

# San Francisco implementation of the Drug Medi-Cal demonstration waiver

Presentation to Health Commission, March 2016

Judith Martin, MD

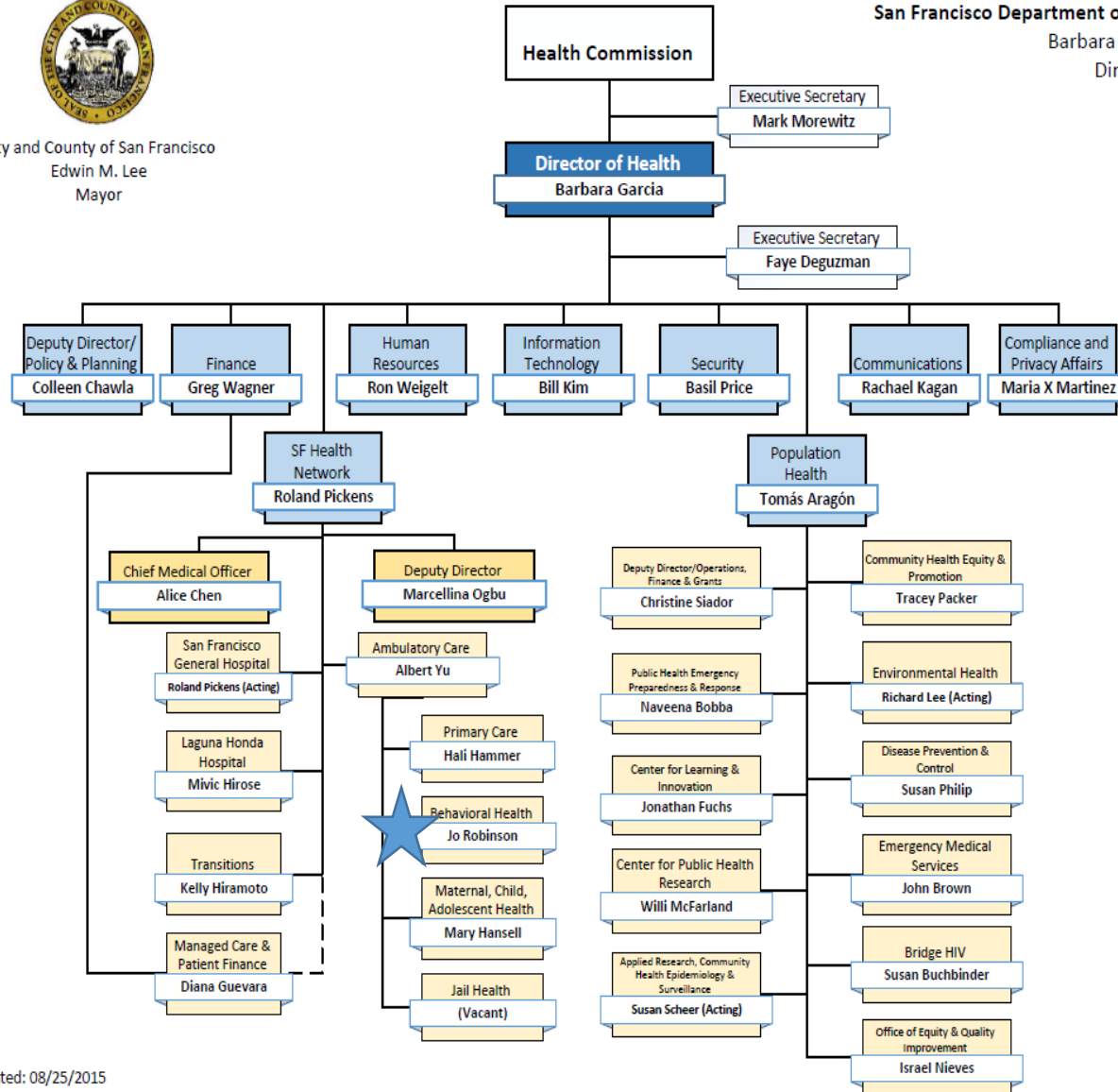
Medical Director of Substance Use Services



City and County of San Francisco  
Edwin M. Lee  
Mayor

### San Francisco Department of Public Health

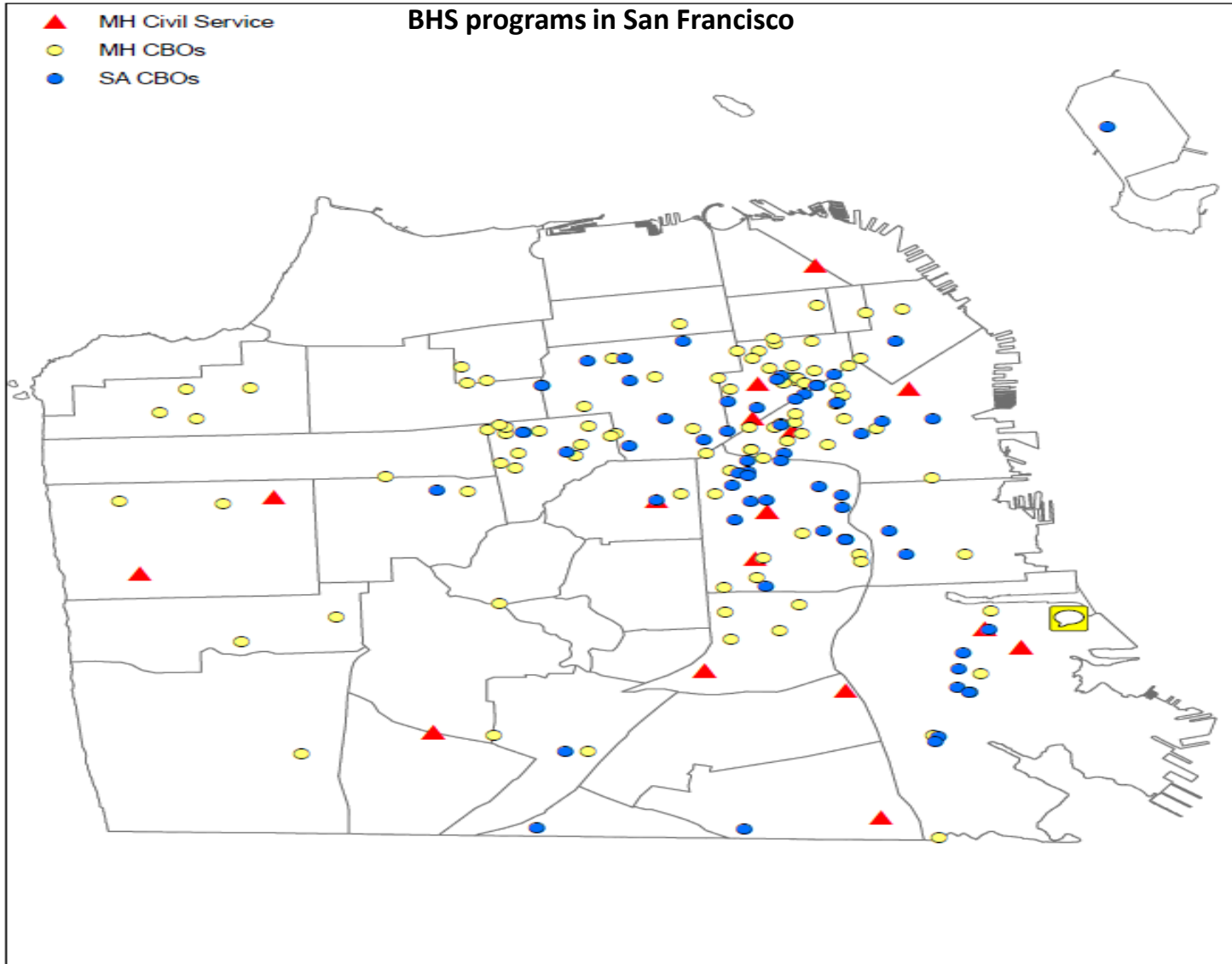
Barbara A. Garcia, MPA  
Director of Health



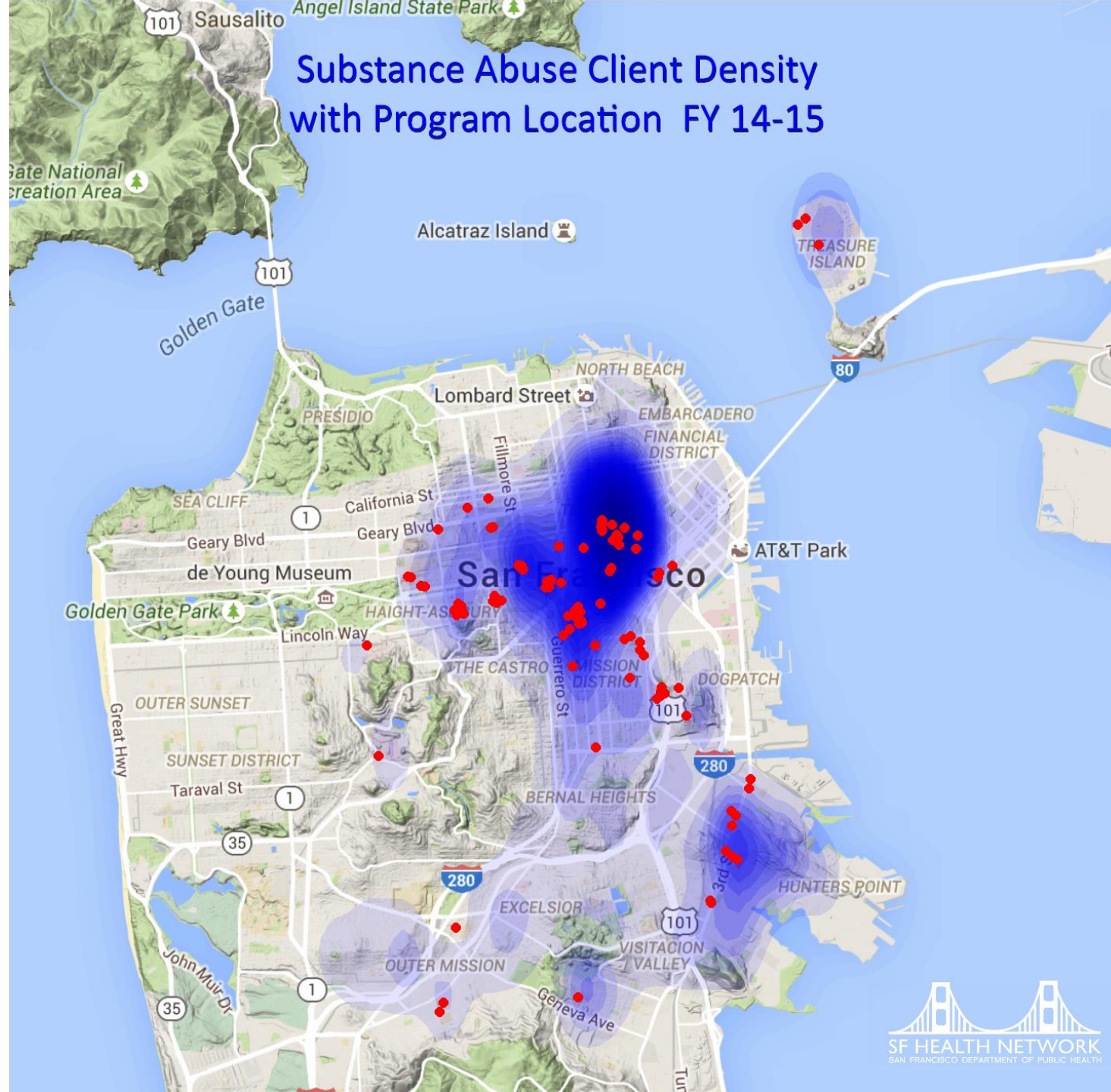
# All BHS Programs

## BHS programs in San Francisco

- ▲ MH Civil Service
- MH CBOs
- SA CBOs



# Substance Abuse Client Density with Program Location FY 14-15



<b>CBHS Mental Health Clients Served</b>	
<b>Provider</b>	<b>Unduplicated Client Count</b>
<b>Contract Providers</b>	16,001
<b>Civil Service Providers (Incl. SFGH)</b>	13,916
<b>TOTAL UNDUPLICATED CLIENTS</b>	<b>25,749</b>

<b>SUD Clients</b>	<b>Unduplicated Client Count</b>
<b>Contracted Providers</b>	<b>7,453</b>
<b>Civil Services Providers</b>	<b>NA</b>
<b>Total</b>	<b>7,453</b>

## FY 2014 - 2015

Revenues	Mental Health	Substance Use Disorder
1991 Realignment	57,270,000	
2011 Realignment	19,116,945	8,515,285
Revenues/Allocation	67,789,655	14,835,222
Projects	31,559,203	140,500
Work orders	15,504,558	4,420,185
Grants	9,855,529	1,274,660
County GF 14-15	77,230,675	40,234,731
	<b>278,326,565</b>	<b>69,420,583</b>

# The Drug Medi-Cal waiver:

- **Once in a generation opportunity for redesign of services**
- **Primarily benefits homeless and indigent persons**
- **Redefines substance use services from inconsistent quality self-help to medical treatment**
- **Institutes evidence -based care**
- **Eliminates waiting lists**
- **Ensures coordination of treatment**
- **Designates federal funding for an organized delivery system, no additional local funding used**
- **Consistent with ACA and parity bill**

# Drug Medi-Cal/Organized Delivery System (DMC/ODS) is the name of the waiver

- The county forms a substance use health plan for Medi-Cal beneficiaries.
- New services are required, and central authorization of care required.
- Medicaid funding for existing services becomes possible, in particular residential treatment.
- Overall, requires an increase in professional level for our programs, and additional county responsibilities.



# Timeline of implementation, gradual roll-out.

<ul style="list-style-type: none"> <li>- Medi-Cal certification of existing programs. (est 30% begin billing between July and December 2016)</li> <li>- Pilots of new services begin</li> </ul> <p>New contracts and selection process for all services (due by 2017)</p> <ul style="list-style-type: none"> <li>- Training of all staff</li> <li>- Creation of substance use health plan</li> </ul>		<ul style="list-style-type: none"> <li>- Remaining programs begin billing</li> <li>- First External Quality Reviews of outcomes</li> <li>- Design youth system of care substance use</li> <li>- Spread successful pilots</li> </ul>	<p><b>State evaluates waiver, plans renewal</b></p>	
2015-2016	2016-2017	2017-2018	2018-2019	2019-2020

# Timeline of implementation , estimated increase in DMC persons served by modality

Increase in Drug Medi-Cal people served					
Opiate Treatment Program (OTP)	10%	3%	3%	3%	3%
Outpatient		25%	25%	10%	
Residential Treatment		15%	15%	0%	
Housing and Transitions , beds		+80	+80	+80	+80
Years	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020

Questions?

