



DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) UPDATE

Presented by

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- DMC-ODS Update
- Highlight: Medication Assisted Treatment (MAT)

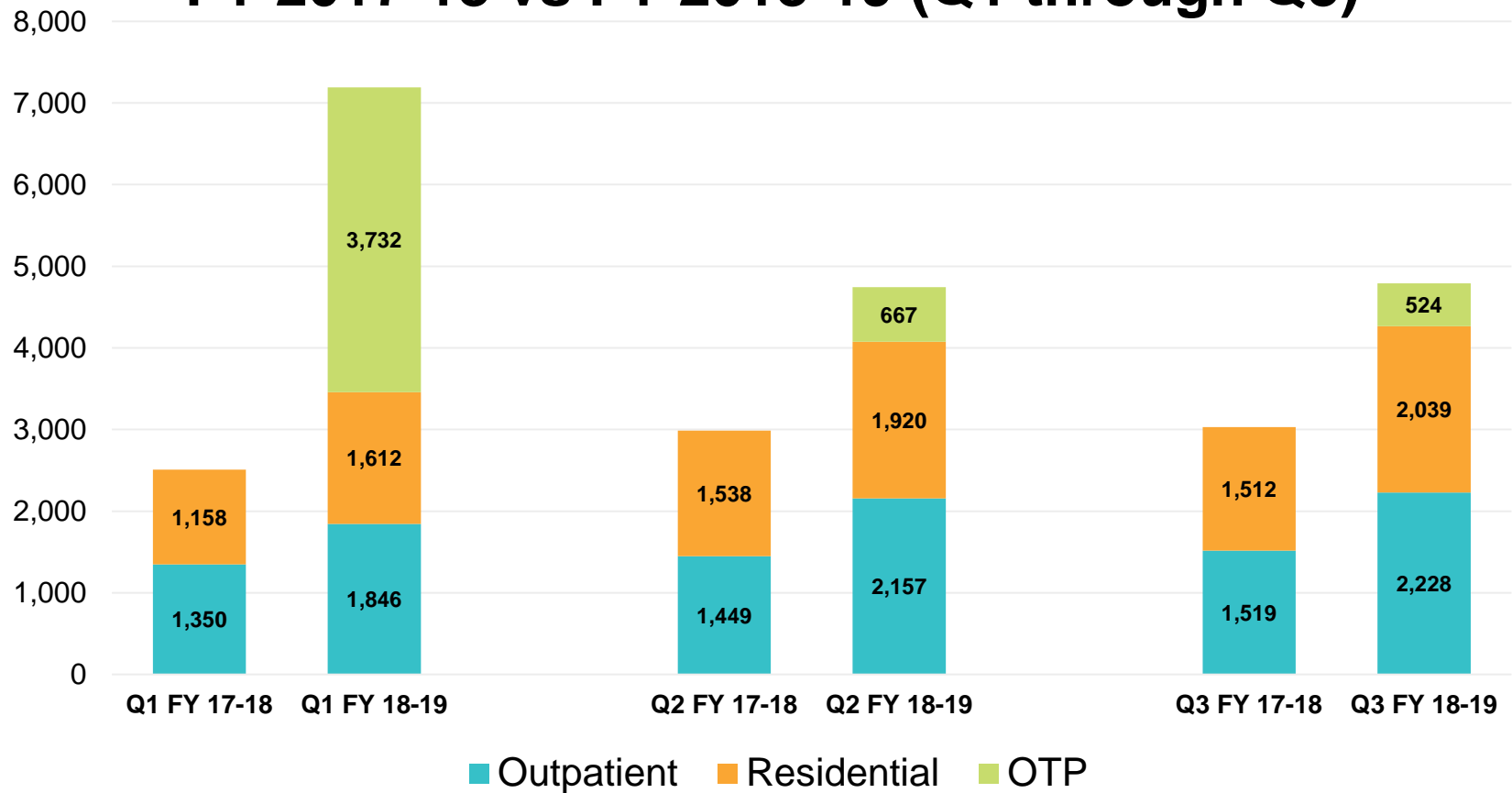


DMC-ODS Goal

- Reducing the harmful effects of substance use disorders

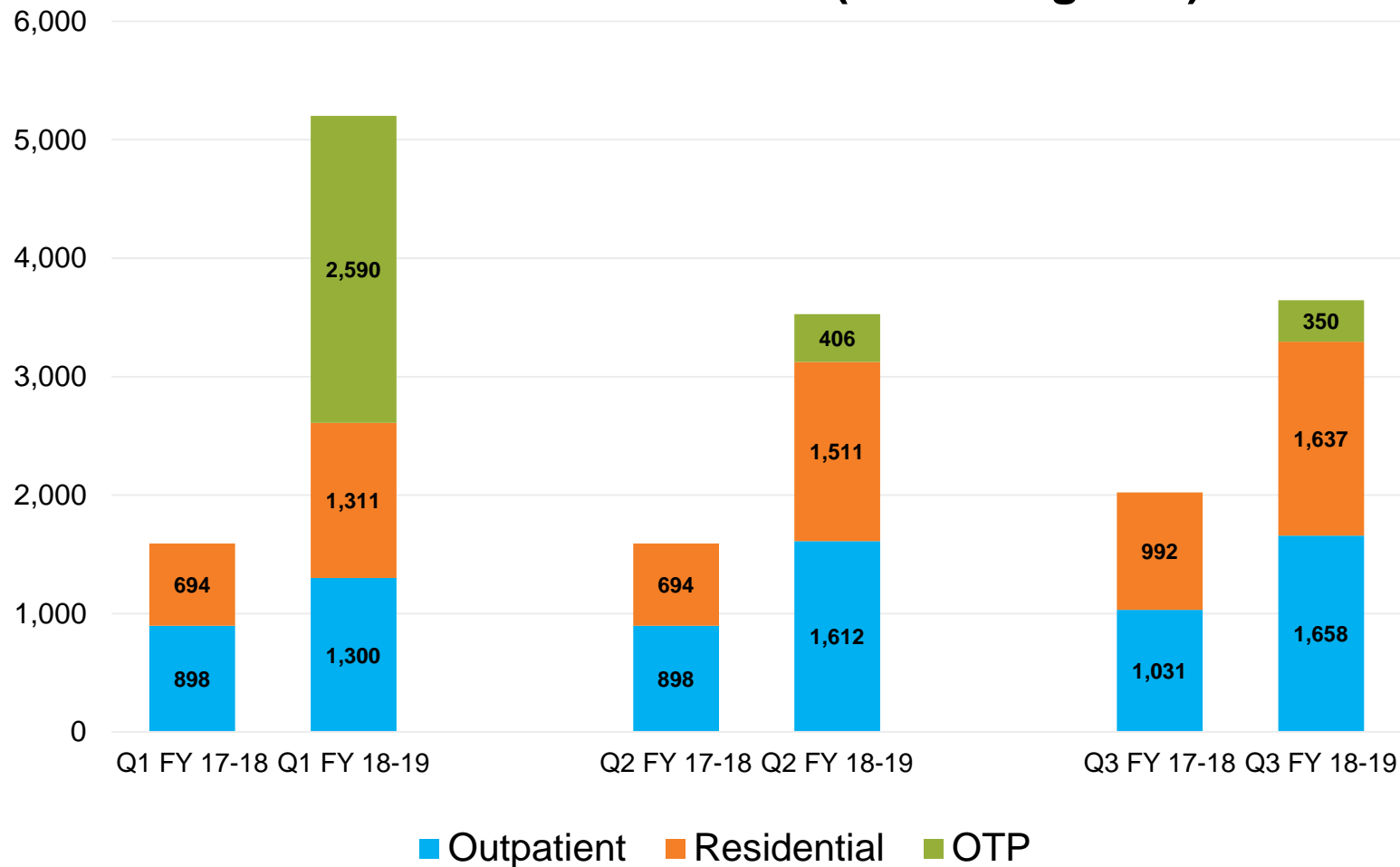


Total Admissions FY 2017-18 vs FY 2018-19 (Q1 through Q3)





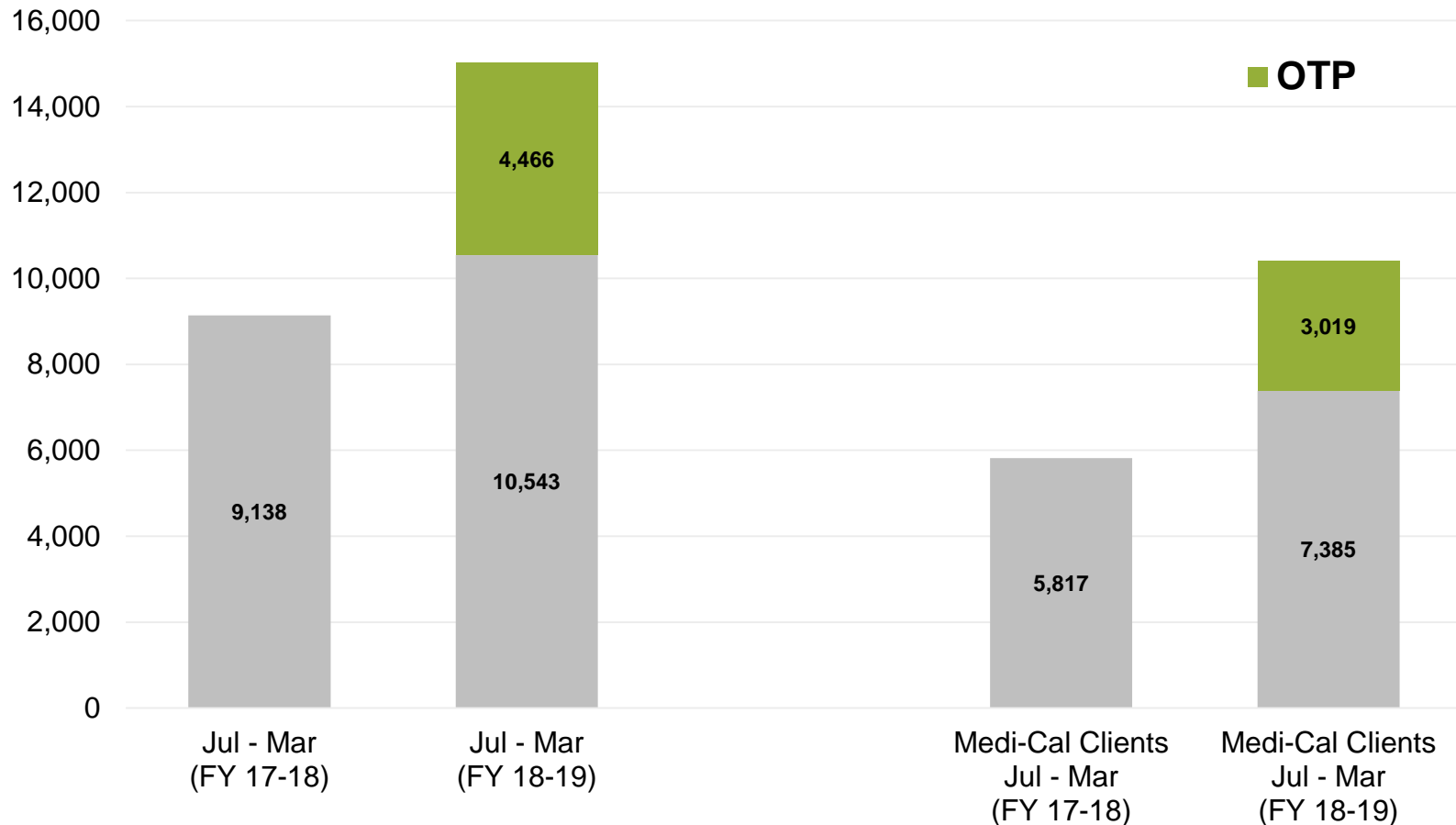
Medi-Cal Admissions FY 2017-18 vs FY 2018-19 (Q1 through Q3)



VOLUME: UNIQUE CLIENTS SERVED



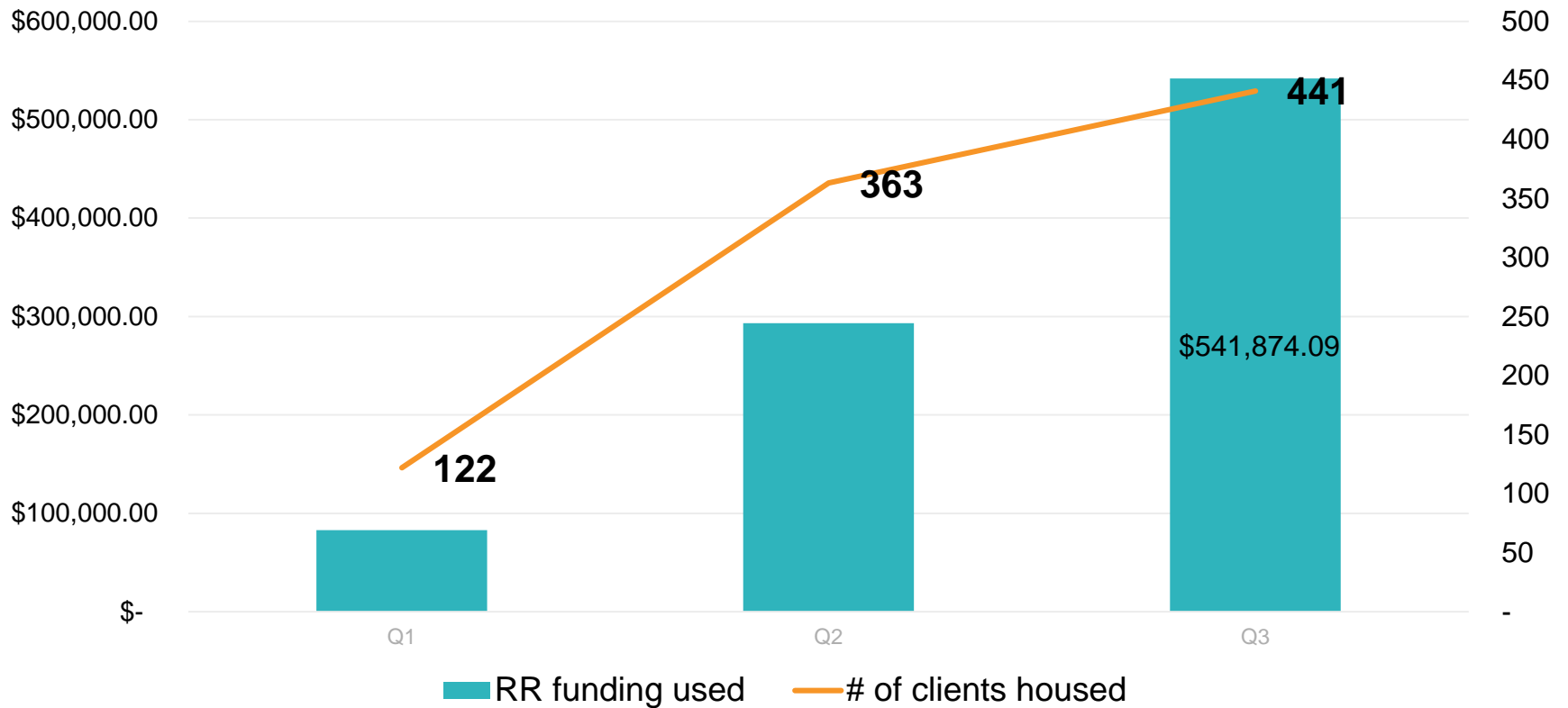
Total & Medi-Cal Unique Clients Served (July to March)





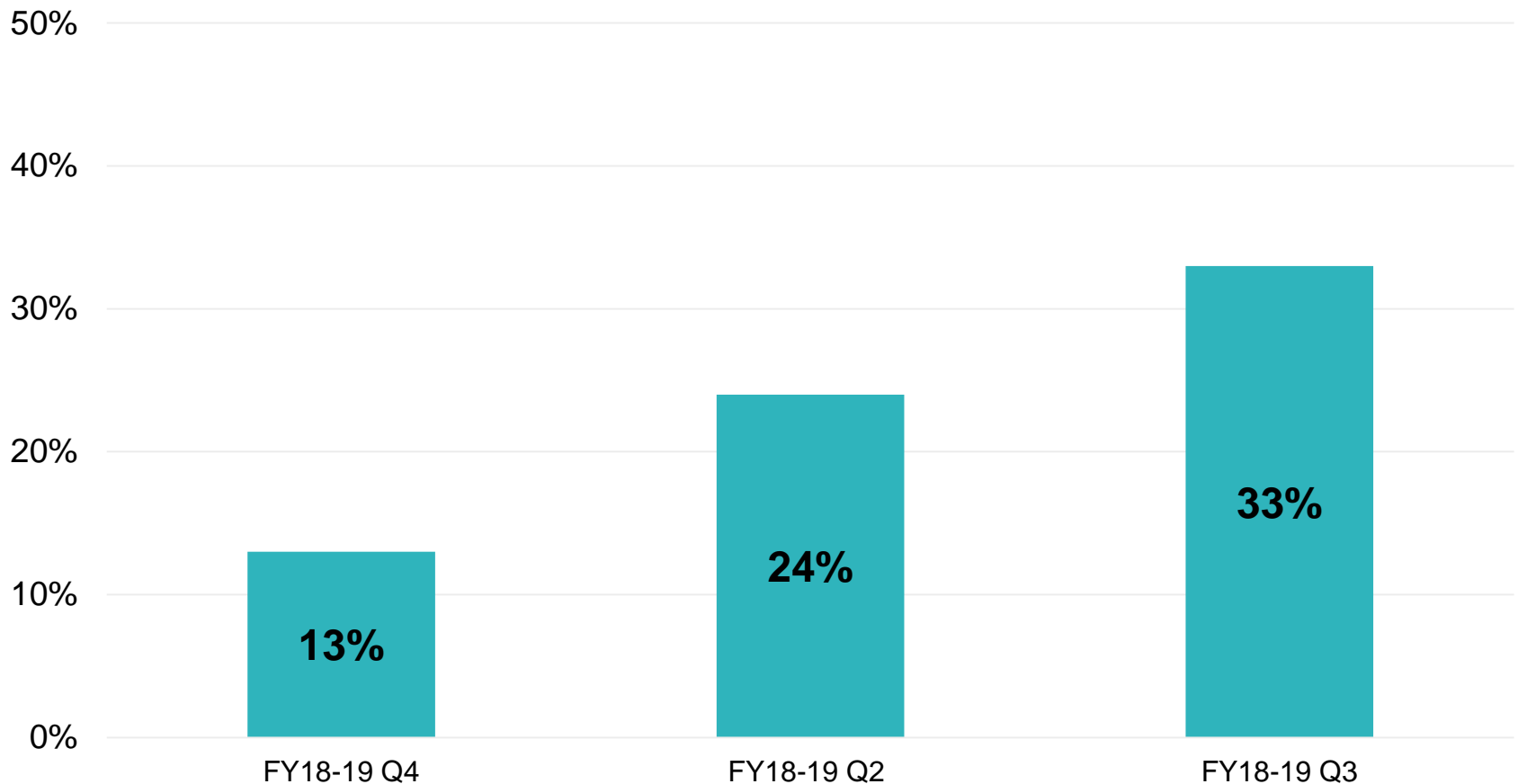
Clients housed in Recovery Residences

July 2018 to March 2019 = 926 total clients





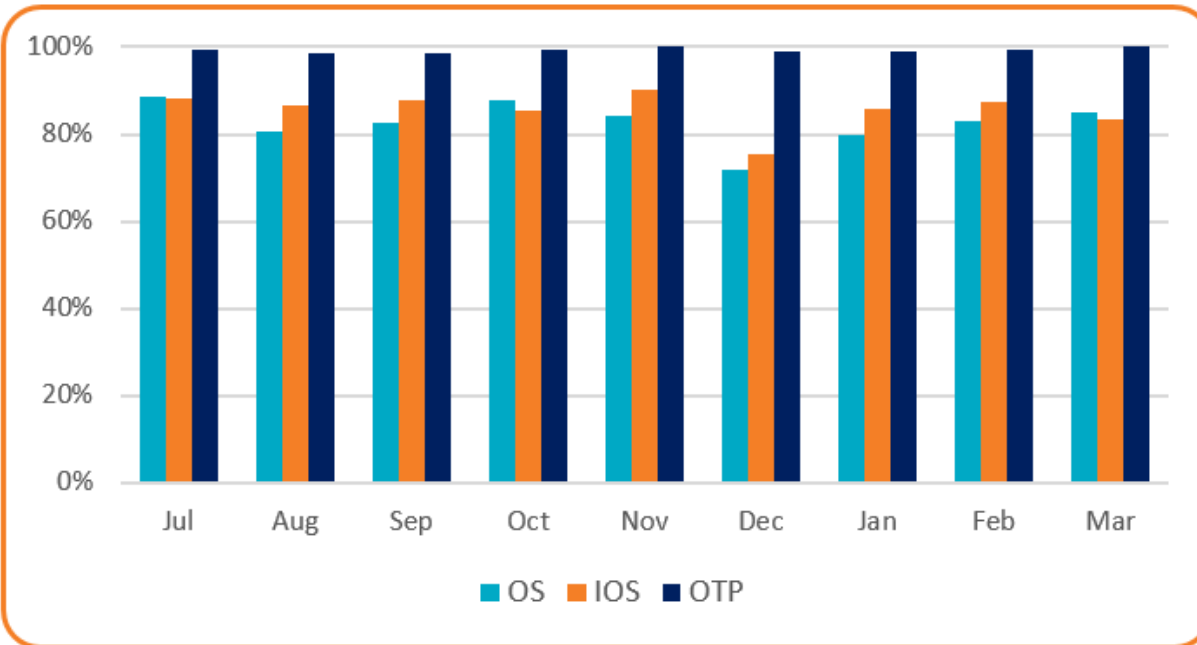
% of Total Unique Clients Receiving Case Management (July 2018 to March 2019)



QUALITY: ACCESS TIMES



PERCENT OF CLIENT CONTACTS THAT MET ACCESS TIME STANDARDS BY LOC

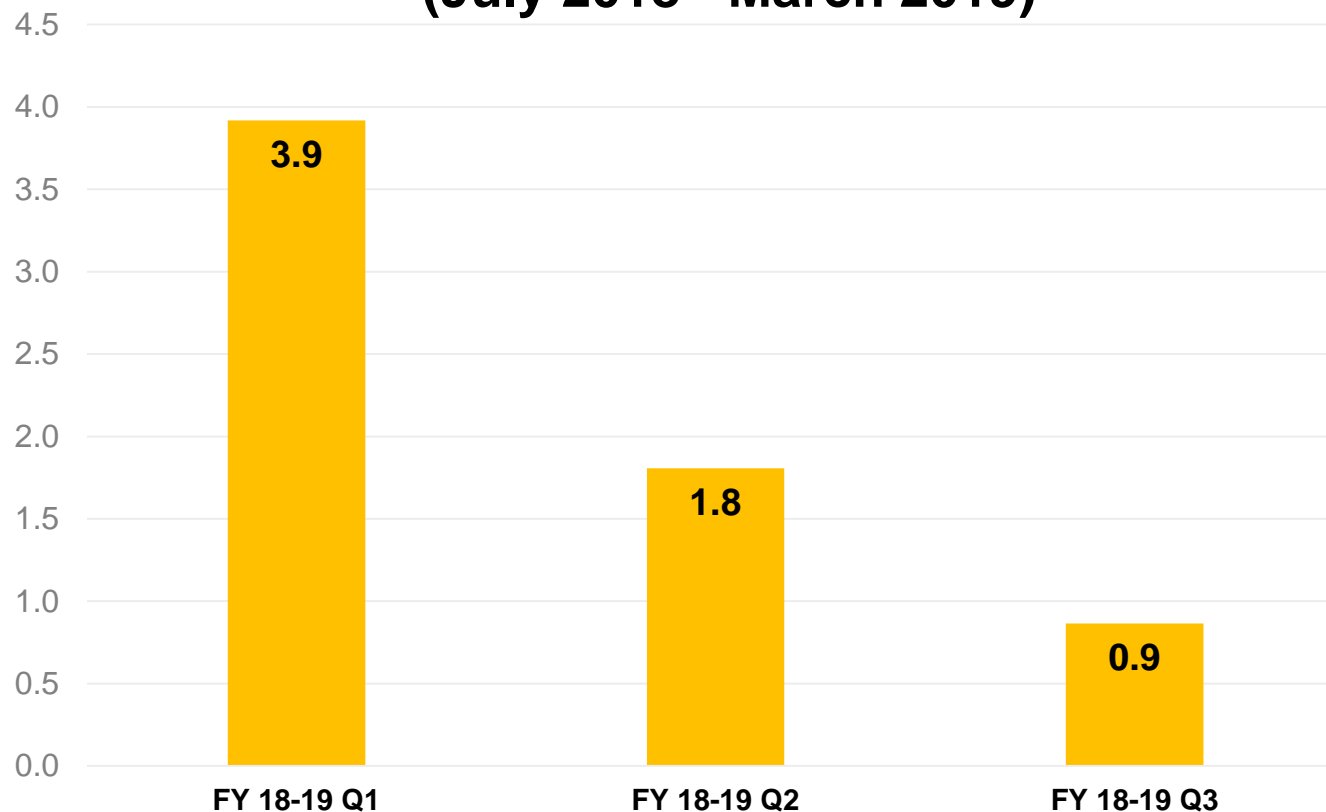


LOC	FYTD
OS	83%
IOS	86%
OTP	99%

*OS Access Compliance Time is 10 Business Days
IOS Access Compliance Time is 10 Business Days
OTP Access Compliance Time is 3 Business Days*



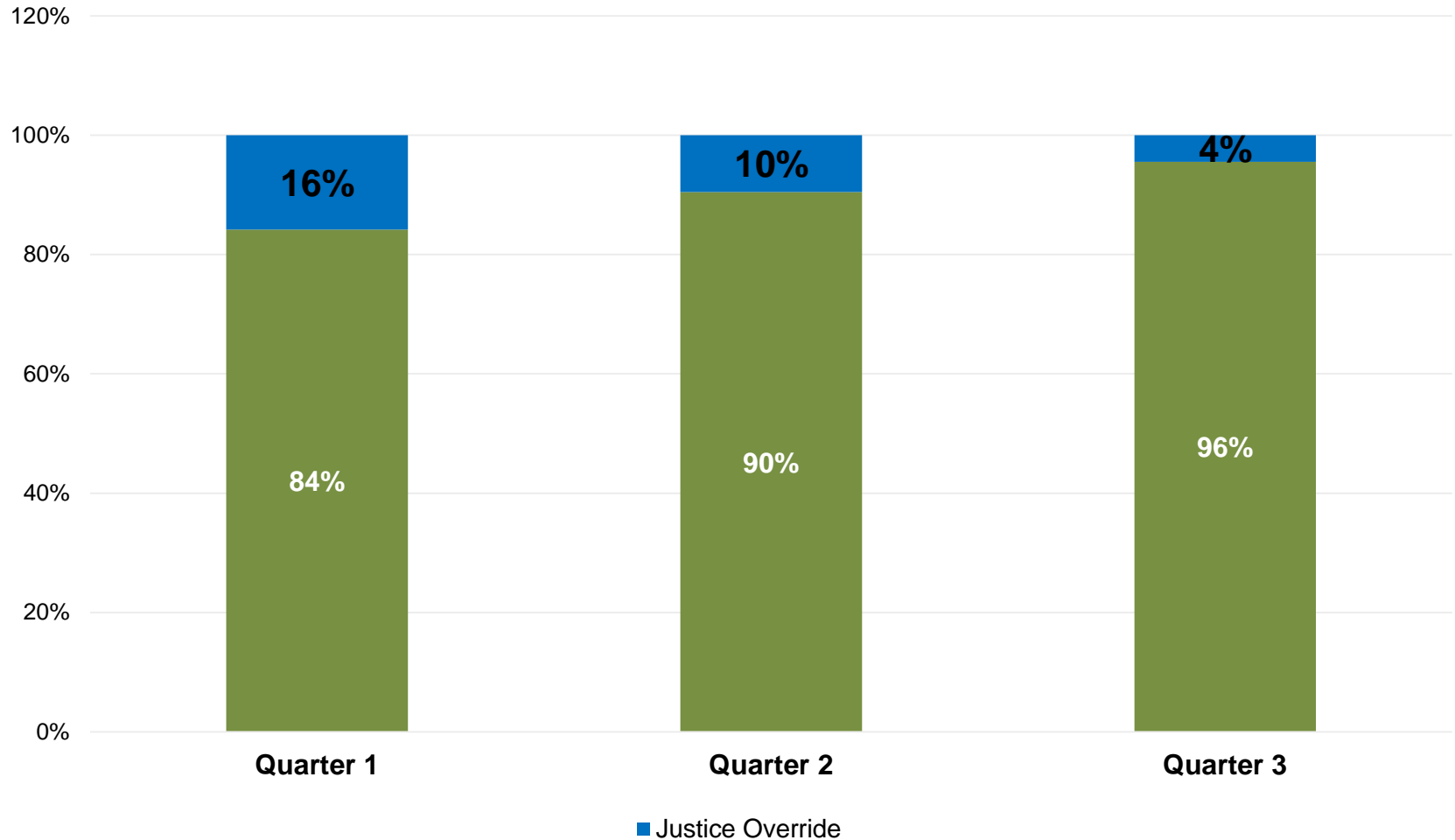
Average Access Time (Days) between Initial Contact and First Dosing Encounter (July 2018 - March 2019)



QUALITY: JUSTICE AUTHORIZATIONS



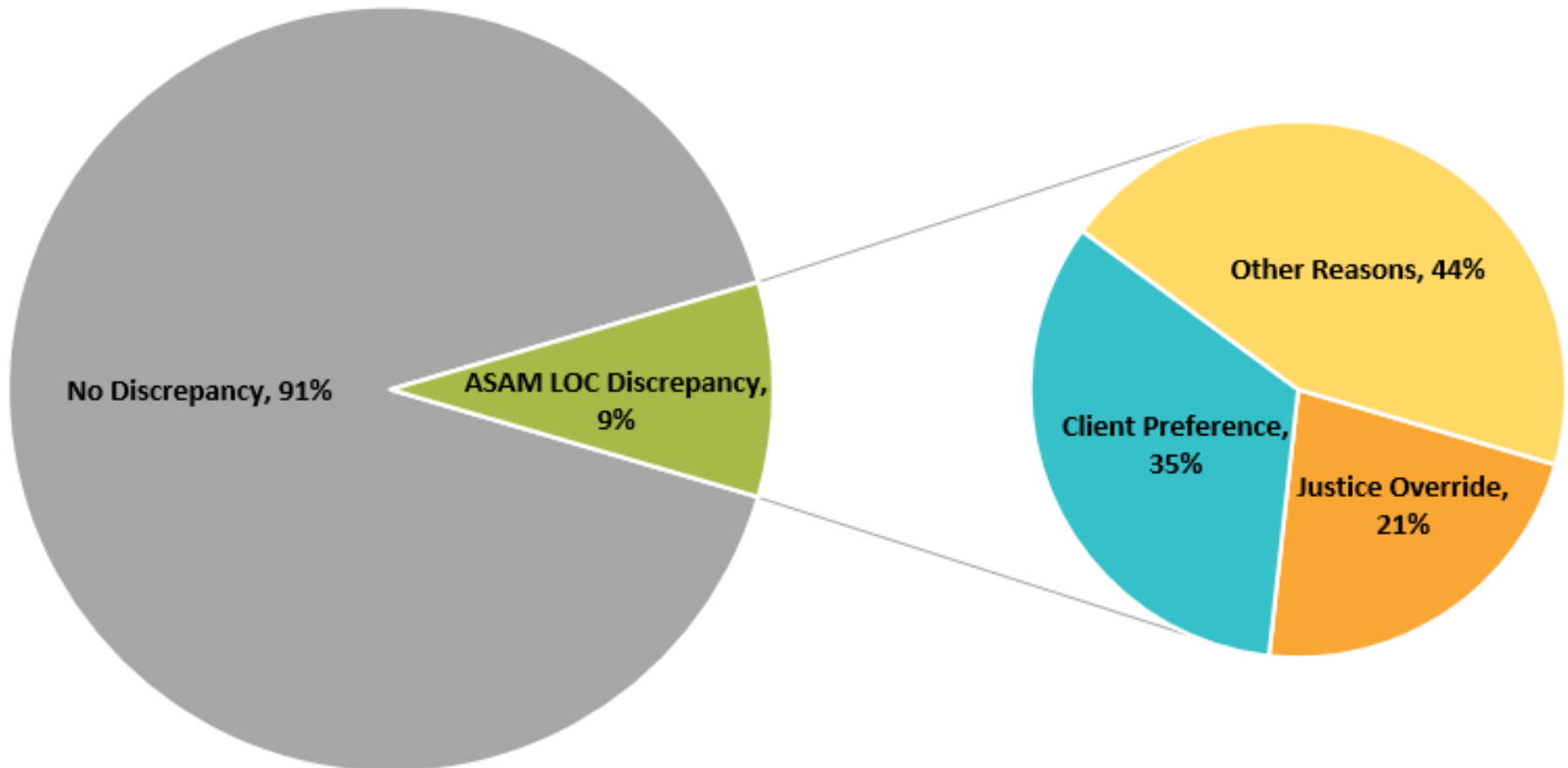
Justice Authorizations (July 2018 to March 2019)



QUALITY: ASAM ASSESSMENTS



ASAM Assessments with LOC Discrepancy (July 2018 to March 2019)



QUALITY: CARE CONNECTIONS

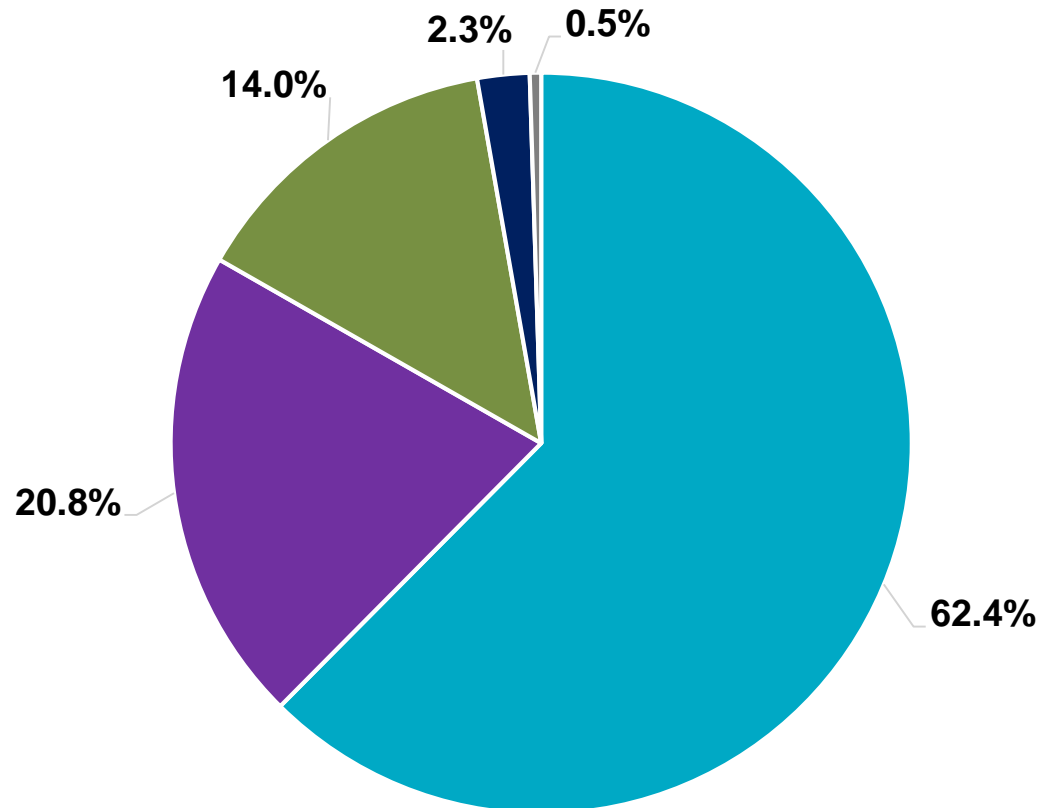


Residential Discharges with Connection

Quarter	0 to 7 Days	0 to 14 Days	0 to 30 Days
Q1	9.4%	13.0%	19.7%
Q2	18.0%	22.5%	28.4%
Q3	19.3%	24.0%	31.6%
FYTD	15.5%	19.8%	26.5%



Residential Discharges with 30 Day Connection

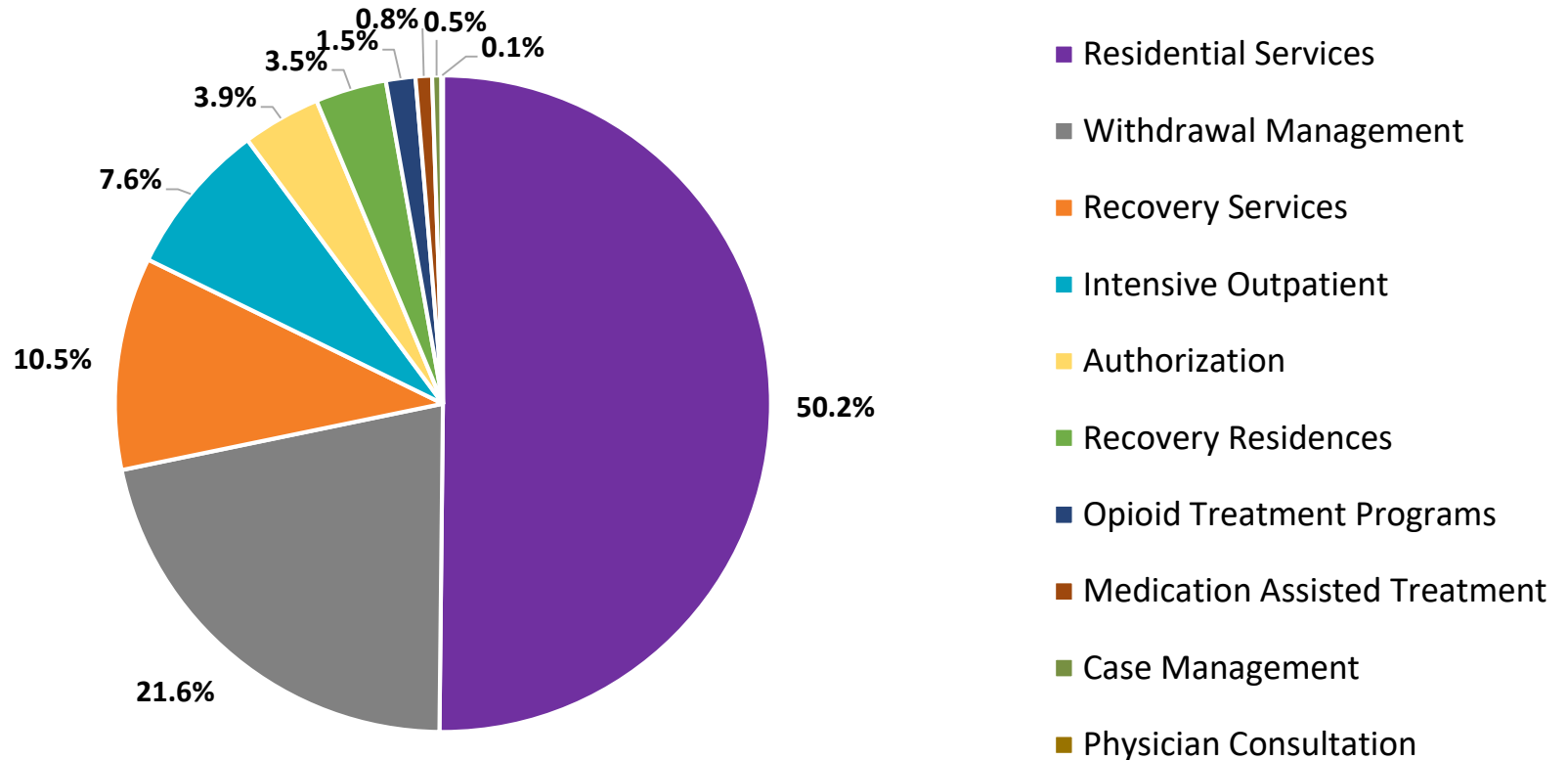


■ Outpatient ■ Residential ■ Withdrawal Management ■ OTP ■ Recovery Services

VOLUME: ACL REFERRALS



Access & Crisis Line Referrals to Substance Use Disorder Services (July 2018 to March 2019)





- 50% is project year-end spending assuming current expenditure trends
- Ratios of County to DMC Billable have been lower than projected
 - Current ratio is 45% County Billable to 55% DMC Billable
- As of YE, 10 out of the 10 OTP programs are billing
- As of YE, 37 out of 50 outpatient programs are billing
- As of YE, 15 out of 28 residential programs are billing



Angela Rowe, LCSW

Vista Hill

Alcohol and Drug Service Providers Association (ADSPA)
Chairperson



Some of the Provider Challenges that Continue...

- Work force Development Challenges
- Learning Curve for all
- System was not ready on July 1 and continues to change
- More Admin is needed than anticipated



Additional Challenges...

- Cash Flow Issues
- Youth Issues
- Assumptions that were made to develop budgets are different than what we are experiencing



Beginning to get our Sea Legs...

- More clients are receiving services
- Staff are more familiar with billing widgets and how to maximize revenue
- Recovery Residences
- Many programs are now DMC Certified
- More collaboration between providers and especially MAT providers



County has been supportive of Providers

- County has been responsive to Providers concerns
- Gave us a 12 month time frame of cost reimbursement while the billing issues are continue to be worked out
- County listened to providers about initial Unit Production Plans
- Quality Improvement (QI) has been very active in assisting providers

MEDICATION ASSISTED TREATMENT



PROVIDER PERSPECTIVE: OPIOID TREATMENT PROGRAM (OTP)



LIVE WELL
SAN DIEGO

Dr Laura Rossi

Licensed Forensic and Clinical Psychologist
CEO/Executive Director
SOAP MAT, LLC



MEDICATION ASSISTED TREATMENT

- SOAP MAT, LLC is a medically assisted treatment program that supports and follows the definition of addiction by the American Society of Addictive Medicine (ASAM) in their treatment of opioid dependent patients.
- Alcoholism is now treated at San Diego County NTP/OTP's with the administration of Disulfiram.
- Medication Assisted Treatment, combined with evidenced based clinical practices such as Cognitive Behavioral Therapy and Motivational Interviewing produces significantly higher success rates. For example:
 - Methadone Maintenance patient evidence between 60-90 % success rates. (CSAMASAM.org/Methadone-Treatment-Issues)
 - Medication free treatment yields 5%-10% success rates for opioid dependent patients.
- In summary, extensive research for the past 2 decades has overwhelmingly concluded that the Harm Reduction Model, particularly medically assisted treatment (MAT), is the preferred treatment for opioid dependent people.



MEDICATION ASSISTED TREATMENT *MYTHS*

- ❑ **Treatment Beginning:** “The patient has to hit bottom, has to be ready for treatment, and has to wait!”
Research: The earlier we involve the patient in any type of treatment, the better chances we give the patient to succeed.
- ❑ **Treatment Duration:** “ How long should we treat?”
Research: Longer treatment retention = better outcomes
 - 90-days may be minimum duration
 - Continuing care is necessary
- ❑ **The patient needs to be detoxified by**
Research: Research indicates that detox alone is not effective for most patients.
Enduring and pervasive symptoms of withdrawal and cravings significantly increase probability of relapse.



OTP / NTP

- ❑ Narcotic Treatment Program (NTP) aka Opioid Treatment Program (OTP)
- ❑ San Diego County (Drug Medi-Cal Organized Delivery System Waiver)
- ❖ **Programs/Medications:**
 - Methadone (Full agonist)/Buprenorphine (Partial agonist) 21-day or 180-day Detoxification
 - Methadone/Buprenorphine Maintenance
 - Disulfiram (Adverse physiological effects when alcohol is ingested; Blocks ingestion of alcohol)
 - Naltrexone (Antagonist medication for patients who have already been detoxified from opioids.)
 - Naloxone Kit distribution
 - Perinatal Services (SOAP MAT)



MEDICATING THE PATIENT

- The amount of medication prescribed (dosage level) is dependent on many factors including:
 - **L**ength of time a patient has been dependent on opioids or alcohol (weeks, months or years)
 - **M**etabolic rate
 - **H**eight
 - **W**eight
 - **A**mount used per segment of time per day
 - **T**olerance level



TREATMENT LENGTH

- ❑ Some patients will continue MAT participation and engage in a treatment program for years.
- ❑ Patients should not be punished, coerced and/or forced to detoxify from prescribed MAT medications, as this may lead to high risk situations, including overdose and death.
- ❑ All detoxification procedures must be supervised by the facility MD. People who are dependent on opioids do not choose to stay on MAT for life --- it may choose them for many reasons...



QUESTIONS & COMMENTS

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Thank-you

