California County Administrator Survey 2015

Preliminary Results

September 24, 2015
CBHDA SAPT+ Committee Meeting

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Acknowledgements

Support provided by:
California Department of Health Care Services (DHCS)

The opinions, findings, and conclusions herein stated are those of the author/presenter and not necessarily those of DHCS or UCLA.

Thank you to everyone who participated, and to the waiver evaluation advisory group, who provided helpful comments!

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Evaluation Goals

- Evaluate the Organized Delivery System in terms of:
  - Access to care
  - Quality of care
  - Coordination of care
  - Costs (limited)
- Help inform implementation via feedback.

Administrator Survey

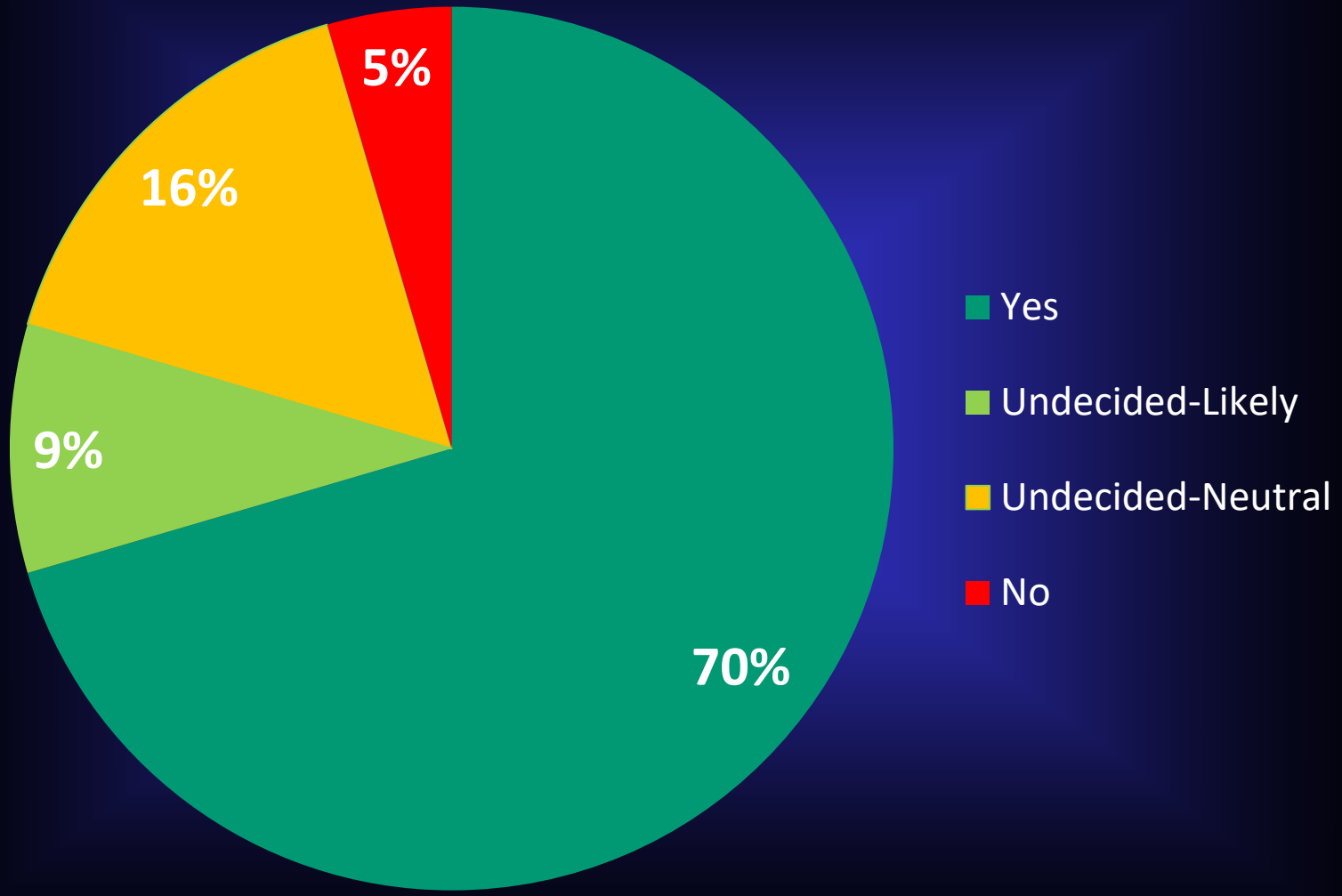
- Baseline Baseline Baseline!
- Developed with feedback from DHCS, administrators, providers from the evaluation advisory group
- Received 44 responses out of 57 (77% response rate)
  - 42 complete, 2 partial

Survey Topics

- DMC waiver planning
- Access to care
- ASAM Criteria
- Service capacity
- Quality of care
- Coordination and integration
- Services and training

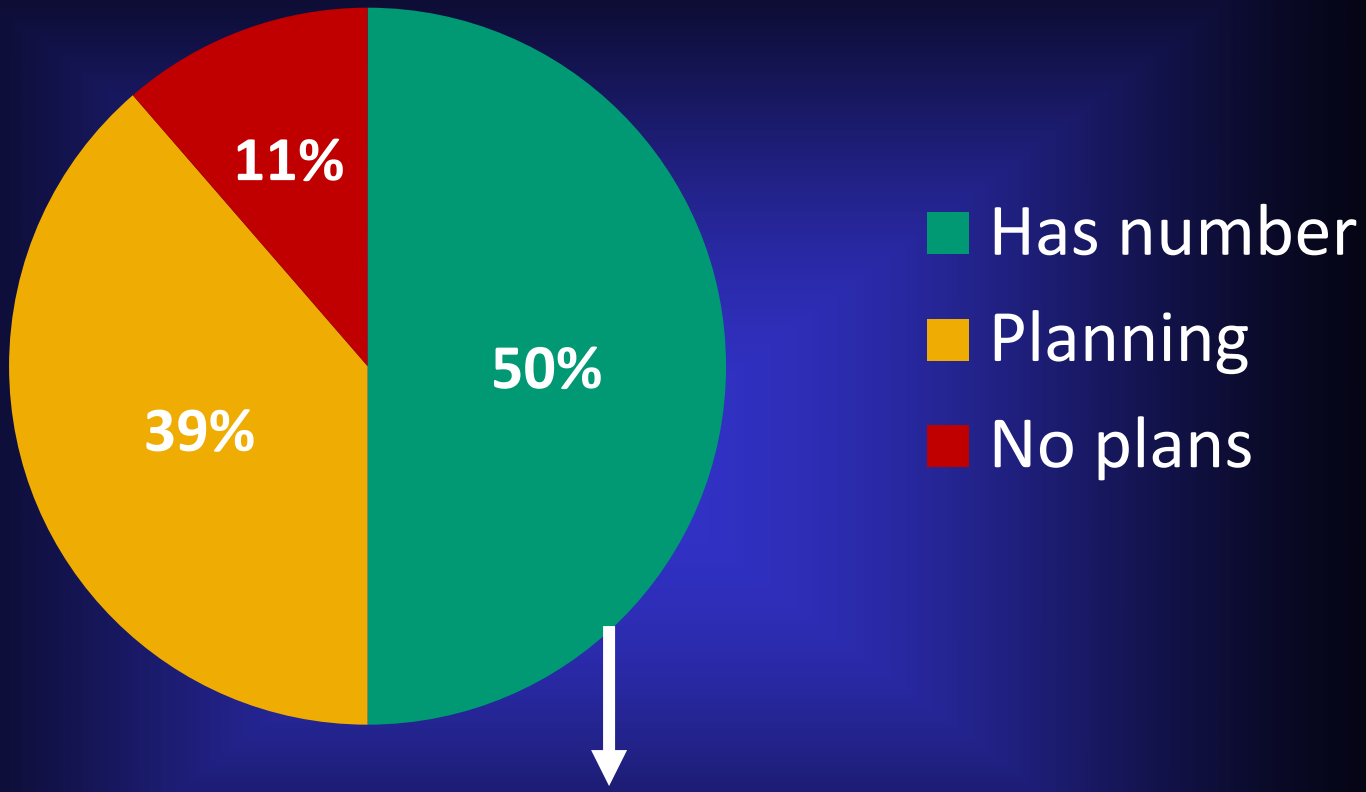
DMC WAIVER PLANNING

Does your county intend to opt in to the DMC-ODS Waiver? (n=44)



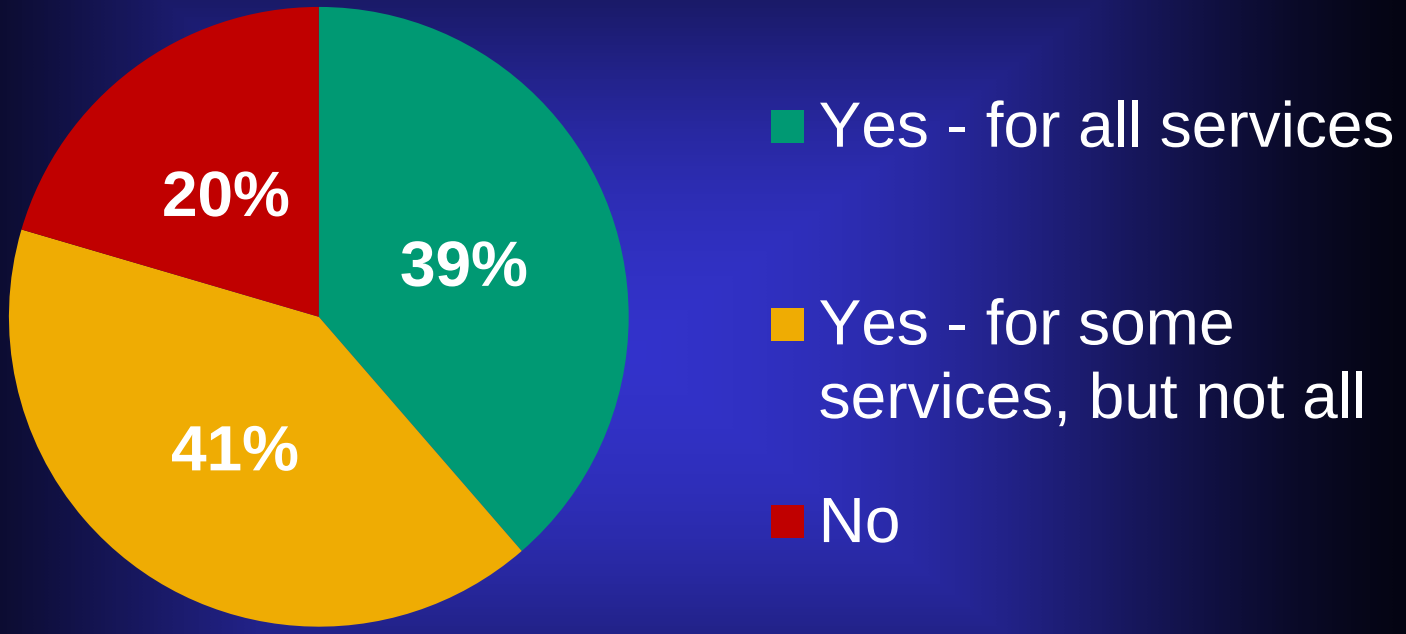
ACCESS

County has, or plans to have beneficiary access number (n=44)



- All 22 counties with a current beneficiary access number provide services in <u>all threshold languages</u> within the county.

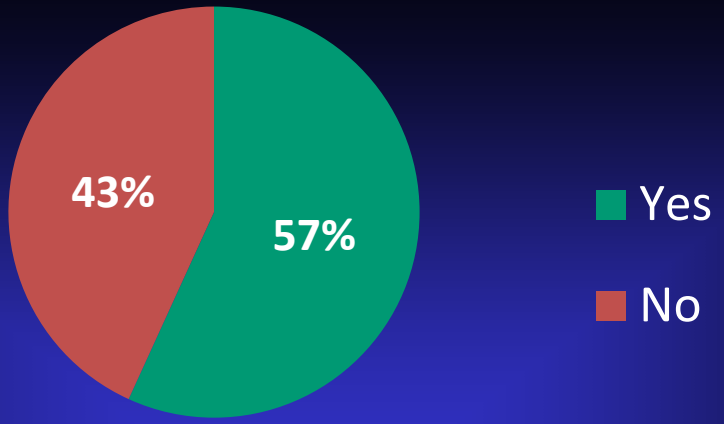
County has a centralized system for screening and placing clients into treatment (n=44)



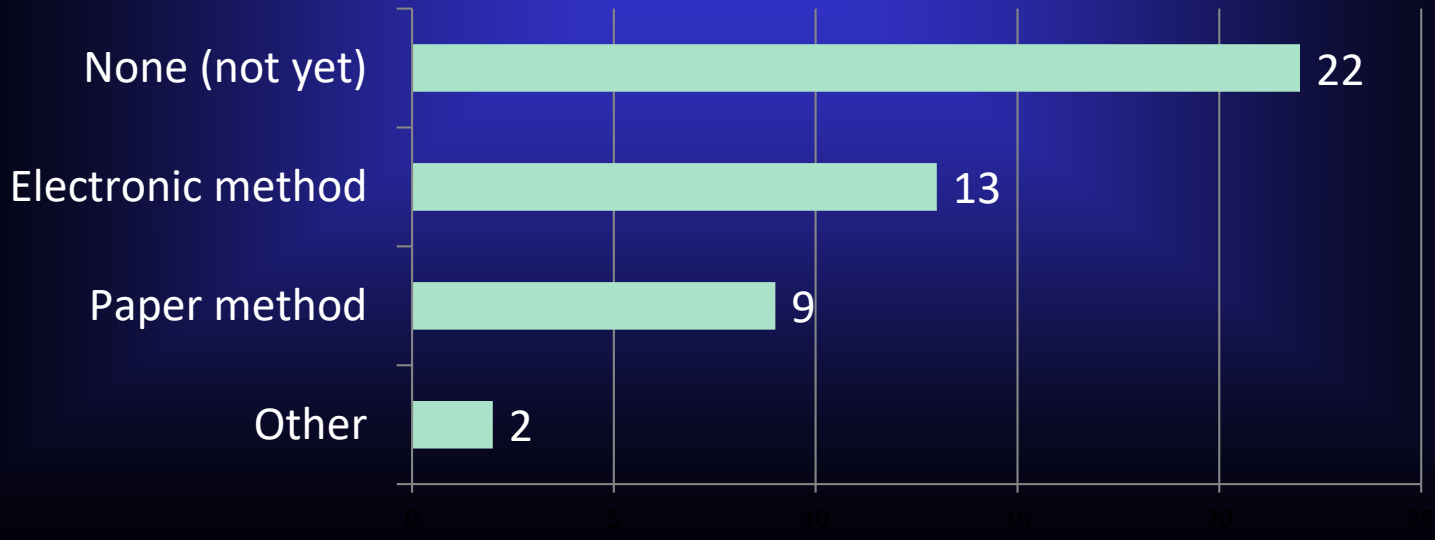
- Of the 9 counties without centralized screening and placement, 5 have a standardized process across all treatment providers.

ASAM CRITERIA

County collects or plans to collect ASAM data within next year (n=44)

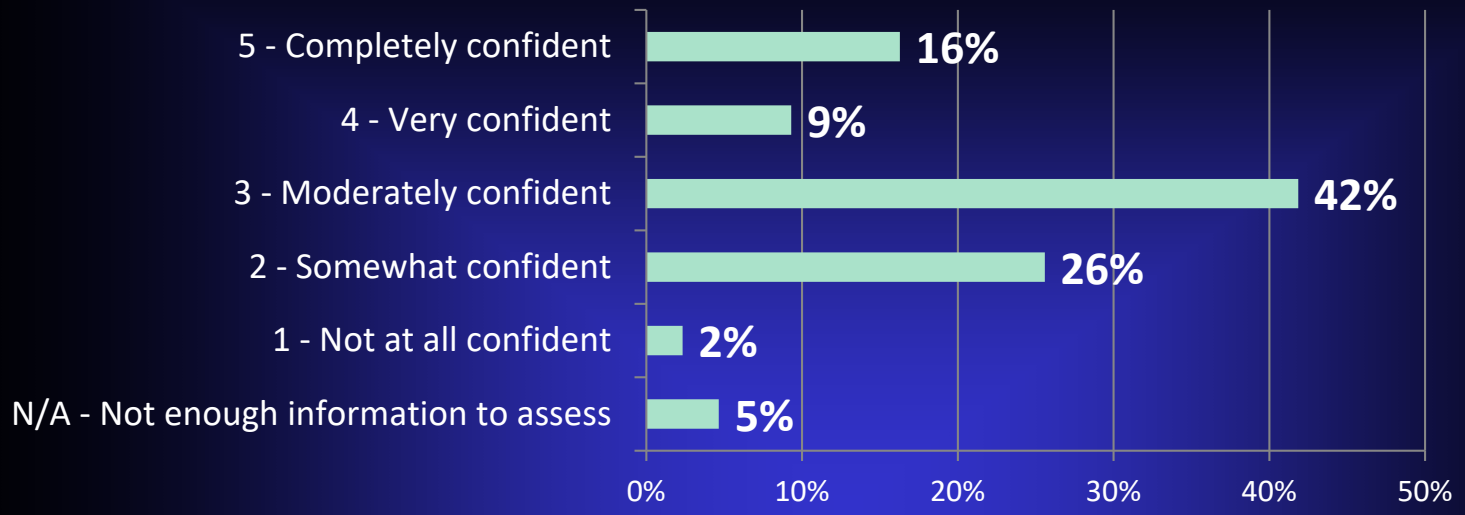


Current or expected methods to collect ASAM Criteria data for placement and assessment (n=25)

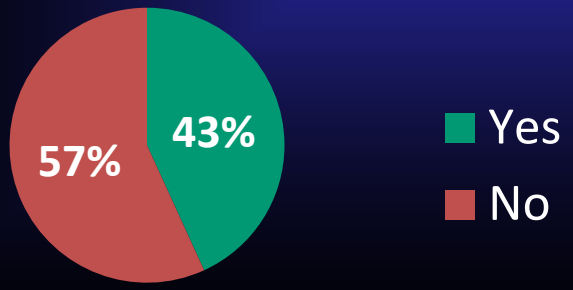


SERVICE CAPACITY

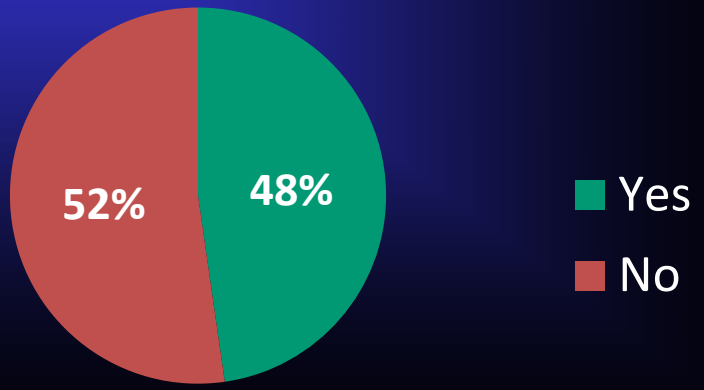
How confident are you in the accuracy of the numbers being reported to DATAR for OUTPATIENT treatment in your county? (n=43)



County maintains other data measuring outpatient tx capacity or amount of currently available treatment slots (n=44)



County maintains data on the ratio of clients to counselors (n=44)



Top 3 Challenges in Expanding Capacity

- **Outpatient**
  1. Reimbursement rates
  2. Facility certification
  3. Regulatory requirements (e.g., documentation)
  4. Space
  5. High upfront investment required/financial risk

- **IOP**
  1. Facility certification
  2. Reimbursement rates
  3. Regulatory requirements (e.g., documentation)
  4. Space
  5. High upfront investment required/financial risk

- **Residential***
  1. Reimbursement rates
  2. High upfront investment required/financial risk
  3. Facility certification
  4. Space
  5. Staff certification/licensing

- **NTP**
  1. Facility certification
  2. Community opposition (i.e., NIMBY)
  3. Staff certification/licensing
  4. High upfront investment required/financial risk
  5. Regulatory requirements (e.g., documentation)

- **Detox**
  1. Reimbursement rates
  2. Space
  3. Facility certification
  4. High upfront investment required/financial risk
  5. Staff certification/licensing

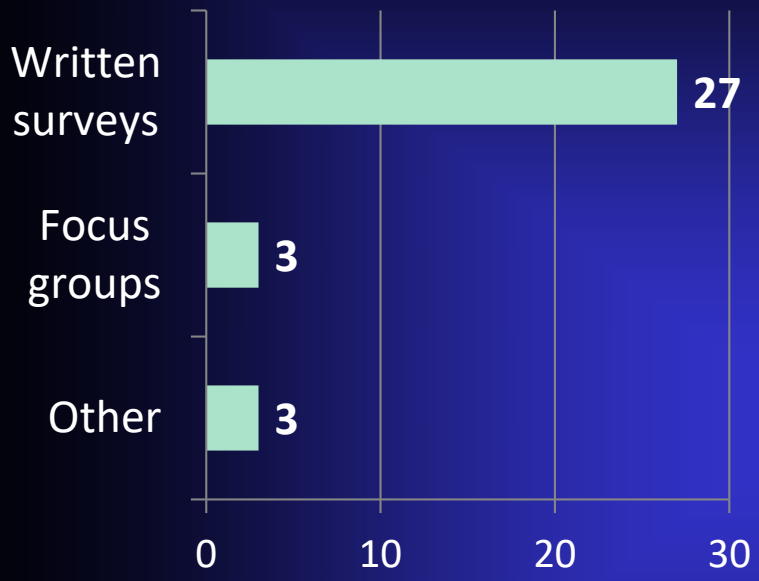
* 49% rated RESIDENTIAL as the MOST CHALLENGING modality to expand.

QUALITY

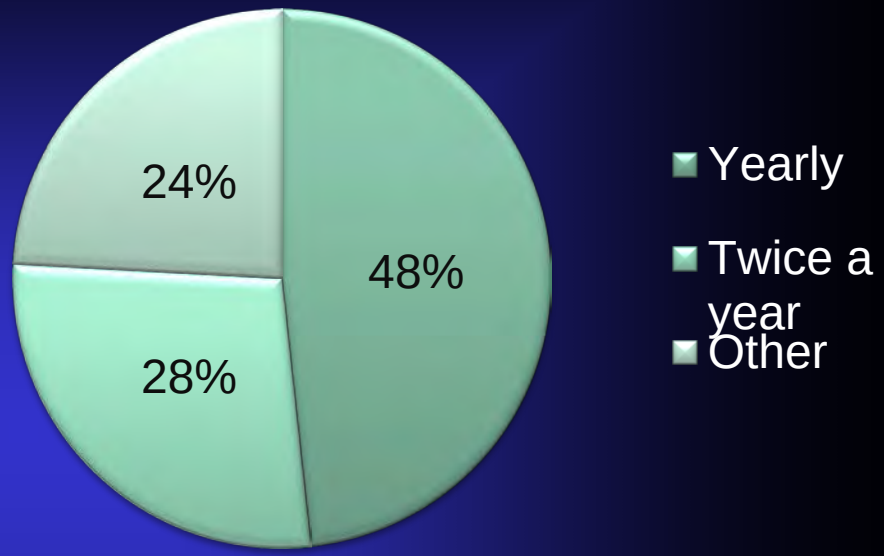
Quality Activities

- 27 counties reported currently having a quality improvement committee that includes SUD participation (+16 *plan to*; 1 has no plans)
- 9 counties have a written SUD treatment system quality improvement plan (+31 *plan to*; 4 have no plans)
- 29 counties currently require SUD treatment providers to collect client satisfaction/perceptions of care data (+10 *plan to*; 5 have no plans)

Methods used to collect client satisfaction data (n=29)



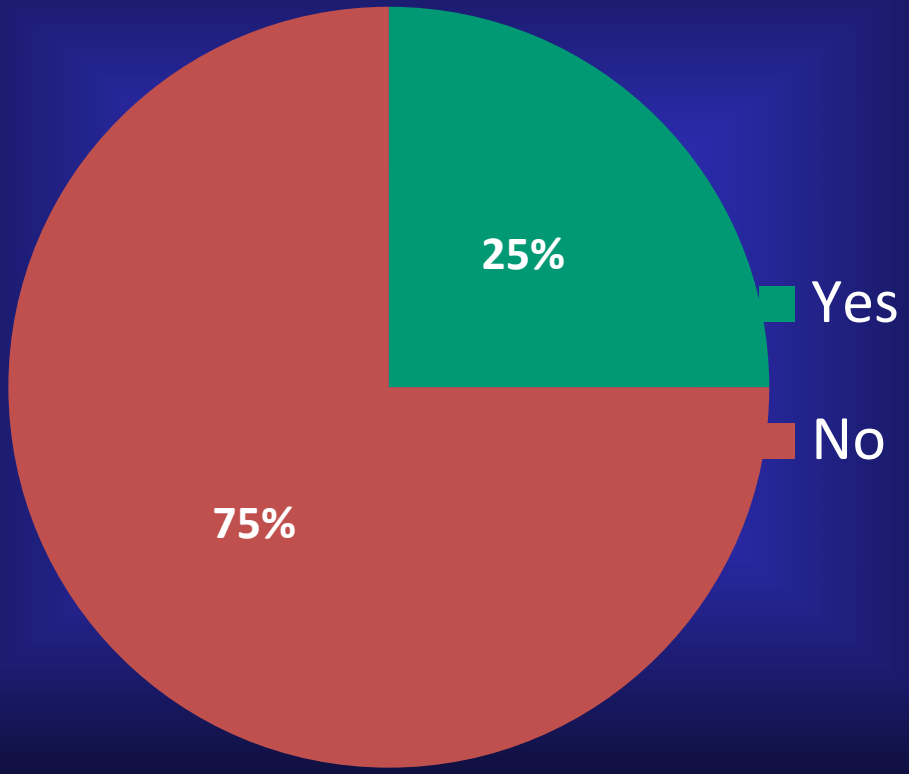
Minimum frequency of data collection (n=29)



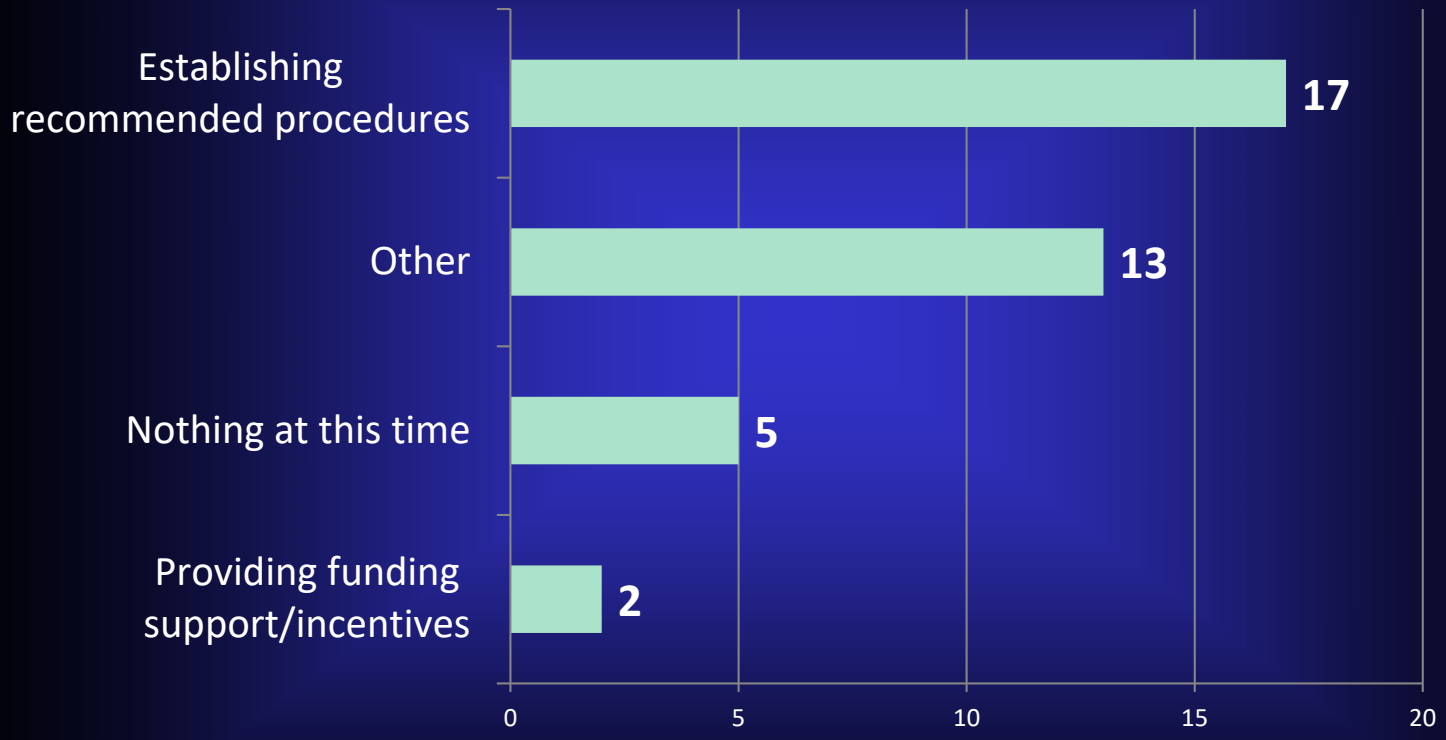
- **What survey is your county using to collect client satisfaction data?**

COORDINATION & INTEGRATION

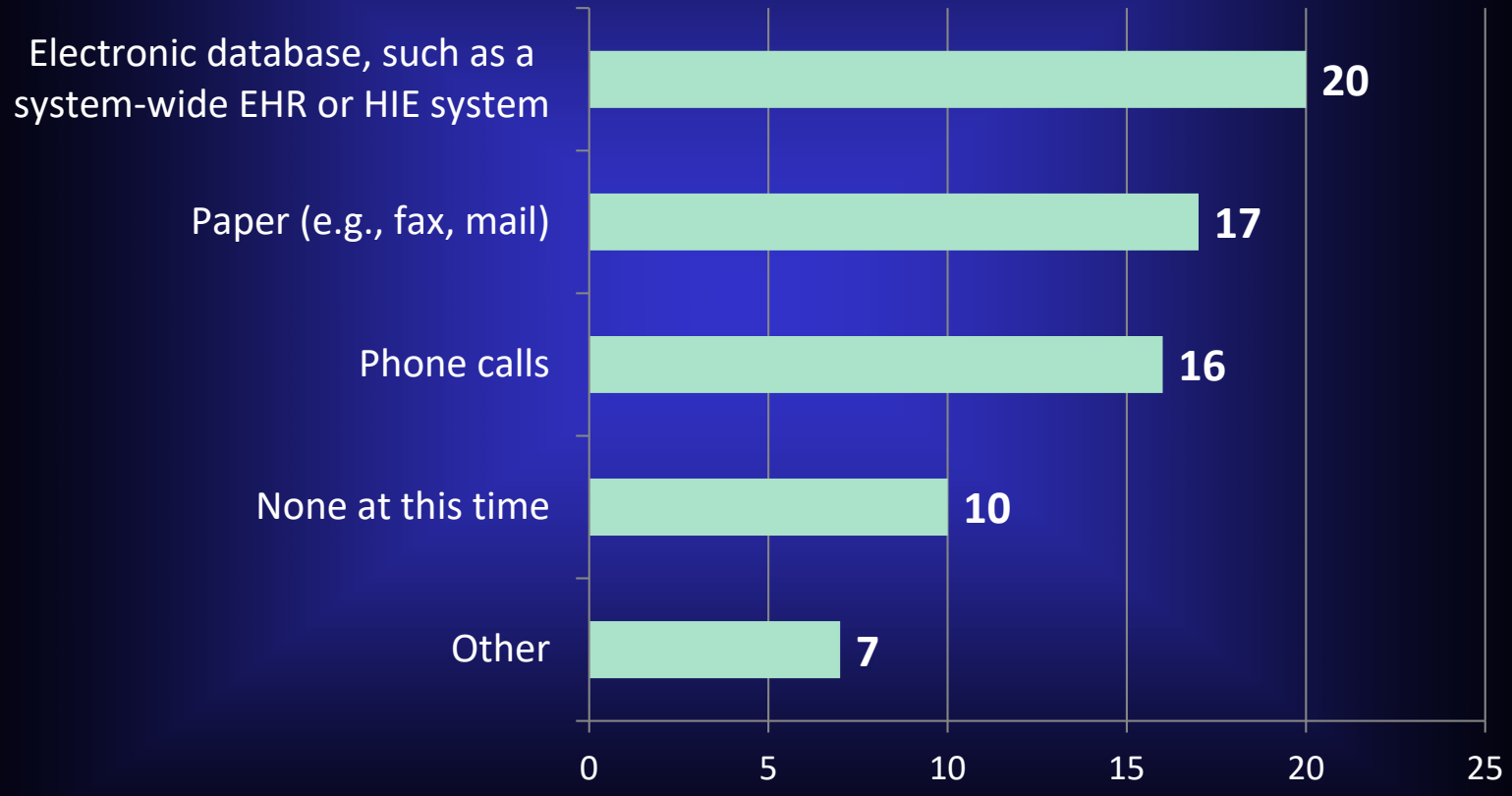
Does your county require SUD providers to establish formal procedures with other SUD providers to facilitate client transfer and information exchange (e.g. MOUs between residential and outpatient providers)? (n=44)



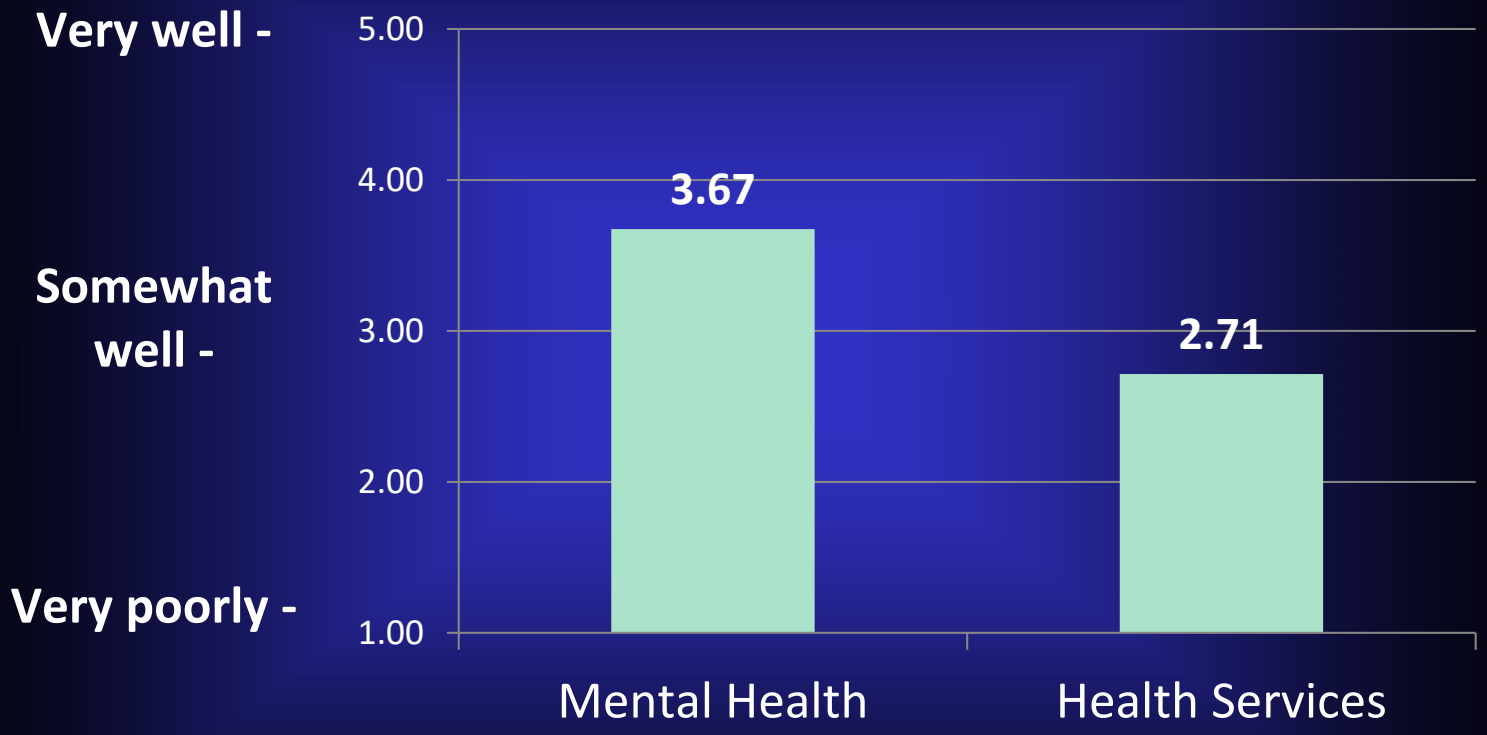
Counties that DO NOT have requirements: Which of the following does your county currently do to encourage effective client transfers and information exchange between levels of care for SUD? (n=33)



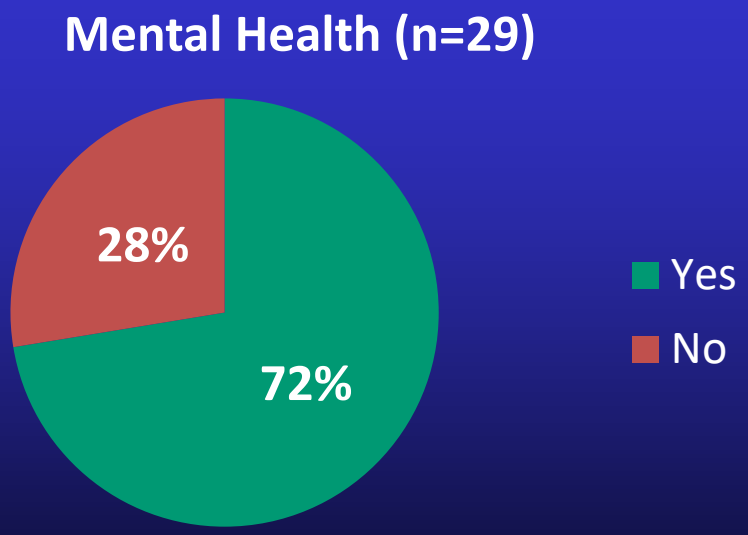
What method(s) does your county currently use, if any, to track referrals and client movement within the SUD continuum of care? (n=44)

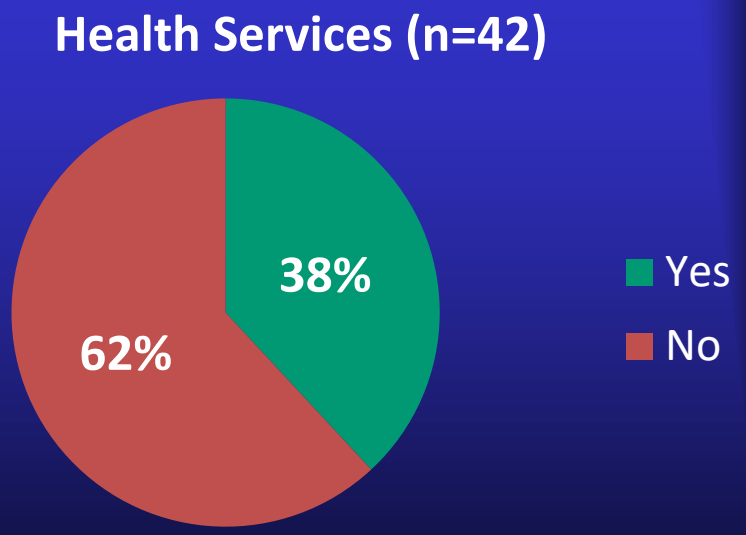


How would you rate the degree to which the SUD and _____ departments/divisions are integrated in your county? (n=43 and 42)



Do you think SUD and _____ department/division staff meet frequently enough to support an organized and integrated delivery system at the county level?



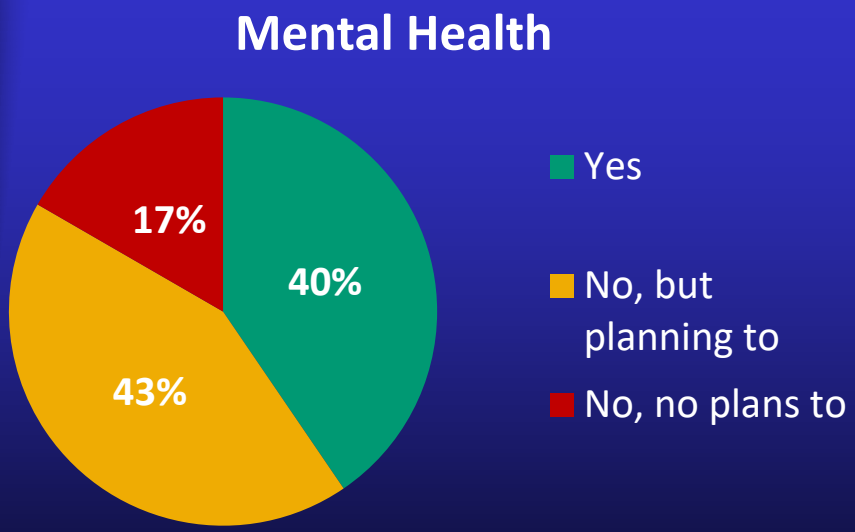


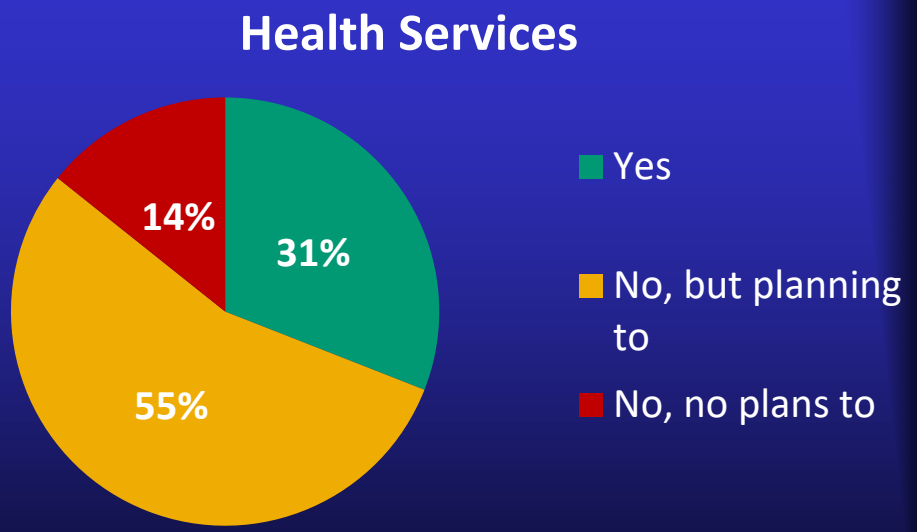
- What else is needed to support integration in your county?

Coordination with Medi-Cal Managed Care

- Average reported number of Medi-Cal managed care plans operating in each county is 1.73 (n=37)
- Majority of counties (81%) reported no existing waiver-compliant MOUs for SUD with their Medi-Cal managed care plans
  - 6 counties (19%) have existing waiver-compliant MOUs with at least one Medi-Cal managed care plan in their county
  - 22 counties (59%) have MOUs in discussion or in progress

Does the county have guidelines or requirements for SUD providers to partner with _____ providers? (n=42)





- If you currently have guidelines or requirements or plan to create them, what do they include?

SERVICES & TRAINING

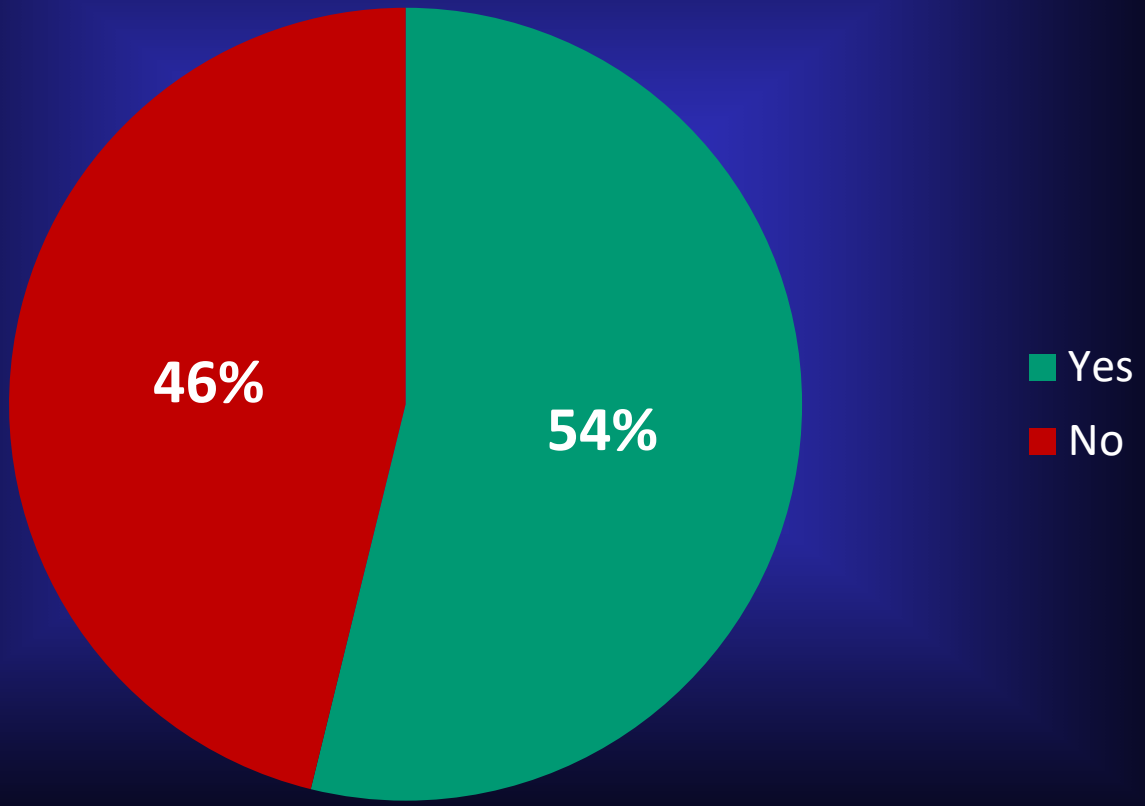
Most Challenging to Implement

	Currently fully available	Currently partially available	Will be available within the next 12 months	Will NOT be available within the next 12 months
Use of at least two of the five EBPs listed in the DMC-ODS waiver	57%	30%	7%	2%
Opioid (narcotic) treatment programs	48%	11%	7%	30%
DMC billing for services	43%	25%	16%	7%
3 → Residential services	39%	32%	11%	14%
2 → Withdrawal management services	25%	34%	11%	25%
Recovery Services	23%	34%	30%	9%
Physician consultation	23%	36%	32%	5%
ASAM assessment and placement	20%	14%	50%	11%
Case management	20%	52%	20%	2%
Licensed Practitioners of the Healing Arts (LPHAs)	14%	52%	18%	11%
4 → Utilization management	11%	32%	43%	9%
1 → Sharing/tracking/monitoring of client data along the continuum of care	7%	43%	34%	11%
5 → Coordination of services with Medi-Cal managed care plans	5%	39%	41%	11%

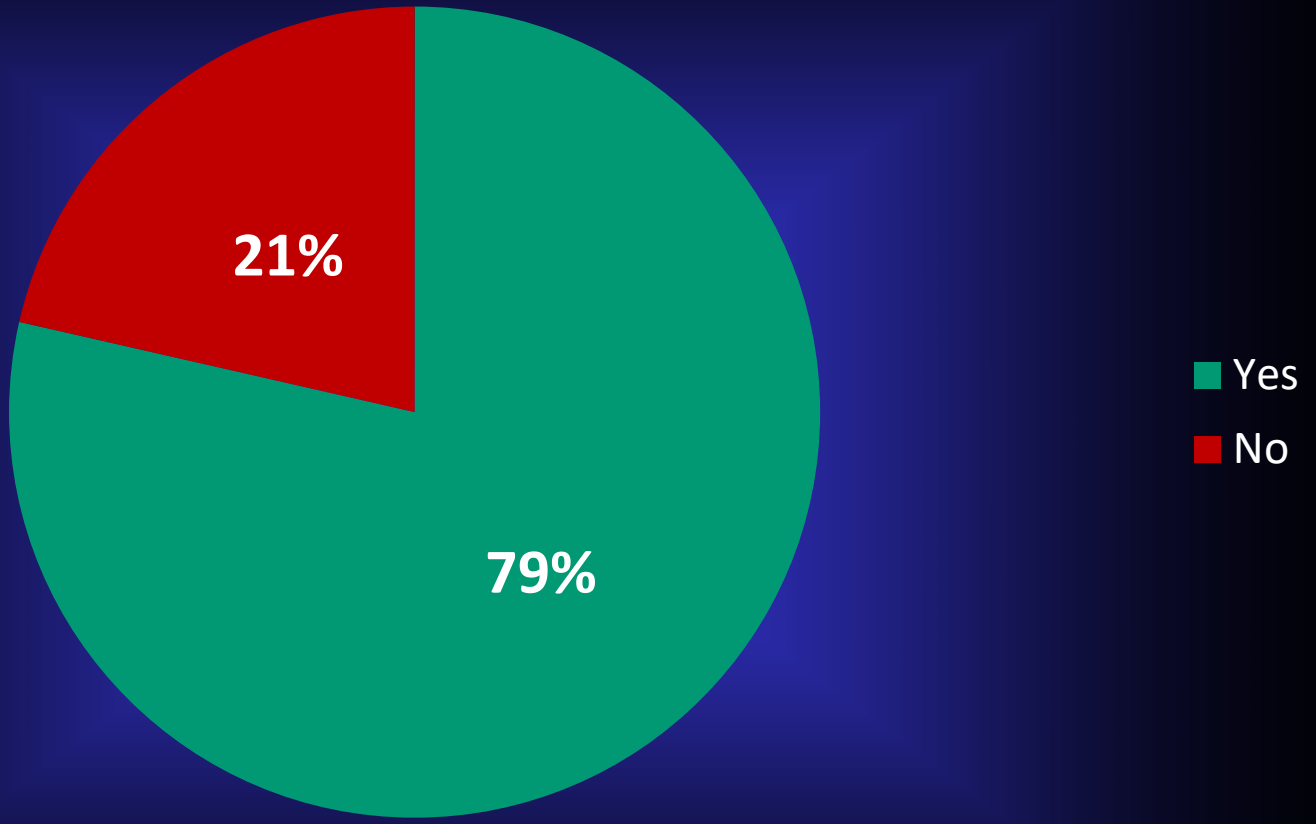
Highest Priority Training Areas

1. ASAM assessment and placement
2. Utilization management
3. DMC billing for services

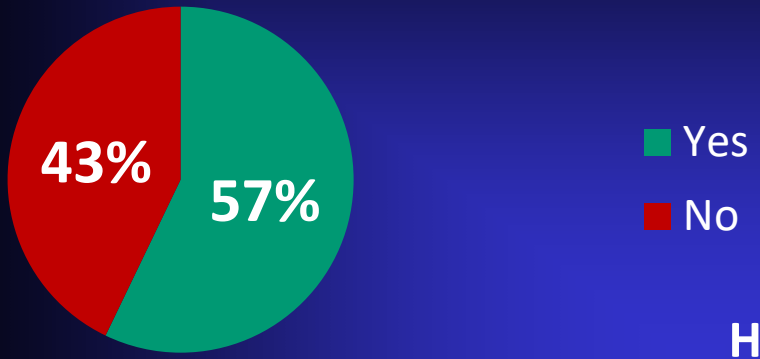
Has preparation for the DMC-ODS waiver facilitated either the establishment of this number or the addition of SUD services to an existing beneficiary access number? (n=39)



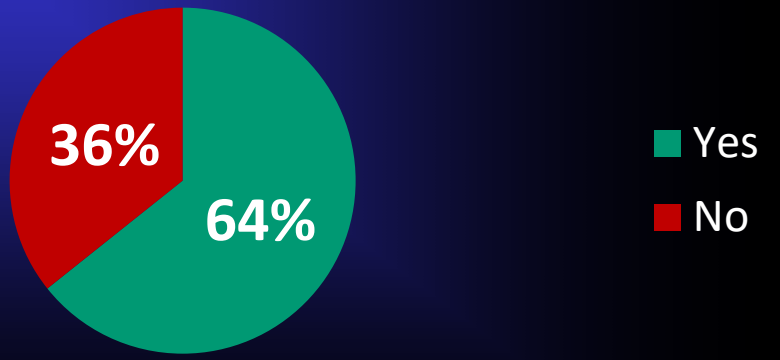
Has the waiver positively influenced these quality improvement activities for SUD? (n=42)



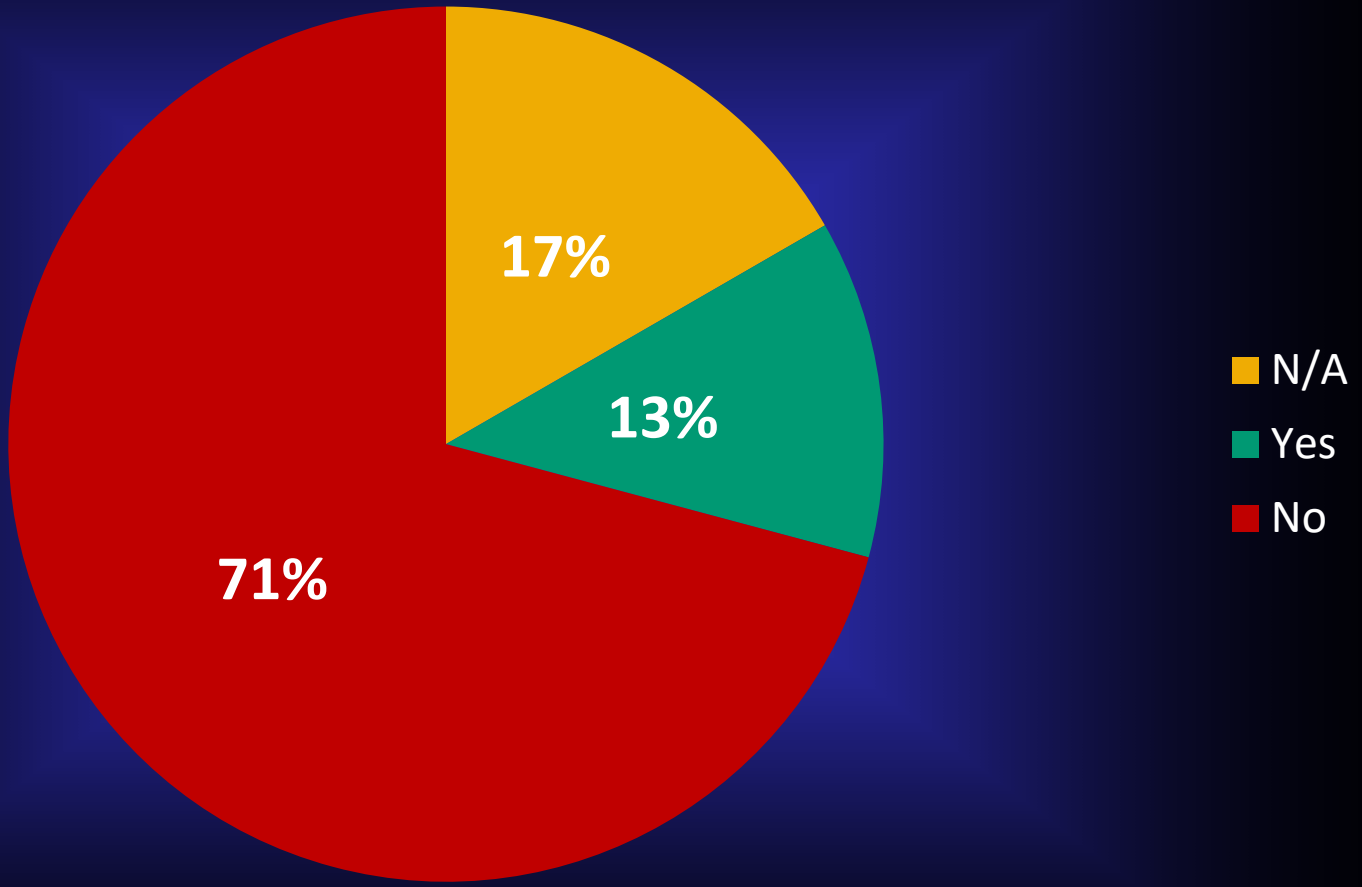
Has the waiver positively influenced collaboration across SUD and MH in your county? (n=42)



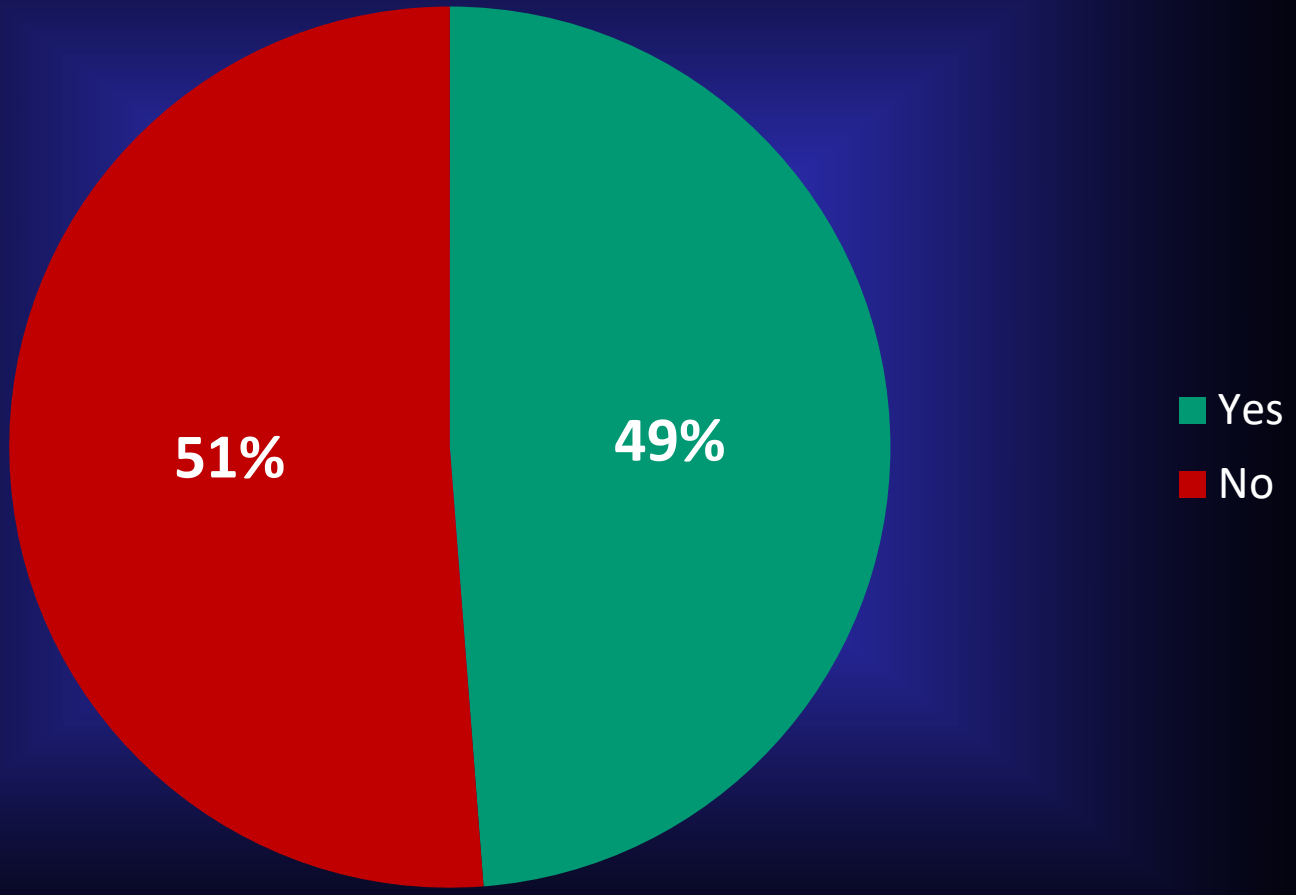
Has the waiver positively influenced communication between SUD and MH in your county? (n=28)



Did the frequency of these meetings increase as a result of the DMC-ODS Waiver? (n=24)



Has the waiver positively influenced communication between SUD and health services in your county? (n=41)



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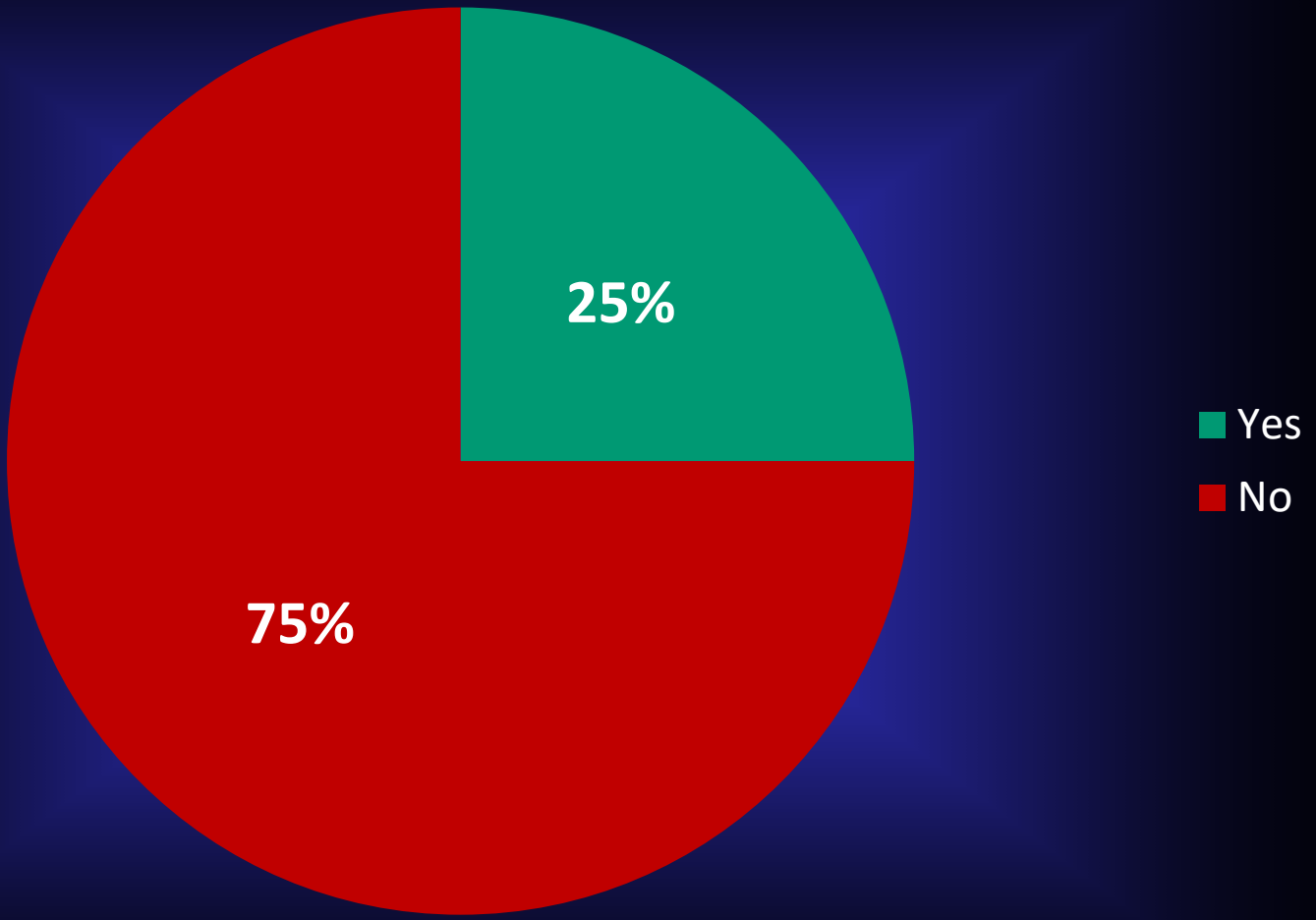
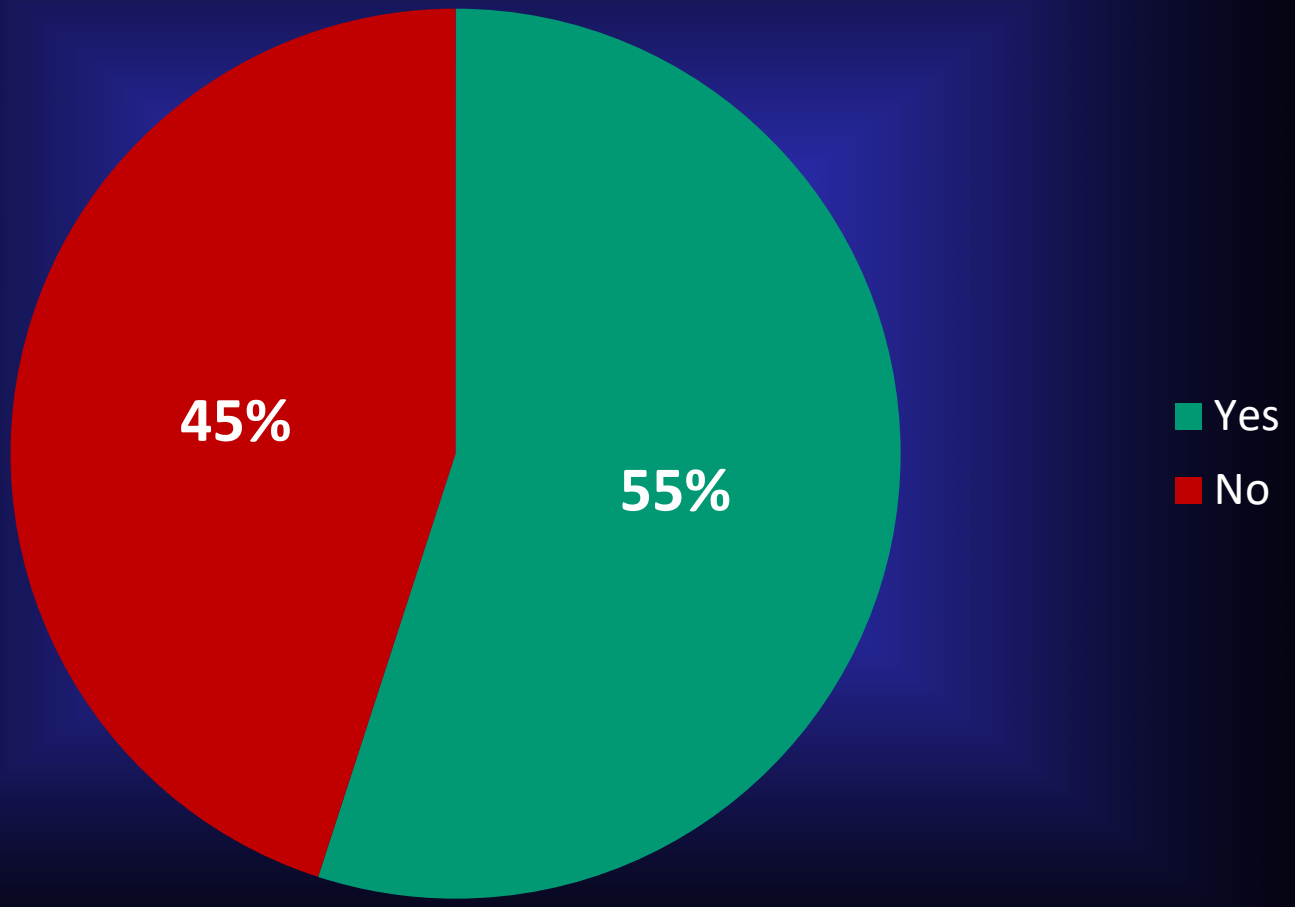


Do you anticipate you will shift use of SAPT block grant funds specifically to target any/all of these strategic priorities due to the waiver? (n=40)



Questions? Comments?

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