

**Department of Health Care Services
Drug Medi-Cal Organized Delivery System Waiver
San Diego County Implementation Plan**

This document will be used by the Department of Health Care Services (DHCS) to help assess the county's readiness to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver and for the counties to determine capacity, access and network adequacy. The tool draws upon the Special Terms and Conditions (STCs) and the appropriate CFR 438 requirements. DHCS will review and render an approval or denial of the county's participation in the Waiver.

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This part is a series of questions about the county's DMC-ODS program.
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Part I Plan Questions

This part is a series of questions that summarize the county’s DMC-ODS plan.

- **Identify the county agencies and other entities involved in developing the county plan (Check all that apply). Input from stakeholders in the development of the county implementation plan is required; however, all stakeholders listed are not required to participate.**

- County Behavioral Health Agency
- County Substance Use Disorder Agency
- Providers of drug treatment services in the community
- Representatives of drug treatment associations in the community
- Physical Health Care Providers
- Medi-Cal Managed Care Plans
- Federally Qualified Health Centers (FQHCs)
- Clients/Client Advocate Groups
- County Executive Office
- County Public Health
- County Social Services
- Foster Care Agencies
- Law Enforcement
- Court
- Probation Department
- Education
- Recovery support service providers (including recovery residences)
- Health Information technology stakeholders
- Other (specify) Opioid (Narcotic) Treatment Programs

- **How was community input collected?**

<input checked="" type="checkbox"/>	<p>Behavioral Health Services (BHS) Community Forums/Focus groups:</p> <ul style="list-style-type: none"> During the month of October, there were 12 BHS Community Engagement Forums scheduled lasting 2.5 hours each throughout all regions of the County. The purpose of the forums was to get stakeholder feedback and input on mental health programs, and alcohol and other drug programs for Fiscal Year 16-17 (July 2016 to June 2017). During August through October, 2016 there were 12 regional forums and six focus groups conducted to solicit additional input on specific topics. <p style="text-align: center;"><i>Information is outlined in Section 1, Collaborative Process</i></p>
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Additional data gathering Efforts:

<input checked="" type="checkbox"/>	<p>County advisory groups:</p> <ul style="list-style-type: none"> Healthy San Diego Behavioral Health Operations Workgroup – June 19, 2015, November 20, 2015, April 15, 2016 & August 26, 2016
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	<ul style="list-style-type: none"> • Alcohol & Drug Services (ADS) Provider Meeting – July 16, 2015 • ADS Treatment Provider 1115 Waiver Meetings- May 11, 2016, June 8, 2016, June 22, 2016, July 8, 2016, July 20, 2016, August 10, 2016, September 7, 2016, October 19th, 2016, January 25th, 2017 & March 22nd, 2017 • Offender Treatment Program Committee – August 28, 2015, September 28, 2015, April 29, 2016, June 24, 2016, August 19, 2016 & September 16, 2016 • Alcohol & Drug Services Provider Association (ADSPA) - August 20, 2015, September 28, 2015, October 30, 2015, January 21, 2016, and February 16, 2017. • Community Health Improvement Partners- November 5, 2015 • Behavioral Health Advisory Board (BHAB) - March 3, 2016, April 6, 2017, and May 4, 2017. • San Diego Opioid (Narcotic) Treatment Providers – May 9, 2016, June 13, 2016, July 11, 2016, August 8, 2016, September 7, 2016 & October 19th, 2016 • BHAB DMC Workgroup – June 30, 2016, August 12, 2016, August 29, 2016, September 27, 2016, October 19th, 2016, December 19th, 2016, & April 18, 2017.
<input checked="" type="checkbox"/>	<p>Key Informant Interviews with subject matter experts, including:</p> <p>County of San Diego Alcohol and Other Drug (SUD) Providers:</p> <ul style="list-style-type: none"> • John Richardson, Vice President, Mental Health Systems, Inc – Ongoing throughout consulting engagement • Angela Rowe, Program Manager, Vista Hill Foundation – June 8, 2015 <p>Medi-Cal Managed Care Plans:</p> <ul style="list-style-type: none"> • George Scolari, Community Health Group/Chair of Healthy San Diego BH Providers Workgroup – June 15, 2015 <p>County Executive Office:</p> <ul style="list-style-type: none"> • Alfredo Aguirre, Director/BHS – August 3, 2015 • Nick Yphantides, MD, Chief Medical Officer – July 23, 2015 • Peter Shih, Administrator for Health Care Policy – July 23, 2015 & August 7, 2015 • Susan Bower, Director of Service Integration/BHS – June 4, 2015 <p>County Staff:</p> <ul style="list-style-type: none"> • Sanaa Abedin, Epidemiologist II, Community Health Statistics Unit/Health and Human Services Agency (HHS) – June 18, 2015, July 14, 2015 & August 7, 2015 • Leslie Ray, Senior Epidemiologist, Community Health Statistics Unit/HHS – June 18, 2015, July 14, 2015 & August 7, 2015 • Ricardo Gutierrez, Operations Research Analyst, Office of Business Intelligence, HHS – July 31, 2015 & August 7, 2015 • Jose Valenzuela, Office of Business Intelligence, HHS – August 7, 2015 <p>Other:</p> <ul style="list-style-type: none"> • Angela Goldberg, Facilitator of Prescription Drug Abuse Task Force & Meth Strike Force – on-going throughout project duration. • Dr. Greg Aaron, UCSD (Researcher/Educator)– June 15, 2015 • Michael Hutchinson, MFT, Division Director - Quality Improvement and Data Support, Santa Clara County Health and Hospital System, Department of Alcohol and Drug Services – July 8, 2015 • Scott Brown, Special Projects Manager/San Diego Superior Court – July 23, 2015 • Norman Jackson, Project Coordinator, Center for Criminality & Addiction Research, UCSD (Researcher/Educator) – August 3, 2015

	<ul style="list-style-type: none"> • Andrew Gordon and Cheryl Mason, SANDAG – July 24, 2015 & August 7, 2015 • Gary Tsai, MD, FAPA, FADAM, Medical Director & Science Officer, Substance Abuse Prevention and Control, County of Los Angeles, Department of Public Health – May 2, 2017
	<p>SUD Provider Surveys: SUD county-contracted providers were surveyed twice, asking providers specific questions to help inform SDCBHS in developing the Implementation Plan. These different surveys were conducted in September, 2015 and in June, 2016. A survey was also administered in July, 2016, to all SUD county-contracted residential treatment providers to determine the current and potential bed capacity for DMC clients within San Diego County’s DMC-ODS. All survey results provided information to inform the Implementation Plan and are included in relevant sections and appendices throughout this document.</p>
	<p>SUD Provider Visits: From November 2016 through March 2017, meetings were held with various SUD providers around the county, and management personnel were interviewed for further input into developing the Implementation Plan:</p> <ul style="list-style-type: none"> • Mental Health Systems – John Richardson, Vice President – 11-30-16 • Vista Hill Bridges Recovery Services – Claudette Allen, Program Director – 12-13-16 • HealthRight 360 Serenity House – Shaina Zura, Managing Director – 12-19-16 • Episcopal Community Services DUI Program – Mustafa Nasheed, Program Manager – 1-3-17 • Freedom Ranch Residential – Glen Webber – 1-9-17 • House of Metamorphosis Residential – Beverly Monroe, Director – 1-18-17 • Family Resource Center (IOT & Residential) – Terry Aperule, Acting Program Manager – 1-20-17 • East County Center for Change – Roxy Walnum, Program Manager – 1-25-17 • McAllister Institute – Jeanne McAlister, CEO – 1-30-17 • MHN-Health Net OHS DUI Program – Barbara Aday-Garcia, Program Manager – 2-6-17 • Veterans Village Residential – Shellie Bowman, Program Director & Marilyn Cornell, Clinical Director – 2-17-17 • UPAC Addiction, Treatment & Recovery – Sunnyo Pak, Program Manager – 2-27-17 • ACTION Central – Melanie Carrion, Vice President – 3-15-17

- ***Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.***

- Monthly
- Bi-monthly
- Quarterly
- Other:

- ***Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?***

- SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.
- There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.
- There were no regular meetings previously. Waiver planning has been the catalyst for new planning meetings.
- There were no regular meetings previously, but they will occur during implementation.
- There were no regular meetings previously, and none are anticipated.

- ***What services will be available to DMC-ODS clients under this county plan?***

REQUIRED

- Withdrawal Management (minimum one level out of 1 WM, 2 WM, 3.2 WM)
- Residential Services (minimum one level out of 3.1, 3.3, 3.5)
- Intensive Outpatient
- Outpatient
- Opioid (Narcotic) Treatment Programs
- Recovery Services
- Case Management
- Physician Consultation

How will these required services be provided?

- All county operated
- Some county and some contracted
- All contracted

OPTIONAL

- Additional Medication Assisted Treatment
- Partial Hospitalization
- Recovery Residences
- Other (specify)

- ***Has the county established a toll free 24/7 number with prevalent languages for prospective clients to call to access DMC-ODS services?***

- Yes (required)
- No

- ***The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC-ODS evaluation.***

- Yes (required)
- No

- ***The county will comply with all quarterly reporting requirements as contained in the STCs.***

- Yes (required)
- No

- ***Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. These data elements will be incorporated into the EQRO protocol:***
 - ***Number of days to first DMC-ODS service/ follow-up appointments at appropriate level of care after referral and assessment***
 - ***Existence of a 24/7 telephone access line with prevalent non-English language(s)***
 - ***Access to DMC-ODS services with translation services in the prevalent non-English language(s)***
 - ***Number, percentage of denied and time period of authorization requests approved or denied***

- Yes (required)
- No

PART II PLAN DESCRIPTION (Narrative)

In this part of the plan, the county must describe certain DMC-ODS implementation policies, procedures, and activities.

General Review Notes:

- Number responses to each item to correspond with the outline.
- Keep an electronic copy of your implementation plan description. After DHCS reviews your plan description, you may need to make revisions. When making changes to the implementation plan, use track changes mode so reviewers can see what has been added or deleted.
- Counties must submit a revised plan to DHCS whenever the county requests to add a new level of service.

Narrative Description

All components of this Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Plan are referenced from the California Bridge to Health Reform Drug Medi-Cal Organized Delivery System Waiver STCs dated December 30, 2015.

1. Collaborative Process

Describe the collaborative process used to plan DMC-ODS services. Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement and effective communication will occur.

Review Note: Stakeholder engagement is required in development of the implementation plan.

The County conducted an array of activities in the process to plan DMC-ODS services including: planning group meetings, key informant interviews, provider surveys and community stakeholder engagement forums. Specifically, planning group meetings included the following:

❖ ***Healthy San Diego Behavioral Health Operations Workgroup Meeting***

This first Healthy San Diego Behavioral Health Operations Workgroup Meeting was intended to open a dialogue about the DMC-ODS requirements, challenges and needs in planning to implement the DMC-ODS. Representatives from all five Managed Care Plans were in attendance, as well as a representative from the Health Center Partners of Southern California, which represents and supports community clinics and health centers. A slide presentation on the DMC-ODS was presented to inform those in attendance on selected Special Terms & Conditions. Attendees asked questions and expressed some of the challenges that would be managed to include, funding, training needs, and implementation of QA activities, as well as best practices in coordinating SUD with physical health care. Meetings have continued to get input and provide updates throughout the development of the Implementation Plan.

❖ ***Alcohol and Drug Service Provider Meeting & 1115 Waiver Focus Meetings***

During a quarterly scheduled Alcohol and Drug Service Provider Meeting in July 2015, a brief overview of the DMC-ODS was presented followed by an interactive exercise, in which providers in attendance were asked to identify and prioritize their needs for technical assistance. In addition, specific bi-weekly 1115 waiver meetings occurred to discuss and obtain input on all aspects of an Organized Delivery System and Implementation Plan requirements.

❖ ***Offender Treatment Program Committee (OTC)***

This committee is comprised of representatives from the Court, the Probation Department, the Sheriff's Department, the District Attorney's Office, the Public Defender, the San Diego City Attorney's Office, the County Public Safety Group and the County Health and Human Services Agency Executive Office. The purpose of attendance at these meetings was to provide information about the DMC-ODS Waiver opportunity including specifics about an organized delivery system, the requirements for counties opting in to the Waiver, the potential for expanded services under the DMC-ODS Waiver, and present an internal timeline for the process. As well as providing information, the intent was to open dialogue and obtain input from this group. Discussion centered on how to manage offender treatment under the DMC-ODS Waiver and feedback was gathered from the OTC on existing challenges and best practices to manage those challenges. These discussions included ideas on how to best implement American Society of Addiction Medicine (ASAM) placement criteria for individuals moving throughout different stages in the justice system and being referred to a DMC-ODS.

❖ ***Alcohol & Drug Services Provider Association (ADSPA)***

ADSPA is comprised of San Diego Alcohol & Drug Services providers and the philosophy of the Association is to increase and maintain the quality of alcohol and drug services by meeting the services needs of San Diego County residents. Information and recommendations from this representative group were solicited throughout the input process period.

❖ ***Behavioral Health Services Community Engagement Forums***

Throughout the month of October 2015 there were twelve BHS Community Engagement Forums scheduled lasting two and a half hours each throughout all regions of the County. The purpose of the forums was to obtain stakeholder feedback and input on operational planning priorities for mental health programs and alcohol and other drug programs, and to solicit feedback specific to the DMC-ODS Waiver. These forums provided a structured process that the County used in partnership with stakeholders in determining how best to utilize funds that are available. The forums included participation from the San Diego County Behavioral Health Advisory Board, System of Care Councils, as well as individuals, stakeholders, and organizations in communities and regions throughout San Diego. Questions that specifically pertained to the DMC-ODS Waiver were introduced for discussion at each of the twelve forums as follows:

1. What are the current unmet needs?
2. How should we prioritize these needs?
3. What are you concerned about most related to coordination of care?

In addition, during August through early October of 2016, there were another 12 regional forums and focus groups conducted to solicit additional input, with representatives from targeted populations (Native American, Southeastern San Diego Community, Justice Partners, Male and Female incarcerated individuals and Peer Workers). The discussions centered around three topics: Children’s Behavioral Health, Unserved/Underserved and Care Coordination. Statistical analysis of the forum discussions identified the themes of Access and Services, Continuum of Care and Education and Awareness across all three topics and six county regions.

Feedback received from these forums and focus groups has been incorporated throughout this implementation plan.

❖ ***Key Informant Interviews Throughout Consulting Engagement***

Additionally, several key informant interviews greatly assisted in the planning process to inform on the most appropriate methods of engaging stakeholders and partners and gathering information related to DMC-ODS Waiver planning. Specifically, a seasoned veteran in the field of drug/alcohol treatment, especially surrounding San Diego, was a major informant to the process.

❖ ***SUD Provider Surveys***

SUD county-contracted providers were surveyed in September, 2015 and June, 2016. In addition, a specific residential provider survey, in July, 2016, was conducted to obtain information about current and projected bed capacity, as well as other relevant Drug Medi-Cal (DMC) waiver elements needed for the Implementation Plan. Information collected by all the surveys was used to inform various sections of this Plan. See Appendix 3: “List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification.”

❖ **SUD Provider Visits**

From November 2016 through March 2017, meetings were held with various SUD providers around the county, and management personnel were interviewed for further input into developing the Implementation Plan. These meetings allowed key program personnel the opportunity to raise questions/concerns about the DMC-ODS that may have arisen since initial discussions about implementation began, and to further identify needed trainings and support to assure successful implementation.

❖ **San Diego Opioid (Narcotic) Treatment Program (OTP/NTP) Meetings**

Monthly meetings were convened with all Legal Entities providing OTP/NTP services in San Diego to obtain input and feedback regarding the implementation of the DMC-ODS, including steps needed in relation to contracting, provision of services, monitoring of services and coordination of care efforts. See Appendix 4, “State of California Opioid/Narcotic Treatment Program Directory, San Diego, California 04/07/2017”, for a listing of the programs in San Diego County.

❖ **BHAB Workgroup**

In March 2016, BHAB voted to establish a Drug Medi-Cal (DMC) Workgroup. Beginning June 2016, monthly meetings have been held with the workgroup members and County of San Diego Behavioral Health Services (SDCBHS) staff. The purpose of this workgroup was to serve in an advisory role to SDCBHS as the Implementation Plan was developed and initial stages of the Waiver were operationalized.

2. Client Flow

Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care and who is providing the case management services. Also describe if there will be timelines established for the movement between one level of care to another. Please describe how you plan to ensure successful care transitions for high-utilizers or individuals at risk of unsuccessful transitions.

Review Note: A flow chart may be included.

SDCBHS’ philosophy is that high quality behavioral health care is consumer- and family-centered, safe, clinically effective, rehabilitation and recovery focused, trauma informed, outcomes driven, and culturally competent. SDCBHS intends to provide clients and families with comprehensive, preventive, rehabilitative, and therapeutic behavioral health care delivered in the least restrictive environment and in the most effective mode. This is accomplished in a manner that ensures access to and satisfaction with services (consumer-centered), appropriateness of services (trauma informed, clinically effective, and culturally competent), and desirable outcomes (outcomes driven). The philosophy and practice further acknowledges and understands that trauma and complex stress are pervasive across the age and

gender continuum among those we serve. SCBHS is clear on the impact of trauma and practice a model of treatment that accepts that everyone does not respond to the same experiences in the same way. Thus, a client-centered approach is the focus of all treatment. The quality of the care and services delivery system will be ensured by continually assessing key aspects of care and treatment, using evidence based and best practices and reliable and valid measures.

SDCBHS provides a continuum of mental health and alcohol and other drug services for children, youth, families, transitional age youth, adults, and older adults. It promotes recovery and well-being through prevention, treatment, and intervention, as well as integrated services for clients experiencing co-occurring mental illness and alcohol and drug conditions that interfere with wellness and stability. The system of care employs an Administrative Services Organization (ASO), OptumHealth, to fulfill specific management functions and operates a centralized Access and Crisis Line (ACL). Individuals can access substance abuse treatment through either a referral from this centralized phone line, through direct program contact or a referral from other various entities. Additionally, San Diego County providers, clients, and the community have access to the Network of Care for Behavioral Health resources that is accessible at <http://sandiego.networkofcare.org/mh/>. This is an online information portal for individuals, families and social service agencies concerned with community mental health services, substance use treatment programs and help for people with developmental disabilities. The website indicates accessibility options for new beneficiaries and ensures the “No Wrong Door” for those navigating the system of behavioral health resources, those working to avoid the need for formal services, and those ready to transition out of the behavioral health system. The website and the documents are accessible in 14 human-translated languages and in over 80 languages through Google translation. The visitors can select a preferred language by selecting the “Change Language” option on the left side of the home screen, selecting “Service Directory” once the preferred language has been chosen, and browsing the categories to access service providers.

REFERRAL:

SDCBHS has a policy of “No Wrong Door” regionalized screening and treatment. Referrals can be made by any provider, program, or agency that interacts with an individual in need and consumers are able to access care by calling the countywide toll-free ACL or by referral and self-referral to system providers in the community. Under the proposed DMC-ODS, the ASO will continue to fulfill a key function in connecting people to available substance related resources. The ACL’s trained clinical staff will administer a preliminary screening to and provide a referral based on a provisional determination of the appropriate level of care. For those individuals who directly contact a treatment program, each program will be able to provide the same screening function as the ASO to ensure immediate access. This “hub and spokes” model of access ensures that people are immediately served regardless of where they make their initial contact within the system.

When an individual calls the toll-free ACL, or calls/presents at an existing treatment program, a screening will be conducted to obtain relevant information to identify initial treatment needs to link clients to the most appropriate level of care. If the individual needs interpretation assistance, it will be provided through an appropriate bilingual staff, an identified interpreter or a specialized language assistance line. The screening will assist with determination of where the individual should be directed for a comprehensive assessment. In the event the referral is not appropriate, a coordinated effort between the client, the referring agency, and the receiving program will occur to ensure a warm handoff to an appropriate level of care. Upon first contact with a beneficiary or referral, the County contracted programs will ensure a process of informing beneficiaries regarding the benefits to which they are entitled, in a language they understand. This informing process will

be documented and monitored. SDCBHS' SUD programs shall serve as a community referral resource, directing individuals in need of other services beyond the scope of the program. The program shall maintain, and make available to participants, a current list of resources within the community that offer services that are not provided within the program. At a minimum the list of resources shall include different levels of care, medical, dental, mental health, public health, social services and where to apply for the determination of eligibility for State, Federal, or County entitlement programs.

SDCBHS' prevention and recovery programs shall also serve as a referral resource into the proposed DMC-ODS. Specifically, SDCBHS contracts with Driving Under the Influence (DUI) programs, currently recognized as a best practice model throughout the state. This is due to these DUI programs' strong commitment to a service delivery of focusing on reducing the incidence and prevalence of DUI behavior through education, counseling, and early identification of and referral for San Diego County's most vulnerable and highest risk participants through Motivational Interviewing and trauma-informed techniques. Also, SDCBHS contracts with a Serial Inebriate Program (SIP). The San Diego Police Department notifies SIP case managers for individuals referred by the courts for admission into the program. SIP serves chronic homeless inebriates who are offered intensive case management and access to services needed to achieve financial stability and long-term recovery in lieu of custody. The SIP and DUI programs are just a couple of examples of other sources of referrals for appropriate individuals into SDCBHS' system of care.

AUTHORIZATION:

The County will provide prior authorization for residential services within 24 hours of the request being submitted. The County ASO will perform authorization activities and will review the Diagnostic and Statistical Manual of Mental Disorders and ASAM criteria submitted by the referring party to ensure that the beneficiary meets the requirements for the services. Written policies and procedures will be developed to outline how requests for initial and continuing authorization of services will be processed. Review criteria will be established and the ASO will be required to consult with the requesting provider if additional information is needed and if questions arise. The ASO process will be reviewed at least annually by the County of San Diego Quality Improvement (QI) Unit to determine a consistent application of the review criteria and the coordination activities with providers. The ASO will be required to meet established timelines and will track the number and percentage of requests for authorization submitted, processed, approved and denied and the timeliness of each authorization request response. This data will be collected and reviewed by the County on a routine basis and corrective action will be implemented if deficiencies are identified. Additional details are included in Section 19 of this Plan.

ASSESSMENT:

An assessment is an in-depth review including level of care assessment, medical necessity determination, and participant strengths and needs to provide baseline information regarding life domains (i.e. alcohol and/or other drug use, medical, employment, legal, social, psychological, family, environment and special needs). It explores the client's readiness for change, identifies client strengths or problem areas that may affect the process of treatment and recovery, and engages the client in the development of an appropriate treatment relationship. Upon admission to a program,

a Licensed Practitioner of the Healing Arts¹ will conduct a face-to-face review to make the determination of medical necessity for DMC services. The County of San Diego programs will utilize the Addiction Severity Index (ASI) for Adults, and the Youth version as indicated, which covers a broad range of potential areas that could be affected by substance abuse. Please see Appendix 1, “Addiction Severity Index (ASI) & Youth Assessment Index (YAI),” for the full version of both the ASI and the YAI.

In conjunction with the ASI, providers will utilize the most recent version of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC) Rating Crosswalk for Adults and for Adolescents. This crosswalk outlines the ASAM criteria dimensions and the Levels of Service to recommend appropriate level of care based on the client’s functioning/severity and service needs. Please see Appendix 2, “Patient Placement Criteria (PPC-2R) & Patient Placement Criteria – Adolescent,” for the full version of both the PPC for Adults and for Adolescents. LPHAs will make the ASAM placement determination. Throughout the implementation of the DMC-ODS, SDCBHS will also be reviewing the feasibility of implementing the ASAM Criteria software, now branded as CONTINUUM™.

PLACEMENT:

The County of San Diego will work with the provider of treatment services to ensure placement of clients in the most appropriate level of care based on the findings of the Assessment and use of the PPC. All providers that are recipients of Federal funds are required to maintain compliance with the California Code of Regulations Title 22, Title 9, Chapter 11 and 42 CFR guidelines. Every effort is made to match beneficiaries to a provider whose culture, language, geographic location, and specialty credentials fit the client’s service needs and stated preferences. Pre-authorization for non-residential services is not required and programs will admit individuals based on the County’s established admission policies, procedures and protocols consistent with State requirements. The County is aware that individuals eligible for DMC-ODS services may not be placed on waiting lists for needed services and will be continuously monitoring requests for services, program capacity and access times to ensure the programs are meeting this requirement. SDCBHS will also ensure client record reviews are conducted for each program to evaluate assessment and placement activities and confirm alignment between assessment information, ASAM criteria, level of care determinations and services provided. A corrective action plan will be implemented for issues identified during reviews and any follow up action identified in these plans will be monitored by the QI Unit.

RE-ASSESSMENT:

Each beneficiary receiving outpatient and intensive outpatient services will complete a re-assessment to determine if justification for continuation of services is present. This re-assessment will occur no later than six months after the admission to treatment or the date of completion of the most recent justification for continuation of services. SUD providers must review progress and eligibility to continue services and recommend if the beneficiary should or should not continue to receive services and will consider the following:

¹The following requirements will apply to DMC-ODS staff. Professional staff must be licensed, registered, certified, or recognized under California State scope of practice statutes. Professional staff shall provide services within their individual scope of practice and receive supervision required under their scope of practice laws. Licensed Practitioner of the Healing Arts includes: Physician, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.

- Personal, medical and substance use history;
- Review of most recent physical exam;
- Review of progress notes and treatment plan goals;
- Review of the staff recommendation;
- Review of beneficiary's prognosis.

Individuals receiving residential treatment will undergo a concurrent review in accordance with ASAM criteria and best practice guidelines until discharge, as outlined in Section 19 of this plan. Individuals in outpatient settings will be re-assessed every six months. Individuals receiving services in Narcotic Treatment Programs or receiving Medication Assisted Treatment services will be re-assessed in accordance with the treatment plan update timelines and at a minimum of every 90 days. Re-assessment of the need for recovery and case management services will be evaluated as part of the service modality timeline indicated above.

TRANSITION TO ANOTHER LEVEL OF CARE

The goal of the organized delivery service system is for beneficiaries to successfully transition between levels of SUD care without disruptions to services and to ensure access to recovery supports and/or case management services with the goal of sustained recovery. At established review cycles, as well as when clinically indicated, outcome and measurement tools shall be utilized to review treatment impact, progress, and potential need for a different level of care. A multidisciplinary team, in collaboration with the beneficiary, will discuss and determine the appropriate level of care. The SUD providers have identified five components which must be addressed when discharging a client: current drug use, legal status/criminal activity, vocational/educational achievements, living situation, and referrals. A discharge plan shall be completed for each active beneficiary and shall include a description of relapse triggers and plan on how to avoid relapse when confronted with the trigger. SUD providers offer or arrange for case management services through different venues (which include criminal or dependency court, welfare to work, and perinatal contractors as applicable), to ensure access to and coordination of aftercare services and ancillary services, as identified by the treatment plan. Referrals to other resources are incorporated and may include transitions to lower or higher levels of care. For instance, a SUD provider may refer a client to community resources that assist with positive activities or involvement (Boys and Girls clubs, Equine activities, dance) either during treatment or after successful completion of treatment. Program case managers, through a warm handoff process, will further support any necessary level of or care transitions by serving as the support for the beneficiary and link between different levels of care. Transitions between levels of care will be facilitated in a timely fashion, based on assessment of need. Urgent needs will be met as soon as possible, with non-urgent level of care needs facilitated within three business days for referrals to OTP/NTP programs and within 10 business days for referrals to other level of care programs in the system of care, in alignment with DHCS proposed standards. Currently, SUD providers assess clients regularly for high risk. Any identified clients are provided additional support through treatment and case management services. In addition, the County is working on a process to identify high-utilizers of services through monitoring reports. Once identified, these beneficiaries will be provided more intensive levels of case management within the program where the client is receiving services to work to ensure successful transitions and outcomes.

3. Beneficiary Access Line

For the beneficiary toll free access number, what data will be collected (i.e.: measure the number of calls, waiting times, and call abandonment)? How will individuals be able to locate the access number? The access line must be toll-free, functional 24/7, accessible in prevalent non-English languages, and ADA-compliant (TTY).

Review Note: Please note that all written information must be available in the prevalent non-English languages identified by the state in a particular service area. The plan must notify beneficiaries of free oral interpretation services and how to access those services.

SDCBHS contracts with an ASO for provision of a toll-free, ADA compliant Access and Crisis Line (ACL) that provides 24-hour, 7-day access to County Behavioral Health Services. The ACL provides free, confidential support, crisis intervention, suicide prevention, referrals for mental health and/or alcohol and drug needs and referrals to other related resources in San Diego County. The ACL employs staff who speak San Diego's threshold languages as they can, and also uses Language Line Solutions for immediate translation services in 150 languages. Information collected, at a minimum, at the time of each call includes:

- Caller's Name
- Date
- Call time & Duration
- Communication Type (Telecommunications Device for the Deaf (TDD) phone line and a Telecommunications Typewriter (TTY))
- Language
- Insurance
- Reason for Call
- Disposition/Referral Information
- Staff person who answered the call

Standards (that are monitored on a quarterly basis) for the operation of the ACL include:

- 95% of calls answered on the ACL crisis queue shall be answered within 45 seconds with less than 5% of calls abandoned by callers after 45 seconds.
- Average speed to answer all other ACL calls shall be less than or equal to 60 seconds with less than 5% of calls abandoned by callers after 75 seconds.
- 85% of Information and Referral callers to the ACL who respond to surveys will report satisfaction with ACL services as calculated and reported on a monthly basis.

Individuals will be able to locate the ACL number in various ways. SDCBHS' ASO website has a tab specific for the ACL line: <https://www.optumsandiego.com/content/sandiego/en/access--crisis-line.html> Also, brochures in threshold languages are available online and will be at all program sites, as well as throughout the community. SDCBHS also employs Health Promotion Specialists who attend various community events and meetings where information about the ACL line is distributed.

4. Treatment Services

Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Describe how the county plans to coordinate with surrounding opt-out counties in order to limit disruption of services for beneficiaries who reside in an opt-out county.

Review Note: Include in each description the corresponding American Society of Addiction Medicine (ASAM) level, including opioid treatment programs. Names and descriptions of individual providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date. This list will be used for billing purposes for the Short Doyle 2 system.

SDCBHS maintains and monitors contracts with SUD providers for an array of services throughout the geographic regions in San Diego. See Appendix 3: “List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification”, for complete listing. SUD services are designed to support recovery or treatment for individuals and/or family members affected by alcohol and/or other drug problems. Organized Delivery Service programs and services to be available in San Diego include:

❖ **Early Intervention (ASAM Level 0.5)**

Screening, brief intervention and referral to treatment (SBIRT) services are provided and funded through Fee-For-Service (FFS)/ Medi-Cal Managed Care providers throughout San Diego County. When indicated, a referral for treatment will be made into the DMC-ODS. As indicated previously, SDCBHS has a policy of “No Wrong Door” regionalized screening and treatment. Referrals can be made by any provider, program, or agency that interacts with an individual in need and consumers are able to access care by calling the countywide toll-free ACL or by referral and self-referral to system providers in the community.

❖ **Outpatient Services (ASAM Level 1)**

Services are provided to beneficiaries at a minimum of 90 minutes and up to 9 hours a week for adults, and less than 6 hours a week for adolescents.

Components of outpatient services include:

- Intake
- Individual Counseling
- Group Counseling
- Family Therapy
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Discharge Services

An additional component available at Adult and Perinatal Outpatient programs is homeless outreach. Providers have been contracted to provide dedicated staff to provide homeless outreach, engagement and short term case management services to individuals with primary substance abuse who are homeless and who may have or are at risk of having a co-occurring mental health disorder. These outreach services are expected to increase access for the homeless population with substance use disorders and increase engagement to improve client outcomes. The short term case management linkages provided are designed to integrate, coordinate, and access necessary support services within the community in order to ensure successful client treatment and recovery. These efforts help achieve goals espoused by Federal, State, and County systems to integrate services. Along with preventing relapse through the use of community support services, reducing fragmentation of care, and establishing better communication and collaboration at all levels, but particularly among local providers and agencies who work with the target population.

Specifically, the County has implemented a new program model for homeless individuals, which jointly serves individuals with a primary diagnosis of serious mental illness and a primary diagnosis of addiction. This homeless program is a first for San Diego by using an integrated model of services to provide outpatient combined with community based Assertive Community Treatment services to the SUD population. DMC funds will be utilized as appropriate for outpatient services provided by staff of a DMC certified site and alternate funding will be utilized to provide non billable DMC services, such as housing supports within this program.

Recognizing that youth are generally reluctant to engage in SUD treatment, efforts have been made to minimize access barriers. In alignment with the DHCS Youth Treatment Guidelines, Outpatient and Intensive Outpatient treatment programming have been incorporated into school settings, at times offered within the school day hours or immediately upon school dismissal. Strong partnerships with the education sector have been established to offer a collaborative and organized service delivery to teens. Teen-oriented curriculums are utilized and developed with an awareness of the role of the family. SDCBHS currently contracts with four agencies to provide seven different Teen Recovery Programs throughout the County. Within each Teen Recovery Program there are two to three Satellite sites, many located on school campuses, to also provide outpatient services to teens.

In addition, throughout the County there are multiple Perinatal Women's Outpatient programs to provide outpatient services tailored to this population's specific needs. The gender specific programming is sensitive to and recognizes the additional challenges faced by pregnant and parenting mothers. The social emotional development of the child is also an area of focus as well as considerable education with the women.

The County currently contracts with 34 programs: 20 Adult, 6 Adult Perinatal, 1 Youth Perinatal and 7 Youth. See Appendix 3: "List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification", for complete listing.

❖ **Intensive Outpatient Treatment (ASAM Level 2.1)**

Services are provided to participants at least three hours per day and at least three days per week (a minimum of nine hours with a maximum of 19 hours a week for adults, and a minimum of six hours with a maximum of 19 hours a week for adolescents).

The components of Intensive Outpatient are:

- Intake

- Individual and/or Group Counseling
- Patient Education
- Family Therapy
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Discharge Services

Intensive Outpatient services are available within the Adult, Women, and Adolescent treatment systems. The services at this level of care build on the outpatient interventions, but offer the necessary intensity to meet the needs of the clients. Beneficiaries at this level generally present with a substance abuse history that is often more complex as it relates to substances, length of use, overall impact on functioning and disruption in various life domains, all of which have likely resulted in multiple challenges for the individual. At this level of care, the individual is provided with additional treatment time and services which allows for enhanced interventions to address the clinical complexity

The County currently contracts with 22 Intensive Outpatient program: 8 Adult, 6 Adult Perinatal, 1 Teen Perinatal, and 7 Youth. See Appendix 3: “List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification” for listing.

❖ **Withdrawal Management (ASAM Levels 1, 2, 3.2, 3.7 & 4)**

Withdrawal Management services combine detoxification and pre-treatment/referral services to adults and adolescents as they withdraw from alcohol and other drugs. Contracted programs are short-term, non-medical model, structured, supervised, safe and sober environments which allows SUD-dependent individuals to withdraw from alcohol and other drugs and receive orientation and referral to available treatment and recovery services. To some beneficiaries, this level of care offers an opportunity to begin the journey towards recovery as a first step towardstreatment.

Components of Withdrawal Management services are:

- Intake
- Observation
- Medication Services
- Discharge Services

SDCBHS currently contracts for withdrawal management services to adults and adolescents countywide and programs are in the process of becoming DMC certified as they have submitted applications to DHCS. All programs will be certified as Withdrawal Management level 3.2, with two of the programs providing services for Adults, one for Perinatal, and one for Adolescents, serving the youth at three locations over the County. The County will also be working to expand levels of Withdrawal Management capacity under the Waiver.

Beneficiaries in need of Acute Medical Detoxification (WM 3.7 & 4) can access services in an acute medical facility for a serious medical condition related to substance withdrawal. Additionally, Voluntary Inpatient Detox is an available benefit and covered by the State of California’s Fee for Service System. The County has worked to create an information document regarding this benefit for SUD providers and

beneficiaries and local hospitals. However, there has been discussion with the hospitals regarding their interpretation of regulations and their inability to provide voluntary detox services. SDCBHS has indicated this as a topic under the Technical Assistance section of this plan. Although not DMC funded, SDCBHS also contracts for short-term, non-residential sobering services. This 24 hour facility provides an alternative to incarceration for individuals who are intoxicated and on the streets. Inebriate adults can remain in the program for 4 hours or until sober. This program provides police officers the option of bringing public inebriates to the Sobering Center in lieu of jail. Staff at the program offer printed information on substance use disorder (SUD) treatment and recovery services to all individuals who are brought to the program.

The County is also working with the ten Opioid (Narcotic) Treatment Providers in San Diego to determine which programs are working to become certified for withdrawal management levels 1 or 2 within their facilities. These programs are listed within Appendix 3 (“List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification”).

❖ **Opioid (Narcotic) Treatment Program (ASAM OTP Level 1):**

SDCBHS understands that one of the focuses of the first year evaluation under the DMC-ODS Waiver will be that each opt-in county has an adequate number of contracts with OTP/NTP providers to offer and prescribe Medication Assisted Treatment (including methadone, buprenorphine, naloxone, and disulfiram). SDCBHS is planning to make access to OTP/NTP services consistent, with no disruption in services, as a result of the DMC-ODS. In planning for consideration of opting in to provide an Organized Delivery System, SDCBHS surveyed OTP/NTP providers currently contracted by the State of California to assess the services, quality processes and capacity in August, 2015. As of that date, the OTPs/NTPs reported a combined utilization of approximately 1,800 Medi-Cal beneficiaries being served and a maximum capacity 2,700 Medi-Cal beneficiaries. In addition, the OTP/NTP programs outlined some quality improvement structures in place, including Advisory Committees, Trainings, Clinical Supervision, Peer Reviews, Chart and Documentation Reviews and Billing Reviews. SDCBHS will analyze these to determine how to move forward most effectively and efficiently in monitoring the various Legal Entities we will be working with. Individuals participating at OTP/NTP programs must receive at minimum fifty minutes of counseling sessions with a therapist or a counselor for up to 200 minutes per calendar month. Medical necessity is the basis for determining the maximum number of counseling minutes per month, along with the provision of additional services being available as needed.

The components of OTP/NTP programs are:

- Intake
- Individual
- Group Counseling
- Patient Education
- Medication Services
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Medical Psychotherapy
- Discharge Services

SDCBHS has been working closely with OTP/NTP providers regarding contracting processes and any changes in responsibilities, referral networks, care coordination protocols and concerns that may be identified as movement occurs towards including this level of care into the SDCBHS organized delivery

system. The County currently does not contract with OTP/NTP programs; however, there are 10 local OTPs/NTPs that are contracted through the State. The County has initiated and continues to have planning meetings with the OTP/NTP providers to address the transition under the ODS. The County is also engaged here in dialogue with the overall SUD system to address the role of OTP/NTP within the continuum of care to highlight and identify the expectations around collaboration. The County is currently working to contract with the 10 OTP/NTP programs here in San Diego and plans to have these contracts in place when provision of services under the DMC ODS Waiver contract begins. See Appendix 4, "State of California Opioid/Narcotic Treatment Program Directory, San Diego, California, 04-07-2017" for listing.

❖ **Residential (ASAM levels 3.1, 3.3 & 3.5)**

Residential treatment is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to beneficiaries with a SUD diagnosis when determined by a Medical Director or Licensed Practitioner of the Healing Arts as medically necessary and in accordance with an individualized treatment plan. Each beneficiary lives on the premises and is supported in their efforts to restore, maintain and apply interpersonal and independent living skills and access community support systems. Providers and residents work collaboratively to define barriers, set priorities, establish goals, create treatment plans, and solve problems. Goals include sustaining abstinence, preparing for relapse triggers, improving personal health and social functioning, and engaging in continuing care. The residential level of care recognizes that in order to meet the treatment goals, the beneficiary requires a structured program and 24 hour care with significant supports by trained personnel. The level of milieu or therapeutic community is dependent on level of care which is matched to the beneficiary's level of need. Outside of a residential structure, the risk factors intensify and safety is compromised. The structure and intensity offered through the residential level of care are necessary in order to maximize the likelihood of treatment success.

The components of Residential Treatment Services are:

- Intake
- Individual & Group Counseling
- Family Therapy
- Patient Education
- Safeguarding Medication
- Collateral Services
- Crisis Intervention Services
- Treatment Planning
- Transportation Services (to and from medically necessary treatment)
- Discharge Services

SDCBHS currently contracts with providers provisionally designated as ASAM 3.1, 3.3. and 3.5 (as listed in Appendix 3: "List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification") and will continue to monitor DHCS ASAM designation activities to determine need for capacity. The County will work collaboratively to coordinate care with providers provisionally designated ASAM levels 3.7 and 4.0, which are provided and funded through FFS/Managed Care.

In alignment with the STC's, the length of adult residential services reimbursed by DMC will range from 1 to 90 days with a 90-day maximum for adults, unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be DMC authorized

in a one-year period. Residential services for adolescents may be DMC authorized for up to 30 days in one continuous period. DMC reimbursement will be limited to two non-continuous 30-day regimens in any one-year period and one extension of up to 30 days beyond the maximum length of stay may be authorized for one continuous length of stay in a one-year period. Perinatal clients may receive lengths of stay up to the length of the pregnancy and postpartum period based on medical necessity.

The County currently contracts with 26 programs: 20 Adult, 3 Perinatal, and 3 Youth for a total of 922 beds. See Appendix 3, “List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification,” for listing.

❖ **Additional Medication Assisted Treatment (ASAM OTP Level 1):**

Medication Assisted Treatment (MAT) services includes the ordering, prescribing, administering, and monitoring of medication for substance use disorders. These services will be provided when deemed medically necessary and will be in accordance with an individualized treatment plan determined by a licensed physician or licensed prescriber. MAT will expand the use of medications for beneficiaries with chronic alcohol related disorders and opiate use and medications may include: naltrexone, disulfiram, naloxone, and buprenorphine. In addition to MAT services being offered at OTP/NTP programs, with the implementation of the DMC-ODS, individuals receiving outpatient DMC services may be prescribed MAT through a physician working at the program and then fill the prescription at the pharmacy. Parallel efforts in the County of San Diego have resulted in some of the County contracted SUD outpatient and residential providers “pairing” with selected Federally Qualified Health Centers (FQHC) to provide Naltrexone injectable. In this model, SUD beneficiaries receive SUD treatment services while going to the identified physician at a designated FQHC to receive the medications. SUD program staff work collaboratively with the FQHC staff to ensure appropriate communication and treatment planning.

Furthermore, there are four FQHC’s in San Diego that were selected by SAMHSA for a grant opportunity to provide SUD treatment including MAT services and the County will be working closely with the Health Centers as this is an opportunity to further develop the integration of non-DMC funded SUD/MAT services.

Overall, the various options available to provide MAT services will enhance the SDCBHS system of care. SDCBHS has identified a few contracted SUD providers interested in providing MAT services at their programs and plans to have optional MAT services available within some outpatient and/or intensive outpatient programs during the first year of DMC-ODS implementation. Information on the providers interested in providing MAT is listed within Appendix 3 (“List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification”).

❖ **Recovery Residences:**

Recovery residences provide a sober and safe environment to facilitate recovery from substance use. While treatment services cannot be provided in a recovery residence, this type of short-term recovery housing allows for stability, and offers peer support to enhance clients’ ability to maintain recovery while working towards skill building to achieve longer term housing solutions. The cost for recovery residence services will be funded by non-DMC funding sources (i.e. SAPT-BG funding). Clients receiving financial support for recovery residence will be required to participate in the level of care (outpatient, intensive outpatient, case-management, and/or recovery support services) as individual medical necessity indicates. In the first year of implementation, SDCBHS will identify providers who meet (or are willing to meet) established quality criteria (i.e. Sober Living Network requirements) to become a part of the

Organized Delivery System.

❖ **Recovery Services:**

As part of the assessment and treatment needs and during the transfer/transition planning process, beneficiaries will be linked to applicable recovery services. Recovery services are incorporated into programing and levels of care as an integral component that promotes successful completion of treatment and builds tools towards sustained recovery. The treatment team works jointly with the beneficiary to establish individualized programing with emphasis on introducing and/or sustaining recovery through skill building and promoting an effective support system. In addition to providing these services during treatment, SDCBHS' SUD providers will ensure access to recovery services after beneficiaries have completed the course of treatment whether they are triggered, have relapsed or as a measure to prevent relapse.

These services may be provided face to face or by telephone and components will include:

- Recovery Monitoring, coaching
- Peer to peer services and relapse prevention education and activities (see Appendix 8, "San Diego County Training Plan," for outline of Peer Support training topics)
- Linkages to life skills, employment services, job training and education services
- Linkages to childcare, parent education, child development support activities, family/marriage education
- Linkages to self-help and support, spiritual and faith-based support
- Linkages to housing assistance, transportation, case management and individual services coordination

As an example, some SDCBHS SUD providers have an alumni component to develop a link towards sustained connections and reinforcement of acquired skills.

❖ **Case Management:**

Case management is an effective intervention as an adjunct to substance abuse treatment as a primary goal of case management is to keep clients engaged in treatment and moving toward recovery. Case management services allow beneficiaries a single point of contact for multiple programs and/or systems and assist with needs by connecting individuals with valuable resources to provide a whole person care approach. As the result, case management services will be provided to assist beneficiaries with accessing needed medical, educational, social, vocational, and rehabilitative or other community services. The service activities may include, but are not limited to, communication, coordination of referrals, monitoring to ensure beneficiary access to services, patient advocacy, transportation, monitoring of the client's progress, the client's retention in primary care, and plan development. All contracted SUD providers will offer case management services with a focus on coordination of SUD care, integration around primary care, mental health and interaction with the criminal justice system, as needed. SDCBHS and SUD providers are clear that case management services shall be consistent with and shall not violate confidentiality of alcohol or drug patients as set forth in 42 CFR Part 2, and California law. In addition to the required case management provided at the treatment programs, San Diego County contracts for added case management services with the Courts, Child Welfare Services, and a field-based perinatal case management program specific to high risk pregnant substance users.

As part of our planning activities, the County will develop tools necessary to monitor care coordination as

beneficiaries move through the continuum of care. SDCBHS will be consulting with providers and other entities to determine best practices, identify data tracking systems and processes to assist programs with conducting internal monitoring and reporting, as well as the system level monitoring and program level monitoring conducted by the County when DMC-ODS is implemented.

The SDCBHS QI Unit will monitor the effectiveness of case management services by conducting client record reviews on an annual basis, at minimum. At this time QI staff will be reviewing documentation of case managers' activities and how they impact service planning and support of client goals. A corrective action plan will be implemented for issues identified during reviews and any follow up action identified in these plans will be monitored by the QI Unit. Education, training and technical support will be available to promote program success and optimal utilization of case management services.

❖ **Physician Consultation:**

Physician Consultation Services include DMC physicians' consulting with addiction medicine physicians, addiction psychiatrists or clinical pharmacists and are designed to assist DMC physicians with seeking non-emergency expert advice on designing treatment plans for specific DMC-ODS beneficiaries. Physician consultation services are intended to support DMC providers with complex cases which may address medication selection, dosing, side effect management, adherence, drug interactions, or level of care considerations. In San Diego, there are currently several partnerships in place with appropriate staff at FQHCs and pharmacists to ensure consultation is available and utilized. Additionally, there is a contracted program with appropriate staffing available to provide physician consultation services as this is a valuable resource for DMC providers. SDCBHS also intends to educate providers of the resources available through the Clinician Consultation Center at UCSF as another resource for addressing the need for clinical substance use consultation. Throughout the implementation, these services will be highlighted to ensure awareness and be available and considered for expansion as needed.

Each substance use disorder program shall have a licensed physician designated as the substance use disorder medical director, who is an agent of the substance use disorder clinic. The substance use disorder medical director shall not be excluded from participation in any State or Federal Medicare or Medicaid program; shall be enrolled in Medi-Cal as a substance use disorder medical director; and shall be acting in compliance with all laws and requirements of the Medi-Cal program.

❖ **Prevention:**

In addition to the treatment services listed here, SDCBHS has established Primary Prevention programs which are directed at individuals who have not been determined to require treatment for a SUD. Primary prevention programs and services are aimed at informing and educating individuals on the risks associated with substance use, and providing activities to reduce the risk of such use. Additionally, the Friday Night Live (FNL) Program is a youth development program whose primary focus is to form youth/adult partnerships with young people, providing programs rich in opportunities and support so young people will be less likely to engage in problem behaviors such as alcohol and drug use. SDCBHS is also engaged in multiple prevention initiatives throughout the County including:

Binge and Underage Drinking Initiative (BUDI), established in approximately 1996, utilizes environmental and community based prevention strategies to reduce underage and binge drinking by recruiting key stakeholders and leveraging resources. Developed an Alcohol Policy Panel, a voluntary leader group provides quarterly community breakfasts to inform the community of efforts to reduce underage /binge drinking. BUDI provides support and assistance to regional prevention contractors on BUDI work in each region. Leads media and data collection

workgroup to develop media advocacy and community strategies. Provides coordination and assistance in region wide community organizing efforts and participates in the Law Enforcement Task Force to reduce Binge and Underage Drinking. Developed a law enforcement handout regarding underage drinking on hired motor coaches. There are additional activities surrounding the ongoing issue of focused media advocacy to inform community including specific policy issues regarding alcohol density and the prevalence of community problems. www.alcoholpolicypanel.org

- Prescription Drug Abuse Task Force (PDATF), established in 2008, provides coordination and facilitation of services as stated in the County Prevention Plan and leverages resources. Hosts quarterly meetings to inform community of local efforts to reduce prescription drug use/misuse. Membership includes local, state and federal organizations, community organizations, community members and others. Sponsors a medical doctor workgroup to develop a prescription drug policy for hospitals in region. Developed a local ordinance to install drop boxes and supports community take back days. There are a variety of activities surrounding the ongoing issue of focused media advocacy to inform the community that includes patient information regarding pain medicine for persons discharged for the emergency departments and a patient pain medicine agreement. www.sandiegorexabusetaaskforce.org
- Marijuana Initiative (MI), established in 2005, developed the Key Leadership Team. This project utilizes environmental and community based prevention strategies and leveraged resources to reduce youth use of marijuana via the Key Leadership Team. Completed a community assessment and literature review and provided a community forum. Also, there are activities surrounding the ongoing issue of focused media advocacy to inform community of harms to youth who use marijuana. www.mpisdcounty.net
- Methamphetamine Strike Force (MSF), established in 1996, utilizes environmental and community-based prevention strategies and leveraged resources to reduce the impact of methamphetamine (meth) and illicit bath salts in the region. Provides quarterly MSF breakfast meetings to inform the community of local efforts to reduce meth and bath salt use throughout the region. Membership includes local, state and federal organizations, community organizations, community members and others. Leveraged support of www.no2meth.org and 877-no2-meth (877-662-6384) hotline to report meth crimes and obtain treatment referrals. Supports Tip the Scale projects in county. Ongoing collaboration with county domestic violence (DV) partners regarding meth, families and Domestic Violence. Also, there are activities surrounding the ongoing issue of focused media advocacy on meth issues in region.

5. Coordination with Mental Health

How will the county coordinate mental health services for beneficiaries with co-occurring disorders? Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored? Please briefly describe the county structure for delivering SUD and mental health services. When these structures are separate, how is care coordinated?

San Diego County's Adult/Older Adult Mental Health Services, Children's Mental Health Services, and Alcohol and Drug Services (or ADS, as it was referred to at the time) originally signed a Co-Occurring Mental Health & Substance Use Disorders Charter and Consensus Document on March 24, 2003 in recognition of the fact that clients with co-occurring disorders appear in all parts of the public sector

service system. Clients may present in any behavioral health setting with any combination of mental health and substance use symptoms or disorders and efforts have been made over the years to develop a welcoming, integrated and effective system. Efforts to integrate systems began in the County and in 2012 the administrative structure was refined and the division was no longer considered San Diego County's Adult/Older Adult Mental Health Services, Children's Mental Health Services, and Alcohol and Drug Services (ADS), but rather the Behavioral Health Services Division. At that time, Administration ensured that all BHS staff was trained to ensure they were well acquainted with the work of all units.

BHS has also adopted the Comprehensive, Continuous Integrated System of Care (CCISC) Model for individuals and families with co-occurring substance use and mental health disorders. Programs must organize their infrastructure to routinely welcome, identify, and address co-occurring substance use issues in the clients and families they serve. They provide properly matched interventions in the context of their program design and resources. SDCBHS and its providers work in partnership to expand and improve the integration, coordination and efficacy of services for those qualifying as dually diagnosed. The integrated services model focuses on the provision of integrated screening, assessment, treatment services, and appropriate referrals to clients and their families.

Programs within the HHS/BHS system are certified as Dual Diagnosis Capable or Dual Diagnosis Enhanced in alignment with the CCISC Model. These certifications refer to program and staff competence with clients with co-occurring disorders. In general, Dual Diagnosis Capable programs welcome clients with both types of diagnosis, and make an assessment that accounts for both disorders. Enhanced programs will be able to provide comprehensive, integrated treatment for both disorders. Programs participating in the CCISC Initiative in the County of San Diego demonstrate the following to be considered dually capable (with higher standards to meet the dually enhanced fidelity):

- San Diego Charter adoption and implementation
 - COMPASS completion
 - Action Plan development
- Program Policies:
 - Welcoming Policy/Statement
 - Co-occurring Disorders Policy
- Training and supervision of staff in Integrated Treatment Practice Model
- Integrated Screening
 - Integrated Clinical Assessment
 - Integrated Psychiatric Assessment
- Implementing Stage of Change Interventions
- Measure of client progress as evidence in the client plan and in progress notes (Outcomes: stage of change level, number of relapses, reduction of alcohol/drug use by type, number of months clean and sober, other)
- QM Baseline Monitoring Tool compliance

Currently, all contracted SUD programs are required to screen 100% of participants for co-occurring disorders. Clients who have been assessed by a SUD program as meeting the medical necessity criteria for their services, but who require mental health treatment services not provided by the program, shall be referred and linked for those mental health services. Mutual clients shall receive care coordination as appropriate to their needs. This is to include at minimum, communication between providers and review of client plan and services. In reviewing coordination of care efforts with mental health providers, SUD providers currently in the BHS System of Care were surveyed for input. From this feedback, providers indicated that they: 1) have mental health services in-house; 2) are visited by mental health

practitioners on a regular basis to assess and refer clients as needed; and/or 3) are in close proximity to mental health providers. As a result, mental health referral and coordination is a cornerstone of SUD programs when needed.

In particular, a best practice that has been valuable in learning about available resources and increasing familiarity and networking opportunities are Regional Collaborative meetings that have been established. In each region there are representatives from mental health programs, substance use disorder programs, and physical health programs that meet regularly to discuss specific regional issues to work to improve access to care and increase care coordination activities. Comments received from the SUD provider survey noted that the County BHS integration efforts and longstanding relationships formed in coordinating care have made a positive difference in providing clients with expedient access to Mental Health services. These forums, as well as the various communication avenues established within the BHS network, have also been helpful in disseminating information regarding resources within the County of San Diego for individuals with mild to moderate impairments in functioning and those with severe impairments in functioning. The Health Plans and BHS Administration worked closely to develop a Screening Tool and Severity Analysis grids for Youth and Adults (as posted at <https://www.optumsandiego.com/content/sandiego/en/county-staff---providers/healthysandiego.html>) to assist the community and providers with referrals into the various mental health programs and services available.

In an additional effort to strengthen coordination of care between providers, BHS convened Learning Community cohorts. Each cohort had representatives from substance abuse, mental health and primary care who went through change management training and were then grouped by geographic region into triads. The intention in creating triads was to facilitate substance abuse, mental health and primary care providers' understanding of the services offered in their areas and to strengthen the referral process. After the initial meetings, many of the triads continue to meet regularly to discuss referral protocols and better care coordination, and to learn more about the services that each member of the group provides.

In regard to monitoring, each contract is assigned a Contracting Officer Representative (COR) that conducts regular monitoring activities. For those providers participating in the CCISC Initiative, information to be monitored is incorporated into a status report submitted on a routine basis for COR review and follow up as indicated. Concurrently, the SDCBHS QI Unit will monitor referral and coordination of care activities by conducting client record reviews on an annual basis, at minimum. The monitoring tool will have specific questions related to this topic for review and feedback. A corrective action plan will be implemented for issues identified during reviews and any follow up action identified in these plans will be monitored by the QI Unit.

6. Coordination with Physical Health

Describe how the counties will coordinate physical health services within the waiver. Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored?

San Diego County has many unique attributes which have an impact on coordinated care activities and creates a foundation for collaborative partnerships with the Medi-Cal Managed Care Health Plans and physical health providers including:

- The Healthy San Diego program where health plans, providers, and consumers have met together for over 18 years addressing the issues related to the Medi-Cal managed care population;
- Implementation of Cal MediConnect, under the California Coordinated Care Initiative which promotes integrated delivery of medical, behavioral and long-term care Medi-Cal services, in April 2014;
- Presence of an extensive network of FQHCs covering 4,600 square miles and caring for 1 of 6 San Diegans with many integrating mental health services with primary care;
- Existing committees and subcommittees with representatives from Health Plans, FQHC's, SUD providers, Consumer Advocacy programs and BHS Administration.

SDCBHS has the structure in place to meet regularly with representatives from the multiple sectors to increase cross threading and to address issues and barriers identified throughout the system. These committees and subcommittees will continue and will be utilized to support the successful implementation of a DMC-ODS.

Additionally, in an effort to strengthen coordination of care between providers, BHS convened Learning Community cohorts as described in the section above. This relationship between substance abuse providers, mental health providers and primary care providers has assisted with care coordination efforts.

At the provider level, SUD programs collect medical history information during the assessment and are contractually required to assist clients with establishing a medical home. The programs have developed or are in the process of developing referral relationships with community clinics and primary care physicians located in their geographic region to ensure appropriate referrals and coordination of care activities. Some programs have established partnerships resulting in mobile physical health services regularly serving clients at the treatment site. Perinatal programs not only attend to the physical health of the mothers, but also have specific developmental and physical health partnerships to provide care to the children. For example, connections are routinely made to screen and treat children for occupational, physical, and speech therapy.

SUD providers are also required to complete a County developed Coordination of Care Form that is used not only as a referral document, but also as a form of communication to provide updates and share assessments between SUD programs and primary care providers. Through the implementation of the DMC-ODS, SDCBHS will be exploring ways to continuously improve processes and in addition to communicating with the Coordination of Care Form, the goal is to increase collaborative treatment planning with managed care (see Appendix 5, "Coordination of Physical and Behavioral Health Form.")

The SDCBHS QI Unit will monitor physical health referral and coordination of care activities by conducting client record reviews on an annual basis, at minimum. The monitoring tool will have specific questions related to this topic for review and feedback. A corrective action plan will be implemented for issues identified during reviews and any follow up action identified in these plans will be monitored by the QI Unit.

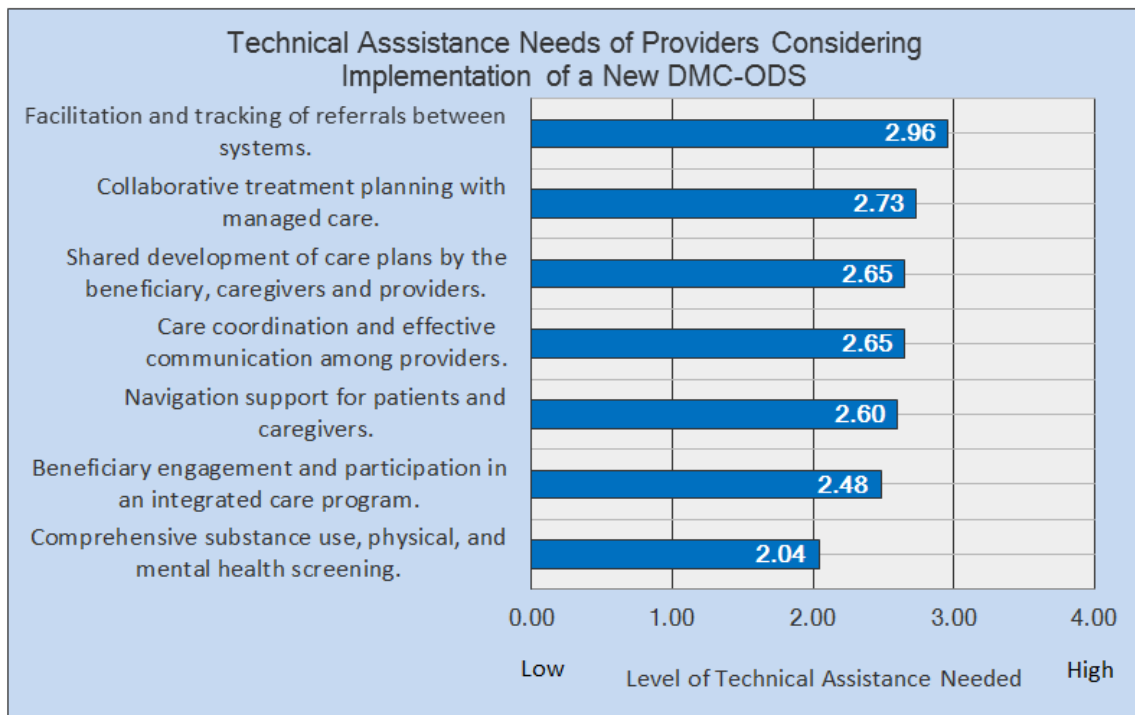
7. Coordination Assistance

The following coordination elements are listed in the STCs. Based on discussions with your health plan and providers, do you anticipate substantial challenges and/or need for technical assistance with any of the following? If so, please indicate which and briefly explain the nature of the challenges you are facing.

- *Comprehensive substance use, physical, and mental health screening;*
- *Beneficiary engagement and participation in an integrated care program as needed;*
- *Shared development of care plans by the beneficiary, caregivers and all providers;*
- *Collaborative treatment planning with managed care;*
- *Care coordination and effective communication among providers;*
- *Navigation support for patients and caregivers; and*
- *Facilitation and tracking of referrals between systems.*

In the survey administered in October 2015, SUD Providers were asked to rate their technical assistance needs using a five-point scale from 1 = Low Need to 5 = Extremely High Need. The chart below shows the average ratings for each need. The greatest need is in the area of “Facilitation and tracking of referrals between systems” followed by “Collaborative treatment planning with managed care.” Results are highlighted in the Table 1 below.

Table 1



Facilitation and tracking of referrals between systems

Currently, there is not an integrated, system wide referral system to facilitate and track client information in accordance with confidentiality regulations (e.g. 42 CFR Part 2). During the implementation of the DMC-ODS, the County will be reviewing options for developing this process and establishing the tracking mechanism. In the interim, each SUD provider will maintain an internal system for this purpose.

Collaborative treatment planning with managed care

Barriers for collaborative treatment planning include the multiple numbers of providers within the Managed Care entities as well as the operational structure of each of the Health Plans, as they have their own networks and may also contract directly with FQHC's. As Healthy San Diego meetings continue, the topic of collaborative treatment planning with managed care has been raised and will continue to be a focus of discussion as the DMC-ODS is implemented and moving forward.

The County of San Diego is also participating in the Whole Person Care Pilot part of the Medi-Cal 2020 Waiver. The Whole Person Care Pilot, known as Whole Person Wellness in San Diego, aims to develop a systematic and comprehensive approach to assist Medi-Cal beneficiaries who are high multi-system utilizers, homeless or at-risk of homelessness, and experience a serious mental illness (SMI), substance use disorder, and/or physical health condition. DMC-ODS can build upon this pilot to continue to integrate and coordinate care across various systems to enhance Medi-Cal beneficiaries' access.

8. Availability of Services

Pursuant to 42 CFR 438.206, the pilot County must ensure availability and accessibility of adequate number and types of providers of medically necessary services. At minimum, the County must maintain and monitor a network of providers that is supported by written agreements for subcontractors and that is sufficient to provide adequate access to all services covered under this contract. In establishing and monitoring the network, describe how the County will consider the following:

- *The anticipated number of Medi-Cal clients*
- *The expected utilization of services*
- *The numbers and types of providers required to furnish the contracted Medi-Cal services*
- *A demonstration of how the current network of providers compares to the expected utilization by service type.*
- *Hours of operation of providers*
- *Language capability for the county threshold languages*
- *Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and the first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans.*
- *The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities*

Between January 2013 and December 2014, the Medi-Cal program experienced increases in enrollment far greater than the program had experienced throughout its entire history. This tremendous growth was fueled initially by the transition of nearly one million children from the state's Healthy Families Program into Medi-Cal and later by the optional Affordable Care Act (ACA) expansion of Medicaid eligibility to low-income adults without dependent children. Implementation of the ACA not only extended eligibility to a new population, but also stimulated enrollment growth among individuals who would have been eligible prior to the expansion but had not enrolled, a phenomenon known as "the Woodwork Effect." These individuals likely enrolled due to program simplification and outreach strategies enacted by the State. As Medi-Cal enrollment increased dramatically, the population's demographic composition was also altered in some important ways:

- The ACA optional adult expansion for individuals ages 19-64 extended coverage to more than 2.5 million Californians by December 2014. Slightly less than half, or 49%, were ages 40-64 and 540,000 were ages 55-64. Males represented a slight majority of the enrollment, constituting 51% of the 2.5 million newly eligible adults.
- Prior to 2013, females constituted approximately 55% of Medi-Cal's overall population. By 2014 the distribution shifted slightly, with males increasing by one percentage point to 46%, and females declining by one percentage point to 54%.
- The proportion of beneficiaries participating in managed care continued to increase. In December 2012, 64% of Medi-Cal's overall population participated in managed care, and by December 2014, 74% participated in managed care. The increase was driven by the State's expansion of managed care in formerly FFS-only counties, as well as the direction of newly enrolled individuals into managed care delivery systems.

In 2012, one-fifth of California's population was covered by Medi-Cal and by 2014 the proportion of California's population covered by Medi-Cal had risen to one-third. While the number of certified eligibles continued to grow following December 2014, monthly increases slowed and leveled off. Medi-Cal underwent the largest period of growth and change in its history, and we are able to realize the scope and implications of this growth, as well as its effects on the population Medi-Cal serves².

In March, 2017, the United States House of Representatives introduced the American Health Care Act (AHCA), which the House passed on May 4, 2017. SDCBHS is following the progress of this legislation closely and will continue to reassess the access needs of county residents if the bill becomes law.

Current County-wide Status of Medi-Cal

Medi-Cal Eligibility

The number of individuals below 139% of FPL may be found in the demographic profiles from the most recent American Community Survey for San Diego County³. The San Diego County Profile section entitled 'Public Program Participation (2013 ACS)' has the sub-section, 'Eligibility by Federal Poverty Level (FPL)'. In San Diego County, 21.6% of the population is at 138% of the federal poverty level or below. At this time it is estimated that the majority of individuals who would qualify for Medi-Cal are likely to have already enrolled in Medi-Cal. As of July 2016, there are 745,254 Medi-Cal recipients in San Diego, up 6.81% from last year.

The County will establish and maintain the provider network through an Organized Delivery System by addressing the following:

- The anticipated number of Medi-Cal clients
According to the DHCS, the Intensive Outpatient Treatment and Residential estimates used to calculate the state general fund expenditures includes a set projection, based on the number of certified Medi-Cal eligible individuals multiplied by 10.3%. That percentage is the amount the State uses to forecast the population experiencing issues from SUD in Volume 2 of the Behavioral Health Needs Assessment. Therefore, 76,762 Medi-Cal beneficiaries in San Diego are

² Research and Analytic Studies Division. 2015, August. Medi-Cal's Historic Growth: A 24-Month Examination of How the Program has Changed since 2012. Medi-Cal Statistical Brief. California Department of Health Care Services. Source: http://www.dhcs.ca.gov/dataandstats/statistics/Documents/New_24_Month_Examination.pdf

³ Source: <http://sdhealthstatistics.com/>

believed to have issues surrounding SUD. When also analyzing SUD demand and penetration estimates obtained from Alcohol and Other Drug Policy Institute (ADPI) Report titled, “The Medi-Cal Eligibility Expansion and Substance Use Disorder treatment services in Los Angeles California” it outlined an estimated 33-44% increase in substance use services demand among those already receiving services. In reviewing and considering the information from the multiple sources, SDCBHS projected a 30% increase across the waiver term to anticipate the number of Medi-Cal clients. In FY 2015-16, SDCBHS contracted SUD providers had 9,794 Medi-Cal client admissions within their programs. Using these figures, SDCBHS has calculated that there will be an additional 2,938 (30%) Medi-Cal beneficiary admissions as the DMC-ODS is developed. This increases the projected number of SDCBHS Substance Use Disorder admissions within withdrawal management, outpatient, intensive outpatient and residential programs to approximately 12,732 admissions annually. According to the collected information from the OTPs/NTPs, approximately 1,800 Medi-Cal beneficiaries are served annually by the OTP/NTP providers in San Diego. Using this number, SDBHS has calculated that approximately 540 additional Medi-Cal beneficiary admissions will occur in Opioid (Narcotic) Treatment Programs. In total, SDCBHS is expecting approximately 15,072 Medi-Cal beneficiary admissions for individuals seeking Substance Use Disorder services within SDCBHS’s continuum of care.

- The expected utilization of services

Utilization of services in the County of San Diego DMC-ODS is expected to be similar to the current system of care. In referencing SDCBHS SUD data for FY 2015-16 and confirming the utilization rates for services, expected utilization of services for Medi-Cal clients is estimated in Table 2 as follows:

Table 2

<i>Services</i>	<i>Utilization Rate</i>	<i>Estimated Medi-Cal Admissions by 2020-2021</i>
Outpatient Services	28%	4,220
Intensive Outpatient	7%	1,055
Withdrawal Management	12%	1,809
Residential	37%	5,577
OTP/NTP	16%	2,411
TOTAL	100%	15,072

**note: figures are rounded*

- The numbers and types of providers required to furnish the contracted Medi-Cal services

CURRENT STATUS

<i>Provider</i>	<i>Number of Sites</i>
SDCBHS – SUD Providers	75
Opioid (Narcotic) Treatment Program Providers	10

BEHAVIORAL HEALTH SERVICES

San Diego County has a single health agency, and the BHS department lies within the Health and Human Services Agency. BHS provides behavioral health and substance use services to children, youth, families,

adults, and older adults. The County currently contracts with approximately thirty providers operating over seventy separate programs.

CMS requires all residential providers to meet the ASAM requirements and obtain a DHCS issued ASAM designation as part of their participation in the DMC-ODS. DHCS has developed a designation program to certify that all providers of Adult and Adolescent Level 3.1 through 3.5 Residential/Inpatient Services are capable of delivering care consistent with ASAM Criteria. As part of this designation program, DHCS has developed a tool that includes the elements that define Levels 3.1 through 3.5. SDCBHS will utilize DHCS provisional level and final level designations when identifying ASAM levels within the DMC-ODS.

At this time, SDCBHS has provisional ASAM designated facilities including the following levels: 28 programs at level 3.1, 1 program at 3.3, and 12 programs at 3.5). SDCBHS is continuing to work with all SUD providers to become ASAM certified and complete the necessary steps for DMC certification. Provisional ASAM designations are listed in the first column of Appendix 3: "List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification."

Additionally, there are currently ten OTPs/NTPs in San Diego County, which will contract directly with the County as the DMC-ODS is implemented. OTP/NTP programs offer a valuable service to individuals experiencing SUD issues and are recognized as an integral provider in the system of SUD care. Please see Appendix 4, "State of California Opioid/Narcotic Treatment Program Directory, San Diego, California, 04/07/2017" for a Directory of OTPs/NTPs.

MANAGED CARE PLANS

In 1994, San Diego created a Geographic Managed Care model of Medi-Cal managed care, known as Healthy San Diego, in which several health plans contract with DHCS to organize care for Medi-Cal members. Participating plans include Care 1st Partner Plan, Community Health Group Partnership Plan, Health Net Community Solutions, Molina Healthcare of California Partner plan, and Kaiser Permanente. United HealthCare and Aetna have been selected to also provide Medi-Cal Managed Care Plan services in San Diego beginning in 2017. These entities will join Healthy San Diego and participate in the related workgroups.

SBIRT services are paid for and provided by the managed care plans or by fee-for-service primary care providers. Referrals by managed care providers or plans to treatment in the DMC-ODS will be governed by the Memorandum of Agreement (MOA) held between the participating counties and managed care plans. The components of the MOAs' governing the interaction between the counties and managed care plans related to substance use disorder will be included as part of the counties' implementation plan and waiver contracts.

Several years ago, the managed care health plans within Healthy San Diego came together to develop a common facility site review (FSR) tool and to share site review data. Once an office or medical site is reviewed, the results of the FSR are logged into the database. All the plans subsequently have access to the information. This sharing prevents duplication of FSRs; having multiple FSRs (one for each plan) is onerous for a physician as well as the health plans. This collaboration demonstrates the partnership of Healthy San Diego. The FSR has provided the numbers of physicians and sites which accept Medi-Cal in each of the health plans, shown in Table 3.

Contracted Number of Active Sites and Physicians, by Health Plan Table 3

Health Plan	Number Physicians	Number Sites
Care1st	379 (39%)	226 (46.8%)
CHG	527 (54.2%)	236 (48.9%)
Health Net	365 (37.6%)	131 (27.2%)
Molina	407 (41.9%)	214 (44.4%)
Kaiser*	1,000	2/NA

Unduplicated Active Physicians in Database: 972 Unduplicated

Active Sites in Database: 482

% is of total number for each category

*Total of Kaiser physicians is an estimate

Note: Some of the sites contract with more than one health plan. They are counted as one site within the additional health plans. As with sites, some physicians contract with multiple health plans.

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

The Patient Protection and Affordable Care Act (PPACA) enacted in 2010 was committed to providing \$11 billion nationwide to bolster and expand FQHC. FQHC’s played a significant role in the implementation of the PPACA because of their emphasis on coordinated primary care, preventive services and implementation of the medical home model.

Through Section 2703 of the PPACA, SAMHSA and the Centers for Medicare and Medicaid are working together to build person-centered health homes that result in improved outcomes. The Medicaid health home option offers the opportunity to create behavioral health homes for people with serious mental health and substance use disorders. Due to this option not requiring these health homes to provide the full array of required services themselves -- so long as they ensure the availability and coordination of these services -- behavioral health agencies are encouraged to build local partnerships.

FQHCs not only cover physical health services for the remaining uninsured, but also have a tradition of providing varying levels of behavioral health services. Thus, when the behavioral health expansion occurred, some clinics already had the infrastructure in place to provide expanded services.

There are sixteen member community clinic and health center corporations in the Health Center Partners, operating over 150 sites throughout San Diego, Imperial and Riverside Counties. The FQHCs have been identified as those mandated to provide SBIRT for alcohol as of January 2014. This list of primary care clinics excludes dental, administrative, pediatric and other facilities which do not perform SBIRT. See Appendix 6, “FQHC Providers in San Diego County,” for a full listing.

FQHCs may serve as entry points for those with SUD seeking treatment services. As noted previously in this plan, in early 2016, four FQHC’s in San Diego received a HRSA Substance Abuse Service Expansion Grant (HRSA-16-074). The purpose of this funding opportunity is to improve and expand the delivery of substance abuse services at existing health centers, with a focus on provision of health center-funded MAT for opioid use disorders. Dependent upon Congressional appropriation and satisfactory performance, these supplemental awards will become part of each award recipient’s ongoing base funding to ensure that the expanded substance abuse services are sustained. SDCBHS will be communicating with the four FQHCs on

an ongoing basis to coordinate and collaborate regarding individuals seeking SUD services.

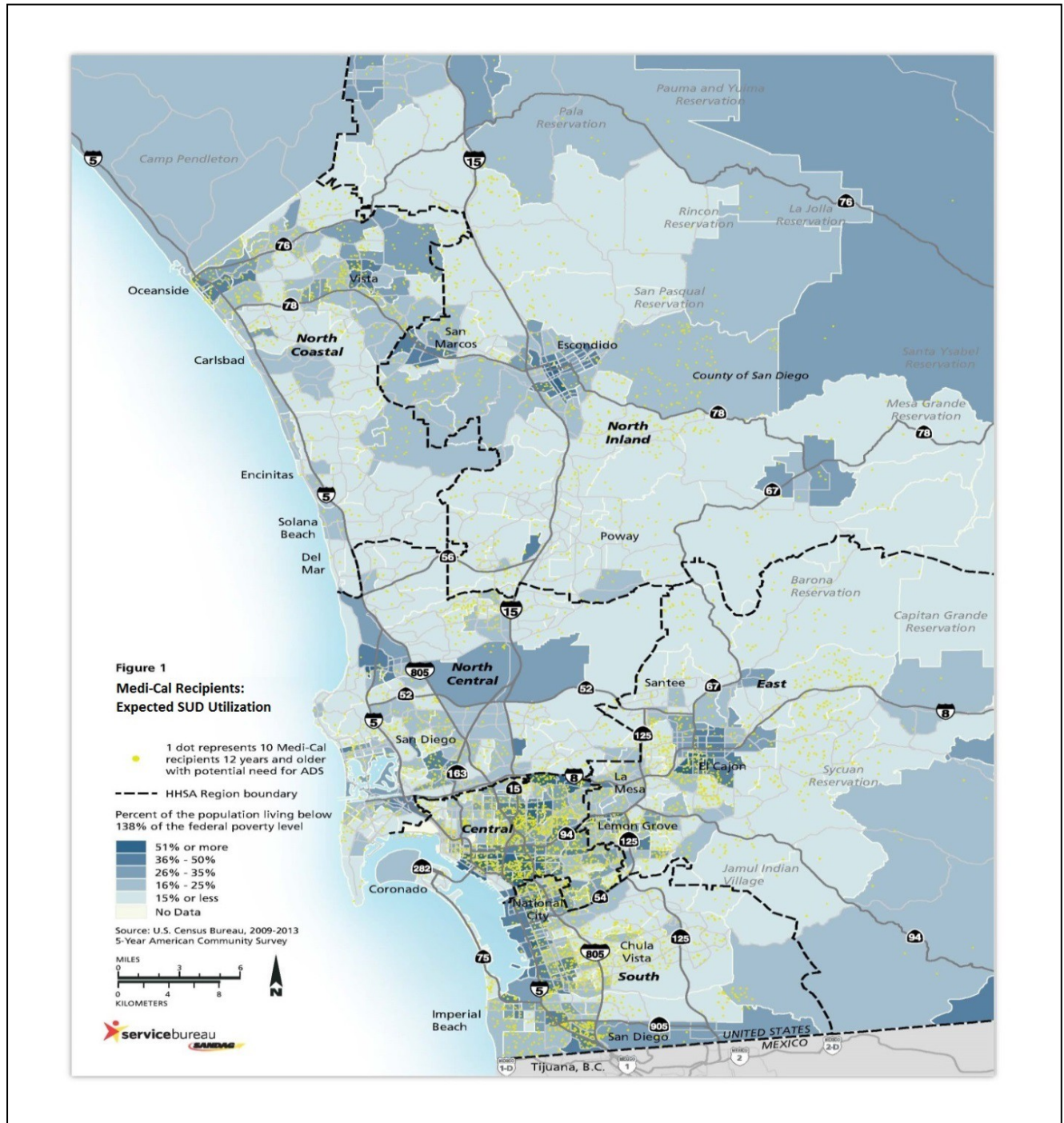
Overall, each of these entities plays an important role in the context of “No Wrong Door” access to SUD services as the Managed Care Plans, OTPs/NTPs and FQHCs are all access points into a comprehensive system of care. As noted previously, SDCBHS has contracted with multiple SUD providers to operate an array of programs throughout the County and works to ensure accessibility within the network including hours of operation, language capability, timeliness of services and geographical location.

- A demonstration of how the current network of providers compares to the expected utilization by service type.

Throughout the research and planning phases, SDCBHS recognized the need to determine how the network of providers throughout the County compares to the expected utilization and determined that mapping would be an effective visual to incorporate into the Implementation Plan. The following figures outline estimated utilization, providers by service modality and the network of providers in the County of San Diego.

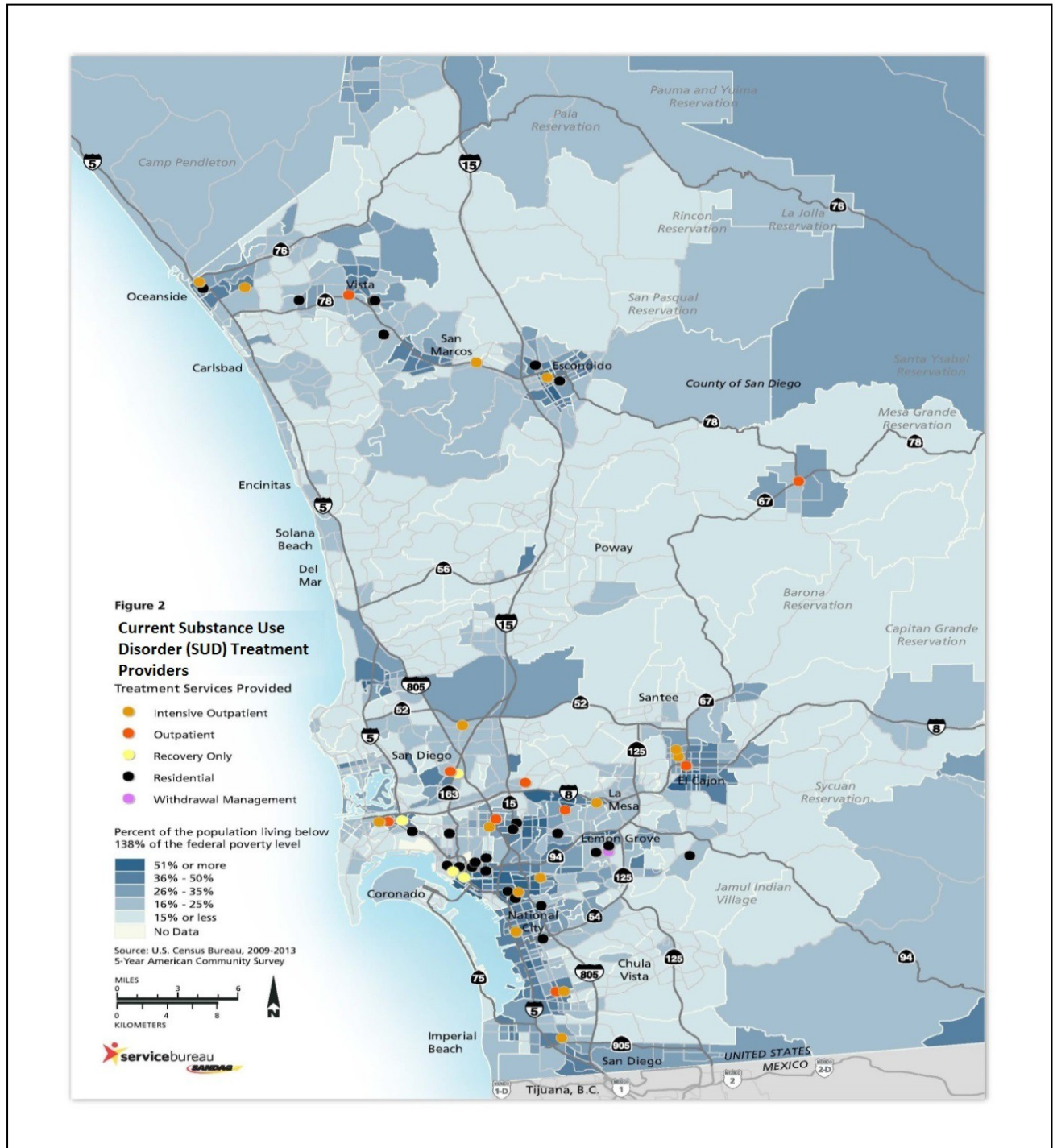
Please see figures outlining estimated DMC-ODS SUD utilization, SUD Providers by Treatment Modality and all SUD providers in the SDCBHS Network of Care on the following pages.

Figure 1 - Map of Estimated DMC-ODS SUD Utilization



This map illustrates San Diego County broken down by the percent of the population living below 138% of the FPL. This is depicted by the different shades of blue, in which the darker blue represents the higher percentage of the population in that area below the FPL. Mapped on top of the FPL shaded map, is the total number of current Medi-Cal recipients, 12 years and older, with a potential need for SUD services. For every 10 of these identified individuals, there is one yellow dot located on the map. Therefore, this map is able to provide geographic information surrounding the current areas within the county that have the potential for higher utilization rates and need for SUD services.

Figure 2 - Map of SUD Providers by Treatment Modality illustrating 0-138% FPL



This map displays the current SUD provider system of care with San Diego County. First, the map shading reflects the percent of population below the 138% of the FPL. Second, the colored dots represent the geographic location of the various modalities of services SDCBHS contracts with across the County. This map provides information on if each modality of service is geographically accessible to the needed and expected Medi-Cal populations to access. It also reveals where geographical gaps may exist within SDCBHS' current system of care.

Figure 3 - Map of All SUD Providers in Network of Care



This final map depicts the entire SUD network of care within San Diego County. This map lays out where current County-contracted network exists geographically along with where non-county contracted DHCS certified providers are geographically located. Also, the map indicates where all Medi-Cal Managed Care Plans, OTPs/NTPs, and FQHCs are located throughout the County. This assists with seeing where our current system of care is located and where potential DMC qualified providers are within the County. This information assists with identifying potential providers to create a more robust organized delivery system of care within San Diego County, as needed.

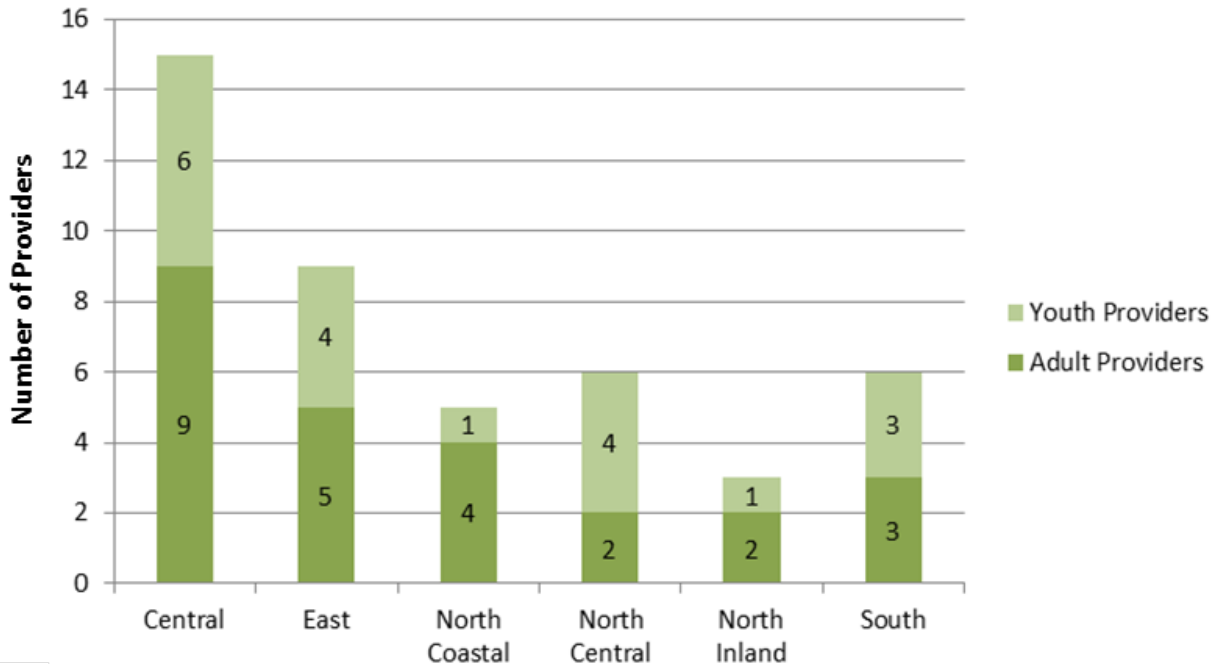
Overall, the maps above provide geographical representation of where the expected utilization is to occur within SDCBHS' system of care. Also included is information surrounding where SDCBHS' current contracted providers are located in relation to this expected utilization and where potential providers are located for possible expansion, if needed. As shown with the maps, SDCBHS' current contracted provider network is representative in regard to the areas within the County where high levels of expected Medi-Cal recipients are located. Also, the network of providers, including varying modalities of treatment, is adequately spread across the County of San Diego.

The following graphs take a deeper look at SDCBHS' current provider system by indicating the number of providers SDCBHS has within each modality of service by region and between the youth and adults systems of care.

Figure 4

OUTPATIENT

Number of Adult and Youth Outpatient Services Providers By Region



❖ Perinatal Adult programs can also serve youth and the figures in this graph depict the Adult program portion only.

Figure 5

INTENSIVE OUTPATIENT

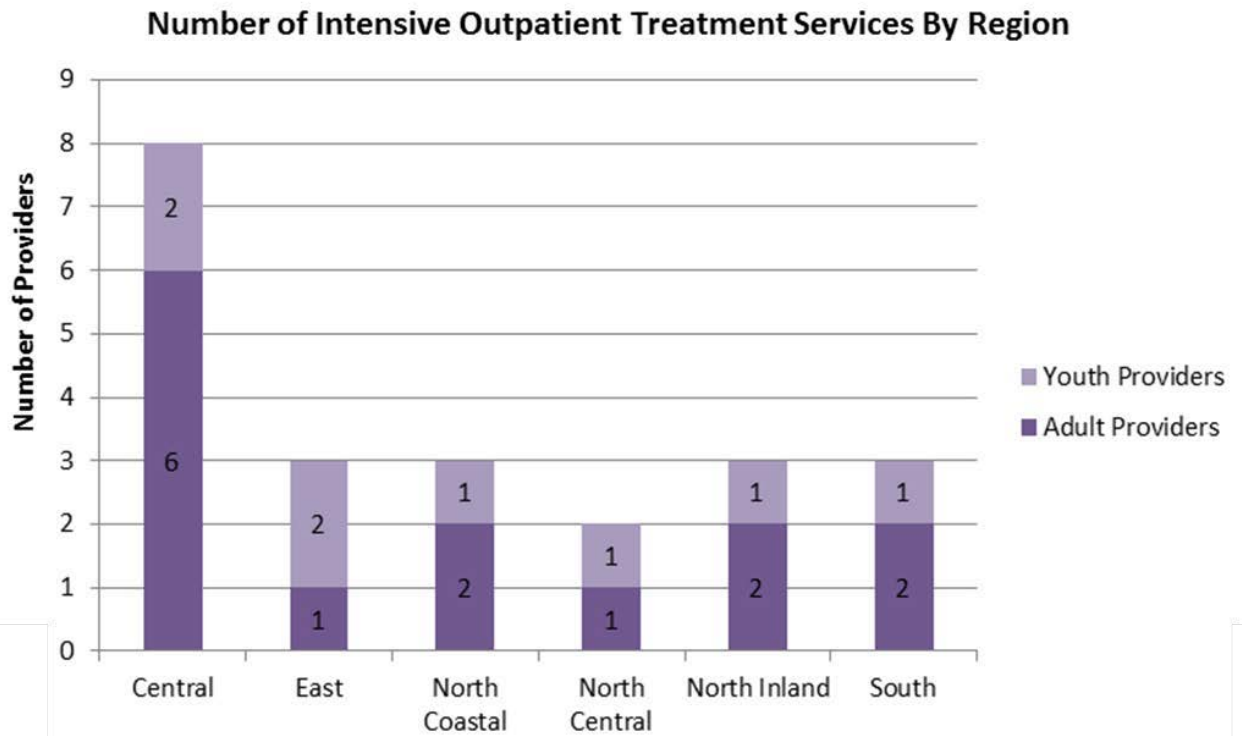
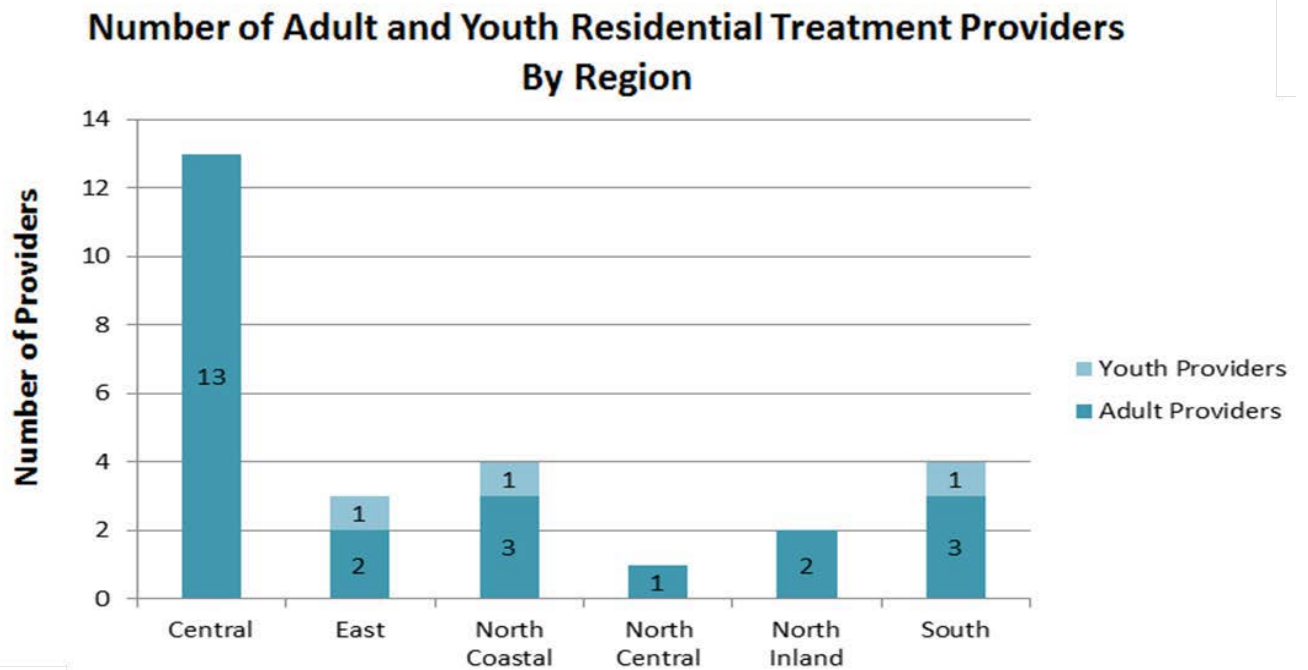


Figure 6

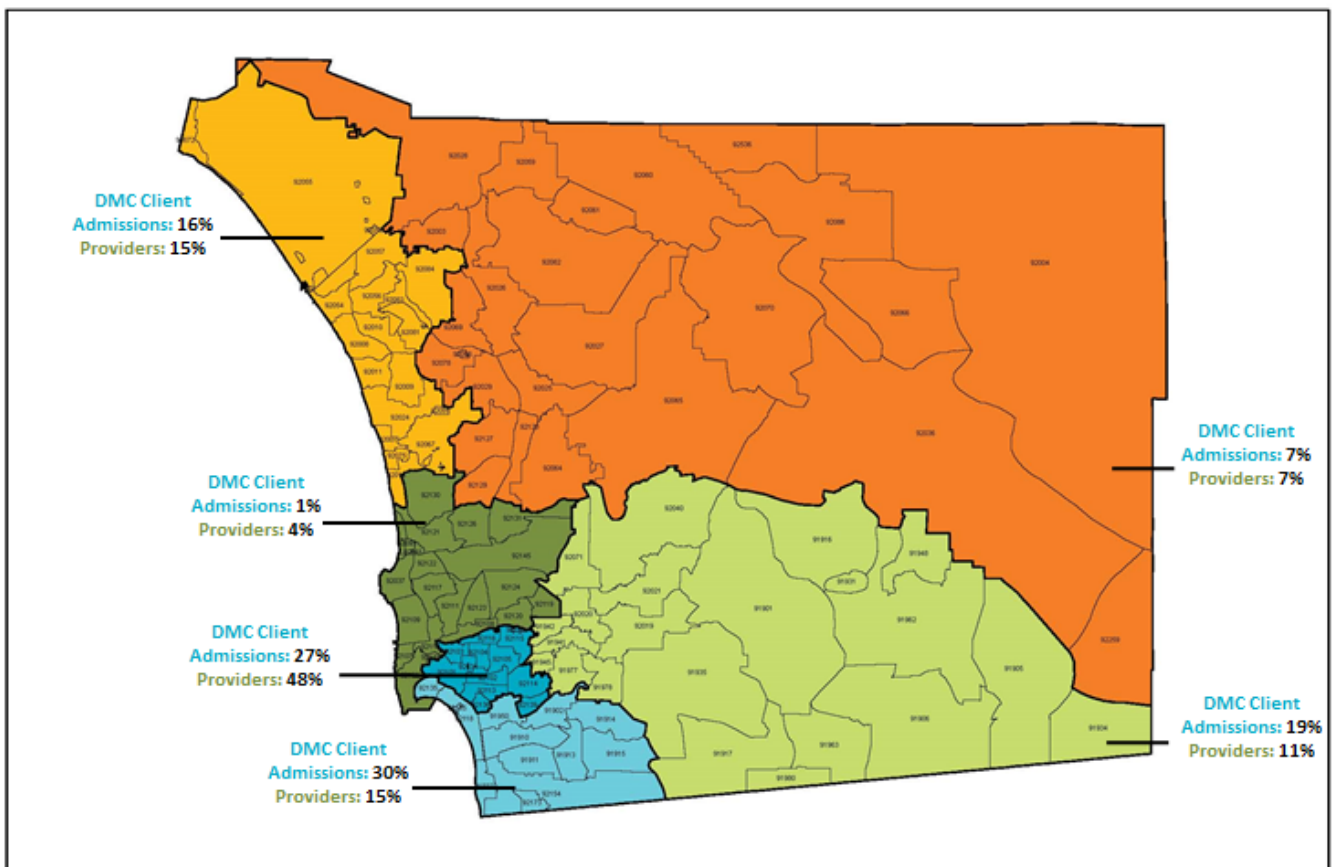
RESIDENTIAL



In addition to outlining the numbers of providers in each region above, the following figures were developed to demonstrate system demand and program availability. As indicated in the following regional maps, SDCBHS has tracked the overall percentage of DMC admissions and percentage of contracted SUD providers by region to analyze system needs and capacity in residential, outpatient, and intensive outpatient service modalities.

Figure 7

Residential

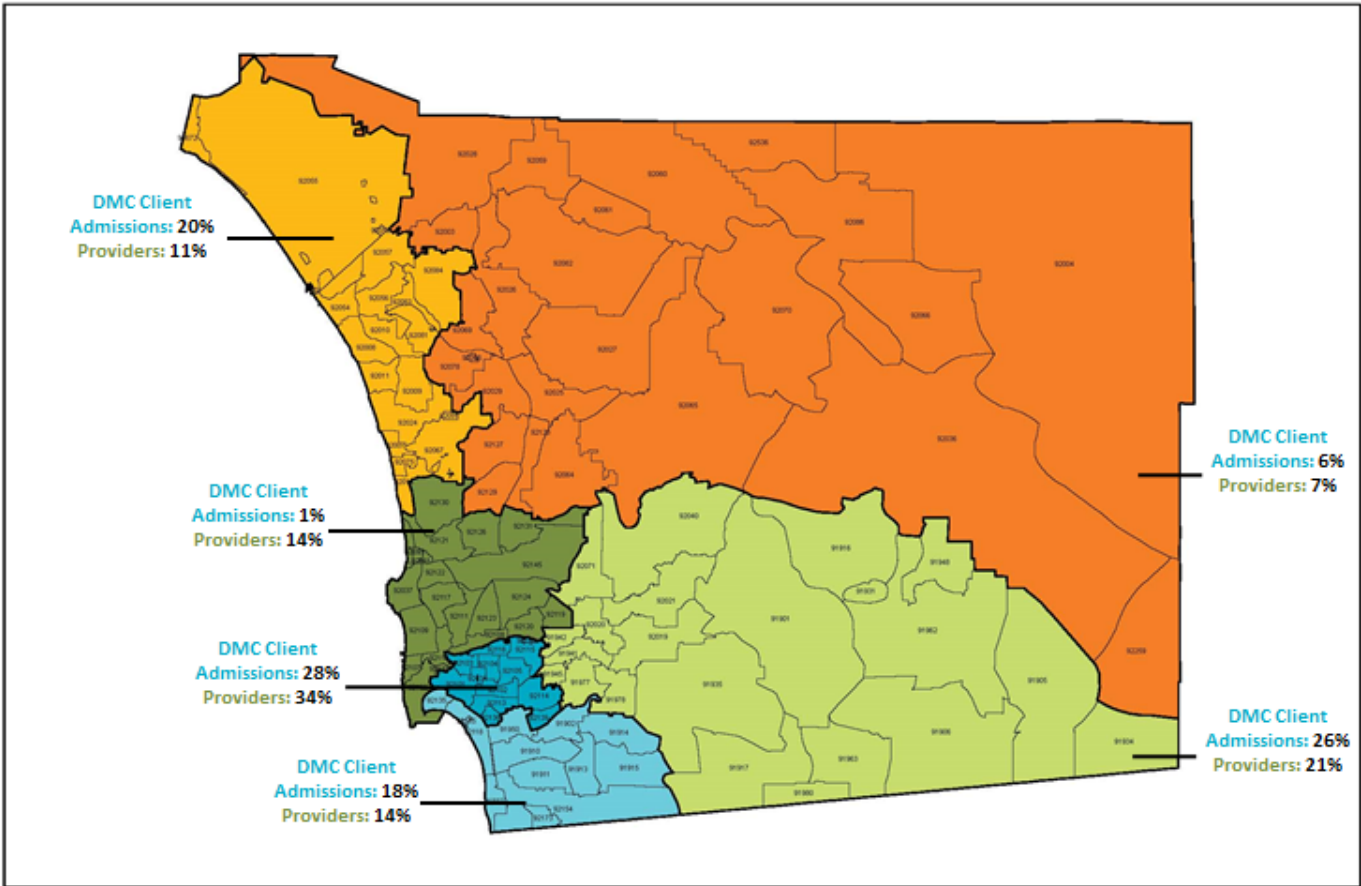


- Central
- East
- North Central
- North Coastal
- North Inland
- South

DMC Client Admissions = Percent of DMC clients served in specified region
 Providers = Percent of County-contracted providers in specified region

Figure 8

Outpatient

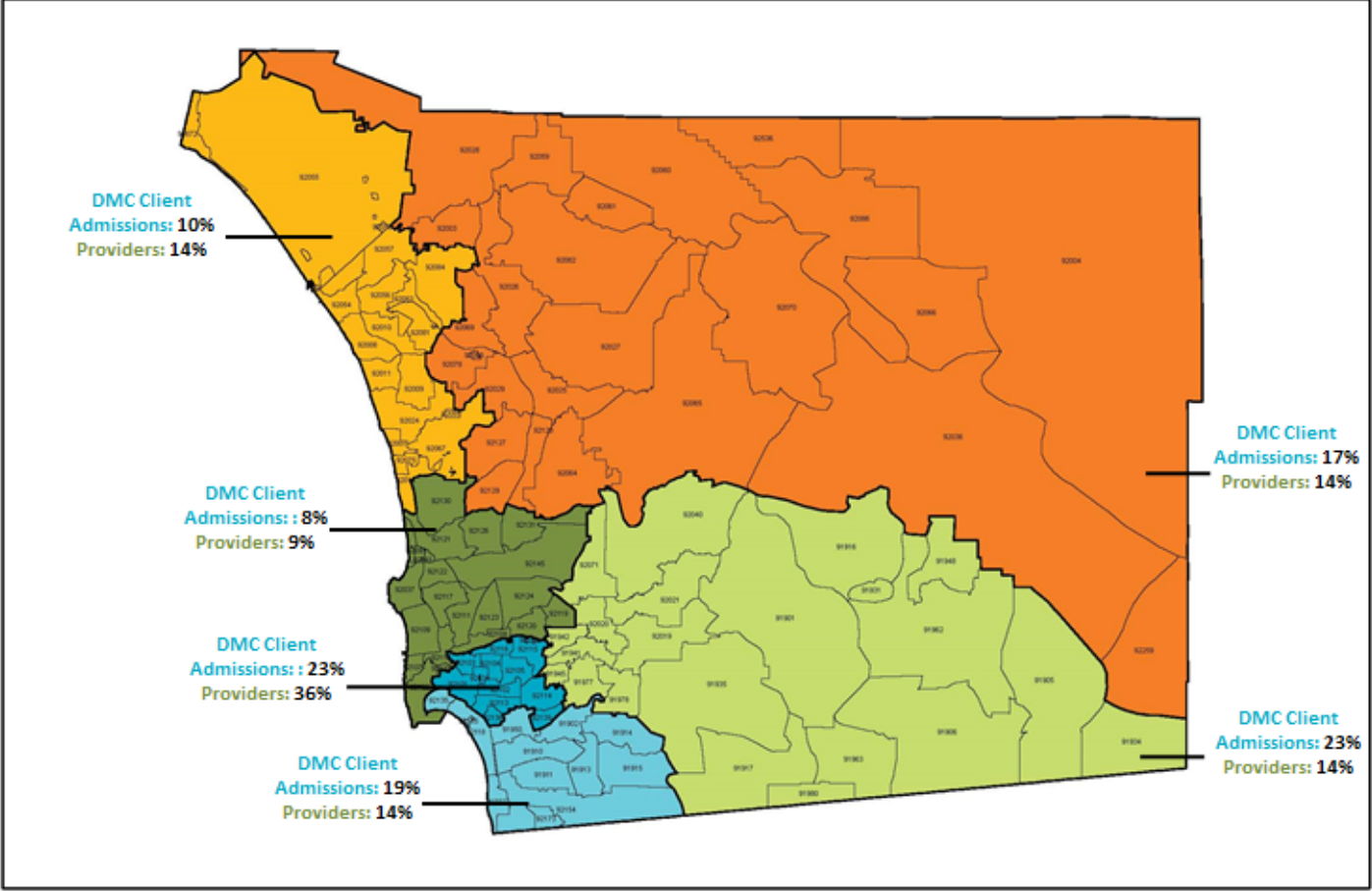


- Central
- East
- North Central
- North Coastal
- North Inland
- South

DMC Client Admissions = Percent of DMC clients served in specified region
Providers = Percent of County-contracted providers in specified region

Figure 9

Intensive Outpatient



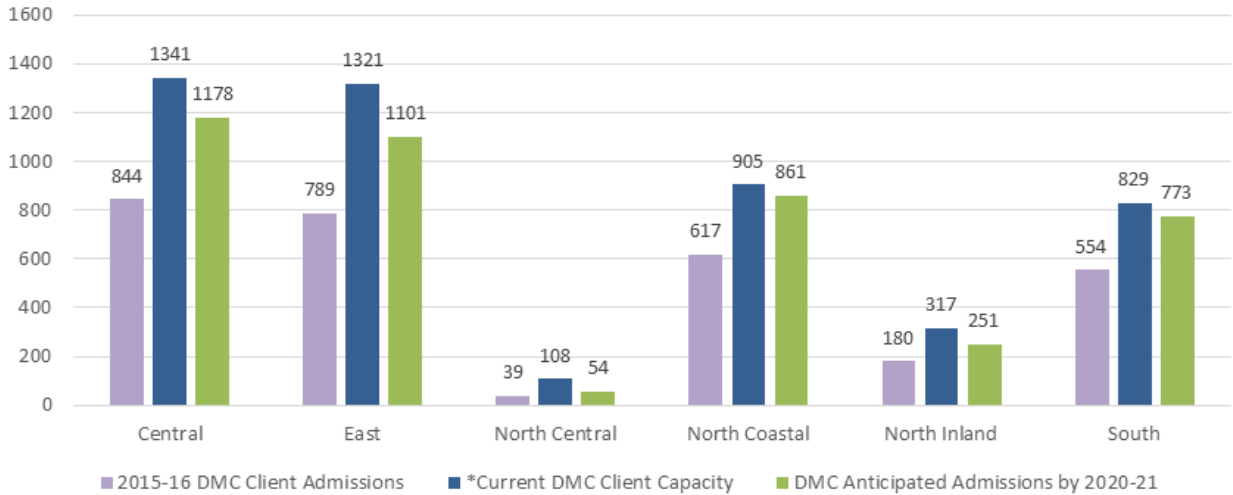
- Central
- East
- North Central
- North Coastal
- North Inland
- South

DMC Client Admissions = Percent of DMC clients served in specified region
 Providers = Percent of County-contracted providers in specified region

Lastly, the graphs on the following pages also look at system capacity and indicate the specific number of SDCBHS FY15-16 DMC Admissions, the current contracted system capacity and DMC-ODS anticipated admissions by FY20-21. This information is broken out by region and by modality:

Figure 10

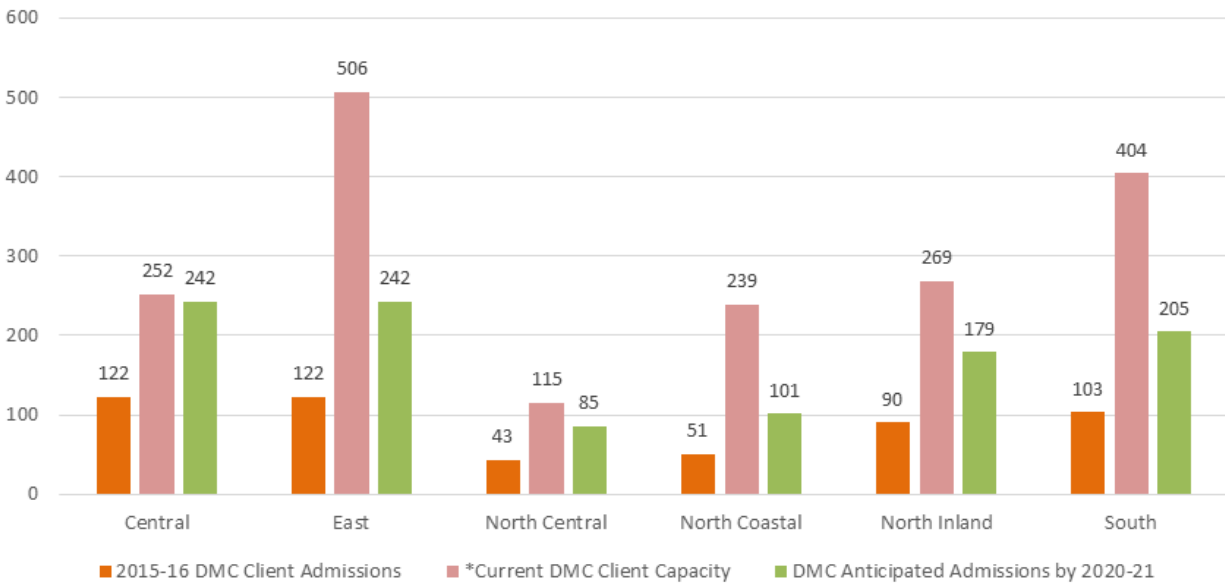
OUTPATIENT



*Capacity to align with demand to meet system needs.

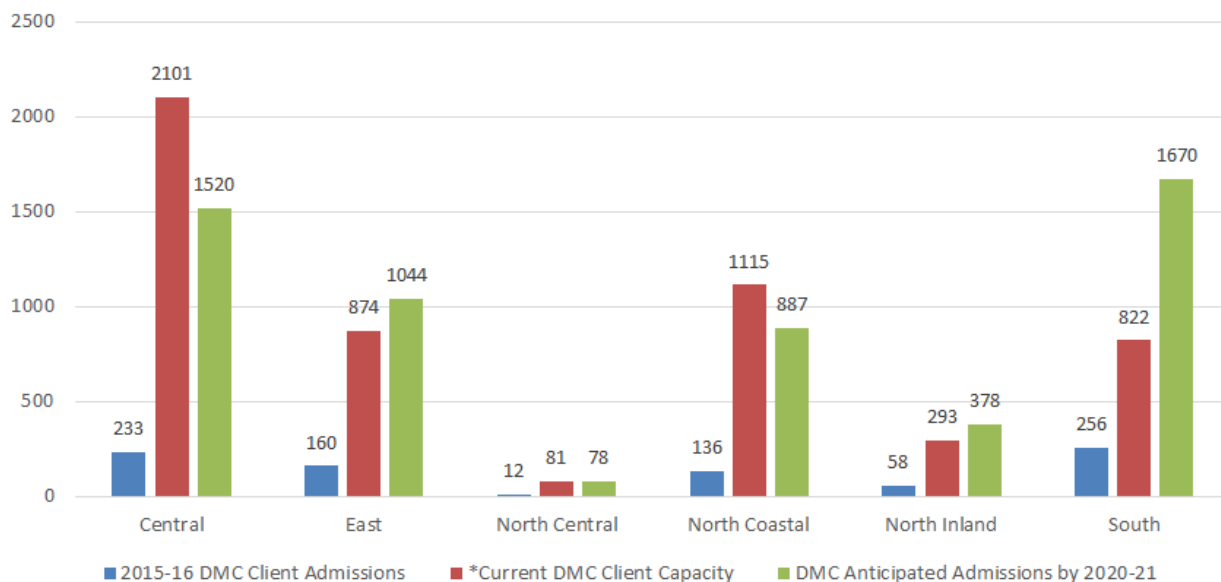
Figure 11

INTENSIVE OUTPATIENT



*Capacity to align with demand to meet system needs.

RESIDENTIAL



**Capacity to align with demand to meet system needs.*

At this time, SDCBHS is prepared to meet the projected beneficiary demand under the DMC-ODS, either through current contracted capacity as noted above, or through future contract amendments, if needed, to ensure that capacity aligns with demand to meet system needs.

To date, access to SDCBHS services has been maintained and improved by ensuring that beneficiaries are informed of the availability of services and how to access them, and by ensuring that appropriate types of services are available within each region of San Diego County. Key resources that enhance community awareness include:

- ACL Informational flyers noting language interpretation and TTY availability
- A Behavioral Health Services Directory available on the San Diego Network of Care website with the information translated in over 80 languages through Google Translation.

Throughout the implementation of the DMC-ODS, SDCBHS will be analyzing possible gaps in the accessibility of services by tracking access times, client complaints and grievances, and results of client satisfaction surveys to perform continuous improvement efforts on an ongoing basis.

ACCESS AND SPECIAL POPULATIONS

San Diego County special populations include, but are not limited to: Transition Age Youth (TAY), older adults, youth, homeless, deaf and hard-of-hearing, non-English-speaking clients, criminal justice population, LGBTQ+, pregnant and post-partum females, and those with co-occurring diagnoses of mental illness and substance use. Consideration of special populations is included in all current and future service planning when possible augmentation of funding is occurring to expand program capability to provide services to identified special need populations. In developing a DMC-ODS system, SDCBHS will initially focus on identification of specific programming for the criminal justice population and will continue a

focus on the perinatal population as well.

Criminal Justice Population

In recent years, there have been significant changes in the criminal justice system in California with significant impacts on local service system. Public Safety Realignment Act of 2011 shifted responsibility for housing, supervising and rehabilitating certain offenders from the state to the counties. The County established a centralized screening and referral unit for persons on Post Release Community Supervision, and has contracted with Substance Use Disorder and Mental Health programs to provide substance use and mental health treatment and other services to address offender needs, improve outcomes and increase public safety through reducing recidivism. During implementation of the DMC- ODS, SDCBHS will be exploring the establishment of additional offender specific treatment programs by year three. BHS will work closely with criminal justice and public safety partners to identify assessment and treatment practices and protocols and monitoring activities that have been found to be most effective with this population.

The County of San Diego also has various re-entry programs throughout the County to help the offender population transition after being released from jail or from prison to local supervision. One example, the Community Transition Center (CTC) is operated by Probation to provide needed services to certain offenders released from prison and transition to the community. The CTC is the site of a multi-disciplinary team comprised of licensed mental health clinicians, a nurse case manager, two Medi-Cal application assisters, and multiple probation officers. The center offers a continuum of services; including being tested for current substance use, and assessed for criminogenic, substance abuse/mental health, and other needs. A case plan is developed, factoring in risks and needs, with input from the entire team and based on assessment results linking each individual at the CTC directly to the services they need to help them successfully transition back into the community.

As other examples, the County and the Court jointly operate four Drug Courts, a Re-Entry Court and a Behavioral Health Court that complement the County's efforts to divert clients with addiction, criminogenic needs and mental health conditions from the justice system and in lieu provide treatment as an option. These programs and the criminal justice system partners will help identify offender- specific individuals and create referrals into the DMC-ODS system of care. Additionally, SDCBHS will be adding behavioral health staff at local Family Resource Centers where individuals meet their Probation Officers to offer onsite "warm hand-off" referral assistance. Lastly, efforts have been made to ensure that criminal justice partners work closely with SDBHS on residential referrals utilizing the ASAM criteria under DMC-ODS. Currently, processes are being developed for how to best assess for ASAM placement criteria for individuals moving throughout different stages in justice system to facilitate appropriate referrals and successful transitions to the appropriate level of care.

Perinatal Services

Among women with SUDs, pregnant women require more urgent treatment services and critical, high-risk prenatal care due to the harmful effects of drug use on the fetus. In alignment with the Perinatal Services Network Guidelines (PSNG), SDCBHS currently has a robust perinatal system of care providing quality SUD treatment services for this population. A comprehensive system serves the woman as a whole by integrating medical care and behavioral health care into SUD treatment services, along with providing child care and parenting skills. Programs must provide or arrange for primary medical care, including a referral for prenatal care to pregnant and parenting women receiving SUD treatment services. As SUD treatment models move toward family-centered care, programs must treat the family as a unit and admit both women and their children into treatment services, providing therapeutic interventions for

children to help address children's developmental, emotional, and physical need.

The Women's Perinatal Outpatient System also currently supports the TAY population with their services. Client age ranges from age 15 and over to allow parenting, education, mentoring, support, and child therapeutic services throughout the County.

All SDCBHS Contracted Programs:

❖ Hours of operation of providers

Hours of operation vary among all contracted SUD Providers. Withdrawal Management and Residential programs operate 24/7 and up to 7 days a week including daytime and evening hours at OTPs/NTPs, outpatient and intensive outpatient programs.

❖ Language capability for the county threshold languages

County contracted SUD Providers fully represent the county threshold languages, utilizing translation/interpretation services as a means of communicating with clients when bi-lingual staff is not available.

❖ Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and the first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans.

At this time SDCBHS will implement access standards as established by DHCS Standards:

- ✓ 10 business days of request for outpatient services
- ✓ 3 days of request for OTP/NTP

SUD programs are also required to have a protocol in place to address client crises and emergency situations. These protocols are available to all program staff and staff is trained in crisis intervention procedures. For after hour access, beneficiaries may utilize ACL, which is available 24 hours a day, 7 days a week. The ACL staff performs a telephonic risk screening and appropriate intervention and/or referrals.

In regard to the frequency of follow-up appointments, the BHS QI Unit will conduct Client Record Reviews to ensure that appointment types and frequency are in alignment with individualized treatment plans. The SDCBHS contract with SUD providers also indicate a requirement for ongoing internal program file reviews with the goal of ensuring service delivery aligns with each beneficiary's current treatment plan.

❖ The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities

It is SDCBHS's policy that all SUD programs be accessible by public transportation in compliance with Americans with Disability Act (ADA) and California State Administrative Code Title 24. Outpatient SUD services are to be within 30 miles or 60 minutes from beneficiary's residence, and OTP/NTP services are to be within 15 miles or 30 minutes from the beneficiary's residence. The County is responsible for ensuring that SUD services and the SUD contracted providers are accessible and do not discriminate against or deny equal opportunity to a Person with Disabilities (PWD) to participate in and benefit by the provided service. Therefore, county-contracted SUD service programs must complete an accessibility assessment and a corrective action plan, if needed, and submit it to the County QI Unit. If a SUD county contracted program is not able to accept a

PWD for any reason (e.g., facility was built prior to ADA regulations and the program cannot financially make the necessary renovations to be ADA compliant), then the program must provide a direct referral to another SUD program who can accept this PWD client and provide equivalent services (e.g., residential) in the same geographic region (e.g., Central). The program is to determine the appropriate PWD program referral by utilizing the county's PWD SUDS Provider list. Please see Appendix 7, "List of SUD Programs that Accept All Persons with Disabilities," for PWD SUD Provider list.

❖ How will the county address service gaps, including access to MAT services?

As noted above from the GIS maps, SDCBHS currently has an adequate network of providers. In regard to MAT services, there are currently 10 OTP/NTP providers spread throughout the County, along with outpatient providers having the opportunity to provide MAT services on sight.

❖ As an appendix document, please include a list of network providers indicating, if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e. adolescent, adult, perinatal)

Please see Appendix 3: List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification.

9. Access to Services

In accordance with 42 CFR 438.206, describe how the County will assure the following:

- Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.

Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients

- Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
- Establish mechanisms to ensure that network providers comply with the timely access requirements; Monitor network providers regularly to determine compliance with timely access requirements, and take corrective action if there is a failure to comply with timely access requirements.

- Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.

SDCBHS will require providers to meet identified access to care standards, including those for urgent needs. Each provider will be required to track access times for each request for service and submit that information to SDCBHS on a monthly basis for review and monitoring purposes. SDCBH will work with providers and take corrective action to insure timely access to care when monthly access data indicates such action is needed.

- Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.

SDCBHS requires contracted SUD providers to be accessible during predetermined hours of operation. SUD Providers are required to post these hours of business on the entrance of their

facility and those hours of operation are for all clients seeking SUD services, with no difference in hours of operation between Medi-Cal and non-Medi-Cal beneficiaries.. A contractor is not allowed to change hours of operation or location from those listed in their County contract, without written approval from SDCBHS and submission to DHCS of the Medi-Cal Supplemental Changes form (DHCS form 6209 Rev 10/16).

- Ensure that services are available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.

In San Diego County, beneficiaries may call the toll-free Access and Crisis Line 24 hours/day, 7 days/week. A specially trained professional will triage and screen and provide referrals to appropriate resources. Residential SUD programs will be available 24 hours a day/7 days a week and authorization for residential services will be provided within 24 hours. Additionally, if needed, MHP specialty mental health services that are available 24/7 include emergency screening services, crisis stabilization services, PERT services, crisis residential programs, and inpatient services.

- Establish mechanisms to ensure that network providers comply with the timely access requirements; Monitor network providers regularly to determine compliance with timely access requirements, and take corrective action if there is a failure to comply with timely access requirements.

As noted above, contracted providers will be required to log all requests for services and record access times. Each provider will be required to track access times for each request for service and submit that information to SDCBHS on a monthly basis for review and monitoring purposes. SDCBH will work with providers and take corrective action to insure timely access to care when monthly access data indicates such action is needed.

10. Training Provided

What training will be offered to providers chosen to participate in the waiver? How often will training be provided? Are there training topics that the county wants to provide but needs assistance?

Review Note: Include the frequency of training and whether it is required or optional.

SDCBHS will require all contracted DMC service providers participate in mandatory trainings to ensure compliance with DMC regulations and County contracting requirements. For mandatory trainings, contract providers will be responsible for ensuring that all staff meet training requirements as determined by their roles and responsibilities. Compliance with training requirements will be monitored at least annually. Mandatory training topics will include:

- ASAM
- CalOMS/DATAR
- Web Infrastructure for Treatment Services (WITS)
- Motivational Interviewing
- Relapse Prevention
- DMC Documentation Training - Title 22 & Title 9 regulations
- DMC Billing
- Cultural Competency (including CLAS)
- Confidentiality

- Comprehensive, Continuous, Integrated System of Care Model (CCISC)
- Trauma Informed Care
- Youth Treatment Guidelines, *for Adolescent providers*
- Client Screening & Assessment
- Client Referral
- CPR
- Communicable Diseases
- Drug Testing Protocols
- Program Registrar procedures
- Perinatal Treatment Guidelines, *for Perinatal providers*
- Peer Support, *for peers providing direct service* (Note: a separate SUD Peer Support Training Plan will be submitted to DHCS prior to implementation).

SDCBHS plans to provide additional trainings based on the feedback and needs of the provider network. At this time, the following training topics have been identified:

- Medication Assisted Treatment
- Continuum Of Care
- DSM 5/ ICD-10
- DMC Certification/Re-Certification
- Financial and Billing topics from other relevant funding sources
- Recovery Services
- CBT and TFCBT
- Solution Focused Brief Therapy

In addition, Voter Initiative/ Legislative related impacts to the system will be addressed as they arise to ensure compliance.

Please see Appendix 8, “San Diego County Training Plan,” for the outline of the current planned Training Topics, Mandatory Status, Target Audience, Frequency to be offered, and Training Provider, as requested.

11. Technical Assistance

What technical assistance will the county need from DHCS?

SDCBHS is interested in additional information in the following areas:

- Financial assistance related to rate setting, reimbursement structures & cost reports
- Chart Documentation requirements
- Additional information related to Medication Assisted Treatment
- Monitoring activities for Opioid (Narcotic) Treatment Programs
- Fidelity assessment for evidence based practices utilized
- Voluntary Inpatient Detox Fee for Service benefit
- Tools for developing and ensuring network adequacy
- Information and data sharing in accordance with confidentiality regulations

- Department of Justice regulations regarding data sharing for criminal justice population

12. Quality Assurance

Describe the County's Quality Management and Quality Improvement programs. This includes a description of the Quality Improvement (QI) Committee (or integration of DMC-ODS responsibilities into the existing MHP QI Committee). The monitoring of accessibility of services outlined in the

Quality Improvement plan will at a minimum include:

- *Timeliness of first initial contact to face-to-face appointment*
- *Frequency of follow-up appointments in accordance with individualized treatment*
- *Timeliness of services of the first dose of NTP services*
- *Access to after-hours care*
- *Responsiveness of the beneficiary access line*
- *Strategies to reduce avoidable hospitalizations*
- *Coordination of physical and mental health services with waiver services at the provider level*
- *Assessment of the beneficiaries' experiences, including complaints, grievances, and appeals.*
- *Telephone access line and services in the prevalent non-English languages.*

Review Note: Plans must also include how beneficiary complaints data shall be collected, categorized, and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:

- *How to submit a grievance, appeal, and state fair hearing*
- *The timeframe for resolution of appeals (including expedited appeal)*
- *The content of an appeal resolution*
- *Record Keeping*
- *Continuation of Benefits*
- *Requirements of state fair hearings*

The purpose of the County of San Diego's BHS Quality Improvement (QI) Program is to ensure that all clients and families receive the highest quality and most cost-effective mental health, substance use, and administrative services available. The QI Program delineates the structures and processes that will be used to monitor and evaluate the quality of mental health and substance abuse services provided. The QI Program encompasses the efforts of clients, family members, clinicians, mental health advocates, substance abuse treatment programs, quality improvement personnel, and other stakeholders.

The QI Program and QI Work Plan (QIWP) are based on the following values:

- Development of QI Program and QIWP objectives is completed in collaboration with clients and stakeholders.
- Client feedback is incorporated into the QI Program and QIWP objectives.
- QI Program and QIWP are mindful of those whom data represent and, therefore, integrate client feedback to improve systems and services.

The QI Unit monitors the services provided for safety, effectiveness, responsiveness to clients, timeliness, efficiency, and equity. Key variables related to practices and processes performed or

delivered by service providers that affect the outcome of services to client and family members are measured and analyzed on a weekly, quarterly, or annual basis. QI staff perform client record reviews and site reviews/Medi-Cal Certification reviews. Access times, serious incidents, results of medication monitoring, and complaints and grievances are tracked and trended. Surveys are conducted to monitor client and provider satisfaction.

The following are components of the QI Program structure:

Executive Quality Improvement Team (EQIT)

The EQIT is responsible for implementing the QI Program, responding to recommendations from the Quality Review Council (QRC), and identifying and initiating quality improvement activities, as indicated. The EQIT consists of BHS Director, BHS Clinical Director, Deputy Directors, and QI Chief and QI program staff designees.

Quality Improvement Performance Improvement Team (QI PIT)

The QI Program includes the SDCBHS QI PIT, which monitors targeted aspects of care on an on-going basis and produces reports monthly, quarterly, or annually. High-volume, high-frequency, and high-risk areas of client care are given priority. So opportunities for improvement can be identified, the QI PIT collects data which are analyzed over time and used to measure against goals and objectives. Reports in each of these areas are periodically brought to the EQIT and QRC for input. The QI PIT also provides oversight and monitoring to the SDCBHS performance improvement projects.

Quality Management (QM) Team

The QM team is another component of the QI program and is comprised of Quality Improvement Specialists—licensed therapists and clinicians—who conduct a variety of reviews, audits, trainings, and other quality improvement functions for both County-operated and County-contracted programs.

Management Information Services (MIS) Team

The MIS team—another component of the QI Program—provides data management and systems support to BHS client management system users, including but not limited to service providers, administrative and support staff, and BHS staff.

Quality Review Council (QRC)

The QI Program includes the QRC, which is a standing body charged with the responsibility to provide recommendations regarding the quality improvement activities for behavioral health and the QI Work Plan (QIWP). The QRC meets every two months, and the members are clients or family members, as well as stakeholders, from the mental health and substance abuse health communities across all regions. The QRC provides advice and guidance to SDCBHS on developing the annual QIWP, including identification of additional methods for including clients in quality improvement activities, collection, review, interpretation, and evaluation of quality improvement activities, consideration of options for improvement based upon the report data, and recommendations for system improvement and policy changes.

Quality Improvement Committees (QICs)

The QICs are subcommittees of the QRC composed of QRC members and QI staff. Subcommittee minutes and activities are monitored by the QRC. The current QRC Subcommittees are:

- QRC Membership Committee
- Serious Incidents (ad hoc committee)

The goals of the Quality Improvement Program are to:

- Identify important practices and processes where improvement is needed to achieve excellence and conformance to standards
- Monitor these functions accurately
- Draw meaningful conclusions from the data collected using valid and reliable methods
- Implement useful changes to improve quality
- Evaluate the effectiveness of changes
- Communicate findings to the appropriate people
- Document the outcomes

All indicators of quality, along with acceptable standards, are based on nationally and regionally established norms (when available), State, Federal, and County regulations, and/or the specific needs of client, family members, providers and stakeholders.

The QIWP is monitored and revised on an on-going basis. Additional QI activities may be added during the year based on requirements from the County or the State, recommendations by the QI Committee or other stakeholder group, or may be based on observed patterns, trends, or single occurrences.

A formal evaluation of the QIWP is conducted annually. The evaluation includes a summary of completed and in-process quality improvement activities, results and interventions planned that would impact the process, and the need for process revisions and modifications. Evaluation findings shall be used to revise the QIWP as needed.

Role, Structure and Function of QI Committee

The role and function of the QI Committee, the Quality Review Council (QRC), is to ensure stakeholder input to the MHP's Quality Improvement Program. Through participation in the QRC, San Diego County clients, family members, and providers actively contribute in the planning design and execution of the QI Program. The QRC reviews the planned QI activities, evaluates the results of QI activities, recommends policy changes, institutes needed QI actions, and ensures follow-up of QI processes.

The QRC membership includes advocacy contractor representatives, contracted MH provider representatives, a SUD contracted provider representative, an ASO representative, a Child Welfare Services (CWS) representative, a Probation representative, a Veterans community representative, consumers, and family members. New members are added as needed, and are required to submit an application to the QRC membership committee for review and recruitment. Culture and area of representation is considered during the member selection process. The QRC meets every two months and minutes are kept of each meeting including the general discussion, topic findings, policy recommendations, actions proposed/taken, rationale for each decision and follow-up. The QRC Committee composition will be reviewed and expanded to include additional members within the SUD system of care once SDCBHS begins to implement the DMC-ODS.

Relationship with Practitioners, Providers, Consumers, and Family Members

Stakeholders' and family members' concerns are actively solicited and valued as part of the QI Program. Clients, family members, and providers continue to participate in the QRC, BHAB, and system of care advisory councils. The results of QI activities are also reported at regional monthly organizational provider meetings, quarterly Leadership meetings, QI Trainings, and the Clinical Standards Committee.

As noted, the annual QIWP is developed with input from various sources and will include the following target areas in alignment with the DMC-ODS requirements:

- **Timeliness of first initial contact face-to-face appointment**
SDCBHS requires each contractor to complete a Service Log/Access Time Form for each beneficiary. Within this log, the provider enters “Date of Inquiry,” which is the date of the first contact with the individual or family (including date of walk-in, telephone, and electronic contact). In the case of a referral, the “Date of Inquiry” is the date when actual contact is made with the client and/or family. The referral date is not the “Date of Inquiry” unless the provider contacts and reaches the client on the same day the referral is received. The “First Available Appointment” date is entered on the Service Log. To determine a beneficiaries’ access time of first face-to-face appointment, the days between the “Date of Inquiry” and the “First Available Appointment” entries is calculated. The contractor then has to provide monthly reports of Access Time Forms to both the COR and the QI PIT team by the 15th after the reporting month.
- **Frequency of follow-up appointments in accordance with individualized treatment**
The QM team will perform Client File Reviews and the collection of data through these reviews will be used to determine appointment frequency is in alignment with treatment plans.
- **Timeliness of services of the first dose of NTP services**
To ensure the timeliness of the first dose of OTP/NTP/OTP services, contracted providers are to enter any referral made to an OTP/NTP provider. Also, OTP/NTP providers will report the client’s first appointment information to SDCBHS. This will then be monitored by SDCBHS QM team to track and review in order to meet DMC-ODS regulations. Once the DMC-ODS is implemented and OTP/NTP programs are contracted with the County, these programs will report to SDCBHS timeliness of first dose data.
- **Access to after-hours care**
In San Diego County, beneficiaries may call the toll-free ACL 24 hours/day, 7 days/week. A specially trained mental health professional answers the call in the crisis queue within 45 seconds and the call in all other queues within 60 seconds, and provides crisis counseling, substance use disorder screening, mental health risk screening, problem solving, education and referrals. In urgent, emergent or routine situations ACL staff provides referrals and authorizations to the most appropriate SUD level of care, Mental Health program, or community resource.

In addition to the ACL, MHP specialty mental health services that are available 24/7 include emergency screening services, inpatient services, crisis stabilization services, crisis residential programs, and Psychiatric Emergency Response Teams (PERT).
- **Responsiveness of the beneficiary access line**
SDCBHS receives quarterly reports indicating data points on the responsiveness of the beneficiary access line. The reports outline the percentage of SUD related ACL calls abandoned by beneficiaries after an established number of seconds as well as the average speed of ACL calls answered in seconds.
- **Strategies to reduce avoidable hospitalizations**
SDCBHS will be initially focusing on individuals who are receiving SUD services but track no show appointments and engagement levels of clients. Providers will work to identify these individuals to

follow up with needed case management and /or recovery services in an attempt to ensure continuation of services which is a strategy to reduce avoidable hospitalizations.

- **Coordination of physical and mental health services with waiver services at the provider level**

The SDCBHS has developed a Coordination of Care Form, a protocol for coordination of care with primary care physicians and behavioral health providers. All county and county-contracted programs are required to utilize the form. It is available in all five threshold languages and use of the form is monitored during client file reviews. This data will be reviewed and efforts will be made to see continuous improvement in this area. Feedback regarding barriers will be solicited from providers and monthly work group meetings with representatives from the Health Plans, SDCBHS, and provider representatives are held to discuss system issues/barriers and to operationalize ideas to address.

Assessment of the beneficiaries' experiences, including complaints , grievances, and appeals

SDCBHS requires contractors to conduct biannual client satisfaction surveys during the term of their contract. Contractors currently utilize the standard client satisfaction survey tool to develop survey results. This survey form can be located at:

www.sandiegocounty.gov/hhsa/programs/bhs/alcohol_drug_services/. This current survey is under revision and an updated version will be in place at the time of implementation. Under the DMC-ODS, contractors will be required to report the following:

- Total number of participants who responded to the survey compared to the total number of participants served and areas of the survey rated “below average” by fifty percent (50%) or more of the clients.
 - For areas rated “below average” by fifty percent (50%) or more of the clients, a plan for improvement will be required for implementation and the Contract Monitors will review and monitor for compliance.
- Data received from these satisfaction surveys is reviewed through the Quality Review Council as outlined in the QA section previously.

In regard to monitoring beneficiaries' complaints, grievances, and appeals, the contracted Advocacy organization maintains a log of all filed beneficiary complaints, grievances, or appeals and reports that are submitted monthly to SDCBHS' QI Unit for review. QI keeps a centralized record to monitor the number and outcome of grievances and appeals.

- **Access to telephone access line and services in the prevalent non-English languages**

SDCBHS provides 24-hour screening information and referral capacity through the ACL. The ACL 1-888-724-7240 is a toll-free telephone service, staffed by licensed and specially trained mental health counselors 24 hours/day, 7 days/week. The ACL facilitates access to the behavioral health system by providing culturally and linguistically appropriate information, referrals, and crisis intervention for children, their families, adults, and older adults who are seeking behavioral health services. It also provides authorization and utilization review management for residential services. The ACL phone system routes crisis calls to a Crisis Queue for immediate response, while non-crisis calls are routed to the next available ACL staff member. The ACL has a Telecommunications Device for the Deaf (TDD) phone line and a Telecommunications Typewriter (TTY) capability for hearing- impaired clients. The TDD phone number (1-619-641-6992) is available 24 hours/day, 7 days/week and is answered by ACL staff. To meet the language needs of a significant portion of the San Diego County community, the

ACL employs staff who speaks San Diego's threshold languages as they can, and also uses Language Line Solutions for immediate translation services in 150 languages.

In addition to the data elements listed above, the QRC will review the following data at a minimum on a quarterly basis as required:

❖ **Number of days to first DMC-ODS service at appropriate level of care after referral**

The number of days between a referral and first service at the appropriate level of care will be collected and tracked.

❖ **24/7 telephone access line with prevalent non- English language(s)**

As outlined above, to meet the language needs of a significant portion of the San Diego County community, the ACL employs staff who speak San Diego's threshold languages as they can, and also uses Language Line Solutions for immediate translation services in 150 languages. The ASO reports these results to SDCBHS monthly.

❖ **Access to DMC-ODS services with translation services in the prevalent non-English language(s)**

To ensure equal access to quality care by diverse populations, each service provider receiving funds from the County of San Diego shall adopt the federal Office of Minority Health (OMH) Culturally and Linguistically-Appropriate Service (CLAS) national standards. These standards include the ability to offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services, as well as to inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. DMC-ODS providers will be required to report on translation services provided at their programs on a monthly basis so data can be tracked and trended.

❖ **Number, percentage and time period of prior authorization requests approved or denied**

The SDCBHS ASO will report information on the number, percentage of denied request and timeliness of requests for authorization for all DMC-ODS residential services that are submitted, processed, approved and denied.

Grievances, Appeals and State Fair Hearings

SDCBHS requires all contracted providers to participate in the Beneficiary and Client Problem Resolution Process. Providers shall distribute and display appropriate beneficiary protection materials, including posters, brochures, and grievance and appeal forms in threshold languages as well as in large print. (Alternate formats will be made available upon request). At all times, grievance and appeal information must be readily available for clients to access without the need for request. SDCBHS has two contracted advocacy organizations handling the grievance and appeals processes for beneficiaries in the County. One advocacy organization facilitates the grievance and appeals process for beneficiaries in inpatient settings and other 24-hour residential services. The other advocacy organization facilitates the grievance and appeals process for outpatient programs and all other behavioral health services.

Beneficiaries shall not be subject to any discrimination, penalty, sanction or restriction for filing a grievance or appeal. The client shall not be discouraged, hindered or otherwise interfered with seeking or attempting to file a grievance or appeal. SDCBHS will align timeframes with Medi-Cal Managed Care CMS 42 CFR 438 regulations when the DMC-ODS services are scheduled to begin. These timelines are reflected below.

Grievance Process

Beneficiaries are able to make a complaint or file a grievance in various ways. One way allows beneficiaries to make a direct suggestion or complaint to an employee at the provider site either orally or in writing. This employee is then required to log all client reported problems in the Client Suggestions and Provider Transfer Request Log. This log must be kept in a confidential area and submitted to the SDCBHS on the providers Monthly/Quarterly Status Report.

Beneficiaries also have the right to file a grievance with one of SDCBHS contracted advocacy organizations if the client feels uncomfortable approaching program staff to discuss his or her dissatisfaction. The timeframe for all grievance processes are 60 days from receipt of grievance to resolution, with a possible 14 calendar day extension for good cause. If the timeframe is extended, the enrollee will be provided with a written notice for the reason to extend the timeframe. Both advocacy agencies will contact the provider once a client provides written permission to represent him or her.

If the grievance or appeal is about a clinical issue, the contracted advocacy programs, as required by 42 CFR, will be utilizing a clinician with appropriate clinical expertise in treating the client's condition to review and make a decision about the case.

Appeals Process

Following receipt of a notification of an adverse benefit determination, a beneficiary will have 60 calendar days from the date on the adverse benefit determination notice in which to file a request for an appeal. A beneficiary's appeal process timeframe is 30 days from receipt of appeal to resolution, with a possible 14 calendar day extension for good cause. If the timeframe is extended, the enrollee will be provided with a written notice for the reason to extend the timeframe. The Advocacy organization will contact the provider after receiving written permission from the beneficiary. It is the responsibility of the advocacy organization to investigate the appealed matter and make a recommendation to SDCBHS. The Behavioral Health Director or designees will review the recommendations from the advocacy organization and make a decision on the appealed matter. The appeal resolution is provided to the beneficiary by the Advocacy organization including the date, the resolution, and if the decision is not wholly in favor of the Medi-Cal client, there is information regarding the right to request an expedited State Fair Hearing. Also, the resolution contains information on how to request continued services while the hearing is pending.

Expedited Appeals Process

An expedited appeal process is used when the standard appeal process could jeopardize a client's life, health or functioning. The expedited appeal process timeframe is seventy two hours after receiving the appeal, with a possible 14 calendar day extension for good cause and may be filed by the Advocacy organization, necessitating a very rapid turnaround from grievance to resolution. The Advocacy organization will notify the provider as soon as possible. The Behavioral Health Director or designees will make a decision on the appeal within seventy two hours. The Agency organization will then provide the beneficiary with the appeals resolution, with all of the same content described above.

State Fair Hearing Process

Medi-Cal beneficiaries shall be informed of their right to request a State Fair Hearing and a second opinion at no cost. A State Fair Hearing is a legal process that includes an impartial hearing and ruling by an administrative law judge. A Medi-Cal beneficiary is required to exhaust the SDCBHS' problem resolution process prior to requesting a State Fair Hearing. Only a Medi-Cal beneficiary may request a state hearing within 120 days after the completion of the SDCBHS beneficiary problem resolution process or when the grievance or appeal has not been resolved within mandated timeframes and no permission for an extension was given. Medi-Cal beneficiaries shall be informed of their right to request a State Fair

Hearing and a second opinion at no cost and does not need to wait for the end of the SDCBHS problem resolution process. A beneficiary can request a State Fair Hearing by writing or calling the State Fair Hearings Division of the California Department of Social Services at 1(800) 952-5253 (or alternative number provided by the State) or by contacting SDCBHS contracted advocacy organizations for assistance.

When the SDCBHS QI Unit has been notified by the State Fair Hearings Division that an appeal or State Fair Hearing has been scheduled, the QI unit shall contact the client or his or her advocate, investigate the problem, and try to resolve the issue before the matter goes to the State Fair Hearing. If no resolution is reached, the client proceeds to a hearing. The QI unit representative will then attend the hearing on behalf of SDCBHS. The county-contracted providers involved in the matter are required to assist in the preparation of a position paper for the hearing and/or may be requested as a witness to the case.

SDCBHS is required to provide *Aid Paid Pending* for beneficiaries who want continued services while awaiting a Hearing, have meet the Aid Paid Pending criteria, and have made a timely request for a State Fair Hearing within 10 days of date when Notice of Adverse Benefit Determination was mailed and/or given personally to beneficiary or before the effective date of the service change. The benefits will stay the same until the period covered by the existing authorization expires, the date an appeal is resolved or a hearing decision is rendered, or the date on which the appeal or State Fair Hearings is otherwise withdrawn or closed, whichever is earliest.

After a judge has heard a case, he or she forwards the decision to the SDCBHS QI Unit. In the event the case is not resolved in the SDCBHS's favor, the QI Unit Staff shall communicate the decision and any actions to be implemented, to the SDCBHS Program Monitors to oversee implementation of the resolution by the county contracted providers. If for any reason a provider and advocacy organization cannot successfully resolve the client's grievance or appeal, the advocacy organization will issue a finding to be sent to the client, provider, and Behavioral Health Director. This finding may include a Plan of Correction to be submitted to the Behavioral Health Director or designee in 10 days. If for any reason the provider does not agree to write a Plan of Correction, the provider has the right to write to the Behavioral Health Director within 10 days requesting an administrative review. The Behavioral Health Director or his designee shall have the final decision about the needed action.

A Notice of Adverse Benefit Determination is a notice sent to Medi-Cal beneficiaries to inform them of a decision regarding denial, reduction, or termination of requested services and their rights for appeal if they disagree with the decision. Appropriate Notice of Adverse Benefit Determination forms will be forwarded to beneficiaries as indicated.

Monitoring Process

SDCBHS QI Unit is responsible for monitoring grievances and appeals, identifying issues and making recommendations for needed systems improvements. The SDCBHS QI Unit shall review the files of the advocacy organizations periodically and as frequently as needed in order to monitor timely adherence to the policy and procedures, and ensure consumer rights under this process are protected. Both advocacy organizations shall submit their logs of grievances and appeals monthly to the SDCBHS QI Unit. For those grievances and appeals that have been resolved, the log shall note the final disposition of the grievance or appeal, and the date the decision was sent to the client.

The QI unit within SDCBHS will keep centralized records of monitoring grievances and appeals, including the nature of the grievance and appeal, as well as track the outcomes of appeals that were referred to other entities, including State Fair Hearings. Trends will be identified and referred to the Quality Review council, SDCBHS Director, and or BHAB for recommendations or action as needed. The SDCBHS QI Unit

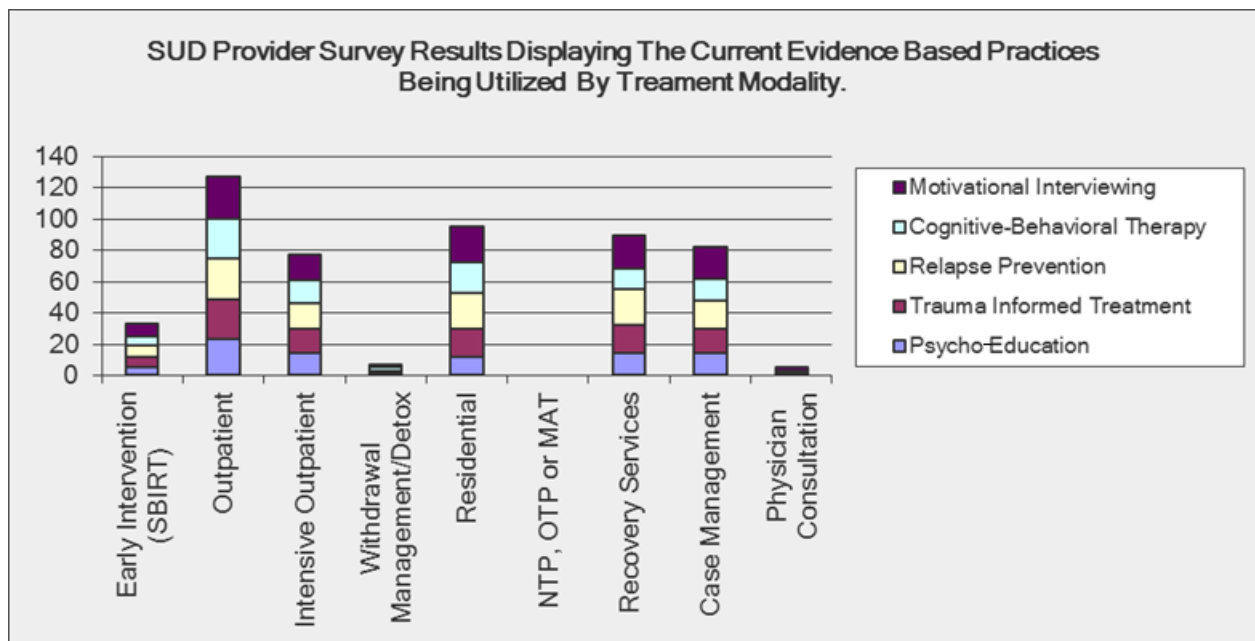
shall submit a grievance and appeal log to DHCS services annually or as required.

13. Evidence Based Practices

How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?

SDCBHS surveyed current SUD providers to determine which evidence based practices were currently being utilized to assist with establishing which practices would be required for SUD providers in the DMC-ODS. Please see Table 4 below.

Table 4



Recommended Evidence Based Practices - Table 4 indicates the evidence based practices utilized by current SUD contracted providers. In taking this information into account, as well as working with SUD providers to plan for next steps, SDCBHS has determined that although all the EBPs listed in this section may be utilized within different programs within the DMC-ODS, Motivational Interviewing and Relapse Prevention will be the 2 EBPs required for each modality of service.

SDCBHS will monitor contracted SUD providers to ensure the required Evidence Based Practices are being utilized according to SDCBHS’ defined standards at an annual site visit. If a provider is found to be out of compliance, a plan of correction will be required and SDCBHS will monitor the action steps to ensure compliance is achieved. In addition to ensuring the required EBPs are utilized, SDCBHS will be considering the monitoring of fidelity to these practices and will be working to implement a process to work with SUD providers on identified fidelity measures as an additional step.

14. Regional Model

If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model (refer to question 7)?

SDCBHS currently provides outpatient and residential treatment services in all the Health and Human Services (HHS) regions. Clients can access services closest to their residence or opt to participate in any service located in any region within the County of San Diego. As a result, SDCBHS is not currently implementing a Regional Model as part of this DMC-ODS waiver.

15. Memorandum of Understanding

Submit a draft copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in Section 152 “Care Coordination” of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), *the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).*

Review Note: The following elements in the MOU will be implemented at the point of care to ensure clinical integration between DMC-ODS and managed care providers:

- *Comprehensive substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services;*
- *Beneficiary engagement and participation in an integrated care program as needed;*
- *Shared development of care plans by the beneficiary, caregivers and all providers;*
- *Collaborative treatment planning with managed care;*
- *Delineation of case management responsibilities;*
- *A process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved;*
- *Availability of clinical consultation, including consultation on medications;*
- *Care coordination and effective communication among providers including procedures for exchanges of medical information;*
- *Navigation support for patients and caregivers; and*
- *Facilitation and tracking of referrals*

The SDCBHS has a Memoranda of Agreement (MOA) between the County of San Diego and the Medi-Cal Managed Care Health Plans: Care 1st, Community Health Group, Health Net, Kaiser Permanente, and Molina Healthcare. This existing Agreement is in the process of being amended to incorporate the DMC-ODS elements. The MOA Addendum and Policies and Procedure documents is in the process of being finalized and will be routed for signatures when completed. Please See Appendix 9, “Memorandum of Agreement with Medi-Cal Managed Care Plans,” for unsigned documents to be finalized. SDCBHS is aware that United Healthcare and Aetna will need to be included in the Healthy San Diego and SDCBHS MOA once those Medi-Cal Managed Care Plans begin providing services in San Diego.

16. Telehealth Services

If a county chooses to utilize telehealth services, how will telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).

Telehealth activities are a cost-effective and efficient alternative to the more traditional way of

providing care. Telehealth can increase access to important services by removing barriers of time and distance for areas and populations in need. It permits two-way, real time interactive communication between the client and the provider at a distant site through the use of audio and video equipment.

Currently, SDCBHS has some providers that utilize this technology, maintaining client confidentiality rights under HIPAA at all times. Providers utilize encrypted telehealth technology, and all services are conducted in a confidential setting. Video conferencing equipment is situated in a manner that prohibits unauthorized persons the ability to view any portion of the session. Storage and/or transmission of all telehealth documents also meets HIPAA confidentiality requirements. When not in use, telehealth equipment is shut down or kept on “stand by” so that program activities cannot be viewed by unauthorized people.

SDCBHS is exploring other opportunities to expand telehealth during the DMC-ODS implementation by assessing capabilities, need and associated costs across program sites.

17. Contracting

Describe the county’s selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?

Review Note: A list of all contracted providers (modality, provider, address) must be submitted to DHCS within 30 days of the waiver implementation date and as new providers are awarded contracts. DHCS will provide the format for the listing of providers.

The County of San Diego has specific policies and procedures in place that guide the process for developing contract procurements. For the majority of contracts the County requires they be procured on a competitive basis where an Offeror responds to a Request for Proposal (RFP). To promote equal opportunity and efficient procurement of items and services, all competitive procurements are posted on BuyNet. BuyNet is an interactive web site for suppliers interested in doing business with the County of San Diego. After receipt of proposals and completion of a source selection process a contract will be awarded based on a determination of best value to the County of San Diego. There are policies in place outlining the source selection committee (SSC) requirements related to conflicts of interest and the SSC process as well as specific negotiation processes of the proposals received by Offerors. Policies also outline the requirement of an assigned Procurement Official to ensure the integrity of the procurement process. The contract term for each contract executed in SDCBHS can vary, but the typical term is one year plus four option years.

When the interests of the County cannot be served through competitive procurement, contracts can also be procured as a Single Source or a Sole Source. A Single Source process is when service(s) are procured from a single source. A Sole Source is used when only one person or firm exists to provide the needed service(s) and no other equivalent source is able to meet the interest of the County. Again, policies are in place to guide criteria of when those specific types of procurements can and cannot occur.

The County of San Diego has formal policies and procedures in place for providers to be able to protest contract awards. Also, specific guidelines are in place for how SDCBHS resolves these protests. The

current policies indicate that a protest shall be filed on the earliest of the following dates: (i) within five business days after a Notice of Intent to award the contract has been publically posted, (ii) within five business days after the Offeror is notified by SDCBHS the proposal is no longer under consideration, or (iii) by noon on the day before the Board of Supervisors is scheduled to consider the matter. The Chief Administrative Officer (CAO) will issue a written decision containing the basis of the decision within 30 days after a protest has been filed with the CAO. However, the time for decision may be extended by the CAO. In a sole discretion of the CAO, the CAO may elect to provide an opportunity for the Protestor to make an oral presentation pertaining to the protest and the CAO will set the date, time, and location of the presentation. After this local protest procedure is exhausted, the provider may go through the DHCS Appeal Process.

If current DMC providers do not receive a DMC-ODS contract, programs are required to provide a transition plan that is approved by the County monitor that provides a seamless transition for the client for continuity of care and services and transitions records for beneficiaries to the new contractor. This will include a new MOA with designated provider, along with ensuring adherence to all privacy and release information laws and policies. The contract that is not re-procured is also responsible to ensure there is no lapse in services provided to beneficiaries by informing beneficiaries of the transition and assisting them in creating new appointments and transition services. This transition process will take place 60 days prior to the end date of the contract. The providers of contracts not re-procured are required to submit a written notification indicating a successful transition of all clients to the SDCBHS. At this time, however, it is not anticipated that any current contracted providers will not receive a DMC-ODS contract and in fact, the goal of SDCBHS is to ensure capacity by maintaining the current network of providers and working to expand it as possible.

18. Additional Medication Assisted Treatment (MAT)

If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system

SDCBHS understands that the current reimbursement mechanisms for MAT will remain the same except for the following changes for opt-in counties: buprenorphine, naloxone and disulfiram will be reimbursed for onsite administration and dispensing at OTP/NTP programs; additionally, physicians and licensed prescribers in designated DMC programs will be reimbursed for the ordering, prescribing, administering, and monitoring of medication assisted treatment.

MAT is an adjunct therapy for eligible clients enrolled in the organized service delivery system. The literature has documented its effectiveness in programs that have incorporated MAT and as such, SDCBHS has initiated a small naltrexone pilot for justice system involved clients in a few SUD programs with demonstrated gains in abstinence and improvement in the quality of life of these clients. SDCBHS is poised to continue expansion by providing education and training to SUD providers on the benefits of adjunct MAT therapy. Some current SUD providers have expressed interest in providing MAT services and SDCBHS is aware of and notes the challenges ahead with the implementation of MAT in some SUD programs. A culture change over time is necessary to integrate this component and continued discussion will be occurring as the new benefit is implemented.

19. Residential Authorization

Describe the county's authorization process for residential services. Prior authorization is not required; however, the county needs to provide a standard timeline for completion of the authorization.

The SDCBHS ASO will provide authorization for SUD residential services in alignment with Title 22 CCR, ASAM criteria, the 1115 Waiver and local guidelines. Individuals and/or providers can contact the ASO specialized line 24 hours a day/7 days a week to determine eligibility for residential SUD services. Authorization will be provided by the ASO within 24 hours of receipt of the request and if client meets eligibility criteria, initial pre-authorization will be given for seven (7) days. Full authorization will require submission of clinical documentation, including treatment plan and progress notes, indicating an ongoing assessment that ASAM criteria for residential treatment are met. If authorization is approved, an additional eighty-three (83) days will be authorized for Adults and twenty-three (23) days for Adolescents. Additional ongoing authorization will be given in 30 day increments based on medical necessity and the ASO will track the number of days eligible for DMC reimbursement. In alignment with the STC's, the length of adult residential services reimbursed by DMC will range from 1 to 90 days with a 90-day maximum for adults unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis. Only two non-continuous 90-day regimens will be DMC authorized in a one-year period. Residential services for adolescents may be DMC authorized for up to 30 days in one continuous period. DMC reimbursement will be limited to two non-continuous 30-day regimens in any one-year period and one extension of up to 30 days beyond the maximum length of stay may be authorized for one continuous length of stay in a one-year period. If a client requires residential treatment after the number of DMC days have been accounted for, the County has determined that alternate funding sources will be utilized for medically necessary services. It is noted that perinatal clients may receive lengths of stay up to the length of the pregnancy and postpartum period based on medical necessity. Under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) mandate, beneficiaries under age 21 are eligible to receive all appropriate and medically necessary services needed to correct and ameliorate health conditions that are coverable under Section 1905(a) Medicaid authority. SDCBHS is aware that the DMC-ODS Pilot does not override any EPSDT requirements.

20. One Year Probationary Period


For counties unable to meet all the mandatory requirements upon implementation, describe the strategy for coming into full compliance with the required provisions in the DMC-ODS. Include in the description the phase-in description by service. Also include a timeline with deliverables.

Review Note: This question only applies to counties participating in the one-year probationary program and only needs to be completed by these counties.

This section is not applicable

County Authorization

The County Behavioral Health Director must review and approve the Implementation Plan. The signature below verifies this approval.

	<u>San Diego</u>	<u>May 26, 2017</u>
County Behavioral Health Director*	County	Date
Alfredo Aguirre, LCSW		

Appendices

Appendix 1: Addiction Severity Index (ASI) & Youth Assessment Index (YAI)

Appendix 2: Patient Placement Criteria (PPC-2R) & Patient Placement Criteria - Adolescent

Appendix 3: List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification

Appendix 4: State of California Opioid/Narcotic Treatment Program Directory, San Diego, California, 04/07/17

Appendix 5: Coordination of Physical and Behavioral Health Form

Appendix 6: FQHC Providers in San Diego County

Appendix 7: List of SUD Programs that Accept All Persons with Disabilities

Appendix 8: SDCBHS Training Plan

Appendix 9: Memorandum of Agreement with San Diego Medi-Cal Managed Care Plans