

**COUNTY OF SAN LUIS OBISPO BOARD OF SUPERVISORS
AGENDA ITEM TRANSMITTAL**

| | | | |
|--|--|--|---------------------|
| (1) DEPARTMENT Behavioral Health | (2) MEETING DATE 8/9/2016 | (3) CONTACT/PHONE Anne Robin, LMFT, Behavioral Health Administrator, 781-4734; Cindy Collins, ASM, 788-2932 | |
| (4) SUBJECT Request: 1) to receive and file a plan (Clerk's File) regarding participation in California's Drug Medi-Cal Organized Delivery System (DMC-ODS); 2) approval to implement the DMC-ODS plan in San Luis Obispo County, should the Board choose to effectuate the plan; 3) approval of a resolution amending the Position Allocation List to add a total of 26.50 FTE positions to Fund Center 166 – Behavioral Health; 4) authorization of a budget adjustment in the amount of \$2,071,405 from unanticipated revenue to FC 166-Behavioral Health to fund services associated with the Drug Medi-Cal Organized Delivery System. All Districts. | | | |
| (5) RECOMMENDED ACTION It is recommended that the Board: <ol style="list-style-type: none"> 1. Receive and file a plan regarding the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS); and 2. Approve a request to implement the DMC-ODS plan, should the Board choose to effectuate the plan; and 3. Approve a resolution amending the Position Allocation List to add a total of 26.50 FTE positions to Fund Center 166 – Behavioral Health, including 2.00 FTE Administrative Services Officer I/II, 1.00 FTE Accountant I/II, 1.00 FTE Mental Health Program Supervisor, 2.00 FTE Licensed Psychiatric Technicians I/II/III, 8.00 FTE Mental Health Therapist I/II/III/IV, 3.00 FTE Drug and Alcohol Specialist I/II/III/IV, 2.00 FTE Drug and Alcohol Worker I/II, 1.50 FTE Health Information Technician I/II/III, and 6.00 FTE Administrative Assistant I/II/III; and 4. Authorize a FY2016-17 budget adjustment in the amount of \$2,071,405 from unanticipated revenue to FC 166-Behavioral Health for the DMC-ODS by 4/5 vote. | | | |
| (6) FUNDING SOURCE(S) Medi-Cal, State General Fund | (7) CURRENT YEAR FINANCIAL IMPACT \$2,071,405 | (8) ANNUAL FINANCIAL IMPACT \$2,661,358 | (9) BUDGETED? No |
| (10) AGENDA PLACEMENT <input type="checkbox"/> Consent <input type="checkbox"/> Presentation <input type="checkbox"/> Hearing (Time Est. ____) <input checked="" type="checkbox"/> Board Business (Time Est. <u>60 minutes</u>) | | | |
| (11) EXECUTED DOCUMENTS <input checked="" type="checkbox"/> Resolutions <input type="checkbox"/> Contracts <input type="checkbox"/> Ordinances <input type="checkbox"/> N/A | | | |
| (12) OUTLINE AGREEMENT REQUISITION NUMBER (OAR) N/A | | (13) BUDGET ADJUSTMENT REQUIRED? BAR ID Number: 1617010 <input checked="" type="checkbox"/> 4/5 Vote Required <input type="checkbox"/> N/A | |
| (14) LOCATION MAP N/A | (15) BUSINESS IMPACT STATEMENT? No | (16) AGENDA ITEM HISTORY <input checked="" type="checkbox"/> N/A Date: _____ | |
| (17) ADMINISTRATIVE OFFICE REVIEW Morgan Torell | | | |
| (18) SUPERVISOR DISTRICT(S) All Districts | | | |

County of San Luis Obispo



TO: Board of Supervisors
FROM: Jeff Hamm, Health Agency Director
Anne Robin, LMFT, Behavioral Health Administrator
DATE: 8/9/2016

SUBJECT: Request: 1) to receive and file a plan (Clerk's File) regarding participation in California's Drug Medi-Cal Organized Delivery System (DMC-ODS); 2) approval to implement the DMC-ODS plan in San Luis Obispo County, should the Board choose to effectuate the plan; 3) approval of a resolution amending the Position Allocation List to add a total of 26.50 FTE positions to Fund Center 166 – Behavioral Health; 4) authorization of a budget adjustment in the amount of \$2,071,405 from unanticipated revenue to FC 166-Behavioral Health to fund services associated with the Drug Medi-Cal Organized Delivery System. All Districts.

RECOMMENDATION

It is recommended that the Board:

1. Receive and file a plan regarding the implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS); and
2. Approve a request to implement the DMC-ODS plan, should the Board choose to effectuate the plan; and
3. Approve a resolution amending the Position Allocation List to add a total of 26.50 FTE positions to Fund Center 166 – Behavioral Health, including 2.00 FTE Administrative Services Officer I/II, 1.00 FTE Accountant I/II, 1.00 FTE Mental Health Program Supervisor, 2.00 FTE Licensed Psychiatric Technicians I/II/III, 8.00 FTE Mental Health Therapist I/II/III/IV, 3.00 FTE Drug and Alcohol Specialist I/II/III/IV, 2.00 FTE Drug and Alcohol Worker I/II, 1.50 FTE Health Information Technician I/II/III, and 6.00 FTE Administrative Assistant I/II/III; and
4. Authorize a FY2016-17 budget adjustment in the amount of \$2,071,405 from unanticipated revenue to FC 166-Behavioral Health for the DMC-ODS by 4/5 vote.

DISCUSSION

Summary

The State Department of Health Care Services (DHCS) has provided an opportunity for counties to submit an Implementation Plan to participate in the Drug Medi-Cal Organized Delivery System (DMC-ODS). Under DMC-ODS, the federal government has waived many of the currently existing restrictions regarding available substance use disorder treatment services. At the same time, increases in quality assurance, monitoring, and accountability are put into place. The new services available to Medi-Cal beneficiaries under the waiver are: residential treatment, case management, recovery support services, and medication assisted treatment. The funding under DMC-ODS also changes the funding mechanism for drug and alcohol services from a fee for service model to a cost reimbursement model. This will allow the County to set the reimbursement rates to reflect the actual cost of providing such services. The accountability measures being put into place include: selective contracting with providers, county monitoring, State External Quality Review Organization (EQRO) annual audits, and evidence-based practices.

The DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices in substance abuse treatment, and coordinates with other systems of care. DMC-ODS is a demonstration project through 2020, but is currently planned for extension in the year 2020. The overall goal of the DMC-ODS waiver is

to increase services to Medi-Cal individuals suffering from substance use disorders. Additionally, the waiver increases oversight, monitoring and accountability of Drug Medi-Cal programs.

San Luis Obispo County's Implementation Plan was submitted to the State DHCS for review on July 8, 2016. The "proposed implementation timetable" section includes more detail about the schedule. The Implementation Plan includes all of the required elements under DMC-ODS. San Luis Obispo County Health Agency, Behavioral Health Department is currently the primary Drug Medi-Cal certified provider in the County. A request for an increase of 26.50 FTE's to accomplish all of the requirements of DMC-ODS is included herein, as well as a request for a budget adjustment in the amount of \$2,071,045 to implement the program.

To view a copy of the County of San Luis Obispo's Draft DMC-ODS Implementation Plan, please visit:

Implementation Plan:

<http://www.slocounty.ca.gov/Assets/SLO+Drug+Medi-Cal+Organized+Delivery+System+Draft+Implementation+Plan.pdf>

Attachments to the Implementation Plan:

<http://www.slocounty.ca.gov/Assets/SLO+Drug+Medi-Cal+Organized+Delivery+System+Draft+Implementation+Plan+-+Attachments.pdf>.

The Implementation Plan is also available at the County Clerk Recorder's office for review.

Medi-Cal Waiver

Medi-Cal waivers are approved programs that provide additional services to specific groups of individuals, or geographic areas of the state, and provide medical coverage to individuals who may not otherwise be eligible under Medicaid rules. Medi-Cal is California's version of the federal Medicaid program.

When California wants to make significant changes to its Medi-Cal program, it must take one of two steps: either (1) amend its State Medicaid Plan – the State's contract with the federal government; or (2) receive an exemption or Medicaid waiver from portions of Title XIX of the Social Security Act by the U.S. Department of Health and Human Services (DHHS). California's Drug Medi-Cal Organized Delivery System (DMC-ODS) program is a result of the "1115 Waiver" for California's Medicaid plan.

California's DMC-ODS 1115 Waiver demonstration provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services. Currently, the substance use disorder treatment system is not a coordinated set of services managed by a single authority. The State maintains the ability to certify any willing provider without approval from the local County authority. This creates a range of services with little connection to one another. For example, a client seeking services may find and complete residential treatment in one County, but then are left on their own to find outpatient treatment upon return to their home County. There is no systematic transfer of treatment information from one County or provider to another, resulting in delays and duplication of effort in assessment and other clinical and administrative procedures. Another example of a current gap and lack of coordination occurs when the client is successfully discharged from treatment. There currently are no requirements or reimbursement for long-term recovery maintenance plans or services. Clients who successfully graduate from treatment only have informal and community supports available to them in order to maintain their recovery.

Under this plan, recovery coaches will be available (and will be a Medi-Cal reimbursable service), to limit recidivism and assist clients to return to treatment if needed. The Waiver provides for an organized level of care system, wherein clients will be placed at the correct level of care (see Table A) at the initial request for services and then moved up or down depending upon lack of progress, or positive progress, in the current level of care. Case management will be available to assist the client through their recovery process, avoiding services gaps and lack of continuity. This is anticipated to be a more efficient, cost effective delivery system wherein clients will receive the correct level of care at the correct point in time for the appropriate length of time.

Table A: LEVEL OF CARE

| ASAM Level of Care | Service | Description |
|--------------------|---|---|
| .50 | Early Intervention | At risk individuals, do not meet SUD diagnosis |
| 1 | Outpatient | Less than 9 hours of service per week for adult, less than 6 hours for youth |
| 2.1 | Intensive Outpatient | 9 or more hours per week for adults, more than 6 hours for youth up to 19 hours per week |
| 2.5 | Partial Hospitalization (not required in ODS) | 20 or more hours of service per week, not requiring residential care |
| 3.1 | Clinically managed, low-intensity residential | 24-hour care with trained counselors to stabilize imminent danger, less intense milieu (sober living environment + treatment) |
| 3.5, 3.7 | Residential treatment services | 24-hour care with trained staff providing treatment on-site |
| 4 | Medically managed inpatient | 24-hour nursing care and daily physician care for severe unstable problems, counseling available to engage into treatment |

The Waiver amendment will also make improvements to California's Drug Medi-Cal (DMC) service delivery system by providing more local control and accountability in selection of high quality providers, improving local coordination of case management services, implementation of evidence based practices in substance abuse treatment, coordination with other systems of care including physical health, and change the financial structure for reimbursements. Under the Waiver's financial changes, the County will set its own rates of reimbursement commensurate with the costs in the County and will provide reimbursement for more activities than are currently covered. The current structure of reimbursement is set by the State and is a low average cost of the treatment providers in all of the Counties, without regards to cost of living, rental costs, and staffing costs which may be impacting the providers' ability to do business in the specific County. The DMC-ODS will demonstrate how organized substance use disorder (SUD) care increases the success of DMC beneficiaries while decreasing other health care system costs.

Participation for providing services under this waiver is voluntary; counties must "opt-in" to the waiver amendment to participate in this demonstration program. If the County does not choose to opt-in, the current system of care for substance use disorders would continue at existing levels, the current Drug Medi-Cal rate structure as set by the State would continue as a fee per service, none of the new services would be added for the beneficiaries, and the County's control over the number and the quality of non-County providers would be minimal.

If the County does choose to opt-in, the following is a list of improvements to DMC services under this waiver:

- Residential Treatment services to all beneficiaries requiring this level of care (currently only available to pregnant/postpartum women)
- Case Management services to navigate the transitions between treatment levels and coordinate with supportive services such as housing, physical health care, and employment
- Recovery Support services to assist in the maintenance of long-term recovery after the treatment episode
- Additional Medication Assisted Treatment services (additional medications available to help with the withdrawal and cravings associated with substance use disorders)
- Establishing a standardized assessment tool (ASAM Criteria)
- Financial reimbursement structure based upon costs set by the County and billed in fifteen minute increments
- Selective provider contracting and provider appeals process under the County jurisdiction
- Coordination of care and integration of services with managed care plans
- Authorization and Utilization Management (Quality support)
- Expanded professional workforce including Licensed Clinicians
- Program improvements for consumer focused, evidence-based treatment

Table B below shows the required services in the current State plan and the required services under the opt-in waiver.

Table B: ORGANIZED DELIVERY SYSTEM REQUIRED SERVICES

| Table B: Drug Medi-Cal Organized Delivery System Required Services | | | | |
|--|--|---|--|-------------------------|
| | DMC Services | Current State Benefit Plan (Non-Waiver) | Opt-in Waiver Required | Opt-in Waiver Optional |
| 1 | Outpatient Treatment Services, includes Central Access/Screening**** | Required | Central Access Outpatient Treatment Intensive Outpatient | Partial Hospitalization |
| | Narcotic Treatment Program* | Required | Required | |
| | Residential Services** | Perinatal only | At least one level of service | Additional levels |
| 2 | Withdrawal Management | | At least one level of service | Additional levels |
| 2 | Medication Assisted Treatment | | Required | Additional medications |
| 3 | Recovery Support Services | | Required | |
| 3 | Case Management | | Required | |
| | Physician Consultation*** | | Required | |

*Currently provided by Aegis Treatment Centers, no anticipated changes in numbers of clients served

**Currently provided by Bryan's House as a licensed residential treatment facility available for any perinatal clients only, more facilities to be developed over time through County selective contracting process or solicitation of out of county placement contracts

***Currently provided by the Behavioral Health Medical Director and other contract physicians

****Increased coordination and one-stop screening and assessment activities for both mental health and substance use disorders

Implementation in SLO County

In order for the Department to provide expanded substance use disorder treatment and other services to community residents who are Medi-Cal beneficiaries, the State must approve an Implementation Plan and a Fiscal Plan. The State also seeks approval from the federal Center for Medicaid and Medicare (CMS) for Implementation Plans. This process can take 2-3 months. Once approved, the State will send an amended Intergovernmental Agreement for review and approval by your Board.

The following sections describe the proposed positions and programs that would be covered by implementation of the DMC-ODS in SLO County. The Department is including a request to add an additional 26.5 FTE. In the Financial Considerations and attached is a comprehensive breakdown and description of the types of costs included in the request. The plan is broken down by four main sections including outpatient treatment services, withdrawal management and medication assisted treatment, case management and recovery support services, and quality, fiscal, and administrative supports.

Outpatient Treatment Services – Total 14.50 FTE

Managed Care and Central Access – 2.00 FTE

The expansion of benefits as part of the Affordable Care Act and the anticipated opt in to the DMC-ODS waiver is expected to result in a significant increase in referrals for substance use disorder treatment services. The 1115 Waiver for DMC-ODS expands the responsibility of the County to provide centralized access to care and capacity to provide timely services. Behavioral Health anticipates that 771 additional individuals (40% increase) will be screened in FY16-17 as a result of DMC-ODS implementation. As a result, two additional positions will be needed, including 1.00 FTE Mental Health Therapist and a 1.00 FTE Administrative Assistant staff.

| Table C: Screenings and Anticipated Screenings by Region | | | | | | | |
|--|------------|-------------|--------------|-----------------|---------------------------|-------|----------|
| Screenings | Atascadero | Paso Robles | Grover Beach | San Luis Obispo | South Street (SLO), youth | Total | % Change |
| FY13-14 | 418 | 2 | 149 | 310 | 10 | 889 | |
| FY14-15 | 534 | 58 | 340 | 457 | 1 | 1390 | 56% |
| FY15-16* | 712 | 75 | 454 | 673 | 0 | 1914 | 38% |
| FY16-17** | 925 | 220 | 590 | 875 | 75 | 2685 | 40% |

*FY15-16 projected number

**FY16-17 anticipated number

DMC-ODS requires a 24/7, toll-free, centralized access line for County residents seeking SUD disorder services similar to the one in existence for Mental Health. Opting into the waiver will allow the Behavioral Health Department to provide 24/7 information and referral to individuals seeking drug and alcohol services, as well as enable the Behavioral Health Department to become an integrated one-stop program for all county residents seeking either mental health or substance use disorder treatment services. Privately insured individuals, as well as the Medi-Cal beneficiaries, will be able access information and referrals for behavioral health needs through 1-800-838-1381.

Expanded Outpatient Treatment (Adults) – 11.00 FTE

The County’s Paso Robles Behavioral Health clinic is unable to serve the majority of its population due to limited staff and space. Due to limited treatment access, residents of Paso Robles have been receiving services at the Atascadero Drug and Alcohol clinic. Client demographic detail from FY 14-15 indicate that over 46% of individuals being served at Atascadero Drug and Alcohol Services reside in Paso Robles and have a high rate of no-shows due to travel hardships. A similar ratio of clients on the waitlist are also from Paso Robles. The majority of the residents on the wait list are required to receive services by some of our many community partners, including court ordered programs, jail re-entry services, and Child Welfare Services (CWS).

This expansion would improve access to substance use disorder treatment services for individuals living in Paso Robles and North County by increasing the number of available outpatient treatment slots from 12 to 87 and provide:

- Access to Outpatient Treatment morning and evening groups five days a week
- Trauma Informed Treatment Services Groups for both men and women
- Family Education Groups
- Co-Occurring Disorder Groups
- Family, Individual, and Couples counseling services

The available access time for walk-in appointments would increase from three hours per week to twenty hours per week in Paso Robles. The number of outpatient treatment group hours would increase from twenty hours per week to 100 hours per week. The expanded outpatient treatment component includes 1.00 FTE Mental Health Program Supervisor, 1.00 FTE Mental Health Therapist IV, 3.00 Drug and Alcohol Specialists I/II, 4.00 Administrative Assistant, and 2.00 Drug and Alcohol Worker positions.

Expanded Outpatient Treatment (Youth) – 1.50 FTE

To meet the growing requests from school districts, as well as responding to the growing need for youth substance use disorder treatment, the Department has certified 12 school sites as DMC providers in the past two years. However, there has been no expansion of services in the community clinics to provide youth and family programming.

There are currently state funded youth and family treatment services only in the north and south county regions (Atascadero and Grover Beach). Opting into the DMC-ODS waiver will allow for expansion of services to youth and families within the City of San Luis Obispo for seventy-five (75) youth and their families per year. The services provided to the youth are: individual therapy, group counseling sessions, and family therapy in an intensive outpatient treatment program (6 hours or more per week). Expanded youth treatment component includes a 1.00 FTE Mental Health Therapist and a 0.50 FTE Health Information Technician.

Narcotic Treatment Program

The Narcotic Treatment Program (NTP) is currently provided by Aegis Medical Systems in Atascadero. This program has been in existence in the County for many years, and has a capacity of 256 treatment slots with 99% of the clients receiving services at Aegis are Medi-Cal eligible. NTP is an outpatient service using methadone and/or

levoalpaecetylmethaol (LAAM), directed at stabilization and rehabilitation of persons who are opiate addicted and have a substance abuse diagnosis. The services include methadone medication treatment, drug screening and other testing as appropriate, and individual and group counseling services regarding methadone maintenance.

Residential Treatment Services

Residential treatment is a 24-hour, non-institutional, non-medical, short-term service that provides residential rehabilitation services to youth, adult, and perinatal beneficiaries. Residential services are provided in facilities designated by DHCS as capable of delivering care consistent with *ASAM Level 3.1: Clinically managed low intensity residential*. This level of care provides 24-hour structure with available trained personnel, at least five hours of clinical service per week and preparation for outpatient treatment. Beneficiaries are approved for residential treatment through a prior authorization process based on the results identified by the ASAM assessment. The length of stay for residential services may range from one day to ninety (90) days, unless a re-assessment of medical necessity justifies a one-time extension of up to 30 days. Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice involved clients may receive a longer length of stay based on medical necessity. A monthly re-authorization process is implemented to ensure that the client continues to benefit and need the residential treatment services.

Residential treatment services includes assessment, treatment planning, individual and group counseling, client education, family therapy, collateral services, crisis intervention services, transportation to all medically necessary treatments, and discharge planning and coordination. All providers are required to accept and support patients who are receiving medication assisted treatments.

SLOBH is awaiting DHCS to issue DMC licensure and provisional ASAM designations for our currently contracted perinatal residential provider (Bryan’s House) for five (5) beds. This provider may be designated as ASAM Level 3.1 and/or Level 3.5 (Clinically managed high intensity residential services). SLOBH will ensure that all ASAM Levels (3.1, 3.3, and 3.5) are available within three years of final approval of the County’s Implementation Plan and will follow the County policy and process for selecting new providers. It is anticipated that some of the residential treatment providers may be out of county and contractual relationships will be developed.

Withdrawal Management and Medication Assisted Treatment (MAT) – Total 3.00 FTE

A full-time Therapist will provide level of care assessments and diagnosis for individuals in need of detoxification, and will work with the Medication Assisted Treatment (MAT) team for therapeutic supports. In comparison, NTP currently utilizes Methadone as its primary medication for withdrawal and requires one face to face visit per week. NTP is a separate service from Medication Assisted Treatment in that it is an “all in one service” rather than a MAT service which can be combined with various levels of outpatient treatment. MAT is a part of the detoxification continuum of care, is a requirement of the DMC-ODS. Increased staff required to meet this requirement includes a dedicated contracted physician (MD) for the substance use disorder treatment programs, 1.00 FTE Mental Health Therapist and 2.00 FTE Licensed Psychiatric Technicians. Opioid and alcohol dependence have well-established medication options which have proven efficacious in the reduction or elimination of use of opioids or alcohol.

During FY15-16, 145 individuals were served in the withdrawal management program. The monthly caseload is 40 individuals.

| Withdrawal Management Program Data | | | | | | |
|------------------------------------|---------|----------|----------|---------|---------|------------------|
| Measure | FY10-11 | FY11-12 | FY12-13 | FY13-14 | FY14-15 | FY16-17 proposed |
| Clients served | 74 | 71 | 81 | 61 | 175 | 200 |
| Length of stay | 15 days | 15 days | 30 days | 51 days | 79 days | 80 days |
| # of repeats | 3 (4%) | 29 (41%) | 12 (15%) | 4 (7%) | 13 (7%) | 10% |
| % of completions | 68% | 69% | 50% | 42% | 31% | 70% |

The additional services under DMC-ODS will increase the number of weekly client detoxification slots available from 40 to

45. The overall number of clients served will increase from 175 to 200 annually (25 additional clients served). The focus of the waiver is to have the clinical staff focus on the medical issues, in order to provide the correct levels of medication, so that the client will participate more successfully in individual and group treatment, thus increasing the percentage of completions. In addition, this will launch the Drug Medi-Cal billing for Withdrawal Management and Medication Assisted Treatment services by providing a clinician to focus on Medi-Cal compliant paperwork, diagnoses, and linkage to outpatient treatment services for a smooth transition, which should also improve the current completion rate.

Successful completion of withdrawal management and medication assisted treatment can improve outcomes in many of the public safety and health related indicators, such as overdose deaths, hospital admissions for drug and alcohol related incidents, emergency room visits, and psychiatric hospitalizations, and drug and alcohol related arrests.

Case Management and Recovery Support Services – Total 3.00 FTE

The new DMC-ODS terms and conditions allows the County to bill Medi-Cal for Case Management and Recovery Support Services, which was not allowed before approval of the 1115 Waiver. Current case management services are funded through and provided to only AB109 (public safety realignment) clients and perinatal program clients. The intensive outpatient treatment program also has associated Case Managers which are currently generating Medi-Cal revenue. The addition of 3.00 FTE Drug and Alcohol Specialists I/II will expand case management services to other appropriate populations, especially for those clients who will need residential and medical treatment placements, which are required under DMC-ODS. Each Case Manager will carry a static caseload of 30-40 individuals with 120 individuals seen each year. The total number of new clients served with Case Management will be 480 individuals.

Case Management services are crucial in meeting basic needs of the substance use disorder population as 75% of the homeless population is estimated to have one or more diagnosable substance use disorders. The majority of the population we serve with substance use disorders need education, information, and referral in order to meet their basic needs. Without the support of case managers, many of our clients have difficulty obtaining or following through with physical health care appointments, legal appointments, benefits management, employment activities, or other activities of daily living.

Research done through the National Drug Court Institute, looking at Case Management/Peer Support Specialists shows that by adding case management services there was an increase from 130 days in treatment to 200 days which greatly increases successful completion and reduces recidivism. Other studies (Substance Abuse and Mental Health Services Administration (1998), *Comprehensive Case Management for Substance Abuse Treatment*) demonstrate that Case Managers also reduce hospitalizations and hospital days, improve client functioning, increase client satisfaction, reduce family concerns, alleviate depression and other symptoms, and enhance client self-advocacy.

Recovery Support Services are required under DMC-ODS and will best be provided by a peer recovery specialist who has lived experience. Recovery Support Services includes drop-in peer support groups in each clinic, social activities, telephone follow-up, Recovery Coaching, and other modalities, such as social media, to keep clients engaged with recovery support services over the long-term after the treatment episode has ended. A full-time Drug and Alcohol Services Worker I may work with community volunteers to strengthen the recovery activities in each region. Two hundred (200) graduated clients will actively participate in the Recovery Support Services per year.

The positions associated with Case Management and Recovery Support Services are combined in the Financial Section under Outpatient Expansion.

Quality, Fiscal and Administrative Supports – Total 6.00 FTE

Quality Support and Utilization Management- 4.00 FTE

The Department of Health Care Services (DHCS), the monitoring and audit organizations, including Medi-Cal audit branches, External Quality Review Organization (EQRO) audits, and DHCS monitoring are still separate for mental health and substance use disorders. As part of the waiver, a Substance Use Disorder Quality Support Team, similar to the team that currently exists for Mental Health, would be needed. This is also a newly reimbursable service through the DMC-ODS waiver. Under the Quality Support and Utilization Management component, positions include 1.00 Mental Health Therapist, 1.00 Administrative Services Officer, 1.00 Health Information Technician and 1.00 Administrative Assistant.

Some of the examples of Quality Support activities that will be required are:

- Quality Improvement Plan and Quality Improvement Committee (meeting 42CFR Section 438 requirements), as well as providing data to evaluate outcomes required in the waiver related to access, quality, cost, and integration and coordination of care.
- Utilization Management Program that assures access to services; assures medical necessity has been established and the beneficiary is at the appropriate level of care and that the interventions are appropriate for the diagnosis and level of care.

Administrative and Fiscal Support – 2.00 FTE

The Standard Terms and Conditions for the Drug Medi-Cal Organized Delivery System (DMC- ODS) require an increase in Administrative Support activities, similar to the Mental Health Administrative Support services. These Administrative Support activities have not previously existed within the substance use disorder Medi-Cal system.

1.00 FTE Accountant I/II position will be part of the Behavioral Health Department’s fiscal team. The Accountant I will work closely with the Behavioral Health Department fiscal team, but also with the lead Health Information Technician, and the Drug and Alcohol Services Division Manager to ensure the maximization of Drug Medi-Cal revenue and minimization of disallowances. This position is also needed to establish fiscal controls related to Drug Medi-Cal programs.

1.00 FTE Administrative Services Officer I/II (ASO) is requested to provide administrative oversight to the DMC-ODS programs ensuring programmatic and fiscal integrity of the drug Medi-Cal providers in the community. The ASO will develop selective contracting criteria, contract denial and appeal processes, and provider requirements through the provider contracts, similar to the mental health provider network. If the treatment services are not available within the county, the ASO will develop out of county contracts, provide authorizations, and monitoring as needed.

If the County chooses to not opt in the DMC-ODS waiver, current limited DMC fee for service program elements would be applicable without the benefit of an organized delivery system. An opt-out county would be subject to the "any willing provider" provision of Medicaid law, which means that any beneficiary residing in San Luis Obispo County could go to any willing provider, receive DMC services, and SLO County would have to pay for those services out of its Behavioral Health Subaccount realignment funds, without having any control over that process. The State is now moving from a county-of-service to a county-of-residence model, which means that San Luis Obispo County is responsible to pay for DMC services for our residents, regardless of where they receive those services.

Proposed Implementation Timetable

| | |
|---|---------------------------------|
| Submission of Implementation Plan to DHCS | July 8, 2016 |
| Work with CenCal on MOU amendments | July through August 2016 |
| Board of Supervisors Opt-In Consideration | August 9, 2016 |
| Implementation Plan review by DHCS | July through October, 2016 |
| Implementation Plan review by Centers for Medicare & Medicaid Services (CMS) | September through October, 2016 |
| Review of State-County Intergovernmental Agreement and submission to BOS for approval | Fall, 2016 |
| Recruit/Hire new staff in accordance with approved budget augmentation request | August 2016 through April 2017 |
| Begin billing eligible services under new regulations | October 1, 2016 |

OTHER AGENCY INVOLVEMENT/IMPACT

In accordance with the requirements for the DMC-ODS, Dr. Star Graber, Division Manager, Clark Guest and Teresa Pemberton, Program Supervisors, have held many stakeholder meetings and presentations. Details about the stakeholder meetings and the comments during those presentations are in the Implementation Plan.

- District Attorney’s Office
- Regional Drug and Alcohol Services staff meetings
- Behavioral Health Board
- Criminal Defense Attorneys
- Child Welfare Services
- Probation Department
- Family Treatment Court Steering Committee

Judges of the Superior Court of San Luis Obispo
 ACA Planning Group and County Public Health
 Aegis Treatment Center
 Inter-agency Planning Group
 ARCH Benefits Group
 Homeless Services Oversight Council

The Implementation Plan was submitted to the State Department of Health Care Services on July 8, 2016. DHCS has assigned an analyst to the County of San Luis Obispo. The analyst provides technical assistance and communication between the County, State, and Federal governmental Medicaid entities. This process is anticipated to take between two to three months before final approval of the Implementation Plan. In the meantime, DHCS will continue to facilitate ongoing communication and trainings between San Luis Obispo County and the other Counties in a learning collaboration.

FINANCIAL CONSIDERATIONS

The FY 2016-17 Behavioral Health Adopted Budget does not take into account the impact of the DMC-ODS waiver, since the DMC-ODS implementation plan was not developed in time to submit as part of the FY 2016-17 budget process.

Included as part of this item is a recommendation to approve a budget adjustment to realize unanticipated revenue from Medi-Cal and State General Fund and increase appropriations in the FY 2016-17 budget by \$2,071,405. Services provided under the DMC-ODS will mainly be reimbursed through Medi-Cal revenue. Additional reimbursement will be received through State General Funds, subject to annual appropriation in the State Budget, to help offset implementation and support activities. 2011 Realignment funding projections for FY 2017-18 are not sufficient to cover the anticipated match required for Medi-Cal funding, so Behavioral Health will request additional State General Fund support for the match.

The table below shows the estimated total cost for the first two years of operation. The estimate is based on County expenditures, including required staffing levels and other operating expenses. During year one, the Department will phase in positions beginning in September 2016, with full implementation expected by the end of FY 2016-17. No County General Fund support is anticipated to be needed during year one as long as \$180,925 of State General Fund is allocated to San Luis Obispo; otherwise, there is a potential impact to the County General Fund by that amount. In year two (FY 2017-18), \$474,473 of State General Fund is anticipated. In the event that the State General Fund is not allocated, County General Fund Support would be impacted. The Department will only request additional County General Fund support during FY 2016-17 and FY 2017-18 if State funds are not allocated. The costs for the remaining three years of the waiver through 2020 will increase incrementally as salaries and benefits increase. Behavioral Health will request State General Fund revenue for these increases annually, but it is not guaranteed at this time that the State funds will be allocated to the County.

| DMC-ODS Budget | FY 2016-17 | FY 2017-18 |
|---|--------------------|--------------------|
| Drug Medi-Cal | \$1,890,480 | \$2,186,885 |
| State General Fund (anticipated)* | \$180,925 | \$474,473 |
| Total Revenue | \$2,071,405 | \$2,661,358 |
| Salaries & Benefits | \$1,523,585 | \$2,335,698 |
| Services & Supplies | \$547,820 | \$325,660 |
| Total Expense | \$2,071,405 | \$2,661,358 |
| Total County Cost if State General Fund money is received* | \$0 | \$0 |

*If State funds are not received, the County General Fund support impact could be up to \$180,925 in Year 1 and \$474,473 in Year 2.

As discussed in the previous sections, the Department is requesting the addition of 26.50 FTE to provide the expanded services under the DMC-ODS waiver. A resolution amending the Position Allocation List for Health Agency Fund Center 166-Behavioral Health is included as part of the item.

Below is a summary of the breakdown of positions and infrastructure requested for each element of the DMC-ODS

implementation plan. The detailed breakdown can be found as an attachment.

| | FTE | Position/Description | FY 2016-17 Expenses | FY 2017-18 Expenses |
|--|------|--|---------------------|---------------------|
| Managed Care - Central Access: | | | | |
| Permanent Employees Salaries and Benefits | 1.00 | Mental Health Therapist III | \$ 72,994 | \$ 101,303 |
| | 1.00 | Administrative Assistant III | \$ 47,054 | \$ 65,131 |
| Services and Supplies | | Technology, offices, desks, training, etc. | \$ 21,110 | \$ 11,510 |
| <i>Subtotal</i> | | | \$ 141,158 | \$ 177,944 |
| Outpatient Treatment Expansion (Adult) and Case Management/Recover Support: | | | | |
| Permanent Employees Salaries and Benefits | 1.00 | Mental Health Program Supervisor | \$ 87,732 | \$ 121,856 |
| | 4.00 | Mental Health Therapist I/II/III/IV | \$ 274,229 | \$ 412,107 |
| | 3.00 | Drug & Alcohol Specialist I/II | \$ 163,418 | \$ 252,203 |
| | 4.00 | Administrative Assistant III | \$ 188,216 | \$ 260,524 |
| | 2.00 | Drug & Alcohol Worker I | \$ 48,522 | \$ 134,172 |
| Temporary Employees | 2.00 | Drug & Alcohol Worker | \$ 50,000 | \$ 50,000 |
| Services & Supplies | | Technology, vehicles, offices, training etc. | \$ 238,240 | \$ 69,440 |
| <i>Subtotal</i> | | | \$ 1,050,357 | \$ 1,300,302 |
| Outpatient Treatment Expansion (Youth): | | | | |
| Permanent Employees Salaries and Benefits | 1.00 | Mental Health Therapist III/IV | \$ 48,577 | \$ 97,154 |
| | 0.50 | Health Information Technician I | \$ 16,666 | \$ 34,035 |
| Services & Supplies | | Technology, offices, desks, training, etc. | \$ 10,000 | \$ 400 |
| <i>Subtotal</i> | | | \$ 75,243 | \$ 131,589 |
| Withdrawal Management and Medication Assisted Treatment (MAT): | | | | |
| Permanent Employees Salaries and Benefits | 1.00 | Mental Health Therapist IV | \$ 52,010 | \$ 108,707 |
| | 2.00 | Licensed Psychiatric Technicians | \$ 87,264 | \$ 178,368 |
| Services & Supplies | | Contracted Medical Doctor(s) | \$ 135,720 | \$ 180,960 |
| | | Technology, vehicle, offices, training, etc. | \$ 79,420 | \$ 28,820 |
| <i>Subtotal</i> | | | \$ 354,414 | \$ 496,855 |
| Quality Support and Utilization Management: | | | | |
| Permanent Employees Salaries and Benefits | 1.00 | Mental Health Therapist IV | \$ 79,921 | \$ 110,964 |
| | 1.00 | Administrative Services Officer I | \$ 64,814 | \$ 89,810 |
| | 1.00 | Health Information Technician I | \$ 50,702 | \$ 70,217 |
| | 1.00 | Administrative Assistant III | \$ 47,054 | \$ 65,131 |
| Services & Supplies | | Technology, offices, desks, training, etc. | \$ 42,220 | \$ 23,020 |
| <i>Subtotal</i> | | | \$ 284,711 | \$ 359,142 |
| Administrative and Fiscal Support: | | | | |

| | | | | |
|---|------|--|---------------------|---------------------|
| Permanent Employees Salaries and Benefits | 1.00 | Administrative Services Officer I | \$ 72,206 | \$ 92,008 |
| | 1.00 | Accountant I | \$ 72,206 | \$ 92,008 |
| Services & Supplies | | Technology, offices, desks, training, etc. | \$ 21,110 | \$ 11,510 |
| <i>Subtotal</i> | | | \$ 165,522 | \$ 195,526 |
| TOTAL DMC-ODS EXPENSES | | | \$ 2,071,405 | \$ 2,661,358 |

RESULTS

Outpatient Treatment Expansion:

- Serve 1,546 new clients annually (numbers listed below are not unduplicated, as it counts the number of new clients in each program):
 - New clients receiving treatment in the Paso Robles clinic 220
 - New youth and family clients screening and provide treatment 75
 - Increased Screenings and Access (all clinics) 771
 - New Case Managers will provide services to new clients 480
- Increase the current available walk-in access hours from 3 hours per week to 20 hours per week in Paso Robles.
- Increase the number of outpatient treatment group hours from 20 hours per week to 100 per week in Paso Robles.
- Increase access to clients living in the Paso Robles area by increasing treatment slots from 12 to 87.
- Increase successful treatment completions from 40% (from baseline FY14-15) to 50%.
- 100% of those completing the program will have at least 90 days of abstinence prior to completion, complete all individualized treatment plan goals, and be engaged in a long-term community based support programs, such as a twelve step program, community based counseling, faith-based services, or Recovery Support Services.
- Youth and families participating in Drug Medi-Cal activities at San Luis Obispo city site (South St.) will demonstrate the following outcomes:
 - Seventy-five (75) youth and their families will be served through the South Street clinic.
 - Participants will reduce 30-day self-reported AOD use.
 - Participants will report an increase in perceived harm and knowledge of AOD consequences.
 - Participants will report improved parental communication and family quality.
 - Participants will report reduced feelings of depression and other behavioral health indicators, including reduced suicidal ideations.

Withdrawal Management and Medication Assisted Treatment:

- Serve 200 clients annually.
- Maintain an average length of stay of 80 days in order to achieve stabilization of detoxification symptoms in clients.
- The rate of re-admission to detoxification services within one year will be less than 10%.
- The number of clients who complete detoxification will be 70%.
- Client satisfaction with the medication assisted treatment program.

Case Management and Recovery Support Services:

- The total of new clients served with Case Management services will be 480 individuals per year.
- Increased average length of stay in treatment from 95 days to 150 days.
- Reduce unemployment days for those clients who complete or have sufficient progress in SUD treatment services by 60 days.
- Two hundred (200) clients will participate in the Recovery Support Services per year.

Quality Support, Administrative and Fiscal Support:

- 100% of required reports will be submitted to DHCS within specified timeframe.

- 100% adherence to the required Administrative Support activities as determined through DHCS and EQRO audits.

Quarterly provider contract monitoring meetings on time with reports to the Drug and Alcohol Services Leadership team, Division Manager, and Behavioral Health Administrator.

ATTACHMENTS

1. Drug Medi-Cal ODS Waiver Resolution
2. Position and Infrastructure for DMC ODS Plan Detail