Creating an Enhanced Service System through DMC-ODS: Riverside County

March 2019
Outline

• Background
• Previous System of Care
• Conceptual Elements of System Redesign
• New System Roll Out
• Lessons Learned
• Story Telling with Data
• Next Steps
Background
What is DMC-ODS?

- The DMC-ODS is a pilot program to test a new paradigm for the organized delivery of healthcare services for Medicaid eligible individuals with a SUD. The DMC-ODS will demonstrate how organized substance use disorder care increases the success of DMC beneficiaries while decreasing other system healthcare costs.
Essential Elements of DMC-ODS

- Provision of a continuum of care based on ASAM Criteria
- Increased local control & accountability
- Greater administrative oversight
- Creates utilization controls to improve care and efficient use of resources.
- Utilization of EPB in SUD treatment
- Increased coordination with other systems of care
Waiver History

• First submitted to CMS on November 21, 2014
• California DHCS announced federal approval of the State’s Drug Medi-Cal Organized Delivery System (DMC-ODS) on August 14, 2015
• Counties have option to opt-in or opt-out of the DMC-ODS
• Riverside and San Mateo Counties were first counties in California to go live with their plans – February 1, 2017
Previous System of Care
Riverside County System of Care

- 10 County operated Substance Abuse clinics providing prevention, outpatient, and intensive outpatient services
- 16 Contracted Providers located at 50+ sites around the County that provide the balance of service
  - Outpatient/Intensive Outpatient
  - Residential
  - Withdrawal Management
  - NTP/OTP
Services covered previously under State Plan Amendment

• Services reimbursable under DMC
  – Outpatient Drug Free (ODF) – group counseling
  – Intensive Outpatient (IOT) – group counseling
  – NTP (methadone only)
  – Perinatal Residential
  – Individual Counseling Sessions (ODF & IOT)
    • Crisis Intervention
    • Collateral services
    • Other Individual Counseling sessions were not covered
Services covered previously under State Plan Amendment

• Services not reimbursable under DMC and billed to SAPT Block Grant
  – Non-perinatal residential (adult and adolescent)
  – Medication Assisted Treatment (MAT)
  – Case Management
  – Individual Counseling Sessions (ODF and IOT) other than crisis intervention and collateral sessions
    • Family sessions
    • Weekly individual sessions
  – Withdrawal Management (Detox)
Other limitations with State Plan Amendment

- Wait time for county funded residential beds anywhere from 3 weeks to 6 months
- SAPT-BG limited the number of available county funded beds
- Unable to provide therapy with Clinical Therapist
- Aftercare not available
Conceptual Elements of System Redesign
New Elements Reimbursable Under DMC-ODS Waiver

- Multiple Levels of Residential Care based on ASAM
- Multiple Levels of Withdrawal Management based on ASAM
- Multiple Levels of Outpatient Care based on ASAM
- Case Management Services
- Recovery Services (Aftercare)
- Physician Consultations
- Medication Assisted Treatment
- OTP/NTP – expanded drug selection
  - Buprenorphine
  - Naloxone
  - Disulfiram
  - Methadone
# ASAM Levels of Care

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.5</td>
<td>Early Intervention</td>
</tr>
<tr>
<td>1.0</td>
<td>Outpatient</td>
</tr>
<tr>
<td>2.1</td>
<td>Intensive Outpatient</td>
</tr>
<tr>
<td>2.5</td>
<td>Partial Hospitalization</td>
</tr>
<tr>
<td>3.1</td>
<td>Low Intensity Residential (Clinically Managed)</td>
</tr>
<tr>
<td>3.3</td>
<td>Med. Intensity Residential (Population Specific; Clinically Managed)</td>
</tr>
<tr>
<td>3.5</td>
<td>High Intensity Residential (Clinically Managed)</td>
</tr>
<tr>
<td>OTP</td>
<td>Opiate Treatment Program (formerly NTP)</td>
</tr>
</tbody>
</table>
# ASAM Levels of Care (cont.)

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7</td>
<td>Intensive Inpatient Services (Medically Monitored)</td>
</tr>
<tr>
<td>4.0</td>
<td>Intensive Inpatient Services (Medically Managed)</td>
</tr>
<tr>
<td>1.0-WM</td>
<td>Ambulatory Withdrawal Management (w/o on-site monitoring)</td>
</tr>
<tr>
<td>2.0-WM</td>
<td>Ambulatory Withdrawal Management (with on-site monitoring)</td>
</tr>
<tr>
<td>3.2-WM</td>
<td>Clinically Managed Residential Withdrawal Management</td>
</tr>
<tr>
<td>3.7-WM</td>
<td>Medically Monitored Inpatient Withdrawal Management</td>
</tr>
<tr>
<td>4.0-WM</td>
<td>Medically Managed Inpatient Withdrawal Management</td>
</tr>
</tbody>
</table>
## Minimal Requirements for DMC-ODS Counties

<table>
<thead>
<tr>
<th>Service</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention</td>
<td>Level 0.5</td>
</tr>
<tr>
<td>Outpatient</td>
<td>Level 1.0 and Level 2.1</td>
</tr>
<tr>
<td>Residential</td>
<td>At least one ASAM level of services initially (3.1, 3.3, or 3.5)</td>
</tr>
<tr>
<td>NTP</td>
<td>Required (includes 4 drug options)</td>
</tr>
<tr>
<td>Withdrawal Management</td>
<td>At least one level of service</td>
</tr>
<tr>
<td>Recovery Services</td>
<td></td>
</tr>
<tr>
<td>Case Management</td>
<td></td>
</tr>
<tr>
<td>Physician Consultation</td>
<td></td>
</tr>
</tbody>
</table>
Additional Conceptual Elements

- 24-hour access hotline (required by waiver)
- Level of Care determined by ASAM
- Residential Placements controlled by County instead of providers
- Creation of ASAM Screening Tools
- Countywide Care Coordination Team to provide case management for residential and high risk consumers
- Peer and Clinical Therapist Involvement
- Provider involvement throughout the design process
- Service delivery in schools (prevention & treatment)
Plan Development

- Behavioral Health Commission
- Interdisciplinary Care Team
- Youth Interagency Committee
- Contract Provider & Community Stakeholders
- Strategic Partner Committees (Residential, Outpatient, Adolescent Services, MAT/OTP)
- Internal Readiness Committee (Fiscal, Billing, EHR, Contracts, Program, QI, Compliance)
Substance Use Community Access Referral Evaluation
& Support Line (SU CARES)

• 24 Hour informational line as required by Waiver
• This team is responsible for all residential withdrawal management and residential treatment placement in County
• Calls initially answered by clerical staff which gather demographic information about client and check for Medi-Cal Availability. Call then passed on to Counselor for ASAM Screening and placement
SU CARES (cont.)

- System was tested out for a full year before going live with clients referred from County Managed Care Plan – Inland Empire Health Plan (IEHP)
- Original team consisted of Supervisor, one clerical staff, and 2 counselors
SU CARES Volume by Month Beta Test

SU CARES Referrals Monthly Totals

- 2014
- 2015
- 2016

Jan 2014: 8, Jan 2015: 13, Jan 2016: 130
May 2014: 12, May 2015: 102, May 2016: 140
Care Coordination Teams

• Case management team assigned to consumers placed in residential withdrawal management and residential treatment. Case managers follow clients through entire residential episode

• Originally had 3 CCT teams and 1 START team located in 3 distinct geographic regions of County
Additional Preparations

• Development of ASAM screening tools (adult and adolescent)
• 4 levels of ASAM training offered to counseling staff: (A, B, C, Continuum of Care)
• Training on Evidence Based Practices for counseling staff: MI, CBT, Relapse Prevention
• EBP Curriculum training for counseling staff: Living in Balance, Matrix (Adult & Adolescent), CBT for PTSD, Coping with Stress: Teens and Trauma
Services Directly in Schools

• Idea was to be able to provide services for high risk youth directly at school sites
• Created MOU with SELPA – this allowed us to be active in any district serviced by SELPA
• Providing Indicated Prevention Services (funded through SAPT-BG) and Treatment Services (DMC-ODS) as a satellite service from closest county operated SAPT clinic; same counselor provides both services
• Currently active in 4 districts and 8 schools
New System Rollout
New System Rollout

- System live at 7:00 am on February 1, 2017. Riverside and Santa Clara County were the first in California to roll-out waiver. New contracts started on that day; Riverside County rolled out all services on that day

- County SAPT program had 132 FTEs in April 2015 and 218 FTEs on February 1, 2017 (approximately 68 positions unfilled – 150 working)
Medical Necessity

• One of biggest challenges of rollout centered on the paradigm shift that treatment level of care should be based on medical necessity

• Lots of pushback from courts, probation, DPSS, etc. that had mandated clients receive a specific regiment of treatment

• Great effort launched to prepare and educate our community partners of this change, which made the transition much smoother
SU CARES Line Challenges

Substance Use CARES Line Call Volume FY 16/17

Total ASAM Screenings Completed 2/1/17 through 6/30/17
Initial Staffing Inadequate for SU CARES Line

• Were not prepared for high number of calls into system
  – Needed to bring in CCT Team in to assist with calls
  – Needed to use clinic personnel from around the county to assist with calls as well

• Staffing of SU CARES line now includes 3 clerical and 7 counselors along with supervisor
SAPT Care Coordination Team Changes and Caseloads

- Mid-County CCT Dissolved
- Desert CCT: Blythe Addition, START
- Riverside CCT Increase Staffing
- Adolescent Specific County Wide

- 93% Medi-Cal (DMC)
- Increased Consumer Interaction
- Less Drive Time
- Increased Engagement
Other Challenges

• Keeping up with staffing - difficulty in increasing workforce and training workforce
• 88 hours training every 6 month for the first 18 months that began 6 month before live date
• Staff mastery of the ASAM has been one of the more challenging components
• Also, trying to get staff to change their concept of treatment from a non-medical one to one based on an ASAM standpoint
Lessons Learned
Contingency Plan

• Don’t get caught off-guard – plan for contingency operations
  – Electronic documents should be available as printed versions
  – Computer systems crash – just plan on that happening

• Plan on having staffing snafus
Document Content of all Calls

- Calls into SU CARES line should be logged into EHR and call content recorded
- This is necessary since sometimes it takes several calls to gather all information on client and previous counselor may not be available at time of call back
- Also important if call is accidentally dropped
- This way everyone that interacts with consumer has all pertinent information available
Call Center Should Have Library of Local Resources

- Many of calls coming in to SU CARES line are for information.
- Having library of local resources makes it easy to connect consumers with services.
- Often, consumers going into residential treatment need to have certain issues addressed before treatment - local resource library helps with this.
- Also important to have contact information for SUD offices of other counties in area – especially important when consumers present with out-of-county Medi-Cal coverage.
Wait Times Reduced or Eliminated

• Once County took over bed placement for residential and withdrawal management services, providers committed to providing more beds and wait time for placement were reduced significantly or eliminated all together.

• Residential beds for adolescents and beds for withdrawal management are scarce, so wait times can be around 2 weeks.

• Many clients can be placed into a residential bed on same day or next day.
Story Telling with Data
SU CARES Line Monthly Call Volume

January 2017 – June 2018

Riverside University Health System
Behavioral Health
WM Active Clients by Month

Detox


86  117  119  128  120  136  116  148  148  164  184  208  205  190  143  155  158
RS Active Clients by Month

Recovery Services

February 2017: 61
March 2017: 66
April 2017: 49
May 2017: 60
June 2017: 97
July 2017: 111
August 2017: 108
September 2017: 97
October 2017: 111
November 2017: 108
December 2017: 97
January 2018: 111
February 2018: 108
March 2018: 97
April 2018: 60
May 2018: 49
June 2018: 66

Riverside University Health System
Behavioral Health
Total ASAMs completed by SU CARES and CCT Teams

- Desert CCT 3362CCT: 351
- Riverside CCT 3361CCT: 202
- START Desert 002148: 42
- START Mid-County 00214M Term 5/1/16: 1
- START Riverside 002147: 381
- SU CARES 214201: 4372

Grand Total: 5349

- 6%
- 4%
- 1%
- 0%
- 7%
- 82%

Program | ASAM Count
--- | ---
Desert CCT 3362CCT | 351
Riverside CCT 3361CCT | 202
START Desert 002148 | 42
START Mid-County 00214M Term 5/1/16 | 1
START Riverside 002147 | 381
SU CARES 214201 | 4372
Grand Total | 5349
ASAMs matching LOC

<table>
<thead>
<tr>
<th>Level of Care</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOC Matched</td>
<td>15379</td>
</tr>
<tr>
<td>LOC Did not Match</td>
<td>1064</td>
</tr>
<tr>
<td>Total</td>
<td>16443</td>
</tr>
</tbody>
</table>

ASAM Level of Care

- LOC Matched: 94%
- LOC Did not Match: 6%
# Performance Improvement Plan

<table>
<thead>
<tr>
<th>#</th>
<th>Describe Performance Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Baseline for Performance Indicator (number)</th>
<th>Goal (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Number of days from a Withdrawal management discharge to another treatment modality</td>
<td>Number and % of WM episodes transitioning to another level of care within 14 days of discharge.</td>
<td>Total Number of WM episodes</td>
<td>FY16/17 Q1-75/175=42.8% Q2-66/153=43.1%</td>
<td>Increase 17 percentage points from 43% to 60%</td>
</tr>
<tr>
<td>2</td>
<td>Number of days from a residential discharge to another treatment modality.</td>
<td>Number and % of Residential episodes transitioning to an outpatient level of care within 14 days of discharge.</td>
<td>Total number of Residential episodes</td>
<td>FY16/17 Q1-95/535=17.7% Q2-105/502=20.9%</td>
<td>Increase 20 percentage points from 20% to 40%</td>
</tr>
<tr>
<td>3</td>
<td>Percentage of consumers re-admitted to Residential care or withdrawal management within 16 to 90 and 16 to 180 days of a residential discharge.</td>
<td>Number of Residential discharges with a re-admission within 16 to 90 days and 16 to 180 days of discharge.</td>
<td>Total number of residential episodes</td>
<td>90 Day-4.63% 180 Day-7.6%</td>
<td>Decrease to 3%</td>
</tr>
</tbody>
</table>

**Riverside University Health System**

**Behavioral Health**
# Results from Year 1

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Goal</th>
<th>Result</th>
</tr>
</thead>
</table>
| % of clients that successfully transitioned from 3.2WM to either outpatient or residential LOC within 14 days of discharge | 43%      | 17% increase | Q4 FY16/17 = 66.9% (55% increase)  
Q2 FY17/18 = 64.9% (51% increase)                                         |
| % of clients transitioning from Residential to an outpatient level of care within 14 days of discharge from Residential | 20.9%    | 19.1% increase | Q4 FY16/17 = 15.4% (26% decrease)  
Q2 FY17/18 = 20.0% (4.3% decrease)                                         |
| Number of residential discharges with a re-admission within 16-90 days and within 16-180- days | 90 day = 4.63%  
180 day = 7.6% | Decrease to 3% | Q2 FY 17/18  
90 day = 3.21% (30.2% decrease)  
180 day = 4.86% (36.1% decrease)                                        |
Next Steps
Service Expansion

• Plans to release new RFP for Service Providers before end of year 2018 for services to begin for FY 19/20
• Looking to potentially expand services to include the following additional levels of care
  – Level 2.5 – Partial Hospitalization
  – Levels 1.0-WM and 2.0-WM
  – Levels 3.7-WM and 4.0-WM
Additional Steps

• Analyze outcomes

• Analyze Referral Sources and trends

• Analyze PIP’s and Data to make system changes
Questions???
Contact Information

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