



How Medi-Cal Is Improving Treatment for Substance Use Disorder in California

The Drug Medi-Cal Organized Delivery System increases access to high quality, evidence-based care for people with substance use disorder.

People Can Access Evidence-Based Services Where They Live

- ▶ **Under DMC-ODS, people with Medi-Cal have access to all FDA-approved forms of medication-assisted treatment (MAT).** Prior to DMC-ODS, people with Medi-Cal frequently did not have access to medications like buprenorphine for opioid addiction, or disulfiram or acamprosate for alcohol use disorder. DMC-ODS added all FDA-approved drugs to its formulary, ensuring that doctors and other providers could prescribe whichever medications would be best for their patients' needs. Besides medications, treatment includes counseling and other medical and supportive therapies.
- ▶ **Patient placement is based on scientifically validated, consistent screening criteria.** To ensure people with Medi-Cal have access to the full continuum of substance use disorder (SUD) services, the benefits offered through DMC-ODS are modeled after nationally recognized guidelines from the American Society of Addiction Medicine (ASAM), known as the ASAM Criteria. These criteria, first developed in 1991, are used to create

comprehensive and individualized treatment plans for people with addiction and co-occurring conditions. By using a consistent screening tool to place patients in the most appropriate level of care, DMC-ODS counties are reducing the variability of treatment placement for beneficiaries with SUD.

- ▶ **People with Medi-Cal can access services in the community where they live.** Community-based treatment services are included in the DMC-ODS design. Programs can seek out the most vulnerable and at-risk people with SUD for engagement and treatment. These people include the homeless, isolated disabled individuals, and young people who may have limited ability to come to a clinic to begin care. This community-based approach also allows outcome-oriented and cost-effective service delivery to reduce reliance on emergency department services and other acute care systems.
- ▶ **People with Medi-Cal can call a dedicated phone line at any time, night or day, and receive a referral to appropriate care.** DMC-ODS requires participating counties to set up a 24/7 toll free line that helps Medi-Cal beneficiaries find treatment.

As of 2018, all counties providing services as part of DMC-ODS have call-in lines where consumers can check eligibility for Medi-Cal, be screened and receive referrals to an appropriate level of care.

Better Engagement in Treatment and Higher Satisfaction

- ▶ **Appropriate placement leads to better engagement in care.** Patient engagement is defined as the patient having two additional SUD treatments within 30 days after starting treatment. In DMC-ODS, engagement rates varied between treatment modalities, ranging from 54% in outpatient treatment to 92% for intensive outpatient to 96% in residential. According to the UCLA evaluation of DMC-ODS, patient engagement in treatment is as good as, or better than expected as indicated by the literature on this topic.
- ▶ **93% of people surveyed had a positive rating of the treatment they were receiving in a DMC-ODS plan.** UCLA's patient satisfaction survey asked people with Medi-Cal about their experience in several areas, including access, quality, care coordination,

and improvement in their lives. This high satisfaction rate points to the true paradigm change that is happening in California around SUD treatment.

More Counties Are Adopting DMC-ODS Changes

- ▶ **Many of the counties participating in DMC-ODS but not yet providing treatment under the plan have already implemented some new requirements, suggesting a faster ramp-up as the program continues.** Most of the “in-preparation” counties did not have a 24/7 call-in referral line in 2015. In 2017 80% of them reported that DMC-ODS had facilitated their efforts as they worked to establish new lines to meet program requirements. Additionally, 92% of counties in preparation reported that DMC-ODS had had a positive impact on their quality improvement activities, such as the development of a quality improvement plan or implementation of new evidence-based practices.
- ▶ **Some counties that are not part of DMC-ODS have begun offering similar services to their beneficiaries.** 18 of California’s least populous counties are not participating in DMC-ODS. Still, some of them have created a dedicated call-in line for people with Medi-Cal to access treatment and are using ASAM screening criteria to place beneficiaries in care. These counties may therefore be preparing to follow DMC-ODS requirements even if they are not formally participating in the current program.

Despite Progress, Challenges Remain

- ▶ **Access to MAT remains a concern in many areas of California.** While DMC-ODS has expanded the treatment options available to people with Medi-Cal, in many areas of the state there are insufficient providers available to meet the demand for services. This is for many reasons — stigma, lack of comfort or familiarity with providing MAT, or lack of staff resources are often cited by counties as barriers.
- ▶ **Providers need more training in both ASAM criteria and MAT in order for the program to be successful.** State and County leadership must continue to support and require training in ASAM models of care, MAT and evidence-based practices.
- ▶ **Working within the criminal justice system has also been challenging.** Some judges may mandate an offender’s specific treatment to avoid the person’s immediate incarceration, without considering the individual treatment needs of the patient.
- ▶ **There is an increased need for provider administrative infrastructure** given the additional documentation requirements, staff trainings, and care coordination, as well as the need for additional workforce capacity.

Conclusion

DMC-ODS is bringing SUD treatment into the mainstream and helping people with Medi-Cal access care like anyone else with a chronic condition. Such efforts fit within the larger landscape of fighting stigma and improving the lives of people seeking treatment and recovery.

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