



40 Prado Detoxification Center Planning Project Report December 2017

In January 2017, Community Action Partnership of San Luis Obispo County, Inc. (CAPSLO) retained Diringer & Associates to explore options for the development of withdrawal management (detoxification) center on the site of the new Homeless Services Center (“40 Prado”) in San Luis Obispo. The center would provide clinically managed residential services to persons in need of medical detoxification services and link them to related services.

Among the issues that have been evaluated are:

1. Service delivery model, including level of medical management and integration with other services;
2. Location and land use issues; type and size of facility;
3. Operation of facility;
4. Funding of development, construction and continued operations;
5. Timeline for development.

A local planning committee was convened to provide expertise and community insight on the project components. Committee members included County Behavioral Health, County Public Health, homeless and behavioral health service organizations, Community Health Centers of the Central Coast, medical providers, Dignity Health, City of San Luis Obispo, CenCal Health, County Social Services and Probation. The committee met several times to establish a plan of action, conduct site visits, review options and make recommendations.

The report summarizes the findings of the research and dialogue and makes a series of findings to support the establishment of a withdrawal management center at the 40 Prado Homeless Services Center site in San Luis Obispo.

This is an opportune time to develop a detox unit. There is a community understanding of the need for a local detox center; space and other support services are available at 40 Prado including primary medical care; the new County Drug Medi-Cal Organized Delivery System requires that residential detox must be provided; and new funding streams are available to pay for the services. A package of funds is potentially available for capital funds and operational costs will be reimbursed by Drug Medi-Cal. In addition, CAPSLO recently received a grant from the federal Substance Abuse and Mental Health Administration (SAMSA) to provide services to homeless clients with co-occurring disorders with Transitions-Mental Health Association and County Behavioral Health.

40 Prado Withdrawal Management (Detox) Center

<i>Structure</i>	Approximately 48'x60' (2880 square feet) unit separate from homeless service center to be owned by CAPSLO.
<i>Capacity</i>	8 – 10 “flex” beds (Flex between male/female; medical/social model residential detox and between detox/residential treatment).
<i>American Society of Addiction Medicine (ASAM) level</i>	3.1 and 3.3 residential treatment and licensed for Incidental Medical Services with withdrawal management services.
<i>Length of Stay</i>	6 – 8 days in medical detox, 30 days in residential treatment program.
<i>Facility Cost</i>	Cost of permanent structure is approximately \$730,000 including planning, engineering, utilities, construction, etc.
<i>Client population</i>	Adult men and women referred by appropriate agencies to County Drug and Alcohol who will screen and authorize the residential treatment and detoxification stays.
<i>Services</i>	Medication assisted withdrawal management and residential treatment services. Case management and referrals for post residential services.
<i>Operator</i>	County Behavioral Health will issue a Request for Proposals for a qualified operator.
<i>Staffing</i>	Possible staffing pattern of 7.75 FTE, including medical director, licensed therapist, treatment therapists, case manager, health information and administrative technicians.
<i>Operating costs and reimbursement</i>	Operating costs will be determined by contracted operator and will include staffing, administration, supplies, food, space costs, etc. Reimbursement will be from a per diem rate determined by County Drug and Alcohol for detoxification and residential treatment services through Medi-Cal. Room and board services and required federal match will be reimbursed from a combination of social services funding, client funds (SSI, GA, CalWorks) and resident sliding scale. Private insurance will be accepted, but is not anticipated.
<i>Proposed timeline</i>	Facility planning, RFP, construction/installation – 14 mos. Securing County approval of operational funding – 6 months Selection of operator, licensure and certification – 10 mos. Reimbursement contracts 2 months,

I. Service delivery model, including level of medical management and integration with other services

We conducted research and reviewed numerous national, State and County documents on addressing the detoxification needs of substance users.¹ Among the documents reviewed were a major report issued by the County in 2013 and its recent application to the State to operate a Drug Medi-Cal Organized Delivery System (DMC-ODS).

There are approximately 22,300 to 27,100 adults (about 10% of adults) with substance use disorder issues in San Luis Obispo County. The County Behavioral Health Department provided SUD services to 2500 adults in 2016, reaching approximately 10% of the estimated need in the County, although many obtain services outside the County system. The number of adults provided SUD services increased from 2,269 in 2015.

Not all persons with substance use disorders are in need of withdrawal management services. In the 2007 SLO County Report and Plan Addressing Detoxification Needs of Substance Users, it was estimated that for those patients in substance abuse treatment, the service demand for detoxification is only two percent.

In the County's application for DMC-ODS, the County proposes to meet the requirement for detoxification services through the availability of County-operated outpatient withdrawal management services. Only one level of detoxification is required through DMC-ODS.

The DMC-ODS requires that the County provide at least one ASAM level² of residential treatment services and within three years that all three levels of residential treatment be available within the County. These levels include:

3.1, 3.3	Clinically managed, low-intensity residential	24-hour care with trained counselors to stabilize imminent danger, less intensive milieu
3.5	Residential treatment services	24-hour care with trained staff providing treatment on-site

Currently, there are no residential detoxification services in San Luis Obispo County available to persons eligible for Medi-Cal. There are sober living environments and outpatient detoxification services, but there are no clinically managed residential detoxification facilities. All such services must be obtained out of county. Persons with private resources have other options locally.

¹ Copies of the reports and related documents can be found at <http://diringerassociates.com/capslo-40-prado-detox-planning-project/%20detox-planning-project-resources%20/>.

² American Society of Addiction Medicine Criteria for levels of care. <https://www.asam.org/resources/the-asam-criteria/about>

To gain an understanding on developing a withdrawal management center, committee members reviewed facilities in our region and participated in 3 site visits to detox programs in neighboring counties.

The Champion Center in Lompoc. Champion had three levels including a 32-bed inpatient detox hospital, a 16-bed residential detox unit (ASAM 3.3 and 3.5) and 30 bed residential sober living environment. It was a beautiful facility in the former district hospital building, with a full array of medical and social programming. It did not contract with Medi-Cal and had very few patients. It has since closed.

Janus of Santa Cruz is a community based detox facility with 24 licensed beds (ASAM 3.1 and 3.3). Eight beds are used for initial detox and the remainder are for residential treatment. Depending on demand or patient mix, fewer or greater beds can be used for detox – flex beds are important. It is funded through Medi-Cal, County contributions and some patient fees.

It is licensed for Incidental Medical Services (AB848, 2016) which allows for medical services provided at a licensed residential facility by a health care practitioner that address medical issues associated with either detoxification or the provision of alcoholism or drug abuse recovery or treatment services to assist in the enhancement of treatment services. <http://www.dhcs.ca.gov/provgovpart/Pages/Incidental-Medical-Services.aspx>

Duration in detox is 6 – 8 days, with an average of 28 days in the residential program. It has a pilot program with the local Dignity hospital (Dominican) to provide care management for IVDU patients and skilled nursing facilities. They also have medical detox protocols to be dispensed by local pharmacies. Staffing includes one counselor per 5 – 8 patients; med/psych techs, RN, and medical director. Pharmaceuticals are provided by the RN or psych tech, but are self-administered. Generally, about five individuals are waiting for the placement.

Janus is currently expanding to 40 beds. It has also indicated its willingness to share data on its operational costs.

The Good Samaritan Recovery Point Acute Care is a 12-bed inpatient drug and alcohol social model detox program that provides 7-14 day acute detoxification. It is an abstinence based facility and is licensed at an ASAM 3.1 level. There is no medication assisted treatment (MAT) and medical clearance is required before entry into the program. Client costs are \$25/day for Santa Barbara County residents and \$80/day for out of county residents. Several beds are reserved for veterans.

Good Samaritan provides a residential environment for clients suffering from withdrawal symptoms who are unable to build a clean and sober foundation on their own. Clients may initiate sobriety and begin permanent recovery from drug or alcohol abuse while attending private counseling sessions, through 24-hour staff supervision and support, through local treatment providers in the community and by participation in the 12-step program and aftercare, which includes barrier free relapse treatment.

The committee also reviewed the need for a continuum of services. Detox is only one step in a life-long recovery process and the intervention needs to be integrated with other medical, social support and residential services. Post detox services such as sober living environments, outpatient treatment, and community programs such as 12-step programs are all necessary components.



2. Location and land use issues

In order to understand land use and siting issues, we reviewed the 40 Prado site plans with CAPSLO staff, received input from the CAPSLO architect and met with City planning staff. We also reviewed possible alternative sites different from 40 Prado.

Available space on the 40 Prado site is limited due to a road easement and parking requirements. According to City Planning staff, the 40 Prado site has space available for an approximate 48' x 60' building which could house 8 – 10 residents for medical and residential detox. There could be some shared facilities with the Homeless Services Center, e.g. kitchen and laundry, but otherwise the detox center would be independent. Primary care medical services through Community Health Centers will also be on site.

There was discussion about other possible sites, e.g. the old Maxine Lewis Homeless Shelter on Orcutt Road owned by the Housing Authority of San Luis Obispo (HASLO), a HASLO property on Broad Street, and County land on Kansas Avenue near the jail and juvenile center and behind the old General Hospital site. These sites are not currently available. While they may work for future expansion, there was general agreement to start with a smaller, manageable project on the Prado site.

3. Operation of facility

While CAPSLO is willing to make its property available for the detox center, facilitate its construction and possibly provide some support services (food, laundry), it does not have the capacity or expertise to operate a detox unit. Such a unit would need to have an experienced operator which is suitably licensed to provide the services. There is no nonprofit organization

in the County with the current capacity or licensure for providing the services for the Medi-Cal population.

The County will need to issue a request for proposals for a licensed independent operator, either a local provider or one willing to operate a unit in San Luis Obispo County. If no suitable operators are found, the County could operate the unit directly as it does with other behavioral health programs.

The operator would enter into contractual relationships with CAPSLO for the facility and any ancillary services, and the with the County for reimbursement for Medi-Cal clients. It could also negotiate reimbursements from other programs such as the VA or private insurance sources if available.

4. Funding of development, construction and continued operations;

The budget for developing and operating a detox center has several components, including capital costs, licensing and certification and staff/operating costs.

Facility capital costs

CAPSLO is reviewing options for an approximately 2,880 square foot facility to fit on the 40 Prado site and serve 8-10 patients at any one time.

Preliminary estimates for building a permanent structure are approximately \$730,000.

CAPSLO will continue to assess the costs of the proposed center, and possible funding sources including federal and state capital funding (grants and loans), health facility funding, city permit reduction and other sources.

CAPSLO is also exploring grant opportunities with private philanthropists to fund the initial capital costs of the project. These funds would be contingent upon being able to secure assurances that facility and program operational costs are available.

Once the facility is constructed, CAPSLO will charge the operator for occupancy costs, which will include financing costs, utilities, maintenance, security and associated costs. It could also provide contractual services such as food and laundry to the facility operator.

Licensure and certification costs

In order for the facility to be licensed and receive reimbursement for services from Medi-Cal and other funders, it needs to fulfill many state and local requirements. Licensure cannot take place until the facility is open and operational.

The licensure and certification process includes filing a Drug Medi-Cal Substance Use Disorder Clinic Application (DHCS 6001) and an Initial Treatment Provider Application (DHCS 6002), as well as other forms. Each of these applications require substantial information regarding

services, provider credentials, facility, zoning, fire clearance, target population, administration, programming, and scheduling.

Certification could take six or more months and will require substantial staff time for preparation, modifications and processing. Costs for licensure and certification should be allocated for this purpose.

The application fee to the State of California to be licensed and certified as residential and recovery treatment program is currently \$4,068 plus \$324 per bed, or a total of \$7,308 for a 10-bed facility.

Staffing and operating costs

County Behavioral Health has developed a tentative staffing pattern as well as identified operational needs that would be required to operate the unit. Total annual operating costs are estimated to be approximately \$1.2 million. While the County has developed detailed estimates for these costs for internal planning purposes, it will be issuing a competitive RFP for an outside operator that may propose different costs. Janus of Santa Cruz is in the process of sharing their staffing and cost data.

The 7.75 full-time equivalent staffing pattern includes:

- Medical Director (.25 FTE)
- Licensed Mental Health Therapist IV (0.50 FTE)
- Drug and Alcohol treatment specialists (4.0 FTE)
- Case Manager (1.0 FTE)
- Health Information Technician (1.0 FTE)
- Administrative Assistant (1.0 FTE)

Other operating costs would include:

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|-------------------------------|--------------------------|
| Computer Expense | Hazardous Waste |
| Food | Telephone |
| Household Expenses | Utilities - Electricity |
| Medical, Dental, Lab Supplies | Utilities - Gas |
| Medical Testing | Utilities - Water |
| Office Expense | Data Line Communications |
| Pharmaceuticals | Overhead/Indirect |
| Environmental Services | |

Sources of funding for services

In essence, there are three sources of funding that must be secured for services provided to Medi-Cal patients.

- Federal portion of Drug Medi-Cal for detoxification, residential treatment and MAT (Medically Assisted Treatment) services
- Local match for Drug Medi-Cal detoxification, residential treatment and MAT services
- Room and board

Drug Medi-Cal is a program that is jointly funded with the federal government. Currently, the County match is 50% for the traditional Medi-Cal population (disabled, minors, parents with minor children) and 5-6% for the new Medi-Cal ACA expansion population (non-disabled adults without minor children). ACA repeal legislation could substantially change eligibility and reimbursement levels.

The currently available County match funds are already allocated to other services such as the outpatient treatment continuum, methadone treatment, and a residential treatment provider, so funding changes would be necessary to fund residential detox with County match funds. The County is exploring other sources for the local match which could include AB109 (public safety realignment) funds. These changes can be presented to the Board of Supervisors for Fiscal Year 2018 – 2019 which begins in July 2018.

In addition, Medi-Cal only pays for the necessary medical and treatment services, not the residential (room and board/housing portion) services. Other sources of funding are needed to cover that portion. For the room and board portion, there are several possible sources.

- For those with minor children there are possible Child Welfare Services (CWS) funds, particularly if the detox stay is part of a family reunification plan.
- Client income sources could include CalWorks/TANF, SSI, and GA, as well as a sliding scale. It should be noted that non-homeless patients will need to keep paying their rent while in treatment so they do not become homeless, so the use of GA or CalWorks may be limited.
- Other possible funds to be identified, such as county/city general funds or other private foundation or provider funding.

5. Preliminary timeline

The following is a summary of the preliminary timeline. Many of the activities can happen concurrently.

Activity	Duration
Secure capital funding	4 months
Facility design and permitting	4-6 months
RFP for facility	2 months
Construction of permanent building	6-8 months
Securing County approval of operational funding	6 months
RFP for facility operator	3-4 months
Licensure and certification	6 months
Development of reimbursement contracts	2 months

Conclusion

There is a long-identified need for residential medically managed withdrawal management services for low income residents of San Luis Obispo County as part of a continuum of care for those with substance use disorders. Land and location have been significant barriers to the establishment of a detox center. With the establishment of the 40 Prado Homeless Services Center on a large plot of land with additional capacity that had already gone through community review, the Community Action Partnership of San Luis Obispo County saw an opportunity to place a detox center on the site.

Primary medical services will be provided on the 40 Prado site by Community Health Centers and CAPSLO just received a federal grant to provide services to homeless persons with co-occurring disorders with Transitions-Mental Health Association and County Behavioral Health.

This feasibility study worked with community stakeholders to identify the scope of a detox center, its financing and operations. A tentative timeline has been developed and potential financing sources have been identified. Much work remains to be done, but this report can serve as a roadmap to meeting community needs and filling a current gap in substance use disorder services.

Preliminary Timeline of 40 Prado Withdrawal Management Center

Activity	Duration	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Secure capital funding	4 months	█	█	█	█																		
Facility design and permitting	4-6 months				█	█	█	█	█	█													
RFP for facility purchase	2 months										█	█											
Construction of permanent building	6 months												█	█	█	█	█	█					
Securing County approval of operational funding	6 months					█	█	█	█	█	█	█											
RFP for facility operator	3-4 months											█	█	█	█								
Licensure and certification	6 months																█	█	█	█	█	█	
Development of reimbursement contracts	2 months																					█	█