



# DRUG MEDICAL ORGANIZED DELIVERY SYSTEM

HEALTH AND HUMAN SERVICES AGENCY

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***Health Services Advisory Board***

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- 1 in 8 have a Substance Use Disorder (SUD)
- 173 people are discharged from the Emergency Department every day with an SUD
- Approximately 100,000 people eligible for County services have an SUD
- Of those, approximately 1 in 9 enter treatment





The DMC-ODS will transform the current Substance Use Disorder system to one that has:

- New and Expanded Services with timely access to care
- Better Coordination and Continuity of Care
- Tailored Treatment to Support Long-Term Recovery





- Program centered → Patient centered & Integrated
  - Phases/fixed lengths → Individualized intensity/time
  - Single program model → Utilization of various EBP
- Drug Free → Abstinence from illicit drug use
- Episodic Care
  - Continuous care for chronic illness
  - Movement along a continuum of care based on needs
- Wait for “rock bottom” → Capture all opportunities to connect patients



## 1. Acute Intoxication and/or Withdrawal Potential

- *Exploring an individual's past and current experiences of substance use and withdrawal*

## 2. Biomedical Conditions and Complications

- *Exploring an individual's health history and current physical condition*

## 3. Emotional, Behavioral, or Cognitive Conditions and Complications

- *Exploring an individual's thoughts, emotions, and mental health issues*

## 4. Readiness to Change

- *Exploring an individual's readiness and interest in changing*

## 5. Relapse, Continued Use, or Continued Problem Potential

- *Exploring an individual's unique relationship with relapse or continued use or problems*

## 6. Recovery/Living Environment

- *Exploring an individual's recovery or living situation, and the surrounding people, places, and things*



Withdrawal Management

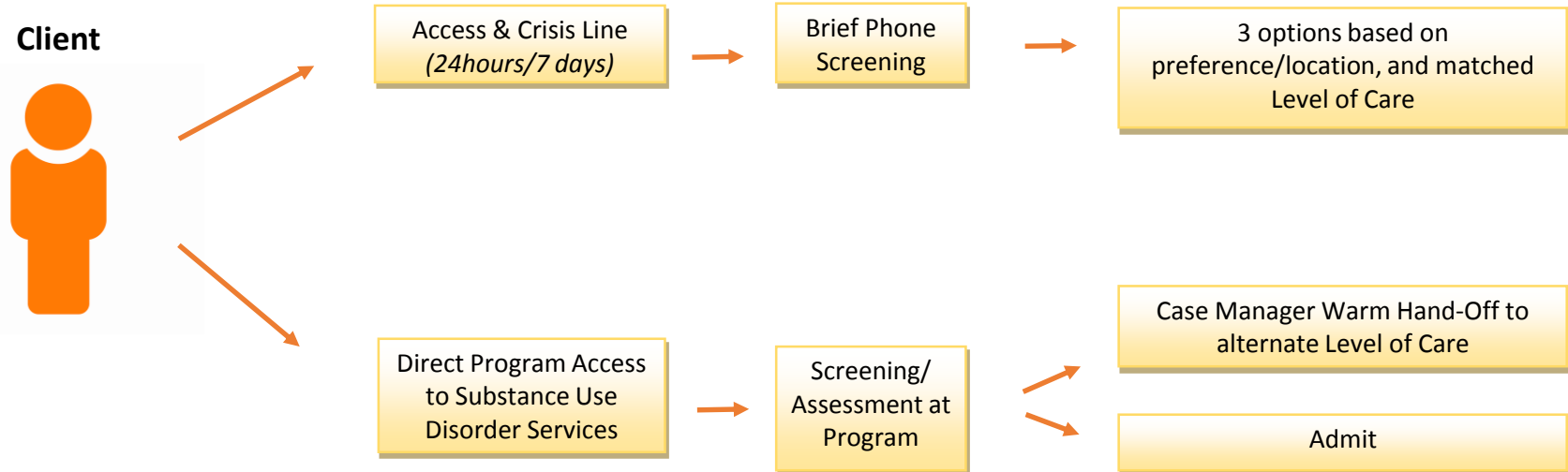
Medication Assisted Treatment

Case Management

Recovery Services

Recovery Residences

# REFERRAL FLOW



# WHO DO WE SERVE



- Persons with Medi-Cal or Medi-Cal eligible
- Low income individuals (up to 200% FPL) who may have other 3<sup>rd</sup> party insurance such as Medicare
- Insured persons with no insurance coverage for SUD services (case-by-case basis)
- Persons receiving services must meet medical necessity criteria

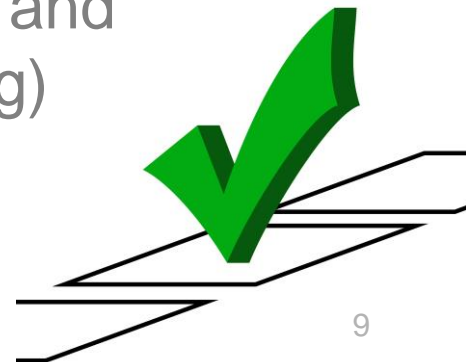






Under the DMC-ODS Medical Necessity is defined as:

- All clients – must meet the ASAM Criteria definition for medical necessity for a specific level of care
- Youth/Young adults (ages 12-20) – at least one SUD diagnosis
- Adult clients (ages 21 and older) – at least one SUD diagnosis (except Tobacco-Related Disorders and non-substance related disorders, like gambling)



# DEFINING & MEASURING SUCCESS

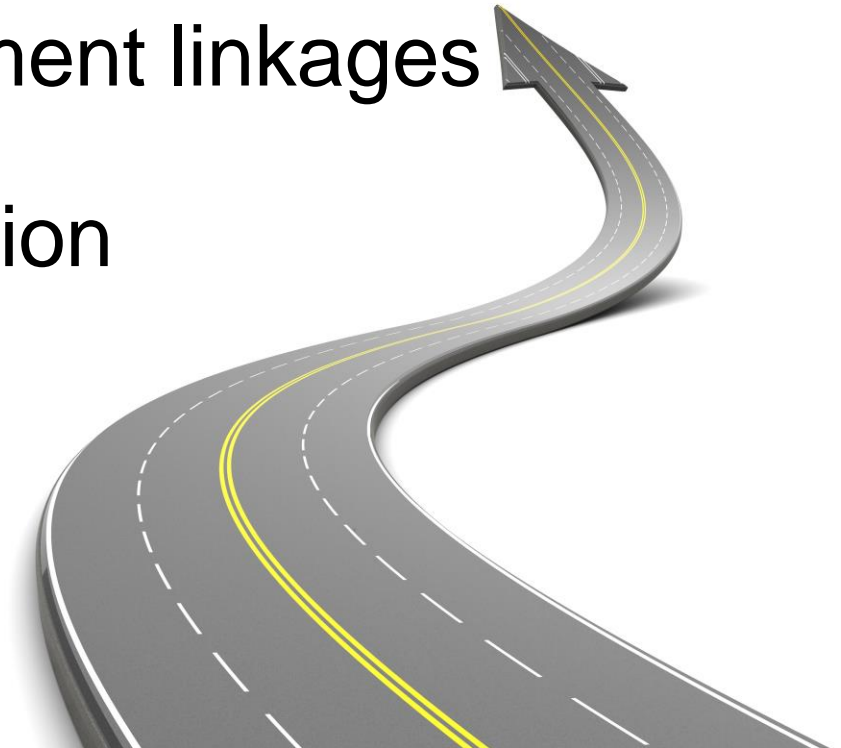


- Client access to timely care
- Retention in treatment
- Reduction in criminal justice system involvement
- Improvement to quality of life, such as employment and housing status
- Reducing substance use relapse while in treatment program





- Build system capacity
- Emergency Department linkages
- Countywide prevention collaboration





# QUESTIONS & COMMENTS

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*Thank-you*



# AOA SUD SYSTEM OF CARE



- Residential Treatment
  - 17 Residential programs with a total of 798 treatment beds
- Outpatient Treatment
  - 12 Outpatient Treatment Programs
  - TAY track for Outpatient Services program in the Central Region
- Withdrawal Management
  - 91 withdrawal management beds
- Opioid Treatment Programs
  - Oversight of 10 Opioid Treatment Programs sites





Specialty programming for teens and pregnant and/or parenting women

- Teen Recovery
  - 7 Teen Recovery Centers
  - 2 Adolescent Residential Programs
- Perinatal Programs
  - 6 Outpatient Perinatal Programs
  - 3 Perinatal Residential Programs
- Withdrawal Management
  - 25 Withdrawal management beds

