

Quality and Productivity Commission
33rd Annual Productivity and Quality Awards Program
“Empowering Innovative Solutions”

2019 APPLICATION

Title of Project (Limited to 50 characters, including spaces, using Arial 12 point font):

NAME OF PROJECT: 3 ROADS, 1 DESTINATION: SUD SYSTEM ENTRY POINTS

DATE OF IMPLEMENTATION/ADOPTION: 07/01/2017

(Must have been fully implemented for a minimum of at least one year - on or before July 1, 2018)

PROJECT STATUS: Ongoing One-time only

HAS YOUR DEPARTMENT PREVIOUSLY SUBMITTED THIS PROJECT? Yes No

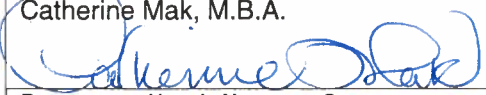
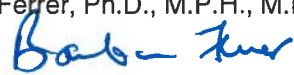
EXECUTIVE SUMMARY: Describe the project in 15 lines or less using Arial 12 point font. State clearly and concisely what difference the project has made.

1 Prior to the launch of the Drug Medi-Cal Organized Delivery System (DMC-ODS), the
 2 specialty substance use disorder (SUD) treatment benefit and delivery system in Los
 3 Angeles County (LAC) was largely inadequate and fragmented. The consequences of
 4 these gaps were long delays in accessing services, inappropriate treatment, and
 5 relapse. However, since the launch of DMC-ODS, LAC residents have more robust
 6 options to help them both engage and navigate the public SUD system and access
 7 medically necessary and appropriate SUD treatment. Together, the Substance Abuse
 8 Service Helpline (SASH), the Service and Bed Availability Tool (SBAT), and Client
 9 Engagement and Navigation Services (CENS) represent a new, coordinated effort to
 10 identify and link individuals to SUD treatment. An estimated 31,500 new treatment
 11 screenings and connections have been made utilizing these system entry points since
 12 launch. By leveraging data, technology, and key partnerships, the Division has
 13 continuously enhanced the SASH, SBAT, and CENS to improve user experiences and
 14 better respond to the needs of consumers, families, and communities; thus, accelerating
 15 timely access to, many times lifesaving, care for vulnerable LAC residents.

BENEFITS TO THE COUNTY

(1) ACTUAL/ESTIMATED ANNUAL COST AVOIDANCE	(2) ACTUAL/ESTIMATED ANNUAL COST SAVINGS	(3) ACTUAL/ESTIMATED ANNUAL REVENUE	(1) + (2) + (3) = TOTAL ANNUAL ACTUAL/ESTIMATED BENEFIT	SERVICE ENHANCEMENT PROJECT
\$	\$	\$	\$	<input checked="" type="checkbox"/>

ANNUAL = 12 MONTHS ONLY

SUBMITTING DEPARTMENT NAME AND COMPLETE ADDRESS Department of Public Health 313 North Figueroa Street, 8 th Floor, Room 806 Los Angeles, California 90012		TELEPHONE NUMBER 213-240-8117
PROGRAM MANAGER'S NAME John M. Connolly, Ph.D., M.S.Ed. Division Director, Substance Abuse Prevention and Control		TELEPHONE NUMBER 626-299-4595 EMAIL jconnolly@ph.lacounty.gov
PRODUCTIVITY MANAGER'S NAME AND SIGNATURE <small>(PLEASE CALL (213) 893-0322 IF YOU DO NOT KNOW YOUR PRODUCTIVITY MANAGER'S NAME)</small> Catherine Mak, M.B.A. 	DATE 6.28.2019	TELEPHONE NUMBER 213-288-7240 EMAIL cmak@ph.lacounty.gov
DEPARTMENT HEAD'S NAME AND SIGNATURE Barbara Ferrer, Ph.D., M.P.H., M.Ed. 	DATE 6.28.2019	TELEPHONE NUMBER 213-240-8117

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1st FACT SHEET – LIMITED UP TO 3 PAGES ONLY: Describe the **challenge(s), solution(s), and benefit(s)** of the project to the County. What quality and/or productivity-related outcome(s) has the project achieved? Provide measures of success and **specify assessment time frame.** Use Arial 12 point font.

CHALLENGE:

For decades, substance use disorders (SUD) were not commonly viewed as chronic health conditions; rather they were often framed as a moral failing or criminal behavior. Further, the specialty SUD treatment benefit and delivery system in Los Angeles County (LAC) was largely inadequate and fragmented. To access SUD treatment, consumers, families, referring agencies, and the public often relied on cold-calling and/or referral to any SUD agency regardless of whether it provided the appropriate level of care to match a patient’s needs. The consequences of these structural gaps were long delays in accessing services, inappropriate treatment, and relapse. LAC and its network of SUD providers fully leveraged the opportunities presented by the Affordable Care Act and the Drug Medi-Cal Organized Delivery System (DMC-ODS) to design a more comprehensive, patient-centered system of care to empower patients and communities seeking SUD treatment. The development of the Substance Abuse Service Helpline (SASH), the Service and Bed Availability Tool (SBAT), and Client Engagement and Navigation Services (CENS) has been fundamental to streamlining and increasing clients’ timely access to expanded SUD services across LAC.

SOLUTION:

The System Transformation to Advance Recovery and Treatment (START) was Los Angeles County’s response to the Drug Medi-Cal Organized Delivery System (ODS), which allowed participating counties to expand the Drug Medi-Cal (DMC) benefit package. On July 1, 2017, START-ODS launched an ambitious and unprecedented multi-year system transformation that redesigned SUD service delivery. The long-term goal of START-ODS is to improve patient care and outcomes while reducing overall health costs. Year one focused on two major areas: (1) improving patient access to high quality and clinically effective services; and (2) establishing the fiscal infrastructure to maximize Federal matching funds and local resources to improve individual and community health. With this great expansion came the opportunity to develop multiple entryways into the specialty SUD system of care that accommodates the patient at their moment of readiness. The SASH, SBAT, and CENS greatly expand LAC’s capacity to engage, identify, and link individuals to specialty SUD services.

The SASH is a 24/7/365 toll-free phone line staffed with clinically skilled agents who conduct SUD screenings and referrals to treatment. The SASH team includes

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counselors, registered and licensed vocational nurses, and licensed clinical social workers. The SASH line offers screening in all appropriate threshold languages, and clinicians remain on the line with the consumer, conducting a three-way call to the provider to secure a same-day appointment to treatment when available. LAC residents, referral partners, community members, and others are invited to call 1-844-804-7500 to receive additional information about SUD screening and linkage, file a complaint or grievance related to care received, and acquire information related to service access and navigation. In 2018, the SASH received over 30,000 calls inclusive of screenings and inquiries through which over 7,500 calls were screened and referred to a treatment provider.

The CENS offer a face-to-face SUD screening and referral service operated out of 8 area offices – one per Service Planning Area – in addition to 79 current co-locations at County and community-based facilities. Colocations include: Department of Children and Family Services Regional Offices, Department of Mental Health Psychiatric Urgent Care Centers, County and private hospital emergency departments, Federally Qualified Health Centers, homeless encampments, Permanent Supportive Housing sites, Los Angeles Superior Court (e.g., Antelope Valley, Criminal Courts Building, Compton, San Fernando, Pasadena, Van Nuys), Probation Department (e.g., Assembly Bill 109 HUBS and Adult Area Offices), and Sheriff’s Department (e.g., Twin Towers Correctional Facility, Men’s Central Jail) to support SUD access.

CENS navigators work particularly intimately with criminal justice populations from the point of in-person screening to initiation of treatment services. This can entail a variety of case management services such as coordination of transportation services to initiation of benefits acquisition. Between July 2017 to March 2019, 12,958 clients who screened positive for SUD were referred to SUD treatment within the SAPC service delivery system.

The SBAT provides a dashboard and map of available specialty County contracted SUD services throughout LAC including: outpatient and intensive outpatient, residential treatment and withdrawal management, opioid treatment programs, recovery bridge housing, and driving under the influence (DUI) programs. The SBAT allows an individual to filter and locate a treatment site according to level of care, geographic location, and special populations served (i.e., perinatal, LGBTQIA, sexually-exploited, gender, youth, parents with children, veterans, co-occurring mental and physical health conditions, physically disabled, or visually or hearing impaired); as well as linguistic, cultural, and other developmental needs of individuals seeking SUD treatment services. Each day, the provider network populates the SBAT with data about the availability of beds and intake appointments.

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In addition, all of LAC’s SUD system entry points—including the 24-hour SASH, the in-person CENS, and the LAC Whole Person Care Referral Line—all leverage the SBAT to identify appropriate referral sites and provide service linkage according to a consumer’s needs.

The SBAT is, to our knowledge, the only real-time, filterable web-based dashboard and map for available for a comprehensive continuum of specialty SUD services. Division staff designed the SBAT to increase both transparency for the community and accountability for the SUD provider and SAPC. Since launch on July 1, 2017, the SBAT has received over 187,700 total visits, with a 46% increase in monthly visits since January 2018. Roughly 350 provider sites populate the SBAT with updated information each day. The 24-hour SASH and the CENS have used the SBAT to complete an estimated 31,500 new treatment screenings and connections since the online tool’s launch. The Division continuously enhances the SBAT to improve the user experience. For example, though the first version of the SBAT provided times for service intake appointments, the SBAT will soon quantify available intake slots for a given day based on providers’ staff availability. LAC also has the ability to assess the SUD treatment system’s language capacity and compliance with the Americans with Disabilities Act (ADA). Additionally, data from the SBAT allows LAC to better track and analyze its provider network capacity to improve service access and compliance with State and Federal managed care regulatory requirements. These capabilities enable SAPC to craft a delivery system development strategy that aligns more closely with community need.

BENEFITS:

According to national data from the Substance Abuse and Mental Health Services Administration (SAMHSA), 96 percent of individuals with a SUD either do not want or believe they need treatment or help. For this reason, SUDs are unique health conditions that require novel engagement approaches to encourage individuals in treatment. Recognizing this challenge, LAC aimed to significantly broaden the likelihood of engagement and enrollment by creating multiple avenues through which individuals can access care at the moment they seek it, and at locations that meet their specific needs and preferences.

When a client is prepared to engage in treatment, they and/or their friends and families can immediately reach one of the pathways to these services, which could include calling the referral line (SASH), visiting a CENS, or going directly to a provider site listed on the SBAT. These resources serve to reduce what can be significant barriers to access – geography, language, culture, population needs (e.g., youth, criminal justice, LGBTQ) – and empower residents to define how, when, and where they get care.

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Linkage to the County Strategic Plan – 1 page only. Which County Strategic Plan goal(s) does this project address? Explain how. Use Arial 12 point font.

The Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC) project is in alignment with the following 2016-2021 County Strategic Plan Goals:

Goal I. Make Investments That Transform Lives

I.2.2 Streamline Access to Integrated Health Services:

Operationalize a Health Agency-wide referral system to track and refer patients from one Health Agency department to another.

I.2.3. Integrate Substance Use Disorder (SUD) Treatment Services:

Implement the Drug Medi-Cal waiver to integrate SUD treatment services for youth and adults into the County’s mental and physical health care delivery systems.

I.3.1 Reduce the Incidence of Involvement with the Justice System Among Vulnerable Populations:

Increase the number of justice involved juveniles and adults linked to appropriate health, mental health, and substance use disorder services.

Goal III. Realize Tomorrow’s Government Today

III.2.2 Leverage Technology to Increase Visibility of and Access to Services:

Ensure that each department maximizes the use of technology to raise awareness of available programs and services. For the case of DPH and SUD, this focuses on development of SBAT tool and EHR platform to improve linkage to treatment services.

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COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY): If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits **OST COST AVOIDANCE, COST SAVINGS, AND REVENUE GENERATED (ESTIMATED BENEFITS TO THE COUNTY):** If you are claiming cost benefits, include a calculation on this page. Please indicate whether these benefits apply in total or on a per unit basis, e.g., per capita, per transaction, per case, etc. You must include an explanation of the County cost savings, cost avoidance or new revenue that matches the numbers in the box. Remember to keep your supporting documentation. Use Arial 12 point font

Cost Avoidance: Costs that are eliminated or not incurred as a result of program outcomes. Please indicate whether these are costs to the County or to other entities.

Cost Savings: A reduction or lessening of expenditures as a result of program outcomes. Please indicate whether these were expenditures by the County or by other entities.

Revenue: Increases in existing revenue streams or new revenue sources to the County as a result of program outcomes.

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