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Implementation of The Drug Medi-Cal Organized Delivery System  
in an Outpatient SUD Rehabilitation Agency

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## **II. Abstract**

A new funding strategy called the Drug Medi-Cal Organized Delivery System (DMC-ODS) has been implemented in Santa Cruz County in efforts to combat the rising Substance Use Disorder (SUD) epidemic in the community. This system increases access to treatment services in hopes of decreasing the harmful effects of substance abuse in communities. The program aids in efforts to reduce barriers accessing care and show the people in the community the importance of and whole person care. This capstone project consisted of the implementation process of a system evaluation aligned with DMC-ODS at Sobriety Works, using data collection and analysis to track the program's progress. The implementation of this capstone project has helped the team at Sobriety Works identify the strengths and weaknesses in their current program as they implement DMC-ODS. This will help them find more efficient procedures and ultimately give clients the highest quality of care.

Keywords: Substance Use Disorder, Addiction, Homelessness, Medi-Cal, Santa Cruz

**Agency Description and Communities served**

Sobriety Works is a California State Licensed outpatient addiction treatment center in Santa Cruz County that provides services for substance abuse disorders. Although the agency is privately owned, they accept all forms of payment, including private insurance, as well as Medi-Cal. The agency serves community members from all different demographics, with the only requirement to be over the age of eighteen. They do not discriminate on the basis of a client's sex, race, religion or any persons with disabilities. Sobriety Works stated mission is to simply provide superb recovery programs for persons suffering from chemical dependency and hopefully give clients the opportunity to significantly enhance their quality of life (Sobriety Works, 2018).

The assessment and intake process at Sobriety Works include multiple personal questions regarding the potential client's history of substance abuse, past and present. This preadmission assessment includes specific required components of the American Society of Addiction Medicine (ASAM). Once the client is assessed, our licensed clinician will diagnose and recommend the level of personal client care. When needed, the client will be referred to another agency, if they need a higher, lower or different level of care.

Sobriety Works provides only outpatient services. Although the duration and frequency changes by level of service, they do not include any residential or youth services. Currently, the agency offers Intensive Outpatient Treatment (IOT), Outpatient Drug Free (ODF) and Recovery After Care. Each of these services are used to help the client regain freedom from addiction, learn a new way to live, all while having support and counseling throughout their recovery process. With this multi-faceted continuum of care, Sobriety Works aims to help clients acknowledge their high-risk behaviors and coping skills, eventually helping them to recognize healthier behaviors and coping mechanisms. Their overall goal is to individually empower each client to remain abstinent

from substances. The agency aims to do this by providing a non-judgmental and inclusive environment that feels comfortable and safe while seeking services.

### **Problem Description**

Too many individuals suffer from SUD in Santa Cruz County. According to the statistics from Datasharescc.org (2019), Drug abuse and its related problems are among society's most pervasive health and social concerns. Causes of drug-induced deaths include dependent and non-dependent use of drugs (both legal and illegal use) and also poisoning from medically prescribed drugs. Addicted persons frequently engage in self-destructive and criminal behavior, which can result in injury or death. In addition, recreational drug-use can lead to unintentional overdose and death. In California, out of 57 counties, Santa Cruz county ranks as the 2<sup>nd</sup> highest in deaths per 100,000 population (datasharescc.org, 2019). A recent study conducted in Santa Cruz County from 2014-2016 shows an average 19.7 deaths per 100,000 population, with the California average at only 12.2 deaths. These numbers in recent studies prove that substance use disorders are highly prevalent in Santa Cruz County and the urgency to address the epidemic.

Implementing the Drug Medical System throughout counties in California is beneficial on a Macro-Level and Micro level. On the Macro level, providing treatment for the substance abuse disorder and associated mental health issue through harm reduction will help decrease the number of homeless individuals, jail population, law enforcement and the costs of community resources across communities. According to the National Alliance to End Homelessness (NAEH) “People who have mental health and substance use disorders and who are homeless are more likely to have immediate, life-threatening physical illnesses and live in dangerous conditions” (2018). The national average shows that 10 percent of people who seek substance abuse or mental health treatment in our public health system are homeless (NAEH, 2018). On a Micro-level problem, the

substance abuse disorder (SUD) problem in Santa Cruz County is a direct result of lack access to treatment, the fear of stigma associated with seeking treatment and the availability of treatment for people in the community.

### Problem Model Graphic:

CAUSES/RISK FACTORS	AGENCY-SPECIFIC "MICRO-LEVEL" PROBLEM ADDRESSED BY PROJECT	CONSEQUENCES
<ul style="list-style-type: none"> <li>Barriers to access outpatient rehabilitation services</li> <li>Individuals with SUD's are unaware of treatment options</li> </ul>	<ul style="list-style-type: none"> <li>Evaluating the implementation process of the DMC-ODS at Sobriety Works.</li> </ul>	<ul style="list-style-type: none"> <li>Continued SUD issues in community</li> <li>Resources in Santa Cruz being used inefficiently</li> </ul>
	BROADER "MACRO-LEVEL" HEALTH/SOCIAL PROBLEM	
<ul style="list-style-type: none"> <li>Lack of mental health and/or substance abuse treatment for the majority of SC residents</li> </ul>	<ul style="list-style-type: none"> <li>Too Many individuals are suffering from SUD in Santa Cruz County</li> </ul>	<ul style="list-style-type: none"> <li>Homelessness</li> <li>Higher Crime Rates</li> <li>Increased Morbidity Rate</li> </ul>

### Project Description

Santa Cruz County implemented the new Medi-Cal program, referred to as the Drug Medi-Cal Organized Delivery Services (DMC-ODS) beginning in January of 2018. According to The California Department of Health Services (2018), the new program provides a continuum of care modeled after the ASAM criteria for Substance Use Disorder (SUD) treatment services. This enables more local control and accountability for each individual county, providing greater administrative oversight. The new program allows each community utilization and control over their programs to improve care and use resources more efficiently. The implementation of the DMC-ODS allows county wide access to mental and behavioral health care, coordinating all health care services in one system to bridge the gap between physical and mental health care.

The new program allocates federal funding to contribute to state and local funding, in order to provide beneficiaries with access to substance abuse, mental and behavioral health services. This capstone project began by establishing performance measures of the program and defining the method that would be used for tracking performance. The goals and expected outcomes of the program were established at the beginning of implementation, in order to assess the utilization and effectiveness of the program. The evaluation and analysis process of the DMC-ODS began with baseline data collected from clients that received services from Sobriety Works during the first quarter (July 2018-September 2018) of the fiscal year. After measuring the initial data, the agency evaluated their standards of operation, making necessary adjustments in documentation or service procedures as they were provided. The same performance measures were then be collected from any clients who received services during the second quarter (October 2018-December 2018) of the fiscal year. Using SMART objectives, the DMC-ODS could easily be compared to the original baseline data and assessed as beneficial, non-beneficial, or neutral in helping the recovery community.

The DMC-ODS program requires contractors, such as Sobriety Works, to report performance measures that provide expected outcomes and measurable results of their current program. The systematic shift for this SUD programs requires Sobriety Works to work closely with the County and collaborate with other network providers to strategize and develop ways to meet the needs of increased clients. Each measurable outcome was used to track the program's effectiveness and expose areas in need of adjustment. These measurements were submitted to the county of Santa Cruz, to provide proof of compliance to requirements per Santa Cruz County Medi-Cal contract. As a result of this project, new data and statistics were generated, helping to identify client needs or any potential barriers preventing premium care to for clients. The

evaluation process will also be used in future analysis, continuing to measure the outcomes of the program in upcoming years, based on the established criteria from the capstone project. The results of the project will hopefully be used to demonstrate the importance of mental health and its correlation to an individual's physical health.

The agency hoped to meet or exceed each expected outcomes and goal, while also analyzing the progress made through the new program. The project aimed to increase organization and standardize documentation in charting for specific services. The data analysis and evaluation will provide the agency and the County of Santa Cruz quantitative statistics and the effectiveness of the new medical model. The use the performance measurement outcomes will also provide a more efficient level of assessment for the agency's services. The strategy for this evaluation project was to use recorded data from client's charts, as well as the county Avatar system. The Avatar system is a county-wide based online tracking system for all services provided for any client from a county funded program. The baseline list was established through a caseload report generated in Avatar, in order to have the most accurate list of clients. Throughout the research process, the baseline data was recorded into an excel program with the specific measurement outcomes identified. Any further resources and direction were provided by the executive director, clinical director or Santa Cruz County Health Services.

The project required access to confidential client information mainly through the county database, Avatar, accessing client information and inputting data into excel formats. Once client's charts and records were reviewed, pertinent staff members as resources, collaborated with researchers to find and/or verify the information is correct. The staff at Sobriety Works provides excellent communication and is happy to give additional feedback or answer questions. Learning to navigate the online data base, running specific detail-oriented reports with specific guidelines



although, is an essential resource in this project. At times, access to confidential client information which required higher level of access, was limited.

While implementing this system, a common challenge was the inconsistencies found in the recording of client's charts. Over time, each counselor developed their own personal way of charting, documenting, and organizing their client's charts. As a result, looking for specific data become extremely time consuming. For example, finding documentation that provides proof of health screenings for a client, may require a chart to be reviewed from start to finish. Subsequently, the inconsistencies of multiple charts, searching for documentation of the required service, consumed a large part of the time spent at the agency. These issues were addressed during weekly mandatory staff meeting, to address everyone together and get feedback from the counselors. The Executive Director created standardized forms to be given to clients upon intake, with hopes that we would get the forms back within the specified period and have the documentation on file, easily available. To address the counselors about uniform requirements, they were provided with the county requirements, with any further problems to be directed to the Medi-Cal office directly. The ultimate goal of this program was for all staff to have a uniformed documentation system. Charting each client with the same organization and data record, both electronically in Avatar and client charts. This will make future data easily accessible, quicker to find, input and analyze. New charting regulations a policy of Sobriety Works, as well as requirements as a contractor of Medi-Cal. When issues arise, related to client's records or charts, they are addressed during the weekly staff meeting, with hopes that everyone will be on the same track to success. If further data or charting problems occur, the Clinical Director will speak directly to the counselor.

## **Findings**

As described above, this capstone project evaluated the DMC-ODS model at Sobriety Works using data research, measurable outcomes and findings that will continue to be used in upcoming years. This evaluation method will be used to show Santa Cruz County Medi-Cal Contractors that Sobriety Works has met the minimum standards for service delivery to their population served. Each performance measure was used to create the baseline data from quarter one and compare the same measures for clients served in quarter two. The assessment of each outcome contributed to the improvement of services using the new Drug Medi-Cal model.

The first outcome was assessed in this project was the average wait time a for a client who requested services to begin serves. The goal of Sobriety Works is to provide 100% of client's services or connect the client to the correct level of care within ten calendar days. Out of the 61 clients served in the first quarter of the fiscal year, the average wait time for a client to be assessed into a level of care and begin receiving services averaged 4.26 days. Many clients were waitlisted 0 days from the time of request to receiving care. However, some clients did experience waitlist times ranging between 1 and 31 days. Only 5 of the 61 clients were waitlisted for more than ten days, which was usually a result of scheduling conflicts, transportation issues, or needing to reschedule the assessment due to various personal circumstances.

The second outcome measured involved the clients discharge planning and referrals to outside services. Sobriety Works aimed to achieve 80% of client discharge plans to include individual referrals. This performance measures includes referrals for behavioral, mental health, medical or a different level of care. However, only 30% of clients from the first quarter received referrals and only 21% had discharge plans in place at the time they stopped treatment. The performance percentage measures show a lower result than the original goal, yet there were 13 clients who did receive discharge plans, and 18 clients that did received referrals at some point

during their treatment. Upon initial analysis, the explanation of low performance measures shows that 18 clients were discharged due to loss of contact/administrative discharge and 11 clients that were transferred to another level of care within Sobriety Works or outside facility within Santa Cruz County.

The third outcome measured the percentage of Sobriety Works clients that received case management services in addition to the substance abuse disorder treatment services. Sobriety Works goal is for a minimum of 80% of clients to receive case management services during their treatment program. This goal exceeded expectations, with 99.91% of clients receiving case management services in the first quarter and 100% of clients received case management services in the second quarter.

Finally, the fourth outcome involved each client's connection to physical health screenings. Clients should be referred to a Primary Care Physician for a physical and provide the correct documentation within 30 days of starting treatment services. Most clients of Sobriety Works have limited mobility and Santa Cruz County has limited physicians who accept Medi-Cal insurance; therefore, the agency's goal is that a minimum of 60% of clients to have provided this documentation within thirty days of treatment. After reviewing the client's charts in our baseline data, it became clear that there was a lack of a standard form that would be considered documentation in order to satisfy this performance measure. Many clients do not have documentation of health screenings, and if the client is able to provide medical documentation, the information given differs from client to client. Some charts contain lab results, copies of emergency room or urgent care visits.

## **Final Project Assessment**

The expected outcome for this capstone was that Sobriety Works uses the developed outcome measures and the data analysis of the measures to evaluate and improve their services. This is actually a requirement of DMC-ODS and through observation of how the agency has used the process and findings of this capstone project it is clear that the project was a success. Using the findings from this evaluation, Sobriety Works has created standardized health screening documents that are provided to each client upon intake. Going forward, this form will be the only documentation that will satisfy the performance measure as proof current health screening.

Comparing the pre and post data side by side has helped the agency evaluate the new model and its impact by analyzing the progress made between the first and second quarter of the fiscal year. The impact of this project will be seen through the improvement of services, using the measurement outcomes listed above for future years. The data has shown significant improvement of services when comparing the outcomes at different stages of the program. However, if there is still room for improvement in certain areas. The overall goal for substance abuse treatment services is to reduce recidivism related to substance abuse, increase effectiveness of interagency coordination of services and increase individual empowerment of each client.

This method of tracking and producing measurable outcomes will continue at Sobriety Works as long as the DMC-ODS program is in place. This data will be used when reporting to the county, collaborating with them to obtain new goals in the future and provide proof of compliance for Medi-Cal funding. As stated before, this project is not only my capstone project, but a requirement for Sobriety Works, providing the measurable performance outcomes to report to the County of Santa Cruz as well as provide proof of the programs ability to meet the goals set at the beginning of each fiscal year.

## **Recommendations**

The main challenge in the implementation of the capstone during the first part of the project was the inconsistency of client records and documentation. Since this program is in its first year, the entire process and operating procedures have had to adjust, which ultimately benefits the agency. With reliable charting and operating procedures, the data will be easier to locate and used to validate the success of the new program throughout future years. Documentation will become more reliable and consistent, using standardized forms for clients to use and access easily. Although there were difficulties when initially collecting the baseline data, many of these issues have been resolved and will no longer be problems in the future. Should there be new obstacles in the further, the team at Sobriety Works is always open to learn new strategies and time saving practices.

## **Conclusion**

Throughout the internship at Sobriety Works, I have had the opportunity to grow professionally, as well as increase my knowledge in many different areas. The Major Learning Outcomes practiced the most during this semester were; Professional Communication (PM), Statistics and Research (STAT), Information Management (IM) and Systems Management (SM).

In the beginning of the project, the measurement outcomes for the project were vague and hard to find. Through professional communication with my mentor, as well as the Clinical Director and Counselors, we were able to create a better system of tracking, reducing the time spent searching through client charts. Statistics and research methods have been an ongoing learning experience throughout the capstone project and will only increase as the new data is recorded. Learning to use the online county database program, Avatar, I am able to research each client to find the information needed. This program has also provided the learning experience of exporting data into an excel sheet, making the time spent more efficient.

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