CIBHS Policy Forum: SUD CHALLENGES AND SOLUTIONS

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This is a pivotal time for substance use disorder (SUD) services in California.

The Federal Affordable Care and Parity Acts present a critical paradigm shift:

Before ACA and Parity Act:
- From limited funding (SAPT Block Grant) for self-referral by persons with high severity but with much local discretionary authority.

Now:
- To unlimited (Medicaid entitlement) funding based on medical necessity with specific restrictions.
THIS IS A PIVOTAL TIME FOR SUBSTANCE USE DISORDER (SUD) SERVICES IN CALIFORNIA

A TRANSITIONAL PERIOD FOR SERVICE DELIVERY

Self Help Recovery  Medical Model  Managed Care
CHALLENGES TO BUILDING A COUNTY CONTINUUM OF SUD SERVICES

- Coordinating care with physical health and mental health systems
- Limitations presented by IMD Exclusion and DMC Benefits
- Repurposing SAPT Block Grant funding
- Coordinating care with Medicare SUD benefits
- Defining the role of Prevention – individual and population-based approaches
Access to Services as a Medical Entitlement – Need for greatly expanding System and Workforce capacity and capabilities:

- Physical capacity – expanding number and types of facilities and hours of operations that are readily available to consumers

- Workforce capacity and capabilities – expanding clinical knowledge and skills of workforce to address consumer diversity (cultural, linguistic, co-occurring conditions, mild to moderate SUD severity, health plan members)
Medicaid Waivers (Bridge to Reform and DMC)

- New opportunities for payment approaches that support a chronic care approach for treating persons with SUD
- Expanded access to a full continuum of reimbursable SUD services for Medi-Cal beneficiaries and uninsured individuals (that includes case management, residential services, housing alternatives)
- More local control over the DMC service network to support the building of a county network of coordinated care
State Administrative Actions

- Reforming Drug Medi-Cal provider certification requirements:
- Adopting rehabilitation option to allow a broader range of reimbursable services supporting recovery (case management, ancillary services)
- Strengthening clinical requirements with specific guidelines for determining levels of care and moving away from the limitations of a clinic-based service delivery model (allow ability to go to where the consumer is)
- Expanding the pharmacy formulary to include FDA-approved medications (buprenorphine, extended-release naltrexone)
**STATE LEVEL SOLUTIONS**

### Strengthening State Policies and Systems to Advance Coordinated and Integrated Health Care that Include SUD Services

- Adopting dual mental health and SUD program certification and licensing
- Allowing multiple same-day Medi-Cal services
- Strengthening the California Outcome Measurement System design and technology to collect program participant admission and discharge information and integrating participant information into a State-wide patient electronic health record system for all State health care funding streams (Medi-Cal, federal block grants)
- Adopting clinical standards of care for SUD treatment services for adults and adolescents
## County Administrative Actions

- Adopting the full continuum of Drug Medi-Cal benefits available
- Integrating Drug Medi-Cal and SAPT Block Grant services into a single SUD benefit package
- Integrating SUD participant information into a county-based electronic health record and patient registry that include physical health, mental health, and SUD information
A potential blueprint for delivery of coordinated and integrated care using a managed health care plan approach for Medicare/Medi-Cal beneficiaries and uninsured individuals?

- “No wrong door” approach to accessing physical and behavioral health services
- Single electronic health record for each health plan member
- Single case manager for each health plan member
- Capitated rate with outcome and performance incentives for partners
COUNTY LEVEL SOLUTIONS

LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

COMMUNITY RESIDENTS

- Physical Health
- Mental Health
- Substance Use
- Community Supports
Los Angeles County Health Neighborhood Initiative

Two major components:

- Regional service delivery networks
- Population-focused efforts to address local health disparities

Unique features:

- The Public Health Department as a player
- A new role for primary SUD prevention?
COUNTY LEVEL SOLUTIONS

LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

REGIONAL SERVICE NETWORKS

- Health Clinics, Hospitals, Providers, and Health Plans
- Mental Health Providers
- Substance Use Disorder Providers
COUNTY LEVEL SOLUTIONS

LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

REDUCING POPULATION-BASED HEALTH DISPARITIES

- Accessible, affordable, and available physical and behavioral health care
- Economic Empowerment, educational opportunities, and jobs with livable wages
- Community conditions and public policies that support healthy lifestyles
- Community supports: faith-based groups, community activities, peer recovery support
COUNTY LEVEL SOLUTIONS

LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

EMPOWERING LOCAL RESIDENTS AND PROVIDERS TO IMPROVE INDIVIDUAL AND POPULATION HEALTH
COUNTY LEVEL SOLUTIONS

Los Angeles County Health Neighborhood Initiative

Initial Steps (2014-15)

• Implementation of Blue Shield Community Foundation Planning Grant (identify geographic and population-based health neighborhoods, conduct statistical information on health risk factors and community assets, identify key actors)

• Bringing together at the local level physical health, mental health, and SUD service providers with County partners (Departments of Health Services, Mental Health, Public Health)

• Begin informing and engaging community residents and other stakeholders (faith-based organizations, community coalitions, community advocates)
COUNTY LEVEL SOLUTIONS

LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

LIFT-OFF!
QUESTIONS AND DISCUSSION
CONTACT INFORMATION

FOR MORE INFORMATION, CONTACT:

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