



# SYSTEM TRANSFORMATION TO ADVANCE RECOVERY AND TREATMENT

Los Angeles County's Substance Use Disorder Organized  
Clinical Services Branch

## KEY PRIORITIES OF CLINICAL SERVICES BRANCH

### Quality Improvement / Utilization Management (QI/UM) Unit

- Establish clinical standards to foster a culture of quality, patient-centered care within SAPC's network.
- Clinical staff at SAPC will preauthorize residential care and review cases within its network to ensure the provision of the *right service, at the right time, for the right duration, in the right setting.*

### Clinical Standards and Training Unit

- Support provider agency efforts with trainings to ensure frontline counselors/clinicians have the skillset to provide state of the art SUD services.

### Research and Evaluation Unit

- Manage data collection for quality reporting to ensure this information is translated to improved SUD services.

### Other Clinically-Related Issues

- Work with other SAPC branches to establish the environment and infrastructure to support a full continuum of SUD care that provides whole person, biopsychosocial care (medication-assisted treatment, electronic information system, Recovery Residences, Physician Consultation Service, case management, recovery support services, telehealth, etc).

## QUALITY IMPROVEMENT / UTILIZATION MANAGEMENT

### Short-term preparation for SAPC network of providers

- Establish medical necessity with DSM-5 diagnosis and appropriate ASAM level of care placement.
- Use of the ASAM Criteria – for assessments, level of care/transition decisions.
- Frontline provider documentation, including documenting medical necessity.
- Implement, at a minimum, the 2 evidence-based practices of Motivational Interviewing (MI) and Cognitive Behavioral Therapy (CBT).
- Ensure patients have access to medication-assisted treatment (MAT) either via direct service provision or referral, as appropriate and clinically indicated.
- Ready staff to perform case management / care coordination and familiarize them with available guidelines and other safety net service delivery systems.
- Prepare to request authorization for DMC-ODS eligibility (every 6 months for non-OTP; every 12 mo for OTP) & service provision (preauthorization for residential services and authorization for MAT for youth under age 18).
- Familiarize staff with compliant/grievance/appeal process.
- Ensure culturally, linguistically, and developmentally appropriate services.
- Ensure consistent application of standards of practice guidelines outlined in QI program.
  - o Engage in Quality Improvement Projects and peer reviews at provider sites.
  - o Establish a Risk Management Committee at the provider agency level.
  - o Prepare to participate in external Committee structure established within SAPC's QI program – Community Liaison Committee with Adult, Youth, & Consumer/Family Sub-Committees.

### Long-term preparation for SAPC network of providers

- Establish regional networks of SUD and other health providers to ensure client access to a continuum of SUD care and other necessary services (MAT, recovery support services, recovery residences, health and mental health services, social services etc).

## TRAINING

### Short-term preparation for SAPC network of providers

- SAPC is collaborating with UCLA and the State to provide monthly trainings (<http://publichealth.lacounty.gov/sapc/Event/event.htm>) to equip providers for the system change coming with the DMC-ODS waiver.
- SAPC is working with UCLA to develop a train-the-trainers approach to scale up training efforts. This will require that providers assign capable staff to attend these trainings and bring this knowledge back to provider agencies to train additional staff.

- Although SAPC is doing what it can to provide resources, training, and technical assistance to its providers, SAPC is not able to meet every unmet training need of its network and it will be incumbent on providers to invest their time and resources into trainings as well in order to ensure that their staff have the skills to perform the high quality, evidence-based services that are expected with the DMC-ODS waiver.
- Core SAPC- and State-sponsored DMC-ODS training topics will include:
  - American Society of Addiction Medicine (ASAM) Criteria
  - Documentation
  - Evidence-based practices (MI & CBT)
  - Medication-assisted treatments
  - DSM-5
  - Quality Assurance
  - Data integrity
  - Case management

**Long-term preparation for SAPC network of providers**

- Establish long-term training plan and infrastructure at the provider agency level to ensure that there is sufficient clinical supervision and opportunity to meet the training needs of staff, particularly in the context of anticipated staff turnover.

**DATA COLLECTION / EVALUATION**

DMC-ODS includes State and Federal data reporting requirements that SAPC will integrate into its performance measures and data reporting system. These data elements focus on ensuring access, appropriate utilization, and quality of client services. SAPC is currently revising its data collection system (LACPRS; Los Angeles County Participant Reporting System) to meet these requirements and better track utilization, effectiveness, and outcomes.

**Short-term preparation for SAPC network of providers**

- Participate in data integrity trainings.

**Long-term preparation for SAPC network of providers**

- SAPC will work with providers to integrate its revised data collection system for treatment and prevention into their workflows.

**OTHER CLINICALLY-RELATED ISSUES**

**Short-term preparation for SAPC network of providers**

- Staffing considerations
  - o Terms & Conditions of the DMC-ODS waiver expands the types of providers who are able to sign treatment plans from medical directors (currently) to LPHAs (once DMC-ODS is implemented). As a result, LPHAs will soon be able to serve some of the functional roles that medical directors previously served, which affords providers more flexibility in terms of how their medical directors are utilized.
  - o Potential options for repurposing medical director staff time:
    - Provide medication-assisted treatment
    - More formal role in clinical supervision
    - More formal role in trainings (ASAM Criteria, DSM-5, medical necessity, documentation, MAT, appropriate physical and mental health referrals, etc)
    - Perform physical examinations
    - Provide withdrawal management (if facility is licensed accordingly)
    - Expanded role in Quality Improvement / Risk Management at provider agency level
  - o Ensure sufficient LPHAs and clinical supervisors to support agency and staff, respectively.
- Implement electronic information system.
  - o As SUD treatment enters into mainstream healthcare, providers will need electronic information systems to better share information with other SUD providers and providers in other systems (physical and mental health) and SAPC for utilization management (authorization of services), data reporting, and other functions
  - o Pending approval of County leadership, SAPC is acquiring an electronic information system that meets the needs and requirements of DMC-ODS, and can be used by its providers without such systems currently.
  - o Providers who already have electronic information systems can continue to use their original systems provided that they possess the functional requirements of DMC-ODS. In these cases, providers will be expected to work with SAPC's IT team to ensure interoperability and appropriate information exchange.
- Ready staff to perform new DMC-ODS services such as Case Management, Recovery Support Services, and Physician Consultation Service (provider agency physician consulting with SAPC physician).
- Continue to familiarize staff with MAT and prepare for more active referrals and/or provision of this service.
- Ensure access to sober livings / recovery residences for patients who are being discharged from residential care and/or who need this transitional housing support while engaged in outpatient SUD treatment.

**Long-term preparation for SAPC network of providers**

- SAPC will work with providers as it develops its telehealth program to facilitate access to services for patients in areas with limited access/capacity to clinically, culturally, and linguistically appropriate services.

