Drug Medi-Cal Organized Delivery System Implementation Plan

San Joaquin County Behavioral Health Services

August 1, 2017

(Updated 11/3/17)

PART I
PLAN QUESTIONS

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

1. 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/alcohol treatment services in the community
   ☐ Representatives of drug/alcohol 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): Behavioral Health Board

2. How was community input collected?

   ☒ Community meetings
   ☒ County advisory groups
   ☒ Focus groups
   ☒ Other method(s) (explain briefly)
   Informational meetings
   Provider surveys
   Client surveys

3. 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: _____

Review Note: One box must be checked.

4. 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.

5. What services will be available to DMC-ODS clients upon year one implementation under this county plan?

REQUIRED

☒ Withdrawal Management (minimum one level)
☒ Residential Services (minimum one level)
☒ 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) _____

6. 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. Plan to establish by:_____.

   Review Note: If the county is establishing a number, please note the date it will be established and operational.

7. 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

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

   ☒ Yes (required)
   ☐ No

9. 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 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 and CMS review the plan description, the county 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 implementation plan to DHCS when the county requests to add a new level of service.

Narrative Description

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.

San Joaquin County Behavioral Health Services (SJCBHS) engaged county partners, community based organizations, clients and others in the development of a county-wide Organized Delivery System (ODS) through Drug Medi-Cal (DMC). The collaborative community planning process utilized a mixed method approach of community meetings, focused discussion groups, individual interviews, site visits to other jurisdictions, presentations to key stakeholder groups, client focus groups, and client and provider surveys.

Community Planning Research was conducted in two phases:

The first phase was designed to: (1) inform key stakeholders of the changes in regulations and the implications for San Joaquin County; (2) solicit input and advice on the development and design of DMC-ODS plan and services; and (3) recruit stakeholder participants to serve on an advisory committee to guide planning and implementation efforts. During the notification meetings, SJCBHS received several recommendations for research and strategies to strengthen the planning process. This included the development of an Advisory Committee that began to convene regularly. The Advisory Committee meets quarterly and is co-chaired by Thurnell Clayton (community member) and Nancy Moll (contracted provider), its membership consists

of community members and providers' representatives. It also included recommendations to conduct further research into the needs and opportunities (including additional financial resources) to implement an ODS prior to launching the public input process.
Through the initial planning meetings, the DMC–ODS was found to align with the following directives and long term goals:

- Strengthen the criminal justice system through the provision of enhanced intervention services, including treatment services. (Board of Supervisors)
- Develop strategies that are implemented collaboratively by various county agencies and in partnership with local organizations. (Board of Supervisors)
- Reduce the criminalization of the mentally ill and those with behavioral health concerns. (BHS Strategic Vision, San Joaquin County Stepping Up Initiative)

Following the initial conversations, SJCBHS determined that:

- The DMS-ODS and the associated implementation of the American Society of Addiction Medicine (ASAM) Criteria, is an opportunity to develop uniform screening, assessment, referral, and treatment protocols for implementation throughout San Joaquin County.
- The DMC planning process is an important opportunity to talk with community partners about barriers and challenges within the current system of care and new opportunities to support recovery and rehabilitation efforts.

SJCBHS used the period of time between the initial notification period of the opportunity to prepare an ODS Plan and launching the public input process to research opportunities to expand and enhance SUD treatment services. Providers were asked to conduct their own research into the feasibility of becoming a DMC provider.

The second phase was designed to solicit more comprehensive input from community members, treatment providers, and clients. Planning activities included input gathered through focus groups, community forums, and surveys. One focus group was convened for clients with co-occurring mental health and substance use disorders in order to gain a different perspective on the challenges experienced by the dually diagnosed in accessing treatment services and finding success in recovery efforts.

<u>Community Partner Feedback</u>:
County leaders are very interested in expanding substance use treatment services and encourage SJCBHS to seek additional community partners to provide interventions. There is strong interest in a larger expansion of high-end treatment services, such as residential treatment, and some skepticism regarding the effectiveness of non-residential interventions such as intensive outpatient treatment (IOP). Some stakeholders acknowledge this skepticism is related to familiarity with residential treatment programs compared to intensive outpatient services, which are currently somewhat limited in San Joaquin County. Given these concerns, SJCBHS intends to have ongoing conversations with key stakeholders regarding the importance of using the ASAM criteria to inform individual treatment plans.

Treatment Provider Feedback:
Over two dozen individuals participated in the DMC Notification Meetings in April 2016. Participants represented large and small housing providers, community–based mental health partners, outpatient methadone programs, and Chemical Dependency Counseling Center (CDCC) staff. Members of the San Joaquin County Mental Health and Substance Abuse Board (MH&SAB) also attended the meeting.

All service providers attending the meeting indicated they were familiar with the ASAM criteria but many were skeptical about the creation of an ODS in San Joaquin County. Concerns were primarily a result of unfamiliarity with the process of becoming a DMC-ODS provider, though most were interested in learning more about the application process and requirements to become DMC certified.

Service providers identified a number of barriers and challenges associated with the delivery of effective SUD treatment services in that could be resolved through an ODS. Some barriers related to working with individuals (such as individual readiness for recovery) but the majority were systemic in nature. Treatment providers expressed frustration that treatment program graduates were often "lost to the system" until the next time they reappeared for services. There was hope that an ODS would do a better job of getting individuals screened, assessed and engaged in treatment services earlier in the treatment cycle and moving away from solely a reliance on the two main treatment interventions used locally: residential treatment programs and methadone treatment. All providers indicated a need for better and more plentiful intensive outpatient program (IOP) options, medication assisted treatment (MAT), and sober living environments following treatment to sustain recovery efforts.

Key Findings:
There is a range of early treatment opportunities in San Joaquin County, but gaps still remain in the system of care, particularly for sobering, detox, and intensive outpatient treatment opportunities.

Residential treatment programs are familiar programs with benefits that are well understood. There is skepticism amongst key partners regarding other, less intensive interventions; although it is recognized that placement in a residential program can have profound unintended negative consequences for program participants, including loss of employment, housing, and connections with family and community.

The majority of treatment funding is currently allocated for methadone treatment services, complicating the County's capacity to expand other treatment interventions. Additional funding sources for SUD services may need to be identified. Further partnership discussions may result in some leveraged support services.

Access to affordable housing is a critical challenge for many in recovery. The creation of an expanded ODS will be more effective if treatment interventions can be leveraged into housing opportunities. At the same time San Joaquin County is moving towards a housing first model of services, with a recognition that there are important first steps in the treatment process that occur

during the pre-contemplation phase, and that access to safe and secure housing makes it easier to move individuals from contemplation to engagement in recovery and treatment.

Recommendations included:

- Review existing opportunities to expand and enhance substance use treatment services.
- Meet with community partners to determine areas of greatest need.
- Create an ODS plan that aligns with other strategic initiatives.
- Ensure that community partners are considering the impacts and opportunities of an ODS in their own strategic planning.

SJCBHS participates in a number of county-wide initiatives designed to increase access of behavioral health services to vulnerable and underserved residents of San Joaquin County. Planning for these initiatives occurred concurrently to the ODS Planning Process. SJCBHS staff used these meetings as an effort to engage county partners in a discussion of the implications of DMC and opportunities to expand and enhance SUD treatment services through an ODS. Concurrent planning activities that were integrated and aligned to ODS include:

San Joaquin County Homelessness Taskforce:
County-wide effort to work with chronically homeless individuals, many of whom have a substance use disorder.

Whole Person Care Initiative:
A pilot project that created a homeless navigation team to identify and engage homeless individuals in treatment services and to secure Medi-Cal or other coverage options.

Homeward Bound / Mental Health Services Act (MHSA) and Proposition 47:
Homeward Bound is a county-wide effort to connect every individual to a medical home to provide health interventions including SUD treatment services. MHSA funding is being leveraged to open the Behavioral Health Assessment Center and Proposition 47 funds (applied for) will open an ancillary Withdrawal Center providing sobering and detoxification services.

Community Stakeholder and Treatment Provider Input:
SJCBHS convened two community forums and one forum for treatment providers to solicit feedback on opportunities to expand and enhance treatment services through the ODS. In addition, surveys were distributed to treatment providers at the meetings and electronically via e-mail. Though very few surveys were returned, the feedback is incorporated into the findings.

Forum participants identified the following issues:

a) SUD treatment services need to be better integrated into a community based continuum of care with more access to case management and other support services for individuals during and post treatment to maintain recovery efforts.

b) More targeted treatment protocols are needed for individuals with different issues, including co-occurring mental health disorders as well as cultural and linguistic needs.

c) Housing insecurity and homelessness is a major barrier to successful recovery.

d) A funding focus on the criminal justice population means individuals seeking treatment of their own volition are waitlisted or not prioritized for subsidies.

e) There are gaps in the recovery continuum of care and a large unmet service need for IOP treatment programs, MAT programs, withdrawal management services, sober living/recovery residences, and case management.

Participants at the meeting also discussed the potential to become DMC providers. They were generally optimistic about the opportunity afforded by the DMC waiver, but need more tools and supports to fully participate in providing waiver covered services, including:

a) A menu of service delivery options and opportunities to build a comprehensive case plan that provides guidance on how to navigate clients through the treatment continuum, including aftercare planning.

b) Technical assistance and training pertaining to:
   - developing documentation and billing procedures within their organizations

c) A single point of contact (liaison) between the provider organization and SJCBHS for dialogue regarding treatment referrals, client impact, etc.; training and technical assistance and information sharing.

d) Other systemic challenges include:
   - County-to-county implementation (capacity to serve individuals whose Medi-Cal is linked to another county).

   - HUD regulations for low income housing programs restrict individuals with certain types of drug-related offenses, furthering their instability and reducing likelihood of treatment success.

   - Medi-Medi clients. Questions arose regarding the capacity to provide services to those who have both Medi-Cal and Medicare, specifically: "*Will coverage include those who are not full scope Medi-Cal and how will coverage impact seniors/ older adults on Medicare?"*

<u>SUD Treatment Services Client Input</u>:
SJCBHS conducted focus groups with men and women at two residential treatment programs. Approximately 25 individuals participated in the focus group discussions. An additional 12 individuals with co-occurring mental health and substance use disorders participated in a focus group at a local Wellness Center. Most had received treatment intervention services in the past, and several self-identified as being sober and in recovery for three or more months.
A client survey was distributed to individuals in the following locations:
- Substance Abuse Services Central Intake Unit (BHS-SAS/CIU)
- Chemical Dependency Counseling Center (CDCC)

- New Directions, residential recovery program
- Family Ties, residential recovery program
- Recovery House, residential recovery program

Completed surveys were received from 94 individuals currently engaged in treatment services. While anonymous, survey respondents were requested to provide basic demographic information about themselves to aid in survey analysis. Most respondents, 96%, reported current enrollment in a recovery program; the remainder were seeking services. Respondents reflected the diversity of the programs: White (55%), Latino (24%), African American (19%), Native American (10%), Asian (8%) and Other (7%) of survey respondents. The balance of respondents was split fairly evenly across genders, women (52%), men (47%), and transgender or gender fluid (1%) of respondents. Most respondents (82%) were adults ages 26-50, with young adults representing 10% of clients and older adults representing 8% of clients in the survey.

The greatest barriers to accessing services identified by participants were cost, transportation and long wait times to enter program services, suggesting that systemic barriers pertaining to access were more significant than client's lack of interest or willingness to engage in treatment services. In the past year there was no wait list for outpatient services. In residential treatment the longest wait time was 9 days for Family Ties and 4 days for Recovery House. With the implementation of the ASAM we anticipate an increase in outpatient services and a decrease in residential services based on medical necessity. Currently, many of the clients in residential treatment do not meet the criteria as specified by the ASAM.

Overall, most clients felt that services were very good or excellent, and most would recommend treatment services to another person with recovery needs. The greatest factor associated with satisfaction appears to be appreciation for the staff within the treatment programs.

Survey respondents were least satisfied with the place / location where services are offered. This concern may be related to the transportation concern cited above. Another potential cause may be the physical condition of the recovery residence. While two programs are housed in facilities that have undergone renovations within the past 15 years, the third program is in a facility that is overdue for modernization and other physical improvements.

In discussing the need for additional treatment services, many participants interviewed in focus groups expressed a preference for residential recovery programs and indicated that residential programs are important because *"they take you outside of what is perceived as normal and teach you a new normal."* This sentiment was echoed in the survey – with two thirds of respondents suggesting that more or a lot more residential treatment services are needed. Additionally a strong need was identified for more case management, more AA groups, and withdrawal management services (detox).

The public perception of San Joaquin County having no withdrawal management services is a misconception. Currently, we have 6 NTP clinics. Recovery House includes detox beds in their licensure, which will be for Levels 1-WM and 2-WM. We are implementing a MAT pilot with our AB-109 population, and Aegis has also recently been chosen to implement the Hub and

Spokes model in our county increasing the MAT options for treatment. San Joaquin County BHS is currently developing a detox and a sobering center with Proposition 47 funding and a community provider.

A summary of the feedback from the focus groups and the written survey comments includes the following:

Staffing:
Program staff are highly valued. Most clients believe staff care for them and work hard to support their recovery. Many also think staff are overworked and unable to provide the one-on-one support desired, particularly for non-essential activities such as socialization and informal guidance or mentoring. Staff with extensive training in mental health and substance use disorders are seen as the most competent and most likely to be able to assist with a recovery challenge or barrier.

Housing:
Housing is a critical challenge for clients, most of whom do not have a housing plan established. The lack of stable post-recovery housing plans causes anxiety as they do not have resources to secure post-treatment housing, including access to phones or computers to research housing options. Major systemic barriers to accessing housing include the difficulty of getting housing with any kind of arrest record, the difficulty in securing a Section 8 voucher, and landlords unwilling to rent to individuals with spotty credit histories. Program participants identified the need for post-treatment recovery residences, including sober environments suitable for families and couples to repair their relationships in a healing environment.

Residential Treatment Programming Exit Planning/Re-entry:
To strengthen the success of program discharge and exit planning, participants suggested a step down method from treatment program that mimics the one described by an ODS. Nearly all clients believe that recovery is not complete upon graduation from a residential treatment program and discussed the importance of clients having gradual opportunities to transition back into home communities. Focus groups identified the importance of sponsors throughout the recovery process. Some suggested more "free hours" in the community prior to discharge to "test" their capacity to stay substance-free prior to discharge.

Co-occurring Disorders:
Providing effective SUD treatment services for individuals with co-occurring mental health disorders can be challenging. Providing individuals with co-occurring disorders an (additional) set of groups and classes than those offered to clients without co-occurring disorders was suggested, including such topics as SUD within the broader context of medication management and general socialization and life skills classes to help symptomatic individuals be more prepared for group discussions. Other suggestions included a different kind of case management support and treatment plan than is typically prepared by a substance use counselor, and programs should have more expertise working with clients with co-occurring disorders.

Recovery is Multi-faceted:
Nearly all focus group participants describe recovery success in terms that go beyond abstinence from drugs or alcohol. For clients, SUD treatment is a component on a pathway to financial and housing stability. Many expressed concern that treatment programs do not do enough to support the full recovery objectives, including such concepts as job readiness and successfully living in non-institutional settings. Comments demonstrate a general sentiment that: (1) Treatment services alone are not enough to prepare individuals to live independently and maintain recovery upon discharge; and (2) Criminogenic risk factors are an inappropriate way to triage access to substance use disorder treatment services because it forces individuals to "get worse or act inappropriately" before treatment services are available.

Additional Feedback:
Further, clients indicated that substance use is often treated as an individual illness and not addressed in a family context. Many clients, particularly female clients, indicated a need for a family systems approach to recovery that keeps spouses and partners together and strengthens the family unit. Female participants indicated that one of their biggest challenges in recovery is having spouses or partners that are not following the same program plan in terms of recovery or parenting approaches and suggested that more couples counseling and joint parenting classes would make it easier to successfully continue with a recovery plan once discharged.

SJCBHS applied the knowledge gained from a robust planning process in developing the following ODS plan for San Joaquin County.

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.

Clients are initially assessed by an Alcohol and Other Drug (AOD) Certified Counselor, Case Managers, or LPHAs utilizing the ASAM assessment. Upon arrival, a Certified Counselor, or ASAM trained staff person will assist the client. Based on the result of the ASAM assessment, the client will be referred to the appropriate treatment level of care. Staff will also verify client ID and referral documentation when it is applicable.

The intake assessment process takes place at program level and includes explaining the Notice of Privacy Practices (NPP), Authorization Release of Information (ROI), Intake Face Sheet, the CAL-OMS registration form and the ASAM assessment result.

All treatment facilities will have Certified AOD Counselors to conduct the ASAM assessment. Based on Treatment Plan and program, clients will be assessed at 30, 60 or 90 day intervals. When the ASAM assessment shows that client's level of care warrants a change, the certified counselor and the client will re-evaluate the client's individualized treatment action steps and treatment goals. The client will complete the discharge plan with a certified counselor, facilitated by identifying the client's area of strengths, resources, abilities and relapse triggers. A case manager (CM) will facilitate transition to the next level of care.

The counselor will assist the client by advocating and accessing necessary medical, mental health, educational, social, legal, vocational, transportation or other community services. The case manager will conduct supportive home visits and monitor client's progress to ensure that the needed services were received.

The timeline to transition from one level of care to the next level will depend on the client's individualized progress. When the need for a different level of care is identified during treatment and there is no barrier to placement, the case manager will ensure the client transitions within 48 to 72 hours.

The client will be provided a copy of the Transition Plan and the assigned county case manager, will provide transportation, monitor client's progress and assist with linkage to client's identified needed resources to promote a holistic approach to the six domains of the client's life: Physical/Medical Health, Employment, Alcohol/Drug, Legal, Family/Social Support, Psychological Health and other Support Services.
These services are available to all beneficiaries, but we believe it will have the most impact on high-utilizers or individuals at risk of unsuccessful transitions.

Placement and Assessment:
a) County Toll-Free Information Phone Line: SJCBHS Substance Abuse Services (BHS-SAS) will maintain a 24-hour information phone line for community substance abuse and prevention needs. Consumers seeking services can be directed to Central Intake (CIU) or any service provider in the community for assessment.

b) Client Point of Entry: BHS-SAS maintains a Central Intake Clinic M-F 8:00 am to 5:00 pm for the assessment and referral of community members requesting SUD services. Alternatively, consumers may present at any DMC-SAS clinic, outpatient or residential, for assessment and referral during regular hours of operation.

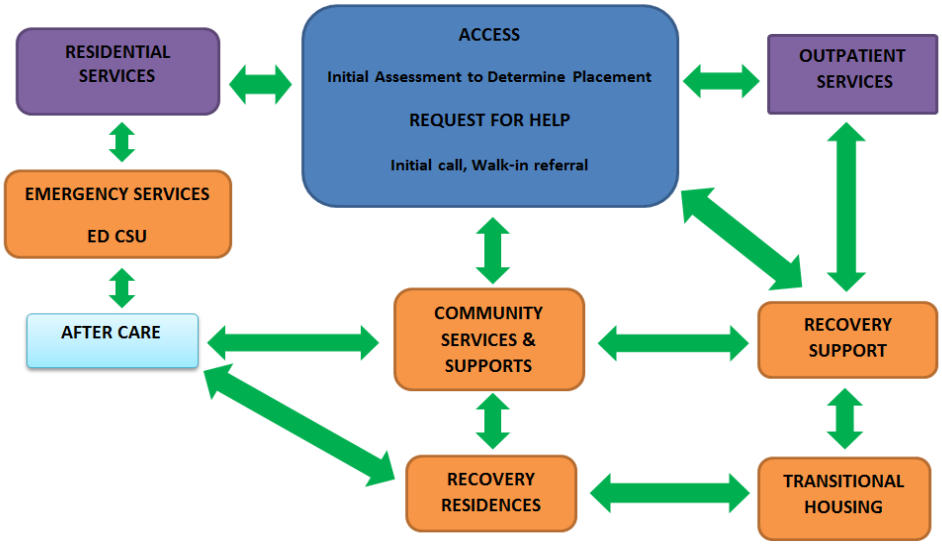
c) Central Intake and all DMC providers will have certified Substance Abuse Counselors or LPHAs, trained in the ASAM criteria that will be available to assess and facilitate placement in the appropriate level of care providers.

d) Completed Assessment, Diagnosis and ASAM Level of Care: Upon placement, the BHS-SAS clinic or provider must complete an ASAM, Bio Psycho Social, or CANSA assessment. This assessment will include a face-to-face or telemedicine with medical staff or LPHA to determine diagnosis, medical necessity, and the appropriateness of level of care. If the ASAM

level is determined by the assessment to be different the client will be transitioned to the appropriate level of care.

Services:
BHS-SAS and contracted providers will provide services through a continuum of care. Clients will transition through the continuum of care as indicated by continued ASAM assessments until discharge. DMC contract providers will be required to make referrals to the appropriate level of care using the ASAM criteria.

The following flowchart demonstrates the "no wrong door" approach SJCBHS takes for individuals seeking SUD services.



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 (TYY).

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.

SJCBHS provides a statewide, toll-free number 24 hours per day, seven days per week, with language capability in all prevalent non-English languages. The SUD services access line will be integrated with the Mental Health Plan access line. The line is accessible to individuals with hearing impairments via a Telecommunications Relay Service (TRS).

Upon first contact with a beneficiary or referral, information will be provided regarding how to access substance use services, including information about services needed to treat a beneficiary's urgent condition. In addition, the toll-free number will provide information on how to use the beneficiary problem resolution and fair hearing process.

Each call to the Access Line is logged and the following information is collected:

- Name of caller
- Date of the call
- Time of the call
- Caller's preferred language
- Service(s) requested
- Disposition
- Person answering call

Additional data collected include:

- Total calls received
- Number of hang ups/call abandonment
- Other requests by type
- Requests for provider lists

SJCBHS is exploring the possibility of contracting with a professional answering service to respond to calls to the Access Line. In addition to the information listed above, the answering service will be asked to collect the following data:

- Call duration
- Utilization of interpreter services
- Call abandonment rate
- Average hold time
- Number of complaints/calls related to grievances

Locating the Access Number:
The toll-free number is published on the SJCBHS website, in local phone books and available through the 211 Information line. It is included in the beneficiary handbook and is located onsite in the agency's brochures and bulletin board communications.

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.

SJCBHS offers a full continuum of care. Screening, comprehensive assessment and the ASAM criteria determine the appropriate level of care. Transitions through the continuum are based on continued assessment during treatment episode and transitions are facilitated by case management services. Evidence Based Practices (EBP's) are utilized throughout the continuum, including Screening and Brief Intervention and Referral to Treatment (S-BIRT), Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Seeking Safety, Matrix Model for Adolescents and Adults, Thinking for a Change, Wellness Recovery Action Plan (WRAP), and Parenting.

SJCBHS provides access to treatment for Medi-Cal recipients and uninsured clients. SJCBHS has staff dedicated to assisting and supporting uninsured consumers in the process of applying

for benefits and accessing available services. Currently, SJCBHS has services in place to meet the requirements as outlined in the Standard Terms and Conditions (STCs).

ASAM Level 1.0 Outpatient Services:
Outpatient services are provided to beneficiaries by both SJCBHS and contract providers certified by DHCS. Adults receive services for up to nine hours per week and adolescents for six hours or less. Outpatient services include intake, individual and group counseling, patient education, medication services, crisis intervention, ancillary services, treatment and discharge planning.

ASAM Level 2.1 Intensive Outpatient Services:
SJCBHS has one program certified by DHCS to provide IOP treatment. Programming services are nine to 19 hours per week for adults and six to 19 hours per week for adolescents. IOP services include intake, individual and group counseling, patient education, medication services, crisis intervention, ancillary services, treatment and discharge planning.

ASAM Level 3.1 Low Intensity Residential Services:
Two SJCBHS residential programs have provisional ASAM designations to provide low intensity residential services. One serves women and children and the other is co-educational. Low intensity residential services provide a minimum of five hours clinical intervention weekly in a structured 24-hour setting. Residential treatment services include: intake, individual and group counseling, patient education, family counseling, safeguarding medications, ancillary services, crisis intervention, treatment and discharge planning. Clients receiving Methadone services upon admission will be transported to their clinics as necessary. All other MAT options may be provided on site. Clients requiring Medication Assisted Treatment (MAT) services will be referred for treatment to community medical providers. Low intensity residential services provide a minimum of five hours clinical intervention weekly in a structured 24-hour setting.

ASAM Level 3.5 High Intensity Residential Services:
Two SJCBHS residential programs have provisional ASAM designations to provide high intensity residential services. One serves women and children and the other is co-educational. Residential treatment services include: intake, individual and group counseling, patient education, family counseling, safeguarding medications, ancillary services, crisis intervention, treatment and discharge planning. Clients receiving MAT services upon admission will be transported to their clinic as necessary. Clients requiring MAT services will be referred for treatment to DMC certified contract providers.

ASAM Level 3.2 WM: Clinically Managed Residential Withdrawal Management:
Residential withdrawal management services are provided in DHCS licensed residential facilities with detox certification. A physician or licensed prescriber provides 24-hour support/supervision to individuals experiencing mild to moderate withdrawal symptoms. Additional services include: intake, individual and group counseling, patient education, family counseling, safeguarding medications, ancillary services, crisis intervention, treatment and discharge planning. Clients receiving MAT services upon admission will be transported to their clinics as necessary. Clients requiring MAT services will be referred for treatment to DMC licensed contract providers.

ASAM Level 3.7 and 4.0: Medically Monitored Inpatient Withdrawal and Medically Managed Intensive Inpatient Withdrawal Management:
Clients who are assessed and determined to require ASAM level 3.7 or 4.0 will be referred to appropriate medical facilities. We have a partnership with San Joaquin General Hospital (SJGH) which has been and will continue to provide this level of care.

ASAM OTP Level 1:
Narcotic treatment services for men and women are provided through DHCS certified Narcotic Treatment Programs (NTP). Daily to weekly opioid medications are provided by physicians or licensed providers with counseling services for those meeting medical necessity. Services at an NTP include: intake, individual and group counseling, patient education, medication services, ancillary services, crisis intervention, treatment and discharge planning.

Case Management/ Care Coordination:
Case management will be available to all clients receiving SUD services. SJCBHS will be responsible to oversee the coordination of care and level of care transitions. All DMC contracted providers will provide case management services. Case management services, with a client staff ratio of 60:1, include: assessment and re-assessment, facilitating transitions to appropriate levels of care, treatment planning, referrals to all resources as described by a needs assessment, and patient advocacy.

Recovery Services:
Recovery services for both adults and adolescents will be provided within the community by a peer-based network of DMC provider staff, including but not limited to county personnel. Services will be offered following the completion of SUD treatment for both individuals and their support systems. Aftercare is a component of all DMC-SUD treatment.

With the exception of NTPs, there are currently no DMC contracted providers in San Joaquin County. The county perceives no current barriers to any level of care required by the STCs and we are not aware of any adjoining county that intends to opt out.

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.

SJCBHS consists of SUD and mental health (MH) services consolidated into a single department within the San Joaquin County Health Care Services Agency. SUD staff and programming are integrated into the organization, sharing the same policies and procedures, administrative support, and often facilities, with mental health. The DMC-ODS provides further opportunity to fully align SJCBHS programs and services not only for cases of co-occurring disorders, but to assure that there is no wrong door when an individual makes the decision to seek treatment and begin his/her recovery.

Certified Substance Abuse Counselors are team members in mental health outpatient and crisis clinics. They provide assessment and input on treatment plans along with group and individual interventions as determined by client needs. They also serve as case managers to connect clients to the appropriate substance abuse services, as determined by the ASAM.

There are Mental Health Specialist II (para-professional) positions permanently assigned to the SJCBHS residential treatment programs to refer clients to mental health services and monitor client behavior. Licensed Psychiatric Technicians (LPTs) rotate through the county residential programs to review and monitor psychotropic medications and triage clients referred by the staff. There is a Mental Health Clinician (MHC) position in the county outpatient program that provides bio-psycho-social assessments for clients referred by BHS-SAS staff in all SAS programs.

To support the integration of services and ensure quality, SJCBHS will expand quality assurance and improvement functions by extending the oversight of the quality management unit to include DMC-ODS programs and services, assuring compliance with DMC-ODS requirements. This approach provides the support to conduct regular internal reviews and ongoing compliance monitoring to achieve performance standards. This creates opportunities for more holistic quality improvement measures that incorporate both SUD and MH practices, which we anticipate will have a positive impact on client outcomes.

All DMC-ODS providers will be required to use the ASAM as the level of care tool. The ASAM screens for mental health disorders. It will be a required objective of the treatment plan to access further assessment for any clients identified as having mental health issues through the ASAM screening. Compliance with this requirement will be monitored through chart reviews as part of the QI and contract monitoring processes.

Access to Specialty Mental Health Services for adults and adolescents with severe emotional disturbance (SED) will continue through SJCBHS. The continuum of care includes both outpatient and inpatient or residential services as medically necessary. Access to services is through a variety of options 24 hours a day. For treatment of mild to moderate mental health issues for Medi-Cal beneficiaries in substance use, treatment, referrals will be made to their respective health plans as outlined in the Memorandum of Understanding (MOU) between the health plans and SJCBHS.

Contract providers will have access to mental health services through a variety of access points including but not limited to 24 hour services, Mobile Crisis Support Teams, the Triage Assessment and Screening Team (TASC), and the ACCESS Line.

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?

SJCBHS works closely with SJGH on a variety of projects to improve the health care of county residents. Currently a SJCBHS substance abuse counselor makes rounds through the hospital

Monday through Friday, including the Emergency Department, for referrals from the hospital staff. Patients referred are engaged and encouraged to enter treatment.

Health Plan of San Joaquin (HPSJ), San Joaquin General Hospital (SJGH) and SJCBHS are involved in a grant from California Health Care Foundation that allowed the hospital to open a pain clinic for opioid prescription recipients that over utilize the emergency room. A substance abuse counselor works with the clinic to focus on those using opioids for pain management.

SJGH has implemented the S-BIRT and all medical staff are required to be trained in its application.

As required for DHCS licensure and DMC certification, all DMC ODS providers conduct a medical screening at admission and arrange for a physical examination as necessary. DMC ODS providers will conduct a continuous assessment process utilizing the ASAM criteria. Any indication of physical health issues established through this process will be addressed as part of the client's treatment.

As with all requirements of the STCs, QI monitoring will assure that appropriate referrals are made for physical health care when issues are identified by the ASAM assessment.

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.

SJCBHS utilizes the ASAM criteria to determine the appropriate levels of care for beneficiaries with substance use issues. Once that level has been determined, the beneficiary is referred to his/her primary care physician for a physical with the results returned to the program. Treatment begins once approved physical exam results are received.

For mental health services, SJCBHS utilizes an internally created screening tool that is conducted over the telephone by the county's ACCESS unit. Based on the initial screening, beneficiaries are referred to community based resources, their own primary care physicians, one of the health plans, or into specialty mental health services for a full assessment.

To create a fully integrated program, SJCBHS may need technical assistance and training in the following areas:

- Employees in both mental health and SUD services will need additional training on the best practices of a true cross-systems and integrated care program. Best practices such as problem and risk identification, brief intervention for substance use problems and patient engagement in SUD services will be required.

- SJCBHS is considering a centralized, integrated screening program that allows beneficiaries to be screened by one clinician for both mental health and substance use disorders. SJCBHS is currently searching for a telephone substance abuse screening tool that could be used by the ACCESS clinicians for this purpose. If no validated telephone screening tool exists, SJCBHS will consider co-locating SUD and ACCESS employees so both ASAMs and mental health assessments can be completed on site, in addition to telephone screenings offered by mental health staff.

Beneficiary engagement and participation in an integrated care program as needed:
SJCBHS currently provides outreach and engagement through a collaboration with the Family Ties Perinatal Program, the Homeless Outreach Team, and 24 hour services, sending staff to medical clinics, health and resource fairs to ensure beneficiaries are aware of SUD services. SJCBHS requests additional training so that we can maximize our engagement with eligible beneficiaries.

Shared development of care plans by the beneficiary, caregivers and all providers:
SJCBHS anticipates challenges in this area, based upon the complexities of 42 CFR.

Collaborative treatment planning with managed care:
SJCBHS is currently in discussion with the HPSJ and Health Net regarding the provision of SUD through the managed care systems. Part of the initial implementation will be to educate HPSJ and Health Net care coordinators on the specific level of care, and referral and assessment protocols for the DMC- ODS. SJCBHS would welcome information and/or technical assistance on models of care coordination with managed care plans.

Care coordination and effective communication among providers:
The confidentiality restrictions required by 42 CFR Part 2 and HIPAA present challenges in the ability to share beneficiary information between providers. Recently, SJCBHS was informed that sharing data between county staffed SUD programs is prohibited without a release of information (ROI) signed by the beneficiary. Accordingly, SJCBHS requests technical assistance to resolve the barriers that are currently in place.

Navigation support for patients and caregivers:
SJCBHS is currently implementing Case Management and Recovery Services to expand the continuum of care and meet the requirements for participation in the ODS waiver.

Facilitation and tracking of referrals between systems:
SJCBHS will track referrals between the mental health and SUD systems manually until 10.16.17 when the Electronic Health Record () is implemented in SAS services to allow for an electronic tracking system.

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 by service type.
- The number 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 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.
- How the county will address service gaps, including access to MAT services?
- 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).

Anticipated number of Medi-Cal clients:
According to a current analysis, San Joaquin County had approximately 222,863 Medi-Cal beneficiaries in 2014 and approximately 228,124 in 2015. Prevalence estimates vary: up to 14.2% of the Medi-Cal population meets the diagnostic criteria for a substance use disorder according to NSDUH (2008-2010 National Survey of Drug Use and Health, 2013 American Community Survey), while the California Department of Health Care Services (DHCS Behavioral Health Needs Assessment, Vol. 2 2013, page 30) estimates 10.3% of the population meets criteria for a SUD. Using an average of these prevalence estimates, 12.25 %, SJCBHS projects 27,945 Medi-Cal beneficiaries have a SUD and could benefit from treatment.

Expected utilization of services:
Based on service data during FY 2015/16, there were 1347 admissions to SJCBHS SUD treatment programs. Projections for FY 16/17 place admissions at 1584 a 15 % increase. Proportionately there was an 8% decrease in outpatient admissions and a 30% increase in residential treatment since FY 14/15. There are, however, no data that support the direct

correlation between the implementation of the Affordable Care Act (ACA) with the increase or decrease of SUD services. Residential treatment services have shown a 42.5% increase in admissions since 2014. As residential services have yet to be covered by Medi-Cal there is no correlation with this increase and the impact on Medi-Cal services. We will collect the first year data to establish a baseline after the DMC-ODS implementation.

Number and types of providers required to furnish the contracted Medi-Cal Services:
As listed in Section 4, SJCBHS has a continuum of care to furnish services at every level of care described by ASAM. When demand demonstrates a need to expand services SJCBHS will solicit providers through the county Request for Qualifications (RFQ) process to expand services through contract providers.

Current services include:

- Alcohol and Drug Alternative Program (ADAP) - Level 0.5 – education and early intervention
- Chemical Dependency Counseling Center (CDCC) – Levels 1 and 2.1 – outpatient and intensive outpatient services:
    - Monday, Wednesday and Friday: 8:00 am to 5:00 pm
    - Tuesday and Thursday: 8:00 am to 7:00 pm
- Recovery House – Levels 3.1 and 3.5 – residential treatment with 69 co-ed beds in a 24-hour facility
- Family Ties – Levels 3.1 and 3.5 – residential treatment for pregnant women and women with children under 8 years old. Twenty eight beds not counting children.

Currently, there is no partial hospitalization program available to Medi-Cal beneficiaries

Demonstration of how the current network of providers compares to the expected utilization by service type:
Withdrawal Management: SJCBHS has several levels of ASAM designated Withdrawal Management including 1 & 2 as an outpatient service and 3.2. in a residential facility for men and women. This level of care is a crucial component of successful treatment and recovery maintenance. Results from ongoing utilization review of data obtained from the network of providers will help in the decision for expansion of services.

Outpatient Services accounted for 45% of the total treatment admissions in 2015/2016; the average length of stay was 90 days. The length of stay for outpatient services is not expected to increase during implementation of the DMC-ODS. SJCBHS received IOP DMC certification from DHCS in 2015. As a result, it is difficult to estimate the actual number of clients who will receive this level of service in the future. It is expected that a subset of clients requiring outpatient treatment will meet medical necessity for IOP treatment as will a percentage of those clients who are initially considered for placement in residential services.

Narcotic Treatment Programs account for the majority of treatment episodes in San Joaquin County. Length of treatment in these programs showed great variability among participants. The programs that provide methadone maintenance in San Joaquin County increased their service capacity last year to accommodate the growing need for this modality of treatment.

The current network capacity for NTP services is 2,610 slots. It is anticipated that service utilization rates for methadone maintenance will continue to show moderate growth in the future. San Joaquin County SAS has plans to implement a county run MAT program including methadone, and other addiction treatment medications.

Residential Treatment accounted for 55% of the total treatment admissions in 2015/16. Residential treatment admissions for the general treatment population have been impacted by various financial and regulatory restrictions. Clients who need this level of care yet do not have insurance or do not meet special service population requirements. In addition, recovery residences are limited within San Joaquin County. This creates the potential for homeless clients to re-enter the system following the completion of residential treatment. It is anticipated that utilization of residential services will remain constant during the first year of DMC-ODS implementation. It is also expected that as the assessment process for residential services is refined and developed a greater number of beneficiaries may become eligible, utilization levels will begin to increase. In preparation for the possible increased need for residential treatment services San Joaquin County will be issuing a Request for Qualifications to develop a list of pre-approved providers.
Recovery Services are not currently provided within San Joaquin County's SUD treatment system and there is no historical data to estimate utilization rates.

SJCBHS electronic health record data indicates that during FY 2014/15, 29% of clients participating in outpatient services completed treatment; 62 % of clients participating in residential services completed treatment. It is estimated that approximately 32% of beneficiaries will access Recovery Services during FY 2016/17. County staffing will increase to provide Recovery Services until demand warrants engaging DMC contract providers.

Hours of operation of providers:
Chemical Dependency Counseling Center provides outpatient services, including IOT, Monday, Wednesday, and Friday 8:00am to 5:00pm and Tuesday and Thursdays 8:00am to 7:00pm. Residential programming, at both Family Ties and Recovery House, will be provided 24 hours a day, seven days a week.

Language capability for the county threshold languages:
The current threshold language for San Joaquin County is Spanish. SJCBHS will ensure that an increased number of SUD services are available to mono-lingual Spanish speaking clients. DMC providers are required to abide by the SJCBHS language access policies specifically in providing interpretation and translation services to all clients. Interpretation will be made available to all clients and potential enrollees. SJCBHS QM unit will ensure DMC providers comply with the language access requirements for its beneficiaries. All forms and appropriate materials will be translated to the threshold languages and be made available to DMC providers. Every effort will be made to have materials translated in an accurate and timely manner.

Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and 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 or requested by clients:

SJCBHS standard is for each beneficiary to be offered a first appointment within 15 days of referral or request for service for non-urgent services. San Joaquin County beneficiaries can receive a screening and assessment through the CIU as part of the services offered by SJCBHS. The CIU hours of operation are Monday through Friday 8am to 5pm. A first appointment may be provided in person or by telephone.

Urgent conditions will receive immediate attention to determine the plan for addressing the presenting issue. The beneficiary shall be screened within 24 hours from time of contact. If the beneficiary is experiencing a medical or psychiatric emergency, he/she will be directed to the nearest hospital or crisis clinic for services.

Geographic location of providers and Medi-Cal beneficiaries considering distance, travel time, transportation, and access for beneficiaries with disabilities:
SJCBHS has designated service areas in Stockton, Lodi, Tracy and Manteca. Services were designed and strategically located according to the population of each city. Currently, Stockton has a population of 305,658. Lodi has a population of 64,596. Tracy has a population of 87,075. Manteca has a population of 75,448.
The locations of the service areas are listed below:

Outpatient SUD services are located in Stockton:

- SJCBHS-SAS outpatient services (CDCC, ADAP) located at 630 N. Aurora St. Suite #1, Stockton CA 95202

MAT NTP programs are located in Lodi, Manteca, with four locations in Stockton:

- MedMark is located at 1111 N. El Dorado Street, Stockton, CA 95202
- Aegis has five locations as follows:
    - 8626 N Lower Sacramento Rd #41, Stockton, CA 95210
    - 1989 S. El Dorado Street, Stockton, CA 95202
    - 1235 W. Vine Street, Lodi, CA 95240
    - 1947 N. California Street, Stockton, CA 95204
    - 955 W. Center Street, Manteca, CA 95337,

Residential Treatment services are located in French Camp:

- Recovery House is located at 500 W. Hospital Road, French Camp, CA 95231
- Family Ties is located at 500 W. Hospital Road, French Camp, CA 95231

SJCBHS Outpatient Clinics:

- Manteca Clinic is located at 129 E. Center St., Manteca, CA 95336
- Tracy Clinic is located at 19 E. 6th St., Tracy, CA 95376
- Lodi Clinic is located at 1209 W. Tokay St., Suite 5 Lodi, CA 95240

SUD services are offered in the primary population centers of the county. All locations above are accessible by car within 30 minutes of SJCBHS main campus, located at 1212 North California Street in Stockton. By bus, the furthest distance would be one hour and eight minutes.

Regardless of where a person enters the SJCBHS system, providers are required to follow all applicable federal and state requirements, regulations, and policies regarding disability and discrimination. The person requesting services will receive an initial screening to determine service needs and will be supported in accessing the appropriate services at an accessible location. All contracted providers are required to make accommodations to serve persons with physical disabilities, including vision and hearing impairments. In addition, services must be made available to all individuals with mobility, communication or cognitive impairments as required by federal and state laws and regulations. If a provider is unable to meet the needs of a person with a specific physical disability, they must refer the person to a provider who can meet the needs of the individual. The referring provider is required to contact the new provider to expedite the person's transition and ensure the individual is successful in accessing needed support and services. Beneficiaries are advised of their right to receive services and file complaints or grievances, which will be investigated appropriately and timely to ensure access.

How the county will address service gaps, including access to MAT services?
As service gaps are identified, SJCBHS will respond by providing services through county operated programs or contract providers utilizing the RFP/RFQ process as described in Section 17.

9. **Access.** 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 sub-contracted 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 providers offer 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.
- Take corrective action is there is a failure to comply with timely access requirements.

SJCBHS has an established county alcohol and other drug service within the county and contracts. The continuum of care services required of DMC-ODS implementation are offered within the existing service delivery system monitored by SJCBHS.

Maintaining as well as increasing the current availability of SUD services is vital to the enhancement of sustainable recovery rates for beneficiaries throughout San Joaquin County. Equally important is the treatment system's ability to assure that the specific needs of each client are met with expediency. SJCBHS will work to meet client needs by fostering compliance with the following standard of care requirements:

Timely Access to Care:
Between the hours of 8am-5pm, Monday through Friday, calls made to the Medi-Cal beneficiary toll-free CIU/Access Line are answered by bi-lingual clerical staff who forward the caller to the team Substance Abuse Counselor for triage and an initial screening. This screening is completed at the time of the call unless the call is placed after business hours or on a holiday/weekend. Upon completion of the screening, an appointment is scheduled within 7-10 business days for an intake assessment with SUD treatment provider. SUD providers will immediately contact emergency response personnel during calls that involve life-threatening situations. SUD providers will be required to develop and implement emergency protocols for managing urgent situations involving DMC-ODS beneficiaries.

Calls placed after regular business hours, on a holiday or during the weekend are answered by the staff at the 24-Hour Services. In an emergency or crisis situation, the counselor will triage the call and take appropriate measures to address the situation, including requesting assistance from local law enforcement/SJCBHS Mobile Crisis Team, or emergency medical personnel. For beneficiaries who present directly to treatment provider facilities, an initial screening will be completed and the client will be linked to treatment within 24 hours or the next business day to complete a biopsychosocial assessment. For urgent SUD treatment needs/situations, expedited appointments and/or appropriate referrals will be made.

Hours of Operation:
SUD outpatient and intensive outpatient will be provided at least five days a week, including at least two days that operate during the evening hours. Residential program services will be provided 24 hours a day, seven days a week. Residential service intake appointments will be available during regular weekday administrative hours (8:00 AM –5:00 PM) and 24 hours a day at the facilities.
Contracted providers are required to provide access and services to Medi-Cal beneficiaries during at least the same hours of operation that are offered to non Medi-Cal beneficiaries or commercial health plan enrollees.

SUD Provider Compliance Requirements:
SJCBHS will monitor SUD network provider and all requirements of the STCs on a quarterly and annual basis to determine compliance with timely access requirements. Service agreement contracts between SJCBHS and SUD network providers will include language specific to these requirements. Failure to comply with regulations and requirements will result in issuance of a corrective action plan. Consistent failure to comply with timely access requirements will result in denial of service reimbursement claims.

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.

All SJCBHS and contractor staff are required to attend training provided by SJCBHS. These trainings include but are not limited to: Compliance, Consumer and Family Driven Mental

Health Care, Documentation and Charting, initial HIPAA training and annual refreshers, and Limited English Proficiency. Substance Abuse Services staff will also have Title 22 training annually.

SJCBHS was provided Train-the-Trainers instruction by the Change Company in January 2015 and has been conducting quarterly trainings since that time with a goal to train all SJCBHS line staff in the ASAM criteria. Any DMC-ODS contract provider will be able to access the ASAM trainings as available. At a minimum, all providers will need to complete the 2 e-training modules as provided by the change company. ASAM multidimensional Assessment and From Assessment to Service Planning and Level of Care. SJCBHS also provides a number of evidence-based practices and best practice trainings such as Seeking Safety, Matrix, Motivational Interviewing, Trauma Informed Treatment, Cognitive Behavioral Therapy, Thinking for a Change, Relapse Prevention Cognitive Behavioral Interventions for Substance Abuse, and De-escalation of Agitated Clients, as needed

11. Technical Assistance. What technical assistance will the county need from DHCS?

SJCBHS would request technical assistance for the following:

- Fidelity monitoring for evidence based practices
- Financial and administrative issues
- CFR 42 barriers to collaboration efforts with physical, mental health and community partners

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 plans
- 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:

- SJCBHS and its providers will take appropriate action to quickly resolve concerns or problems expressed by clients. Providers will inform Medi-Cal beneficiaries that they have the right to file a grievance or appeal an ~~action~~ adverse benefit determination and explain how to do so. The Grievance Coordinator at SJCBHS will assist clients in resolving problems, filing grievances and requesting appeals.
- SJCBHS has conducted an evaluation of existing organizational policies for grievances and appeals for compliance with 42 CFR 438. Existing policies comply and as part of this implementation plan SJCBHS policies will be amended in the following areas to bring into full compliance within 120 days of implementation:
    - Clarification of State Hearings information to be included in the county review process, notice language for State Hearings used in these processes, and whether or not the beneficiary must complete the county process prior to requesting state review.
    - Validate the actions that can be appealed. The county currently includes denial or limited authorization of a service or type of service; reduction, suspension, or termination of existing service; denial of payment or any portion of payment; timeliness in service; and failure to act timely on a grievance or appeal including expedited cases.
    - Review of written notices of adverse action for compliance. The county notifies beneficiary or provider both orally and in writing. The county is already reviewing written notices for CMS compliance and that process will be extended to the DMC-ODS.
    - The review of written notices will include format and ease of understanding; correct languages; format for special needs; content (action being taken, reason(s), right to appeal, State Fair Hearing process, how to appeal, expedited requests, and continuation of benefits); timing of notice issuance; exception to timing requirements including extending and expediting; and circumstances that require a written notice. • Add the time frame for the filing of an appeal and validate time frames for expedited appeals as well as consideration of health condition in determining time frame. • Modify the county disposition timeline for appeals and expedited appeals. • Review grievance and appeal policy for procedure that covers an estate acting on behalf of a deceased beneficiary. • Update record keeping procedures for grievance and appeal logs to assure compliance with minimal information required and reporting requirements that may be different than what is in existing policy. The county is currently developing a CMS compliant grievance and appeal database. • Review policy for language related to the continuation of benefits and noticing beneficiary of liability for continued benefits. • Review all sections of 42 CFR and determine the extent to which any section applies the SJCBHS model.

SJCBHS QI staff work with the Behavioral Health Director and designees to establish and oversee a systematic process to monitor quality improvement activities throughout the agency, and to create methods to improve the system when concerns are identified. Activities include, but are not limited to monitoring of documentation, facilitating staff education, conducting

utilization review, assisting with investigations into issues that compromise quality of service, and program planning.

Quality Improvement Council (QIC):
The QIC is a formal body responsible for reviewing the quality of services provided by SJCBHS and its contracted providers. The QIC recommends policy decisions, reviews and evaluates the results of QI activities, including Performance Improvement Projects (PIPs), institutes needed QI actions, ensures follow-up of QI processes and documents its decisions and actions taken. The QIC reviews and analyzes the results of the activities of the QI Review Subcommittee and the QI Activities Subcommittee and makes recommendations regarding any impediment to quality of care, quality outcomes, timeliness of care and/or access to service. The QIC meets quarterly and its membership includes Senior Managers, Program Managers, Compliance Officer, QI Coordinator, and QI staff.

Timeliness:
The SUD services programs will be required to track the number, percentage and timeliness of requests for prior authorization for DMC-ODS treatment services that are submitted, processed, approved and denied. Additional data collected will consist of total calls received; call abandonment; requests for provider lists, and other requests. These outcomes will be reported to the QIC on a quarterly basis as well as other data elements identified in other sections of this document.

Utilization Review:
A Substance Use Disorder Services Quality Improvement Review Subcommittee (SUD-QIRS) currently performs a Utilization Review (UR) to assure that beneficiaries have appropriate access to services; medical necessity has been established; the beneficiary is at the appropriate ASAM level of care; and that the interventions are appropriate for the diagnosis and level of care.

The SUD-QIRS will be responsible for conducting annual chart reviews of at least 10% for all DMC-ODS providers. Members of the SUD-QIRS will review medical records and billings for DMC documentation compliance, medical necessity for services (including use of ASAM criteria), admission, discharge and annual updates, treatment plans, progress notes, client grievances, service denials, and program integrity. Representatives of the SUD-QIRS will also participate in the Quality Improvement Chairs Subcommittee (QIC-S). Membership on this committee includes the Chief Mental Health Clinician, Mental Health Clinician III, Staff Nurses III and IV, a Senior Psychiatric Technician, a BHS-SAS supervisor, and a Substance Abuse Counselor II.

The QIC-S is comprised of chairpersons of review subcommittees, including representatives of contracted providers. The QIC-S meets on a bi-monthly basis and discusses its findings with other chairpersons, determine common themes and develop recommendations for improvements.

The QI department staff will conduct annual program audits for all providers, internally and externally. Copies of annual audits will be submitted to DHCS as required. In addition, each contractor is required to submit quarterly reports demonstrating how contract requirements are met.

Quality Improvement Work Plan:
SJCBHS proposes to integrate the Quality Improvement Work Plan for SUD services and the Mental Health Plan (MHP) Quality Improvement Work Plan. The integrated Plan will provide a roadmap for activities designed to achieve the goals and objectives identified in the Plan. QI activities are reported and reviewed in quarterly meetings of the QIC and when necessary, the QI Steering Committee and the Compliance Steering Committee. The goals and objectives outlined in the Quality Improvement Work Plan will reflect SJCBHS commitment to ensure:

- Services are provided in a timely and efficient manner, with appropriate coordination and continuity of care;
- Risk to beneficiaries, providers and others is minimized, and errors in the delivery of services are prevented;
- Services provided include cultural sensitivity; and
- Services are appropriate to each beneficiary's needs and are available when needed.

The Plan will be amended to include SJCBHS plan to monitor the service delivery capacity, as evidenced by a description of the current number, types and geographic distribution of substance use disorder services. In addition, the Plan, at a minimum, will include goals and/or objectives related to the following:

- Timeliness of initial contact to face-to-face appointment
- Frequency of follow-up appointments in accordance with Individualized Treatment Plans
- Timeliness of services of the first NTP service, residential services, and outpatient services
- Access to after-hours care
- Responsiveness to the beneficiary access line
- Strategies to reduce avoidable hospitalizations
- Coordination of physical and mental health services
- Assessment of the beneficiaries' experiences, including responsiveness to complaints, grievances and appeals
- The provision of services in prevalent non-English languages

The data from these activities will be tracked and gathered manually and the outcomes will be reported to the QIC.

Evaluation of QI activities:
The QIC will review the following data on a quarterly basis:

- Number of days to first DMC-ODS service at the appropriate level of care after the referral
- Performance of the 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 and percentage of denied requests for services
- Timeliness of authorization

In addition to quarterly monitoring of key data, an annual evaluation of the effectiveness of QI activities will be completed. The annual evaluation is conducted by the QIC and will be published on the SJCBHS website. The evaluation will summarize progress associated with each

of the QI Work Plan goals and objectives, and includes action taken in response to these outcomes. Based upon the evaluation, revisions may be recommended. Any revisions are documented within the Plan and are published on the SJCBHS website.

Grievances and Appeals:
SJCBHS established a Grievance Committee that meets quarterly and reports to the QIC as a subcommittee of the Council. Members of the Grievance Committee include the Assistant Behavioral Health Director or designee, the Managed Care Chief Mental Health Clinician, the QI Coordinator, the chairperson of the Behavioral Health Board representing consumers and family members, a Parent Partner, the Consumer Outreach Coordinator, the Patient's Rights Advocate and SJCBHS Deputy Directors on a rotating basis. Grievances, appeals and expedited appeals are tracked and analyzed for trends and reported to the Grievance Committee. Minutes of each meeting are recorded and kept on file. Issues identified by the Grievance Committee are reported to the QIC at least quarterly. Data related to beneficiary complaints is collected, categorized, and reported to the Grievance Committee.

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?

SJCBHS will incorporate into the existing contractual agreements substance use regulatory requirements and treatment service specifications. These standards will establish guidelines for SUD treatment contract providers to implement evidence based practices (EBPs) as specified in the STCs of the DMC-ODS and demonstrate effectiveness by indicating utilization and outcome measurements of at least two EBPs. Outpatient DMC providers will utilize the following EBPs: Seeking Safety and Matrix in Outpatient, Seeking Safety and Thinking 4 a Change in Residential.

Contractors are required to submit quarterly reports, which will include attestation of their compliance with this requirement. Annual contract reviews are conducted to further assure adherence to this standard. SJCBHS QI Department will update the existing monitoring tool to capture compliance with the standards of care. Additionally, annual QI reviews will further ensure that supporting documentation at the program site demonstrates the implementation and appropriate use of EBP's. Non-compliance will result in the issuance of a Corrective Action Plan (CAP). SUD contract providers will be required to submit an annual schedule of trainings of the EBPs they intend to use in the provision of SUD services. This schedule will be submitted at the beginning of each calendar year to the SJCBHS QI department.

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)?

N/A

15. Memorandum of Understanding. Submit a signed 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 explained 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 should 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 of medication;
- 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.

SJCBHS has completed an MOU with the Health Plan of San Joaquin. An MOU with HealthNet will be accomplished within the required timeline.

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).

N/A at this time

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?

a) Contracting Process:
SJCBHS complies with San Joaquin County's policies and procedures for the selection and retention of service providers as described in the County's "Procurement & Support Services–Contract Managers Guide".
The mission of the County Purchasing & Support Services is "*To ensure the most value for the taxpayer's dollars by providing consistent, high quality, professional services that are*

timely, transparent, fair, honest, and treat all parties with respect and dignity while providing a high level of customer service".

The method to acquire a service varies by the dollar amount and complexity of the services. When applicable, Purchasing solicits and awards informal and formal competitively bid contracts and purchase orders with delegated authority. At least three (3) competitive bids or proposals should be secured when possible. Contracts and purchase orders shall be awarded to responsible bidders or proposers who:

- Offer the lowest price as result of the Request For Bid or Request For Quote
- Offer the best qualified form as a result of the Request For Qualifications (RFQ)
- Receive the highest score as a result of the Request For Proposal (RFP)

Contracts greater than $100,000 requires Board approval and follows the formal Request for Qualifications/Request for Proposal (RFQ/RFP) process. An RFQ/RFP is used to evaluate if a proposer's qualifications, experience and approach will provide the best solution to meet the County's business needs that are goal-or-results-driven. Evaluation of bidder responses involves a committee or group, often comprised of individuals from more than one business area. Evaluation criteria are complex, with weighted factors and multiple scoring phases. A scope of work that describes the history and general nature of the business area need is utilized.

The County's authority to enter into contracts comes from two (2) primary sources:

- Purchasing Agent via San Joaquin County Ordinance
- Board of Supervisors

Exemption from competitive bidding process is when it is a Sole Source Request. Sole Source Procurement is one that can be made from only one source of supply or a procurement for which no competitive advantage can be gained through competitive bidding. Such procurements often arise where the specifications and requirements for the items or services to be procured are so unusual or distinct they narrow possible sources down to one. The sole source must be the only known source of supply with the capability of meeting the bona fide specification requirements. The Exemption from Competitive Bidding Process is initiated by the requesting Department Head and submitted to Purchasing for verification and approval.
Completion of the solicitation process could take up to six months or more, depending on the complexity of the solicitation from receipt of the requisition, approvals, sourcing, evaluation process, contract negotiation to contract execution, and Board approval (if applicable).

b) Contract Term:
All DMC ODS contracts will have a term on one year, beginning on July 1st and ending on June 30th of the following year.
For services identified as repetitive in nature, it may be appropriate to request two, three, or more year service contracts. Contract Managers need to contact Purchasing for guidance. Purchasing usually establishes contract terms for two to three years with the option to renew

on a yearly basis up to five (5) years. The request for extension requires the approval of the Board of Supervisors if the contract is over $100,000.

c) Appeal Process:

c.1 It is the County's intent to maintain fairness and impartiality in the procurement process. If an individual or organization feels that he/she has not been treated fairly, that the provider selection process is flawed, or in any other way feels the County has erred, the individual or entity is encouraged to contact San Joaquin County Purchasing Department to discuss the concerns. An investigation and written report will follow. Following an unsuccessful contract process, the individual or entity may also appeal to DHCS after exhausting all appeals options with the County. SJCBHS will comply with federal and/or state requirements applicable to provider contracting protest and appeal process.

c.2 A Contractor grievance exists whenever there is a dispute arising from SJCBHS action in the administration of an existing agreement. It is SJCBHS' intent to resolve a provider's dispute or grievance promptly and effectively at the lowest level possible. The Contractor should first informally discuss the problem with SJCBHS Contract Manager. If the grievance cannot be resolved informally, the Contractor shall direct its grievance together with any evidence, in writing, to SJCBHS Deputy Director overseeing Drug Medi-Cal contracts.

- Firs Level: Grievance must be in writing and submitted by US mail, facsimile or email to the SJCBHS Deputy Director overseeing Drug Medi-Cal contracts. The grievance shall state the issues in dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The Deputy Director shall render a decision within ten (10) working days after receipt of the written grievance from the Contractor, and shall respond in writing to the Contractor indicating the decision and reasons therefore. If the Contractor disagrees with the Deputy Director's decision, the Contractor may appeal to the second level.

- Second Level: When appealing to the second level, the Contractor must prepare an appeal indicating the reasons for disagreement with the Deputy Director's decision. The Contractor shall include with the appeal, a copy of the Contractor's original statement of dispute along with any supporting evidence and a copy of the Deputy Director's decision. The appeal shall be addressed to SJCBHS Director or designee within ten (10) working days from receipt of the Deputy Director's decision. The SJCBHS Director or designee shall meet with the Contractor to review the issues raised. A written decision signed by the SJCBHS Director or designee shall be directed to the Contractor within twenty (20) working days of receipt of the Contractor's second level appeal.

- If the Contractor wishes to appeal the SJCBHS Director's or designee's decision, the Contractor shall follow the procedures set forth in Health and Safety Code, Section 100171.

- If the Contractor wishes to appeal to DHCS, the Contractor must exhaust all County's appeals options prior to filing an appeal with DHCS.

d) Continuing Services:
If an existing contract provider is not awarded a county contract for DMC-ODS services at any time through the selective provider contracting process, or should SJCBHS terminate or deny renewal of a current provider's contract for DMC-ODS, SJCBHS and the provider will work together and develop a plan to transition the care of existing beneficiaries to other appropriate DMC-ODS providers without interruption of treatment. SJCBHS will make every effort to reach and inform the affected beneficiaries and/or their representatives at the earliest appropriate time, and encourage them to actively participate in the transition of their care.

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.

N/A at this time

19. Residential Authorization. Describe the county's authorization process for residential services. Prior authorization requests for residential services must be addressed within 24 hours.

SJCBHS will be responsible for authorization and re-authorization requests for residential services. ACCESS/CIU staff will be responsible to review and authorize all requests for residential placements. Upon completion of a screening/bio-psycho social assessment and ASAM level of care, authorized LPHA staff review and process for services. Approved requests from beneficiaries will be forwarded to the DMC-ODS residential treatment provider with the intake packet and authorization form.

During regular business hours, Monday through Friday, 8:00am to 5:00pm, ACCESS/CIU staff will review residential services requests from providers within 24 hours of receipt of the request. Reviewed requests that are approved will be forwarded to the residential treatment provider. Denied requests will be forwarded to a case manager to facilitate placement in the appropriate level of care. Requests for authorization from providers outside of regular business hours will be reviewed by SJCBHS LPHA staff for authorization within 24 hours of receipt.

Requests will include a complete intake packet containing a referral, screening/bio-psycho social assessment, ASAM level of care assessment, and Release of Information forms. The LPHA will confirm medical necessity and authorize or deny level of care recommendations. If a change in level of care is warranted, the LPHA will connect the client to a case manager to facilitate placement with a provider in the appropriate level of care.

All requests for services will be documented on the appropriate authorization form. Providers requesting authorizations will be provided copies of the forms for their records. ACCESS/CIU

and the SJCBHS Information Technology (IT) department will collaborate on data collection and analysis application to track approvals, denials, timely access to services.

20. One Year Provisional 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 plan by service of DMC-ODS requirement that the count cannot begin upon implementation of their Pilot. Also include a timeline with deliverables.

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

N/A

County Authorization

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

_____	San Joaquin	_____
County Behavioral Health Director	County	Date

Tony Vartan	Director, Behavioral Health Services	(209) 468-8750
Print Name	Title	Phone Number

Please mail the completed Implementation Plan to:
Department of Health Care Services
SUD Compliance Division
Attn: Marlies Perez
P.O. Box 997413, MS 2600
Sacramento, CA 95899-7413
Marlies.Perez@dhcs.ca.gov