SLO Detox Planning Group
Friday, February 24, 2017
1:00 – 3:00 pm
SLO Health Agency
2180 Johnson Avenue
San Luis Obispo, CA 93401
Second Floor Library Conference Room.

AGENDA

1:00 to 1:10	Welcome and introductions
1:10 to 1:20	Purpose and expectations of work group
1:20 to 2:00	Background information • Community need • System framework for detox services • ODS waiver opportunities • 40 Prado opportunities
2:00 to 2:45	Group perceptions of challenges/ barriers and assets/opportunties in developing a detox center. How do we approach them? Delivery model Land use Reimbursement Governance and management Community Other
2:45 to 3:00 pm	Outline of workplan Meeting times/dates Partner agencies (which are missing?) Next steps

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For more information:

Background material can be found at:
http://diringerassociates.com/capslo-40-prado-detox-planning-project/

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Withdrawal Management (Detox) Services
Frequently Asked Questions
February 2016

The following answers to frequently asked questions intend to provide stakeholders with a better understanding about withdrawal management (detox) services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).

This document will be updated as necessary.

For Additional Information Regarding the DMC-ODS

- Visit http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery- System.aspx
- Contact us at DMCODSWAIVER@dhcs.ca.gov

What are withdrawal management (WM) services?

WM services are provided as part of a continuum of five WM levels in the American Society of Addiction Medicine (ASAM) Criteria when determined medically necessary by a Medical Director or Licensed Practitioner of the Healing Arts (LPHA), and in accordance with an individualized client plan. Medically necessary habilitative and rehabilitative services are provided in accordance with the individualized treatment plan prescribed by a licensed physician or licensed prescriber, and approved and authorized according to the state of California requirements. Each beneficiary shall reside at the facility if receiving a residential service and will be monitored during the detoxification process. WM services delivered in a residential setting can be provided in facilities with no bed capacity limit in pilot counties only.

What are the components of WM services?

The components of WM services include:

- **Intake:** The process of admitting a beneficiary into a substance use disorder (SUD) treatment program. Intake includes the evaluation or analysis of SUD, the diagnosis of SUD, the assessment of treatment needs, and may include a

physical examination and laboratory testing necessary for SUD treatment.

- **Observation**: The process of monitoring the beneficiary's course of withdrawal as frequently as deemed appropriate for the beneficiary. This may include, but is not limited to, observation of the beneficiary's health status.
- **Medication Services**: The prescription or administration related to SUD treatment services, and/or the assessment of the side effects and results of that medication.
- **Discharge Services**: Preparing the beneficiary for referral into another level of care, post treatment return, re-entry into the community, and/or the linkage of the individual to community treatment, housing, and human services.

Are counties participating in the DMC-ODS pilot program required to provide WM services?

Yes. WM services are available to beneficiaries in pilot counties based on medical necessity. Pilot counties are required to provide at least one level of WM services. Pilot counties may offer additional levels.

The three levels of WM services that pilot counties may provide are:

- 1-WM: ambulatory withdrawal management without extended on-site monitoring
- 2-WM: ambulatory withdrawal management with extended on-site monitoring
- 3.2-WM: clinically managed residential withdrawal management

Additionally, counties are required to have a process for referring beneficiaries to higher levels of care (3.7-WM and 4-WM), such as those offered through general acute care, chemical dependency, and free-standing psychiatric hospitals, if determined to be medically necessary.

What are the licensing and certification requirements for WM services?

In order to provide withdrawal management / detoxification services for the DMC-ODS, providers must obtain the following licensing and certification requirements according to the level of service provided:

ASAM Level	Description	Provider	Certification/License Required
1 – WM Ambulatory Withdrawal Management without extended on-site monitoring	Mild withdrawal with daily or less than daily outpatient supervision.	DHCS Certified Outpatient Facility	• AOD Certification with a non-residential detox service authorization • DMC Outpatient Certification
2 – WM Ambulatory Withdrawal Management with extended on-site monitoring	Moderate withdrawal with all day withdrawal management and support and supervision; at night has supportive family or living situation.	DHCS Certified Outpatient Facility	• AOD Certification with a non-residential detox service authorization • DMC Outpatient Certification
3.2 – WM Residential/Inpatient Withdrawal Management	Moderate withdrawal, but needs 24-hour support to complete withdrawal management and increase likelihood of continuing treatment or recovery.	DHCS Licensed Residential Facility	• DHCS Residential License with detox service authorization • DMC Residential Certification
3.7 – WM Medically Monitored Inpatient Withdrawal Management	Severe withdrawal, needs 24-hour nursing care & physician visits; unlikely to complete withdrawal management without medical monitoring.	Chemical Dependency Recovery Hospital or Free Standing Psychiatric Hospital	• Licensure by Department of Public Health
4 – WM Medically Managed Intensive Inpatient Withdrawal Management	Severe, unstable withdrawal and needs 24-hour nursing care and daily physician visits to modify withdrawal management regimen and manage medical instability.	Chemical Dependency Recovery Hospital or Free Standing Psychiatric Hospital	• Licensure by Department of Public Health

I am a new provider, and I want to become licensed / certified to provide WM services. What is the process?

New providers may add WM services when submitting their provider application to the DHCS SUD Compliance Division. This request must include:

- A written request for WM license and/or certification.
- A program description that incorporates WM services.
- A written protocol that states the procedures for management of WM clients.
- A staffing plan, which includes WM-specific staff training for accurate evaluation, provision of services, and referrals. The plan must include a least one person in the residential facility at all times that is CPR and first aid certified.
- (Residential-only) A floor plan that clearly identifies the location of WM beds.

I'm currently a licensed / certified provider, but I want to add WM services. What is the process?

Existing Providers can amend their current license and/or certification by submitting the following to DHCS:

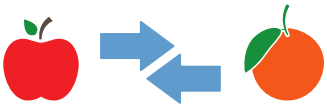
- A written request to amend current license and/or certification.
- A revised program description that incorporates WM services.
- A written protocol that states the procedures for management of WM clients.
- A revised staffing plan, which includes WM-specific staff training for accurate evaluation, provision of services, and referrals. The plan must include a least one person in the residential facility at all times that is CPR and first aid certified.
- (Residential-only) A floor plan that clearly identifies the location of WM beds.

Once the application is deemed complete and approved, DHCS staff will conduct an on-site visit.

Table 1 – Comparison Table

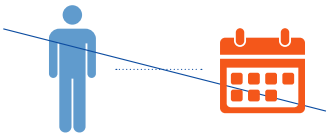
Type of Detox	Description	Estimated Cost	Pros	Cons
1. *Current* Outpatient Detoxification	Client receives detox meds though an outpatient clinic.	$595 per person $59,500 per year Could serve up to 100 clients per year	▪ Placement not limited to bed availability. ▪ Effective for most low to moderate detox cases. ▪ Does not require client to leave their current living situation. ▪ Lower cost than residential.	▪ Clients fear they can't do it without going "into a detox". ▪ Not appropriate for all cases. ▪ Limited observation. ▪ Unsupervised environment.
2. Detoxification Team (mobile model) *Proposal*	Client receives detoxification medications, case management, transportation, and residential placement services.	$2,038 per person $305,724 for the first year $272,500 for year two Serves 150 clients	▪ Mobile team. ▪ Includes medication management and health education and monitoring. ▪ Includes transportation, case management, and residential placement services. ▪ Easy access, not limited to bed availability. ▪ Works with client's own support system.	▪ Not available 24/7. ▪ Not a controlled environment. ▪ Not a "drop-off" location.
3. Social Model Residential Detoxification	Client resides at a residential Detox Center. Detox medications may be used, but not prescribed on site. Social Model Recovery (12 Step) is typical intervention.	$35,000 per bed per year $210,000 per year for 6 bed facility, non-medical staffing only. (Does not include rent, food, supplies to run a 24/7 facility). Serve approx. 300 clients per year	▪ 24 hour Observation. ▪ Controlled environment. ▪ On-site support and case management. ▪ Takes client out of their substance using environment. ▪ Suitable for most detox cases. ▪ Opportunity for assessment and triage.	▪ Bed dependent. ▪ Requires client to leave their current home. ▪ Can be used as shelter rather than detox. ▪ More costly than outpatient. ▪ Requires siting of a facility. ▪ State licensing and certification regulations.
4. Medical Detoxification (Hospital based)	Client resides in a hospital or other medical facility while detoxifying. Medical monitoring, treatment and prescription drugs available onsite.	$1,200 per bed per day $4,380,000 per year for 10 bed facility	▪ 24 nurse and physician monitoring. ▪ Controlled environment. ▪ On-site support and case management. ▪ Takes client out of their substance using environment. ▪ Suitable for only medical necessity detoxifications. ▪ Opportunity for assessment and triage.	▪ Most expensive. ▪ Requires more staffing. ▪ Medical facility. ▪ May not appeal to some clients.

CHALLENGING THE MYTHS ABOUT MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)



MAT JUST TRADES ONE ADDICTION FOR ANOTHER:

MAT bridges the biological and behavioral components of addiction. Research indicates that a combination of medication and behavioral therapies can successfully treat SUDs and help sustain recovery. (10)



MAT IS ONLY FOR THE SHORT TERM:

Research shows that patients on MAT for at least 1-2 years have the greatest rates of long-term success. There is currently no evidence to support benefits from stopping MAT. (11)

MY PATIENT'S CONDITION IS NOT SEVERE ENOUGH TO REQUIRE MAT:

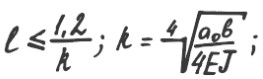
MAT utilizes a multitude of different medication options (agonists, partial agonists and antagonists) that can be tailored to fit the unique needs of the patient (2).

MAT INCREASES THE RISK FOR OVERDOSE IN PATIENTS:

MAT helps to prevent overdoses from occurring. Even a single use of opioids after detoxification can result in a life-threatening or fatal overdose. Following detoxification, tolerance to the euphoria brought on by opioid use remains higher than tolerance to respiratory depression. (14)

PROVIDING MAT WILL ONLY DISRUPT AND HINDER A PATIENT'S RECOVERY PROCESS:

MAT has been shown to assist patients in recovery by improving quality of life, level of functioning and the ability to handle stress. Above all, MAT helps reduce mortality while patients begin recovery.



THERE ISN'T ANY PROOF THAT MAT IS BETTER THAN ABSTINENCE:

MAT is evidence-based and is the recommended course of treatment for opioid addiction. American Academy of Addiction Psychiatry, American Medical Association, The National Institute on Drug Abuse, Substance Abuse and Mental Health Services Administration, National Institute on Alcohol Abuse and Alcoholism, Centers for Disease Control and Prevention, and other agencies emphasize MAT as first
line treatment. (8)

MOST INSURANCE PLANS DON'T COVER MAT:

As of May 2013, 31 state Medicaid FFS programs covered methadone maintenance treatment provided in outpatient programs (4). State Medicaid agencies vary as to whether buprenorphine is listed on the Preferred Drug List (PDL), and whether prior authorization is required (a distinction often made based on the specific buprenorphine medication type). Extended-release naltrexone is listed on the Medicaid PDL in over 60 percent of states. (5)

FOR MORE INFORMATION,
PLEASE CONTACT NICK SZUBIAK, DIRECTOR, CLINICAL EXCELLENCE IN ADDICTIONS, AT NICKS@THENATIONALCOUNCIL.ORG

1) http://www.shatterproof.org/blog/entry/medication-assisted-treatment-for-addiction 2) https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf 3) http://www.overdosefreepa.pitt.edu/education-toolbox/medication-assisted-treatment-mat-2/#clarifying 4) http://www.asam.org/docs/default-source/advocacy/aaam_implications-for-opioid-addiction-treatment_final 5) http://store.samhsa.gov/shin/content/SMA14-4854/SMA14-4854.pdf 6) http://www.samhsa.gov/medication-assisted-treatment/legislation-regulations-guidelines#DATA-2000 7) http://www.samhsa.gov/medication-assisted-treatment/treatment/naltrexone 8) http://www.samhsa.gov/medication-assisted-treatment/training-resources/support-organizations 9) https://www.federalregister.gov/articles/2016/03/30/2016-07128/medication-assisted-treatment-for-opioid-use-disorders 10) http://www.integration.samhsa.gov/clinical-practice/mat/mat-overview 11) " 12) https://www.congress.gov/bill/114th-congress/senate-bill/524/text 13) http://pcss-mat.org/waiver-eligibility-training/ 14) "MAT Maintenance Treatment and Superior Outcomes" PowerPoint, Dr. Arthur Williams 15) https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/frequently-asked-questions/how-long-does-drug-addiction-treatment

WORK PLAN

January – December 2017

40 Prado Road Withdrawal Management Facility Planning Study

Purpose of project: To plan for the development of a withdrawal management (detox) facility on the 40 Prado Road property to provide clinically managed residential services to person in need.

Activities	Responsible Agency/Person	Timeline	Comments
Objective 1: [Partner convenings] Engage in facilitated monthly convenings with partner agencies, to develop plan for a withdrawal management facility.			
1.1 Develop invitation list of organizations	Joel/ CAPSLO	January – February 2017	
1.2 Schedule monthly meetings	Christina/Joel	First meeting: February 24, 2017	
1.3 Distribute agendas, minutes, background material	Christina/Joel		
Objective 2: [Research] Research on models of service delivery including necessary operational components, licensure, reimbursement and coordination with other community services			
2.1. Literature review – e.g. SAMHSA	Christina/Joel	March - April 2017	
2.2 IDIs with other counties	Joel/Christina	March - April 2017	
2.3 Site visits to 2 counties	Joel/Christina, others		
2.3 Research licensure issues	Joel/Christina		
Objective 3: [Land use issues] Research on land use and zoning issues			
3.1 Meet with CAPSLO project managers, City of SLO	Christina/Joel	April – May 2017	
3.2 Identify and resolve land use issues		June 2017	

Activities	Responsible Agency/Person	Timeline	Comments
Objective 4: [Governance and management] Development of governance and management options.			
4.1 Develop and discuss governance options	Joel/Christina	June 2017	
4.2 Develop management options and scopes of work	Joel/Christina	September 2017	
Objective 5: [Community outreach] Community input meetings with neighbors and other services providers.			
5.1 Conduct community outreach with service providers and neighbors	Joel/Christina	September 2017	
Objective 6: [Funding options] Research on available funding sources			
6.1 Develop cost estimates for start-up and operation of unit	Joel/Christina		
6.3 Research payment methodologies	Joel/Christina		
6.4 Develop funding plan for start-up	Joel/Christina		
Objective 7: [Plans for implementation]Draft and final development plans.			
7.1 Draft report on development plan	Joel/Christina	October – November 2017	
7.2 Final report on development plan	Joel/Christina	November 2017	
7.3 Presentations on development plan to stakeholder groups, funders, etc.	Joel/Christina	December 2017	