuation of efforts to improve collaboration with contracted providers. The Workgroup meets on a monthly basis and is comprised of representatives from each modality. The role of AOD in this Workgroup is to help with system navigation and to provide any technical support regarding regulations. One or more members will report to the larger system during DMC-ODS System of Care meetings to present on important changes and actions that occur as a result of the Workgroup.

■ **Objective: Establish systems to help providers track services provided.**

- ◆ Action: Complete development of SUD Face Sheet.

This action was met. All providers have access to the Face Sheet, but it has not gained as much utilization as expected.

- ◆ Action: Follow through with plans to review electronic interface options with contract agencies to mitigate inefficiency of entering services into their own systems and ShareCare.

This action was not met. However, there are several efforts underway to ensure that providers have an interface with the county's EHR.

Goal 11: Increase use of evidence based practices

- **Objective: Ensure fidelity of EBPs through enhanced monitoring.**

- ◆ Action: 100% of site reviews monitor use of Motivational Interviewing and Cognitive Behavior Therapy.

This action was met. 100% of site reviews included monitoring the use of Motivational Interviewing and Cognitive Behavioral Therapy. This is an annual requirement for providers.

- ◆ Action: Review random sampling of charts to determine whether use of EBPs is in treatment plans and documented in notes.

This action was met. A sampling of charts was completed for each review, and all providers are reviewed each year. Monitoring of all charts included that all staff had been trained in EBPs and 100% of all reviewed charts were monitored for the use of EBPs in treatment plans.

- **Objective: Ensure fidelity of EBPs through increased training.**

- ◆ Action: Provide annual training in Motivational Interviewing and Cognitive Behavior Therapy. Increase EBP booster training sessions.

This action was met. UCLA Integrated Substance Abuse Programs (ISAP) and Pacific Addiction Technology Transfer Center (ATTC) continue to offer Motivational Interviewing and Cognitive Behavior Therapy training in a virtual format. Annual training for Motivational Interviewing and Cognitive-Behavioral Therapy took place, respectively, on November 17 and December 1, 2020.

- ◆ Action: 100% of staff that deliver treatment services receive training in both Motivational Interviewing and Cognitive Behavior Therapy.

This action was partially met. 75% of staff that represent agencies that deliver treatment services received training in both Motivational Interviewing and Cognitive Behavioral Therapy.

Goal 12: Effectively collect data and communicate data findings to staff and the community

- **Objective: Implement an EHR.**

- ◆ Action: Develop a plan and timeline to develop an EHR for the DMC-ODS program inclusive of contract agencies.

This action was partially met. The BH Director as well as Chief of Informatics and AOD Chief have regularly met to address the need for an EHR for SUD providers. As a result, some progress has been made with regards to an EHR, but the issue has not been fully resolved. The AOD Chief has explored other options, including an AccuCare proposal and contacted the developer of Clinician's Gateway. The IT Department has developed a proposal that will become the basis for solicitation. Concurrently, AOD had developed a budget to apply for SABG supplemental funding for the implementation of an EHR to include SUD providers.

- **Objective: Review data regularly to identify areas of quality improvement.**

- ◆ Action: Report CalOMS data at Data Quality Workgroup.

This action was met. The CalOMS data continue to be reviewed on a regular basis by the Data Quality Workgroup. This information is utilized to inform future decisions within AODS in terms of future services to address the needs of the overall population based on the demographic information. The information is also reviewed in the quarterly System of Care meetings. Internally, the information is reviewed on a monthly basis to clear any outstanding data entry errors.

- **Objective: Streamline provider submission of data.**

- ◆ Action: Combine ASI and ASAM assessment elements into one document to reduce paperwork burden.

This action was met. ASI and ASAM assessments components have been combined into a single document.

Goal 13: Maintain effective and consistent utilization review practices

- **Objective: Improve communication with those who interface with or are part of the UR Team.**

- ◆ Action: Hold periodic UR meetings with providers as needed.

This action was met. CCBHS UR Unit schedules UR Authorization meetings daily. Lines of communication are provided via phone and email for instances when questions and concerns arise. The UR Coordinator's contact information is available to providers. Issues that require a higher-level of resolution or answers, are directed to the UR Manager for administrative decisions, guidance, and resolution. In addition to the above continuing workflows, blast email to all providers and regularly scheduled SUD provider meetings are conducted with the participation of the UR Manager.

- ◆ Action: Develop documentation training for County SUD operated clinics and community organizations.

This action was partially met. UR has not implemented a formal SUD Documentation Training, but the Post Service UR Review for all Medi-Cal ODS Providers of 1.0 & 2.1 are reviewed continuously every quarter to support and recommend improvement of documentation of services.

- ◆ Action: Attend County and community-based organization meetings to announce and communicate UR regulatory changes.

This action was met. CCBHS UR has participated in County and community-based meetings to provide SUD regulation guidance and updates.

- ◆ Action: Eliminate submission of paperwork for authorization of Outpatient Services. Instead, Outpatient Services will participate in Level I reviews.

This action was met. The UR Unit has not included SUD Level 1.0 & 2.1 for Level 1 and instead, the UR Unit has been regularly conducting Post Service Review of each providers quarterly.

■ **Objective: Train 100% of Behavioral Health staff on HIPAA annually**

- ◆ Action: 90% of staff complete HIPAA training.

This action was not met. CCBHS uses the Relias Learning Management System to monitor staff completions of Health Insurance Portability and Accountability Act (HIPAA) training. About 60% of AODS staff completed the HIPAA training course during FY 2020-2021. CCBHS is aware of the need to better monitor training completion for County staff and contracted providers and has since incorporated changes to better monitor timely completion. Part of corrective steps taken are quarterly staff/supervisor reminder reports and emails sent to any Relias user and their supervisor notifying of overdue and soon to be due training in Relias.

- ◆ Action: 75% of staff complete HIPAA training within recommended timeframe of 1 year.

This action was not met. CCBHS started to monitor staff percentages of those who complete HIPAA training within a year of the last time the course was completed. However, the objective of 100% of enrolled staff and contracted providers achieving this benchmark was not met. Only 38% of the enrolled staff completed the course within 365 days of the last time they took the course.

■ **Objective: Train 100% of SUD staff on 42 CFR Part 2.**

- ◆ Action: Track percentage of staff who complete confidentiality training of SUD client records.

This action was met but the objective was not. Providers are able to access confidentiality training of SUD client records through various means, including attendance at Law & Ethics trainings, accessing the course titled Confidentiality in the Treatment of Substance Use Disorders via Relias, or through internal agency means. Fifty percent of SUD providers completed Law & Ethics training.

■ **Objective: Train 100% of UR Staff on 42 CFR Part 2.**

- ◆ Action: Track percentage of UR staff who complete confidentiality training of SUD client records.

This action was met. UR staff are provided with confidentiality training of SUD client records on an as-needed basis. The training is provided by the QA Manager from AODS when there is a request from UR. In 2020-2021, there were no requests made from UR for training.

Continuity and Coordination of Care

Goal 14: Integrate behavioral health services with other County systems

■ **Objective: Identify clients at Mental Health clinics for SUD services.**

- ◆ Action: BH Pharmacist consults with psychiatrists on clients identified on *BHS 4788 Report* as having issues with alcohol, tobacco, or methamphetamines for referral to embedded substance abuse counselor.

This action was not met. AOD did not have enough resources to devote to implementing this action in FY 2020-2021 with the COVID-19 pandemic taking up a great deal of staff time and resources. As resources become available in the coming year, efforts will be undertaken to identify clients potentially in need of AOD services for referral to the embedded SUD counselor. However, the BH Pharmacist does attend hospital bed committee review weekly meetings and helps to identify patients that might be good candidates to be referred to the SUD counselor at the hospital, who connects patients to the SUD program.

■ **Objective: Coordinate Drug Medi-Cal Waiver services with mental health services.**

- ◆ Action: Complete Drug Medi-Cal certification for mental health clinics.

This action was met. East County Adult Mental Health was the final clinic that gained approval.

- ◆ Action: Embed substance abuse counselor at Psychiatric Emergency Department, 4C, and 4D.
- ◆ Action: Increase number of clients referred to AODS from PES by 25%.

These actions were met. AOD continues to place an SUD counselor at Psychiatric Emergency Services (PES) at peak times. Following the success at “peak times,” the counselor’s number of days is maintained at 4 days per week as AOD continues to branch off and build more presence in the emergency room departments, 4C and 4D.

By continuing to engage clients through Motivational Interviewing (MI) when stable at PES, the counselor has been successful in transitioning more clients either into withdrawal management or Level 3.1. The counselor reports results to the Access Line for data tracking purposes. In clear contrast to giving the client a bus ticket with a phone referral, the counselor works with mental health staff to provide transportation from PES to SUD treatment; this promotes engagement and supports admission into SU treatment. SUD continues to have a positive impact on patients.

SUD Services at PES		
Level of Care	Number of Clients [10/01/20]	Number of Clients [6/30/21]

3.2	29	0
3.1	47	144
2.1 or 1.0	9	0
	85	144

The AOD counselor continues to report that without SU presence at PES, most of the clients would not have access to SUD treatment. Currently the clients who use PES and want SUD treatment are being placed, there is still, however, difficulties with time navigation in the system if a patient is experiencing (auditory hallucinations –visual hallucinations). The counselor continues to approach each client individually and explains the services that are offered by AOD. If interested, the counselor contacts Access on their behalf and works on the transition. An actual intake appointment and transportation continues to be highly effective. Most of the clients who have engaged with the SUD counselor were positive for methamphetamine, marijuana and alcohol. PES continues not to capture SUD as the primary reason for admission in the chart.

Data obtained through report (SCR4732) SUD Admissions to PES, for the period of 7/01/20 through 06/30/21 indicate a total of 430 clients with reported SUD. Of the 430, 144, or 34%, have already received services within the DMC-ODS, but there are 66% of clients who have never received services. AODS continues to estimate that without a counselor, approximately 1/3 might not have been able to successfully access SU treatment without this support.

Also, a large portion of PES patients this year were given referrals to community resources. Because many of the patients at PES are visiting from other counties, the counselor assisted with transportation back to their county of residence and established linkages for these clients to out of county resources. For county clients, at least 40% stepped down to withdrawal management with medication and 20% transitioned to residential treatment. AODS is working with staff to understand the few referrals to Outpatient treatment.

■ **Objective: Coordinate Drug Medi-Cal Waiver with detention.**

- ◆ Action: Place SU counselor in Detention.

This action was met. In addition, AOD added a .20 FTE at Martinez Detention.

- ◆ Action: Coordinate services for clients in Re-entry.

This action was met. AOD partnered with the Public Defender's Office to transport clients identified in need of substance use treatment. A workflow has been developed that includes a counselor inside the jail, Access Line, and a PD Advocate. Together, they ensure that a client has an intake admission appointment, medications from jail to treatment, and transportation. In addition, AOD has an MOU with the West County Reentry Center to transport clients from jail to treatment. There are now 3 counselors responsible for the transition from jail to treatment. They ensure that the Medi-Cal application starts at pre-release as soon as a release date is available. In April 2021, AOD was awarded a 5-year grant from the Board of Corrections to implement treatment in the jail.

Planning for implementation will start soon and one of the goals of this grant is to ensure that transition from jail to treatment is coordinated.

- ◆ Action: Apply for funding to provide Residential Treatment in jail.

This action was met. AODS applied for and received funding to provide Residential Treatment in jails.

- ◆ Action: Provide individual and group services in West County and Martinez Detention Facilities.

This action was not met. Due to COVID-19, all group and face to face activities were discontinued for safety reasons.

- ◆ Action: 70% of opioid dependent inmates will start on Buprenorphine prior to release.

This action was not met. Due to COVID-19, all group and face to face activities were discontinued for safety reasons.