DMC-ODS 1115 Waiver Implementation
Withdrawal Management (WM) ASAM 3.2 Services
Santa Clara & Alameda County Experience
CalQIC 2020 Panel Discussion

Presenters:
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Content Overview

- History of WM Services Prior to ODS Implementation
- WM Implementation Roll Out
- Challenges & Solutions
- WM Performance Improvement Plans
- Future Expansion of WM 3.2, 3.7, and 4.0
Santa Clara: WM Services Prior to DMC-ODS

- 10 male beds, 10 female beds
- No Medi-Cal
- Social clinical model, ASAM level of care 3.2, Client Index Withdrawal ETOH completed, over 20 years of services and was developed intentionally for the continuum of care in SCC - alignment with ASAM continuum
- Less medical and psychiatric screening
- Longer lengths of stay regardless of “medical necessity”
- Provider reported “churn”
- Psycho-ed groups, less focus on stabilization and discharge planning with case management
Alameda: WM Services Prior to DMC-ODS

- Stand-alone Detox program (Cherry Hill)
- Sobering Center → Detox Services
- No Medi-Cal
- Average length of stay: 3-5 days, up to 14 days; not contingent on medical necessity
- Minimal documentation requirements
- Social milieu model
- Safety net approach
- Acted as a portal/access point for screening and referral into the SUD Continuum of Care
Santa Clara: WM Implementation Roll-Out

- Certification 2016 → “Detox” becomes “Withdrawal Management”
- Roll out in phases; WM came after Residential roll out
- QI completes a “pre-audit” to provide technical assistance
- Despite co-location of services, WM Program Manager becomes more active in separating Residential Services from Withdrawal Management Services
- Progression of much more involvement from Medical Director
Alameda: WM Implementation Roll-Out

- Summer 2018: Cherry Hill submits DMC certification
- April/May 2019: Clinical Documentation Trainings, based on residential standards
- October 2019: Collaboration for development of tailored WM clinical documentation standards
- November 2019: Trainings on WM clinical documentation, HER and DMC billing
- December 2019: Cherry Hill becomes a WM program with receipt of DMC certification; certification is retroactive to October 2018
- January 2020: Implementation of Cherry Hill WM program
Santa Clara: WM Implementation Challenges

- On-boarding of all required documentation; what and how to document?
- Reducing lengths of stay as clients may not be meeting medical necessity to be at WM; “cannot send our clients to the street!”
- Inappropriate referrals to WM by several different referring parties, e.g. ER, EPS - (2 designated beds for EPS)
- Balancing capacity with Network Adequacy and Timeliness standards
- EQRO recommendation to examine “churn” leads to 2018-19 PIP
Alameda: WM Implementation Challenges

- Challenges in interpreting the Intergovernmental Agreement on Withdrawal Management compliance
- Challenges in billing services that were contingent on certification status
- On-boarding of all required documentation; what and how to document?
- Staffing challenges
- County culture change - moving away from crisis/safety net system to withdrawal management only
- Medical necessity limiting lengths of stay and challenges in connecting clients to treatment after discharge
Santa Clara
Non-Clinical Performance Improvement Project

Refining Referrals to Withdrawal Management
# From Challenges to a PIP

<table>
<thead>
<tr>
<th>#</th>
<th>Describe Performance Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Baseline for Performance Indicator (number)</th>
<th>Goal (number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>% readmitted to WM 3.2 within 30 days of d/c</td>
<td>#of readmissions &lt;= 30 days post-discharge</td>
<td>Total # of admissions to WM 3.2 during the same period</td>
<td>32/701 = 5%</td>
<td>0%</td>
</tr>
<tr>
<td>2</td>
<td>% of discharges with admission to follow up treatment within 30 days of d/c from WM 3.2</td>
<td># of discharges from WM with admission to f/u treatment &lt;= 30 days</td>
<td>Total # of discharges from WM 3.2 during the same period</td>
<td>252/701 = 36%</td>
<td>50%</td>
</tr>
<tr>
<td>3</td>
<td>% of discharges with admission to follow up treatment beyond 30 days post-discharge</td>
<td># of discharges from WM with admission to f/u treatment</td>
<td>Total # of discharges from WM 3.2 during the same period</td>
<td>507/701 = 72%</td>
<td>95%</td>
</tr>
</tbody>
</table>
WM PIP: Theory of Change

1. Medical clearance
2. Admission to WM as appropriate level of care
3. Longer stay in WM, as needed
4. Follow-up admission into appropriate level of care - Res., OP, IOP, or PHP
5. Decrease in WM readmission
## Initial WM PIP Results

<table>
<thead>
<tr>
<th>Performance Indicator</th>
<th>Date of Baseline Measurement</th>
<th>Baseline Measurement %</th>
<th>Date Intervention was Applied</th>
<th>Date of Re-measurement</th>
<th>Results</th>
<th>% Improvement Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>% readmitted to WM 3.2 within 30 days of d/c</td>
<td>May 2019</td>
<td>32/701 = 5%</td>
<td>July 2019</td>
<td>October 2019</td>
<td>11/207=5%</td>
<td>0%</td>
</tr>
<tr>
<td>% of discharges with admission to follow up treatment within 30 days of d/c from WM 3.2</td>
<td>May 2019</td>
<td>252/701=36%</td>
<td>July 2019</td>
<td>October 2019</td>
<td>105/207=51%</td>
<td>15% Chi-squared (1), 15.04 P&lt;.001**</td>
</tr>
<tr>
<td>% of discharges with admission to follow up treatment beyond 30 days post-discharge</td>
<td>May 2019</td>
<td>507/701=72%</td>
<td>July 2019</td>
<td>June 2020</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>
Lessons from the WM PIP

Churn rate, defined as readmissions, continued to be very low. The tightening of the admission screening criteria had no effect on the churn. However, it significantly increased clients’ transfers and admissions into treatment within 30 days of having been in WM. Clients who were able to benefit more from WM were more likely to be ready for entering treatment after their WM stays, therefore, increasing the quality of their care.
Alameda
Clinical Performance Improvement Project

Timely Access & Connection to SUD Treatment
Clinical PIP: Timely Access and Connection to SUD Treatment

- SUD Provider involved: Cherry Hill Withdrawal Management Program

- Background/Current Status:
  - Connection to ongoing treatment after discharge from Cherry Hill Detox program is low
  - Beneficiaries repeatedly return to Cherry Hill for services after discharge which indicates that clients are not engaging in treatment

- Intervention:
  - A recovery coach (peer) at Cherry Hill will work with beneficiaries referred to outpatient treatment post-discharge from Cherry Hill to provide relational and concrete support (transportation, benefits enrollment etc...) to help beneficiaries engage in outpatient treatment upon discharge.
  - Recovery coach services will be offered up to 30 days post-discharge from Cherry Hill or up to successful enrollment in outpatient services, whichever comes first

- Projected Outcome
  - Improve timely access and engagement of beneficiaries post-discharge from Cherry Hill
  - Reduce repeat returns to Cherry Hill

- PIP start date: November 2019
# Clinical PIP: Timely Access and Connection to Outpatient SUD Treatment

<table>
<thead>
<tr>
<th>#</th>
<th>Performance Indicator</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Baseline for Performance Indicator</th>
<th>Goal for % Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Percent connected to outpatient/intensive outpatient services within 30 days of discharge</td>
<td>15</td>
<td>83</td>
<td>18.1%</td>
<td>20%</td>
</tr>
<tr>
<td>2</td>
<td>Percent engaged in outpatient/intensive outpatient services at least 30 days following intake</td>
<td>10</td>
<td>83</td>
<td>12.0%</td>
<td>20%</td>
</tr>
<tr>
<td>3</td>
<td>Percent engaged in outpatient/intensive outpatient services at least 60 days following intake</td>
<td>5</td>
<td>83</td>
<td>6.0%</td>
<td>20%</td>
</tr>
<tr>
<td>4</td>
<td>Percent successfully discharged from outpatient/intensive outpatient services</td>
<td>12</td>
<td>83</td>
<td>14.5%</td>
<td>20%</td>
</tr>
<tr>
<td>5</td>
<td>Percent who return to withdrawal management</td>
<td>16</td>
<td>83</td>
<td>19.3%</td>
<td>20% (decrease)</td>
</tr>
</tbody>
</table>
Initial findings

Trends:
- Significant interest in receiving Recovery Coach services
- Low rate follow-through and ongoing engagement to support clients to connect to outpatient treatment
- Outpatient paired with housing, and transportation plays a significant role in engagement with Recovery Coach

Areas for improvement
- Incorporating Recovery Coach services for clients referred to recovery residence/outpatient treatment
- Improving how the Recovery Coach concept is introduced in order to identify clients who are committed to engaging with Recovery Coach long term
- Recovery Coach developing relationships with outpatient providers
- Identifying sustainable funding for Recovery Coach services
There is no such thing as the unknown, only things temporarily hidden, temporarily not understood...

*Captain Kirk, Star Trek*
Future Efforts for WM Levels of Care

- Analyzing utilization trends for indicated levels of care WM 3.7 and 4.0
- No response to RFI in Santa Clara County for 3.7 and 4.0
- Intergovernmental Agreements mandate: inability to use “GHAC” facilities (General Hospital Acute Care); yet according to the California Hospital Association, clients meeting the medical necessity criteria for 3.7 and 4.0 are most likely to be served in GHACs over a freestanding Acute Psychiatric facility (second), or freestanding Chemical Dependency Hospital (none north of San Joaquin County)
- The need for medical professionals with specialized training in Addiction Medicine coupled with general medicine and withdrawal protocols
- Regionalization as a potential solution for bay area and northern California counties
References


Thank you!

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