J. FACILITY REQUIREMENTS: LICENSING, CERTIFICATION, ETC.

Programs shall provide all facilities, facility management, supplies and other resources necessary to establish and operate the program. The facility shall meet the County of San Diego Behavioral Health Services (COSDBHS) Health, Safety and Appearance Standards as described in the HHSA-BHS-ADS 1077 (See Appendix N.1).

All providers are required to maintain a functioning voicemail that operates 24/7 for those times when a staff is not available to answer in person. Outgoing voicemail message should include directions for accessing emergency services, as per community healthcare standards, including directing members to the Access and Crisis Line (888-724-7240) for 24/7 access to a counselor, or if in need of referrals.

Space
The facility shall have sufficient space for services and activities specified in the statement of work, as well as staff and administrative offices. The facility shall also include:

Child Care Space: Programs providing perinatal services shall establish and maintain appropriate space for childcare if serving pregnant and parenting women and their children. The childcare may be state-licensed or parent/childcare cooperative but must be supervised by an individual with at least one year of experience in a state-licensed facility.

- Service Address and Hours of Operation: Program's business shall be accessible by public transportation in compliance with Americans with Disability Act (ADA) and California State Administrative Code Title 24. Non-residential programs shall be open no less than 40 hours per week and 5 days per week, except County of San Diego Holidays. Weeks where there is a County of San Diego Holiday shall have regular business hours on all days except the County of San Diego Holiday. When closed, programs shall provide information to members (i.e. outgoing voice mail message, signage on program door, reminders provided during services prior to the closure, etc.) concerning the availability of short-term emergency counseling or referral services, including, but not limited to, emergency telephone services. For residential programs, services shall be available to residents 7 days a week, 24 hours a day. Programs shall not change the hours of operation or location from those listed in their County contract without prior written approval from the Contracting Office Representative (COR). Prior to any change in location, the COR reserves the right to conduct a site visit(s), inspect the facility plans, and approve the location and any budget and/or service delivery impact which may result from the proposed move to a new location/facility.

NOTE: Programs licensed and/or certified by DHCS shall also notify DHCS of facility relocation, change of ownership, or change in scope of services, and copy their program COR on such correspondence. See Section L.7: Reporting Provider Changes for further details about changes to DMC Certified programs.

Licensing
The California Department of Health Care Services (DHCS) offers facility certification to both residential and nonresidential SUD programs (AOD Certification), and licensing of residential programs. Additionally, DHCS certifies all programs to bill Drug Medi-Cal (i.e., DMC Certification).

Outpatient SUD programs shall obtain and retain facility certification and DMC certification. Residential programs shall obtain and retain DMC Certification, DHCS facility certification and licensing, which includes a DHCS or ASAM Level of Care Designation (See Info Notices 21-001 and 21-075 for more information). All programs shall comply with provisions obtained in the current State of California, DHCS standards, and the County of San Diego shall utilize these standards in monitoring program's delivery.

Disclosure requirements related to licensing for all SUD programs have been established by AB 2081. Beginning January 1, 2025, licensed alcoholism or drug abuse recovery facilities and certified alcohol or drug programs must disclose their licensing/certification status on their websites and admission forms. This includes a link to the DHCS webpage listing facilities on probation or with revoked/suspended licenses.

Eligibility to Request Inactive Status in Case of Emergency
As described in BHIN 26-020, and pursuant to SB 582, Health and Safety Code, Division 10.5, Part 2, Chapter 7.6, a licensed AOD recovery or treatment facility or a certified AOD program may request that DHCS places its license or certification on inactive status as a result of a proclaimed or declared emergency or disaster when both of the following conditions are met:
(1) The AOD recovery or treatment facility or AOD program is forced to close because the destruction or damage to the building and/or surrounding property renders the building uninhabitable or threatens the health and safety of the residents or members; and
(2) The AOD recovery or treatment facility or AOD program intends to become operational at the same location.

The AOD recovery or treatment facility or AOD program must submit its request for an inactive license or certification to DHCS within 90 days of the applicable proclamation or declaration. AOD recovery or treatment facilities or AOD programs intending to permanently relocate to a different location may not apply for an inactive license or certification. If an AOD recovery or treatment facility or AOD program plans to continue to operate at a new address, that facility or program shall submit a license or certification amendment application according to applicable regulations.

Requests for an inactive status must include all of the following information and be submitted to DHCS by mail or email:
(1) The name of the licensed AOD recovery or treatment facility or certified AOD program,
(2) The license or certification number,
(3) The mailing address of the AOD recovery or treatment facility or AOD program,
(4) The email address of the AOD recovery or treatment facility or AOD program, if applicable,
(5) The name of the applicable proclamation or declaration,
(6) A description of the destruction or damage to the building and/or surrounding property, including photographs or insurance claims that show the destruction or damage to the building, and
(7) A statement affirming the AOD recovery or treatment facility or AOD program intends to become operational at the same location.
Requests for an inactive status may be submitted by mail to: Department of Health Care Services Licensing and Certification Division P.O. Box 997413, MS 2600 Sacramento, CA 95899-7413 Or by email to: LCDQuestions@dhcs.ca.gov.

Within 15 working days of receiving a request, DHCS will review the submission and notify the AOD recovery or treatment facility or AOD program in writing whether the request is complete or incomplete.

Please read BHIN 26-020 under "DHCS Review and Determination" for specifics on timelines for incomplete requests or resubmission.

An AOD recovery or treatment facility or AOD program must apply for reactivation of its license or certification within two years of DHCS' written notice placing it on inactive status. Reactivation is not automatic and requires the AOD recovery or treatment facility or AOD program to complete a written application for extension pursuant to Health and Safety Code Section 11834.16 or renewal pursuant to Health and Safety Code Section 11832.6, respectively. Please review BHIN 26-020 "Reactivation of License or Certification and Fee Waver" for additional information around requirements for submission of extension or renewal requests, timelines, and potential fees.

AOD Certification and Certification Renewal

All outpatient, intensive outpatient, and residential providers are required to obtain and maintain an AOD Certification from DHCS. In July 2023, AB118 added to the Health and Safety Code (HSC) Chapter 7.1, which requires all outpatient SUD treatment programs which offer "treatment, recovery, detoxification, or medication for addiction treatment (MAT) services to obtain a certification from DHCS." AB118 also maintains an avenue for residential SUD facilities to obtain certification. School site TRC's are exempt from this requirement. Outpatient programs offering ambulatory withdrawal management shall update AOD Certification to include "non-residential detox". In accordance with HSC Chapter 7.1, certification is issued to SUD programs that meet the requirements described in BHIN 25-003 Attachment 1"DHCS Certification for Alcohol and Other Drug Programs."

All existing certified SUD treatment facilities and programs and initial applicants for certification are subject to HSC Chapter 7.1 and the requirements set forth in BHIN 25-003. Per BHIN 25-003, any program not exempt from certification (as described in HSC Section 11823.3) was required to submit an Initial Application for Certification form DHCS 6040 for certification by January 1, 2024, and obtain certification by January 1, 2025. Programs must be AOD certified prior to the provision of SUD services. SUD treatment facilities that are not exempt from certification and fail to obtain certification may be subject to an assessment of civil penalties of two thousand ($2,000) dollars per day pursuant to HSC 11832.18.

Per Health and Safety Code (HSC) 11833.02, DHCS is authorized to collect licensing and certification fees from AOD recovery or treatment facilities licensed and/or certified by DHCS. DHCS is also granted the authorization to increase the licensing and certification fees. The current fees have been in effect since July 1, 2025 for FY 2025-26 and have been identified as not sufficient to support current or planned expenses incurred by DHCS for SUD licensing and certification activities.

Effective July 1, 2026, DHCS will assess a fee increase for licensure and certification of residential and outpatient SUD recovery or treatment facilities. Please see BHIN 26-004, pages 3-4, for a description of both the FY202526 fees and the increased fees for FY 2026-27.

Licensed and/or certified SUD recovery or treatment facilities, with an expiration date on or after July 1, 2026, that have already submitted biennial extension fees will be invoiced for the additional amount owed due to the increased fees. The fee difference must be submitted to the Department within 60 days of the invoice date.

The DHCS' Licensing and Certification Portal is now live. Renewal applications are available to currently licensed and/or certified SUD providers within 150 days of their license or certification expiration. Providers with renewals beyond 150 days are encouraged to sign in and verify their profile to receive notifications when their renewal becomes available.

Fee payments may be made via online through the EFT online portal or via mail. The process for submitting payment, as well as applying for a hardship waiver, is described in BHIN 26-004, page 5.

Initial Certification
Providers seeking information on obtaining certification should read the instructions and procedures contained within the Initial Application for Certification (DHCS 6040). Applicants must complete the Initial Application for Certification form and submit all required documentation and fees specified in the application.

Amending Certification
Certified providers seeking information on adding or revising services to an existing certified outpatient program should read the instructions and procedures contained within the Application for Certification Amendment(s) (DHCS 6042). Applicants must complete the Application for Certification Amendment(s) form and submit all required documentation and fees specified in the application.

*Renewing Certification*Certified providers shall submit to DHCS the Application for Certification Renewal (DHCS 6043), biennial fees, and all required information at least ninety (90) days prior to the expiration of certification. Failure to submit the Application for Certification Renewal form and fees for certification renewal at least 90 days prior to the expiration of certification shall result in automatic termination of the certification at the end of the two-year period.

BHIN 25-003 contains a list of links to the specified forms for initializing, renewing, and amending AOD Certification under section B. This BHIN also contains information regarding settings that are exempt from certification by DHCS, although may voluntarily seek certification, also in section B.

Drug Medi-Cal Certification and Re-Certification

Initial Certification
Providers applying for initial Drug Medi-Cal (DMC) certification are required to submit a complete application and supporting documents electronically via Provider Application and Validation for Enrollment (PAVE).

Additionally, new enrolling entities must complete a Live Scan for any person with a 5% or greater ownership or control and/or the Executive Director and Officers of the Corporation. Note: satellites (e.g., high school sites) are no longer permitted by DHCS and need their own DMC certification, CalOMS number, and NPI number. When applying for DMC certification for school sites, best practice is to use only the school address and avoid using classroom numbers as this limits the DMC certification to a specific classroom; if a room change is necessary, and services are provided in a non-DMC certified classroom, DMC billing will not be accepted.

Re-certification

All DMC certified providers shall be subject to continuing certification requirements at least once every five (5) years. DHCS will notify providers in writing when they are required to submit a continued enrollment application. DHCS may allow the providers to continue delivering covered services to members at a site subject to on-site review by DHCS as part of the recertification process prior to the date of the on-site review, provided the site is operational, the certification remains valid, and has all required fire clearances.

Re-certification is required for program relocation, remodeling, or change of ownership of greater than 50%. Refer to the PAVE link above for information on the recertification process. Providers are required to contact the program COR regarding any event that would trigger the need for DMC re-certification. It is the responsibility of the contracted provider to provide updated certifications to the provider's assigned COR and at no time should certifications lapse. Providers shall notify the COR immediately upon notification from DHCS that its license, registration, certification or approval to operate a SUD program or a covered service is revoked, suspended, modified, or not renewed by DHCS.

Other Changes
For other changes (e.g., a change in ownership less than 50% and a change with the Medical Director, staff, and/or service modality), providers must complete and submit to DHCS form DHCS 6209: Medi-Cal Supplemental Changes electronically through the PAVE system.

Resources

- Drug Medi-Cal Continued Certification questions: DHCSDMCRecert@dhcs.ca.gov
- Webinars, regulations, etc.
- Provider Enrollment Regulations (CCR Title 22, Division 3) in effect on August 17, 2015

The above Provider Enrollment Regulations link includes the amendment to section 51341.1, which addresses abusive and fraudulent practices identified during targeted field reviews and Post Service Post Payment (PSPP) reviews conducted by DHCS. The regulation contains definitions, describes in more detail how counseling sessions are to be conducted, imposes physical examination requirements, distinguishes an initial treatment plan from an updated treatment plan, and requires treatment services to be recorded in more detail.

Incidental Medical Services
Residential programs that have received approval by DHCS may provide Incidental Medical Services (IMS). IMS are services provided at a licensed residential facility by a health care practitioner that address medical issues associated with either detoxification or the provision of alcoholism or drug abuse recovery or treatment services to assist in the enhancement of treatment services.

In order to provide IMS at an approved residential program, the licensed residential provider must adhere to the conditions outlined in sections 11834.03, 11834.36, 11834.025 and 11834.026 of the Health and Safety Code, as well as to DHCS MHSUDS Information Notice Number 18-031.

Programs providing ASAM 3.2 – WM are strongly encouraged to obtain an IMS license through DHCS.

Facility Licensing
Chapter 7.5, Part 2, Division 10.5 of the California Health and Safety Code states that "no person, firm, partnership, association, corporation, or local government entity shall operate, establish, manage, conduct,

or maintain an alcoholism or drug abuse recovery or treatment facility in this state without obtaining a current, valid license pursuant to this chapter".

The code defines an alcoholism or drug abuse recovery, treatment, or detoxification facility as any facility, place or building which provides 24-hour residential non-medical services in a group setting to adults. For the purpose of further defining whether licensure is required, alcoholism or drug abuse recovery or treatment services mean services which are defined to promote treatment and maintain recovery from alcohol or drug problems which include one or more of the following: detoxification, group sessions, individual sessions, educational sessions, and recovery or treatment planning.

DHCS has the sole authority to license any facility providing 24-hour residential non-medical services to adults who are recovering from problems related to substance use disorders and who need SUD treatment. Licensure is required when at least one of the following services is provided: detoxification, group sessions, individual sessions, educational sessions, or alcoholism or drug abuse treatment or recovery planning. Additionally, facilities may be subject to other types of permits, clearances, business taxes or local fees that may be required by the cities or counties in which the facilities are located.

There are some residential facilities that do not provide SUD services and do not require licensure by the State. These include cooperative living arrangements with a commitment or requirement to be free from substance use, sometimes referred to as a sober living environment, a sober living home, transitional housing, recovery residences, or alcohol and drug free housing. It is important to note that while sober living environments or alcohol and drug free housing are not required to be licensed by DHCS, they may be subject to other types of permits, clearances, business taxes or local fees which may be required by the cities or counties in which they are located.

Residential facilities licensed by other State departments such as adolescent group homes (licensed by the Department of Social Services) or Chemical Dependency Recovery Hospitals (licensed by the Department of Public Health) do not require a residential AOD license by DHCS.

Residential Facility Licensing Requirements

- Code of Federal Regulations (CFR): Title 45 CFR, Part 96 Subpart L: Substance Abuse Block Grant
- Code of Federal Regulations: Title 42, CFR, Part 54.3: Nondiscrimination against religious organizations
- United States Code (USC): Title 42 USC, Section 300x-21-to 300x-66: Substance Abuse and Treatment Block Grant

Fire Safety Inspection

A valid and appropriate fire clearance issued from the fire authority having jurisdiction over the area in which the facility is located is required. The fire clearance shall include a determination of the number of beds for ambulatory residents and for non-ambulatory residents in the facility and any restrictions regarding non-ambulatory clearances [Regulations Section 10517 (a) (1)]. The fire clearance shall also include the number of dependent children allowed in the total capacity and the age range of the dependent children. If no number of dependent children is indicated, then no dependent children are allowed.

Plan of Operation

Plan of Operation shall include but not be limited to the following:

- Statement of program goals and objectives- written statement to include program goals (intent or purpose of its existence) and objectives of the facility [Regulations Section 10517 (a) (2) (A)].
- Outline of activities and services – written statement listing the activities and services being provided by the facility [Regulations Section 10517 (a) (2) (B)].
- Admission policies and procedures – written statement of admission policies and procedures regarding acceptance of residents [Regulations Section 10517 (a) (2) (C)].
- Assurance of nondiscrimination in employment practices and provision of benefits and services – written assurance of nondiscrimination in employment practices, provision of benefits and services [Regulations Section 10517 (a) (2) (D)].
- Facilities residential admission agreement – [Regulations Section 10517 (a) (2) (E)]. Pursuant to Title 9, California Code of Regulations, Section 10566, and in compliance with BHIN 26-006, current admission agreement used by the facility that specifies all the following:
    - Services to be provided,
    - Payment provisions including (amount assessed and payment schedule),
    - Refund policy,
    - Those actions, circumstances or conditions which may result in resident eviction from the facility,
    - The consequences when a resident relapses and consumes alcohol and/or non-health sustaining drugs, and
    - A "Return to Use" Plan (as described in BHIN 26-006.
    - Conditions under which the agreement may be terminated.

- Table of administrative organization of the facility – a chart that shows the governing board, advisory groups, including resident councils when applicable, and both lines of authority (straight lines) and communications lines (broken lines) to all staff positions [Regulations Section 10517 (a) (2) (F)].
- Staffing plan, job descriptions, and minimum staff qualifications for each position [Regulations Section 10517 (a) (2) (G)].
- Sample menus and schedule for one calendar week – menu(s) shall include times of food service, food provided for breakfast, lunch, and dinner for one week, and type and availability of snacks [Regulations Section 10517 (a) (2) (J)].
- Consultant and community resources to be utilized by the facility as part of its program. An inventory that shall be used as a resource for assisting participants in securing additional services to meet and maintain their personal well-being while continuing to enhance personal development [Regulations Section 10517 (a) (2) (K)].

Provisions for Safeguarding Residents' Property – the process of safeguarding a resident's personal property if accepted by the licensee for safekeeping and this is in the licensee's policy to accept such valuables.

Posted Brochures and Notices
All of the following brochures and notices below must be in all available threshold languages and prominently displayed unless otherwise stated. See the Optum website > "*Beneficiary*" tab for most up to date list of threshold languages. Please use the Behavioral Health Plan Informing Materials to request hard copies of brochures and posters related to the Member Grievance and Appeal Processes as well as other Member Materials. Electronic versions of all materials are available to print on the Optum Website> *Beneficiary* tab.
All of the following brochures and notices must be clearly displayed in all available threshold languages:

- Behavioral Health Plan (BHP) Member Handbook
- Current Provider Lists with instructions for accessing in all languages
- Current Limited English Proficiency Posters
- Current Notice of Privacy Practices
- Current Problem Resolution Process brochures (locatable without requiring consumer to request from staff)
- Current Problem Resolution Process posters (with fair hearing process)
- Current grievance/appeal forms with self-addressed, stamped envelopes available (without requiring a consumer to request them from staff)
- Open Payments Database Notice- included on provider/legal entity's website (if applicable).
- Physician Notice to Patients from the Medical Board of California (with QR Code)
- California Board of Psychology Consumer Statement
- BBS Notice Display of License/Registration Notice to Consumers (SB 1024)
- BBS Notice- Updated Requirement to Provide Notice to Psychotherapy Clients (Notice to Clients- AB 630)
- Human Trafficking Model Notice (For facilities that provide pediatric care)
    - More information on this notice can be located on the Optum Website and/or the DOJ Website

Operational Procedures
Providers shall develop and maintain written Operational Procedures in accordance with current State of California Standards and the most current and appropriate HHSA requirements. The written procedures shall be submitted to the COR upon request. The written procedures and all updates shall be provided to all employees charging staff hours to a County contract. Changes to a program's functions require a written change to the Operational Procedures. Providers may prepare additional written procedures not in conflict with the contract.

Program Advisory Group (PAG)
Contractor shall conduct a PAG a minimum of two (2) times per year to advise Contractor on program design, practice, and policies. The PAG membership shall consist of at least six (6) members, at least fifty

percent (50%) of whom shall be members or families served by the program and shall reflect the ages and cultures of the member population.

- Meeting minutes and action items based on PAG input shall be reported to the Contracting Officer's Representative (COR) or designee in the program status report.

Alcohol and Drug Free Environment
Programs shall provide an alcohol and drug-free environment, and all participants shall be alcohol and drug free while participating in program activities.

Recognizing that substance use disorders for many is a chronic, relapsing disease, the program shall make every effort to retain members in treatment and shall have written policies regarding appropriate supports to the member during a relapse episode. In using a harm reduction model, providers shall incorporate strategies that are not limited to abstinence but include safer use and managed use. Addressing relapse is a necessary part of the treatment/recovery process and presents an opportunity to re-engage and re-assess levels of care and motivation to change. Policies relating to relapse shall be consistent with the alcohol and drug-free environment of the program.

Members may be discharged if they engage in illegal activities or activities listed under Title 9 that compromise their safety or the safety of others, such as possessing, selling, or sharing alcohol or other drugs on-site at a program facility.

Trauma Informed Facilities
Environments that are trauma and developmentally appropriate have been shown to be beneficial to individuals seeking services. Welcoming all members upon arrival by their first name is the best practice as it can empower the individual and honor who they are as people not just as members. Contractor shall provide facilities that are in accordance with best practices described by resources such as:

- Creating Trauma- Informed Services: Tip Sheet Series- Tips for Creating a Welcoming Environment
- Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment

Communicable Disease Information, Education, and Prevention
Providers shall provide information, education and prevention services on the following communicable diseases for each individual admitted to the program: Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), Tuberculosis (TB) and Sexually Transmitted Infection (STI) also known as STD.

Cooperation with Other Agencies
Providers shall cooperate with other agencies and allow presentations to program members, especially those who are at high risk or who are positive for any of the disease referenced above. Providers shall cooperate with on-site and off-site interventions, medical evaluation, laboratory testing, care coordination, and pharmaceutical therapy programs that assist participants in preserving their immune system function.

Staff Training on Communicable Diseases
Providers shall ensure that all employees and volunteers receive training in the diseases referenced above, methods of preventing transmission, confidentiality requirements, and available communicable disease-

related resources that are appropriate referrals to supportive services. All training shall be documented in each personnel file.

Liaison
Providers shall designate a minimum of one staff person to serve as a liaison between the program site, the program's community and BHS on issues related to communicable disease services. The designated staff person shall attend regularly scheduled BHS and providers facilitated meetings and shall provide staff communicable disease training and update sessions at least once every six months. Providers with multiple programs shall designate additional staff to serve in the liaison role.

HIV/HCV Services
Providers shall provide Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) information and referral services for each individual admitted into the program. Providers can refer a member to Public Health Services for testing, if needed.

TB Control
Providers must ensure that tuberculosis (TB) screening, testing and any appropriate follow up actions are completed in accordance with the applicable facility licensing requirements, including any required timeframes. Providers shall document this information in the member file and may opt to use an internal program form or the TB Screening Questionnaire in the SUDURM.

Emergency Critical Services
The County of San Diego, Behavioral Health Services, has identified, at a minimum, residential contracts as Emergency Critical. If designated and informed by the COR, providers must identify the primary program contact for emergency/disaster communication and any succession of authority should the primary contact be unavailable. Emergency/disaster contacts must be made known to the COR within 15 days of start or annual renewal of the contract, or whenever there is a change in contact person.

If the need to evacuate the primary service site arises, residential program providers must have arrangements for either an alternate site to house program participants, or a plan to discharge members back to their own homes. The alternate site or plan to discharge to home must be made known to the COR within 15 days of start or annual renewal of contract.

DHCS requires all DMC certified providers to report emergencies to DHCSDMCRecert@dhcs.ca.gov that result in displacement of a DMC certified facility to avoid interruption of or inability to continue billing for DMC services. DHCS will request the following: nature of the emergency including when and where it happened; location of temporary location; what services were provided prior to the emergency and if services will differ at the temporary location; and projected timelines of the temporary site. See DHCS Info Notice 20-055 for additional information on disaster management at DHCS Licensed or Certified Behavioral Health Facilities.

Disaster Preparedness
Providers shall contact their COR if there is an evacuation or relocation of services during the provision of services. COR must grant approval for any discontinuation of services. Funding sources specify that funding can only be claimed for services in support of contracted activities. Redirection of staff to other non-evacuation/emergency activities during an emergency/disaster may cause their time to be non-reimbursable, depending on funding availability and regulations. Note that discontinuation of outpatient

services shall, in cost reimbursement programs, result in staffing and other service costs being ineligible for reimbursement during the period of program closure. Fixed price and pay for performance contracts may also be reduced if pay points are not achieved or deliverables are interrupted.

Local Emergencies

In the event that a local health emergency or local emergency is declared, or when the State or federal government has declared an emergency that includes areas within the County of San Diego, the prompt and effective utilization of contractor resources essential to the safety, care and welfare of the public shall occur at the direction of the County, to the extent possible. Contractors shall provide assistance in the prevention of, response to, and recovery from, any public health emergency, as applicable. Contractors' staff shall be available upon request from BHS to assist in any necessary tasks during a public health disaster or County emergency state of alert. Providers shall work with the County to initiate processes and develop and implement plans, guidelines and procedures as required. As relevant, contractors shall also refer to the disaster preparedness and disaster response language outlined in this section.

Disaster Response

In the event that a local, state or federal emergency is proclaimed within San Diego County, programs shall cooperate with the County in the implementation of a Behavioral Health Services response plan. Response may include staff being deployed to provide services in the community, out of county under mutual aid Contracts, in shelters, and/or other designated areas.

Programs shall provide BHS with a roster of key administrative personnel's after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster. These numbers will be held confidential and never given out to other than authorized personnel.

Programs shall identify 25% of direct service staff to prepare for and deploy (if needed and available) to a critical incident. These staff shall participate in County provided Disaster Training (or other approved training) and provide personal contact information to be included in the Disaster Personnel Roster maintained by the County. COSDBHS Disaster Training is available through the BHS Workforce Training and Technical Assistance website. Programs shall advise COR of subsequent year training needs to maintain 25% trained direct service staff in the event of staff turnover. Programs shall maintain 25% staff deployment capability at all times.

Naloxone in Licensed Alcohol and Other Drug (AOD) Residential Treatment Programs and Certified AOD Outpatient Programs

Naloxone is a life-saving medication that works to reverse an opioid overdose while having little to no effects on an individual if opioids are not present in their system. Naloxone blocks opioid receptor sites, reversing the toxic effects of the overdose. Naloxone is administered when a member is showing signs of opioid overdose. The medication can be given by intranasal spray, intramuscular (into the muscle), subcutaneous (under the skin), or intravenous injection.

As stated in DHCS Information Notice 19-009 effective March 5, 2019, licensed residential treatment programs and certified outpatient AOD treatment programs are permitted to utilize Naloxone at their program site. All forms of Naloxone are allowed at the program. If a program chooses to provide Naloxone, all forms of the medication shall be recorded, stored, and destroyed in the same manner as prescription medications. It is the responsibility of the program to develop policies, procedures, and protocols for how the program will store the medication, and accurately document the administration and disposal of

Naloxone. The staff person who administers Naloxone must have successfully completed Naloxone administration training and the training must be documented in their individual personnel file.

In addition to the State's requirements per DHCS Information Notice 19-009, it is expected that SUD outpatient, residential, and OTP providers have the necessary minimum number of naloxone kits in their facility for emergency purposes. 100% of staff should be trained in administering naloxone and at least 1 staff person who is trained to administer naloxone be on site during business hours.

Programs Serving Children, Youth & Families Program Requirements

Smoking Prohibition Requirement
Providers shall comply, and require that subcontractors comply, with Public Law 103-227, also known as the Pro-Children Act of 1994, which requires that smoking is not permitted in any portion of any indoor facility owned, leased, or contracted for or by an entity and used to provide services to children under the age of 18.

Transportation of Minors
Minors shall always be escorted when being transported by any non-public, private, or commercial transportation service including but not limited to taxi and rideshare services.

Public Contact
Providers shall have sufficient staff with adequate knowledge, skills and ability available during operating hours specified in their contracts to ensure that all persons who contact the program in person or by phone during operating hours are quickly and appropriately served with information or a referral to appropriate services.

Linkages with Support Services Organizations
SUD programs shall initiate linkage agreements, which may include a Memoranda of Understanding (MOU), and establish procedures that will ensure strong, reliable linkages with other community service providers, and service organizations for member support. These MOUs and linkages shall be designed to integrate, coordinate, and access necessary support services within the community to ensure successful member treatment and recovery. These efforts shall help achieve Federal, State and County goals to integrate services, prevent relapse by using community support services, reduce fragmentation of care, and establish better communication and collaboration at all levels, but particularly among local providers and agencies who work with this target population.

Promotional Materials and Advertising Requirements
All promotional materials for BHS-funded programs shall include the BHS logo, defined as the circular County of San Diego logo with "Behavioral Health Services" written underneath. The BHS logo should no longer be paired alongside the Live Well San Diego logo. Promotional materials shall be provided to COR for review before distribution and are subject to COR approval. For initiatives involving multiple County groups, it is allowable to use the circular County logo without "Behavioral Health Services" written underneath. Promotional materials shall include but not be limited to electronic and printed materials such as brochures, flyers, and other materials.
As described in BHIN 22-022, limits related to advertising and marketing material for SUD services and programs have been established by SB 434 - Health and Safety Code (HSC) § 11831.9. This was further

amended by SB1165, as described in BHIN 23-007. Per Section 11831.9, licensed SUD recovery or treatment facilities and certified alcohol or other drug programs, shall not do any of the following:

1. Make a false or misleading statement or provide false or misleading information about the entity's products, goods, services, or geographical locations in its marketing, advertising materials, or media, or on its internet website or on a third-party internet website.
2. Make a false or misleading statement or provide false or misleading information about medical treatments or medical services offered in its marketing, advertising materials, or media, or on its internet website, on a third-party internet website, or in its social media presence.
3. Include on its internet website a picture, description, staff information, or the location of an entity, along with false contact information that surreptitiously directs the reader to a business that does not have a contract with the entity.
4. Include on its internet website false information or an electronic link that provides false information or surreptitiously directs the reader to another internet website.

BHIN 23-007 further clarified that these four requirements were mirrored in W&I code Division 4, Part 1, Chapter 4, Section 4097 to also address licensed psychiatric or mental health facilities, including psychiatric health facilities and mental health rehabilitation centers.

Allegations of violations of Section 11831.9 may be investigated by DHCS. Upon finding a violation of this section or related regulations, sanctions may be imposed by DHCS, as described in HSC Section 11831.7. In addition, DHCS may also investigate allegations of violations of W&I Section 4097 c, and may impose sanctions described in W&I Sections 4080 and 5675.1.

Trafficking Victims Protection Act of 2000

The purpose of this Protection Act is to combat trafficking in persons, a contemporary manifestation of slavery whose victims are predominately women and children, to ensure just and effective punishment of traffickers, and to protect their victims. Trafficking in persons is a modern form of slavery, and it is the largest manifestation of slavery today. Trafficking in persons is not limited to the sex industry, but also includes forced labor and involves significant violations of labor, public health, and human rights standards worldwide.

Providers shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C. 7104). This amendment states that SUD providers and their employees may not engage in severe forms of trafficking in persons, procure a commercial sex act, or use forced labor in the performance of the contract. If any of these violations occur, then the contract and/or funding may be terminated. SUD providers are to have policies and procedures in place to ensure that all SUD provider staff are aware of these requirements and to ensure full compliance with the terms of the statutory requirement. For full text of the award term, see 42 CFR Part 175.

AB 1740 amends Section 52.6 of the Civil Code relating to human trafficking to additionally require a notice, as developed by the Department of Justice, that contains information relating to slavery and human trafficking, including information regarding specified nonprofit organizations that a person can call for services or support in the elimination of slavery and human trafficking be posted by facilities that provide pediatric care, as defined in W&I Code Section 16907.5

- "Pediatric services" means all medical services rendered by any licensed physician to persons from birth to 21 years of age.

- Post a notice that complies with the requirements of this section in a conspicuous place near the public entrance of the establishment or in another conspicuous location in clear view of the public and employees where similar notices are customarily posted.
- The notice to be posted shall be at least 81/2 inches by 11 inches in size, written in a 16-point font.
- The notice to be posted shall be posted in English, Spanish, and in one other language that is the most widely spoken language in the county (per MHPS, post in the threshold language most prevalent within program's community)

The Human Trafficking Model Notice is available for download from the Department of Justice website in English, Spanish, Dual English/Spanish and 22 additional languages from their Human Trafficking Model Notice page: https://oag.ca.gov/human-trafficking/model-notice.

National Voter Registration Act (NVRA)
Per the National Voter Registration Act of 1993, providers are required to offer voter registration materials at intake (except in a crisis situation), at renewal and anytime a change of address is reported. A NVRA Voter Preference Form shall be included in all intake/admission packets. This form is available in English and 9 other languages, including the required languages of Spanish, Chinese, Vietnamese, and Tagalog at http://www.sos.ca.gov/elections/voter-registration/nvra/training/voter-preference-forms/.

When a member requests a form in a language other than those available, staff shall provide the member with the Secretary of State's toll-free number: 1-800-345-VOTE. If a member reports a preference to register to vote, then they are to be provided with a paper voter registration form or be assisted with completing the registration form online (http://registertovote.ca.gov/)Voter registration forms are available for free from the Registrar of Voters and must be onsite at the program in English, Spanish, Chinese, Vietnamese, and Tagalog. The same level of assistance shall be provided to members registering to vote as is provided for completing other forms for SUD services. For youth programs, voter registration services shall be offered to parents/guardians of members less than 18 years of age; pre-registration is available for eligible 16- and 17-year-olds.

Training on the legal requirements and County expectations under this Act is required to be taken by provider staff annually. The NVRA training is available on the HHSA BHS webpage. Failure to implement the NVRA may subject the agency to legal liability. If you have additional questions about this requirement, please contact your Contracting Officer Representative (COR) and/or review chapter 4 from the California NVRA Manual.