



# Lessons Learned from DMC-ODS “Live” Counties

Technical Assistance Webinar for Counties  
January 4, 2018



# Overview of Presentation

- State Updates
- County Perspectives
  - Contra Costa County
  - Los Angeles County
- Questions and Discussion
- Adjourn



# State Updates

**Michele Wong**  
**Assistant Division Chief**  
**Department of Health Care Services**  
**Substance Use Disorder Compliance Division**



# Lessons Learned – Contra Costa County

**Fatima Matal Sol, AOD Program Chief  
Behavioral Health Division  
Contra Costa County, Alcohol and Other Drugs Services**

# Contra Costa County Drug Medi-Cal Waiver (DMC-ODS) PLAN

## ALCOHOL AND OTHER DRUG SERVICES

Presented by Fatima Matal Sol, AOD Chief &  
Mark Messerer , Quality Management Manager

January 4, 2018



# About Us: Contra Costa County

- Large County Widespread geographical area, 5 regions
- Population 1,135,127
- Neighboring Counties: Alameda, Marin, Solano, San Joaquin, San Francisco
- Integrated under Behavioral Health since 2014, prior to Waiver it included Mental Health & Homeless Services. Behavioral Health under Health Services Department
- All SUD services contracted out. 1 Exception Discovery House: 40 men residential facility

# County Readiness Prior to Waiver

- Decentralized entry into system. 1FTE AOD Counselor Information and Referral only at MH Access
- All modalities except IOT. 3 Providers certified but were not in operation. 2 Methadone programs. Low youth services
- No Drug Courts- ended during recession
- Ongoing Partnership: HRSA grant awarded to Health Care for the Homeless in 2015 for Buprenorphine
- Through BH relationship with the Contra Costa's Health Plan (200,000 Medi-Cal beneficiaries)
- 1AOD Program Chief, 2 AOD Managers added end 2015. Most retired mid 2014
- Extensive ASAM training and SUD provider engagement/education
- Involved in multiple multi-years DHCS audits
- Some policies and workflows by January 2017

# Contra Costa's DMC-ODS Milestones

- Extensive Community Engagement Process with Clients, Providers and Stakeholders – ended October 2015
- 2 Managed Care Plans: MOU with Contra Costa Health Plan. Unsuccessful with 2<sup>nd</sup> Plan
- Submitted County Implementation Plan (CIP) 4/15/16. CIP approved 8/10/16
- On 10/5/16 we submitted our Fiscal Plan. Provisional Rates and Fiscal Plan approved early November 2016 by the Department of Health Care Services (DHCS)
- Approved by BOS June 20, 2017
- April 2017, RFQ & upgraded contract language completed May 2017
- Contract awarded June 30, 2017- 6 months of DMC-ODS Plan operation

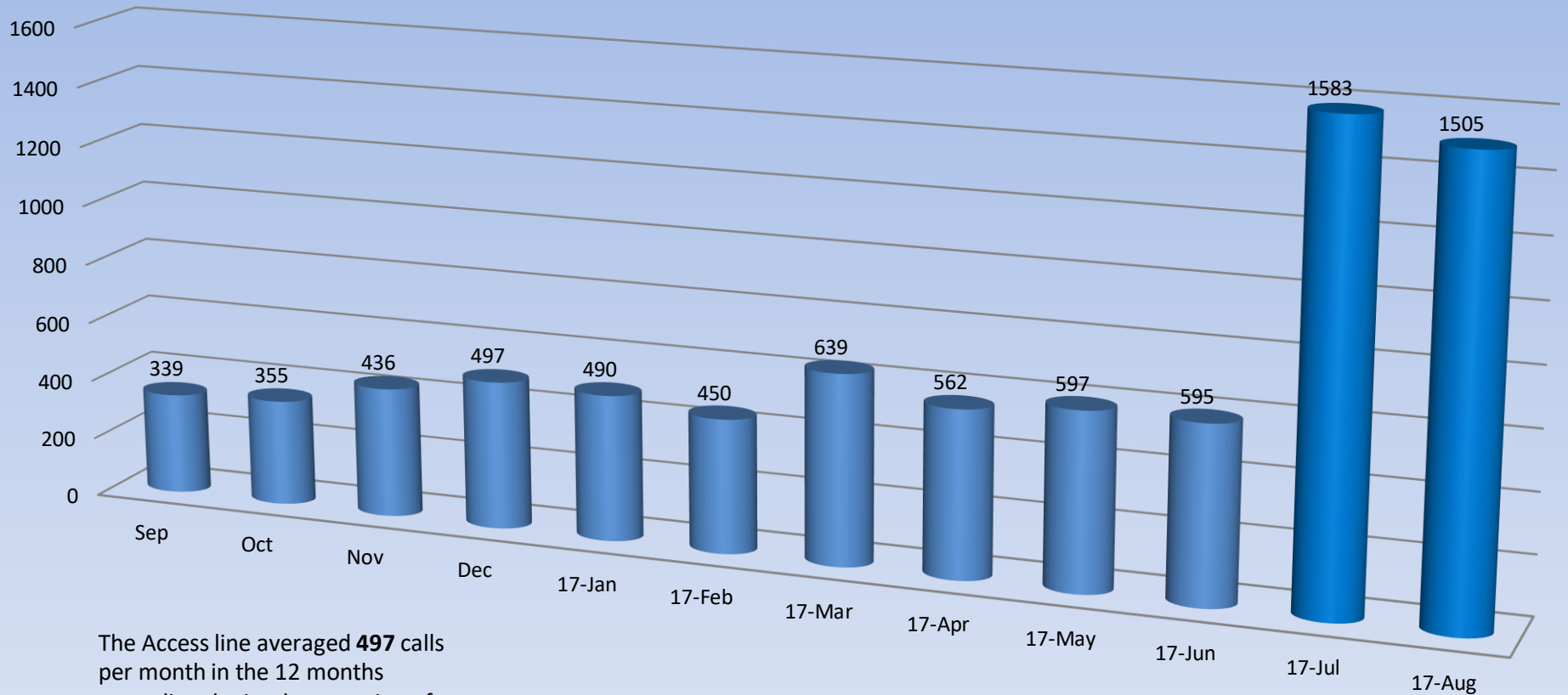


# Access Line Master Plan:

## July 1, 2017

- 1FTE AOD Counselor and others. Leading AOD Manager to weather storm, and 1FTE Manager plus AOD Chief to handle six month Wait List from providers (**300 individuals**)
- Gradual transfer, first residential then outpatient
- Recorded messages at each program announcing changes
- Training of staff at Access, became Behavioral Health Access Line
- Proven record SUD providers declined DMC contract

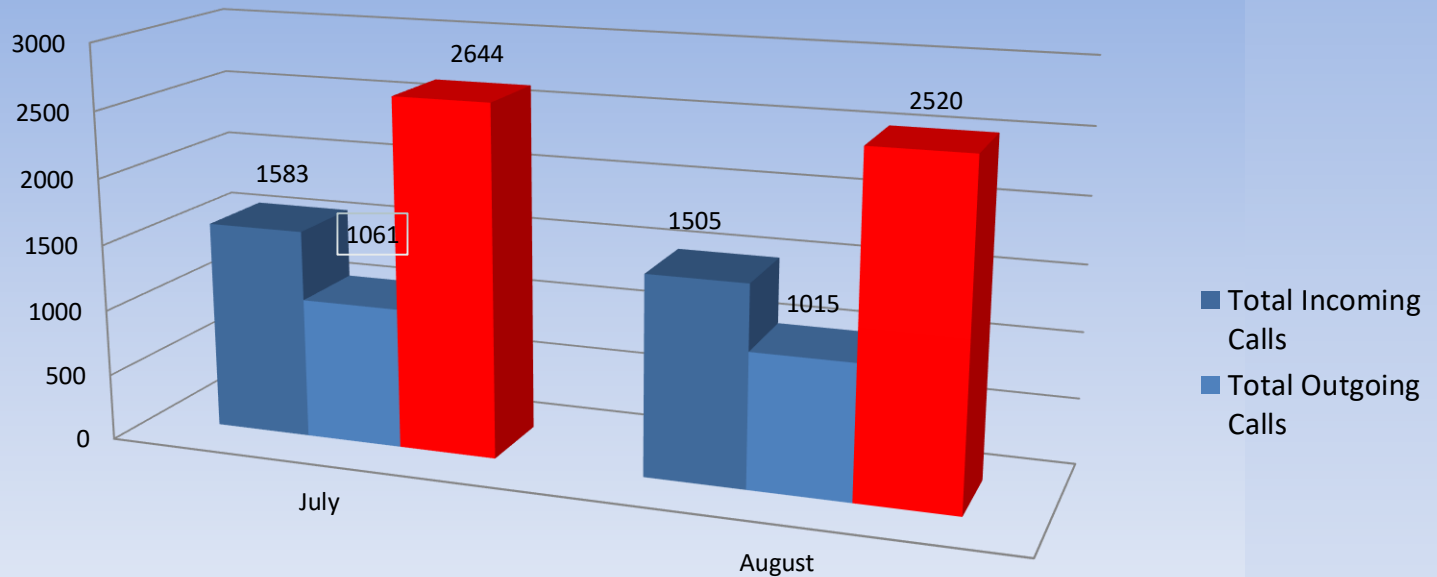
# Overall Incoming Call Volume September 2016 thru August 2017



The Access line averaged **497** calls per month in the 12 months preceding the implementation of DMC-ODS

# DMC-ODS Waiver Calls

Total Incoming/Outgoing calls  
July and August 2017



AOD Counselors and clerks at the Access Line handled more than **5 times** the average number of calls in the two months after DMC-ODS began.

# Access Line: First 2 Months

- ❑ AODS did anticipate the massive amount of calls but was under staffed
- ❑ Evening & Weekend calls into voicemail caused lengthy backlog. Callers did not receive returned call for several days
- ❑ Low show to outpatient services, provider crisis & backdoor referrals
- ❑ Criminal justice clients unable to dial 800 numbers
- ❑ Access ASAM Screening and ASAM assessment
- ❑ Added 3 additional FTE AOD counselors were trained at Access Line to provide support until permanent counselors were hired
  - ✓ Two permanent Substance Abuse counselors started at the beginning of September
- ❑ Huge # of disconnected phones
- ❑ Instituted ongoing weekly phone conference with SUD providers to give updates and quickly troubleshoot-excellent mechanism

# CRIMINAL JUSTICE CLIENTS

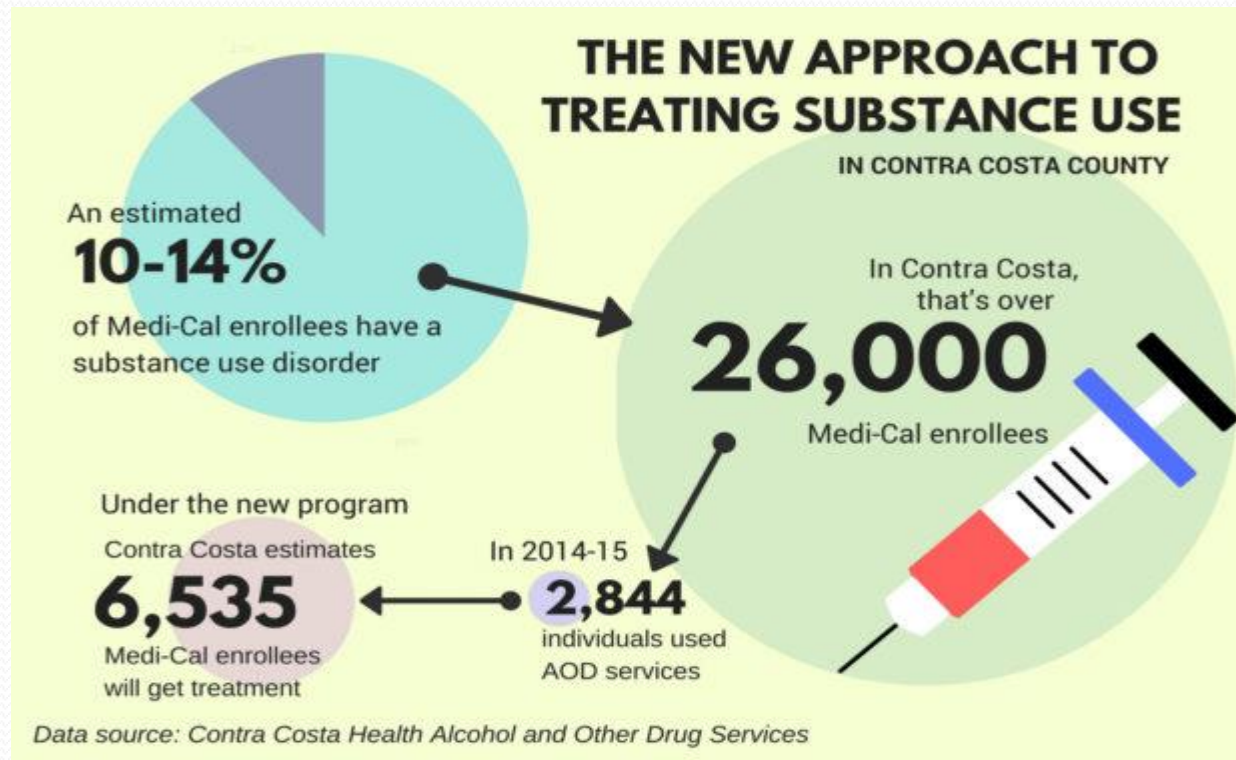
- During first month, 80 clients waiting to call from jail 1-800 number
- Public Defender Meetings
- From mandated sentences to medical necessity
- Sweet Deals with providers: CFS, public defenders, police departments, etc
- Provider and Chief: Summoned by Court
- New protocol emerged
- Sheriff Department Speed Dial Number!

# ODS-DMC Marketing

- 5 Presentations to Superior Court
- Trained 125 Public Defenders
- Quality Management Council of Health Plan
- Mental Health Commission, Prop 63 Council. Adult Mental Health
- AOD Board monthly updates
- Hospital Social Workers
- Whole Person Care staff
- Family Maternal Child Care
- Kaiser Permanente
- Sherriff Department and Detention Health



# Richmond Confidential Story



- **Contra Costa health-care experts tout county's new substance-abuse treatment program**

# Provider DMC Certification

- Lengthy and onerous process
- 70% in SUD system completed-Mental Health clinics
- Still low adolescent treatment
- Cottages in Residential Facilities- fiscal and clinical implications





# The “U”s and the “Q”s

## Utilization & Quality Management

- Expansion into MH structure: Workforce lacks SUD knowledge, extremely challenging!
- ASAM and SUD training important
- More challenges: Aligning competing regulations with little guidance and existing MH models in the development of policies and procedures. Now, more Info Notices
- QI/QA Not quite established



# MAT: A True Paradigm Change

- Social Model Culture
- Hiring The “Truly” Dually Trained
- Buprenorphine
- Naloxone Training
- Other MAT
- Methadone: Take Homes for the Vulnerably Frail with the Health Plan
- Ambulatory Care and SUD
- Hub and Spoke a part of an Organized Delivery System

# 42 CFR Challenges

- EHR
- Steering Committee
- Access CRMs ASAM Screenings and providers Face-to-Face Assessment
- In-Custody paperwork
- Coordination with Primary Health Care and Whole Person Care

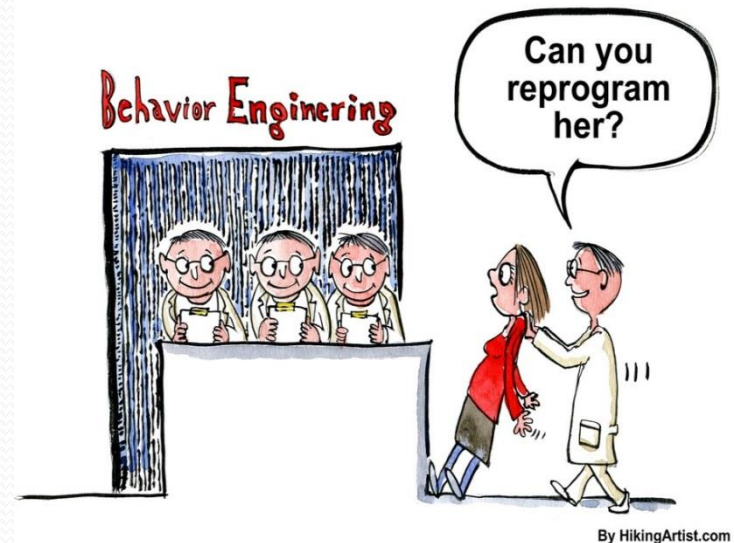


# Phase 1



# Changing Organizational Behavior

- SUD Culture from Social to Medical Model: Discharges
- Little integration with Methadone
- Workload has Changed, Documentation
- Still to Unveil: Working with Primary Health Care
- Engaging providers: weekly phone conferences, workgroups, hot topic groups,
- When reality hits (UM/UR)- AOD's role
- Behavioral Health Integration
- Working with the Managed Care Plan
- Less time in Residential: Stabilization
- Client's unsettled expectation
- EBP fidelity
- Transitions of Level of Care



# Next Steps

- Data Collection: Utilization patterns & PIPs
- Adolescent Treatment & Women Services
- EBPs



# Lessons Learned – Los Angeles County

**John M. Connolly, Ph.D., M.S.Ed.**  
**Acting Deputy Division Director**  
**Substance Abuse Prevention and Control**  
**Los Angeles County, Department of Public Health**



Los Angeles County's Substance Use Disorder Organized Delivery System

## ***LESSONS LEARNED IN L.A. COUNTY***

*Presented by: John M. Connolly, Ph.D.  
Acting Deputy Director*

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





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

Los Angeles County's Substance Use Disorder Organized Delivery System

**The Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver is the greatest opportunity in recent history to design and implement an SUD system of care that has the financial and clinical resources to more fully address the complex and varied needs of individuals with SUDs.**



## Becoming a Managed Care Plan

- **Authorizations:** Utilization Management Staff, Internal Workflow, Provider Training
- **Reorienting Existing Staff:** Beneficiary Relations, Provider Relations, Oversight and Monitoring, Financing
- **Existing Contracts vs. DMC-ODS contracts,** All in? How to transition?
- **Financing:** New Services, Higher Rates, Shorter Stays, New Federal Financial Participation, Subgroups, Braiding Funding Streams, Maximizing Resources

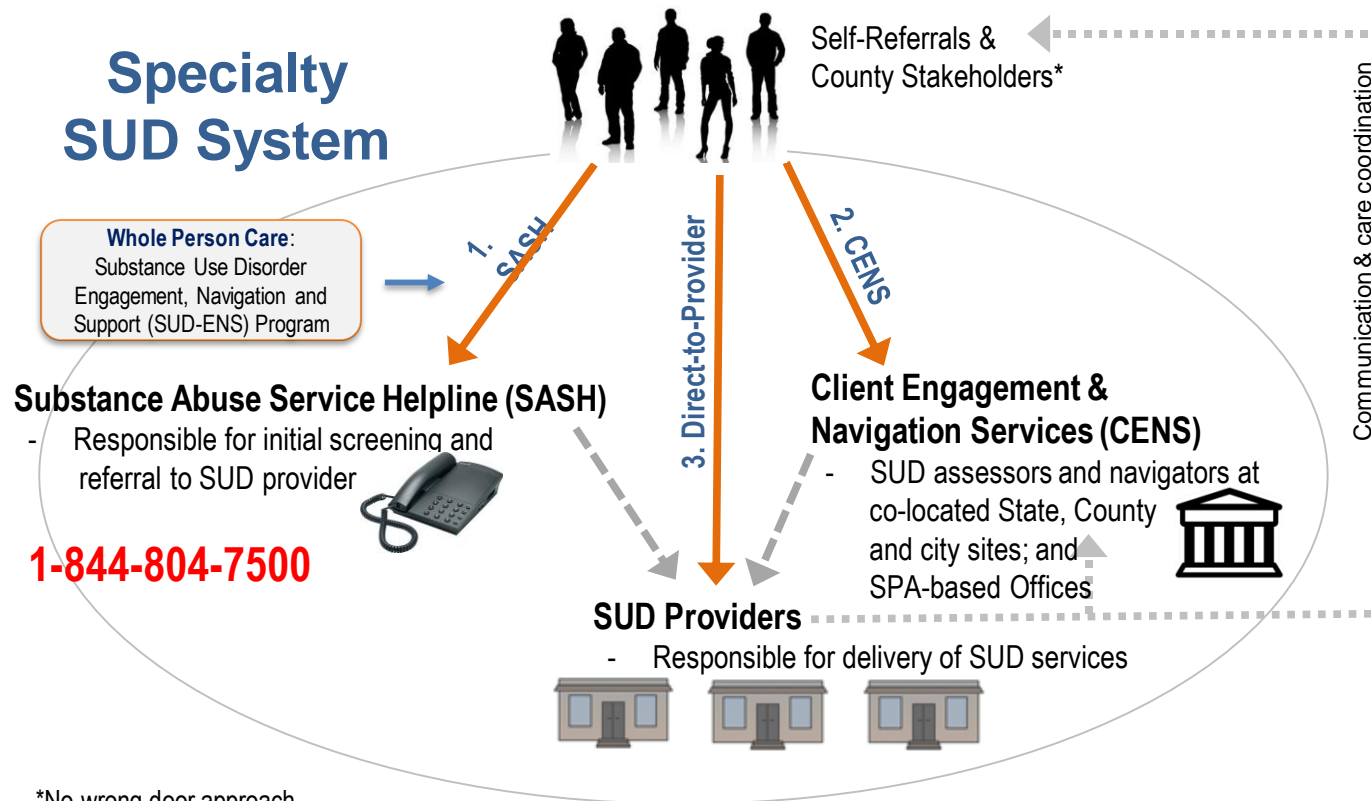


## Provider Training and Technical Assistance

- **Evidence-Based Practices and ASAM Training**
- **Benefits Acquisition:** It's Medi-Cal.
- **Workforce Capacity** (and impacts on utilization and billing)
- **Defining New Benefits:** What do you expect for case management and recovery support services?
- **Existing Contracts vs. DMC-ODS contracts:** Are you all in?
- **Communication and Transparency**



# MAIN ENTRYWAYS INTO THE SPECIALTY SUD SYSTEM





# Service & Bed Availability Tool (SBAT):

<http://sapccis.ph.lacounty.gov/sbat/>

## FIND AVAILABLE SUBSTANCE USE SERVICES NEAR YOU

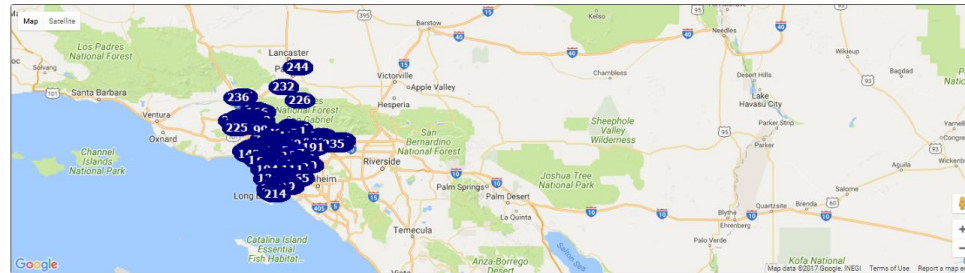
- **Option 1:** If you want to speak to someone directly to access services, call the Substance Abuse Service Helpline (SASH) at 844-804-7500
- **Option 2:** If you want to identify substance use services online [CLICK FOR INSTRUCTIONS](#)
- **Option 3:** Search by agency name

### Starting Location:

**Filter by:**

**TREATMENT/SERVICE TYPE:**

- Outpatient Treatment, Level 1 (OP)
- Intensive Outpatient, Level 2 (IOP)
- Residential Treatment, Levels 3.1 & 3.5 (RS)
  - RS (Levels 3.1 & 3.5) - Male
  - RS (Levels 3.1 & 3.5) - Female
- Residential Population-Specific Treatment, Level 3.3 (RS)
  - PSRS (Levels 3.1 & 3.5) - Male
  - PSRS (Levels 3.1 & 3.5) - Female
- Ambulatory - Withdrawal Management, Levels 1-WM & 2-WM (A-WM)
  - Residential - Withdrawal Management, Level 3.2-WM (R-WM)
    - R-WM - Male
    - R-WM - Female
- Inpatient - Withdrawal Management, Levels 3.7-WM & 4-WM (I-WM)
  - I-WM - Male
  - I-WM - Female
- Opioid Treatment Program (OTP)
- Recovery Bridge Housing (RBH)
  - RBH - Male
  - RBH - Female



Agency	Available Beds	Intake Appointment	Specific Service Type	Languages Spoken
<p><b>1</b></p> <p>0.2 miles</p> <p>LOS ANGELES CENTERS FOR ALCOHOL AND DRUG ABUSE</p> <p>470 East 3rd Street, Suites A &amp; B Los Angeles, CA 90013 Business Hours: Sun. Closed, Mon - Thu: 7:30 am - 7:30 pm, Fri: 7:30 am - 4:30 am, Sat: 7:00 am - 3:30 am Phone number: (213) 626-6411</p>		<p>OP</p> <p>IOP</p>	<p>Adult, Co-Occurring Mental Health Capabilities, Court Diversion, Probation/Parole, Re-entry, Homeless, LGBTQ, Older Adults, Parent/Guardian (Female) with Children, Sexually-Exploited, Veterans, Young Adults</p>	<p>English, Spanish</p>



## Ask questions.

- How will you transition individuals currently in treatment?
- What about OTPs? Do they know which policies apply to them?
- What about “at-risk” youth? Medical necessity for EPSDT?



# Questions and Discussion

*For optimal sound quality, please ensure that you are dialed-in using your phone and that you have inputted your **audio PIN**.*





# DMC-ODS Resources

- For additional information, please see the DMC-ODS Resources section of the DHCS Website:  
[http://www.dhcs.ca.gov/provgovpart/Pages/DMC\\_ODS\\_Resources.aspx?](http://www.dhcs.ca.gov/provgovpart/Pages/DMC_ODS_Resources.aspx?)
- For questions, please contact [dmcodswaiver@dhcs.ca.gov](mailto:dmcodswaiver@dhcs.ca.gov)





# California Department of Health Care Services

**Karen Baylor, PhD, Deputy Director, MHSUDS, DHCS**

**Marlies Perez, Division Chief, MHSUDS, DHCS**

**Don Braeger, Division Chief, MHSUDS, DHCS**

For More Information:

<http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>



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