

# SAPC: ALL PROVIDERS MEETING

April 14, 2015



# All Providers Meeting: Agenda

- Welcome
- Health Care Reform/DMS-ODS Waiver Update
- Health Neighborhood Service Delivery Networks
- Contracts Division Update
- Office of the Medical Director
- Workforce Training Presentation
- Adjournment
- *Save the Date: Next Meeting—June 9, 2015`*

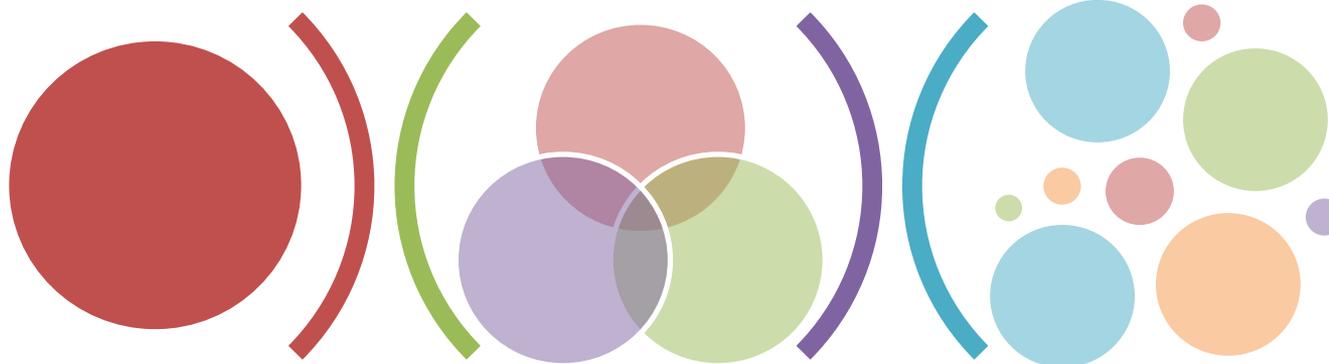
Wayne K. Sugita, Deputy Director

# Health Care Reform/DMS-ODS Waiver Update



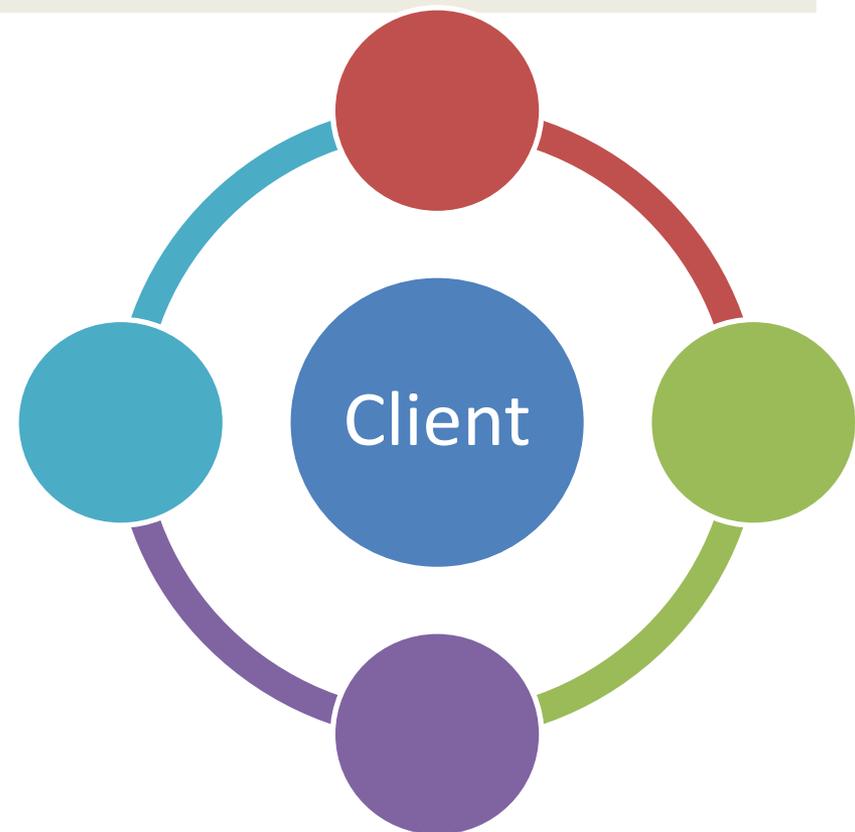
# Transforming Current SAPC System of Care

- Using the DMC ODS plan as a starting point, SAPC aims to transform its System of Care for adults and adolescents to access a full range of Substance Use Disorder prevention, treatment, and recovery services in coordination with County mental health and physical health service systems.



# Transforming Current SAPC System of Care

- A key goal is to establish a system where a single-benefit package for SUD services is client-centered and focuses on providing adults and adolescents with evidence-based treatment and recovery services based on medical necessity and using American Society of Addiction Medicine placement criteria to guide clinical decisions.



# Department of Health Care Services (DHCS)

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- Status of State Application:
  - DMC-ODS 1115 Demonstration Waiver Application currently under Centers for Medicare and Medicaid Services (CMS) Review.
  - Upon CMS approval of the final waiver terms, DHCS will send counties final County Implementation Plan Guidelines.



## DMC ODS COUNTY IMPLEMENTATION PLAN

- At a minimum, a County must offer the following services through its service network using Drug Medi-Cal and other funds:
  - Outpatient Services
  - Intensive Outpatient Services
  - Residential Treatment (at least one ASAM level of service)
  - Withdrawal Management (at least one ASAM level of service)
  - Medication Assisted Treatment
  - Recovery Services
  - Case Management

# DMC ODS WAIVER APPLICATION

- DHCS is phasing in the 53 counties that expressed interest to participate in the DMC ODS plan:

## Phase 1

- 12 Bay Area Counties

## Phase 2

- 10 Central Coast and Southern California Counties (including Los Angeles)

## Phase 3

- 16 Central Valley Counties

## Phase 4

- 15 Northern Counties

## DMC ODS WAIVER APPLICATION (CONT'D)

- LA County intends to submit its application as soon as possible, even if this is before Phase Two begins.
- SAPC will conduct a stakeholders input process into its application development:
  - A draft application will be announced and posted on SAPC website with 30 day public comment period (May 2015);
  - SAPC will accept written feedback in electronic & written form;
  - SAPC will conduct a public forum for receiving in-person feedback and conduct smaller discussions on specific topics before completing the application and seeking County approval (early June).

# Approximate Completion Time Frame for LA County Implementation Plan

Complete draft Implementation Plan	April 29
Place document on SAPC website for stakeholder review and for written comments to SAPC	April 29-May 29
Conduct stakeholder forum at SAPC	May 28
Revise Implementation Plan	June 5
Place revised Implementation Plan on SAPC website	June 12
Complete internal County review and approval	June 26
Submit Implementation Plan to DHCS	June 30

## Other Issues

- County intends to submit Implementation Plan in Phase One.
- Final Implementation Plan is subject to final DHCS Standard Terms and Conditions.
- Final Implementation Plan requires Board approval.



# Health Neighborhood Service Delivery Networks



# CONTRACT SERVICES DIVISION

- AUTOMATED MONITORING SYSTEM
  - Pilot: January-June 2015
  - Full Implementation: Fiscal Year 2015-2016
  - Purpose for automation
    - Allows quicker on-site monitoring
    - More rapid turn around on reports
    - More concise monitoring reports



LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH  
SUBSTANCE ABUSE PREVENTION AND CONTROL  
CIS

Welcome **cpa!**  
[ [Log Out](#) ]

Wednesday, April 08, 2015

Home	Create Monitor Episode	Billing Selection	Selected Patient List	<b>Monitoring Instrument</b>	Monitor Episode Status
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Monitor Episode

	ID	Corporation Name	Assigned Start Date	Assigned End Date	Created By	Created Date	Updated By	Updated Date	Number Of Patient				
<a href="#">Select</a>	1	ACME, INC.	6/1/2013	8/1/2013	vpham	6/1/2013 12:00:00 AM			0	<a href="#">AMI</a>	<a href="#">R.A.T.E</a>	<a href="#">S.O.R</a>	<a href="#">BV</a>
<a href="#">Select</a>	2	ACME, INC.	9/2/2013		vpham	9/1/2013 12:00:00 AM	vpham	3/2/2015 3:43:16 PM	8	<a href="#">AMI</a>	<a href="#">R.A.T.E</a>	<a href="#">S.O.R</a>	<a href="#">BV</a>
<a href="#">Select</a>	3	DEMO, INC.	5/1/2013		vpham	10/5/2013 3:21:45 PM	rlugo	1/26/2015 10:36:58 AM	6	<a href="#">AMI</a>	<a href="#">R.A.T.E</a>	<a href="#">S.O.R</a>	<a href="#">BV</a>

Selection by Contract Monitoring Status

- All  
  Completed (Pending Finalized)  
  Not Completed  
  CM Finalized  
  Not Finalized

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH  
SUBSTANCE ABUSE PREVENTION AND CONTROL  
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<a href="#">Home</a>	<a href="#">Create Monitor Episode</a>	<a href="#">Billing Selection</a>	<a href="#">Selected Patient List</a>	<a href="#">Monitoring Instrument</a>	<a href="#">Monitor Episode Status</a>
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**Administrative Requirements Monitoring Instrument**

Agency	Monitor Start Date	Monitor End Date
DEMO, INC.	5/1/2013	

Insurance Worksheet	Show 
Managment Review Document Checklist	Show 
Personnel Review	Show 
Personnel Review Checklist	Show 
Staff Certification/License Review	Show 
Facility Review	Show 
Program Observations	Show 
Patient/Participant Interview Data Sheet	Show 
Client/Participant Interviews for Nonresidential/Outpatient Programs	Show 

Administrative Requirements Monitor Instrument Completed: **No** [Yes](#)

Gary Tsai, M.D., Medical Director & Science Officer

# **Office of the Medical Director & Science Officer- Updates**



## OUTLINE

- Trainings & Events
- Calendar of Trainings on SAPC Website
- Medical Director's Brief
- QA/UM Stakeholder Process
- Provider Survey



## TRAININGS & EVENTS

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- Resource Fair
  - Thursday, May 14th from 1p – 4p at Children's Medical Services Building (9320 Telstar Ave., El Monte, CA 91731)
  - Opportunity to interact with representatives from local training programs to explore the potential for our providers to host their interns/trainees (cost-effective & skilled labor).
  - We encourage you to speak with other providers who are hosting interns/trainees to learn about this process.

## TRAININGS & EVENTS (cont'd)

- Motivational Interviewing (MI) training
  - Monday, June 15th from 9a – 5p at Ferguson Complex- West Lobby Auditorium (5555 Ferguson Drive, Commerce 90022)
  - Focused on ensuring fidelity to MI techniques to promote behavior change.
  - Sponsored by DHCS/UCLA-ISAP/Pacific Southwest ATTC



## TRAININGS & EVENTS (cont'd)

- ASAM Training: SAPC-UCLA Lecture Series in SAPC auditorium on June 12th from 10am – 1pm

**What's New in  
*The ASAM Criteria?***



[www.ASAMcriteria.org](http://www.ASAMcriteria.org)

# SAPC WEBSITE TRAINING CALENDAR: ROUTINELY UPDATED AS EDUCATIONAL RESOURCE FOR CLINICIANS WHO NEED CEUS

The screenshot shows the website for Substance Abuse Prevention and Control. At the top, there is a navigation bar with links: Home | Program Home | About | FAQ | Comment | Contact | A-Z Index. A search bar is on the left, and a 'Service Locator' dropdown is on the right. The main content area features several icons for different services: 'Find Treatment and Services' (map icon), 'Alcohol and Drug Educational Resources' (books icon), 'Upcoming Trainings, Conferences, and Events' (calendar icon), 'Provider Information' (group of people icon), 'Recovery Resources' (sunburst icon), and 'SAPC Lectures and Trainings on Video' (play button icon). A red callout box with the text 'CLICK HERE' points to the 'Upcoming Trainings, Conferences, and Events' link. The calendar icon shows 'SEPTEMBER 09'.

# MEDICAL DIRECTOR'S BRIEF: NEW RESOURCE PROVIDING INFO AND DATA ON KEY TOPICS OF INTEREST IN ADDICTION. UPDATED END OF MONTH.



The screenshot shows the website for Substance Abuse Prevention and Control. At the top, there is a navigation bar with links for Home, Program Home, About, FAQ, Comment, Contact, and A-Z Index. A search bar is located on the left, and a 'Go' button is next to it. On the right, there is a 'Font Size' selector and a 'Select a Center' dropdown menu. A red box with the text 'CLICK HERE' is overlaid on the 'Select a Center' dropdown menu. Below the navigation bar, there is a main content area with a header 'Substance Abuse Prevention and Control' and a mission statement. The main content area is divided into three columns: 'Find Treatment and Services' (with a magnifying glass icon), 'Alcohol and Drug Educational Resources' (with a book icon), and 'Upcoming Trainings, Conferences, and Events' (with a calendar icon). Below these columns, there are three more sections: 'Provider Information' (with a group of people icon), 'Recovery Resources' (with a group of people icon), and 'SAPC Lectures and Trainings on Video' (with a play button icon). On the left side of the main content area, there is a sidebar with a list of links. The link 'Medical Director's Report' is circled in red, and a red arrow points from the 'CLICK HERE' box to it.

**Substance Abuse Prevention and Control**

Home | Program Home | About | FAQ | Comment | Contact | A-Z Index

Search

Font Size | A A A

Select a Center

**Substance Abuse Prevention and Control**

The mission of Substance Abuse Prevention and Control, a division of County of Los Angeles Department of Public Health, is to reduce community and individual problems related to alcohol and drug abuse through evidence-based programs and policy advocacy.

**Find Treatment and Services**

**Alcohol and Drug Educational Resources**

**Upcoming Trainings, Conferences, and Events**

SEPTEMBER 09

**Provider Information**

**Recovery Resources**

**SAPC Lectures and Trainings on Video**

Substance Abuse Prevention and Control

- AVRC Residential and Outpatient Treatment Programs
- Community Assessment Service Centers (CASC)
- Criminal Justice Programs: AB109, Drug Courts, DUI, PC 1000, PC 1210, Prop.36
- Health Care Reform
- Prevention, Youth Treatment Programs & Policy
- Reports, Publications & Fact Sheets
- SAPC Media
- SAPC Newsletter
- Medical Director's Report
- SAPC Strategic Plan
- Commission on Alcohol and Other Drugs
- Important Links

## QA/UM STAKEHOLDER PROCESS

- We welcome provider feedback on the Quality Assurance / Utilization Management DRAFT and need your help in shaping these programs.
  - One week left until feedback deadline (though feedback received afterward will be considered).
  - Prefer feedback format to be specific, detailed, and written “track changes” made to the draft document.
- Stakeholder process for QA/UM programs → LACES Advisory Workgroup
- Stakeholder process for SUD Measures (which are a component of the QA program) will be a separate process → more info to come...
- For questions or more info → email Michelle Mok at [ymok@ph.lacounty.gov](mailto:ymok@ph.lacounty.gov)

# PROVIDER SURVEY

- Purpose: To better understand the needs and service capacity of the SUD provider network in LA County.
- Please fill out via SurveyMonkey and direct questions to Tina Kim ([tkim@ph.lacounty.gov](mailto:tkim@ph.lacounty.gov))



Questions? Gary Tsai, M.D., [gtsai@ph.lacounty.gov](mailto:gtsai@ph.lacounty.gov)

# Transformation: The Challenge Continues



Thomas E. Freese, Ph.D., Director of Training, UCLA ISAP  
**Workforce Training Presentation**



# CALIFORNIA'S SUD WORKFORCE NEEDS: BEHAVIORAL HEALTH INTEGRATION ORGANIZED SYSTEM OF SUD CARE

Thomas E. Freese, Ph.D.  
UCLA Integrated Substance Abuse Programs  
April 14, 2015



UCLA



# OVERVIEW

- 1) Current SUD Workforce
- 2) Integrated Behavioral Health and Workforce Implications
- 3) Changes to Specialty SUD Services and Workforce Implications



# 1. CURRENT SUD WORKFORCE



# CALIFORNIA'S CURRENT SUD WORKFORCE

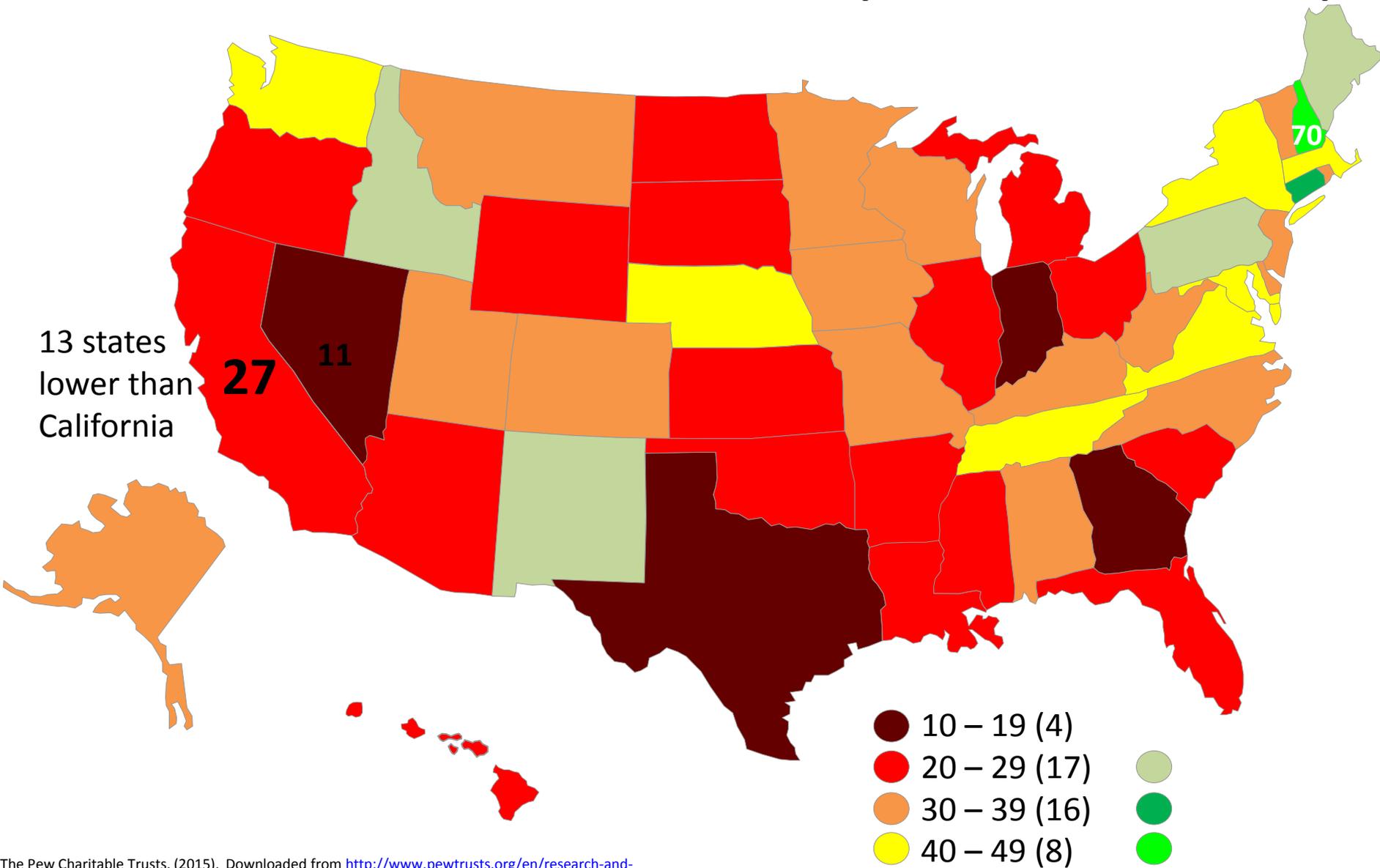
Approximately 35,000 individuals are registered as alcohol/drug abuse counselors

Also includes social workers, nurses, psychologists, psychiatrists

State SUD workforce is “undefined, lacks clear parameters, and cuts across multiple licensed, certified, and unclassified professions”

# NUMBER OF SUD PROVIDERS

PER 1,000 ADULTS WITH ADDICTION (NATIONAL AVE = 32)



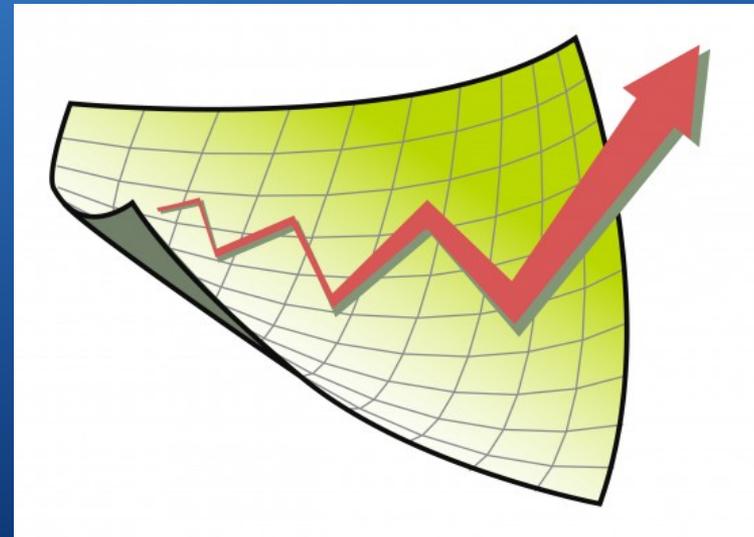
The Pew Charitable Trusts. (2015). Downloaded from <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/4/01/how-severe-is-the-shortage-of-substance-abuse-specialists> on 4/9/15

# CALIFORNIA'S SUD WORKFORCE NEEDS TO GROW

Less SUD counselors per capita than other states

Very few board certified addiction psychiatrists

Demand likely to grow due to AB 109 and Affordable Care Act



# HOW THE CURRENT WORKFORCE OPERATES: IN A SILO

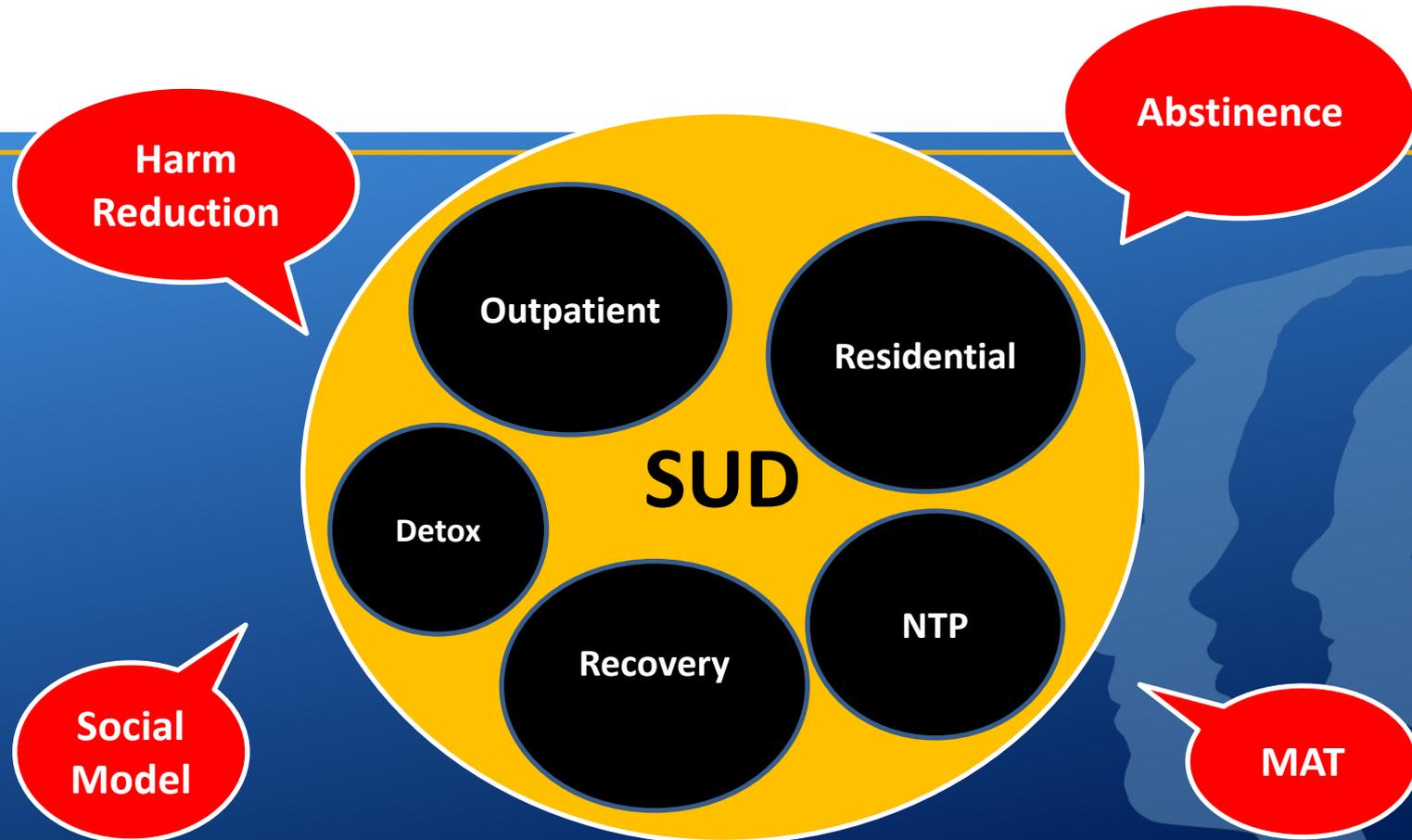
Medical  
Care  
System

The diagram illustrates three separate, siloed systems. On the left is a large red circle containing the text 'Medical Care System'. In the center is a yellow circle containing the text 'MH System'. On the right is a smaller yellow circle containing the text 'SUD System'. The background is dark blue with a faint silhouette of a person's head and shoulders on the right side.

MH  
System

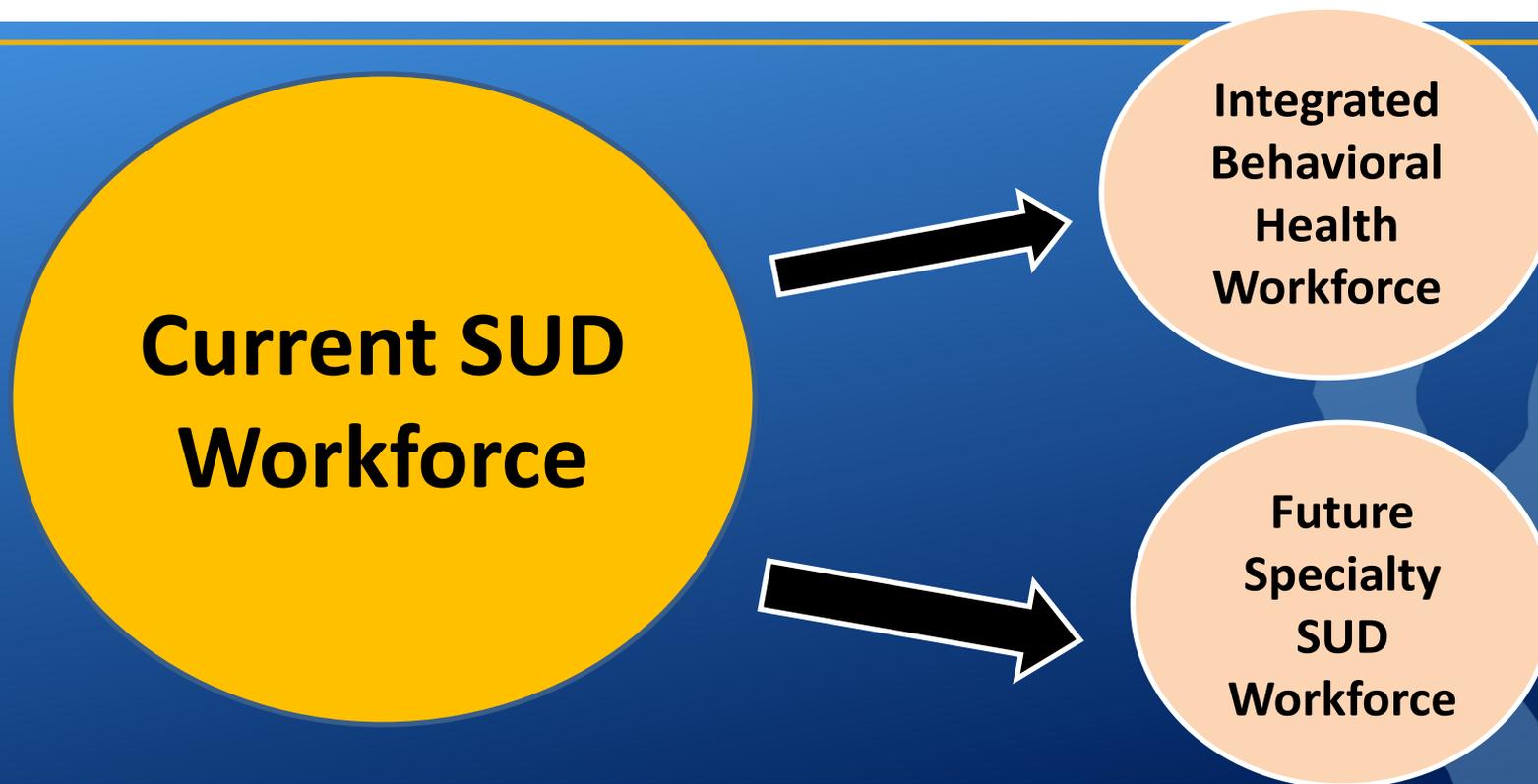
SUD  
System

# HOW THE CURRENT WORKFORCE OPERATES



There are many “siloes” within the SUD “system”

# SUD WORKFORCE BIFURCATION



## 2. INTEGRATED BEHAVIORAL HEALTH

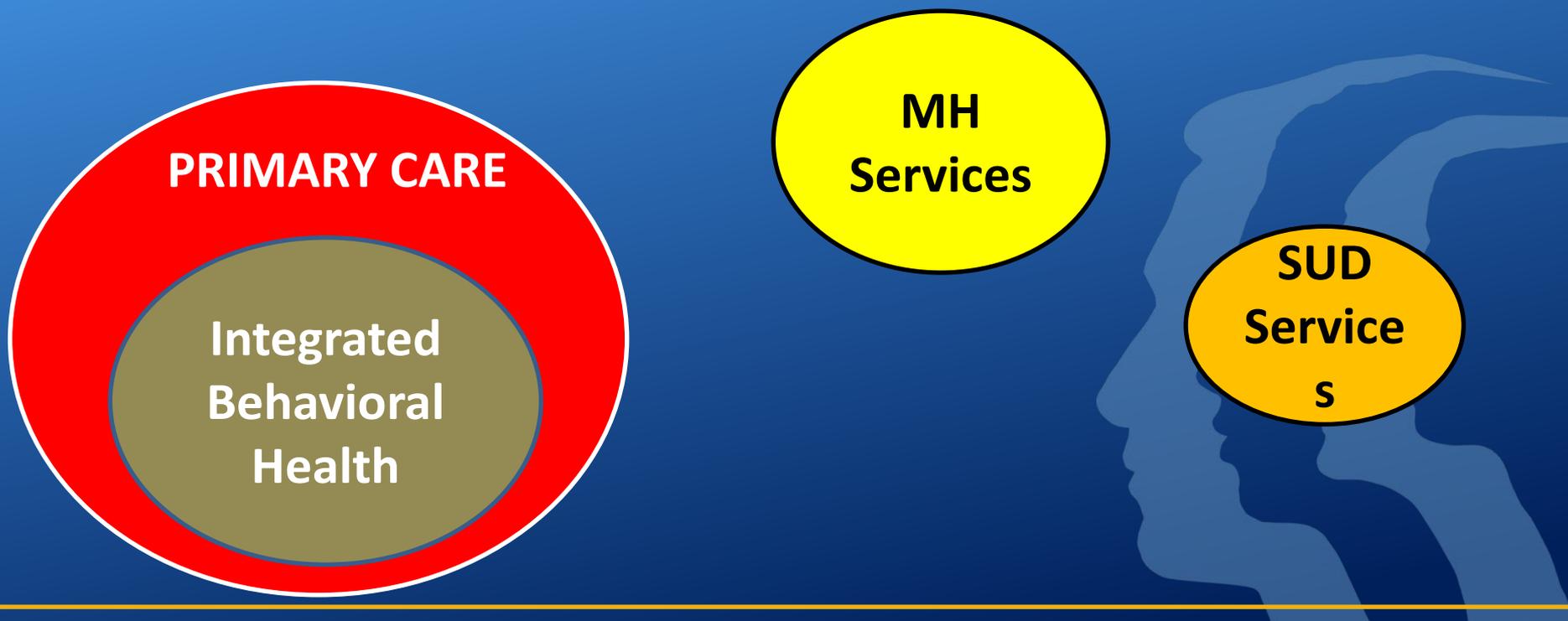


# THE AFFORDABLE CARE ACT

- Insurance expansion through Medicaid, Exchanges
- All plans include SUD treatment
- Expect a significant amount of services related to substance use to be delivered in primary care settings (SBIRT)



# IN PRIMARY CARE, SUD SERVICES WILL



# DIFFERENCES BETWEEN SUD TREATMENT AND INTEGRATED IRIAL HEALTH

Area	SUD Treatment	Integrated Behavioral Health
Environment and pace of work	Scheduled Long blocks of time Long recovery process	Spontaneous and hectic Brief interactions 3-5 sessions total
Treatment population	Acute SUD	Mental health and/or SUD at varying levels of severity
Treatment focus	SUD	Interrelated medical and behavioral health problems
Who provides services	Individual SUD provider	Integrated Care Team
Billing/Administrative responsibilities	SUD system (Block Grant)	Many billing structures (Insurance)

# INTEGRATED CARE KNOWLEDGE, SKILLS, AND ATTRIBUTES (KSA)

## Efficiency

- **Fast pace of work**
  - **Do screening and assessments quickly and accurately**
  - **Deliver services in a targeted, time-efficient manner**
  - **Communicate with colleagues quickly, effectively**
- 

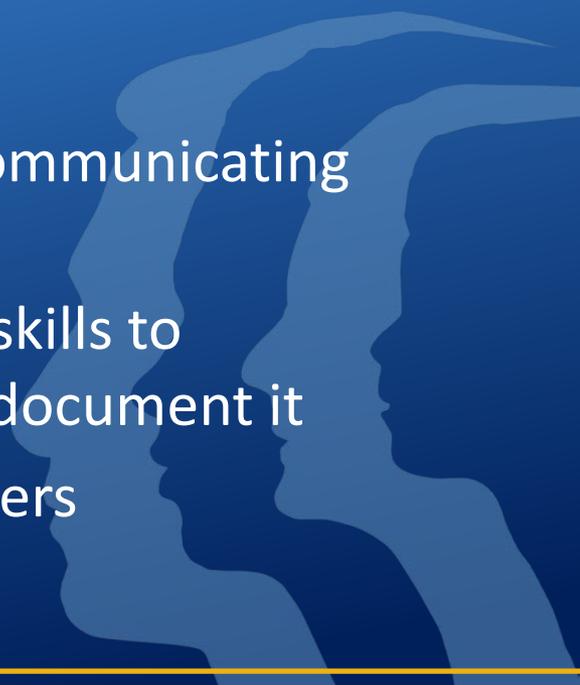
# INTEGRATED CARE KNOWLEDGE, SKILLS, AND ATTRIBUTES (KSA)

## Screening and Assessment

- Identify which patients need services, at what level, and with which modality
  - Well-versed in validated screening and assessment tools
  - Knowledge and ability to screen for other behavioral disorders (depression, anxiety, etc)
- 

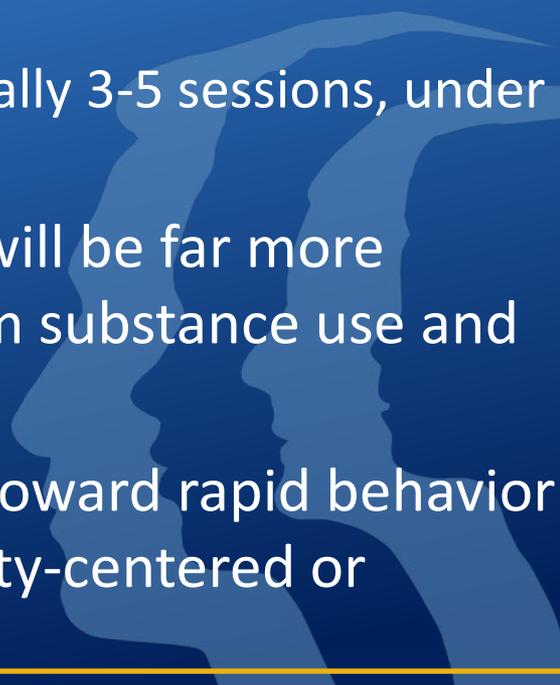
# INTEGRATED CARE KNOWLEDGE, SKILLS, AND ATTRIBUTES (KSA)

## Interpersonal Communication Skills

- Make patients feel at ease, comfortable communicating personal issues quickly
  - Strong listening, comprehension, analytic skills to synthesize information from patients and document it
  - Effectively communicate with team members
- 

# INTEGRATED CARE KNOWLEDGE, SKILLS, AND ATTRIBUTES (KSA)

## Efficient, clinically targeted Interventions for mental health and SUD

- Efficient, clinically targeted interventions generally 3-5 sessions, under 15 minutes per session
  - Harm reduction attitudes and approaches will be far more relevant in these settings. “Reduce problem substance use and the negative health consequences”
  - Increased use of approaches geared more toward rapid behavior change and problem solving than personality-centered or insight-oriented care
- 

# INTEGRATED CARE KNOWLEDGE, SKILLS, AND ATTRIBUTES (KSA)

## Cultural Competence and Adaptation

- Most primary care practices see a diverse population
- Need to be able to adapt communication styles and interventions to be culturally and linguistically appropriate

# INTEGRATED CARE KNOWLEDGE, SKILLS, AND ATTRIBUTES (KSA)

## Collaboration and Teamwork

- Will be on a team with other medical and behavioral health providers
- Need to collaborate on patient care
- Realize that care is more focused on “whole person” than just SUD outcomes

# INTEGRATED CARE KNOWLEDGE, SKILLS, AND ATTRIBUTES (KSA)

## Consultation and Liaison Skills

- Will serve as consultants for medical providers serving clients with behavioral health conditions
- Understand impact behavioral health conditions have on physical health (and vice versa)
- Familiarity with treatments for common medical conditions
- Understand how behavioral health and medical treatments may interact
- Coordinate behavioral health services with other medical care

### 3. CHANGES TO SPECIALTY SUD SERVICES AND WORKFORCE IMPLICATIONS

“In times of change, the learners inherit the earth, while the learned find themselves beautifully equipped to deal with a world that no longer exists.”



**CHANGE  
AHEAD**

# CHANGE WITHIN SPECIALTY SUD SYSTEM

## Affordable Care Act



Recent estimates: 36% increase in utilization of specialty SUD services nationwide



California SUD workforce will need to add between 2,100 and 2,800 FTEs between 2012 and 2019

Ali et al. The implications of the Affordable Care Act for Behavioral Health Services Utilization. *Administration and Policy in Mental Health and Mental Health Services Research*, 2014: Jarvis & Freeman, *Briefing Paper 4: Workforce Issues Today and hint eh Future*. Paper prepared for CIMH, 2012.

# CHANGE WITHIN SPECIALTY SUD SYSTEM

## Affordable Care Act



- The SUD field will be held to the same standards and requirements as other parts of the healthcare system
- The SUD system needs to prepare to document and codify its services and service delivery systems

# CHANGE WITHIN SPECIALTY SUD SYSTEM

## California's Drug Medi-Cal Waiver

- Will dramatically change Drug Medi-Cal Services in participating counties
- Likely to be approved by CMS in March 2015

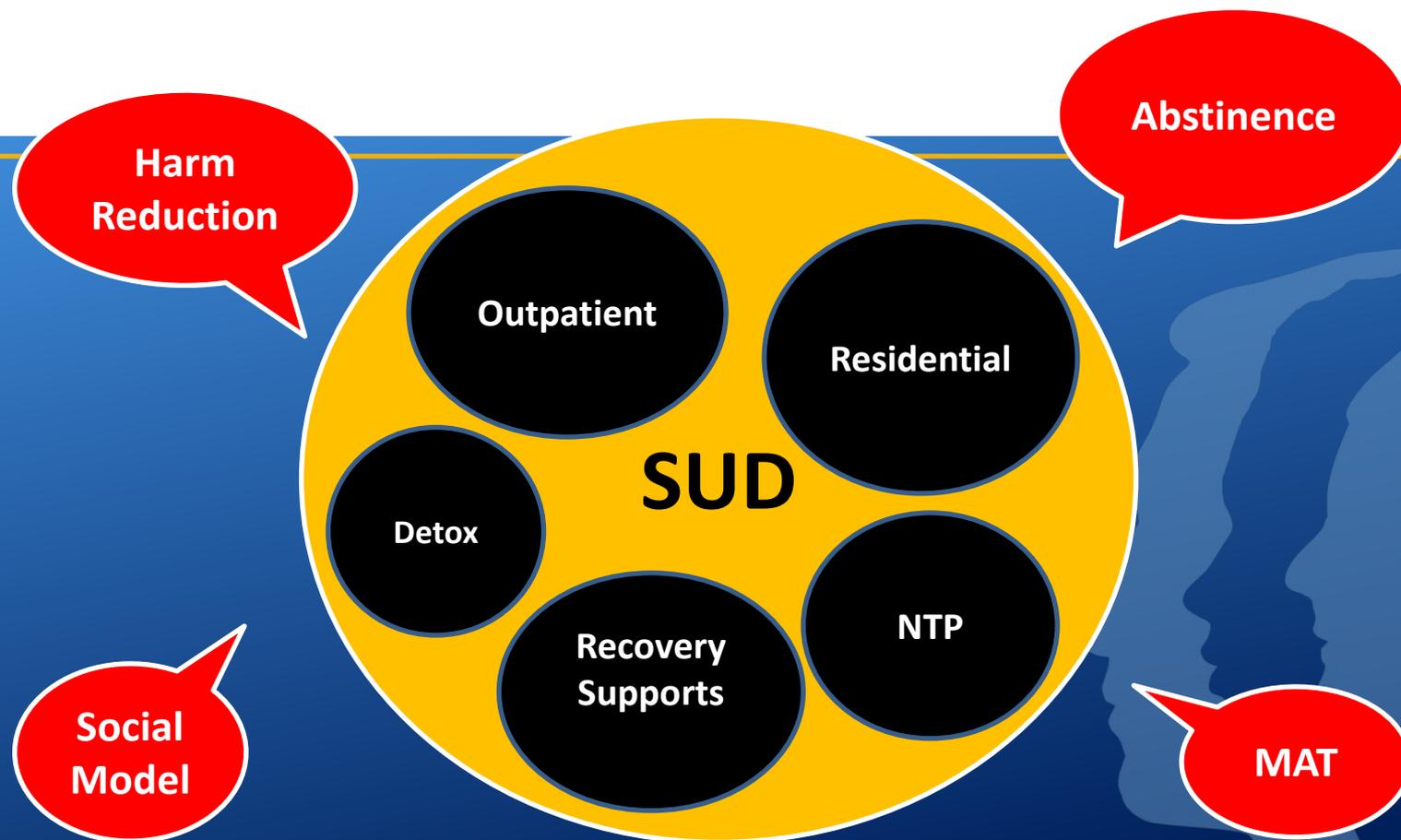


## CHANGES FOR CREATING AN ORGANIZED SYSTEM OF SUD CARE

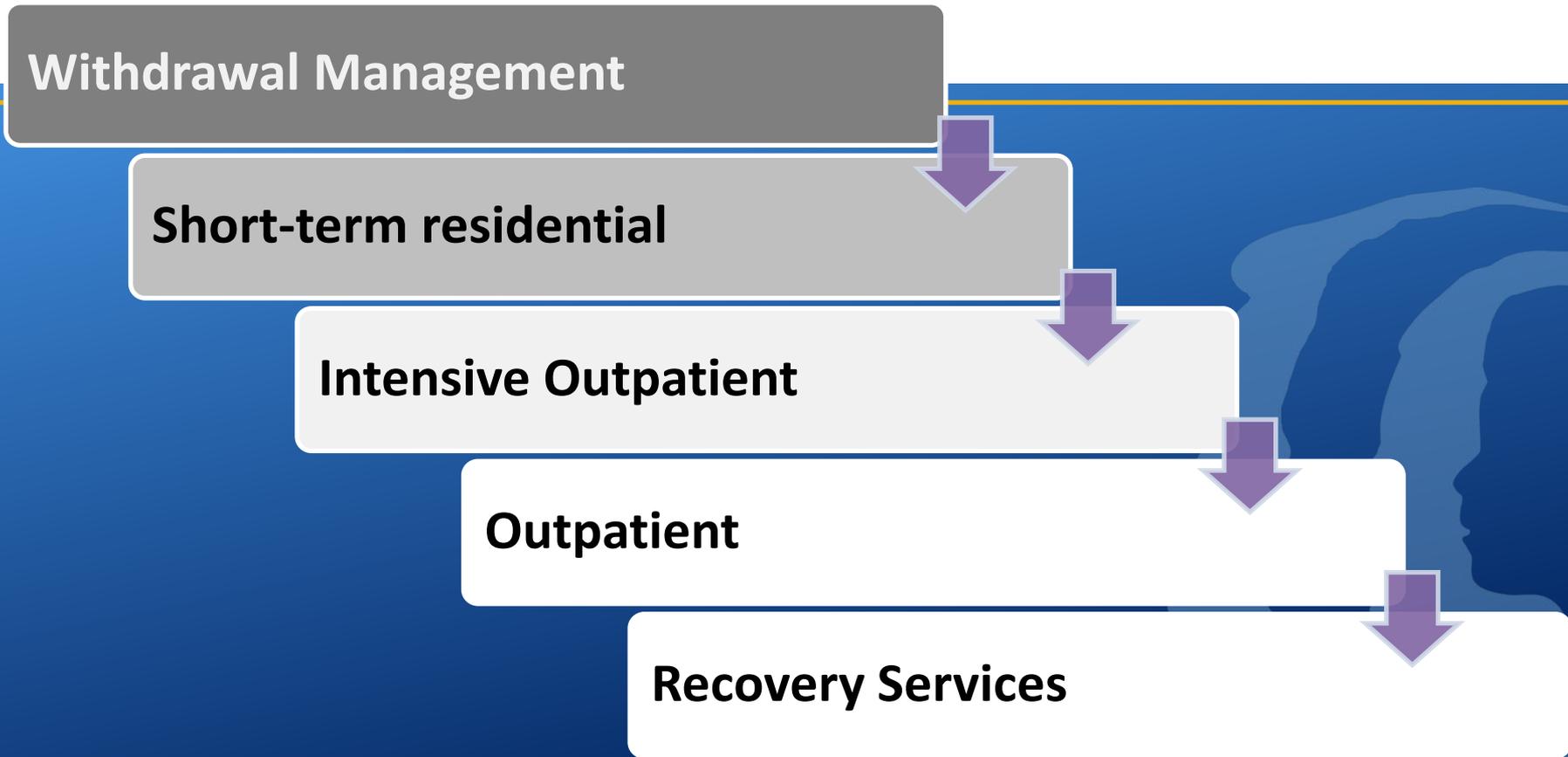
- Waiver will expand the following services to DMC Beneficiaries:
  - Residential treatment
  - Physician consultation
  - Outpatient treatment
  - Case management
  - Medication Assisted Treatment
  - Withdrawal Management
- Services will be structured as a continuum of care modeled on ASAM criteria



# SUD SERVICES WILL EVOLVE FROM SILOS...



## ...INTO A CONTINUUM



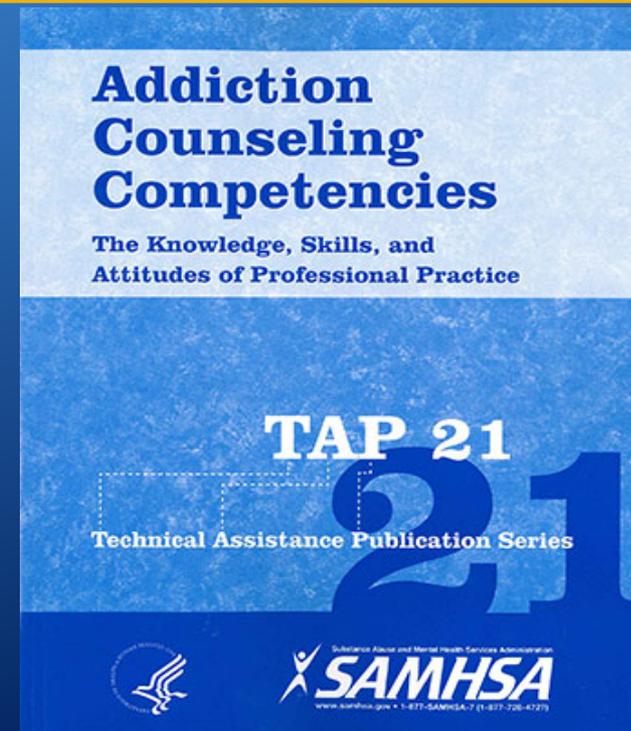
Patients will step up or down to different levels of evidence-based care depending on their responses to treatment.

# SILOS TO CONTINUUM: IMPLICATIONS

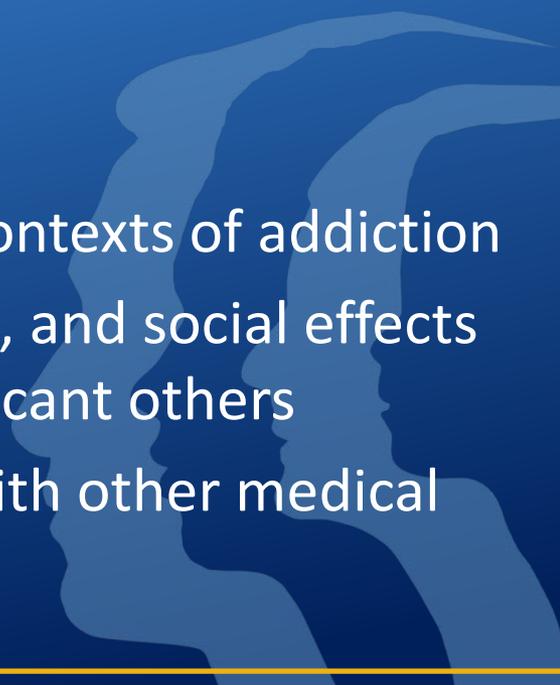
Silos	Continuum
Programs operate as individual programs	Programs operate as part of a larger system
Each program has its own treatment philosophy	Philosophical cohesion across the continuum
Program structured by staff philosophy, experience	Program delivers evidence-based practices
Upon program completion, considered “cured”	Meaningful linkages to next step in continuum
SUD treated as an acute condition that is “fixed” in one episode	SUD treated as a chronic condition that is managed and monitored for a lifetime

## CONTINUUM OF CARE

- Center for Substance Abuse Treatment's Technical Assistance Protocol (TAP)
- Defines KSA needed for addiction counseling, but is **incomplete and out of date for current needs**
- 4 transdisciplinary foundations
- 8 practice dimensions



## TRANSDISCIPLINARY FOUNDATION: UNDERSTANDING

- Understanding and recognition of:
    - Models and theories of addiction
    - Social, cultural, economic, and political contexts of addiction
    - Behavioral, psychological, physical health, and social effects of substances on person using and significant others
    - Potential of SUDs to mimic or co-occur with other medical and mental health conditions
- 

# TRANSDISCIPLINARY FOUNDATION: TREATMENT KNOWLEDGE

- Required KSA:
  - EBPs for treatment, recovery, relapse prevention, and continuing care for addiction/SUD
  - Importance of research and outcome and performance data and their application in clinical practice and management of the continuum of care.
  - Value of an interdisciplinary team approach to addiction treatment
  - Provide culturally and linguistically-appropriate services

# TRANSDISCIPLINARY FOUNDATION: APPLICATION TO PRACTICE

- **Required KSA:**

- Use ASAM criteria to place patients within the continuum of care
- Have an awareness and acceptance of the value of all evidence-based treatments strategies.
- Be familiar with and promote the clinically appropriate application of medication-assisted treatments for SUD.

It is no longer an acceptable clinical standard to “not believe in” addiction medications.

# TRANSDISCIPLINARY FOUNDATION: PROFESSIONAL READINESS

- **Required KSA:**
  - Principles of patient-centered care
  - Ethical and behavioral standards of conduct
  - Importance of ongoing supervision and continuing education

## RECENT ADVANCES IN SUD TREATMENT: EVIDENCE-BASED PRACTICES

- Treatment for individuals with co-occurring mental disorders
- Medication Assisted Treatment (MAT)
- Motivational Interviewing
- Cognitive Behavioral Therapy
- Interventions tailored for women
- Treatment of stimulant use disorders with behavioral interventions
- Management of chronic pain



# CHANGE WILL REQUIRE MAJOR SHIFTS

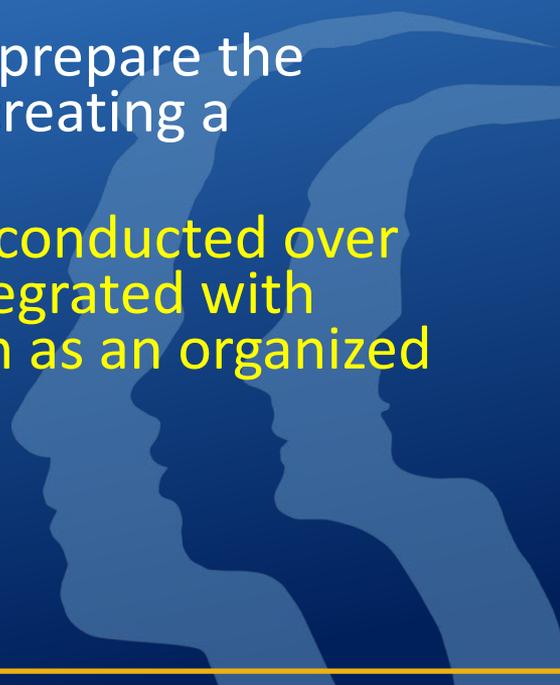
- Staff may need training and education to develop KSAs
- A shift in mindset
  - Operating as a part of an organized system of SUD care, not as a standalone program
  - Structuring care around evidence-based approaches, not philosophy or personal experience



## CRITICAL NEW SKILLS REQUIRED

- Use of ASAM Criteria to conduct patient placement. **This is an important training need, but far from the only training need.**
- Use of utilization management procedures
- Use of a meaningful quality assurance process
- Creation of true community program linkages with all elements of the continuum (including outpatient methadone programs).
- Development of more effective intra and inter program communication (to reduce “siloes”).

# HOW WILL THE WORKFORCE LEARN THE CRITICAL KSAS (ESPECIALLY THE NEW KSAS)

- An extensive training effort will be required to prepare the workforce for SUD service integration and for creating a functional organized system of SUD care.
  - **Without a comprehensive program of training conducted over the next 2-3 years, SUD services will not be integrated with primary care and SUD services will not function as an organized system of care.**
- 

# CONCLUSIONS

- The Affordable Care Act and upcoming Drug Medi-Cal Waiver will have a major impact on SUD service delivery in California
- The SUD workforce will evolve into two distinct workforces:
  - Integrated Behavioral Health
  - Specialty SUD Continuum of Care

# CONCLUSIONS

- In both systems, the SUD workforce will need to shift towards providing evidence-based care
- Care in both systems will be part of a bigger system of care
  - Integrated Behavioral Health: Part of the overall medical system
  - Specialty SUD care: An Organized System of SUD Care

## CONCLUSIONS

- Future SUD workforce will need to appreciate they are part of a larger service delivery system: they will no longer be able to provide services in isolation
- The current and future SUD workforce will need to be trained to develop KSAs, and understanding of their role in the future health care system. This is a priority.

**THANK YOU**

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**UCLA**



[www.psattc.org](http://www.psattc.org)  
[www.uclaisap.org](http://www.uclaisap.org)

**Adjournment**  
**Next Meeting: June 9, 2015**

