



Opening – All Treatment Provider Meeting

Sept 12, 2023

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Outline

- **SAPC as a Bureau within DPH**
- **The Story of DMC-ODS and CalAIM in LA County: By the Numbers**
- **Moving from Concept to Implementation – The Reaching the 95% (R95) Initiative**
- **Discussion**

The Story of DMC-ODS and CalAIM in LA County

- **When SAPC launched the Drug Medi-Cal Organized Delivery System (DMC-ODS) in 2017, it represented a rare opportunity to take an innovative approach to increase investments in the specialty SUD system and expand much needed services and capacity while strengthening our financial and quality fundamentals.**
 - Prior to DMC-ODS, SAPC was largely funded through various grants, which resulted in a fragmented specialty SUD system with different services based on funding
- **SAPC went all in on leveraging the DMC-ODS opportunity and employed various novel fiscal and operational strategies to maximize services reimbursable through Medi-Cal to grow the specialty SUD system, both inside and outside of Medi-Cal.**
 - General strategy was to maximally leverage Medi-Cal and its federal and state funding so that SAPC's other funding could be used to support need system expansion.
 - This required significant changes in both SAPC and provider agencies practices.
 - SAPC ultimately underwent a re-organization recently to better position itself to optimize opportunities with DMC-ODS and CalAIM.

PREVENTION

Comprehensively addressing substance use harms will require more than treatment services and upstream investments are essential.

SUD prevention budget has increased by 260% from the launch of DMC-ODS in 2017 to today.

HARM REDUCTION

Harm reduction budget increased by 500% from the launch of DMC-ODS in 2017 to today.

SAPC's Engagement and Overdose Prevention (EOP) Hubs save ~3500 lives per year through their naloxone distribution.

TREATMENT

- Overall budget increased over 275%
- Drug Medi-Cal increased ~830% primarily with federal and state dollars, as opposed to local dollars.
- 206% increase in residential SUD treatment beds and 1000% increase in residential services.
- 700% increase in Recovery Bridge Housing (RBH) beds.
- 50% increase in outpatient services.
- 2/3 contracts increasing from last to this FY with 1/3 increasing by ~100% or more.

A Continuum of Substance Use Interventions

The full continuum is needed to effectively meet varied community needs and investments in individual components of the continuum are ideally not be viewed as zero sum



Youth Development & Health Promotion

- Programs at school- and community-level

Drug Use Prevention

- Universal, selected, and indicated prevention

Harm Reduction → Currently largely serves people who are using drugs and not yet interested in SUD treatment

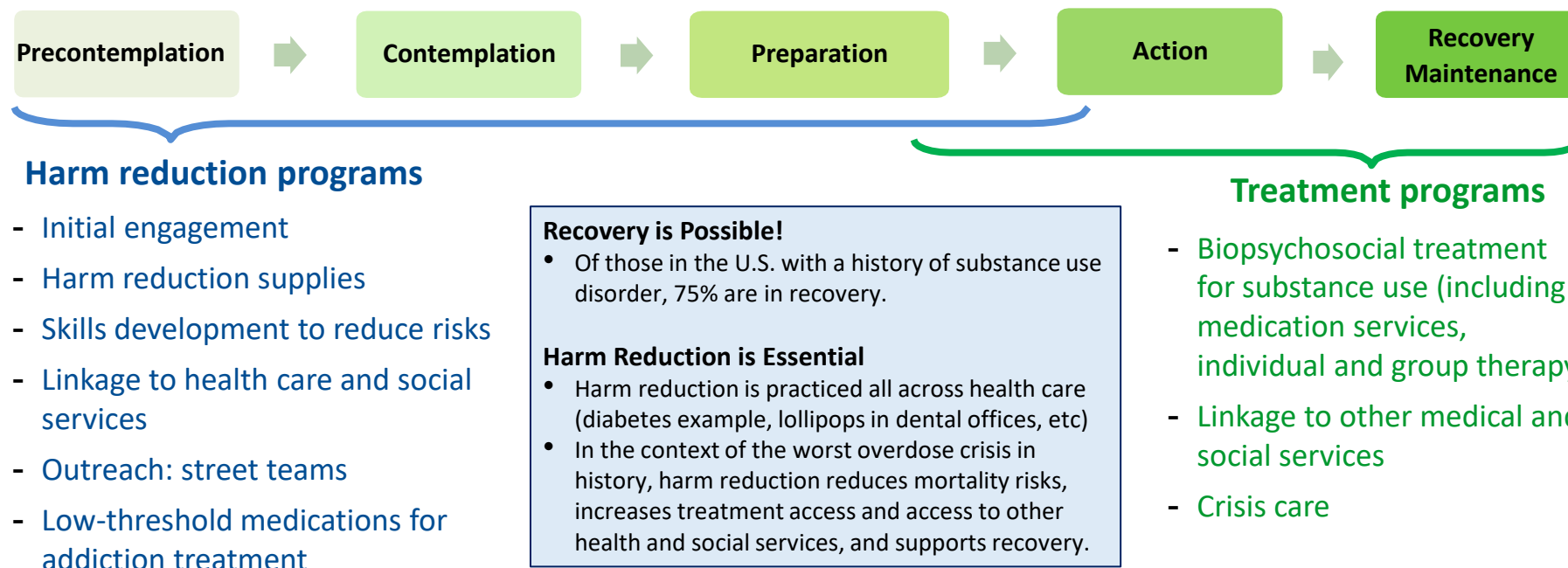
- Low threshold services proven to reduce morbidity and mortality, including outreach, overdose prevention (naloxone and fentanyl test strip distribution, etc), syringe exchange, peer services, linkages to SUD treatment and other needed services, etc.

SUD Treatment & Recovery → Currently largely serves people who are ready for abstinence

- Involves a spectrum of settings: opioid treatment programs, outpatient, intensive outpatient, residential, inpatient, withdrawal management, Recovery Services, Recovery Bridge Housing, field-based services, care coordination and navigation, etc.

Surveillance of drug use and its community impact

Stages of Change



Aligning Services with Readiness is Essential

- Addiction is chronic and recurrent, and not all people are at the same stage of readiness to change.
- Only focusing on individuals in some stages of change as opposed to ALL stages of change limits service reach and impact → We need the widest service net possible

- **LA County's Unique BH Structure → Dedicated SUD Focus**
 - Enriched network of SUD services compared to other counties – both qualitative and quantitative differences in opportunities for SAPC's provider network
 - Unique investments & growth of services through SAPC's fiscal strategies
 - Open and continuous solicitations for DMC services
 - Unique forums and voice for SUD providers to shape SUD system
 - Vocal leadership on SUD and behavioral health matters at the State-level
 - Similar to DMC-ODS and CalAIM, the Reaching the 95% (R95) Initiative represents another opportunity for agencies to reach more patients and expand services

Moving from Concept to Implementation – The R95 Initiative

- New SAPC team member who will help to ensure focused progress on SAPC’s R95 work moving forward and who providers will be working with closely – **Maria Elena Chavez**.
- SAPC has received very helpful feedback on R95 from providers during various meetings focused on Capacity Building and Incentive funding opportunities and is moving from the conceptual phase of R95 discussions to concrete implementation steps with its provider network.

Snapshot: R95

- Initiative to better reach the 95% of people with SUD who are traditionally not seeking care in treatment systems.
- Comprised of 8 components focused around 2 key areas:
 - Enhancing Outreach & Engagement
 - Lowering Treatment Barriers
- R95 is incorporated into SAPC’s payment reform approach

R95 Workgroup Structure

- **SAPC will convene R95 operational workgroups organized into the 2 focus areas of the Initiative**
 - Focus Area 1: Outreach & Engagement Workgroup (comprising 3 components)
 - Focus Area 2: Lowering Treatment Barriers Workgroup (comprising 5 components)
- **R95 Workgroups will be an opportunity for SAPC and its provider network to work through operational details, similar to the workgroups SAPC previously convened to prepare for DMC-ODS**
- **Required components to become a "R95 Champion" will be operationalized through separate workgroups to allow for broader participation**
 - Increasing utilization of 30- and 60-day engagement policy
 - Lowering the admissions policy bar
 - Raising the discharge policy bar

R95 Workgroup Structure

Outreach & Engagement Workgroup	<p><u>Focus on the following R95 components:</u></p> <ul style="list-style-type: none">• Expanding partnerships with health & social service agencies (2A-1, 2A-2, 2A-3)• Expanding Field-Based Services (2B-1, 2B-2)• Increasing utilization of 30- and 60-day engagement policy (2C-1, 2C-2 <i>“R95 Champion” requirement*</i>)
Lowering Treatment Barriers Workgroup	<p><u>Focus on the following R95 components:</u></p> <ul style="list-style-type: none">• Modifying admissions policies (2D-1, 2D-3 lowering bar; <i>“R95 Champion” requirement*</i>)• Modifying discharge policies (2D-2, 2D-3 raising bar; <i>“R95 Champion” requirement*</i>)• Adapting service design to serve people not yet ready for abstinence (2E-1, 2E-2, 2E-3)• Adopting service design to engage and retain clients to reduce drop-out rates• Establishing bidirectional referrals between SUD treatment and harm reduction agencies (2F-1, 2F-2)

- Required components to be considered an *R95 Champion* for incentive payments (in **RED** above) will have their own workgroups dedicated to those specific topics.
- Progress updates for R95 will continue to be provided in All Treatment Provider Meetings, but operational details will be covered in the R95 Workgroups.

RecoverLA:

A Los Angeles County Guide to
Substance Use Disorder Prevention
and Treatment Resources



Discussion

Visit RecoverLA.org on your smart phone or tablet to learn more about SUD services and resources, including a mobile-friendly version of the provider directory and an easy way to connect to our Substance Abuse Service Helpline at 1-844-804-7500!

