



COUNTY OF LOS ANGELES DEPARTMENT OF PUBLIC HEALTH SUBSTANCE ABUSE PREVENTION AND CONTROL AUGUST 3, 2015

VISION DESCRIPTION

TRANSFORMING THE LOS ANGELES COUNTY SUBSTANCE USE DISORDER SYSTEM OF CARE

➤ INTRODUCTION

According to the National Survey on Drug Use and Health, of the approximately 23 million Americans who need treatment for a substance use disorder (SUD), less than 11 percent receive services. In California's Medi-Cal program, approximately one million individuals have identifiable SUD treatment needs; many more that could benefit from treatment are undertreated or not identified. The field of SUD prevention, treatment and recovery services must – and is – undergoing its most extensive transformation since the federal Substance Abuse Prevention and Treatment Block Grant was established.

In California, the Department of Health Care Services (DHCS) recently submitted the Drug Medi-Cal Organized Delivery System (DMC ODS) waiver proposal that will greatly expand SUD services reimbursable under the Drug Medi-Cal program for counties that decide to participate. The waiver will support coordination and integration across systems, strengthen county oversight of network capacity, and improve consumer access to services.

Correspondingly, Los Angeles County is engaged in transforming its system of care for SUD treatment services into a specialty health plan that will function as an integral component of the County health system. This paper describes the background and vision for the process in which the Department of Public Health, Substance Abuse Prevention and Control Division (DPH-SAPC) will engage its contracted providers, consumers, County agencies, and other stakeholders to accomplish such a transformation in the coming years through the DMC ODS implementation plan.

1. Precipitating Events:

- March 23, 2010 – The federal Affordable Care Act (ACA) was signed by President Obama to achieve the “Triple Aim” for health care (improving the individual experience of care, improving the health of populations, reducing the per capita costs of care for populations).

- January 1, 2014 – Medi-Cal eligibility was expanded to single adults, including those without children, with income up to 138 percent of the Federal Poverty Level.
- September 5, 2014 – A State Plan Amendment (13-038) was approved by the federal Centers for Medicaid and Medicare Services (CMS) to include Intensive Outpatient Treatment as a reimbursable Drug Medi-Cal Service.
- November 21, 2014, - State DMC ODS waiver amendment was submitted by DHCS to CMS.
- Concurrent advances in knowledge of evidence-based practices for the prevention, treatment, and recovery of SUD, such as medication-assisted treatment, foster the SUD field's maturity into an integral component of the public health care service system of care.
- Recognition by the public health care service system of care that persons with untreated SUD are among the highest users of publicly funded health services and that care coordination of physical health, mental health, and SUD services is critical to achieve the Triple Aim.

2. Description of the Current State Health Care System

- a. Medicaid is administered by the Department of Health Care Services as the Medi-Cal program.
- b. Carved-out Medi-Cal Programs for serious mental illness (mental Health Medi-Cal) and SUD benefits (Drug Medi-Cal).

3. Description of the Current County Health Care System

- a. The County health care system is comprised of the following agencies:
 - Departments of Health Services, Mental Health, and Public Health (including SAPC).
 - Two County health plans (LA Care Health Plan, the public health plan, and Health Net, the private health plan, and several subcontracted health plans).
 - Five Cal MediConnect health plans for persons dually eligible for Medicare and Medi-Cal (Care 1st, Care More, Health Net, LA Care, and Molina Health Care) under the Cal MediConnect demonstration project.
- b. The Substance Abuse Prevention and Control Division of the Department of Public Health (DPH-SAPC) is the designated County alcohol and drug program administration as required by the California Health and Safety Code.
 - It is responsible for administering federal, State, and County funds allocated for substance use prevention, treatment, and recovery services.

- These services are provided either directly by the County-operated Antelope Valley Rehabilitation Centers or through contracts with approximately 150 community-based service providers contracted by SAPC.
 - c. While DPH-SAPC is responsible for providing SUD services for Medi-Cal beneficiaries, the health plans are responsible for providing SUD services for Medicare beneficiaries.
 - d. In addition to DPH-SAPC, other County departments also provide SUD services either directly, through transfer of funds to DPH-SAPC, or through contractors: Department of Children and Family Services (DCFS), Department of Health Services (DHS), Department of Mental Health (DMH), Department of Public Health – Division of HIV and STD Programs, Department of Public Social Services (DPSS), Probation Department, and Sheriff’s Department.
4. Future Transformation of DPH-SAPC into a Specialty Health Plan
- a. DPH-SAPC will establish a continuum of care for SUD treatment and recovery services that integrates all its revenue streams into a single benefit package.
 - b. DPH-SAPC will collaborate with other County health agencies (physical health and mental health) to ensure care coordination and service integration.
 - c. DPH-SAPC will obtain County and State approval to participate in the DMC ODS waiver plan.
 - d. DPH-SAPC will then become a key component of the County health care system.

➤ **FOUNDATIONAL PRINCIPLES**

1. *TREAT SUBSTANCE USE DISORDER AS A CHRONIC HEALTH CONDITION* – Substance use disorder (SUD) is a treatable chronic health condition with biopsychosocial origins. SUD should be addressed using a comprehensive evidence-based and quality-focused approach that promotes treating SUD and establishing and sustaining recovery based on accepted standards of care.
2. *PROVIDE COORDINATED/INTEGRATED CARE* – When SUD occurs concurrently with other physical health and mental health conditions, SUD treatment is most effective when provided in coordination with or integrated with treatment for other co-occurring conditions.
3. *ESTABLISH A SINGLE BENEFIT PACKAGE* – A single benefit package is based on determined medical necessity and using the American Society of Addiction Medicine

(ASAM) placement criteria. Access to SUD care is based on clinical need independent of program funding sources. Each patient can access services at the appropriately indicated level of care in a timely manner commensurate with the level of severity. There is no “wrong door” to SUD services.

4. *ESTABLISH A PATIENT-CENTERED SYSTEM* – The County SUD system of care is centered on the unique needs of the whole person. The patient plays an active and integral decision-making role in her/his treatment plan and recovery process. Each patient is treated with dignity and respect, in a confidential and ethical manner, with cultural and linguistic competence.
5. *MAINTAIN A PARTNERSHIP BETWEEN SAPC AND ITS COMMUNITY-BASED PROVIDER NETWORK* – Community-based network providers are critical and valued partners in the SUD system of care with shared goals. A wide array of programs comprised of a well-qualified workforce reflecting the diverse composition of the County population is important to assure that the unique needs of County residents are met.
6. *EDUCATE, EMPOWER, AND INFORM PEOPLE AND THEIR COMMUNITIES* – Opportunities are continuously pursued to prevent, identify, and address SUD by increasing community awareness and education and engaging community residents around this chronic health condition.
7. *ESTABLISH A CONTINUOUS IMPROVEMENT PROCESS FOR TREATMENT SERVICES* – Treatment programs and services are continuously improved through systematic application of advancements in best practices, research, and technology.

➤ DESCRIPTION OF CONTINUUM OF CARE

1. Bases for patient eligibility and level of service placement:
 - Determination of medical necessity.
 - Application of the American Society of Addiction Medicine (ASAM) placement criteria.
2. Components of Substance Use Disorder Benefit Package – See attached Benefit Packages for Adolescents and Adults.
 - Screening, Brief Intervention and Referral to Treatment (by network providers of health plans, DHS, DMH).
 - 24-hour/7 days per week public access line for referrals and requests for admission to SUD treatment services.
 - Withdrawal Management (outpatient, inpatient, residential)
 - Residential Treatment
 - Intensive Outpatient Treatment

TRANSFORMING THE LOS ANGELES COUNTY SUBSTANCE USE DISORDER SYSTEM OF CARE

- Outpatient Treatment
- Narcotic Treatment Program
- Medication-Assisted Treatment (acamprosate, buprenorphine, disulfiram, methadone, naltrexone, long-acting naltrexone, naloxone)
- Recovery Support Services (recovery monitoring, recovery residence)
- Case Management
- Physician Consultation

3. Key features of the Continuum of Care:

- a. The treating provider is responsible for ensuring that the patient successfully transitions when needed to another level of care in the continuum.
- b. A patient may step up or down to any service in the continuum of care as becomes clinically indicated.

➤ OUTCOMES FOR A PATIENT-FOCUSED SERVICE DELIVERY SYSTEM

1. The patient accesses services at the appropriate level of care in a timely manner.
2. Treatment services are provided at the indicated clinical level of care and duration.
3. The patient's treatment goals are supported by a treatment plan established and updated with the active participation of the patient.
4. Patient satisfaction with the affordability, wait time to access, quality, and quantity of services provided.
5. Patient access to recovery support through proactive follow-up after discharge from treatment services.

➤ FINANCING THE SYSTEM OF CARE

1. DPH-SAPC uses funds from the following revenue streams and funding sources to provide services for County residents in the following order:
 - Drug Medi-Cal
 - State Substance Abuse Realignment
 - Assembly Bill 109 State Public Safety Realignment
 - CalWORKs
 - County General Funds (General Relief)
 - Other revenue sources
 - Federal Substance Abuse Prevention and Treatment Block Grant
2. With implementation of the DMC ODS plan, Drug Medi-Cal (DMC) becomes the main source of funds to pay for SUD treatment services. Other funding sources will be used to cover services not reimbursable by DMC and for patients who are not eligible for Medi-Cal enrollment.

➤ TRANSFORMATIONAL PROCESSES

1. Proposed Timelines:

- June 2015 – State DMC ODS plan is approved by the federal Center for Medicare and Medicaid Services (CMS).
- June 2015 – Los Angeles County initiates a stakeholder input process for its draft DMC ODS implementation plan.
- July 2015 – Los Angeles County agrees to participate in the State DMC ODS plan and submits its implementation plan to the California Department of Health Care Services (DHCS).
- August 2015 – DHCS approves the County plan.
- August 2015 – DPH-SAPC launches its DMC ODS implementation plan including a continuing stakeholder participation process.
- July 2016 – DPH-SAPC achieves full implementation of its initial system of care under the DMC ODS plan.

2. Transformational Components:

a. System Capacity Building

In order to become optimally capable of accomplishing the transformation into a specialty health care plan, DPH-SAPC, its County partner agencies, and its provider network will build a system infrastructure with the following capabilities and capacity:

- Network Capacity Building
 - Network Services Capacity

A sufficient number of certified Drug Medi-Cal providers with the appropriate State certification and licensing will be established to meet population and service needs at all levels of care.
 - Coordinated SUD Continuum

Care coordination between levels of care will be established at the regional and County-wide levels. In most cases, services will be provided as close to the patient's residence as possible; but, in some cases, specific types of services must be provided on a County-wide basis due to logistic and cost-effectiveness considerations.
 - Care Coordination with Physical Health and Mental Health Networks

Processes will be established for DPH-SAPC and its provider network to exchange patient information and for clinical consultation with County health plans, Department of Health Services, Department of Mental Health, and Department of Public Health to support care coordination.
- Infrastructure Capacity Building

- Electronic Health Record and Billing System
DPH-SAPC will establish with its provider network an electronic health record and billing system to support cross-system care coordination and to expand capacity for cost utilization analysis and planning.
- Quality Assurance and Utilization Management System
DPH-SAPC will establish quality assurance and utilization management processes to ensure a system of care consistent with accepted national, State, and County standards for the public health system including Medicaid/Medi-Cal.

b. Workforce Development

In order to become optimally capable of accomplishing the transformation into a specialty health plan, DPH-SAPC, its County partner agencies, and its provider network will build a workforce with the following capabilities and expertise:

- Patient-centered Treatment Services Approach
Supporting the empowerment of patients to play an active role in establishing and implementing their treatment plans and evaluating progress in the treatment and recovery process.
- Determination of Medical Necessity and Application of ASAM Placement Criteria
Applying the determination of medical necessity and American Society of Addiction Medicine (ASAM) placement criteria in supporting patients entering and moving through the appropriate levels of care.
- Evidence-based Practices
Ability to provide SUD services using evidence-based practices with fidelity. At a minimum, providing motivational interviewing with cognitive behavioral therapy.
- Cultural and Linguistic Competence
Providing appropriate SUD services in a manner consistent with the National Culturally and Linguistically Appropriate Standards in Health and Health Care and representative of the cultural and linguistic diversity of the County population.
- Cross-System Care Coordination (with Physical Health and Mental Health Systems) for persons with co-occurring conditions
Acquiring cross-system knowledge and skills to manage the exchange of patient information and to conduct clinical consultation with County health plans, County departments, and other agencies to support care coordination for shared patients.

c. Financing

In order to become optimally capable of accomplishing the transformation into a fiscally viable specialty health care plan, DPH-SAPC, its County partners, and its provider network must build a fiscal infrastructure with the following features:

- Provider ability to screen patients for eligibility for all benefits.
- Provider billing processes for services provided under a single benefit package supported by multiple revenue streams.
- Service rates that support the real costs involved in providing such services with the quality and quantity indicated by medical necessity and clinical criteria.

➤ **CONCLUSION AND NEXT STEPS**

The system transformation outlined above requires major changes to the current SUD services system. The process will take at least several years beyond July 2016 to fully implement. The process will also evolve as movement accelerates in the coming years across the entire health care field towards cross-system care coordination and service integration. DPH-SAPC, in collaboration with its provider network and other County partners, will continue taking steps in the transformative process to leverage opportunities under the State's DMC ODS waiver plan, the Bridge to Reform 1115 Medicaid waiver renewal plan, and Medi-Cal expansion to improve the availability and quality of SUD services for the County's Medi-Cal and safety net populations.



➤ REFERENCES

Connolly, John, *Los Angeles County Safety Net Behavioral Health Planning Framework: Environmental Scan and Gap Analysis*, unpublished report, Insure the Uninsured Project, June 20, 2014.

Engleberg Center for Health Care Reform at the Brookings Institution, *Bending the Curve – Person-Centered Health Care Reform: A Framework for Improving Care and Slowing Health Care Cost Growth*, April 2013. www.brookings.edu/research/reports/2013/04/person-centered-health-care-reform

Langer Research Associates for the Blue Shield Community Foundation, *Delivering on a Promise: Advances and Opportunities in Health Care for Low-Income Californians*, January 2015. www.blueshieldcafoundation.org

Pegany, Vishaal and Wulsin, Lucien, *Delivery Systems and Financing Care for the Remaining Uninsured in Los Angeles County: Composite Summary and Recommended Options for Discussion*, Insure the Uninsured Project, January 5, 2015, www.itup.org.

California Department of Health Care Services, *California Mental Health and Substance Use System Needs Assessment and Services Plan, Volume 2*, September 30, 2013.

California Department of Health Care Services, Memorandum to All Managed Medi-Cal Health Plans, *New Benefit – Voluntary Inpatient Detox*, March 11, 2014.

California Department of Health Care Services, *MHSUDS Information Notice Number 14-032: Medications Used in Treatment of Substance Use Disorders in an Outpatient Setting*, September 25, 2014.

California Department of Health Care Services, *Draft Drug Medi-Cal Contract, Exhibit A, Attachment I, Program Specifications*, February 13, 2015.

California Department of Health Care Services, *Draft Drug Medi-Cal Organized Delivery System State Waiver Implementation Plan*, February 13, 2015.

California Department of Health Care Services, *Draft Drug Medi-Cal Organized Delivery System Waiver County Implementation Plan*, February 15, 2015.

California Department of Health Care Services, *Medi-Cal 2020: Key Concepts for Renewal*, March 16, 2015.

Commission on Accreditation of Residential Facilities (CARF) International, *Behavioral health Accreditation Requirements*, www.carf.org

TRANSFORMING THE LOS ANGELES COUNTY SUBSTANCE USE DISORDER SYSTEM OF CARE

National Committee for Quality Assurance (NCQA), *2014 Managed Behavioral Health Organization Accreditation Requirements*, www.ncqa.org

United States Department of Health and Human Services, Centers for Medicare and Medicaid Services, Division of Medicaid and Children's Health Operations, Approved Copy of State Plan Amendment 13-038, September 5, 2014.

United States Department of Health and Human Services, Office of Minority Health, *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care: A Blueprint for Advancing and Sustaining CLAS Policy and Practice*. April 2013.
