WELLNESS • RECOVERY • RESILIENCE

Mental Health Services
Oversight & Accountability Commission

Commission Teleconference Meeting
September 28, 2023
Presentations and Handouts

Agenda Item 5:	•Handout:	Letter of Support for San Luis Obispo Innovation Project
Agenda Item 6:	•Presentation:	Tyler Sadwith, Deputy Director Behavioral Health Department of Health Care Services
	•Presentation:	Specialty SUD Systems in California: The Drug Medi-Cal Organized Delivery System and Opportunities for the Future
	•Presentation	Equity in Caring for People who Use Drugs
	•Presentation	Low Threshold Treatment
Agenda Item 8:	•Presentation:	Amador County Behavioral Health Innovation Proposal - Workforce Recruitment & Retention Strategies
Agenda Item 9:	•Presentation:	Request for Proposal Outline for Advocacy Contracts

LONG TERM CARE
OMBUDSMAN
SERVICES OF SAN LUIS OBISPO COUNTY

OUR MISSION:
Promoting the highest possible quality of life and care for all residents in long term care facilities.

September 22, 2023

Mara Madrigal-Weiss, Chair
Mental Health Services Oversight & Accountability Commission
Submitted via Email: MHSOAC@mhsoac.ca.gov

Re: Support for San Luis Obispo County Innovation Project – EMBRACE

Dear Chairperson Madrigal-Weiss,

Long Term Care Ombudsman Services of San Luis Obispo County is highly supportive of the County of San Luis Obispo Mental Health Services Act Innovation grant proposal. We have worked closely with County Behavioral Health staff and Wilshire Community Services staff to develop this project. Our collective goal has been to ensure the services provided with this proposal will address the needs of current and future care facility residents who have a mental illness diagnosis.

Ombudsman has provided advocacy services to care facility residents since 1978 when the program was created with the Federal and State laws. In addition to providing resident centered advocacy, the Ombudsman program provides complaint investigation and resolution, facility monitoring visits, information and assistance services/including placement advice, community education and systemic advocacy. San Luis Obispo County has 97 Residential Care Facilities for the Elderly (RCFE) and 7 skilled nursing facilities with approximately 3,000 residents per year.

Historically, managers of RCFEs throughout California have struggled to provide appropriate services to residents with a mental illness diagnosis. This has been caused by a several challenges, but most importantly it is the lack of mental health professionals and poor support for the residents and staff when managing behaviors. As a result of the challenges, facilities have inadvertently reduced or eliminated placement options for persons with a mental illness diagnosis or evicting residents who exhibit behaviors based on their mental illness.

We are proud to support San Luis Obispo County Behavioral Health and Wilshire Community Services in this Innovation Project.

Sincerely,

Karen Jones, Executive Director/Program Manager

Area Agency on Aging
For San Luis Obispo and Santa Barbara Counties

3232 South Higuera Street #101B · San Luis Obispo, California 93401
805-785-0132 *phone* · 805-785-0134 fax · 800-231-4024 *toll-free*
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San Luis Obispo County Partner Agency
United Way

MHSOAC Commission Meeting

September 28, 2023

Tyler Sadwith
Deputy Director, Behavioral Health
Department of Health Care Services

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Agenda

- Overview of substance use disorder (SUD) funding
- SUD innovation: landscape
- SUD innovation: opportunities
- Discussion and questions

Overview of SUD Funding

DHCS Substance Use Disorder

- Department of Health Care Services (DHCS)
  - California State Medicaid Agency (Medi-Cal)
  - Single State Agency for Substance Abuse
  - State Mental Health Authority
- 15 million Medicaid members (~1 in 3 Californians)
- ~$600M SUD Medicaid annual spend (FY2020-21)
- ~$960M SUD grant funding (FY2022-23)

Opioid Settlement Funding

- California's Participating Subdivisions are expected to receive approximately $3.4 billion from these agreements, through 2038.
  - Settlements with McKesson, Cardinal Health and AmerisourceBergen (collectively, the Distributors) and Janssen Pharmaceuticals, Inc. were finalized in April and May 2022.
  - Settlements with opioid manufacturers Teva and Allergan and pharmacies Walmart, Walgreens, and CVS (collectively, the Pharmacies) are pending.
- DHCS oversees Participating Subdivisions that receive funds from the opioid settlements
  - Monitoring the California Participating Subdivisions for compliance (Abatement Accounts)
  - Designating additional high-impact abatement activities (Abatement Accounts)
  - Conducting related stakeholder engagement
  - Preparing annual reports (Abatement Accounts & Subdivision Funds);

Settlement Structure

Fund Type	Allocation	Allowable Uses
California Abatement Accounts Fund (70%)	Allocated to all Participating Subdivisions.	Funds must be used for **future** Opioid Remediation in one or more of the areas described in Exhibit E of the Settlement Agreements.
		No less than 50% of the funds received in each calendar year will be used for one or more High Impact Abatement Activities.
California Subdivision Fund (15%)	Allocated to cities and counties that were Initial Plaintiff Subdivisions.	Funds must be used towards future Opioid Remediation and to reimburse past opioid-related expenses, which may include litigation fees and expenses.
California State Fund (15%)	Allocated to the State of California.	Funds must be used by the State for future Opioid Remediation.

SUD Licensure and Certification

- 923 number of licensed residential SUD providers
  - Licensure is required for residential SUD treatment facilities
  - 236 (~25%) of licensed residential SUD providers participate in Medi-Cal
- 885 number of certified outpatient SUD providers
  - Certification was voluntary for outpatient SUD treatment facilities until now
  - 352 (~40%) of certified outpatient SUD providers participate in Medi-Cal
- Budget Act of 2023 (AB 118) requires outpatient SUD providers to obtain certification

BH Medi-Cal Delivery Systems

- Non-specialty Mental Health Services (NSMHS)
  - FFS and MCP delivery systems
- Specialty Mental Health Services (SMHS)
  - 1915(b) county mental health plans (non-risk PIHPs)
- Drug Medi-Cal Organized Delivery System (DMC-ODS)
  - 1915(b) + 1115 (non-risk PIHPs); 97% of Medi-Cal
- Drug Medi-Cal
  - FFS carve-out

DMC-ODS

- CMS issues Section 1115 SUD guidance in 2015
  - Benefits to reflect ASAM Criteria continuum of care
  - ASAM multidimensional assessment and placement
  - Residential SUD providers to meet ASAM Criteria program standards
  - 2017 Section 1115 SUD guidance (ASAM components remain)
- California receives Section 1115 SUD approval in 2015
  - Drug Medi-Cal Organized Delivery System (DMC-ODS)
- 33 approved Section 1115 SUD waivers

DMC-ODS Expanded Benefits

Drug Medi-Cal (Traditional) **Providers contract with: State**	**Drug Medi-Cal Organized Delivery System (Pilot)** **Providers contract with: Counties**
Outpatient Treatment	Outpatient Treatment
Intensive Outpatient Treatment	Intensive Outpatient Treatment
Narcotic Treatment Program (including all MAT)	Narcotic Treatment Program (including all MAT)
Peer Support Services (Optional)	Peer Support Services (Optional)
Perinatal Residential SUD Services (limited to facilities with 16 beds or less)	Residential Services (not restricted by facility size or limited to perinatal)
	Withdrawal Management (at least one ASAM level)
	Recovery Services
	Care Coordination
	Clinician Consultation
	Partial Hospitalization (Optional)
	Contingency Management (Optional)

DMC-ODS

96% of Medi-Cal population covered by DMC-ODS

- 25% increase in unique patient admissions

ASAM-based screenings and assessments match placement

- 84% (screening); 78% (initial assessment); 85% (follow-up assessment)
- Mismatch due to patient preference, clinical judgment, and “other”

Positive outcomes

- 9% increase in 30-day retention in residential treatment
- 92% patient satisfaction rate
- 30% reduction in re-overdose rates (regional model)

DHCS ASAM Level of Care Designations

- 819 number of providers designated

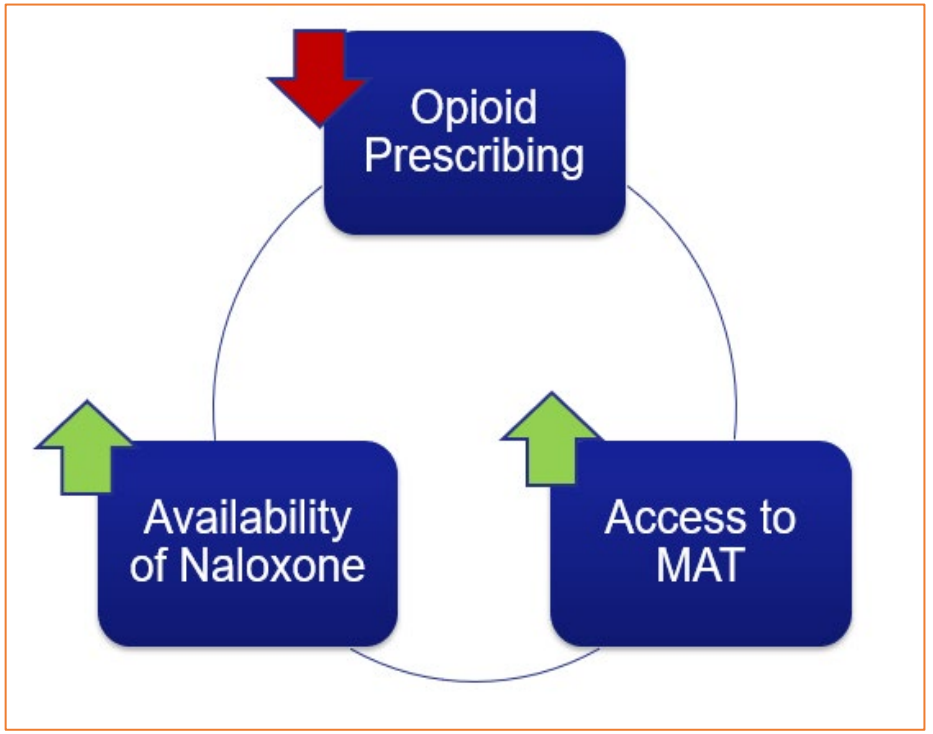
Contingency Management

- Contingency management (CM) is an evidence-based, cost-effective treatment for SUDs, and is the only treatment that has demonstrated robust outcomes for individuals living with stimulant use disorder, including reduction or cessation of drug use and longer retention in treatment.
- California is the **first** state in the country to receive federal approval of CM as a benefit in the Medicaid program through the CalAIM 1115 Demonstration.
- 24 DMC-ODS counties covering 88% of the Medi-Cal population are participating in the Recovery Incentives Program.

SUD Innovation: Landscape

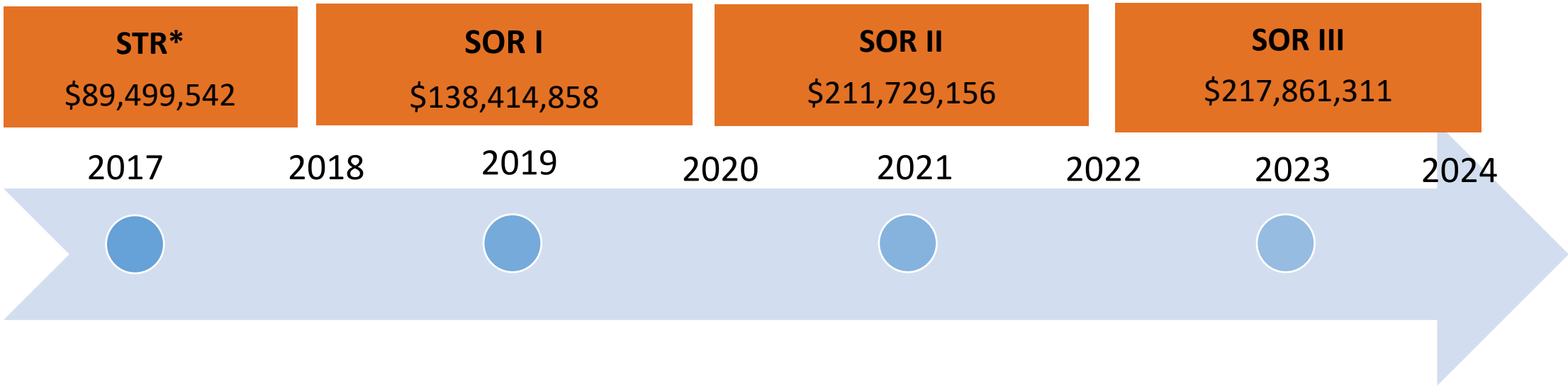
Addressing Overdoses in California

- **The California MAT Expansion Project** aims to increase access to Medication Assisted Treatment (MAT), reduce unmet treatment need and reduce opioid overdose deaths. To address rising overdose rates, CA will augment current treatment expansion efforts and continue to support new investments in:
  - Behavioral health infrastructure
  - Low-barrier access
  - Harm reduction
  - Crisis services
  - Accessibility to naloxone



Funding Sources for SOR

- Since 2017, DHCS received more than $650 million in federal grant funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).



*Precursor to SOR grants

State Opioid Response Goals & Outcomes

- Expand access to MAT through strategic access points
- Address health inequities by providing Opioid Use Disorder (OUD) treatment to specific populations
- Expand overdose prevention activities to prevent opioid, fentanyl, and methamphetamine misuse and overdose deaths

174,000
New Patients Received MAT

650
Access Points

25,000
New Patients Received Stimulant Treatment

30
Projects

Addiction Treatment Starts Here Equity-Centered Community Learning Collaborative and Learning Network

The Center for Care Innovation's Addiction Treatment Starts Here program includes a learning collaborative and network designed to increase access to MAT through primary care, behavioral health and community partnerships.

ATLAS Treatment Locator

The Department of Health Care Services (DHCS) has partnered with Shatterproof, a national nonprofit organization, to create a statewide treatment locator called ATLAS® (Addiction Treatment Locator, Analysis, and Standards platform). [...]

CA Bridge Program

The California Bridge Program is developing hospitals and emergency rooms into primary access points for the treatment of acute symptoms of SUDs – enhancing and increasing access to 24/7 treatment in every community in the state.

California Hub & Spoke System

The California Hub and Spoke System consists of narcotic treatment program (Hubs) and office-based treatment settings (Spokes) that provide ongoing care and treatment. The program aims to increase the number of providers prescribing buprenorphine for opioid use disorder.

California Overdose Prevention Network

The PHI Center for Health Leadership and Impact (CHLI) operates the California Overdose Prevention Network (COPN), a respected statewide learning network for coalitions, organizations and individuals working at the forefront [...]

California Substance Use Line

The University of California, San Francisco is expanding the current 24/7 MAT mentorship network to cover all new emergency departments, primary care, mental health, and hospital access points.

California Youth Opioid Response

This program aims to increase access to care through expansion of MAT services and opioid and stimulant use prevention for youth & families.

DUI MAT Integration

This effort includes California Highway Patrol trainings to increase awareness of drug use and impairment and the creation of linkages between DUI treatment programs and MAT resources and referrals.

Emergency Medical Services Buprenorphine Use Project

EMSBUP implements a four-tiered response to the opioid crisis: establish a naloxone distribution program, equip EMS to administer buprenorphine, establish connections with Bridge hospitals to serve as receiving centers for 911 patients, and provide a warm handoff to navigators at receiving hospitals.

Empowering Faith Leaders in California

The Clinton Foundation's Empowering Faith Leaders in California project addresses the opioid epidemic through a collaborative learning opportunity to empower religious leaders from diverse faith traditions to take on leadership [...]

First Dose Buprenorphine

FDB aims to address the opioid use disorder crises by supporting Local Emergency Medical Service (EMS) Agencies and EMS providers to provide treatment and access points for patients with an opioid use disorder.

Increasing MAT in State Licensed Facilities

DHCS, with assistance from The Sierra Health Foundation: Center for Health Program Management (The Center), will be providing funding to California's eligible residential SUD facilities to implement, expand, and/or improve [...]

MAT Access Points

The aim of this project is to support MAT start-up activities and/or enhancement efforts in settings throughout California, with the goal of increasing the number of patients with substance-use disorders treated with medications, counseling and other recovery services.

MAT in Jails and Drug Courts

This program focuses on expanding access to at least two forms of MAT in California's jails and drug courts.

MAT Toolkits and GPRA Data Collection

Aurrera Health Group developed a series of educational toolkits about the benefits of MAT, and assists with the collection of federally-required GPRA data for the MAT Expansion Project.

Media Campaign

Media Solutions is leading an effort to design a statewide, multi-media campaign targeted at individuals with substance use disorder and their families, with an emphasis on making connections to treatment.

Naloxone Distribution Project

The Naloxone Distribution Project aims to reduce opioid overdose deaths through the provision of free naloxone, in its nasal spray formulation.

Opioid Overdose Data Collection and Analysis

The California Department of Public Health is supporting the Overdose Data Collection & Analysis Project (ODCAP), which aims to improve overall overdose surveillance, respond more rapidly to overdose spikes, and [...]

Youth Opioid Education and Awareness and Fentanyl Education and Awareness Campaign

The California Department of Public Health (CDPH) is developing and implementing a $40.8 million statewide opioid overdose prevention and education media program. The program will include media and public awareness [...]

Youth Peer Mentor Program

The Youth Peer Mentor Program trains justice-involved youth to provide recovery support to peers with substance use challenges.

Naloxone Distribution Project (NDP)

The NDP aims to **reduce opioid overdose deaths** through the provision of **free naloxone**.

Eligible entities can apply to DHCS to have naloxone **shipped directly to their address**.

Since its creation in **2018**, the NDP has…

- Distributed more than **3,000,000** units of naloxone
- to more than **4,000** organizations
- in all **58** California Counties
- resulting in over **200,000** opioid overdose reversals

Increasing MAT in Jails, Drug Courts, and County Justice Systems

In collaboration with Health Management Associates, DHCS provided funding to increase **access to MAT** in county jails and drug courts and to build county capacity to effectively respond to individuals with **justice-system involvement**.

41 counties have participated in the project, leading to over **30,000 individuals** receiving MAT while incarcerated in county jails

MAT Access Points

- Supports over 450 community partners in 56 counties to address the opioid and substance use epidemic through:
  - Prevention, education, and outreach in communities of color and 2S/LGBTQ+ communities;
  - Tribal and Urban Indian substance use prevention, treatment, and recovery; and
  - Low-barrier opioid treatment at syringe service programs.
- Since 2018, MAT Access Points has awarded 510 grants, including:
  - 62 awards focused on Tribal and Urban Indian communities;
  - 65 awards for syringe service programs;
  - 115 awards focused on communities of color; and
  - 47 awards focused on 2S/LGBTQ+ communities.

CalBridge Behavioral Health Navigator Program

DHCS invested $71.6 million in funding for 282 out of 331 hospitals and emergency rooms to serve as primary access points for evidence-based treatment of behavioral health symptoms through:

1) Expanding access to low barrier MAT.
2) Providing referral to specialty behavioral health care systems.
3) Utilizing the Community Health Worker as navigators.

85% of California Hospitals Awarded

2018 - 2023
282 Hospitals Awarded

298,353

Patients seen for a substance use/mental health disorder

223,102

Patients identified with opioid use disorder

93,484

Encounters where MAT was prescribed or administered

CA Bridge Program: BH Referrals

- CA Bridge Program Navigators effectuate effective referrals
  - 60% of patients continue treatment post-discharge (manually reported data)
  - Compare to Medi-Cal statewide 30-day FUA-AD rate of 14% (validated administrative data)

Outpatient Referral Types (252 responding hospitals; not mutually exclusive)	Total responses	Percentage
DMC-ODS		
NTP/OTP (methadone clinic)	141	56%
County SUD program (e.g., residential or outpatient other than NTP, county behavioral health program)	179	71%
Medi-Cal Managed Care		
Primary care (PCP, FQHC)	148	59%
Tribal Health Clinic	15	6%
Own hospital outpatient	69	27%
Different hospital outpatient	27	11%
Not Sure		
Telehealth	80	32%
Other	30	12%

SUD Innovation: Opportunities

Low-Threshold MAT Clinics

- Low-barrier, same-day, drop-in access to outpatient MAT and treatment.
- Incorporate harm-reduction philosophies
- Integrate mental health screening, medication management, and suicide prevention.
- Coordination protocols with CA Bridge, jails, DMC-ODS, and other referral pathways.
  - Key nexus with CalAIM Justice-Involved Initiative & CA Bridge EDs
- Bright spots (e.g., CA Bridge clinics, Arizona 24/7 NTP)

Care Integration: DMC-FQHCs

- Support DMC-certified providers to become FQHCs and/or FQHCs to become DMC-certified
- Achieve clinical care integration & improve patient outcomes
  - Primary care, HCV, HIV
- Enhance SUD provider revenue
- Bright spots on SUD side (e.g., Tarzana Treatment Centers, HealthRight 360)
- Bright spots on FQHC side (e.g., CommuniCare)

Co-Occurring Enhanced Care

- "Co-occurring capable" SUD providers able to treat patients with subthreshold or stable MH conditions (e.g., onsite, by referral to MH provider)
  - "The typical co occurring capable addiction treatment program at any level of care will be able to manage a small percentage of individuals who have more serious psychiatric conditions. The same is likely true for managing individuals who may intermittently have flare ups of acute symptoms like flashbacks or panic attacks, but do not need acute mental health treatment"(p.28)
- ASAM proposes to further clarify and incorporate standards for co-occurring capable care into each level of care in ASAM Criteria 4th Edition (fall 2023)
- "Co-occurring enhanced" SUD providers offer higher level of care integration and competences to treat patients with MH needs of moderate to high severity
  - "Co-occurring enhanced services placed their primary focus on the integration of services for mental and substance use disorders in their staffing, services, and program contents such that both unstable addiction and mental health issues can be adequately addressed by the program."(p.417)

Discussion and Questions

Specialty SUD Systems in California: The Drug Medi-Cal Organized Delivery System and Opportunities for the Future

Gary Tsai, MD
Director
Bureau of Substance Abuse Prevention and Control
Los Angeles County Department of Public Health

About SAPC

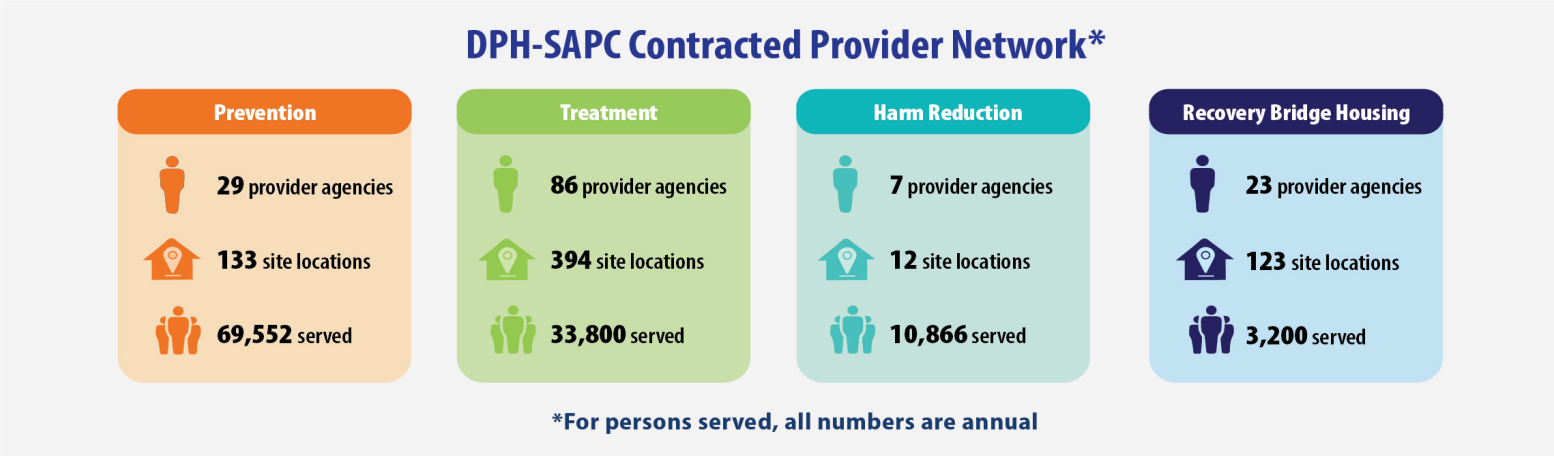
- The Department of Public Health's Division of Substance Abuse Prevention and Control (DPH-SAPC) oversees the most diverse and comprehensive continuum of SUD services in California.

SUBSTANCE ABUSE SERVICE HELPLINE
24/7 1.844.804.7500

CENS
Client Engagement and Navigation Services

CORECenter
Connecting to Opportunities for Recovery and Engagement

- SAPC is committed to innovative, equitable, and quality-focused substance use **prevention**, **harm reduction**, **treatment**, and **recovery services**.



SAPC Website: ph.lacounty.gov/sapc/

SAPC Strategic Plan - 2023-2028: ph.lacounty.gov/sapc/docs/providers/SAPC-Strategic-Plan-2023-2028.pdf

About SAPC

1. Innovation

- Developed novel tiered base rate structure, incentive payments, and capacity building to advance **SUD service delivery**.
- Advanced new countywide prevention programs using **positive youth development** framework.
- Developed **RecoverLA.org**, an online and mobile-friendly resource and service locator available in 13 languages.

2. Access

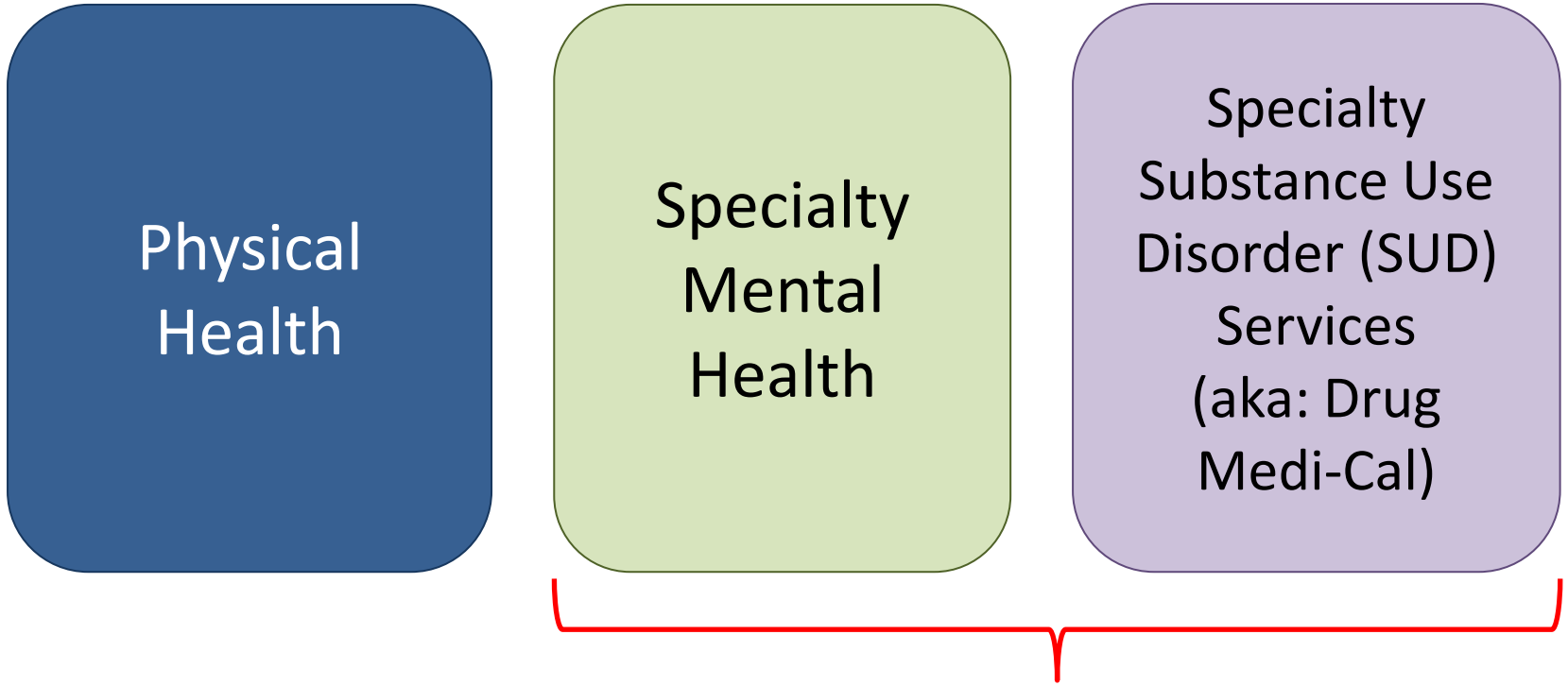
- Expanded residential SUD treatment bed capacity by **1,000%**.*
- Increased Recovery Bridge Housing from 147 to approximately **1177 beds**.*
- **Added 33** new street-based harm reduction outreach sites.
- Designed a best-in-class provider directory – **Service and Bed Availability Tool (SBAT)**- making the search for SUD treatment as easy as searching on Yelp.®

3. Quality

- Drove the passage of County-sponsored **SUD workforce legislation** that elevates training standards for counselors in California.
- Provided outreach and education to **100+ schools** on fentanyl overdose prevention.
- Increased adoption of **medication for addiction treatment** (MAT).
- **Innovated fiscal strategies** to maximize Medi-Cal reimbursement and federal and state match, and reduced millions of dollars in lost Medi-Cal revenue.

*Cumulative since launch of DMC ODS in 2017

Medi-Cal Carveouts in California – Three Systems in One



Los Angeles County is one of only two counties in CA where the specialty MH and SUD systems are not under a single Behavioral Health Dept (+'s and –'s)

The Drug Medi-Cal Organized Delivery System (DMC-ODS)

Drug Medi-Cal Organized Delivery System (DMC-ODS)

- **The DMC-ODS is a Medicaid waiver program that funded a more expansive scope of quality-focused SUD services through Medicaid and moved it into managed care.**
  - CA was first state in the nation to implement this federal waiver program – since then 33 other states have implemented similar waivers.
    - Los Angeles County implemented the DMC-ODS in 2017.
  - Greatest opportunity in recent history to design and implement an SUD system of care with the financial and clinical resources to more fully address the complex and varied needs of individuals with SUDs.

OLD Drug Medi-Cal Benefits	DMC-ODS Waiver Benefits
Outpatient Services	Outpatient Services
Intensive Outpatient Services	Intensive Outpatient Services
Residential Treatment Services → limited only to perinatal populations	Residential Treatment Services → for ALL populations
Opioid Treatment Program	Opioid Treatment Program
	Withdrawal management
Other services not paid for under DMC-ODS, but covered by LA County through other funding streams: • Recovery Bridge Housing • Room & board (for residential treatment)	Recovery Support Services
	Case Management
	Clinician Consultation Services
	Early Intervention Services

Shifting DMC-ODS Funding Model

OLD SYSTEM

Contracts by Funding Source

CalWORKs
AITRP
GR
GPS
AB 109
DMC
Other Special Projects
Drug Court

Fragmented funding streams

CURRENT (NEW) SYSTEM

DMC Contracts with Other Funding Sources Used for Non-DMC Reimbursable Services

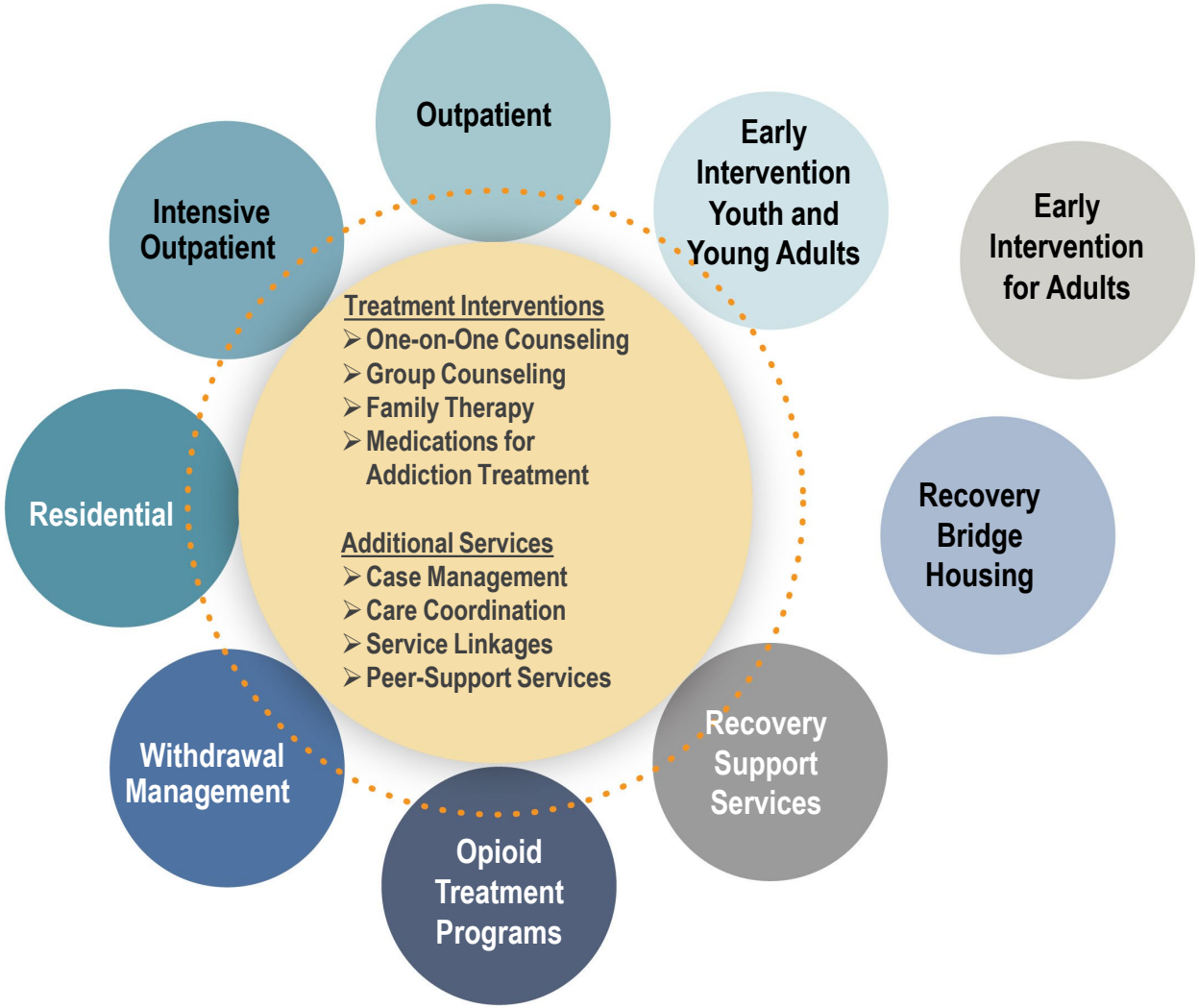
Primary funding source

DMC

Secondary funding sources, particularly for non-DMC reimbursable services

GPS
GR
CalWORKs
AITRP
Other Special Projects
Drug Court
AB 109

DMC-ODS – Expanding the Continuum of SUD Care



- **Growth After DMC-ODS in Los Angeles County**
  - **206% increase** in **residential beds**
  - **1000% increase** in **residential services**
  - **Over 700% increase** in **Recovery Bridge Housing beds** (compared to AFDLC beds pre-ODS)
  - **50% increase** in **outpatient services**
  - Over **500% increase** in **harm reduction** investments
  - Over **275% increase** in **substance use prevention** investments

Opportunities to Advance SUD Systems – CalAIM & Beyond

Key Specialty Behavioral Health Changes Within CalAIM

1 Specialty Behavioral Health System Enhancements

- Documentation reforms to streamline requirements
- Enhanced data exchange
- Improving access to Care: Medical necessity and engagement changes
- Behavioral Health Continuum Infrastructure Program (BHCIP)
- Behavioral Health Quality Improvement Project (BHQIP)
- Contingency Management Pilot

2 Additional Benefits offered through MCPs

- Beneficiaries could have additional BH resources and services through the new Enhanced Care Management (ECM) Benefit and Community Support services

3 Behavioral Health Payment Reform

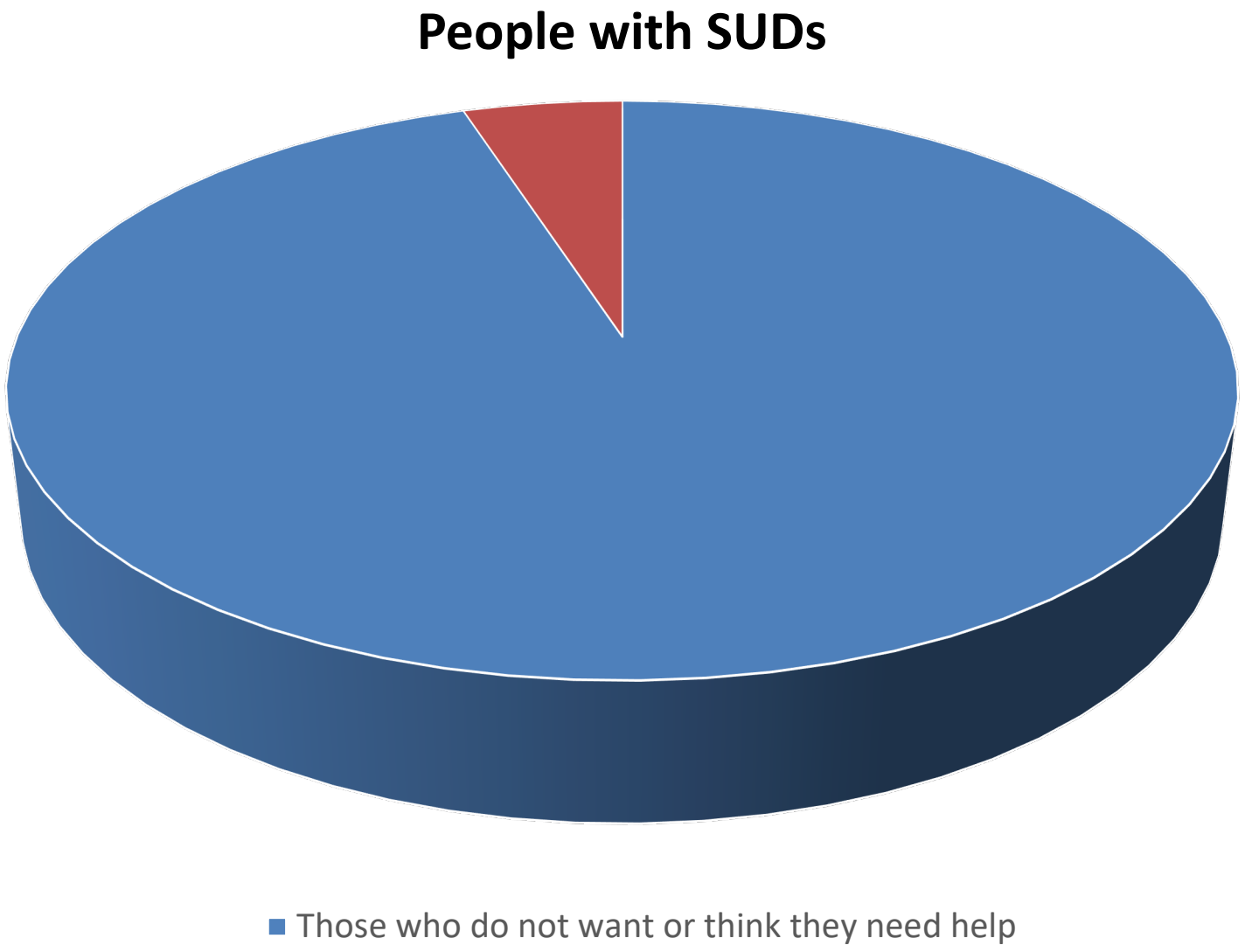
- Transition from cost-based approach (Certified Public Expenditure-based methodology) to rate schedule (Intergovernmental Transfer) → More streamlined processes, sets up BH financing for fee-for-service and eventually value-based reimbursement

4 Administrative Behavioral Health Integration

- Integrating administrative processes across the specialty SUD and mental health systems

~95% of people who need SUD treatment either do not want it or do not think they need it

→ Only 5% of people with SUDs think they need treatment.



Data-Driven Opportunities

- **A foundational goal of DMC-ODS was to provide MORE and BETTER services to MORE people.**
  - While DMC-ODS resulted in an expanded continuum of care and more services for people with SUD, the number of unique clients served did not significantly change in LA County (35,000 - 40,000 per year).
  - While more and better services is a valuable change that came with DMC-ODS, the fact that unique clients did not substantively change means that **the opportunity and need at this point is to focus on serving MORE UNIQUE CLIENTS.**

- **The challenge of serving more people with SUD will come down to both supply (workforce, capacity, etc) and demand (earning engagement from the 95% of people who need SUD treatment but who don't want it, shifting attitudes on SUD, etc), with the overall aim of increasing our treatment penetration rates (proportion of people who need SUD treatment who access it).**

Expanding the SUD Client Base (Demand)

- **Reaching the 95% (R95) Initiative**
  - The Reaching the 95% (R95) Initiative is a comprehensive strategy that focuses on culture change within the SUD system and encompasses a spectrum of interventions, all addressing the need to better engage the 95% of people who would benefit from SUD treatment but who aren't in treatment.
  - **The broad aims of the R95 Initiative are two-fold:**
    1. To ensure that we are designing a specialty SUD system that is focused not just on the ~5% of people with SUDs who are already receiving and open to treatment, but also the ~95% of people with SUDs who do not receive treatment for any reason.
    2. To communicate – through words, policies, and actions – that people with SUD are worthy of our time and attention, no matter where they are in their recovery journey, including if they haven't even started it yet.
  - **The initial phase of the R95 Initiative will achieve these aims by addressing two focus areas:**
    - **Focus Area 1: Outreach & Engagement**
      - E.g., 30- and 60-day engagement policy, expanding Field-Based Services, community outreach efforts
    - **Focus Area 2: Establishing Lower Barrier Care Across the SUD System**
      - E.g., lower barrier admissions and discharge policies, strengthening bidirectional referral relationships between harm reduction and treatment agencies

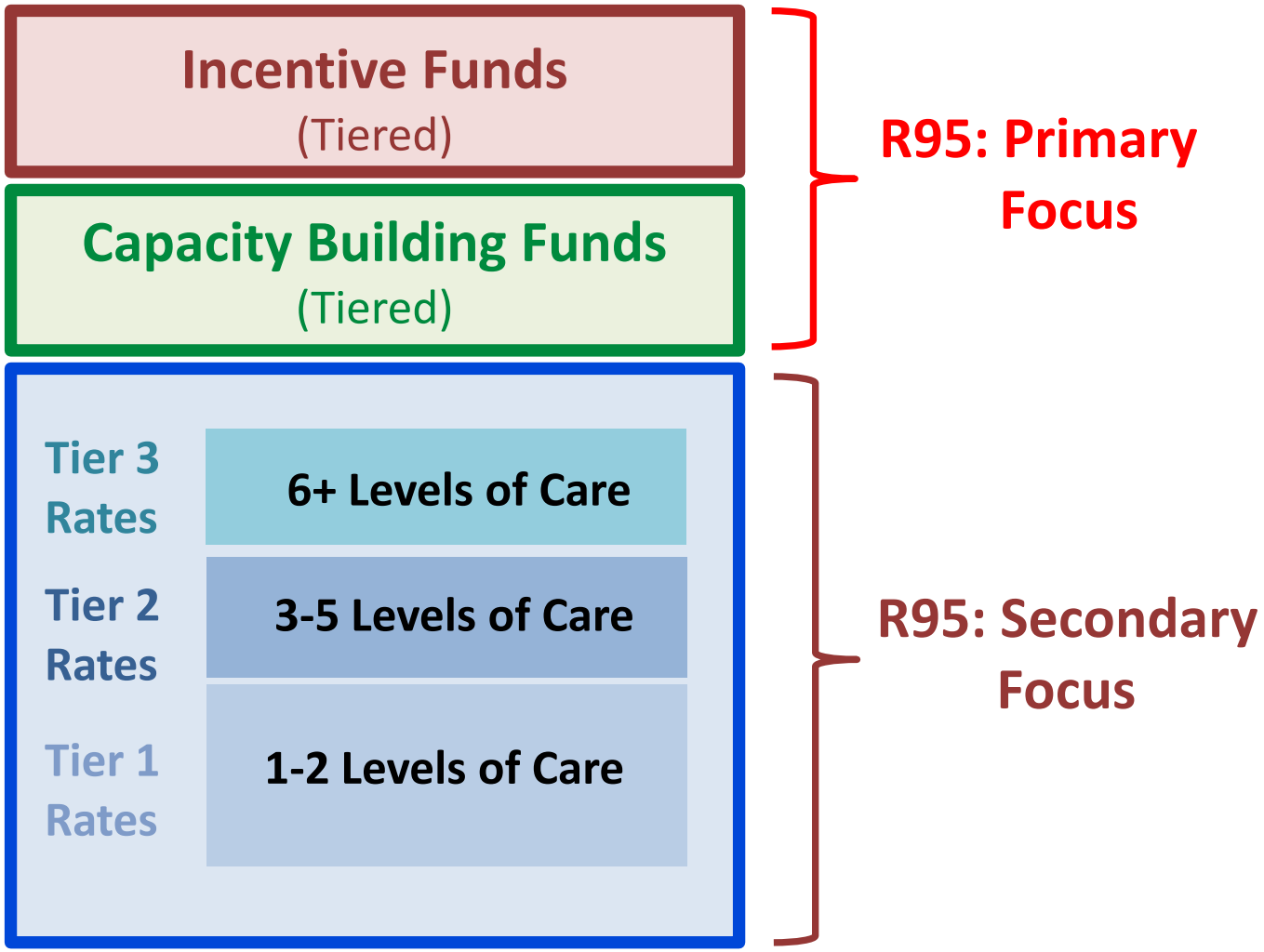
Expanding the SUD Client Base (Demand) – cont'd

- **Harm Reduction**
  - Harm reduction agencies serve a substantive portion of "the 95%" and offer designated driver programs for people who drink alcohol, distribution of naloxone and fentanyl test strips, syringe exchange, safer use, and referrals for needed physical health, behavioral health, and social services.
  - **Harm reduction principles of unconditional and nonjudgmental services for people wherever they are in the readiness and recovery continuum are an important aspect of engaging people who are pre-contemplative.**

DPH-SAPC's Payment Reform Rate Structure

Tiered:

1. Base Rates
2. Capacity Building Funds
3. Incentive Funds



LA County DPH-SAPC's Payment Reform Approach

Tiered:

1. Base Rates
2. **Capacity Building Funds**
3. Incentive Funds

- **Foundational Overview**
  - DPH-SAPC's capacity building funds are funding that provider agencies can opt-in to that are designed to prepare agencies for value-based reimbursement in the future.
  - **Capacity building funding focus categories:**

Workforce Development (recruitment, retention, and training)	**Access to Care – Reaching the 95%** (*items are required to be deemed an "R95 Champion" to be eligible for incentive payment)	**Fiscal Operations** (revenue and expenditure management)
Agency Workforce Survey	Enhancing Outreach & Engagement	Accounting System
Staff Survey	Optimizing Field-Based Services	Revenue/Expenditure Training & Tool
Sustainability Plan	*Optimizing 30-60 Day Engagement Policy	
Tuition/Paid Time	*Low Barrier Admission & Discharge Policies	
Certification	Customer Walk-Through Analysis for Low Barrier Care	
	Bidirectional Referrals Between Harm Reduction & Treatment	

LA County DPH-SAPC's Payment Reform Approach

Tiered:

1. Base Rates
2. Capacity Building Funds
3. Incentive Funds

- **Foundational Overview**
  - DPH-SAPC's incentive funds are funding that provider agencies receive after achieving specified quality benchmarks to shape care delivery and prepare agencies for value-based reimbursement in the future.
  - **Incentive funding focus categories:**

Incentive Categories	Incentive Metrics
Workforce Development (training & supervision)	At least 40% of SUD counselor workforce is certified
	LPHA-to-SUD counselor ratio of at least 1:15
Access to Care – Reaching the 95%	Meet eligibility to become an "R95 Champion"
Medications for Addiction Treatment (MAT)	At least 50% OUD/AUD patients receive MAT education/MAT services
	At least 50% patients receive naloxone
Care Coordination	At least 75% of patient have ROI for information sharing
	At least 30% of patients referred to another LOC post-discharge
Enhanced Data Reporting	At least 30% of CalOMS admission and discharge records agency-wide within the fiscal year are submitted timely and are 100% complete

“The opposite of addiction is NOT sobriety; the opposite of addiction is connection.”

- Johann Hari, British-Swiss Writer

Equity in Caring for People who Use Drugs

Rational based solutions – All in Access (Unscheduled)

Rebecca Trotzky M.D. MS Civil Engineering; Fam Medicine. Addiction Subspecialist

Director of Addiction and Community Medicine @ LA General Medical Center

Rtrotzky-sirr@dhs.lacounty.gov

Co-occurring SUD is common among people with serious mental health disorders

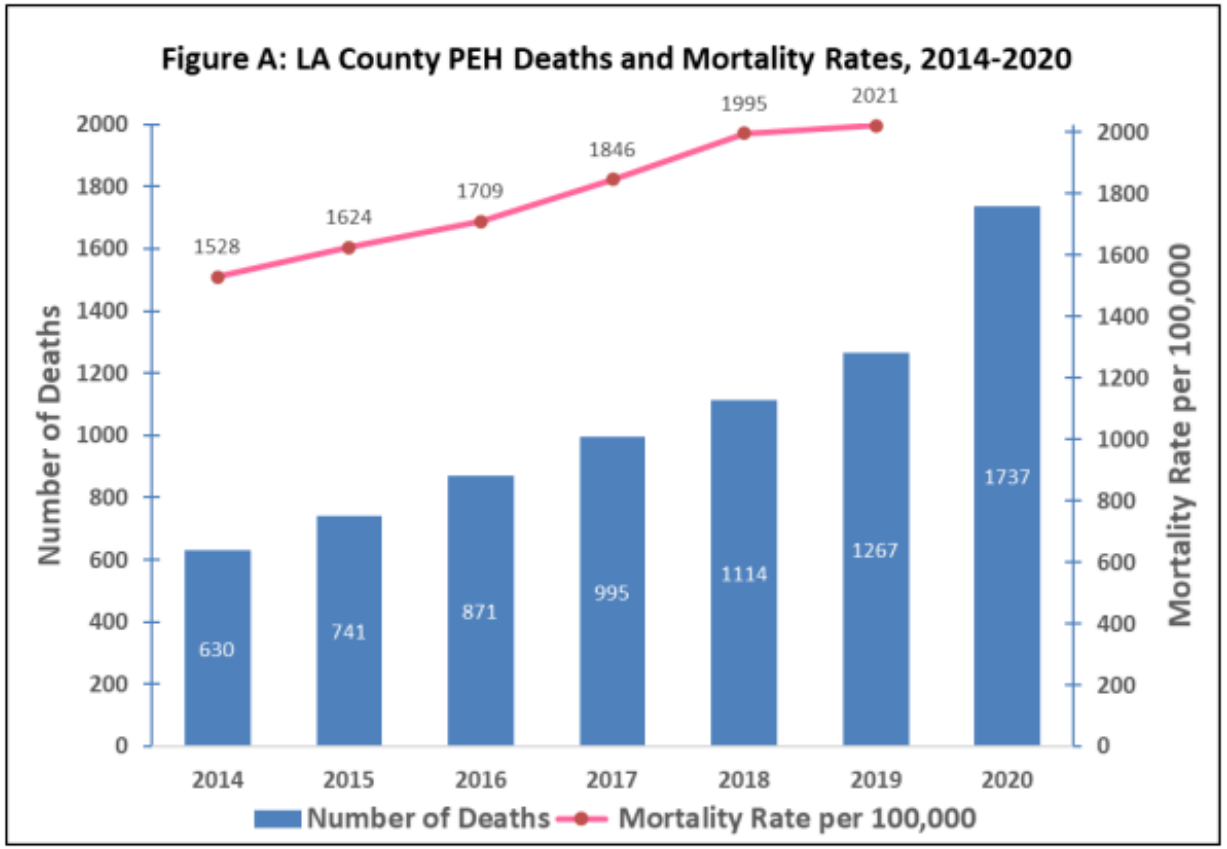
- Substance use disorders among individuals with a co-occurring mental health condition are estimated to be as high as 50% for individuals diagnosed with bipolar or psychotic disorders

Morisano, D., Babor, T. F., & Robaina, K. A. (2014). Co-occurrence of substance use disorders with other psychiatric disorders: implications for treatment services. *Nordic studies on alcohol and drugs*, *31*(1), 5-25

Smith, S. M., Stinson, F. S., Dawson, D. A., Goldstein, R., Huang, B., & Grant, B. F. (2006). Race/ethnic differences in the prevalence and co-occurrence of substance use disorders and independent mood and anxiety disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. Psychological medicine, 36(7), 987-998.

Epstein J., Barker, P., Vorburger, M., & Murtha, C. (2004). Serious mental illness and its co-occurrence with substance use disorders, 2002 (DHHS Publication No. SMA 04- 3905, Analytic Series A-24). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies

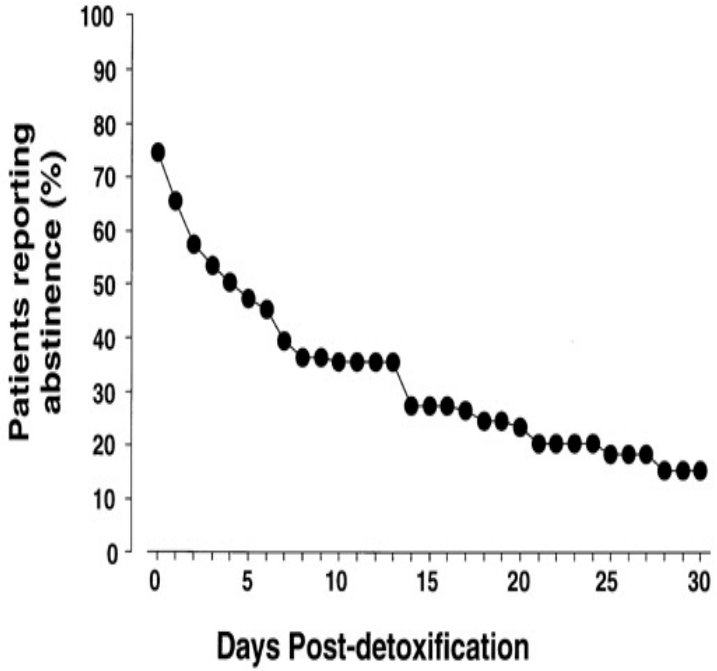
LA County Overdoses People Experiencing Homelessness



Los Angeles County Department of Public Health (2022). Mortality among People Experiencing Homelessness in Los Angeles County: One Year Before and After the Start of the COVID-19 Pandemic. Accessed from http://publichealth.lacounty.gov/chie/PA_Projects.htm on May 10, 2022

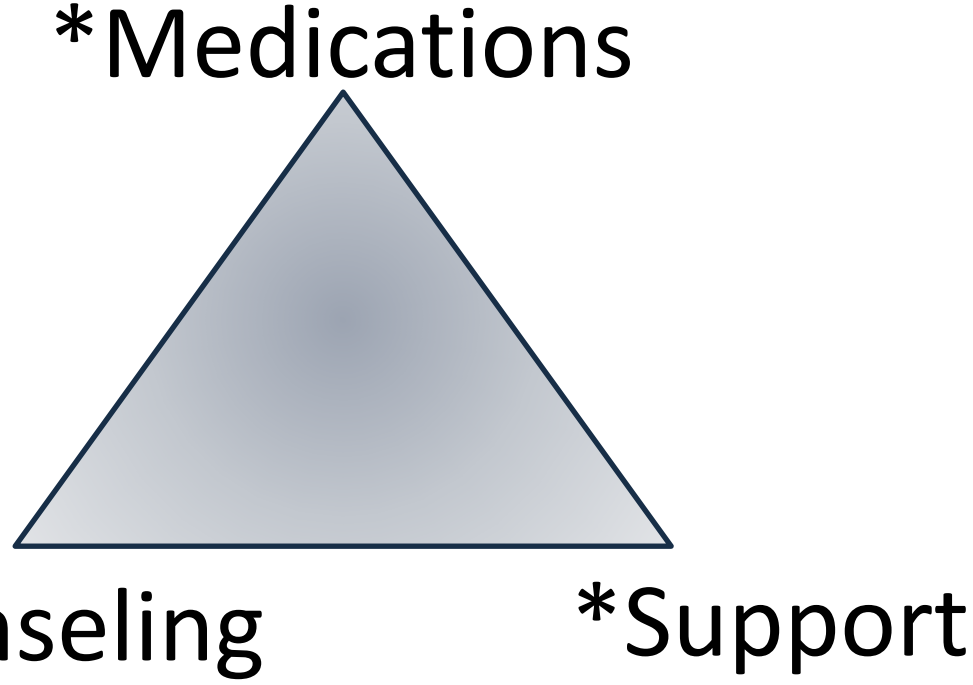
Why don't people just stop using drugs? Harm of Medically Supervised Withdrawal

- **Not recommended**
  - High risk of relapse (59-90%)
  - Not standard of care
  - Increased risk of death from overdose



- DOES NOT WORK WELL (for opioids, alcohol, tobacco)

Core Components of ~~Addiction~~ Treatment

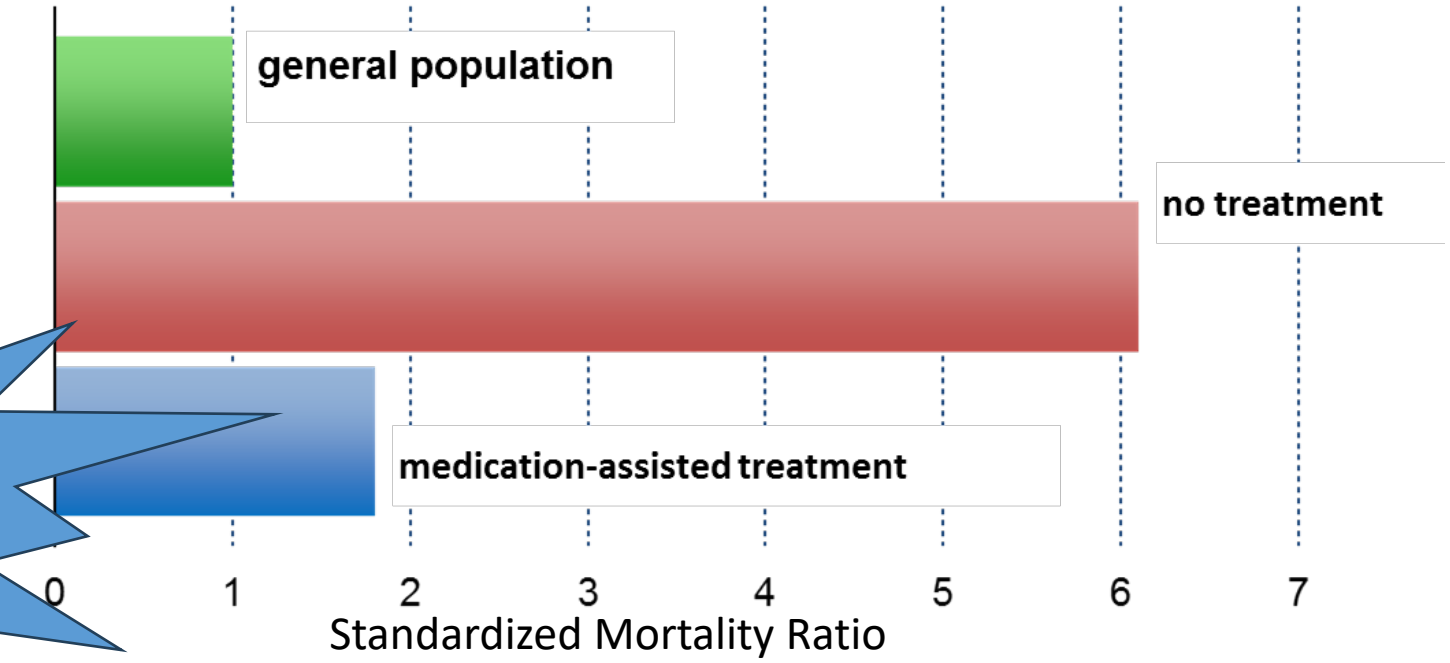


*When appropriate

Source: http://www.samhsa.gov/treatment

Medications for Addiction Treatment (MAT):
BELIEVE BUPRENORPHINE **STAY ALIVE**

Death rates:



Quick Start ALL IN Telehealth 24/7 MAT with pharmacy home access

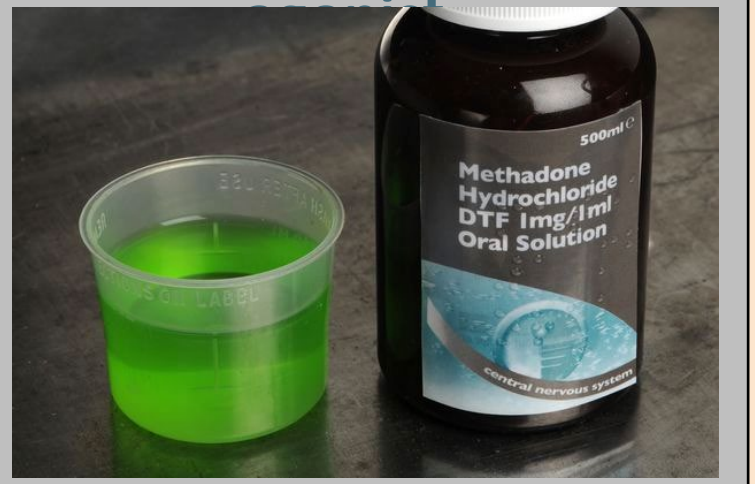
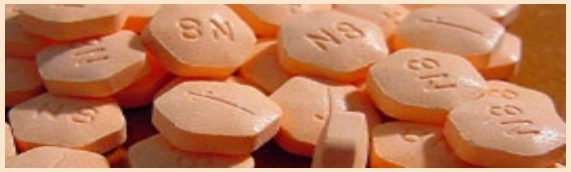
People with OUD have **400% increased** risk of Death without MAT

Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017

Medication First Model:

1. Diagnose **opioid use disorder** and **opioid withdrawal** as soon as possible;
2. **Immediately start medications**, prior to lengthy assessments or social service interventions;
3. **Continue** medications, no arbitrary time limits;
4. Offer individualized psychosocial and support services. *Do not require*.
5. Treatment discontinued only if it is worsening the person's condition.

Medications for Opioid Use Disorder

Methadone	Buprenorphine ± Naloxone	Naltrexone
Full mu (opioid) receptor agonist	Partial mu receptor agonist	Mu receptor antagonist (blocker)
	 	
Oral (often solution)	Sublingual (tab, film), IV, IM, SubQ, patch	Monthly injection or oral tabs “Vivitrol,”

Ambulatory Care Network
HEALTH SERVICES • LOS ANGELES COUNTY

Medications for Addiction Treatment (MAT) Consultation

Support Available 7 days per week

- *MAT can be started in any setting. Safe via telehealth. Save lives, improve health and social functioning.*
- *DHS on-call providers help you start MAT for patients with alcohol and/or opioid use disorder.*
- *Patients benefit, even if not yet ready to quit drinking/using opioids.*
- *Reminder: offer Narcan/Naloxone in high risk settings*

MAT Consult Line:

(213) 288-9090

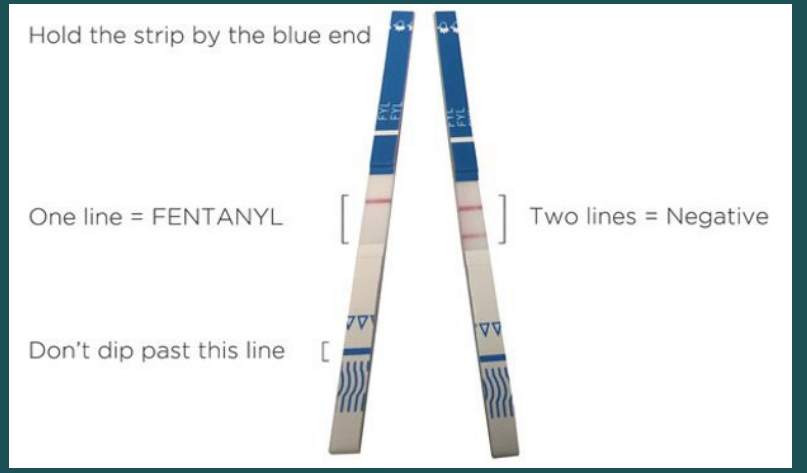
Health Services
LOS ANGELES COUNTY

9/26/2023

Sponsored by National Health Foundation for MAT Access Points Project, in partnership with Los Angeles County and CA Bridge

Universal Precaution *Safer Use of Drugs*

- Start Low, Go Slow:
  - Start with a small amount to see how they affect you.
  - Only increase the amount gradually if you need to, and be careful not to take too much
- Test Your Drugs:
  - Knowing helps you make better choices and avoid unexpected problems.
  - **Fentanyl test strip** / Xylazine test strip now available
  - Programs that check the purity and strength of drugs.
- Avoid Mixing Drugs:
  - Don't mix different drugs or use drugs with alcohol or other medicines.
  - Mixing drugs can cause bad reactions or overdoses.



Universal Precautions Safer Use of Drugs

- **Never Use Alone:**
  https://neverusealone.com/
  800-484-3731
- **The Brave App:**
  https://www.thebraveapp.com/
- Plan for Overdose Prevention
- Opioid Overdose: Keep Calm and Carry Naloxone

Let’s Saturate Naloxone in Community

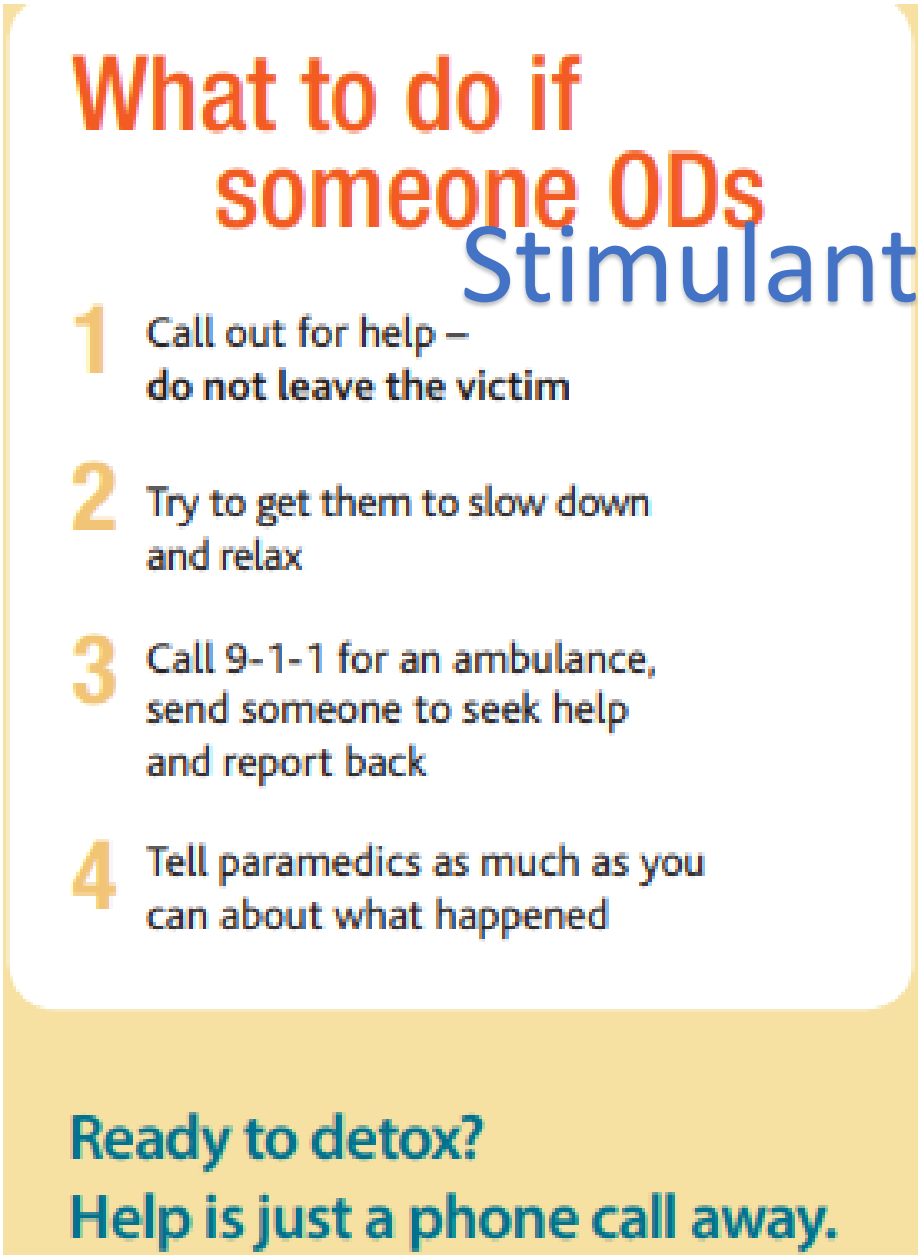
Usual Process:

Primary Medication Non-Adherence (27% don't pick up)

Naloxone Community Distribution

Specific guide to reduce risk with Route of Use & Drug

- Universal: education, fent test strips, naloxone
- Smoking (Crystal vs Crack)
- Injection



Vending Machine (free)
Community Directed Wellness Supplies

Overdose After Release From Custody

- Post-release overdose mortality is the leading cause of death among people released from jails or prisons.
- Risk of death from overdose >100 times greater than the general population.
- Highest in the two weeks after release.

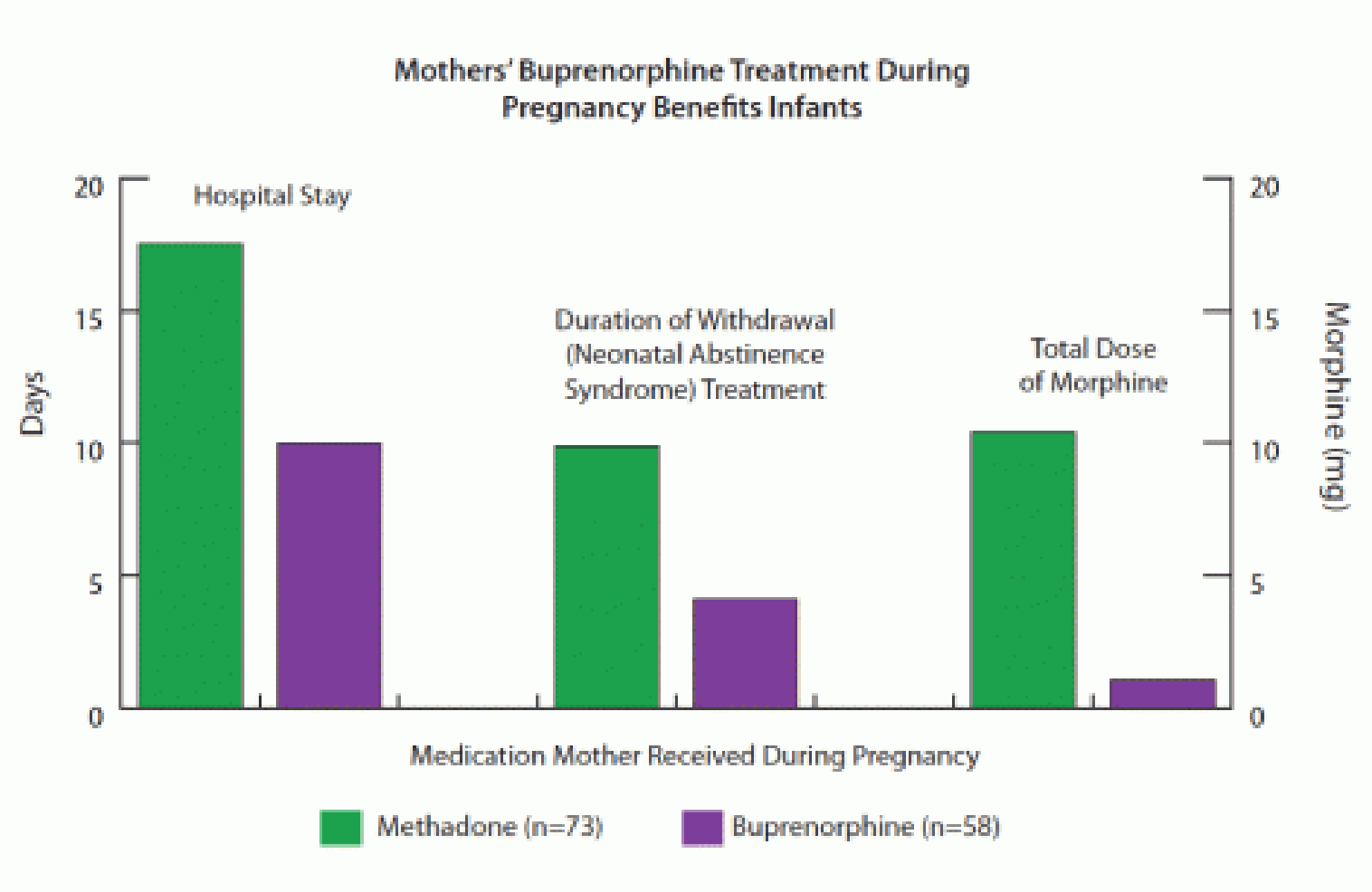
Joudrey, P. J., Khan, M. R., Wang, E. A., Scheidell, J. D., Edelman, E. J., McInnes, D. K., & Fox, A. D. (2019). A conceptual model for understanding post-release opioid-related overdose risk. *Addiction science & clinical practice*, *14*(1), 17.

Binswanger IA, Stern MF, Deyo RA, Heagerty PJ, Cheadle A, Elmore JG, et al. Release from prison—a high risk of death for former inmates. N Engl J Med. 2007;356(2):157–65.Return to ref 15 in article

Binswanger IA, Blatchford PJ, Mueller SR, Stern MF. Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. Ann Intern Med. 2013;159(9):592–600.

Merrall EL, Kariminia A, Binswanger IA, Hobbs MS, Farrell M, Marsden J, et al. Meta-analysis of drug-related deaths soon after release from prison. Addiction. 2010;105(9):1545–54.

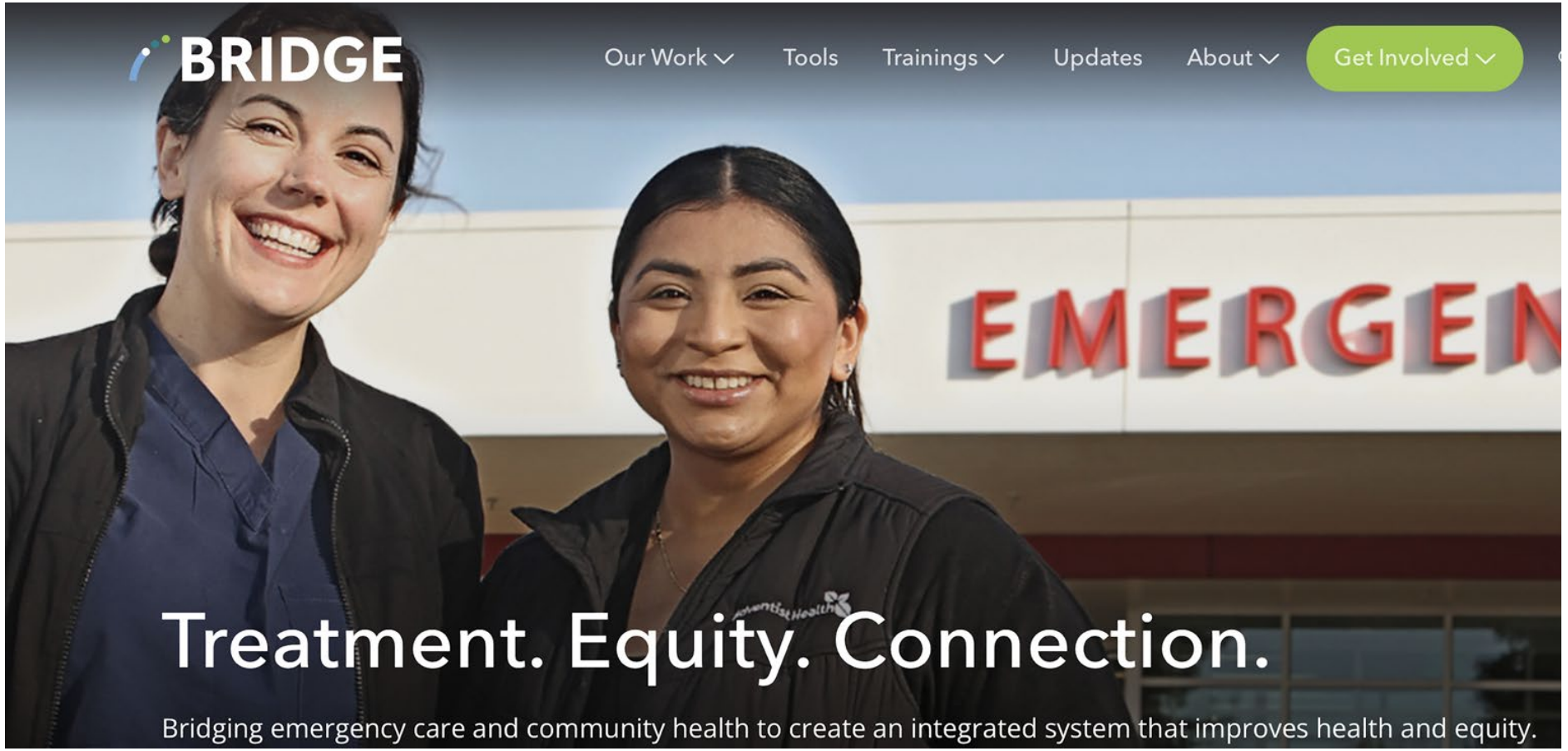
MOTHER Study
(MOUD in pregnancy and babies)



THANK YOU

- Rtrotzky-sirr@dhs.lacounty.gov

Low Threshold Treatment

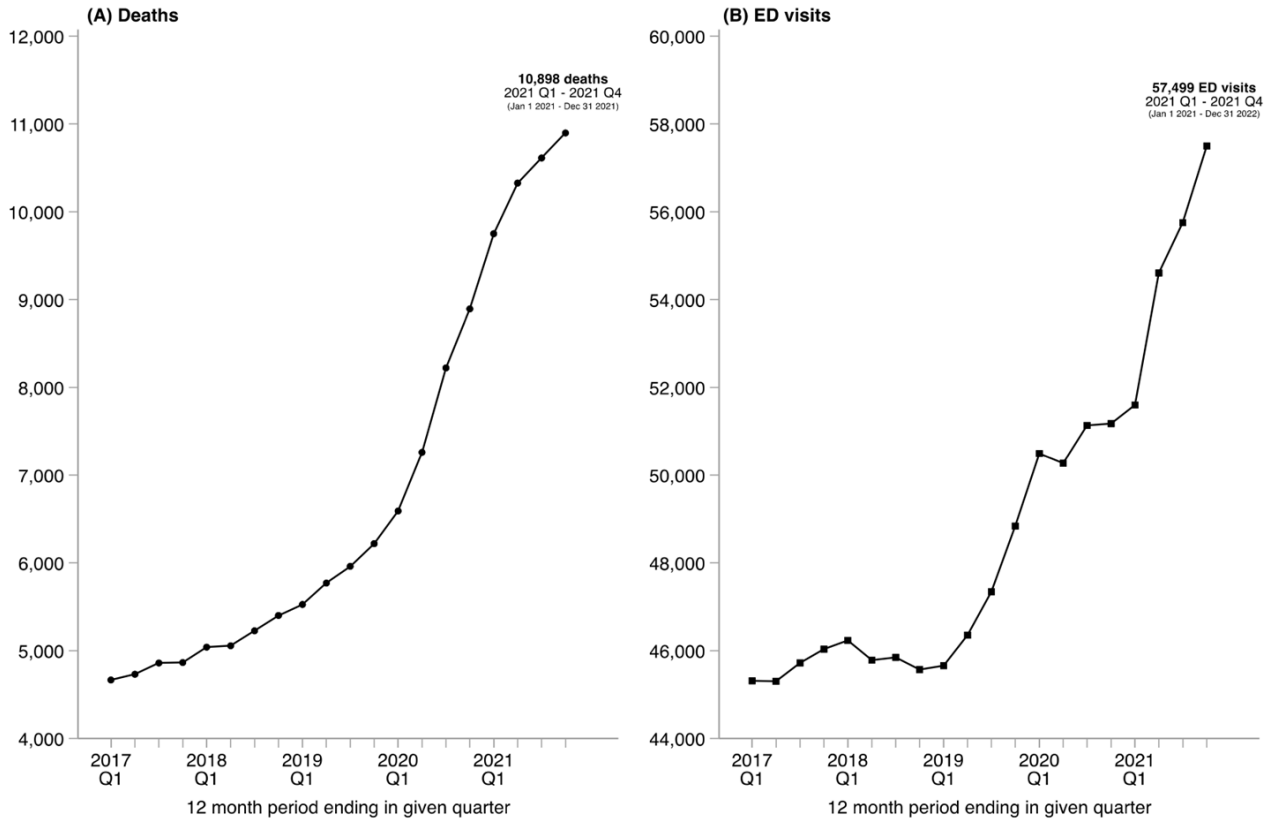


Aimee Moulin MD
UC Davis Addiction Medicine
CA Bridge

All people deserve rapid access to evidence-based addiction treatment

The Urgent Need For System Wide Reform

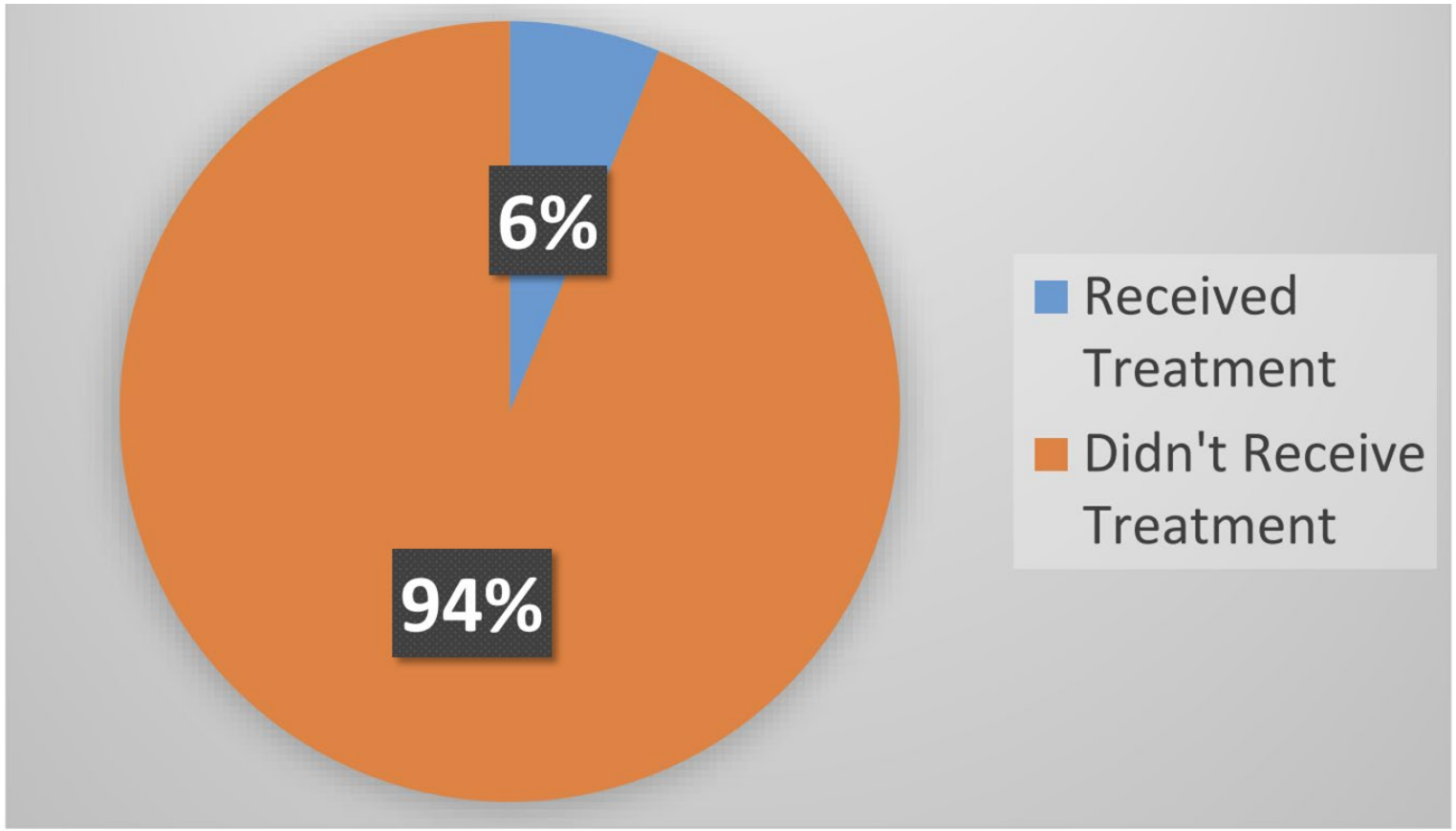
Figure 1.
Number of drug-related overdose (a) deaths and (b) emergency department visits, 2017 to 2021



California Health Policy Strategies (CalHPS)
Policy Brief
Fatal Overdoses in California: 2017-2021

10.3% of people aged 12 or older who need treatment for substance use received any substance use treatment in the past year

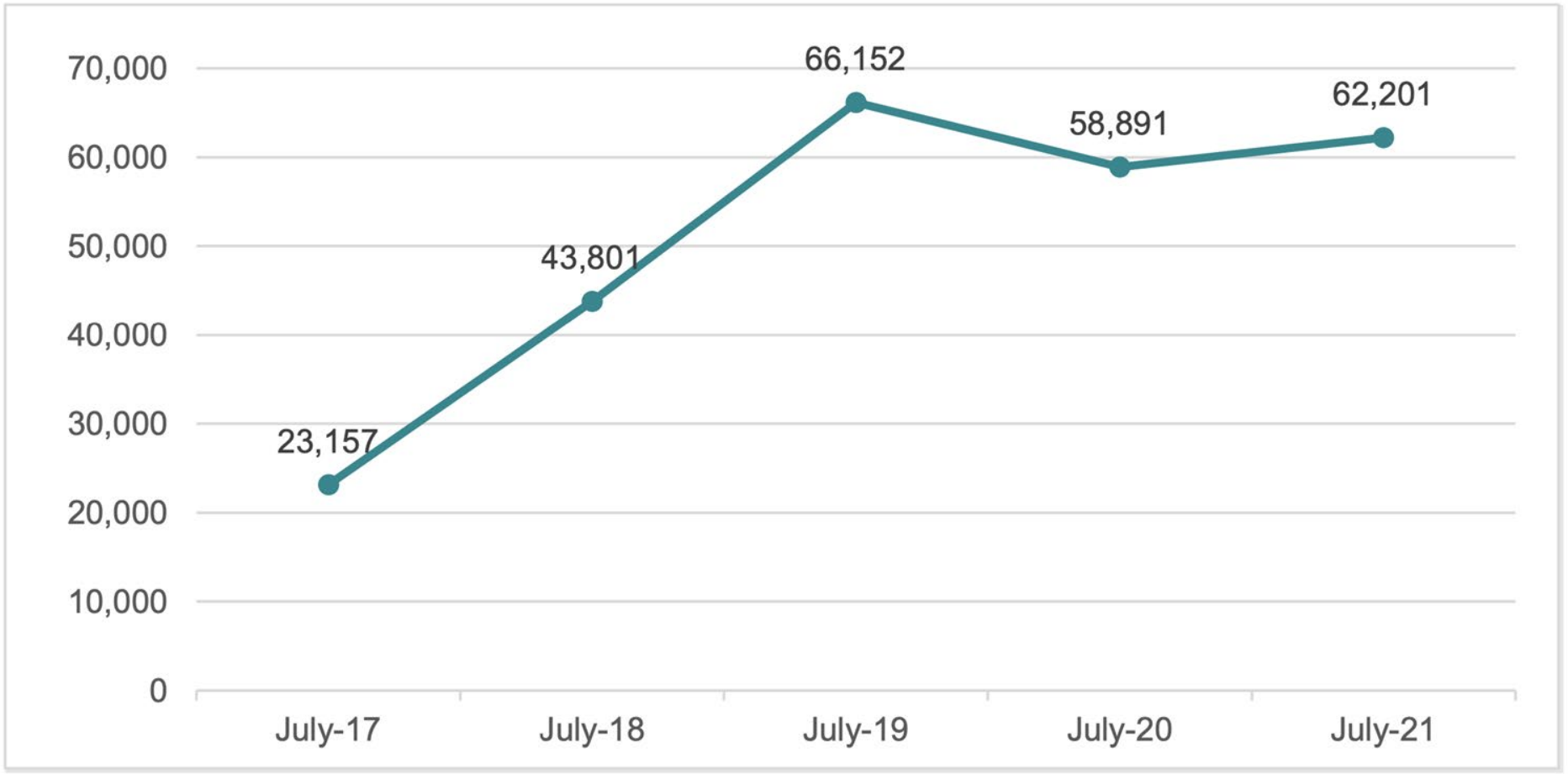
Receipt of Any Substance Use Treatment Among People with a Past Year SUD



Substance Abuse and Mental Health Services Administration. (2022). *Key substance use and mental health indicators in the United States: Results from the 2021 National Survey on Drug Use and Health* (HHS Publication No. PEP22-07-01-005, NSDUH Series H-57). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/2021-nsduh-annual-national-report

Drug Medi-Cal

Figure 2-1: Unduplicated Number of Clients Served, July 2017 – 2021



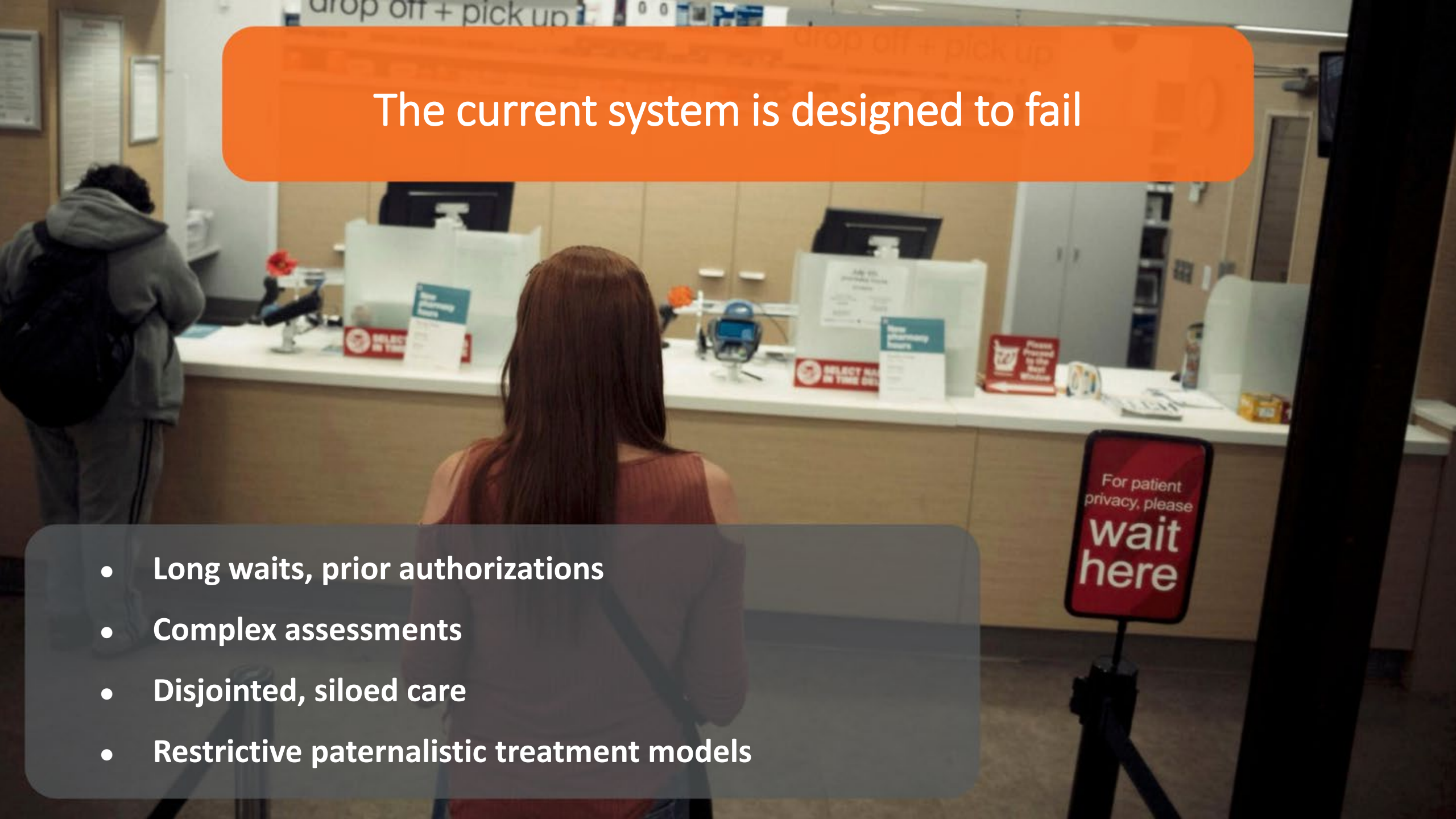
Estimating the unmet need in California

1,290,654

unduplicated ED patients with an untreated SUD in 2021

Williams et al., 2022

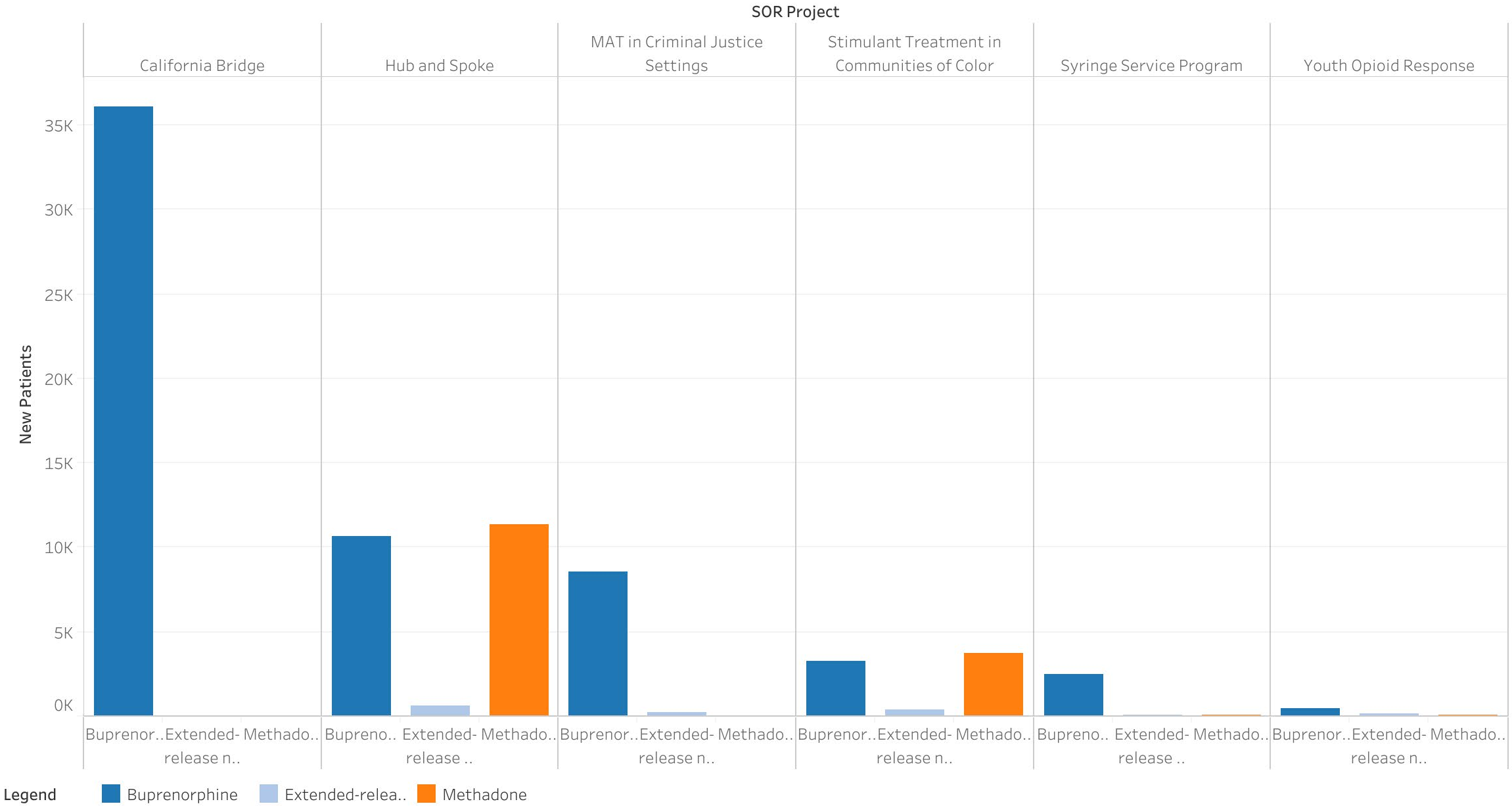
McConville, Raven, et al., 2018



The current system is designed to fail

- **Long waits, prior authorizations**
- **Complex assessments**
- **Disjointed, siloed care**
- **Restrictive paternalistic treatment models**

Total New Patients Starting MAT for Opioid Use by Project



CA Bridge Impact: To-Date

Patients seen for substance use disorders

Patients identified with opioid use disorder

MAT was prescribed or administered

Naloxone toolkits ordered by hospitals

From 2019 through now, 200 hospitals implemented the CA Bridge model, helping thousands of patients get treatment.

UCD Bridge Program

67% Male

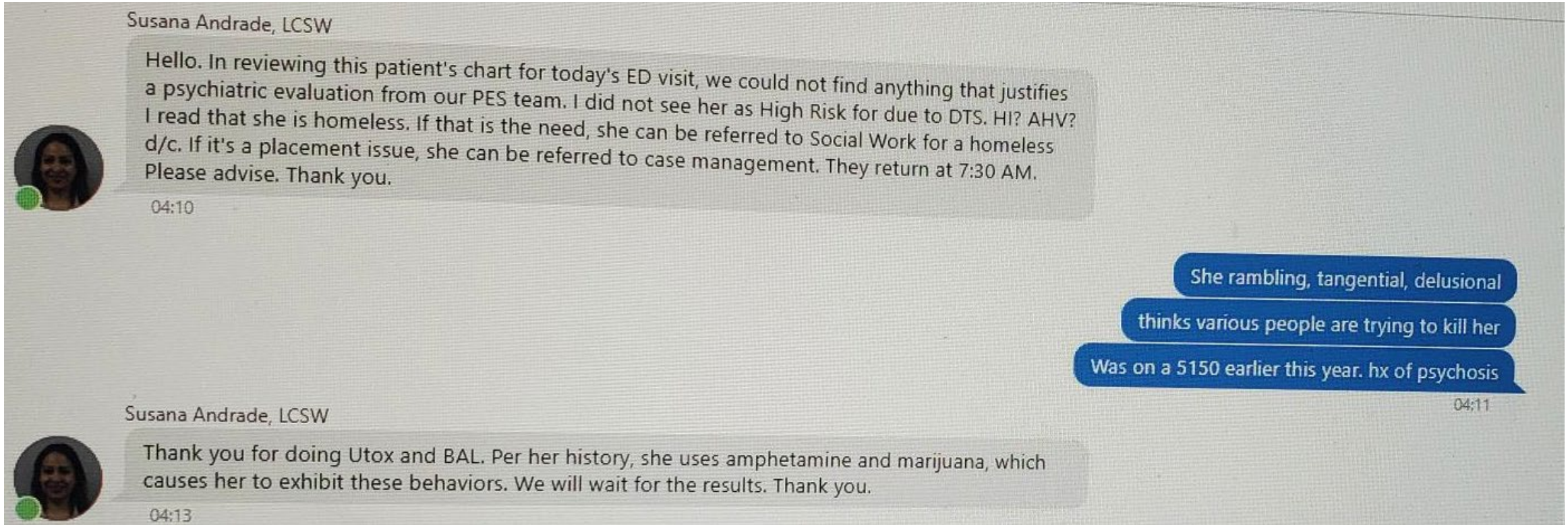
75% Medicaid coverage

56% Housing insecurity

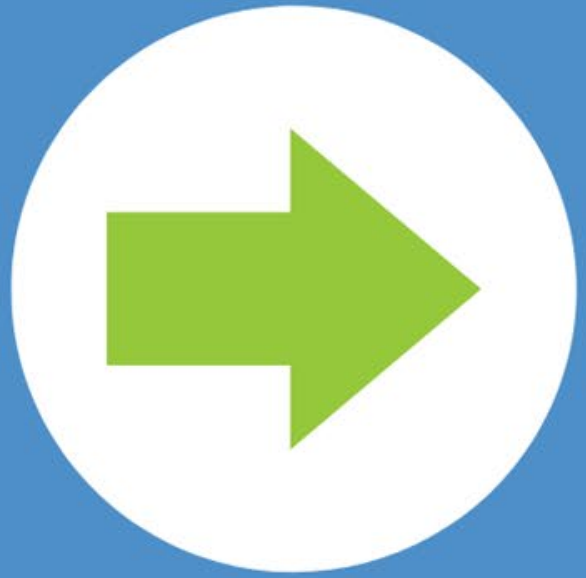
37% have had a Psych evaluation for 5150

Even more have PTSD, depression, anxiety

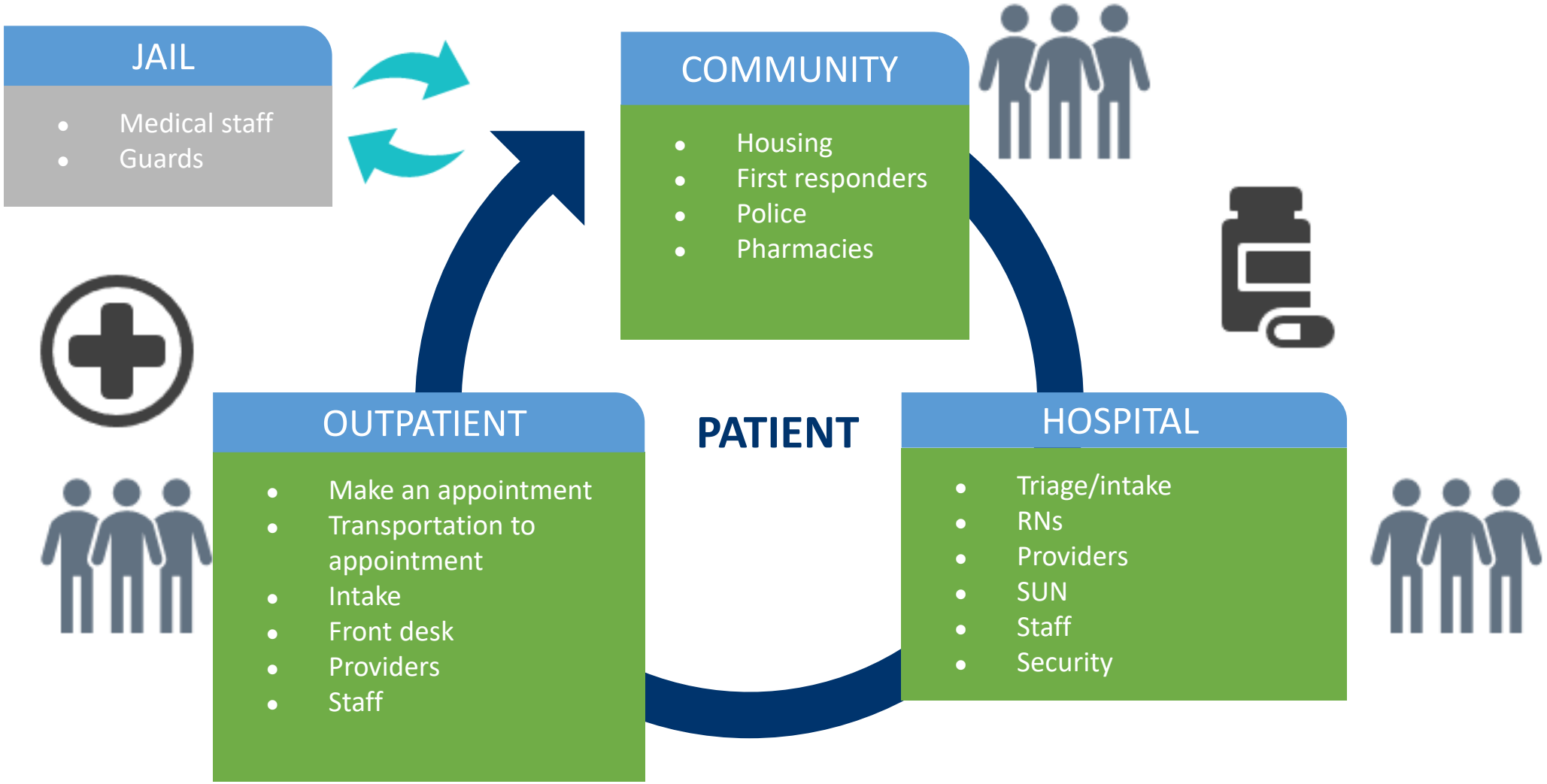
Standard of care for mental illness + SUD



Reimagining care for the people: delivering care where they are.

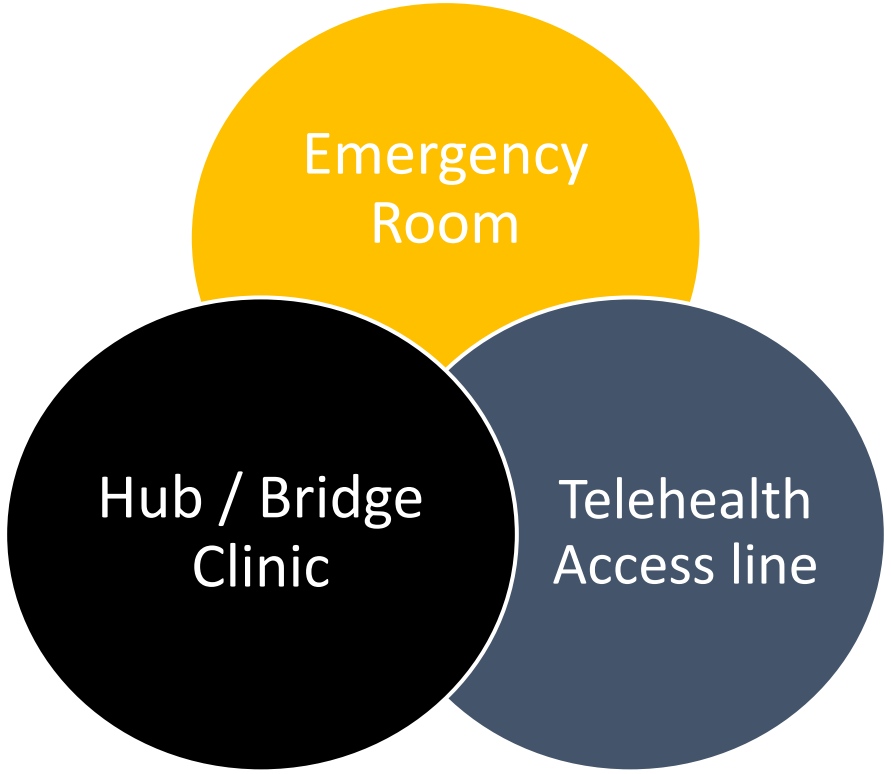


CA Bridge Systems of Care



Building a Bridge Clinic Hub for Health System SUD Treatment

- Welcoming space for people using drugs, with mental illness, with disabilities, justice involved, and without housing.
- Clinical treatment is a small piece of creating the space.
- Low-threshold, harm reductionist, pragmatic and multidisciplinary.



All people deserve rapid access to evidence-based addiction treatment

WORKFORCE RECRUITMENT & RETENTION STRATEGIES

Amador County Behavioral Health
Innovations Proposal

Stephanie Hess, MHSA Programs Coordinator

AMADOR COUNTY WORKFORCE SNAPSHOT

- Small, rural county, bordering San Joaquin, Sacramento, El Dorado, Alpine and Calaveras counties; at least half of the current BH workforce commutes from out of county
- ACBH is the mental health crisis provider and responds to the Sutter Amador Emergency Room and Amador County Jail 24/7. ACBH clinicians also provide walk-in and phone crisis support during regular business hours
- Clinicians who carry full case loads are also required to provide crisis coverage 24/7 (responding to Sutter Amador ER or Amador County Jail)
- 50% of clinicians have worked at ACBH for over two years
- 60% of ACBH employee turnover is Clinician or Crisis Counselor positions
- When PSC (case manager positions) become vacant they can take an average of 3 months to fill, the same average can be applied to Peer positions
- Since 2019, ACBH has hired 24 direct service staff – includes clinicians, crisis workers, PSC's and Peers
- The workforce shortage directly impacts client care.
- Stakeholders have identified that recruitment and retention of qualified behavioral staff has been an ongoing challenge. Furthermore, they have identified in the past several CPPP cycles that they would like to see ACBH develop strategies to address the workforce challenges in order to minimize the impact to client care.

PROBLEM

Although recruitment and retention for the behavioral health workforce is a national, state and local challenge, many of the initiatives to address this issue fall short or do not include considerations for small rural counties such as Amador. Scholarship, loan repayment and pipeline programs are helpful, however, in rural areas, these programs don't apply to our workforce OR unique considerations require innovation to create strategies that promote retention – a focus on how to keep the workforce we already have in place.

What has been done so far:

- HCAI's Central Region Loan Repayment Program (facilitated by CalMHSA)
- National Health Services Corp (NHSC)
- Sign-On Bonuses
- Crisis Incentives

INNOVATION

The Innovation is to provide options for the workforce that promote retention and enhance recruitment, thus reducing turnover, improving staff morale and increasing the quality of care provided to clients.

- The proposed project details 'ideas' of ways to effectively recruit and retain our local workforce. These 'ideas' were developed using local employee feedback ascertained from exit interviews and employee programs that exist outside of the mental health system. Some of this is taking what is working in other settings (corporate world) and applying it to the behavioral health system of care.
- If approved, a core INN team will be developed within ACBH and staff will be surveyed and interviewed to determine how to prioritize these 'ideas', and an implementation plan will be put into place.
- Implementation will be provided in stages and offer flexibility so that if one 'idea' isn't working, the opportunity to pivot and try something else is available.

LEARNING, EVALUATION & BUDGET

- Learning goals include increasing retention rates, ability to meet unique workforce needs and improving staff morale.
- Evaluation will be ongoing utilizing a variety of methods including surveys, other feedback and internal analytics. An evaluation framework will be created which will identify data collection and in what intervals they will be administered. Evaluation will also identify what is considered what is considered successful and what isn't – allowing for the ability to pivot efforts if necessary.
- Requesting $1,995,129 over 5 years
- This is a maximum budget amount. Activities implemented will be prioritized based on staff and stakeholder feedback

QUESTIONS?

PROPOSED MOTION:

THAT THE COMMISSION APPROVES AMADOR COUNTY'S WORKFORCE RECRUITMENT & RETENTION STRATEGIES INNOVATION PROJECT FOR UP TO $1,995,129 OVER FIVE (5) YEARS.

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Request for Proposal Outline for Advocacy Contracts

September 28, 2023 Commission Meeting

Background of Advocacy Funding

The Commission funds organizations through competitive bid contracts to conduct state and local advocacy, training and education, and outreach and engagement activities on behalf of underserved populations in California.

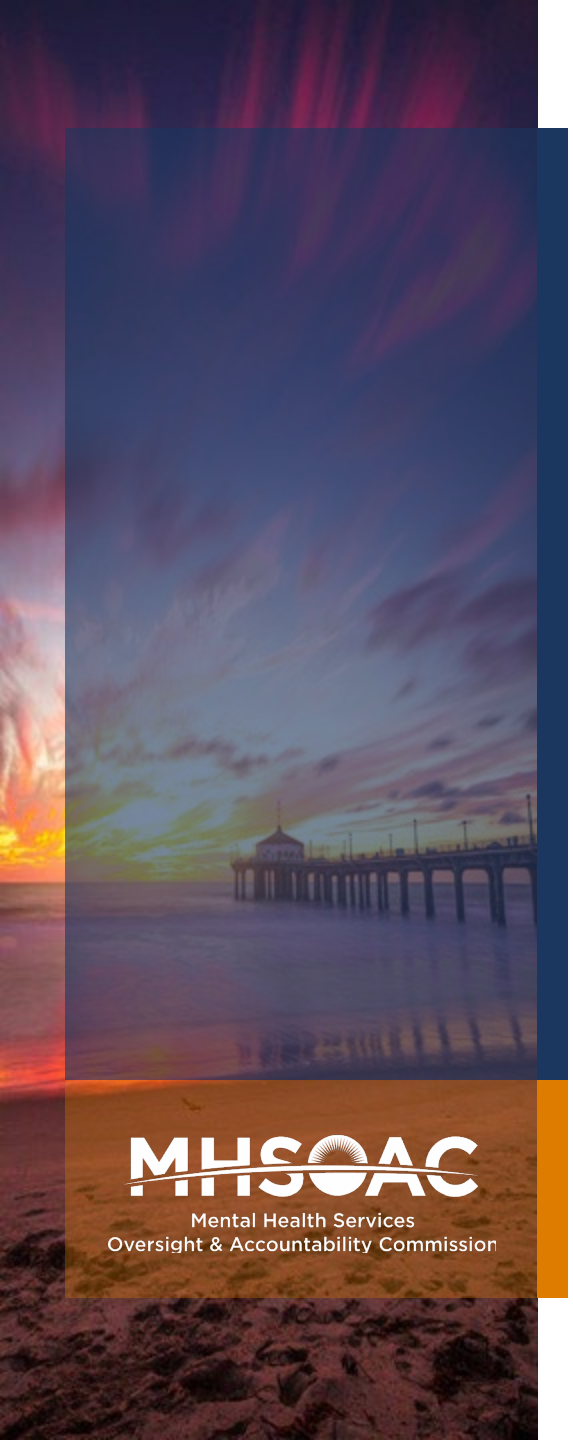
- **Clients and Consumers**
- Immigrants and Refugees
- **Parents and Caregivers**
- **Diverse Racial and Ethnic Communities**
- K-12 Students
- Transition Age Youth (TAY)
- **Families**
- **LGBTQ Populations**
- **Veteran Populations**

MHSOAC
Mental Health Services
Oversight & Accountability Commission

Advocacy Contracts (2020-2023)

- Awarded to six statewide organizations in 2020
- Advocated for state and local policies that addressed mental health needs of underserved communities
- Collaborated with total of 71 local entities in 43 counties throughout California
- Provided training and education for clinicians and providers to better serve diverse communities
- Outreached to and engaged with community members from rural areas and diverse backgrounds
- Held 15 annual statewide events

MHSOAC
Mental Health Services
Oversight & Accountability Commission

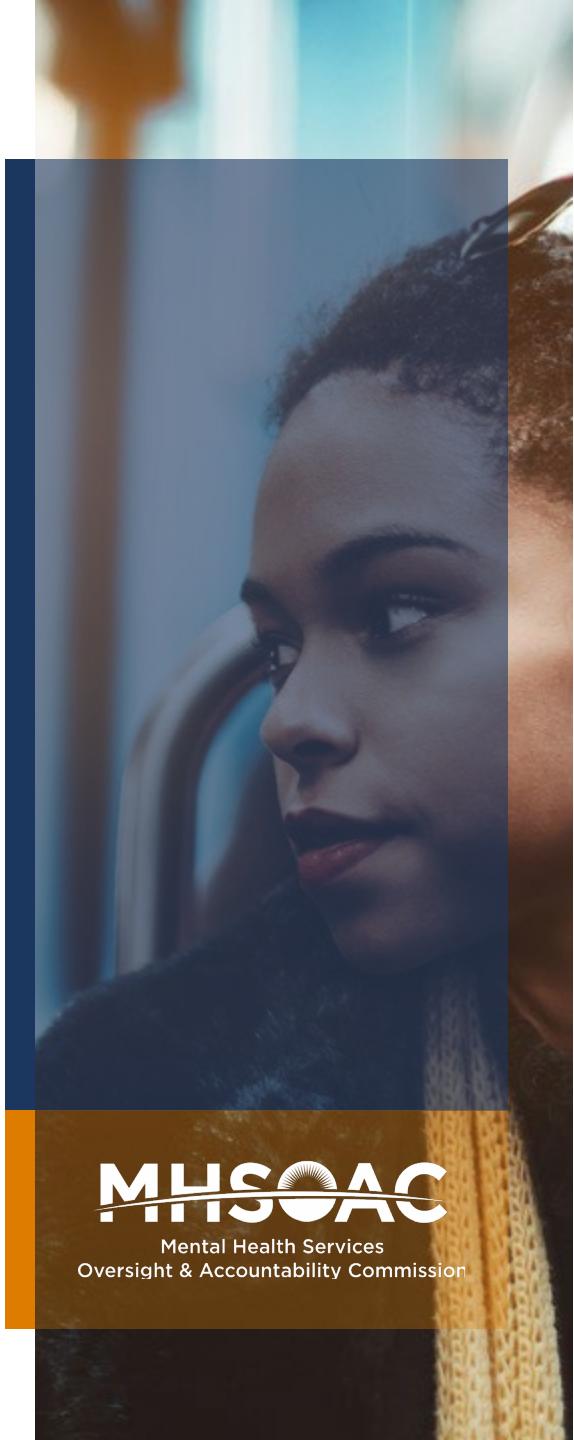


Advocacy Contract Highlights 2020-2023

- 473+ state and local decisionmakers engaged on mental health needs of each population
- 124+ events held where communities connected with others, had their stories heard, and learned how to advocate for themselves
- 8 state legislators and 1 U.S. representative addressed community members as keynote speakers
- “Advocacy Day” events brought hundreds of advocates from diverse backgrounds across CA to state legislative offices
- 71 local organizations strengthened through funding and technical assistance
- 18 State of the Community Reports published by end of year

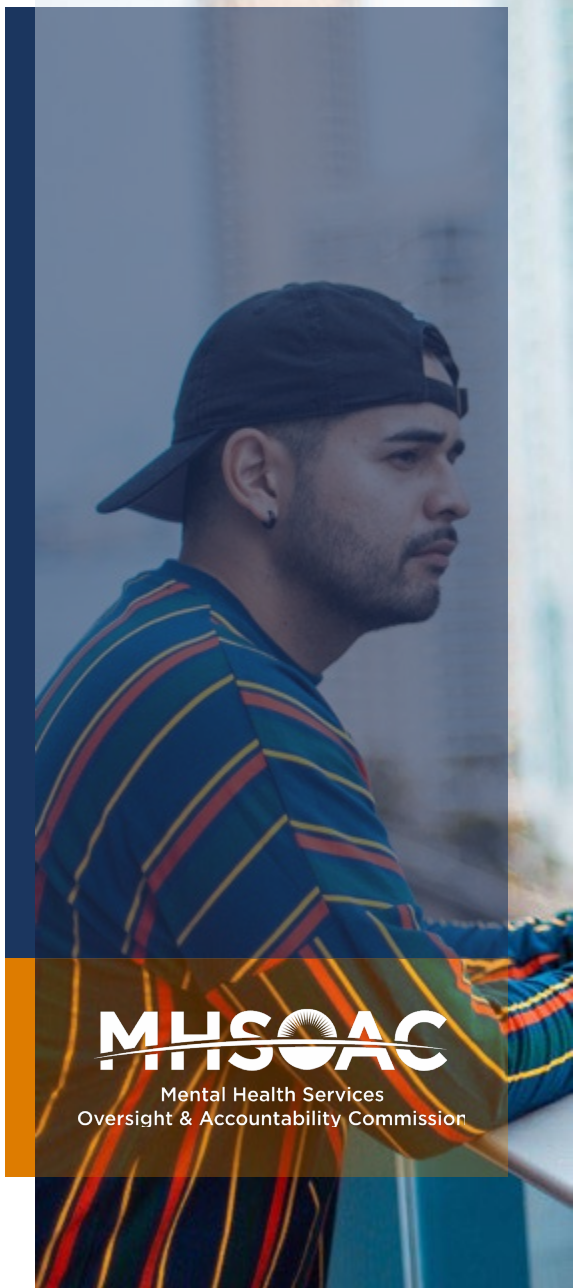
Community Engagement Findings

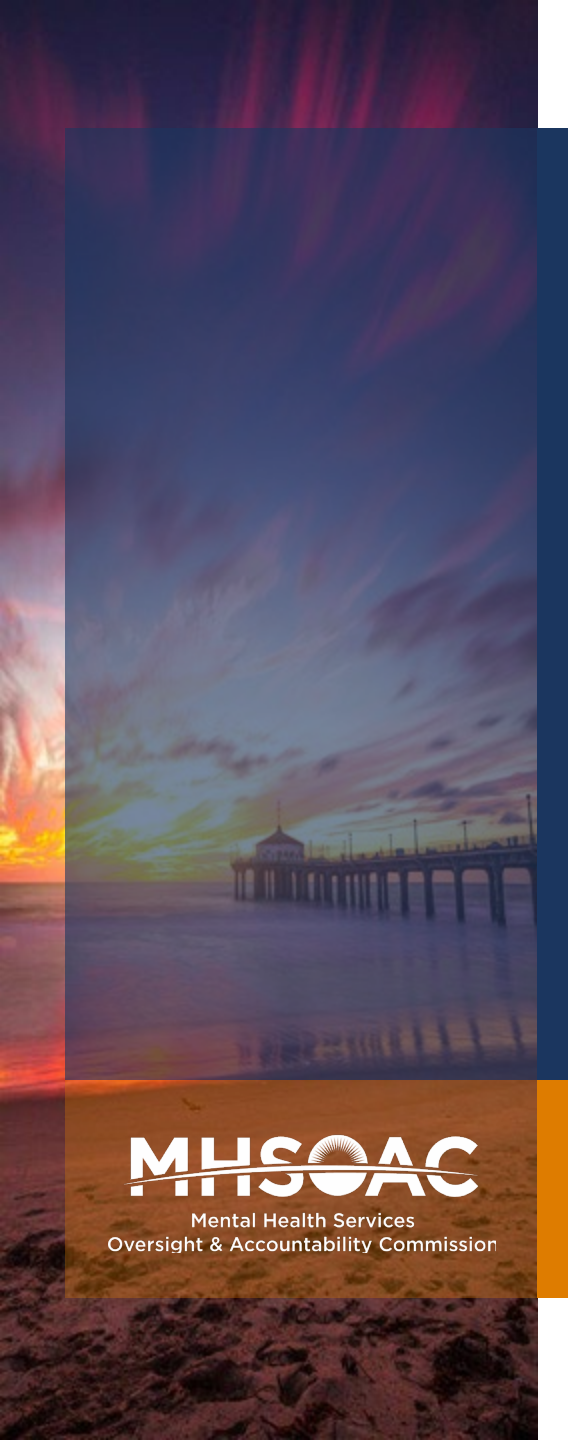
- Staff held meetings, facilitated listening sessions, and released surveys to gather feedback to inform future RFPs
- Both local and state level advocacy is needed for elevating the mental health needs of all six populations
- A regional approach to local advocacy and outreach is most effective in meeting the unique needs of different communities
- Reports in the written format may not be the most accessible or impactful medium for all communities—audio, visual, and creative formats should be considered
- Specific needs for each of the six populations were heard through listening sessions and online survey and will be included in RFPs



Request for Proposal (2023) Outlines

- One (1) contract awarded to a statewide organization for each population
- $670,000 per year for three-year total of $2,010,000 for each contract
- Statewide organizations will propose workplan and budget to meet specific goals:
  - Use effective strategies to advocate for needs of the population at state level
  - Represent population through regional partnerships with local entities
  - Provide training and education for local providers and community leaders
  - Conduct outreach and engagement to connect diverse communities and develop capacity for self-advocacy
  - Publish multimedia Annual Report to further uplift community voice and stories and to inform state decision makers and influence policy



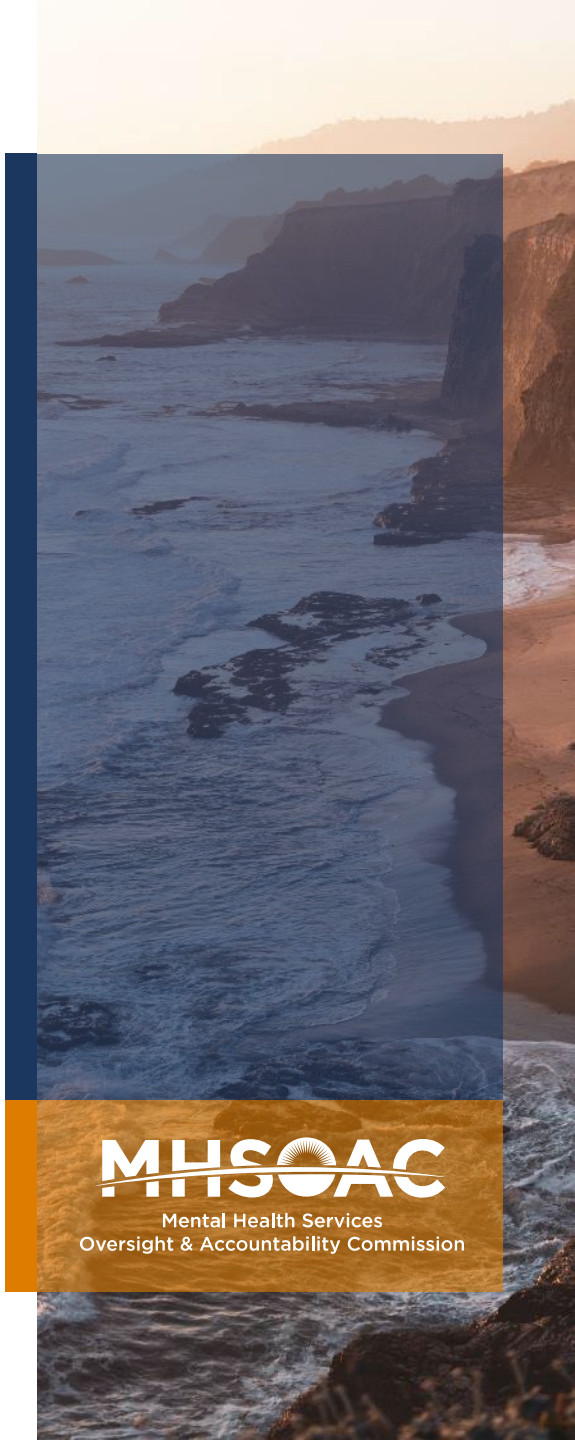


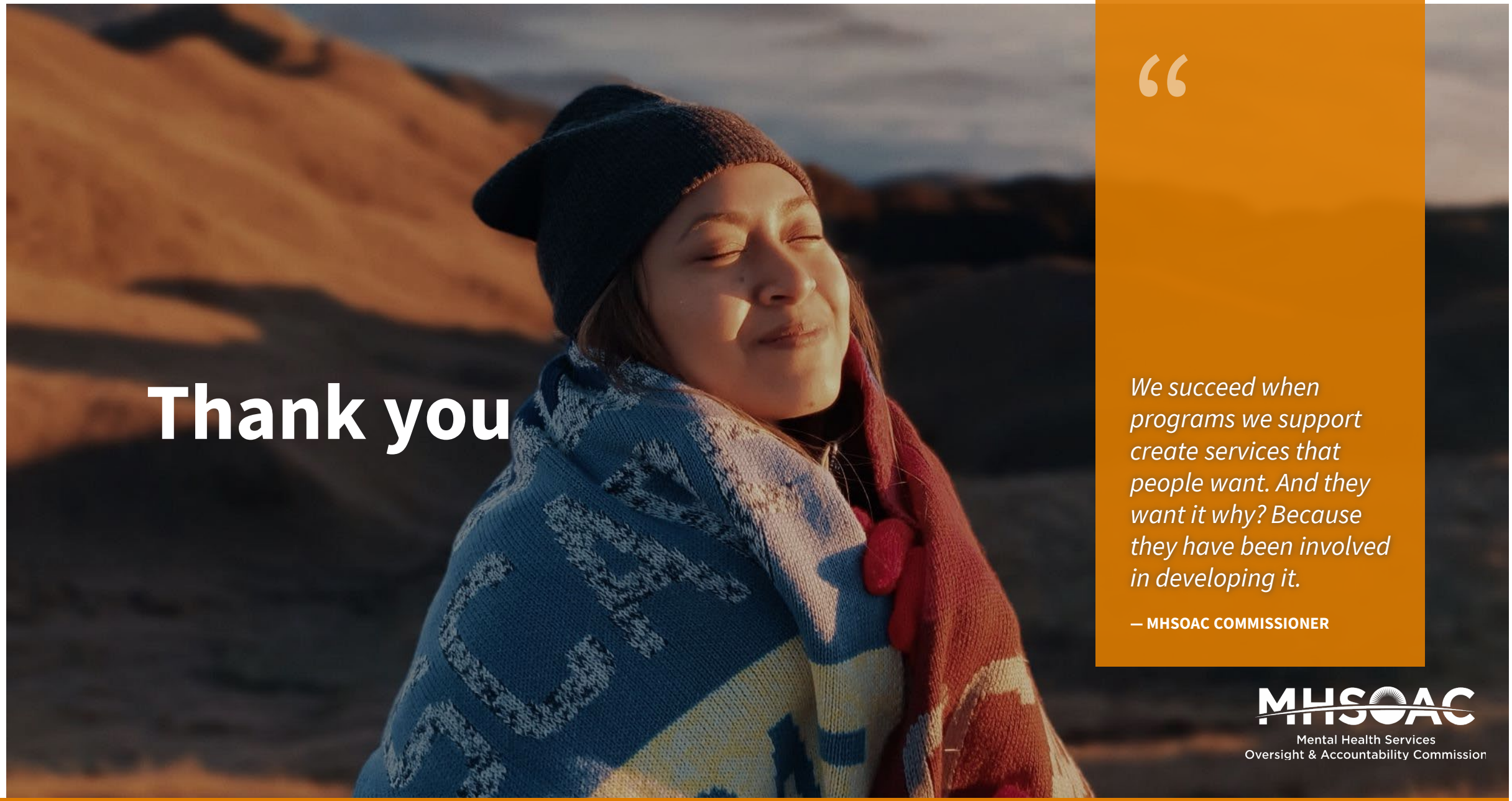
Minimum Qualifications

- Established statewide organization with 2+ years of experience in programs and services related to mental health needs of population
- Non-profit organization registered in California
- At least 50% of paid staff, board members, or advisory board members identify as member of the population

Proposed Motion

That the Commission approves the proposed outline of the Request for Proposal for advocacy, training and education, and outreach and engagement and that the Commission authorizes staff to initiate a competitive bid process and enter into contracts with the highest scoring applicants for a total of $12,060,000.





Thank you

We succeed when programs we support create services that people want. And they want it why? Because they have been involved in developing it.

— MHSOAC COMMISSIONER

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Mental Health Services
Oversight & Accountability Commission