



SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT OF SUBSTANCE USE DISORDERS

DEPARTMENT OF PUBLIC HEALTH, SUBSTANCE ABUSE PREVENTION AND CONTROL (SAPC) SUBSTANCE USE DISORDER SYSTEM TRANSFORMATION AND THE DRUG-MEDICAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) WAIVER

Substance Use Disorder Organized Delivery System: Stakeholder Feedback

Los Angeles County's substance use disorder (SUD) system of care will undergo a complete transformation with participation in the California Department of Health Services (DHCS) Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver which expands SUD treatment services reimbursable under the Drug Medi-Cal program using determination of medical necessity, the American Society of Addiction Medicine (ASAM) Criteria, and quality assurance and utilization management processes to improve outcomes for Medi-Cal beneficiaries while also reducing overall health care costs. This is potentially the most extensive transformation of the SUD system in California and Los Angeles County since the establishment of the Federal Substance Abuse Prevention and Treatment Block Grant in the 1980s.

With intent to apply and participate in the DMC-ODS waiver, the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC) program invited stakeholders to provide feedback on its draft implementation plan. As a key component of the application process, SAPC sought input from service providers, patients, community members and other collaborators. The draft implementation plan is available on SAPC's website: <http://publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm>.

KICK-OFF MEETING

The stakeholder process began with a kick-off meeting held on August 13, 2015. There were 98 attendees at this meeting, the majority being SUD treatment providers funded by SAPC.

COUNTY PARTNERS

On August 26, 2015, a stakeholder meeting was held with County partners. Thirty-four individuals from the following programs participated:

- Department of Mental Health (DMH)
- Department of Health Services
- Department of Public Health (Division of HIV & STD Programs and Children's Medical Services)
- Department of Public and Social Services
- Department of Children and Family Services
- Countywide Criminal Justice Coordination Committee
- Public Defender's Office
- Probation Department
- LA CARE
- Health Net
- UCLA Integrated Substance Abuse Programs
- California Community Foundation

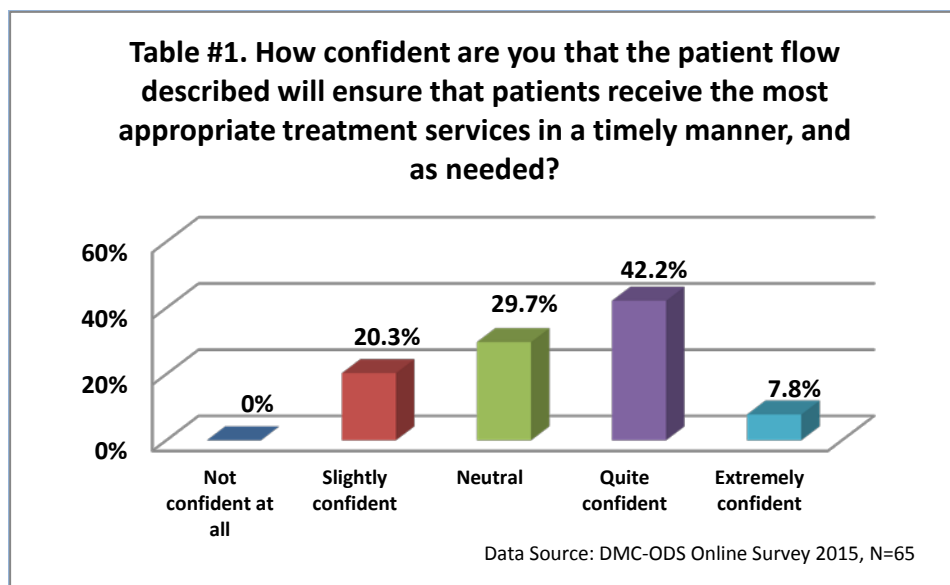
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REGIONAL MEETINGS AND SURVEYMONKEY

Between August 19 and September 9, 2015, SAPC conducted nine (9) regional meetings throughout the County. A comprehensive listing of all questions and concerns raised during these meetings can be found here:

<http://publichealth.lacounty.gov/sapc/HealthCare/HealthCareReform.htm>. Additionally, an electronic stakeholder feedback/input survey using SurveyMonkey was developed. Themes which emerged during these regional meetings and submitted surveys are described below.

PATIENT FLOW

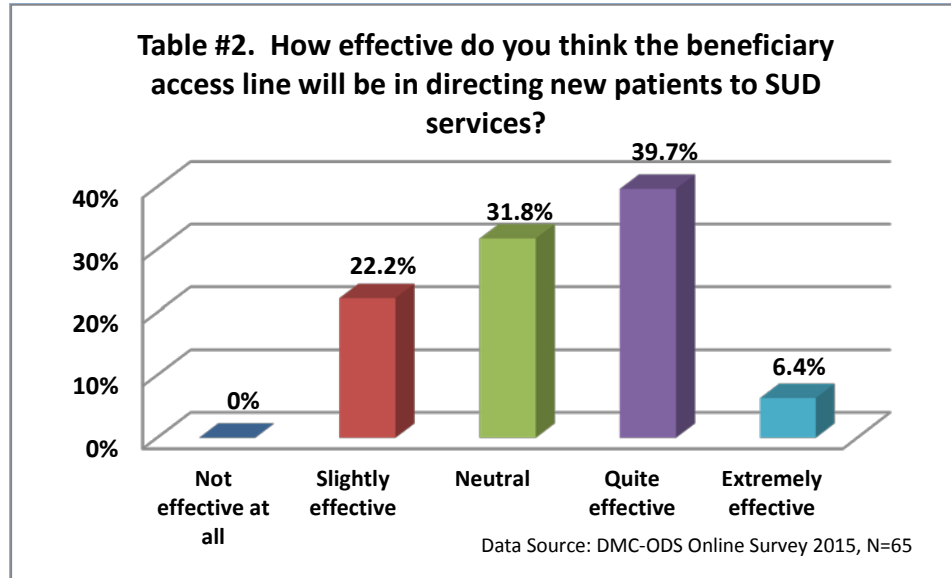


As indicated in Table #1 above, while the majority of individuals who completed the online survey felt confident that the patient flow described would ensure that patients receive the most appropriate treatment services in a timely manner, and as needed, the following areas of concern and need were identified in both the survey and at regional meetings:

- Results of the preliminary screening conducted by the access line, and the discharge summary for patients moving between levels of care (LOC), are needed to ensure effective care
- More detailed guidelines and timelines for placement and movement across LOCs is needed
- Need to acknowledge and support patient choice and level of commitment to recovery when conducting screenings and assessments
- Protecting patient-level information (maintaining HIPAA compliance) is crucial in communication and coordination of services among SAPC, DMH and the health plans
- In order to properly guide patients through this patient flow, treatment providers will need robust trainings on the ASAM Criteria, intensive psychosocial clinical assessment and telehealth services

Substance Use Disorder Organized Delivery System: Stakeholder Feedback

BENEFICIARY ACCESS LINE – NEW PATIENTS

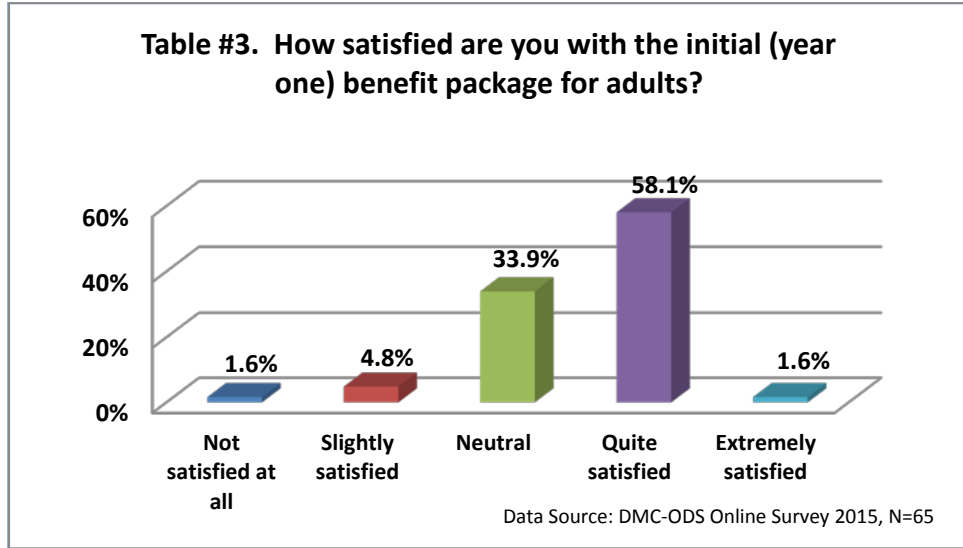


Although 46.1% of individuals indicated that they thought the beneficiary access line would be effective (sum of quite and extremely effective) in directing new patients to SUD services, there were several concerns raised in both the survey and at regional meetings:

- It is essential that access line staff have appropriate education, clinical training and experience in SUD services
- Guarantee that the line is staffed by individuals who can speak multiple languages
- Effective communication between access line staff and providers regarding referrals made is imperative; screening results should be forwarded to referral agency
- Ensuring that assessment appointments are made very soon after referrals are given so that patients receive treatment services as soon as possible
- Must make certain that providers have available slots or beds before making referrals
- Confirmation that providers do not receive preferential treatment with regard to referrals
- Making sure that all eligibility requirements are known by access line staff so that appropriate referrals are made, regardless of Medi-Cal eligibility
- Making accommodations for undocumented and un/underinsured individuals
- Transportation must be available for patients once referrals and appointments are made
- Contact information for providers must be updated regularly
- There will need to be a plan in place to manage referrals from law enforcement or for the chronically homeless
- Requiring/creating metrics for evaluation of calls received and returned as well as the percentage of successful referrals made
- Clarification is needed on whether the access line will be replacing the Community Assessment Services Centers (CASC) and/or what the CASC roles will be

Substance Use Disorder Organized Delivery System: Stakeholder Feedback

INITIAL BENEFIT PACKAGE: ADULTS

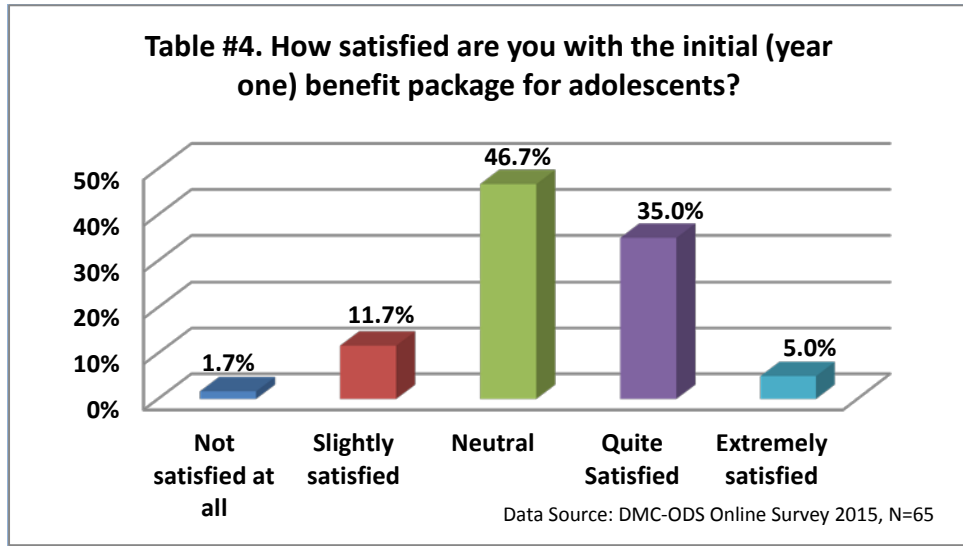


Most respondents (60%) indicated strong satisfaction with the initial benefit package for adults. However, the following concerns and recommendations were raised:

- Clarify what recovery support and aftercare services are necessary
- Clarify which medications will be allowable for Medication-Assisted Treatment (MAT)
- Make accommodations for individuals in residential programs to receive MAT without leaving the facility
- Clarify whether the maximum duration of residential treatment can be added to another treatment episode or continued if a patient exits treatment prematurely and returns later (e.g. with a defined period of time or if it would mean a new episode, meaning days would not roll over)
- More withdrawal management facilities are needed across the County
- Ensuring adequate training and technical assistance for providers during this transition will be valuable
- Funding for workforce development will be vital; infrastructure adjustments can be costly

Substance Use Disorder Organized Delivery System: Stakeholder Feedback

INITIAL BENEFIT PACKAGE: ADOLESCENTS



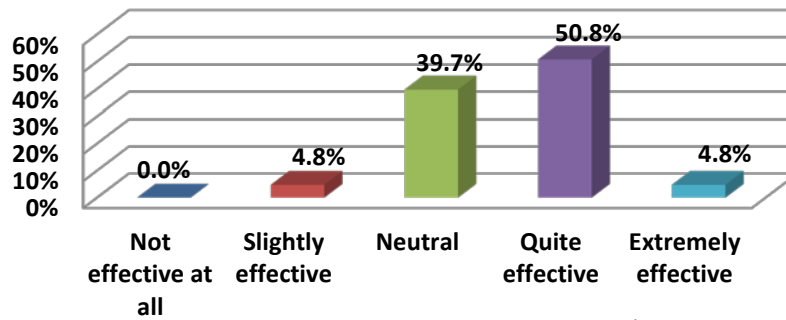
Nearly 47% of respondents indicated that their opinion toward the initial benefit package for adolescents was neutral, followed by 40% of respondents who felt satisfied. The primary concerns and recommendations regarding the initial benefit for adults were the same, but also included:

- Concerns about successful treatment outcomes for adolescents due to the 30-day maximum for residential stay, and how length of stay was determined; this should be comparable to adults
- Withdrawal management is a necessary option for adolescents
- A strategy must be developed for outpatient services which will allow adolescents to access treatment with ease; relying on working parents/guardians to accompany them is challenging
- Funding to provide transportation for adolescent treatment is necessary

Substance Use Disorder Organized Delivery System: Stakeholder Feedback

QUALITY ASSURANCE/UTILIZATION MANAGEMENT (QA/UM)

Table #5. How effective do you think DPH- SAPC's QA/UM plan will be in ensuring that contractors provide quality-focused, effective, and appropriate services for SUD patients?



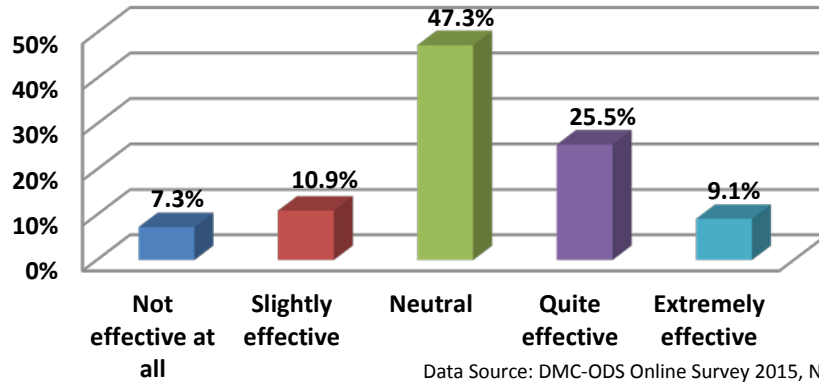
Approximately 56% of survey respondents were satisfied with the QA/UM plan developed by SAPC's Office of the Medical Director and Science Officer. The following concerns and recommendations were raised:

- Funding as currently structured does not support this model as new types of quality management and improvement staff will need to be hired
- A mechanism for peer review would be effective in facilitating the exchange of best practices and program ideas among providers
- Standardized forms for the QA/UM implementation should be developed and shared with providers
- SAPC should collaborate with DMH and conduct regular regional meetings

Substance Use Disorder Organized Delivery System: Stakeholder Feedback

PRIOR AUTHORIZATION FOR RESIDENTIAL SERVICES

Table #6. How effective do you think the prior authorization for residential services will be to improving access to these services when needed?



Largely (nearly 50%), survey respondents remained neutral when asked about the effectiveness of the 24-hour pre-authorization requirement for residential services. The primary concerns regarding this requirement are listed below:

- Requiring 24-hour pre-authorization from SAPC to admit patients into residential care will not only create an infrastructure burden within agencies, but patients may be lost or lose interest in treatment before authorization is acquired
- In an effort to avoid authorization requests being denied, guidelines/eligibility requirement should be developed and widely distributed among providers
- Either (1) funding should be identified to allow providers to admit patients to residential programs while waiting for the authorization to be approved, or (2) allow retroactive billing for admissions after authorization approval
- The time that it takes to approve such requests must not take longer than the 24-hour mandate; i.e. there must be a plan in place within SAPC to manage authorization requests during weekends and holidays