



**START-ODS**  
**SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT**

*Los Angeles County's Substance Use Disorder Organized Delivery System*

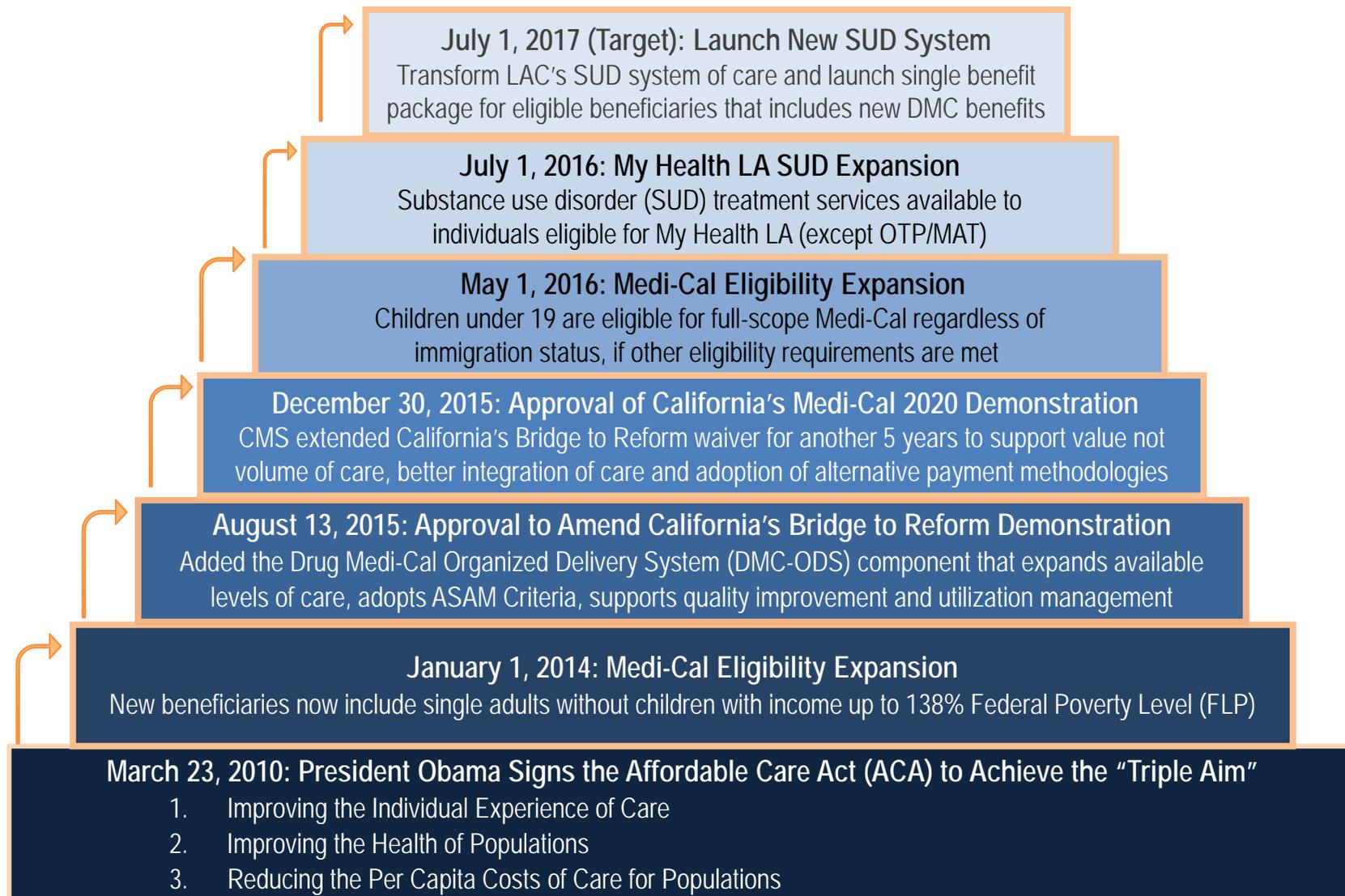
***INTEGRATION OF CARE WORKGROUP***  
***The DMC-ODS Waiver and Serving Individuals Experiencing Homelessness***  
***October 12, 2016***

*Los Angeles County Department of Public Health  
Substance Abuse Prevention and Control (SAPC)*

*John M. Connolly, Ph.D., M.S.Ed, Deputy Director - Policy, Strategic Planning, and Communications*



# Expansion of Substance SUD Services under ACA





## WAIVERS: SECTION 1115 OF THE SOCIAL SECURITY ACT

- *Permits states to waive certain federal Medicaid program requirements or obtain federal matching funds for services otherwise not permitted under Medicaid to test innovative approaches to care and improve health outcomes for Medicaid beneficiaries and low income individuals, while budget neutral*
- General criteria include:
  - Increase and strengthen coverage
  - Increase access to, stabilize and strengthen Medicaid providers and provider networks
  - Improve health outcomes
  - Increase efficiency and quality of care through incentives to transform service delivery networks



# CALIFORNIA'S MEDI-CAL 2020 WAIVER

***New waiver components designed to target the remaining uninsured population include:***

- Whole Person Care: Pilot to coordinate physical, behavioral health and other care for vulnerable, high utilizing Medi-Cal recipients
- Dental Transformation Initiative: Incentive program to improve oral preventative care/treatment for low income children (<21 years old)
- Public Hospital Redesign and Incentives in Medi-Cal (PRIME): Pay-for-performance program to support projects that improve patient care/efficiency, and ambulatory and high risk population care
- Global Payment Program: Payment reform for how participating County owned/operated public healthcare systems are compensated



# CALIFORNIA'S MEDI-CAL 2020 WAIVER

## Continued waiver components include:

- Coordinated Care Initiative (Cal MediConnect)
- Medi-Cal Managed Care Delivery Systems
- Indian Health Services Uncompensated Care Program
- Community Based Adult Services program
- Designated State Health Programs
- Managed Care Delivery System for Seniors and Persons with Disabilities
- California's Children's Services Program
- **Drug Medi-Cal Organized Delivery System (DMC-ODS)**



# CALIFORNIA'S MEDI-CAL 2020 WAIVER

## Key components of the DMC-ODS section of the waiver:

- Significantly expands the DMC reimbursable benefit package
- Relies on the ASAM Criteria for placement determinations
- Emphasizes use of select evidence-based practices
- Requires utilization management and quality improvement efforts
- Transfers more administrative oversight and accountability to counties
- Enables higher DMC rates and use of alternative payment models
- Expects efficient use of resources and reductions in overall health costs
- **Prioritizes integration and coordination of care with physical and mental health services and systems, including health plans**



# START-ODS

SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized Delivery System

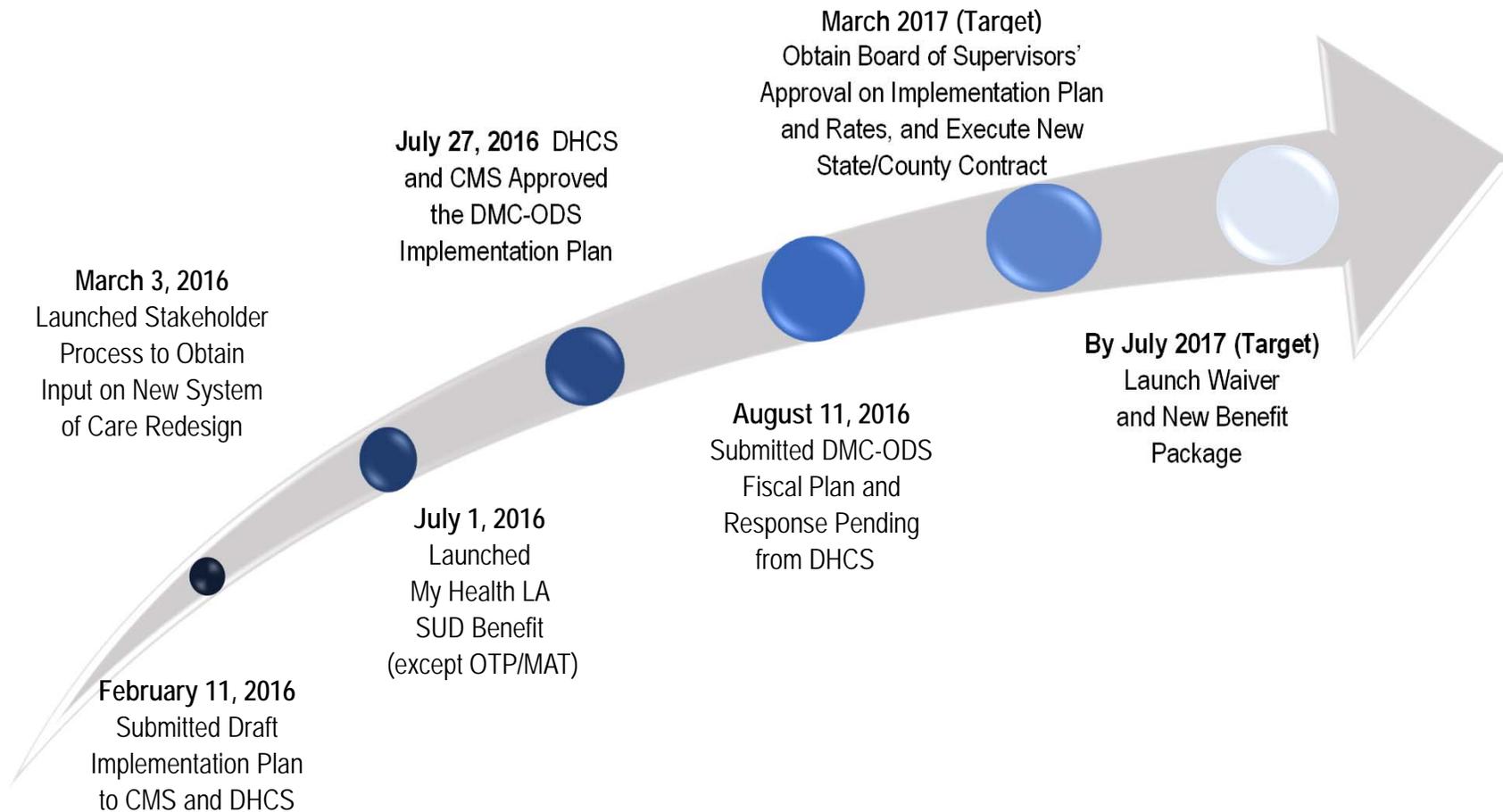
**Participation in California's Medi-Cal 2020 Waiver is the greatest opportunity in recent history to design and implement a substance use disorder (SUD) system of care that has the financial and clinical resources to more fully address the complex needs of all our patients.**



# **How the DMC-ODS Waiver will Change Los Angeles County's Substance Use Disorder (SUD) Treatment System**



# Los Angeles County Implementation Timeline



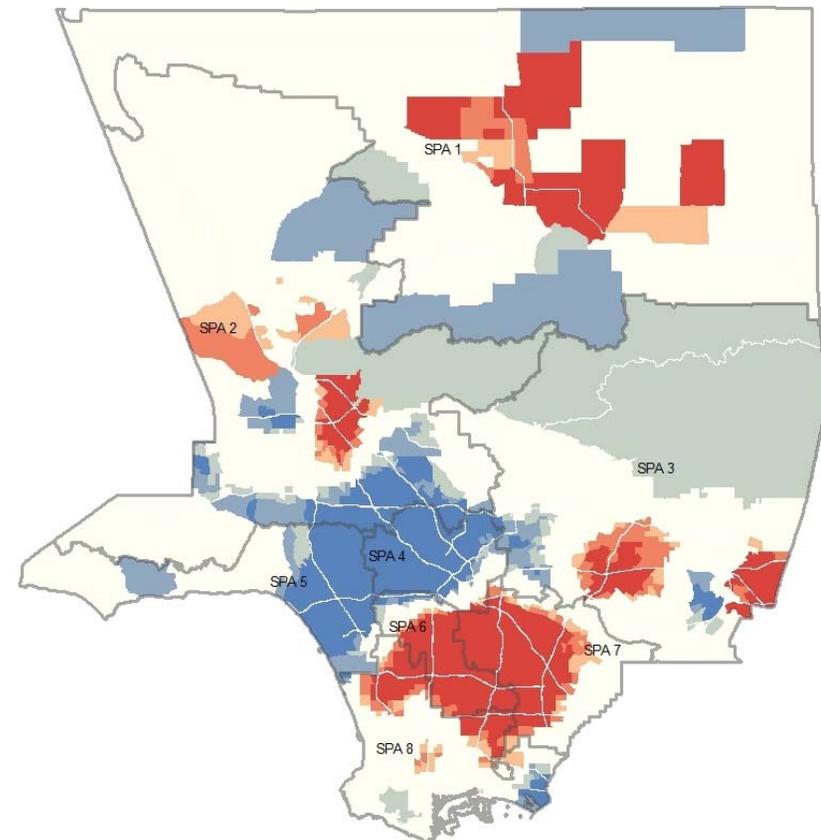


# Los Angeles County Profile

LOS ANGELES COUNTY ESTIMATES		
	Youth (12-17)	Adults (18+)
Total LAC Population	2,343,729	7,675,633
Estimated Medi-Cal Eligible	951,880	1,817,982
Estimated DMC Eligible	70,439 (7.4%)	263,338 (13.0%)
Estimated Demand in 3 Years of Launch	16,696 (+55%)	88,698 (+47%)

Needed Slot Increase Projections for Adult Services	
Outpatient Treatment	216%
Intensive Outpatient Treatment	284%
Residential Treatment	193%
Withdrawal Management	316%
Opioid Treatment Programs	132%

DMC Eligible Adult Hot Spots in LAC



**Red** areas indicate the highest concentration of DMC eligible people; **Blue areas** indicate the lowest concentration of DMC eligible people.



## ***DMC BECOMES THE PRIMARY PAYER OF SERVICES***

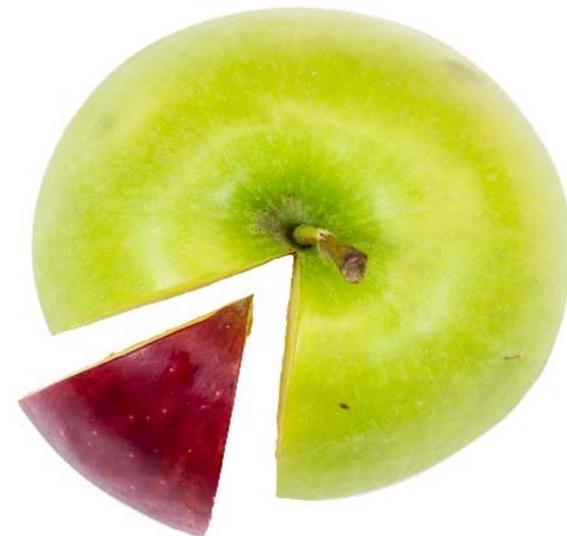
### Current SUD System



**Multiple primary payers and funding sources, many of which fund population specific services**

### New SUD System

**By July 1, 2017 DMC will fund most services for most patients**

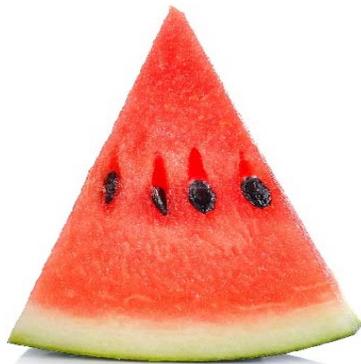




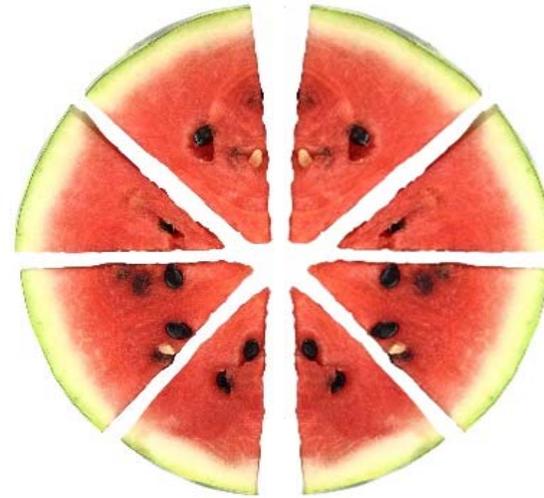
## ***DMC CERTIFIED LOCS AND SERVICE SITES***

### Current SUD System

**Many LAC  
providers  
and provider  
sites are  
not  
DMC certified.**



### New SUD System



**By July 1, 2017 all LAC  
treatment contractors will be  
required to be DMC certified for  
all contracted levels of care**



## ***DMC REIMBURSABLE SERVICES EXPAND***

The Waiver expands DMC reimbursable services to create a fuller continuum of care.

### Current DMC-SUD System

- Outpatient
- Intensive Outpatient
- Residential (Perinatal Patients Only)
- Opioid Treatment Program
  
- Individual Sessions (Crisis Only)
- Group Sessions

### New DMC-SUD System

- Outpatient
- Intensive Outpatient
- Residential (All Populations – 3 LOCs)
- Opioid Treatment Program
- Additional Medication Assisted Treatment
- Withdrawal Management (Detox)
  
- Individual Sessions (No Limits)
- Group Sessions
- Family Therapy
- Case-Management/Care Coordination
- Recovery Support Services



## ***TECHNOLOGY BASED SOLUTIONS FOR IMPROVED CARE AND OUTCOMES***

Automated information technology (IT) systems will help standardize care and improve efficiencies, but require significant investment by counties and providers.

### Current SUD System

- Data collected in a standalone system not connected to other IT systems or electronic health records (EHR)
- Web-based contract auditing tool and report
- Web-based claims reimbursement system

### New SUD System

- Adopt an EHR-like system that could interface with or be used in lieu of provider purchased EHR
- Enhance contract auditing system to include QI/UM efforts and other contract changes
- Develop new automated authorization system for residential services
- Develop new bed/slot registry for use by beneficiary access line and providers



## ***DMC EXPANSION OPPORTUNITIES***

The Waiver prioritizes access to services and beneficiaries are entitled to the DMC benefit package if eligible/qualified

### Current SUD System

- Funding limits where and how many services can be provided (e.g. capped contracts)
- Field-based services are not DMC reimbursable

### New SUD System

- DMC is not a capped allocation so SUD contractors can:
  - Add locations
  - Enhance days and hours of service
  - Create programs that target specific cultural groups or populations
- Field-based services are DMC reimbursable



## ***ENHANCED INTEGRATION OF CARE AND CARE COORDINATION***

Moving from an acute care to chronic care service model, and an emphasis on impacting overall health outcomes and decreasing overall health costs, necessitates improved integration of services and care coordination.

### Current SUD System

- Toll-free line operated by SAPC, Monday to Friday during normal business hours
- No case-management services funded by DMC, only limited with other funding sources
- Limited system navigators for select locations and projects

### New SUD System

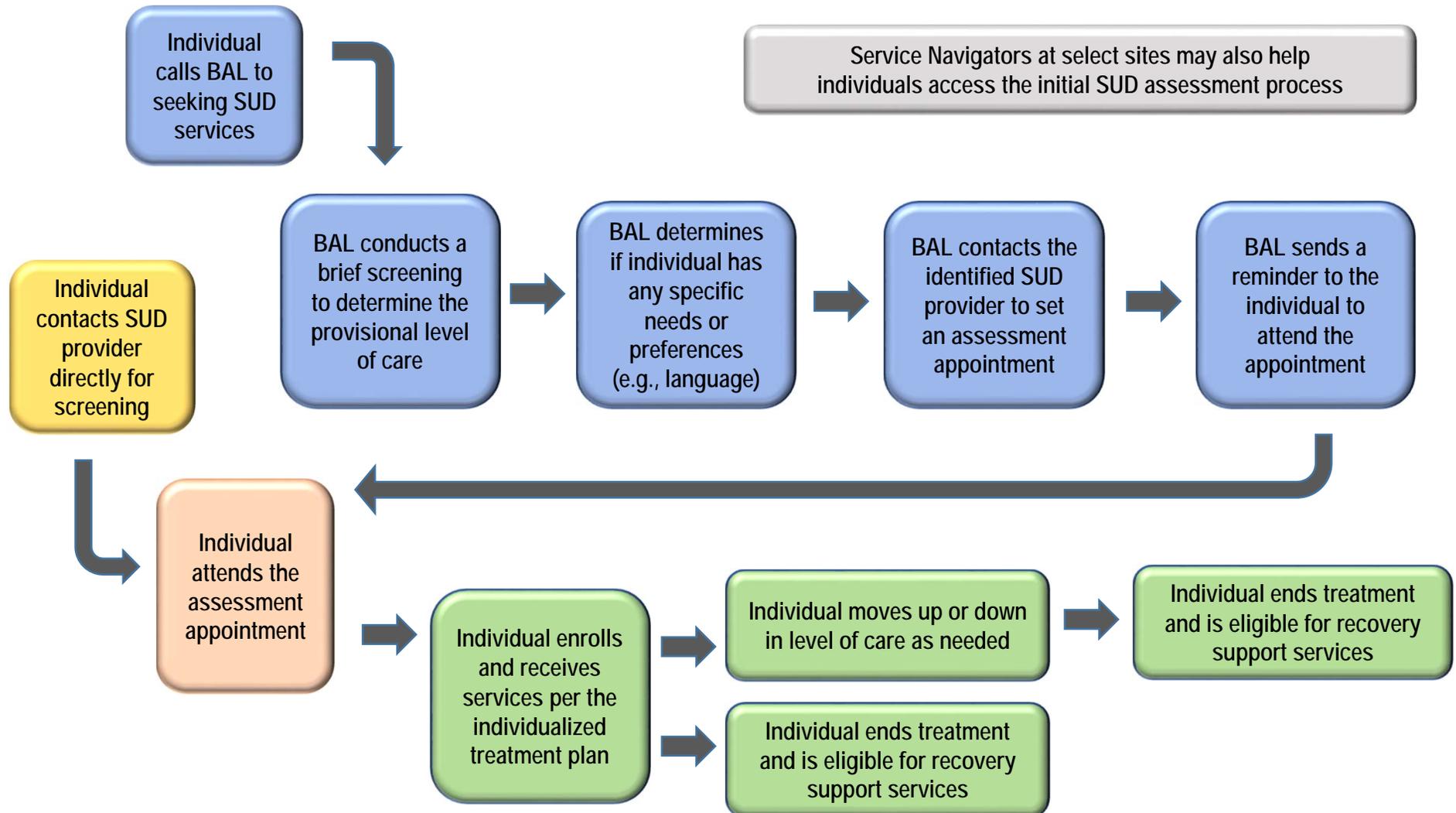
- 24-hour/365 day toll-free line operated with standard call line services and response time
- Case-management services funded by DMC at an increased rate to support improved connections, especially with physical and mental health
- Expanded use of system navigators
- Formal care coordination procedures with the managed care plans (Health Net, L.A. Care)
- Improved collaboration and coordination among Departments of Health Services, Mental Health and Public Health/SAPC



# How Individuals Enter the SUD System



# Beneficiary Access Line (BAL)





## NEW BENEFICIARY ACCESS LINE

- Operate 24 hours per day, 365 days per year
- Services in English and Spanish with translation services available for other threshold languages
- Conduct a screening to determine provisional level of care
- Bed/slot availability system
- Refer to an appropriate provider for full assessment
- Conduct reminder calls for assessment appointments
- Follow-up to ensure individual connects with the provider



## SERVICE NAVIGATORS AND OUTREACH

- **Targeted efforts to engage individuals in need of SUD services at priority locations throughout the County**
  - County department offices
  - County services project locations
  - Court offices
  - Homeless encampment outreach efforts



## DIRECT ACCESS TO PROVIDER SITES

- Individuals will still be able to access SUD services by going directly to a treatment provider for screening (brief triage assessment) and assessment (ASAM-based)
- County departments, courts, health plans and other special projects should refer clients to the beneficiary access line to determine the initial referral/provisional level of care



# Enhancing Care Coordination and Expanding Service Components



## ENSURING INTEGRATED AND COORDINATED CARE

Substance Use Disorder Benefit Package

**MEDI-CAL MANAGED  
CARE HEALTH PLANS**  
L.A. CARE, HEALTH NET



**COUNTY HEALTH AGENCY**  
HEALTH SERVICES  
MENTAL HEALTH  
PUBLIC HEALTH



**COUNTY SERVICES**  
SOCIAL SERVICES  
JUSTICE SERVICES  
FAMILY SERVICES



**COMMUNITY SERVICES**  
COMMUNITY SUPPORTS



Outpatient  
ASAM 1.0

Intensive  
Outpatient  
ASAM 2.1

Recovery  
Support  
Services

Withdrawal  
Management  
ASAM  
1-WM, 3.2 WM

**CASE MANAGEMENT**  
Support Transitions in Care  
Integration of Care  
Service Linkages

Opioid  
Treatment  
Programs  
ASAM OTP-1

Residential  
ASAM  
3.1, 3.3, 3.5



## CASE-MANAGEMENT BENEFIT

- **Available to all patients receiving treatment services in a DMC funded level of care**
  - Assist patients in accessing needed medical, educational, social, vocational, rehabilitative, or other community services
  - Coordinate care with needed physical/mental health services
  - Assist in transitions in SUD level of care or to recovery support
  - Communicate with referral agencies/partners



## RECOVERY SUPPORT SERVICES BENEFIT

- **Post treatment services that support a patient in achieving recovery goals:**
  - Group and Individual Sessions
  - Recovery Coaching and Monitoring
  - Substance Abuse Assistance
  - Education and Vocational Linkages
  - Family Support Linkages
  - Support Group Linkages



## RESIDENTIAL TREATMENT BENEFIT

- **Three Levels of Care:**

- Low Intensity Residential (ASAM 3.1): 24-hour structure with available trained personnel and at least 5 hours of clinical service per week.
- High Intensity Residential Population Specific (ASAM 3.3): 24-hour care with trained counselors to stabilize multidimensional imminent danger. Less intense milieu and group treatment for those with cognitive and other impairments unable to use full active milieu.
- High Intensity Residential Non-Population Specific (ASAM 3.5): 24-hour care with trained counselors to stabilize multidimensional imminent danger for individuals able to use full active milieu.



## RESIDENTIAL TREATMENT BENEFIT

- **DMC Criteria and Service Limits:**
  - Qualifying SUD diagnosis and meets medical necessity criteria
  - **Adults:** 90-day maximum length of stay with the option for one 30-day extension annually if medically necessary, limit of two day non-continuous regimens in a 365-day period.
  - **Youth:** 30-day maximum length of stay with the option for one 30-day extension annually if medically necessary, limit of two 30 day non-continuous regimens in a 365-day period.
  - Prior authorization from the County (DPH-SAPC) within 24-hours of receipt



## RECOVERY BRIDGE HOUSING

- **Non-DMC funded pilot that pairs a time-limited subsidy for recovery residences with concurrent outpatient, intensive outpatient or Opioid Treatment Program services**
  - Details Included in Next Presentation –



## ***Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC)***

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[www.publichealth.lacounty.gov/sapc](http://www.publichealth.lacounty.gov/sapc)

START-ODS Information Available At:  
<http://publichealth.lacounty.gov/sapc/HeathCare/HealthCareReform.htm>



SUD network providers, health plans, community members, county departments, and other partner agencies and stakeholders play an essential role in the success of this system transformation, and the ability to improve care and outcomes for individuals with substance use disorders!





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**SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT**

*Los Angeles County's Substance Use Disorder Organized Delivery System*

***INTEGRATION OF CARE WORKGROUP***

**Recovery Bridge Housing for Homeless Individuals with Substance Use Disorders**

***October 12, 2016***

*Los Angeles County Department of Public Health  
Substance Abuse Prevention and Control (SAPC)*

*Elizabeth Norris-Walczak, Ph.D., Clinical Psychologist, Clinical Services and Research Branch*



## Need for Recovery Bridge Housing for SUD patients

- Safe and stable living environments are essential to individuals recovering from substance use disorders (SUDs).
- Homeless or unstably housed individuals with SUDs are at greater risk of relapsing and not completing treatment.
- Patients with SUDs currently have very limited access to housing while in outpatient treatment settings.
  - Subsidies for recovery housing are currently available only for perinatal and a small number of drug court patients.



## **SAPC FY 2014-15 Data on Homeless SUD Patients**

- In FY 2014-15, a total of 47,121 patients were admitted to SAPC SUD treatment programs. Of these, 8,627 patients (18.3% of total admissions) reported they were homeless at intake.\*
- Nearly two-thirds (63.9%) reported they were still homeless at discharge.
- Of 7,539 patients admitted to residential treatment programs, 51.5% reported they were homeless at intake.\*

\*Note: SAPC homeless definition includes people who are “staying with family or friends.”



## **New Services to Link SUD Patients to Temporary Housing**

- Once implemented, the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver will make new services available to help SUD providers link patients to bridge/temporary housing, including:
  - **Case Management**
    - Funded by DMC.
    - Case managers will work with patients to determine housing and service needs and link them to necessary services, including Recovery Bridge Housing and other housing options available through the Coordinated Entry System (CES).
  - **Recovery Bridge Housing (RBH)**
    - “Optional” benefit; NOT funded by DMC.
    - SAPC will conduct pilot project to explore offering RBH as a benefit within the DMC-ODS Waiver supported via non-DMC funding.



## What is Recovery Bridge Housing?

- RBH pairs a subsidy for recovery residences with concurrent treatment in outpatient (OP), intensive outpatient (IOP) or Opioid Treatment Program (OTP) settings.
  - Abstinence-based
  - Peer-supported
- Appropriate for individuals with minimal risk with regard to acute intoxication/withdrawal potential, biomedical and mental health conditions.
- Historically, homeless and low-income patients with SUD have had limited access to recovery residences, which have been mostly self-pay.



## RBH Benefit Description

- Patients who receive RBH subsidies must be abstinent and concurrently receiving OP/IOP/OTP treatment. They may and should receive medication-assisted treatment, as appropriate.
- SAPC may authorize up to 90-day stay in RBH per calendar year for eligible adults (perinatal patients eligible for extended lengths of stay).
- SUD case managers will work with RBH patients as soon as they enter treatment to begin planning for housing placement at discharge, either in RBH, CES, or other housing options.
- RBH aligns with the spirit of the American Society of Addiction Medicine (ASAM) criteria for patients to be placed in the least restrictive environment necessary to meet their biopsychosocial needs.



## Who is Eligible for RBH Housing Subsidies?

SAPC may authorize RBH for *adults* who meet all of the following criteria:

- In need of stable, safe living environment in order to best support their recovery from a SUD.
- Belongs to a priority population (see next slide).
- Concurrently enrolled in treatment in OP/IOP/OTP settings.



## Priority Placement in RBH

Homeless adult patients receive priority for placement in RBH, including:

- Chronically homeless
- High utilizers of the health system (including physical/mental health/SUD)
- Perinatal patients
- HIV/AIDS patients
- Intravenous Drug Users
- Certain non-AB 109 criminal justice patients without housing funded through criminal justice system
- Transition Age Youth (18-25)
- Lesbian, gay, bisexual, transgender and questioning (LGBTQ) populations

Note: Undocumented homeless adult patients who meet the prioritization criteria listed above are eligible for placement in RBH



## Foundational Principles of RBH: Key Concepts

- Patient chooses abstinence-focused housing.
- Program should emphasize personal recovery goals of participants and long-term housing stability.
- Program design should establish minimum barriers for entry.
- Program must meet or exceed National Association of Recovery Residences (NARR) standards of care.
- Relapse is not treated as an automatic cause for eviction.
- Programs are required to help patients transition into permanent housing options.



## RBH Provider Expectations

- Initially RBH will be limited to current SAPC contracted providers with at least four years experience offering this service.
- RBH providers must meet or exceed NARR standards of care.
- Patient eligibility for RBH must be authorized by SAPC Quality Improvement /Utilization Management (QI/UM) Unit.
- SAPC will provide monitoring and oversight of subsidized RBH to ensure quality and adherence to requirements.



## Assessing Patients for Placement in RBH

- Patients seeking SUD treatment services will be assessed using the ASAM criteria.
  - Being homeless does not by itself mean a patient is eligible for residential treatment.
- Patients who identify as homeless will be referred to a SUD case manager for further assessment and linkage to housing, including RBH if the patient prefers an abstinence-based environment.
- SUD case manager will conduct a VI-SPDAT assessment with patient to access housing options beyond RBH available through the CES.



## Linkages to Permanent Housing

- All homeless patients enrolled in SUD treatment will be assessed using VI-SPDAT as early in the course of treatment as possible.
- SUD case manager will assist patient to get linked to permanent housing options for which they may be eligible through CES.
- SAPC is in discussions with LAHSA to set up trainings on the VI-SPDAT and CES for SUD providers.

