



# **CIBHS Policy Forum: SUD CHALLENGES AND SOLUTIONS**

*Wayne Sugita*

*Los Angeles County Department of Public Health  
Substance Abuse Prevention and Control*

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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**



## CHALLENGES TO BUILDING A COUNTY CONTINUUM OF SUD SERVICES

**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)



## STATE LEVEL SOLUTIONS

### 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 LEVEL SOLUTIONS

### 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 LEVEL SOLUTIONS

### 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



## COUNTY LEVEL SOLUTIONS

### CAL MEDICONNECT/COORDINATED CARE INITIATIVE DEMONSTRATION PROJECT

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





## COUNTY LEVEL SOLUTIONS

### LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

#### Two major components:

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

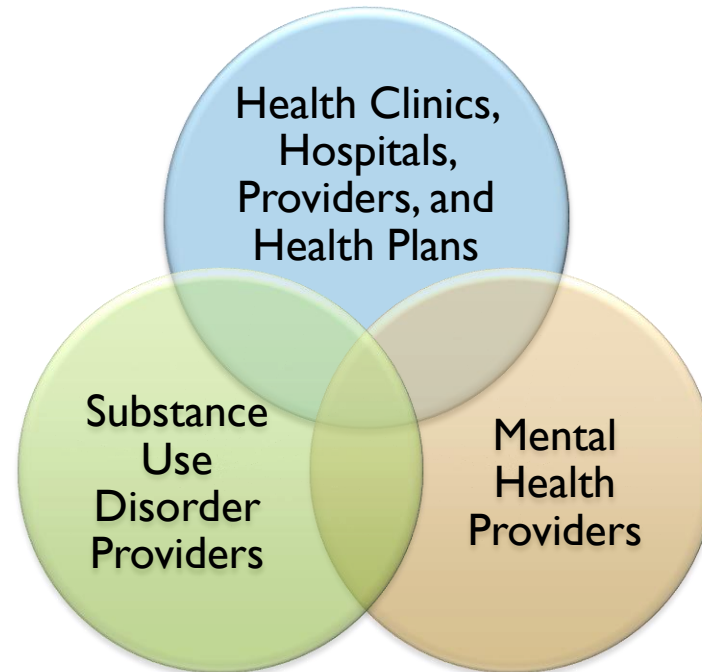
#### Unique features:

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

# COUNTY LEVEL SOLUTIONS

## LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

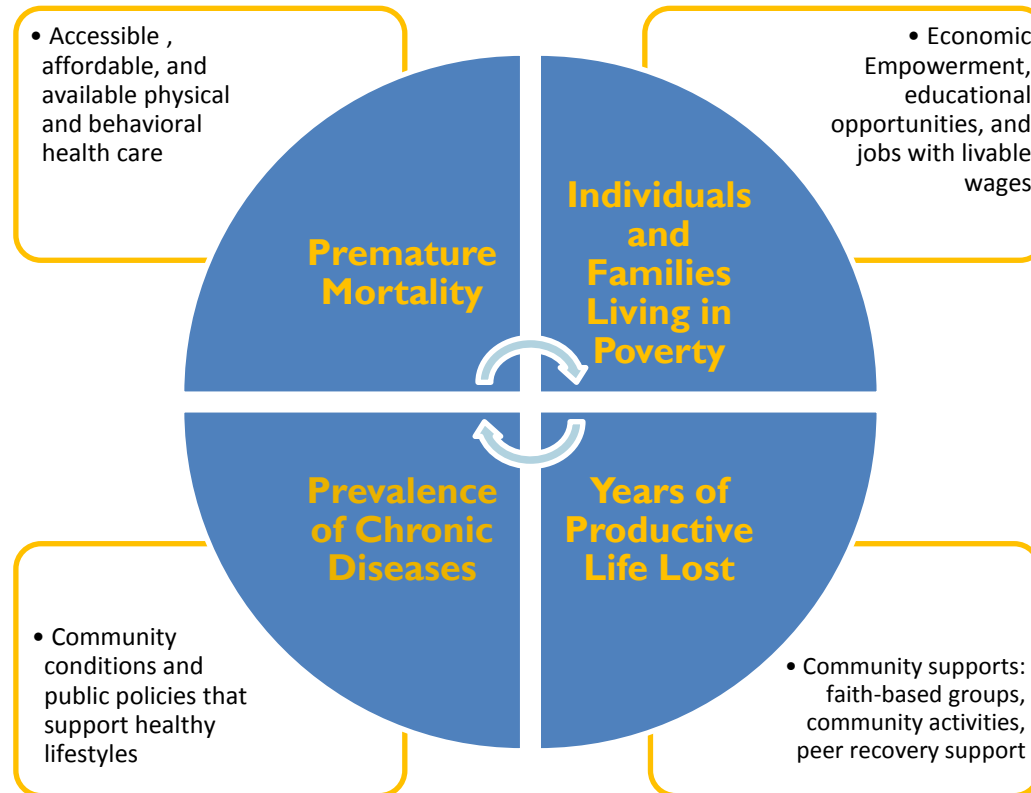
### REGIONAL SERVICE NETWORKS



# COUNTY LEVEL SOLUTIONS

## LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

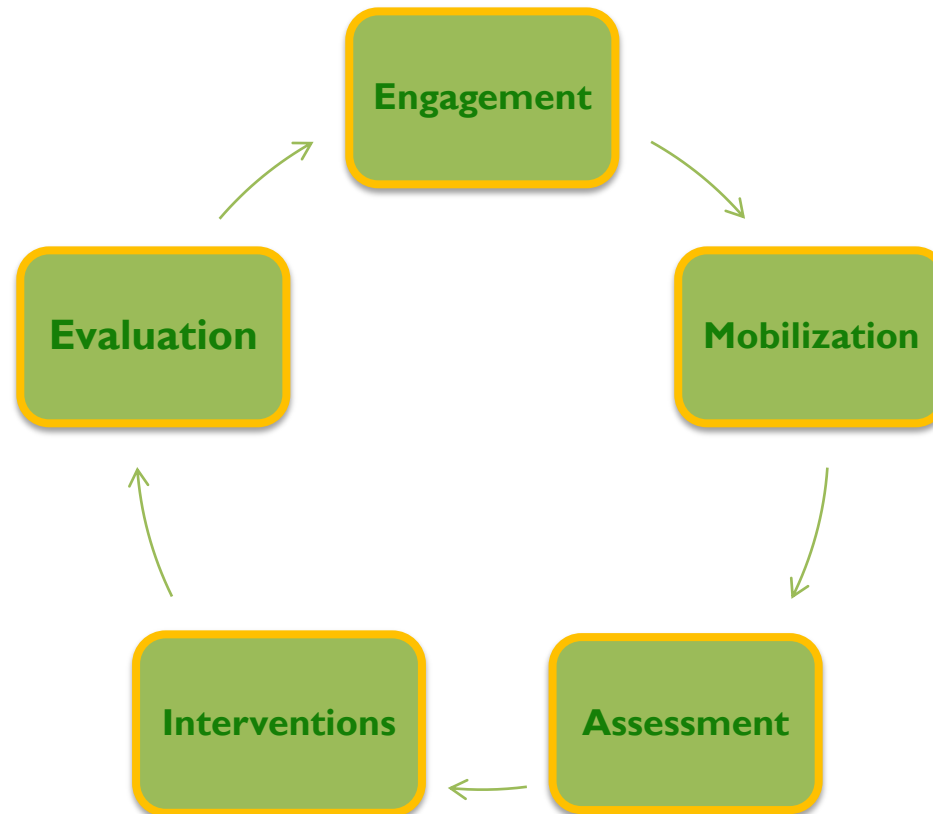
### REDUCING POPULATION-BASED HEALTH DISPARITIES



# 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)

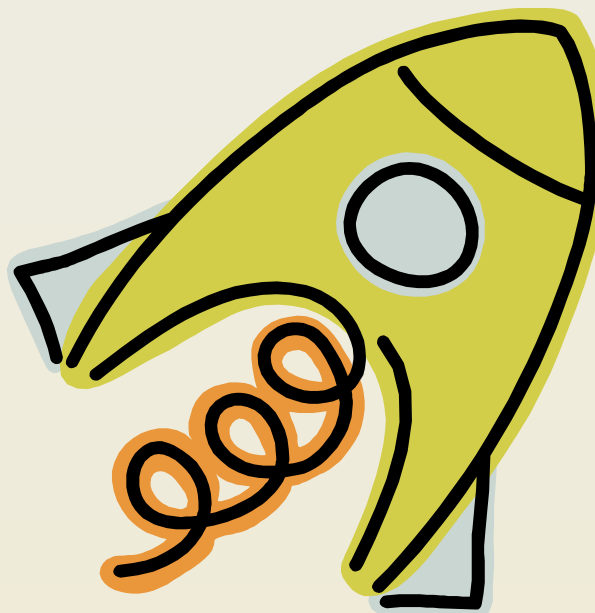
- Implementation of Blue Shield Community Foundation Planning Grant (identify geographic and population-based health neighborhoods, conduct statistical information on health risk factors and community assets, identify key actors)
- Bringing together at the local level physical health, mental health, 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)



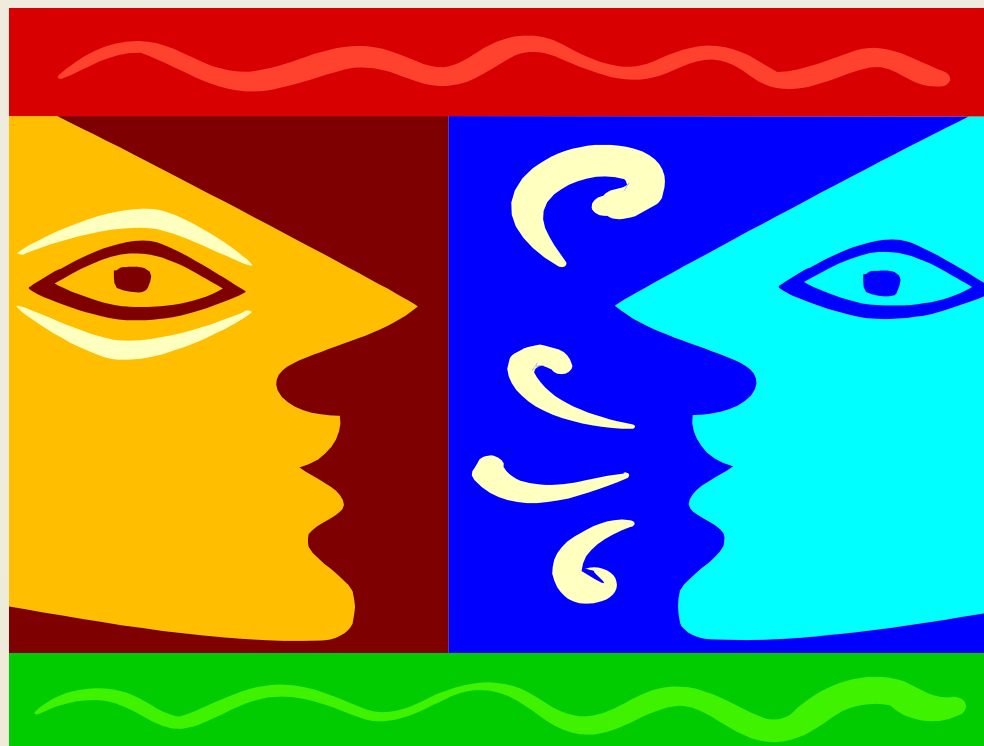
## COUNTY LEVEL SOLUTIONS

### LOS ANGELES COUNTY HEALTH NEIGHBORHOOD INITIATIVE

**LIFT-OFF!**



# QUESTIONS AND DISCUSSION





## CONTACT INFORMATION

**FOR MORE INFORMATION, CONTACT:**

*Wayne Sugita, Deputy Director*  
**Substance Abuse Prevention and Control Division**  
**County of Los Angeles Department of Public Health**  
**(626) 299-4571**  
**[wsugita@ph.lacounty.gov](mailto:wsugita@ph.lacounty.gov)**