




Communication from the Office of the ACBHD Director

Date: January 12, 2026
To: Alameda County Behavioral Health Department (ACBHD) Employees and Stakeholders
From: Dr. Karyn Tribble, Director 
Subject: External Quality Review (EQR) of Mental Health Plan (MHP) & Drug Medi-Cal Organized Delivery System (DMC-ODS) Calendar Year (CY) 2025 Findings (Results)

This communication has been provided to share very important updates with each of you regarding the performance of our department, and to ensure system-wide transparency.

Background:

Alameda County Behavioral Health Department (ACBHD) participates in the state-mandated External Quality Review (EQR) for our Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) each year. These reviews are standard practice for every county across California and an opportunity to continually improve system operations and care services throughout the community. They include reviews of County operated programs and contracted provider programs. On March 19, 2025, Health Services Advisory Group (HSAG), California's External Quality Review Organization (CalEQRO), conducted a combined Calendar Year (CY) 2025 review of ACBHD's MHP and DMC-ODS services. The EQR, which includes both county-operated services and those delivered by community-based organizations (CBOs), is conducted in accordance with the Centers for Medicare and Medicaid Services (CMS) Managed Care regulations. CMS regulations mandate that the California Department of Health Care Services (DHCS) conduct an annual EQR of the quality, outcomes, timeliness of care, and access to care provided by California MHPs and DMC-ODSs.

CMS review protocols include a Performance Measure Validation (PMV), Network Adequacy Validation (NAV), and a (separate) validation of Performance Improvement Projects (PIPs). The PMV assesses the accuracy and extent to which reported performance measures follow measure specifications and State reporting requirements. The NAV assesses whether the Plan's indicators met the DHCS-defined network adequacy standards and provides a validation rating for each indicator that reflects the overall confidence HSAG has in the methodology used throughout all phases of network adequacy reporting.

Network Adequacy Validation (NAV)

NAV Scope

HSAG determined validation ratings for each reported network adequacy timely access indicator.

MHP:

- 1) All Specialty Mental Health Service Urgent Appointments: 48 hours without prior authorization, 96 hours with prior authorization
- 2) Non-urgent Psychiatric Services: Offered an appointment within 15 business days of request for services

- 3) Outpatient Non-Urgent Non-Psychiatry Specialty Mental Health Services: Offered an appointment within 10 business days of request for services

DMC-ODS:

- 1) Opioid Treatment Program: Offered an appointment within 3 business days of request for services
- 2) Outpatient Services-Outpatient Substance Use Disorder and Residential: Offered an appointment within 10 business days of request for services

Based on ACBHD's previously submitted timely access data tool (TADT), ISCAT responses, and live system demonstrations given during the virtual review, HSAG evaluated Alameda's ability to collect reliable and valid network adequacy monitoring data, use sound methods to assess the adequacy of its managed care networks, and produce accurate results to support State network adequacy monitoring efforts. HSAG used the CMS EQR Protocol 4 indicator-specific worksheets to generate plan specific validation ratings. HSAG assessed whether the network adequacy indicator results were valid, accurate, and reliable.

NAV Findings Summary:

We are pleased to report that these EQR visits have provided key feedback regarding system performance that will guide future efforts towards quality improvement with an overall PMV rating of 76.9% for MHP and 80% for DMC-ODS; and a NAV rating of 100% for both the MHP and DMC-ODS. To promote further transparency regarding the performance of the system and provider networks, we have included detailed findings and descriptions below.

NAV Recommendations:

There were two (2) recommendations given for this coming year in accordance with the key component domains and are as follows:

- 1. HSAG recommends that Alameda conduct an in-depth review of the indicators for which it did not meet the timely access requirements to determine whether the inability to meet requirements was the result of a lack of providers or lack of complete timely access data reported.**
- 2. HSAG recommends that Alameda continue to explore strategies to mitigate barriers, such as additional staff training on tracking timely access or provider contracting efforts to ensure adequate access, as applicable.**

ACBHD Response

Since January 2025, Alameda has engaged in ongoing collaboration across multiple departments to improve timely access reporting through system enhancements, such as the Mental Health Timely Access Reporting Tool web application, revised Clinicians Gateway templates, staff training, and provider network strategies. ACBHD will continue these efforts and implement enhanced compliance and performance monitoring to identify and resolve underlying issues and ensure compliance with timely access requirements.

Performance Measure Validation (PMV)

MHP Performance Measures Selected for Validation

Performance Measure Name	Acronym	Method	Required Specifications
<i>Follow-Up After Emergency Department Visit for Mental Illness</i>	FUM	Admin	HEDIS
<i>Follow-Up After Hospitalization for Mental Illness</i>	FUH	Admin	HEDIS
<i>Antidepressant Medication Management</i>	AMM	Admin	HEDIS
<i>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</i>	APP	Admin	HEDIS
<i>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</i>	SAA	Admin	HEDIS

DMC-ODS Performance Measures Selected for Validation

Performance Measure Name	Acronym	Method	Required Specifications
<i>Follow-Up After Emergency Department Visit for Substance Use</i>	FUA	Admin	HEDIS
<i>Pharmacotherapy for Opioid Use Disorder</i>	POD	Admin	HEDIS
<i>Use of Pharmacotherapy for Opioid Use Disorder</i>	OUD	Admin	CMS
<i>Initiation and Engagement of Substance Use Disorder Treatment</i>	IET	Admin	HEDIS

Effective January 1, 2025, ACBHD entered into a Participation Agreement with the California Mental Health Services Authority (CalMHSA) to support the performance measure reporting and validation requirements for the 2025 EQR. The above list of performance measures, also known as the Behavioral Health Accountability Set (BHAS), or Healthcare Effectiveness Data and Information Set (HEDIS) metrics, are required by the DHCS per [BHIN 24-004](#) and were the focus of the review.

The Quality Improvement and Data Analytics (QIDA) division coordinated with CalMHSA on the PMV process. QIDA provided CalMHSA with the data needed to calculate performance measure rates for ACBHD beneficiaries; including Medi-Cal eligibility and BHP, medical, and pharmacy claims data. CalMHSA generated the code, analysis, and reporting template files used for validation. CalMHSA provided the final rate reporting template to ACBHD and conducted separate one-on-one reviews with HSAG. For proprietary reasons, CalMHSA did not provide their source code or member-level detail files (MLD) to ACBHD.

PMV Findings:

HSAG identified the following strengths through their review:

1. Alameda had multiple methods of validation and tracking to ensure the accuracy and completeness of claims data. Quarterly audits were in place to address performance gaps.
2. Alameda was prompt and thorough on all its submissions, which contributed to a well-organized and efficient virtual review process.

HSAG identified the following opportunities for improvement:

1. During the data output file review and Primary Source Verification (PSV), HSAG noted multiple areas of specification misalignment, including incorrect use of procedure codes, place of service codes, age requirements, and inpatient bundling. During the virtual review, Alameda acknowledged that it did not review the performance measure data output files or conduct comparisons of the data for reasonableness of each performance measure rate calculation. HSAG identified opportunities for CalMHSA to improve their methods of calculating Performance Measures (PMs). One of these opportunities included allowing counties to review the data CalMHSA produced for reasonableness of each PM rate calculation.
2. During the virtual review, Alameda indicated that it was using service claims data that included only members who had been served by the MHP, to calculate its performance measure rates. Because Alameda was not using additional data streams to encompass all medical, behavioral health, and pharmacy data for eligible Alameda County Medi-Cal members, HSAG noted a potential omission of data in alignment with the measure specifications. HSAG determined that our PM rates did not meet measure specifications, which resulted in the “Do Not Report” finding, because our data did not include data for all Medi-Cal eligible members in Alameda County.

PMV Recommendations:

There were two (2) recommendations given for this coming year in accordance with the key component domains and are as follows:

1. **HSAG recommends that Alameda County work with the California Mental Health Services Authority (CalMHSA) to obtain the data output files and to assess a sample selection against the raw data files and the measure specifications for completeness and accuracy of the reported data.**

ACBHD Response

The Participation Agreement (PA) with CalMHSA precluded them from providing counties with the disaggregated data needed to verify the accuracy of CalMHSA's calculations. Additionally, CalMHSA did not include ACBHD in their validation sessions with HSAG, which further limited our ability to confirm performance measures rate calculations aligned with the technical specifications.

ACBHD is working with CalMHSA for the 2026 EQR. The new PA ensures county access to the disaggregated data needed to review and verify performance measure results. Additionally,

CalMHSA will include ACBHD in review sessions with HSAG. These steps will strengthen data integrity and support more accurate performance reporting.

- 2. HSAG recommends that Alameda identify and integrate additional data streams that include medications, hospitalizations and emergency department visits that would inform the performance measure denominators into its performance measure rate calculations to ensure the completeness of medical, behavioral health, and pharmacy data for all Medi-Cal eligible members registered in Alameda County. This may require Alameda to solidify data sharing agreements with Managed Care Organizations (MCOs), health information exchanges, or similar partners and agencies to obtain the necessary data for performance measure reporting.**

ACBHD Response

For the data provided to CalMHSA, for the calculation of performance measures, counties relied on service claims data from other systems, such as primary care or pharmacy systems, that were available through the DHCS All Payers Claims Database. For the beneficiaries served by the BHP, DHCS makes these claims data available to counties. The DHCS data excludes beneficiaries who have not been served by the BHP, but who are eligible for Medi-Cal in Alameda County.

For the 2026 EQR, to ensure alignment with performance measure technical specifications to include service data for *all people who are eligible for Medi-Cal eligible in Alameda*, we are implementing data exchange arrangements with Managed Care Organizations (MCOs) to obtain this comprehensive medical, behavioral health, and pharmacy data. This will ensure completeness and accuracy in future reporting.

Comprehensive Report Results:

In collaboration with our contracted providers, we remain committed to the ongoing improvement of behavioral health services and programs. Our EQR performance and continuing commitment to system change reflects our ongoing focus on Quality Improvement and planning.

Acknowledgements:

We sincerely appreciate the efforts of our county employees, contracted provider organizations, stakeholders, and community at large for their partnership to increase access and improve quality of care across the Alameda County system. Your ongoing feedback and input are essential to our continued work on behalf of the community.

We would also like to acknowledge our System Leaders, Quality Management, and QIDA in assisting our department with their coordination and support during EQR. Your efforts provided the infrastructure needed to highlight the important work of our staff, trainees, providers, and stakeholders.

Thank you for taking the time to review the most recent system results, and for your ongoing support to our shared community members.