

Potential Legislative Assistance Items

The following are a list of state-level changes that would be helpful in removing barriers to our work and enhancing our effectiveness here in Riverside County:

1. The Drug Medi-Cal Organized Delivery System (DMC-ODS) has made an excellent start with creating a science-based design and expanded treatment for Medi-Cal beneficiaries and others in need. The California Behavioral Health Directors Association (CBHDA) should work with the California Department of Healthcare Services (DHCS) and the Centers for Medicare and Medicaid Services (CMS) on waiver renewal to enhance services capacity in areas such as physician consultation, such that more prescribers will become trained and support the need for expansion of Medication Assisted Treatment (MAT) within the Substance Use Disorder (SUD) treatment environment. Currently restricted to MDs only, using PAs and NPs would be beneficial as this is normal workflow.
2. Infrastructure for IT systems is needed to provide support for coordination of care, billing capacity, electronic health records (EHRs), and quality/integrity/accountability systems. (Both physical health and mental health have had historical sources of funds to build this EHR infrastructure, but not addiction medicine.) The Senate has introduced a bill to consider meaningful use funds for SUD providers in the current session. Delivery of services and outcomes can be enhanced with EHR software and coordination between providers. IT infrastructure, combined with training and quality dashboards, can help with coordination and efficiency in SUD care.
3. Other DMC-ODS programs will benefit from development of strong political and community partnerships to educate and expand understanding of SUD and appropriate treatment methods that are science-based and to reduce stigma for those with SUDs. Public engagement and education are critical contributors to waiver success and shifting the paradigm of the treatment programs from outdated methods of providing care.
4. More flexible access to Medication Assisted Treatment (MAT) in residential programs and detention centers should be promoted to allow for supervised treatment prior to re-entering the community. MAT is currently not readily available in many residential and detention settings. Many counties are just starting to offer outpatient MAT and have not been able to conduct assessments and induction in residential or detention settings. To fulfill MAT's potential for those with opioid and alcohol disorders, it is important to reach into these 24-hour structured settings as a positive environment for beginning treatment. Funds from SAMHSA and HRSA are becoming available to expand access to other environments and with more flexibility, specifically targeting MAT expansion.

5. DHCS and county leadership could review potential billing systems and eligibility issues to ensure best outcomes for clients in continuity of care, MAT consultation, and individualized treatment, based on experience in Year One with different systems issues. This should include the 90-day transfer timeline issue for inter-county transfers of residency for Medi-Cal.
6. Help DHCS to re-new Waiver for continued use in California.