



Drug Medi-Cal Organized Delivery System (DMC-ODS)

**Marlies Perez, Chief
Substance Use Disorder Compliance Division
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Core Elements of the DMC-ODS Pilot Program

- **Benefits:** Continuum of care modeled after nationally-recognized standard of care, American Society of Addiction Medicine (ASAM)
- **Accountability:** Increased local control and accountability
- **Beneficiary Protections:** Strong provisions for program integrity and beneficiary protections
- **Oversight:** Utilization tools to improve care and manage resources
- **Quality:** Evidence-based practices
- **Integration:** Coordination with other systems of care



Benefits

Standard DMC Benefits (available to beneficiaries in <u>all counties</u>)	Pilot Benefits (only available to beneficiaries in <u>pilot counties</u>)
Outpatient Drug Free Treatment	Outpatient Services
Intensive Outpatient Treatment	Intensive Outpatient Services
Naltrexone Treatment (oral for opioid dependence or with TAR for other)	Naltrexone Treatment (oral for opioid dependence or with TAR for other)
Narcotic Treatment Program (methadone)	Narcotic Treatment Program (methadone + additional medications)
Perinatal Residential SUD Services (limited by IMD exclusion)	Residential Services (not restricted by IMD exclusion or limited to perinatal)
Detoxification in a Hospital (with a TAR)	Withdrawal Management (at least one level)
	Recovery Services
	Case Management
	Physician Consultation
	Partial Hospitalization (Optional)
	Additional MAT (Optional)



Beneficiary Eligibility

- No age restrictions
- Eligibility:
 - Enrolled in Medi-Cal
 - Reside in Participating County
 - Meet Medical Necessity Criteria:
 - Adults: One DSM Diagnosis for substance-related and addictive disorders (with the exception of tobacco); meet ASAM criteria definition of medical necessity for services
 - Children: Be assessed to be at risk for developing a SUD and meet the ASAM adolescent treatment criteria (if applicable)



Implementation Deadlines

- Deadlines for participation:
 - September 1, 2017 was the deadline for counties to submit an Implementation Plan
 - November 1, 2017 will be the deadline for participating counties to submit their Fiscal Plan
- Phase 5: The Indian Health Program-ODS was opened in September 2017



County Update September 2017

County	Live Date	County	County	County
1. Riverside	2/1/17	13. Alameda	25. Merced	36. Stanislaus
2. San Mateo	2/1/17	14. Ventura	26. Sacramento	37. San Joaquin
3. Marin	4/1/17	15. Kern	27-34. Partnership:	38. El Dorado
4. Santa Clara	6/15/17	16. Orange	Humboldt	39. Tulare
5. Contra Costa	6/30/17	17. Yolo	Trinity	40. Kings
6. Los Angeles	7/1/17	18. Imperial	Mendocino	
7. San Francisco	7/1/17	19. San Bernardino	Lassen	
8. Santa Cruz	11/01/17	20. Santa Barbara	Modoc	
9. Sonoma	11/1/17	21. San Benito	Shasta	
10. Monterey		22. Placer	Siskiyou	
11. Napa		23. Fresno	Solano	
12. SLO		24. San Diego	35. Nevada	



Implementation

- With the 40 submitted implementation plans (IPs), 97.54% of CA's population will be covered under the ODS
- Nine counties have contracts, 22 counties have a DHCS Approved Implementation Plan
- 44.5% of CA's population is currently eligible to receive services under the ODS



Fresno County

- Department of Behavioral Health (DBH) is now in contract negotiations with two Federally Qualified Health Centers (FQHCs) to provide a full array of integrated primary care, SUD and mental health services at multiple locations throughout the County
- SUD and mental health services will be located at or near existing primary care clinics
- Amending existing Memoranda of Understanding (MOUs) with its two managed care providers, Anthem Blue Cross and CalViva, to include provisions intended to ensure coordination, collaboration and communication
- Underserved areas will be served by certified providers that employ field-based services and telehealth technology. DBH will also actively pursue medication assisted treatment (MAT) expansion in the County to better serve clients



Riverside County

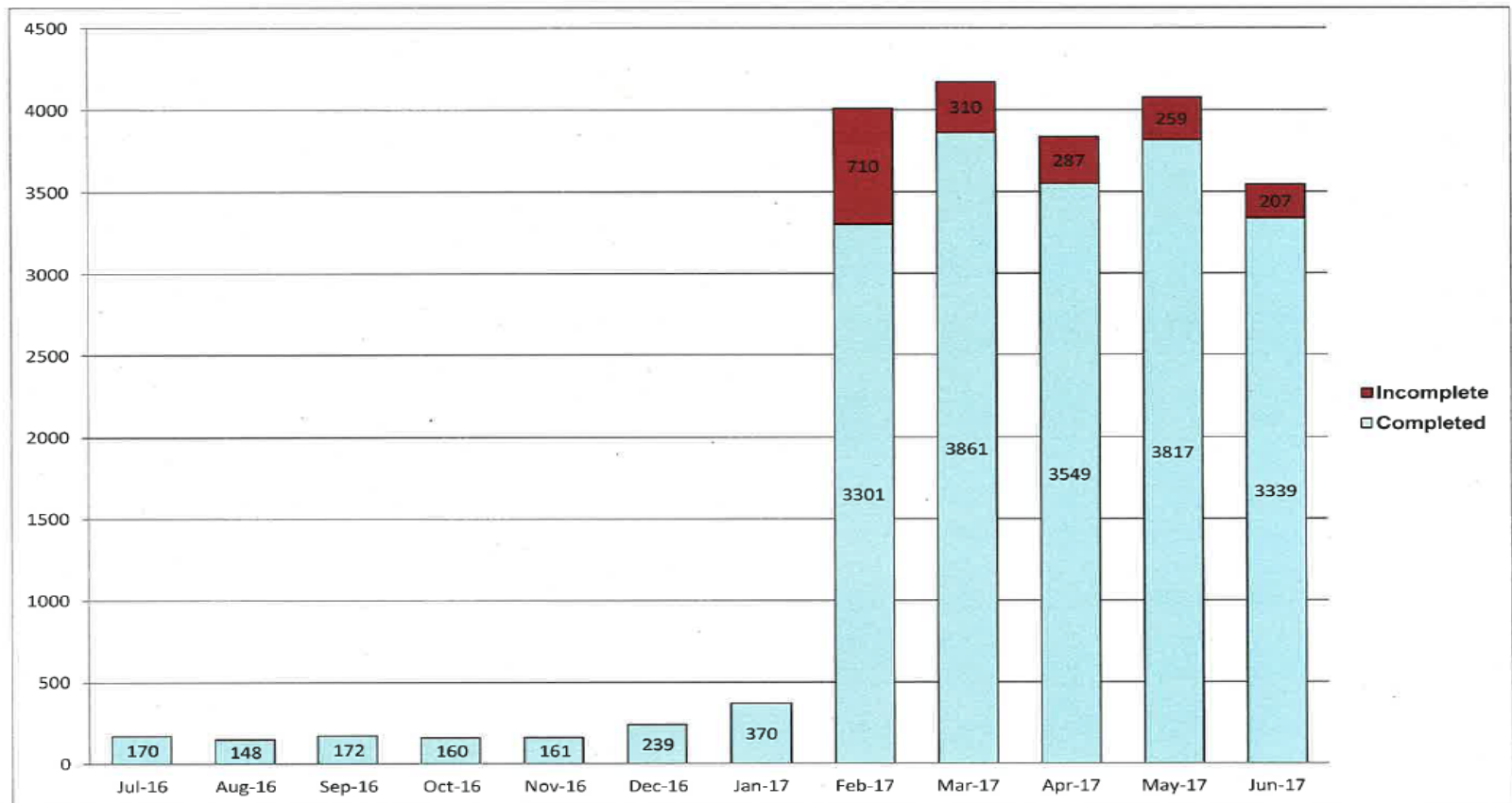
- Within the first six weeks of implementation, the call center fielded 6,488 calls, compared to an average of 202 calls per month for the seven months before implementation
- A Behavioral Health Commission (BHC) and BHC Subcommittees meet once a month to discuss specific populations and treatment needs
- One BHC Subcommittee is dedicated specifically to the criminal justice population
- The county currently contracts with 8 recovery residence providers for the AB 109 criminal justice population



Impact: Call Volume Data from Riverside County



Substance Use CARES Line Monthly Call Volume June 2016 – June 2017





San Mateo County

- Supports a service delivery model managed by a single public insurance plan and an administration that integrates governmental and private institutions, multiple funding streams, including local property tax, and public health programs, known as the San Mateo Health System
- Designed a continuum of re-entry services and coordinated a one stop multi-disciplinary case management for the AB 109 eligible population, including mobile health and outreach services
- One provider is currently in the process of establishing a specialty MAT clinic that will be licensed as a primary care clinic. Clinic will serve as an induction center for MAT, serving high-risk, high-need beneficiaries who are not connected to an existing behavioral health care program



Santa Clara County

- MAT, including buprenorphine, naloxone, and disulfiram will be provided to DMC-ODS beneficiaries through the County's DMC-ODS and through existing non-DMC Medi-Cal resources.
- The County has worked with its SUD contractors and the County primary care clinic to pilot Vivitrol services for criminal justice clients and is utilizing the Treatment Authorization Review (TAR) process for non-criminal justice clients.
- The Quality Assurance plan proposed addresses more diligent treatment monitoring with multiple data points to produce a valid 'current state' measure of the delivery system.
- County challenges include residential treatment and detoxification capacity; and the availability of American Board of Addiction Medicine (ABAM)-certified physicians.



Yolo County

- Contracting with CommuniCare, a FQHC with Drug Medical certification and clinics in each of Yolo County's largest jurisdictions - Davis, Woodland, and West Sacramento - that offers services including Outpatient, Intensive Outpatient, and Perinatal Day Treatment services.
- Beneficiaries may walk in or be referred to an in-person ASAM screening at any one of the CommuniCare Health Centers' sites.
- Other local substance use treatment providers frequently coordinate with the FQHC for addressing both the physical health and MH needs of their beneficiaries.
- MAT services currently include Suboxone and Vivitrol with plans to expand this level of service.



Orange County

- Vivitrol is being made available at two DHCS certified contract outpatient providers to AB109 participants with or without Medi-Cal and to probationers and parolees who are on Medi-Cal.
- Referrals are accepted from all treatment providers and over 80% of the beneficiaries are, or have been, involved with the criminal justice system.
- Services are available via telephone, on-site, or in the community to over 600 unduplicated individuals per year.
- SUD case management activities are designed to support the beneficiaries in recovery through a variety of avenues, including coordination of care and advocacy with other systems, including criminal justice, social services, mental health and physical health providers.



ASAM

- **ASAM Criteria:**
 - Placement into services determined by ASAM and not a Judge
 - Provides a continuum of care for SUD services.
 - Primary goal is to place beneficiary in the most appropriate level of care (LOC), which best aligns with individual treatment needs
- **ASAM Designations for Residential:** Residential providers must receive DHCS issued ASAM Designation for Levels 3.1 (377 designated), 3.3 (30 designated) and/or 3.5 (223 designated) prior to providing Waiver services
- **ASAM Level of Care:** For clinical and financial reasons, the preferable LOC is that which is the least intensive while still meeting treatment objectives and providing safety & security for the beneficiary



External Quality Review Organization (EQRO)

External Quality Reviews

- DHCS has contracted with Behavioral Health Concepts (BHC) to conduct EQR activities for the Waiver
- EQR requirements must be phased in within 12 months of the county's commencement of Waiver services
- BHC is connecting and collaborating with UCLA Evaluators and Mental Health EQR efforts
- Initial six performance measures were rolled out. Currently testing the site visit protocols with implemented counties



Evaluation

- University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs will conduct the evaluation
- Four key areas: Access, Quality, Cost and Integration and Coordination of Care
- Baseline data has been set
- Conducted surveys for two years with the 15 early adopter counties with submitted IPs and 29 other comparison counties
- Year 1 evaluation, surveys and reports:
<http://www.uclaisap.org/ca-policy/html/evaluation.html>



Indian Health Program-ODS

- Working with IHP-ODS stakeholders on system development over the past two years
- Phase 5 opened September 2017
- Designed Attachment BB which outlines the IHP-ODS system
- Released an Expression of Interest for the Administrative Entity
- Tribal consultation on IHP-ODS system occurred on September 12, 2017



Expected & Unexpected Implementation Efforts

Expected:

- Tremendous redesign of the SUD delivery system
- Dramatic increase in SUD access statewide
- Innovations developed by the counties in addition to the required SUD services

Unexpected:

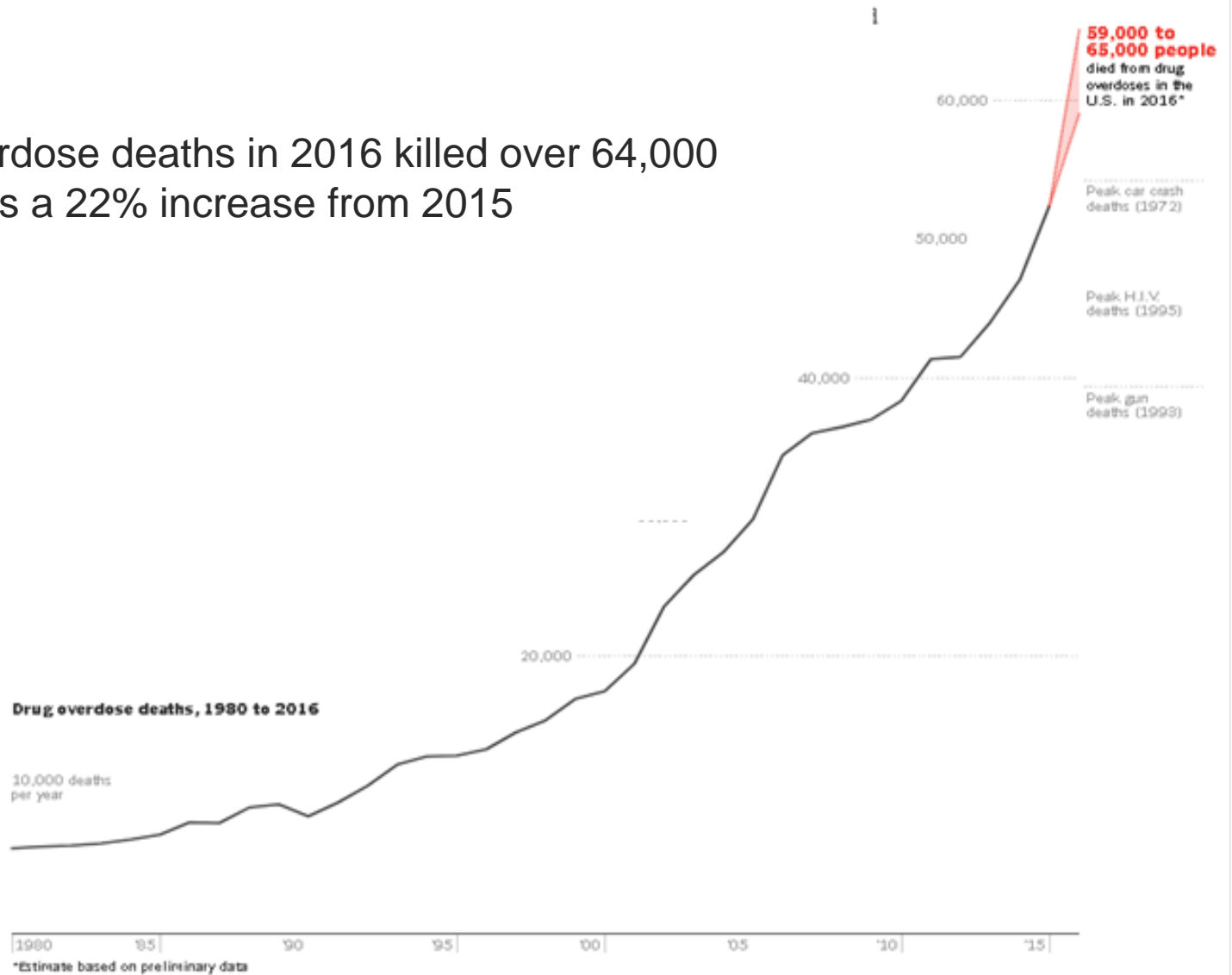
- High volume of demand for services in Riverside County
- Enormous interest at the federal level and nationwide
- Intersection with the opioid epidemic



**Department of Health
Care Services
State Targeted Response to
the Opioid Crisis (Opioid STR)
Grant Update**



Drug overdose deaths in 2016 killed over 64,000 which was a 22% increase from 2015





Opioid Statistics

- 74% of people with opioid addictions have received the drugs from a family member or friends (*SAMHSA*)
- Physical dependency to opioids can happen in just seven days. Currently, there are over 7,000 opioid prescriptions given to patients everyday (*SAMHSA*)
- The first provisional count from the CDC of fentanyl deaths for 2016 are up 540% in three years (*CDC*)
- The decade from 2003 to 2013 saw no increase in the rates of use of opioid use disorder (OUD) treatment as individuals with an OUD increased by 1,000,000 this same period (*UCLA*)



Opioid Statistics

- In 2016, there were 23,684,377 opioid prescriptions in California (*DPH*)
- Nearly 80% of individuals with an OUD in 2015 did not receive treatment (*UCLA*)
- California has the largest number of individuals with an OUD in the nation (*UCLA*)
- Less than half of Californians who received opioid use disorder treatment in 2014 received the international evidence-based standard of care with both initial access to opioid agonist treatment and with no restriction on the duration of treatment (*UCLA*)



California's MAT Expansion Project

California will strategically focus on three populations to improve MAT services:

1. Counties without a NTP in the geographic area
2. Increase the availability and utilization of buprenorphine statewide
3. Improve MAT access for CA's American Indian and Native Alaskan tribal communities through the IHP-MAT Project

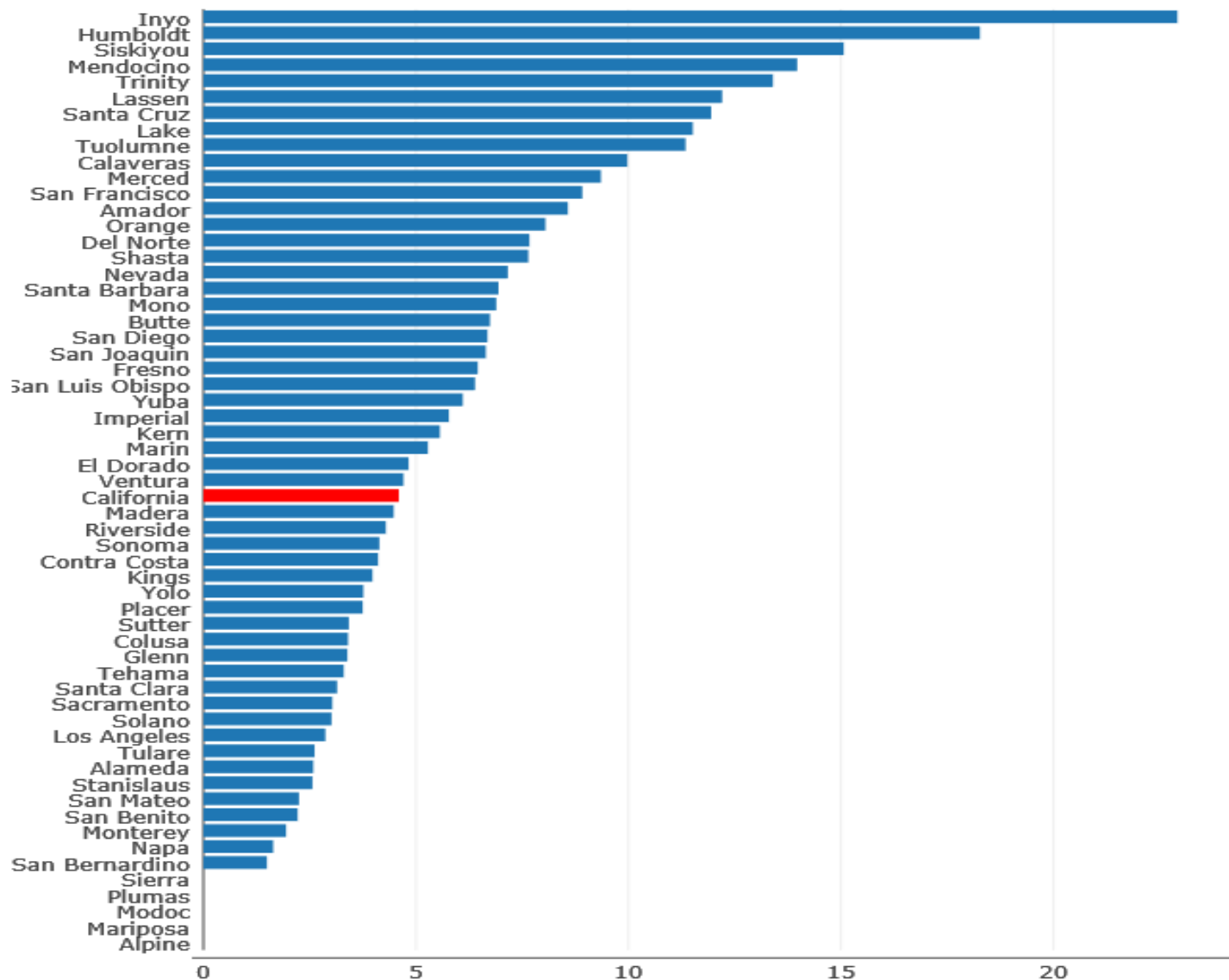


MAT Expansion Project Goals

- To save lives and to foster recovery
- To innovate
- To destroy stigma and discrimination for persons who suffer addiction
- To bring care of addiction into the “big house” of health care
- To develop practices, processes and relationships that last



California Deaths - Total Population - 2016 All Opioid Overdose: Age-Adjusted Rate per 100,000 Residents





CA Hub and Spoke System

- CA H&SS is California's primary project as part of the Opioid STR Grant/MAT Expansion Project
- Built off the strengths of the specialty methadone Narcotic Treatment Programs (NTPs) and the physicians who prescribe buprenorphine in office-based settings
- Hubs (NTPs only) serve as the regional consultants and subject matter experts on opioid dependence and treatment
- NTPs are the only entities that are allowed by federal law to provide methadone treatment for an opioid use disorder



Vermont Hub and Spoke Outcomes

Successful Outcomes:

- Increased the total number of physicians waived to prescribe buprenorphine
- Increased the number of opioid users served by each waived physician
- Led to a broader adoption of the disease model of treatment, providing a continuum of care from the Hub to the Spoke and then back again, based on the needs of the patient
- Provided more medical services in the Spokes which has been enhanced by the additional staffing
- Led to increased satisfaction by providers in primary care settings, with increased willingness to care for patients with opioid use disorder



CA Hub and Spoke System

- Hubs provide care to the clinically complex buprenorphine patients
- Hubs can manage buprenorphine inductions
- Hubs provide support to the Spokes when they need clinical or programmatic advice
- Spokes provide ongoing care for patients with milder addiction (managing both induction and maintenance) and for stable patients on transfer from a Hub



CA Hub and Spoke System

- The Spoke is composed of at least one prescriber and an MAT team to monitor adherence to treatment, coordinate access to recovery supports and provide counseling
- Patients can move between the Hub and Spoke based on clinical severity and need
- If patients begin services at a Spoke and need more care, they can transition to the Hub or if the patient starts at the Hub and needs less care they can transition to the Spoke



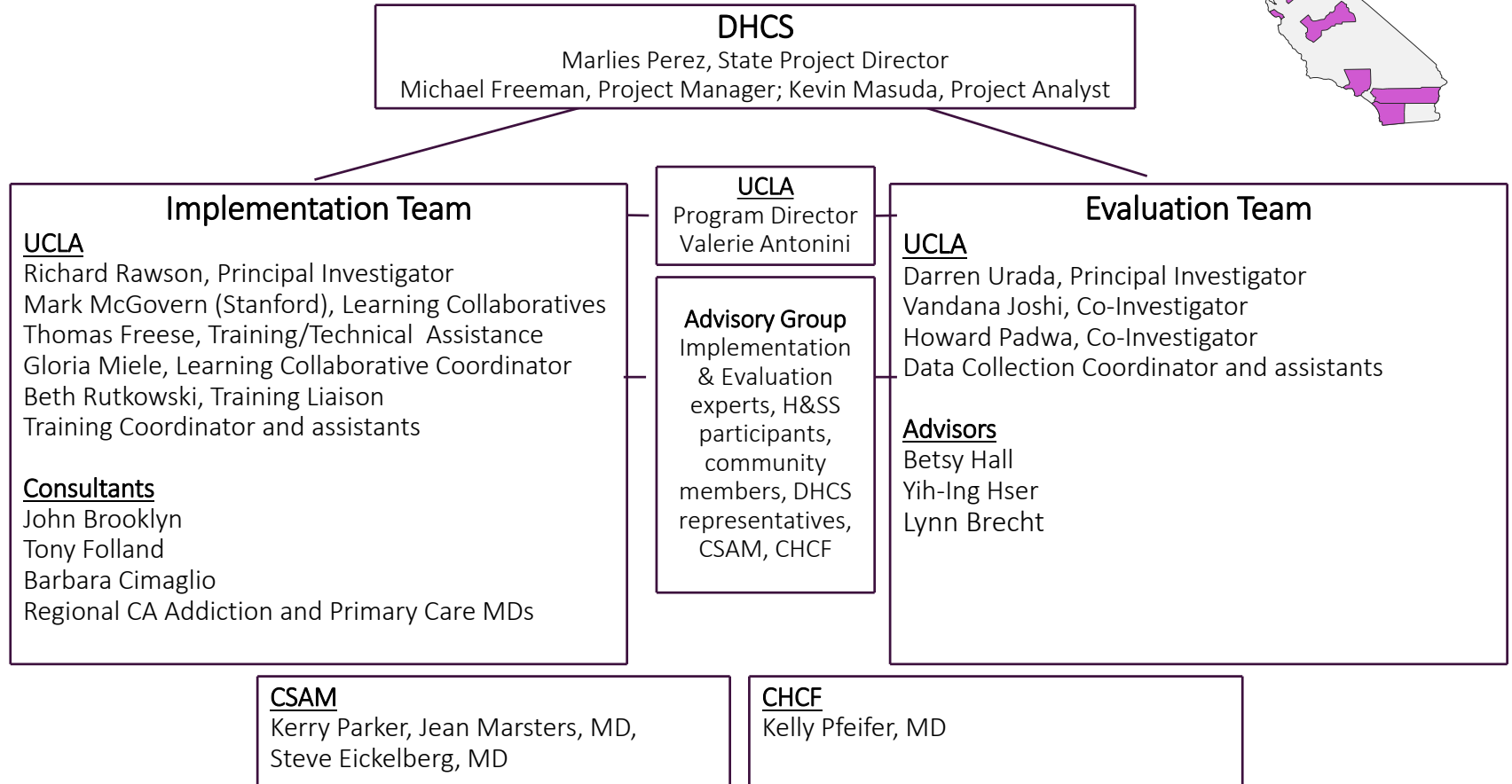
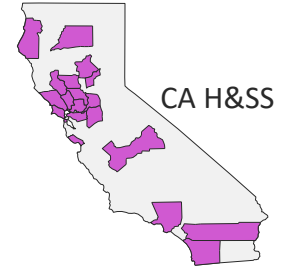
CA H&SS Services

Required Treatment Services

- Prescribe and dispense all FDA approved MAT for an OUD
- Counseling
- Provide naloxone and training
- HIV and HCV testing and referral to services
- Case management
- Professional medical, social work, and mental health services, offered to patients onsite or by referral
- Recovery and/or peer support services
- Local access to maternal addiction treatment
- Serve as the subject matter expert on opioid dependence and treatment to the Spokes
- Utilize the OBOT Stability Index and the Treatment Need Questionnaire tool



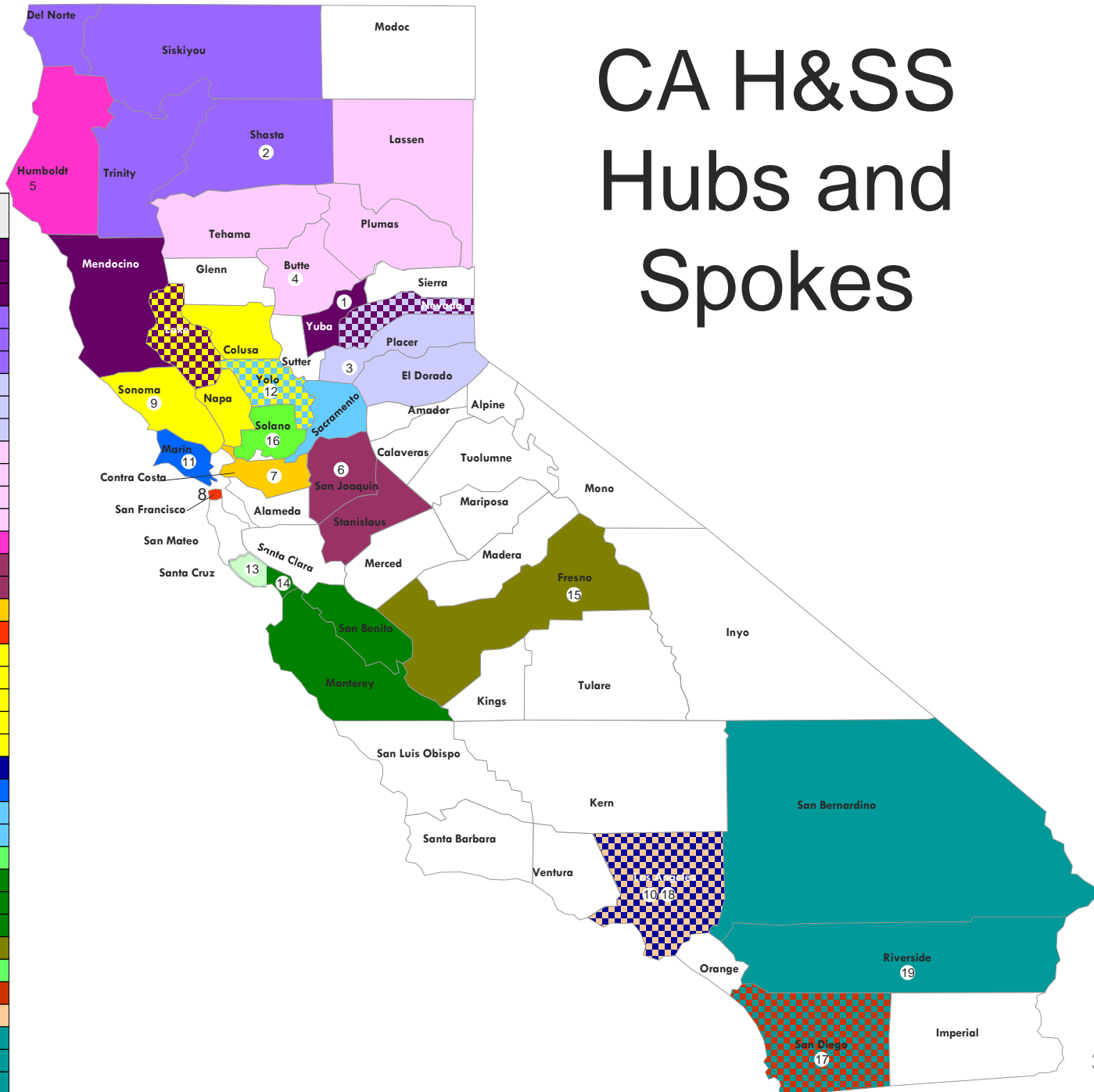
CA H&SS Organizational Chart





CA H&SS Hubs and Spokes

Network # & Hub location	Spokes
1	Lake County (1) Mendocino County (2) Nevada County (1)
2	Siskiyou County (2) Trinity County (1) Del Norte County (1)
3	El Dorado County (1) Placer County (1) Nevada County (1)
4	Butte County (2) Lassen County (1) Tehama County (1) Plumas County (1)
5	Humboldt County (6)
6	San Joaquin County (1) Stanislaus County (1)
7	Contra Costa County (TBD)
8	San Francisco County (TBD)
9	Sonoma County (1) Lake County (1) Yolo County (1) Colusa County (1) Napa County (1)
10	Los Angeles County (10)
11	Marin County (8)
12	Yolo County (2) Sacramento County (1)
13	Santa Cruz - N County (6)
14	Santa Cruz - S County (4) San Benito County (1) Monterey County (1)
15	Fresno County (TBD)
16	Solano County (TBD)
17	San Diego County (7)
18	Los Angeles County (10)
19	San Bernardino County (1) Riverside County (6) San Diego County (2)





CA H&SS Status

- \$78 million allocated to CA H&SS treatment services
- 19 CA H&SS programs
- Over 85 Spokes covering 30+ counties
 - 7 out of the top 10 Counties with highest opioid overdose rates
- Second CA H&SS Steering Committee held on 9/20
- First Learning Collaborative held on 9/25



CA H&SS Data Reporting

- DHCS will perform monthly tracking of new CA H&SS patients initiating:
 - Methadone and Buprenorphine
 - Naltrexone
 - Counseling
 - Naloxone data including the number of prescriptions provided to patients, utilized by patients, and overdose reversals
 - Any other recovery services that use grant funds



CA H&SS Monitoring & Audits

- The Contractor will be monitored by DHCS
- Site visits will occur at the CA H&SS
- The Contractor must retain all records that substantiate invoiced expenditures, and
- Any inappropriate expenditures must be returned to DHCS



CA H&SS Wins & Challenges

Wins

- Strong support from law enforcement
- Excellent relationship with Partnership HealthPlan
- Meeting held with members of Opioid Task Force

Challenges

- Hiring qualified providers/staff
- Stigma against MAT in counties
- Transportation for patients



CA H&SS Wins & Challenges

Wins

- Interest among current staff and other community/stakeholders
- Subcontracts in development with identified spoke providers

Challenges

- Providing services for the criminal justice population
- Finding spokes in the rural areas



UCLA ISAP

- Conduct an evaluation of CA H&SS and IHSP-MAT Project
- Assist with the statewide OUD Needs Assessment and Strategic Plan
- Create the data reporting structure and collect CA H&SS and IHSP-MAT data elements
- Coordinate with CDPH's Prescription Drug Overdose Prevention (PDOP) epidemiological team and data dashboard



UCLA's Pacific Southwest Addiction Technology Transfer Center (PSATTC)

- Oversee and implement the CA H&SS Learning Collaborative
- Conduct orientation, clinical trainings, and seminars for CA H&SS
- Coordinate with CSAM on training and mentoring projects
- Design culturally specific training for the IHP-MAT
- Provide quarterly statewide MAT trainings for the public, stakeholders, SUD providers



Tribal MAT Project

- **Funding specific to the American Indian and Alaskan Native Population**
 - Project Echo
 - Suicide Prevention
 - Naloxone Distribution to First Responders
 - Culturally Specific MAT Programs
 - Needs Assessment, Education and Training
 - Support for MAT Access Expansion under the Indian Health Program-ODS



California Society of Addiction Medicine

- Mentoring Scholarships for 75 physicians
- Revising NTP Guidelines with all FDA Approved Medications
- Webinars and other MAT training
- Members of the MAT Expansion Project Roll-out
- Assisting with recruitment of waived prescribers for the spokes in the CA H&SS



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Resources

- [Pharmacological Treatment Mortality Data](#)
- [Impact of MAT on Medicaid Expenditures](#)
- [Cost-Effectiveness of Publicly Funded Treatment for Opioid Use Disorders in California](#)
- <https://www.nytimes.com/interactive/2017/08/03/upshot/opioid-drug-overdose-epidemic.html>



More Information

- DHCS website:
<http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>
 - FAQs and Fact Sheets
 - ASAM Designation
 - Approval Documents/Information Notices
 - Implementation Plan
- Inquiries: DMCODSWAIVER@dhcs.ca.gov
- CA Opioid Overdose Surveillance Dashboard
https://pdop.shinyapps.io/ODdash_v1/