SAN BENITO COUNTY BEHAVIORAL HEALTH

Drug Medi-Cal Organized Delivery System Implementation Plan

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

The county implementation plan will be used by the Department of Health Care Services (DHCS) and the Center for Medicaid and Medicare Services (CMS) to assess the county's readiness to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver. The implementation plan will also demonstrate how the county will have the capacity, access, and network adequacy required for DMC-ODS implementation. The questions contained in this plan draw upon the Special Terms and Conditions and the appropriate CFR 438 requirements. DHCS and CMS will review and render an approval or denial of the county's participation in the Waiver based upon the initial and follow-up information provided by the counties.

Table of Contents

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 Treatment Division of Behavioral Health 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
   ☒ San Benito Health Foundation (Federally Qualified Health Center - FQHC)
   ☒ Hazel Hawkins Hospital
   ☒ Clients/Client Advocate Groups
   ☒ County Executive Office
   ☐ County Public Health
   ☒ County Social Services
   ☐ Foster Care Agencies
   ☒ Law Enforcement
   ☒ Court
   ☒ Probation Department
   ☒ County Office of 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/steering groups
   ☒ Focus groups
   ☒ Other methods: Survey of Jail staff and Inmates
   Families participating in Strengthening Families Program

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: Behavioral Health Board Meetings

   ☒ Quarterly: DMC-ODS Steering Committee

   ☒ Monthly: Quality Improvement Committee (QIC) Meetings

   ☒ Other: Community Corrections Partnership monthly meeting (as needed)

   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 not 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 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: Sober Living Environments (SLE)

☐ Other (specify)

6. Has the county established a toll free number 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 certain DMC-ODS implementation policies, procedures, and activities.

General Review Notes:

- Number responses to each item to correspond with the outline.
- Keep an electronic copy of your implementation plan description. After DHCS 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 plan to DHCS whenever 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 Benito County (SBC) is a rural agricultural county with a total population of 58,267. Approximately 56.4% of the population is Hispanic, with 35% having a primary language of Spanish. The remainder (38.3%) are primarily Caucasian, non-Hispanic. There are two main population centers in San Benito County: Hollister, the county seat, and San Juan Bautista. Community outreach activities were conducted in these locations in the county.

San Benito County Behavioral Health (SBCBH) utilizes stakeholders to improve services and develop a client-centered service delivery system to meet the needs of the individual and support them in their ongoing recovery. SBCBH conducted stakeholder groups to obtain input into the planning process and development of this Drug Medi-Cal Organized Delivery System (DMC-ODS) Implementation Plan. These stakeholder groups included meetings with the SBC Community Corrections Partnership; community-based providers; faith-based communities; correctional staff and inmates; medical staff; and consumers of substance abuse and mental health services. We also held interviews with key informants and obtained input from the Behavioral Health Board. Local and regional substance use treatment providers were integral to this collaborative community outreach and stakeholder input and planning.

The planning process examined the current level of substance use disorder services provided by community-based and regional providers, including prevention, early intervention, outpatient, residential, aftercare, and recovery services. This analysis helped to identify shortages and needs within the current service delivery system. A component of this planning process is to identify membership for a newly formed DMC-ODS Steering Committee. The Steering Committee will expand the SBCBH Quality Improvement Committee agenda to include discuss DMC-ODS implementation activities to ensure the expanded system of care meets the needs of our rural community. In addition, we meet monthly with the CCP and provide updates regarding the DMC-ODS implementation.

The Community Corrections Partnership (CCP) is comprised of representatives from the San Benito County Superior Court; Sheriff's Department; Department of Social Services; Residential Treatment Centers; Public Health; Organizational Providers; Sober Living Home programs; Police Department; Probation; Jail; Juvenile Hall; Behavioral Health; Federally Qualified Health Center (Health Foundation); faith-based programs; recovery support programs; County Administrative Office; Board of Supervisors; and Public Defender and District Attorney's office. The CCP will work in collaboration with the DMC-ODS Steering Committee to meet the needs of the community.

Some members of the CCP will also serve as the DMC-ODS Steering Committee. Substance use disorder (SUD) service providers contracting with SBCBH also contributed to the planning process by providing feedback during meetings. The feedback and information obtained during these planning sessions served as a structural foundation for the development and implementation of a comprehensive, integrated continuum of care that is modeled after the American Society of Addiction Medicine (ASAM).

The Behavioral Health Board has also been actively involved in the planning and development of this DMC-ODS implementation plan. Members include a member of the Board of Supervisors, consumers and family members, organizational providers, and interested community members. Major themes from these groups that impacted the development of the plan are summarized below:

- Implementation of the Addiction Severity Index (ASI) Assessment
- Implementation of the American Society of Addiction Medicine (ASAM) Levels of Care
- Development of a timely access, referral, and assessment process
- Integration of Quality Improvement services to provide timely access, authorization of services, and ongoing quality of care to ensure access, quality, and cost-effective treatment.
- Coordination with SBCBH, SBC Community Corrections Partnership, and collaboration between partner organizations

- Expansion of Residential Treatment programs for persons with co-occurring disorders
- Expansion of adult education
- Expansion of the continuum of care including timely access, intensive outpatient services, residential, and sober living home capacity
- Expansion of shelter services for homeless at the Migrant Center

- Development of adult employment activities

- Developing and expanding services for Transition Age Youth
- Expansion of programs in the schools
- Expansion of Telepsychiatry for both mental health and substance use treatment
- Development of Medication Assisted Treatment (MAT)

- Coordination and development of Emergency Department and primary care services
- Coordination with Sheriff and Law Enforcement
- Coordination and collaboration between partner organizations
- Coordination with re-entry programs
- Coordination with HSA to identify foster youth
- Development of employee and provider training

Ongoing input from stakeholders will be obtained on an ongoing basis. Discussion of the success and challenges of the implementation will be shared monthly at Behavioral Health Board meetings and monthly at Quality Improvement Committee (QIC) meetings. Input from interested stakeholders will be obtained on an ongoing basis and through a variety of methods, including:

- Providing updates and obtaining feedback from clients, providers, staff, and stakeholders
- Providing updates, data, and outcomes at monthly SBCBH Behavioral Health Board Meetings; monthly QIC meetings; Cultural and Linguistic Competence Meetings
- Providing updates and obtaining feedback from the SBC Community Corrections Partnership monthly meetings
- Obtaining feedback and discussions of areas for improvement between partner agencies, including substance use treatment providers, law enforcement, primary care, emergency department, and managed care partners
- Providing updates to the Behavioral Health Board and obtaining their feedback on services
- Sharing system performance measures and client outcomes with stakeholders, clients, and family members
- Obtaining feedback on components of the DMC-ODS services from providers, stakeholders, clients, and family members
- Producing ongoing evaluation activities to help engage and obtain feedback on DMC-ODS planning, implementation, and system outcomes.

The feedback and information obtained during these planning sessions served as a structural foundation for the development and implementation of a comprehensive, integrated continuum of care that is modeled after the ASAM. This ongoing process will continually review and assess the SUD Treatment and recovery services that is delivered to our culturally diverse population.

The transformation of the San Benito County system of behavioral health and substance use services continues to expand through regional partnerships and communication. The DMC/ODS Steering Committee will be established to provide input on the development of the SUD system of care. This committee will meet quarterly and will be responsible for evaluating components of the DMC-ODS including client referral and placement process, coordination and delivery of services, accessibility of SUD treatment services, provision of services in primary/threshold language of the beneficiary, and the increased availability of co-occurring services. The committee make recommendations to the SBCBH QIC for review and approval.

SBCBH/SUD QIC meetings occur monthly to review and recommend services and outcomes related to the DMC-ODS. Reviews will include, but not be limited to, assessment, linkage, and client support; service placement/interventions; and issues related to accessibility, service authorizations, and transitions across levels of care. DMC-ODS service implementation will also be discussed at monthly SBCBH QIC meetings and Management Team meetings.

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.

SBCBH will ensure that the required substance use disorder treatment services under the new service delivery system are available and accessible to individuals and families throughout the county. These services will be provided by responding to immediate needs and assessing treatment needs through a thorough assessment and utilization of ASAM placement criteria. It is our goal to identify the appropriate level of care and link the individuals to services in a timely manner.

SBCBH will be the primary DMC-ODS entry and screening point for individuals requesting services. Individuals can contact the 24/7 toll-free access line or walk into our Behavioral Health clinic in Hollister. All beneficiaries who chose to enter treatment will be assessed for both mental health and substance use issues, when appropriate, utilizing an integrated assessment form. The outcome of the integrated assessment will identify the appropriate level of care for mental health and substance use disorder treatment services.

Initial Screening, Intake Assessment, and ASAM Level of Care Placement

Beneficiaries who call the SBCBH Access Line to request DMC-ODS services will initially be screened over the phone to determine initial immediacy of services. Beneficiaries requesting services will be assessed for substance use and mental health risk factors as well as Medi-Cal eligibility during the initial screening process. Individuals will also be informed of the services

that they are entitled to under the DMC-ODS. A screening tool will be used to assess level of care needed. If there is an indication of a need for SUD treatment, the individual will be invited to attend a confidential Orientation meeting, schedule an assessment with staff, and/or link the individual to an immediate level of services.

SBCBH Intake Assessment

For a beneficiary who is appropriate for outpatient services, and requests outpatient DMC-ODS services, the individual will be scheduled to attend the next confidential SUD Orientation meeting, which occurs weekly. The orientation meeting provides the opportunity to quickly engage the individual in SUD services, complete needed intake paperwork, and briefly screen individuals to provide an indication of level of services. The screening will help identify individuals who present with a need for urgent or routine services. All individuals attending the SUD Orientation meeting, and screened for needing ongoing services, will be scheduled for an assessment appointment with an SBCBH Licensed Practitioner of the Healing Arts (LPHA) or certified/registered alcohol and drug counselor, to complete the SUD assessment. The SBCBH staff will meet with the individual and complete the ASI assessment. An LPHA will review and approve the ASI to determine the diagnosis, medical necessity, and appropriate ASAM level of care. Services are available in English and Spanish.

Following completion of the ASI and the ASAM level of services determination, the individual is linked to the appropriate level of SUD services. For individuals who need Outpatient or Intensive Outpatient Services, he/she will receive those services from SBCBH and/or a contract provider, and will be scheduled for a treatment plan appointment.

If higher levels of care are identified on the ASI and ASAM (such as withdrawal management, residential, or inpatient services), the SBCBH LPHA will determine the appropriate level of care and staff will link the individual to the identified level of care. The completed ASAM tool will also be forwarded to the treatment provider, along with the referral and level of care authorization. SBCBH staff will support the individual with accessing the needed services.

Assessments will be conducted by an LPHA or a certified drug and alcohol counselor, and the beneficiary. The assessment will collect information regarding medical necessity and diagnosis. For adults, the diagnosis will include a DSM 5/ICD 10 (or higher) Substance-Related and Addictive Disorder (excluding Tobacco-Related and/or non-Substance-related disorders). For individuals under the age of 21, the diagnosis may also include an assessed risk for developing a SUD. Medical necessity will be determined by an LPHA for all clients entering the DMC-ODS.

All information collected during the intake assessment process including the ASAM will be reviewed by an LPHA. After a review of the intake paper work, medical necessity and the diagnosis will be determined and completed by the LPHA. The diagnosis will be signed by the LPHA. The ASI assessment, diagnosis, and medical necessity are clearly documented in the client's electronic health record (EHR).

In order to validate or verify the diagnosis and determination of medical necessity, there will be a face-to-face interaction between the LPHA and the certified counselor, who has completed the assessment for the individual. This face-to-face interaction may also include face-to-face

interactions via telehealth. The ASI assessment, diagnosis, and medical necessity are clearly documented in the client's electronic health record (EHR).

All referrals and the outcome of the ASI assessment, ASAM level of care, and subsequent placement at the appropriate level of care will be documented. An Access Log of all requests for services will be maintained to document and record the request for services and outcome of the call.

The SBCBH DMC-ODS program and contract providers will admit eligible beneficiaries to begin treatment services following completion of the assessment. In instances where the provider is unable to begin service delivery within the required 15 calendar day time period due to non-budget related capacity issues, interim services will be offered. In addition, SBCBH will offer to make referrals to other providers, when available, to ensure timely access to services.

If the assessment determines that the individual does not meet medical necessity and that the individual is not entitled to any DMC-ODS substance use disorder treatment services, then a written Notice of Adverse Benefit Determination ("NOA") will be issued in accordance with 42 CFR 438.404.

After-hours Screening and Assessment

For all after-hours requests for substance use treatment services, the SBCBH Crisis Response Crisis Counselors will use a screening tool to conduct an initial brief screening. When the screening tool indicates outpatient level of services, the beneficiary will be asked to call the SBCBH Access Line in the morning, to schedule an assessment or attend the next orientation meeting. In addition, the Crisis Response staff will forward the completed screening tool to the SBCBH SUD manager, or designee, to provide information on the needs of the beneficiary, and ensure follow-up in the morning (next business day).

For individuals who are already in the Emergency Department (ED) and in a crisis that is related to substance use, the SBCBH Crisis Counselor will meet face-to-face with the person. In addition, all individuals in the ED will be medically cleared.

When the crisis is resolved, the individual will be linked to the appropriate level of services, which may include being scheduled to attend the next SUD Orientation meeting, scheduled for an assessment at SBCBH outpatient clinic, or linked to residential or inpatient services, depending upon the level of need.

For individuals who are calling the SBCBH Access line after-hours, and the screening tool indicates there is an immediate need for withdrawal management, residential, and/or inpatient services, the individual will be encouraged to come into the ED at Hazel Hawkins Hospital for additional screening, medical clearance, and/or to provide a medical intervention. Persons requiring a higher level of care, as indicated by the person's substance use level of toxicity that creates a medically urgent condition, will be linked to the appropriate service. Evaluation for MAT services will also be determined.

SUD Provider Intake Process

Beneficiaries who contact a DMC-ODS service provider directly will be screened using the ASAM screening tool, and provided a full assessment, as indicated. The provider will also verify Medi-Cal eligibility. In instances when the beneficiary requests services from the SUD community-based treatment provider without a scheduled appointment, a qualified provider staff person will conduct an initial assessment, if time is available. If there are no qualified provider staff available, the beneficiary will be given an appointment to return to the provider for a face-to-face appointment, at the earliest time available, so the provider can complete a full assessment. The next available appointment will be offered in a timely manner, but no longer than within 10 business days.

Following the full assessment, the provider will determine the appropriate level of care. If the provider does not offer the identified level of care, the provider will immediately refer the beneficiary to another DMC-ODS provider that offers the indicated ASAM level of care, or link the beneficiary to the SBCBH Access Line, for linkage to the appropriate care. The provider and the SBCBH Access Line staff will document the referral and the outcome of the linkage to the appropriate level of care.

Residential Authorizations
Please see **Section 19. Residential Authorization** for information.

Re-Assessments
During substance use treatment, the beneficiary will be re-assessed/authorized for medical necessity every 6 months (except for NTP services which require annual re-authorization). Individual treatment plans will be completed within 7 days of admission to services and will be reviewed at 60 and 90 day intervals. Specific situations that may necessitate re-assessment and potential placement in a different level of care may include: completion of treatment and agreed upon goals, inability or incapacity of client to demonstrate progress toward achievement of treatment goals, change in service needs based upon clinical necessity, and requests for a different level of care by the beneficiary.

Changes that could justify a re-assessment and possibly a transfer to a higher or lower level of care include, but are not limited to:

- Achieving treatment plan goals
- Inability to achieve treatment plan goal despite amendments to the treatment plan
- Lack of beneficiary capacity to resolve his/her problems
- Identification of intensified, or new, problems that cannot adequately be addressed at the current level of care
- At the request of the beneficiary

Transition to Other Levels of Care and the Role of the Case Manager
If ASAM results determined during the substance use assessment conflict with the results determined during the initial screening interview, the treatment provider will be responsible for ensuring that the client receives the appropriate level of care. If the program does not offer the treatment indicated from the outcome of the assessment, the service provider will refer the client to a certified DMC-ODS provider within the community, or region, who can offer the appropriate level of care. When it is determined that a client is in need of an increase or decrease

in level of care, the service provider will authorize a referral to the appropriate level of treatment. Placement transitions to other levels of care will occur within 5-10 business days from the date of re- assessment. If a client is transitioning to residential treatment, an assessment/authorization will be completed by SBCBH within 24 hours of the request from the referring SUD treatment provider.
SBCBH and SUD treatment provider case managers will be responsible for assisting the client with initial placement, transitions to different levels of care, and discharge planning. Case managers will also provide support in scheduling intake appointments and linking clients to ancillary support services.

Case managers from both the discharging and admitting provider agencies will be responsible to facilitate the transition between levels of care, including assisting in scheduling an intake or reassessment appointment, ensuring a minimal delay between discharge and admission at the next level of care, and documenting all information.

If the discharging residential provider is unable to determine an appropriate referral, the SBCBH SUD counselor or case manager will assist in identifying an appropriate referral and assist with the linkage at the time of discharge and will develop a Referral Plan.

This process ensures successful care transitions for high-utilizers or individuals at risk of unsuccessful transitions. The Case Manager is responsible for ensuring the successful transition between levels of care. Individuals that historically failed/had difficulty transitioning from one level of care to another, will be followed for a period of time by the Case Manager to ensure successful outcomes.

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

SBCBH has a 24/7 toll-free phone number that is answered by a SUD counselor and/or BH crisis worker during business hours, and by Crisis Support Services of Alameda County after hours and holidays. The crisis line number is listed on all informing materials, on the SBCBH website, as well as posted in each clinic. The crisis worker is trained to respond to all calls, assess the crisis, and determine the appropriate level of service needed. Many of our crisis workers are bilingual/bicultural, and are available to speak Spanish (the SBCBH threshold language) to immediately meet the needs of the caller. If the crisis worker does not speak the caller's language, all crisis workers are trained to immediately call the language line and access a person who speaks the needed language.

Crisis workers are also trained on using the TTY line, when an individual is hearing impaired and communicates via the TTY service. Information on how to access the 24/7 line is posted in the clinic and at Esperanza. Printed outreach materials in English and Spanish are also available in the SBC Department of Social Services, local hospital, probation department, the court system, public and private educational facilities, and additional locations throughout the

community. In addition, the crisis phone number is on all client informing materials, in the phone book, and on our website.

Each call is recorded in the Access Log and documents the following information:

- Date of call
- Time of call (start and end)
- Caller's name, date of birth, gender, and primary language
- Type of call (routine, emergency, urgent)
- Request for mental health or substance use treatment
- Reason for call
- Disposition
- Incomplete and abandoned calls
- Referrals made to outside agencies
- Name of crisis worker

The crisis line data is analyzed by type of call, timeliness of response, outcome/disposition, abandonment rate, and number of complaint and grievance calls. Analysis of the data will include but not be limited to:

- Number of calls, including date, time, and length of call
- Number of calls requesting/requiring oral interpreter services for clients or potential clients
- Number of calls that are determined to be emergency, urgent, and routine for mental health and substance use disorder services
- Average time to answer a call and percentage of calls answered or served within 20 seconds (random sample test call)
- Call abandonment and incomplete calls
- First available (first available appointment offered to the individual) and first scheduled (appointment time that the individual selects) appointment times for face-to-face assessments.
- For SUD, appointment for orientation meeting, and/or date of assessment appointment given to client.
- Number of individuals screened and scheduled for an orientation appointment
- Number of individuals screened and scheduled for a face-to-face assessment
- Number of individuals screened and referred to DMC-ODS service, including the ASAM Level of Care of the referral

4. **Treatment Services.** *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.*

The SBCBH is responsible for planning, coordinating, and managing a comprehensive continuum of alcohol, drug, tobacco, and other substance use prevention, intervention, treatment, and recovery support services. These services will be responsive to the needs of individuals and community. SBCBH delivers assessment services, outpatient, recovery services, physician consultation, and case management services. Through the application to DMC-ODS, SBCBH will have sufficient county staff to conduct comprehensive assessments for persons needing residential services in order to authorize the higher levels of residential services.

SBCBH will also contract with community providers for intensive outpatient services, substance use residential treatment services, MAT, opioid/narcotic treatment programs, and Withdrawal Management services. SBCBH will routinely monitor all providers to ensure the provision of high quality and clinically appropriate services, and ensure that all treatment and documentation are in compliance with Federal, State, and local regulations and policies. Table 2 shows the list of required and optional DMC-ODS services that San Benito County intends to provide, as well as the Medi-Cal Fee-for-Services (FFS) Managed Care services which will be managed by SBCBH.

Table 2: Overview of Treatment Services and Projected Implementation Timeline

DMC-ODS Services	**ASAM Level**	**Implementation Timeline**					
		At Implementation	End of Y1	End of Y2	End of Y3	End of Y4	End of Y5
Required Services							
Early Intervention [FFS/Managed Care]	0.5	X					
Outpatient Services	1	X					
Intensive Outpatient Services	2.1	X					
Residential	3.1	X[1]					
Residential	3.3						X
Residential	3.5						X[2]
Residential [Coordination – FFS/Managed Care]	3.7-4.0						X
Withdrawal Management [At least one level] (Contract)	3.2-WM	X[3]					
Opioid (Narcotic) Treatment Program (Contract)	OPT-1	X					
Recovery Services	N/A	X[4]					
Case Management	N/A	X[5]					
Physician Consultation	N/A	X					
Optional Services							
Additional OP Medication Assisted Treatment	OTP-1						
Recovery Residence	N/A	X					

[1] D/MC applications have been submitted and are in review with DHCS Provider Enrollment Division (PED)
[2] D/MC applications have been submitted and are in review with DHCS Provider Enrollment Division (PED)
[3] Ibid
[4] D/MC Providers will add Case Management to their protocol following DMC-ODS Implementation Plan approval
[5] D/MC Providers will add Recovery Services to their protocol following DMC-ODS Implementation Plan approval

Currently, there are no SUD Residential Services available in San Benito County. As we opt into the DMC-ODS program, we are in the process of contracting with surrounding counties for intensive outpatient, Withdrawal Management, opioid/Narcotic Treatment program, MAT, and Residential Treatment. Individuals needing residential SUD services will be referred to a facility that offers the appropriate level of ASAM certification. Every effort will be made to locate a program close to San Benito County. Whenever possible, a residential provider with bilingual, bicultural staff will be selected for San Benito County residents who are Spanish speakers. This approach will support the delivery of culturally-sensitive services available in the client's preferred language.

Required and Optional Services to be Provided

As a rural county, we offer a limited array of SUD services in our county operated BH outpatient clinic. As a result of the limited array of services in our county, we will contract with surrounding counties who are all opt-in counties. We have already had preliminary conversations with Monterey, Santa Cruz, and Santa Clara counties to identify resources and begin developing referral strategies. These counties are willing to coordinate services to provide a continuum of care for our clients. We are also developing a protocol for obtaining prior authorization for services, so we will be able to manage resources and ensure a cost-effective delivery system. Urgent services will not require pre-authorization. The array of DMC-ODS services are outlined below, with a description of the service, and ASAM level of care.

Early Intervention Services (ASAM Level 0.5) include Screening, Brief Intervention, and Referral to Treatment (SBIRT) and are provided by non-DMC providers to beneficiaries at risk of developing a substance use disorder. Referrals to treatment by the managed care plan will be governed by the Memorandum of Understanding held between SBCBH and Blue Cross of California Partnership Plan, Inc. (Anthem), two managed care health plans for San Benito Medi-Cal beneficiaries.

Hazel Hawkins Hospital and the Health Foundation, a Federally Qualified Health Center (FQHC), provides SBIRT for all new patients and when a provider identifies potential substance use symptoms. Staff are trained to recognize substance-related disorders, and provide education and motivational counseling. For Transition Age Youth, staff are knowledgeable about developmental issues and mental health concerns for youth. Individuals at risk of developing a SUD or those with an existing SUD are identified and offered brief intervention by health care staff and/or referred to treatment at SBCBH.

Outpatient Services (ASAM Level 1.0) are provided to beneficiaries (a maximum of eight (8) hours a week for adults, and a maximum of five (5) hours for adolescents), when determined by a Medical Director, or LPHA, to be medically necessary and in accordance with an individual treatment plan. A total of 324 clients received outpatient substance use services in FY 2015/2016. Services can be provided in-person, by telephone or by telehealth by a licensed professional or a certified counselor in any appropriate setting in the community. The SBCBH offers outpatient SUD services including assessment, individual counseling, group counseling, family groups, patient education, medication services, collateral services, crisis intervention services, treatment planning, and discharge services. For clients in outpatient services, case

management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

BH staff are knowledgeable about co-occurring psychiatric issues and refer to mental health services for a clinical assessment, if needed. BH staff are also able to recognize the need for withdrawal management services.

San Benito County currently has an SUD Outpatient Program that is DMC certified. The SUD Outpatient program reflects an array of services for adolescents and adults, gender-specific services, and services are available in English and Spanish.

Intensive Outpatient Services (ASAM Level 2.1) are contracted services provided to beneficiaries (a minimum of (9) nine hours and a maximum of 19 hours a week for adults, and a minimum of six (6) hours and a maximum of 19 hours a week for adolescents) when a Medical Director, or LPHA, determines the services to be medically necessary and consistent with an individual treatment plan. Lengths of treatment can be extended when determined to be medically necessary through an authorization process with SBCBH. Services can be provided in-person, by telephone or by telehealth by a licensed professional or a certified counselor in any appropriate setting in the community.

Intensive Outpatient (IOP) Services consist primarily of counseling and education about addiction-related problems, with specific components including intake, individual counseling, group counseling, family therapy, patient education, collateral services, crisis intervention services, treatment planning and discharge services. For clients in IOP Services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

SBCBH will contract for IOP Services from organizational providers, to deliver structured services to individuals who meet medical necessity criteria for this level of service. Services will be available a minimum of 9 hours and a maximum of 19 hours per week. Services for youth will be available between 6 and 19 hours per week. Services will be available in English and Spanish, to meet the needs of the individual.

Partial Hospitalization (ASAM Level 2.5) services are optional services provided to beneficiaries (20 or more hours per week) when determined by a Medical Director or LPHA to be medically necessary and in accordance with an individualized client plan. Services consist of clinically intensive programming, which is primarily counseling and education about addiction-related problems. The components of Partial Hospitalization include intake, individual counseling, group counseling, family therapy, medication services, collateral services, crisis intervention services, treatment planning and discharge services. For clients in Partial Hospitalization services, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

SBCBH does not currently plan to contract for a Partial Hospitalization Program.

Residential Treatment (Level 3) is a non-institutional, 24-hour non-medical, short-term residential program that provides rehabilitation services to beneficiaries when determined this level of service is medically necessary by a Medical Director, or LPHA, and consistent with the individual's treatment plan. Residential services are provided to non-perinatal and perinatal beneficiaries in DHCS licensed residential facilities that also have DMC certification and have been designated by DHCS as capable of delivering care consistent with the ASAM treatment criteria. Residential services can be provided in facilities with varying bed capacity. The length of residential services range from 1 to 90 days with a 90-day maximum for adults and 30-day maximum for adolescents, unless medical necessity authorizes a one-time extension of up to 30 days on an annual basis (for adults only). Only two non-continuous 90-day regimens will be authorized in a one-year period. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity.

The components of residential treatment include intake, individual and group counseling, family therapy, patient education, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation services, and discharge services. For clients in residential treatment, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care.

Low-Intensity Residential Services (ASAM Level 3.1) are provided by DHCS-licensed residential facilities for adults that include 24-hour structured care with at least 5 hours of clinical service/week. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation, and discharge planning services. Medication Assisted Treatment services will be offered to residents who have been diagnosed with an alcohol or opioid addiction.

SBCBH will contract with an out-of-county provider for 3.1 residential services.

Population-Specific High-Intensity Residential Services (ASAM Level 3.3) are provided by DHCS-licensed providers with Provisional ASAM Level 3.3 designations that include 24-hour care for individuals with cognitive or other impairments who are unable to fully engage in an active milieu or therapeutic community. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation, and discharge planning services. This level of care is not available for youth.

SBCBH will contract with an out-of-county provider for 3.3 residential services.

High-Intensity Residential Services (ASAM Level 3.5) are provided by DHCS-licensed providers with Provisional ASAM Level 3.5 designations that include 24-hour care for individuals who are capable of tolerating and engaging in an active milieu or therapeutic community. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation, and discharge planning services. Medication Assisted Treatment services will be a treatment option for residents who

have been diagnosed with an alcohol or opioid addiction. This level of care is not available for youth. Youth services are limited in the Bay Area and throughout the State.

SBCBH will contract with an out-of-county provider for 3.5 residential services. Medically Monitored Intensive Inpatient Services (ASAM Level 3.7) and Medically Managed Intensive Inpatient Services (ASAM Level 4.0) are not available in San Benito County. We will refer adults and adolescents to out-of-county facilities and will enter into a contract agreement for Residential treatment services. SBCBH will develop contracts and ensure 42 CFR compliant releases are in place in order to coordinate care with inpatient and out-of-county facilities accepting DMC beneficiaries who are San Benito County residents.

In summary, SBCBH will contract with qualified providers in the region who are certified by DHCS to deliver Level 3.1, 3.3, and 3.5 residential services, as well as 3.7 and 4.0. Individuals meeting medical necessity for residential services are approved for residential treatment through a prior SBCBH authorization process based upon documented ASAM assessment. The length of stay for residential services ranges from 1-90 days. A one-time extension of 30 days may be authorized with a reassessment and documentation of medical necessity. Only two non-continuous 90 day treatment episodes will be authorized for an individual in a one-year period.

Residential treatment services includes assessment, treatment planning, individual and group counseling, education, family groups, collateral services, crisis intervention services, treatment planning, transportation to medically necessary treatment, and discharge planning. All residential providers are required to provide treatment to persons who are receiving Medication-Assisted Treatment services (MAT).

SBCBH will work with other counties to coordinate efforts and resources directed at expanding and accessing limited Residential treatment services, as applicable.

Withdrawal Management (ASAM Levels 1-WM and 3.2-WM) are habilitative and rehabilitative services when determined by a Medical Director, or LPHA, as medically necessary and in accordance with an individual treatment plan. The components of Withdrawal Management services are intake, observation, medication, and discharge services. For clients in Withdrawal Management, case management will be provided to coordinate care with ancillary service providers and facilitate transitions between levels of care. SBCBH requires prior authorization for Withdrawal Management services.

SBCBH does not currently offer Ambulatory Withdrawal Management services – Level 1 (without Extended On-Site Monitoring). This service is an outpatient service which is delivered in an office setting, a health care, additional treatment facility, or in an individual's home by trained clinicians who provide medically supervised evaluation, withdrawal management, and referral services according to a predetermined schedule.

SBCBH will contract for a qualified provider to deliver ASAM Level 1-WM 3.2 services in our region. SBCBH will coordinate with the successful provider to coordinate and support individuals receiving these services to transition to other more intensive levels of care, as medically necessary, within the regional DMC-ODS system of providers.

SBCBH expects to offer ASAM Level 1-WM at a facility currently licensed to provide NTP by the end of Implementation Year 2. Other levels of Withdrawal Management will be developed, including 3.1, 3.7, and 4.0 by the end of the Year 5.

Opioid (Narcotic) Narcotic Treatment Program (ASAM OTP Level 1) services are provided in NTP licensed facilities. Medically necessary services are provided in accordance with an individual treatment plan determined by a licensed physician, or licensed prescriber, and approved and authorized according to the State of California requirements. The components of OTPs include intake, individual and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning, medical psychotherapy and discharge services. A beneficiary must receive at minimum 50 minutes of counseling sessions with a therapist or counselor for up to 200 minutes per calendar month, although additional services may be provided based on medical necessity. Case management will be provided to coordinate care with treatment and ancillary service providers and facilitate transitions between levels of care. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care.

Currently, there are no NTP providers in San Benito County. Therefore, SBCBH will contract with one (1) DMC-certified, licensed NTP provider in a neighboring county, by the time we opt into the DMC-ODS. This provider will offer methadone, disulfiram, buprenorphine, Vivitrol, and naloxone.

MAT will expand the use of medications for beneficiaries with chronic alcohol related disorders and opiate use. Medications will include: naltrexone, topiramate (Topamax), gabapentin (Neurontin), acamprosate (Campral), and disulfiram (Antabuse)

- Opiate overdose prevention: naloxone (Narcan)
- Opiate use treatment: buprenorphine-naloxone (Suboxone) and naltrexone (oral and extended release) (Note: Methadone will continue to be available through the licensed narcotic treatment program)
- Vivitrol
- For tobacco cessation/nicotine replacement therapy

Additional Medication Assisted Treatment (ASAM OTP Level 1) includes the ordering, prescribing, administering, and monitoring of all medications for substance use disorders. Medically necessary services are provided in accordance with an individual treatment plan determined by a licensed physician or licensed prescriber. SBCBH, through a contracted NTP provider, plans to seek reimbursement for onsite administration and dispensing of at a minimum, buprenorphine, and naloxone. SBCBH will also continue to work with the NTP provider to assess the need and explore the feasibility of expanding to include disulfiram and other Medication Assisted Treatments.

We also plan to collaborate with regional residential treatment providers to develop the capacity to deliver incidental medical services, when feasible. San Benito County also has one FQHC, San Benito Health Foundation. SBCBH has worked closely with the Health Foundation to

deliver integrated health care services and we plan to develop a referral process for helping to link beneficiaries with these services.

Case management will be provided to coordinate care with the FQHC and outpatient providers and facilitate transitions between levels of care. Beneficiaries may be simultaneously participating in OTP services and other ASAM Levels of Care.

Recovery Services (ASAM Dimension 6 – Recovery Environment). As part of the assessment and treatment needs of Dimension 6, Recovery Environment of the ASAM Criteria and during the transfer/transition planning process, beneficiaries will be linked to applicable medically necessary recovery services. Beneficiaries may access recovery services after completing their course of treatment whether they are triggered, have relapsed or as a preventative measure to prevent relapse.

Recovery services may be provided face-to-face, by telephone, or telehealth with the beneficiary and may be provided anywhere in the community, or region, by certified substance abuse counselors, licensed clinicians, and/or peer support specialists, as well as through contracted providers. Services may include: outpatient individual or group counseling to support the stabilization of the client or reassess the need for further care; recovery monitoring/recovering coaching; peer-to-peer services and relapse prevention, Wellness and Recovery Action Plan (WRAP) development, education, and job skills; family support; support groups and linkages to various ancillary services.

SBCBH may offer recovery services and supports and relapse prevention, or contract for these services. Recovery services are available once a beneficiary has completed the primary course of treatment and during the transition process. Beneficiaries accessing recovery services are supported to manage their own health and mental health care, use effective self-management support strategies, and use community resources to provide ongoing support.

At implementation, recovery services will be provided by Care Managers/Peer Mentors at SBCBH. By the end of Implementation Year 1, recovery services will be available through the County-operated DMC certified program and eligible contracted DMC certified programs. Client to case manager ratios will vary depending on the complexity of client needs, though a full-time case management caseload is projected to be 40-60 beneficiaries at any given time.

Case Management/Care Coordination Services will be utilized to assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of substance use disorder care, integration with primary care and mental health, and interaction with the criminal justice system, if needed.

SBCBH offers case management services to serve persons with complex needs, such as persons with multiple health conditions, involvement with criminal justice and/or social services systems, and/or older adults with co-occurring chronic physical health conditions and substance use issues. Case management services support beneficiaries as they move through the ODS continuum of care from initial engagement and early intervention, through treatment, to recovery

supports. Case management services are available for clients who may be pre-contemplative and challenging to engage, and/or those needing assistance connecting to treatment services, and/or those clients stepping down to lower levels of care and support.

Case management services may include: assessment and reassessment, level of care identification; treatment plan development and periodic revision of the client plan; communication and coordination of care with mental health and physical health; monitoring access and service delivery; client advocacy and linkages to physical and mental health care, and some transportation, when medically necessary. All case management services are consistent with and not violate confidentiality of alcohol or drug clients as set forth in 42 CFR, Part 2, and California law, and the Health Insurance Portability and Accountability Act (HIPAA).

Case management services are provided at the SBCBH outpatient clinic, county locations, hospitals, health centers and other community-based sites appropriate for providing these services to the beneficiary. Services may also be home-based, if deemed clinically appropriate. Case management services may be provided face-to-face, by telephone, or by telehealth with the beneficiary by a LPHA, certified counselor, or SBCBH Recovery Coach/Care Managers. Client to case manager ratios will vary depending on the complexity of client needs. For example, it is expected that intensive services will have case manager / client ratios of approximately 1-25 and 1-75 for less intensive services.

Physician Consultation services include consultation provided to DMC physicians by addiction trained physicians to provide expert advice on treatment planning and service delivery for DMC-ODS beneficiaries. SBCBH physicians will be available to consult with addiction medicine physicians, addiction psychiatrist, clinical pharmacists, and/or local FQHC staff regarding a beneficiary's health and wellness. Physician consultation services are designed to assist DMC physicians with seeking expert advice on designing treatment plans and supporting DMC providers with complex cases which may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. SBCBH intends to contract with at least one physician, to provide consultation services, which can only be billed by and reimbursed to DMC providers. SBC may use existing staff, or contract with addiction medicine physicians, addiction psychiatrists, or clinical pharmacists to provide consultation services.

Recovery Residences are safe, clean, sober, residential environments that promote individual recovery through positive peer group interactions among house members and staff. Recovery residences are affordable, alcohol and drug free, and allow the house members or residents to continue to develop their individual recovery plans and to become self-supporting.

SBCBH offers Sober Living Environment (SLE) residences in collaboration with probation, child welfare, and law enforcement. Recovery Residences (RR) are available for beneficiaries who require housing assistance in order to support their health, wellness, and recovery. There is no formal treatment provided at these facilities; however, residents are required to actively participate in outpatient treatment and/or recovery supports during their stay. There is no predetermined maximum length of stay. The County is developing standards for contracted RR

providers and will monitor to these standards. These services are not reimbursable through Medi-Cal.

These SLE are Recovery Residences for eligible AB 109 criminal justice involved populations, and other members of the community. San Benito SBCBH expects to expand this service to Medi-Cal beneficiaries who meet medical necessity for this level of service and are concurrently engaged in DMC-ODS services by the end of Implementation Year 4. Criteria may change pending additional guidance on use of the SAPT Block Grant from SAMHSA and DHCS. To be eligible, prospective providers and must adhere to the San Benito County Behavioral Health guidelines for SLEs.

Change and Expansion of Services

SBCBH may expand both required and optional services throughout the five-year demonstration period. Although all of the required services will be in place across the 5-year implementation (pending DHCS Provider Enrollment Division DMC certification application approval), SBCBH will monitor utilization, penetration rates, and access to services in an ongoing manner to identify any areas of service expansion and ensure network adequacy.

Barriers to Implementation/Delivery of Services

SBCBH anticipates that there are several barriers to delivering DMC-ODS services in this rural county: 1) There are a limited number of trained staff, at all levels of care, to deliver the required array of services; 2) The current allocation to SBCBH is very small, even in comparison to other rural counties with a similar population. When costs exceed the allocation, it will be difficult to meet the mandated obligation; 3) There are a number of start-up costs related to training staff and expanding facilities to accommodate expanded services; and 4) limited funds reduce the availability of court mandates and/or incentives to help motivate clients to remain in treatment. Potential solutions to these barriers include 1) providing training to staff on evidence-based practices to ensure improved outcomes; 2) as we deliver DMC/ODS services, our allocation will be increased to help us continue to expand and improve services; 3) We will utilize free training offered by the state and contract agencies to help defray the costs of training staff and expanding services; 4) We will look for creative ways to motivate clients by partnering with other agencies and/or utilizing other funding sources, whenever possible, to support the goals of the DMC/ODS program.

Another challenge is the recruitment and retention of qualified bilingual (English and Spanish) staff. Potential strategies to address this barrier include offering recruitment incentives, such as higher salaries for bilingual staff, opportunities for providing supervision for intern hours, and offering partial reimbursement of related tuition expenses.

Shifting to a managed care system of care, expanded quality improvement activities, authorization and evaluation of cost effectiveness of services, will take careful planning, stakeholder input, development of policies and procedures, and ongoing evaluation activities.

There are also barriers to offering a number of the services within the DMC-ODS continuum of care. These barriers include start-up costs associated with starting new facilities; facility building/remodeling challenges, including zoning; hiring and retaining qualified staff, particularly those able to meet threshold languages needs; and beneficiary transportation barriers

to access out-of-county services. It is also difficult to find providers who offer the appropriate level of ASAM services, with the ability to serve new clients who are out-of-county, and to find transportation for these clients, when they get admitted. In addition, there are very few youth residential programs that serve adolescents under the age of 18 years. We will continue to coordinate and collaborate with partner programs and agencies to meet the needs of the DMC/OCS program. We continue to strive to hire bilingual, bicultural staff to expand our capacity to deliver services in the individual's primary language as well as provide culturally relevant services to family members.

Also, the required amount of monitoring required by DHCS is difficult to meet and achieve for rural counties, with a very limited number of staff. The time required to respond to the multiple audits and reviews takes valuable time away from delivering quality treatment services. We will strive to be efficient in responding to the requirements of the state to focus our resources in delivering quality and accessible services to our community.

Coordination with Other Counties

SBCBH has established strong relationships with surrounding counties' substance use service divisions through state-level associations and Bay Area collaborations. We periodically meet to discuss service models and best practices which have helped to develop a foundation of coordination to ensure access for beneficiaries and identify cross-county services to help prevent disruption of services. SBCBH will coordinate with neighboring counties, whether opt-in or opt out, to ensure beneficiaries can access services easily and quickly. We will work together as a region to develop and deliver a comprehensive network of services to meet the needs of clients (e.g. residential treatment). We will also refer clients to the larger, surrounding counties who offer specialized SUD services, for example MAT, opioid treatment, and NTP, when medically necessary.

Disruption in services is not expected to be an issue as out-of-county beneficiaries can still access State Plan DMC benefits. Should there be instances when out-of-county beneficiaries receive non-State Plan benefits, San Benito County has a longstanding history of working collaboratively with neighboring counties, and is committed to coordinating care, establishing contracts, and/or engaging in other strategies to ensure there is no disruption in services.

Continuity of Care

It is our value to provide timely, accessible, individualized care to each individual, based upon need, medical necessity, and availability of services. Services will be provided in San Benito County, whenever possible, or in adjacent counties, to encourage families to be actively involved in services and recovery activities. Case management services are available to help support individuals throughout treatment and relapse prevention services. Individuals will be linked to recovery services and activities and support them to develop a recovery-based plan, such as a WRAP to help prevent relapse and engage support persons in their lives. Individuals will be encouraged to "drop in" and participate in ongoing relapse prevention services at our Esperanza Center at any time needed.

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

County Structure to Deliver Substance Use and Mental Health Services

SBCBH has provided a co-occurring program for over the past 15 years. There are both SUD treatment staff and MH staff in the program. The SBCBH program provides treatment to youth and adults with co-occurring mental health and substance use disorders. In addition, SBCBH works closely with Adult Drug Court program in our county.

Specialty Mental Health Services, serving adults with serious and persistent mental illness and youth with severe emotional disturbances, are managed by SBCBH. In addition, SBCBH provides some mental health services to individuals with mild to moderate mental health issues, to meet the needs of individuals in this rural community.

In order to coordinate mental health services for beneficiaries with co-occurring disorders, SBCBH currently is utilizing, or plans to utilize within Implementation Year 1, the following strategies:

- Integrated BH Access Line: In 2017, substance use access functions will be integrated with the existing 24/7 Mental Health Access Line. The 24/7 line will be available to all behavioral health clients as a crisis line. Integration of information, screening, assessment and referral services provides the opportunity to identify co-occurring disorders at a service system entry point and ensure that appropriate releases are signed to begin the care coordination plan for SBCBH, designated to be responsible for managing the needs of clients.
- MOU with Medi-Cal Managed Care: Implement the screening, referral and care coordination activities outlined in the MOU between SBCBH and Anthem Blue Cross.
- Case Management: For all beneficiaries in the DMC-ODS, case management services will be available to ensure and facilitate, as needed, coordination with mental health services. Case management services will be managed by SBCBH and will be provided by a combination of SBCBH staff, and contracted DMC-ODS providers.

SBCBH contracts with DMC-ODS providers will include a series of care coordination requirements including, but not limited to:

- Screening and assessment procedures and tools to identify mental health, physical health and substance use disorders
- Written procedures for linking beneficiaries with mental health services, which can include a referral to SBCBH Access for an assessment and authorization for Specialty Mental Health Services.
- Written procedures for coordinating care.

Quality Improvement (QI) requirements will be monitored through monthly QIC meetings. In addition, annual self-audit and site visit processes will be a component of ongoing activities. Services are monitored through our QIC and ongoing analysis of data. The county provides oversight of services to ensure timely access to care and determining if providers are linking clients to community services.

SBCBH coordinates services between programs for individuals with co-occurring disorders and ensure providers remain in regular communication with one another. All HIPPA and 42 CFR

part 23 requirements are met, utilizing the new regulations.

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?

SBCBH and the Health Foundation, an FQHC, have collaborated and shared resources over the past ten years. It has been the value of both agencies to coordinate care to help improve services to our local community. The Health Foundation will be available to help meet the DMC-ODS requirements, including providing physicals as well as helping to address both chronic health conditions and dental needs. SBCBH will provide some case management to help clients access physical health care services.

In addition, SBCBH collaborates with the local Hazel Hawkins Hospital, a general hospital with an ED. SBCBH and ED staff work closely to assess and evaluate individuals experiencing severely acute psychiatric symptoms, including those with SUD crisis situations. All persons needing psychiatric hospitalization are transported to an available psychiatric hospital in the region.

In order to coordinate physical health services within the Waiver, SBCBH will not only implement the screening, referral, and care coordination activities outlined in the MOU between SBCBH and Anthem, but also for all beneficiaries in the DMC-ODS.

In the SBCBH adult and children systems of care, the client intake and admission process includes a general health evaluation that is integrated into the ASI assessment. SBCBH staff facilitate integrated care coordination by linking clients to appropriate physical health care services; the care coordination process varies depending on individual needs but generally includes linkage with the San Benito Health Foundation to identify a medical provider, support in accessing a health care clinic, and provided transportation to appointments, as needed.

DMC-ODS residential treatment facilities contracting with SBCBH are required to provide a physical examination to clients no later than 7 days post-admission; the examinations are provided by the facility medical director and are documented in the client chart. If a client is in need of specialized medical services, program staff assists with linkage to a local medical specialist and provide transportation to and from the physician's office.

Upon admission to outpatient and residential substance use treatment programs, clients receive information about physical health care including contact information and resources to primary care, prevention, and treatment of sexually transmitted diseases, and HIV/AIDS prevention and testing. SBCBH will monitor these requirements on a quarterly and annual basis.

SBCBH has procedures and practices in place regarding the timeliness and frequency of communication to and from referring and receiving organizations in our larger system of care. This process includes communication that a referral was received; communication that a client has begun treatment; ongoing communication regarding shared cases; and notification when a client has concluded treatment. These practices will be expanded to include new providers and services upon implementation of the DMC-ODS Plan.

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.

The challenges currently anticipated are ensuring that all physical and mental health partners and beneficiaries understand the requirements related to 42 CFR, Part 2 and that procedures and forms are updated to effectively enable the communication necessary for effective care coordination, shared plan development, and collaborative treatment planning. This collaboration is particularly difficult because Behavioral Health and physical health providers use separate electronic health records. While partners are committed to participating in integrated and collaborative services, and substance use treatment providers already have 42 CFR, Part 2 protections implemented, the infrastructure is currently not in place for all partners and may require technical assistance during the initial implementation period.

Comprehensive Screening

The San Benito Health Foundation and Hazel Hawkins Hospital conduct SPIRIT screenings for individuals accessing health care services. SBCBH supports these organizations as well as private providers to implement SBIRT in San Benito County. SBCBH also provides information on how to refer individuals needing SUD treatment and how to link individuals to SUD treatment services in San Benito County.

Collaborative Treatment Planning with Managed Care

There is also a need to collaborate with the Managed Care Plan in San Benito County to conduct SBIRT and develop an MOU. All other assessment activities will be completed by SBCBH and/or contract SUD providers.

Care Coordination and Effective Communication across Providers

With the implementation of the full continuum of care of the DMC-ODS and the emphasis on levels of care based on ASAM criteria, there will be an expectation and need for care coordination. We anticipate some challenges during the initial implementation and SBCBH will be working closely with providers to identify obstacles and develop improvements. SBCBH will also evaluate grievances to determine if beneficiaries are experiencing any negative repercussions due to problems with care coordination. SBCBH may seek technical assistance to improve care coordination to address any outstanding issues.

Navigation Support for Clients and Caregivers

The development and expansion of case management and recovery services, will significantly improve our system in assisting clients to recover. Technical assistance in providing and integrating recovery support services throughout the service delivery system would be helpful. Also, identifying opportunities to maximize Medi-Cal reimbursement would be valuable.

Facilitation and Tracking of Referrals

Referrals and service delivery are tracked and coordinated with the SBCBH EHR – Cerner Behavioral Health Solutions (Anasazi). To facilitate access to care, services, and outcomes, SBCBH will develop a QI system to evaluate the length of time to services for new beneficiaries, the amount and type of physical and BH services received, and linkage to needed services. This analysis of referrals and services will be shared across agencies to help continually improve services.

8. **Availability of Services.** Describe how the county will ensure access to all service modalities. Describe the county's efforts to ensure network adequacy. Describe how the county will establish and maintain the network by addressing the following:
    - The anticipated number of Medi-Cal clients.
    - The expected utilization of services.
    - The numbers and types of providers required to furnish the contracted Medi-Cal services
    - Hours of operation of providers.
    - Language capability for the county threshold languages
    - Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access afterhours care, and the frequency of follow-up appointments in accordance with individual treatment plans.
    - The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities and transportation options.
    - How will the county 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

San Benito County had approximately 14,149 Medi-Cal beneficiaries in 2014, according to the BHS EQRO Report. The 2008-2010 National Survey of Drug Use and Health, 2013 American Community Survey, estimates up to 14.2% of the Medicaid population meets the diagnostic criteria for a substance use disorder, while the California DHCS Behavioral Health Needs Assessment, Vol. 2 2013, page 30, estimates 10.3% of the population meets criteria for a SUD. For the purpose of determining prevalence rates and projecting utilization moving forward, SBCBH will use the mean average of both the federal and state estimates, which equates to 12.25%. Applying this prevalence rate to San Benito County's Medi-Cal beneficiary pool, SBCBH projects 1,734 Medi-Cal beneficiaries have an SUD and could benefit from some level of SUD treatment.

The expected utilization of services by service type

Table 3 shows the Average Monthly Unduplicated Medi-Cal Beneficiaries and the San Benito County Population for FY 2010/2011 through FY 2019/2020. Numbers for FY 2014/2015 through 2019/2020 are projected based on the numbers for FY 2010/2011 through FY 2013/2014.

Table 3: San Benito County Medi-Cal Beneficiaries and Population FY 10/11 to FY 19/20

Fiscal Year	Average Monthly Unduplicated Medi-Cal Beneficiaries	Medi-Cal Beneficiary % Increase	San Benito County Population	Population % Increase
FY 2010/2011	10,263	-	54,492	-
FY 2011/2012	10,846	5.68%	54,873	0.70%
FY 2012/2013	11,631	7.24%	55,467	1.08%
FY 2013/2014	14,149	21.65%	56,115	1.17%
FY 2014/2015 (Projected) *	15,896	12.34%	56,888	1.38%
FY 2015/2016 (Projected) *	17,858	12.34%	57,557	1.18%
FY 2016/2017 (Projected) *	20,062	12.34%	59,414	3.23%
FY 2017/2018 (Projected) *	22,538	12.34%	59,999	0.99%
FY 2018/2019 (Projected) *	25,320	12.34%	60,590	0.99%
FY 2019/2020 (Projected) *	28,446	12.34%	61,187	0.99%

*Projected % increase is the mean % increase for FY 2011/2012, FY 2012/2013, and FY 2013/2014.

Table 4 shows Residential Referrals, Withdrawal services, Outpatients services, Estimated Beneficiaries with an SUD, and Average Monthly Unduplicated Medi-Cal Beneficiaries for FY 2015/2016 through FY 2019/2020. Numbers for FY 2017/2018 through 2019/2020 are projected based on the numbers for FY 2015/2016 through FY 2016/2017.

Table 4: San Benito County SUD Services FY 2015/2016 to FY 2019/2020

Fiscal Year	Residential Referrals	Withdrawal	Outpatient	Estimated Beneficiaries with an SUD	Average Monthly Unduplicated Medi-Cal Beneficiaries
FY 2015/2016	10	0	324	2188	17,858
FY 2016/2017	23	0	218	2458	20,062
FY 2017/2018 (Projected) *	20	5	322	2761	22,538
FY 2018/2019 (Projected) *	22	10	362	3102	25,320
FY 2019/2020 (Projected) *	25	20	407	3485	28,446

*Projected Residential Referrals and Outpatient services are based on the proportion of people receiving each service out of the Estimated Beneficiaries with and SUD in FY 15/16 and FY 16/17. Projected Withdrawal services are estimated from data from other rural counties that have access to these, or similar, services.

The population of San Benito County was 57,557 in 2015. San Benito County's general population in 2015 (US Census) was 38.3% Caucasian and 56.4% Hispanic. The census data also shows that 35% of the population speak a language other than English at home (Spanish).

Projected Language Needs

The threshold languages for San Benito County is Spanish, which accounts for the primary language reported by 35% of Medi-Cal beneficiaries. Based on an analysis of census data, 35% report Spanish being their primary language. It is anticipated that approximately 10% of the Hispanic population are monolingual Spanish speakers. As such, all DMC-ODS providers will be required to offer services in Spanish, either through hiring bilingual staff or having access to oral interpreter services. SBCBH also will ensure that at a minimum, Outpatient and **Intensive Outpatient** services are delivered by county and/or contract providers and available for individuals who are either monolingual Spanish-speaking or bi/multilingual, with a preference for services to be provided in their primary language. SBCBH will ensure that all written information is available in English and Spanish, our two threshold languages identified by the state. We will ensure beneficiaries are notified of the availability of free oral interpretation services and how to access those services.

Projected Geographic Distribution of Beneficiaries and Services

Based on an analysis of current San Benito County Medi-Cal beneficiaries, the majority live in Hollister. Hollister has the highest percentage of Medi-Cal beneficiaries. SBC does not have distinct geographic regions.

Number and Types of Providers to Furnish Services

SBCBH is the primary provider in the county and offers services to persons with disabilities. In order to provide the capacity necessary to furnish services, as well as provide client choice and access to services in the beneficiary's primary language, SBCBH will offer services through both County-operated and contracted providers, in the county and regionally. Services will be expanded as deemed necessary through ongoing analyses of beneficiary needs and service utilization to ensure ongoing network adequacy. As shown in the table above, our current capacity is approximately 322 individuals per year. It is estimated that our program will need to serve 407 individuals in FY 2019/20. This expansion will require that we hire two additional staff, or divert staff from other existing programs to meet the needs of the DMC/ODS. With the expansion of these Medi-Cal services, additional persons needing services, and related funding, we anticipate that we will be able to hire these additional staff to meet the need.

Hours of Operation

SUD outpatient and contracted services 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). A contract with an NTP provider will be consistent with other NTP providers. For example: M-F, 6:00 AM-2:30 PM, Sat-Sun-Holidays, 7am-10am.

Timeliness of Services

The SBCBH Access Line and DMC-ODS service providers are committed to timely access to services. The following timeliness standards will be reflected in the QI Plan and service provider contracts, as applicable:

- First Face-to-Face Visit: Within 10 business days of the request
- Emergent/Urgent Conditions: Within two hours of the request
- Access to Afterhours Care: Afterhours access is available 24/7 and provided by the SBCBH Access Line (1-831-636-4020) during business hours and the Crisis Support Services of Alameda County after hours and holidays. Persons in crisis will be assessed by crisis workers. Others will be referred to outpatient services.
- Frequency of follow-up appointments in accordance with individualized treatment Plans

Outpatient Services accounted for 98.5% of the total treatment admissions in 2016/2017; the average length of stay was 90 days. The length of stay for outpatient series is not expected to increase during implementation of the DMC-ODS. Intensive Outpatient DMC services are not currently available in SBCBH. Regional providers will be identified and receive contracts to offer IOP services. Historical data related to IOP services previously offered to beneficiaries is unavailable. 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 clients in need of intensive outpatient treatment will represent a percentage of those clients who enter outpatient services and those who are initially considered for placement in residential services.

Withdrawal Management is not currently available in SBCBH. Regional providers will be identified and receive contracts to offer Withdrawal Management services. Historical data related to Withdrawal Management services previously offered to beneficiaries is unavailable. 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 anticipated that utilization rates for withdrawal management will increase in the future with the availability of the service. SBCBH will identify regional providers who provide this level of service, and develop a contract for services, during the first year of system implementation.

Narcotic Treatment Programs are not currently available in SBCBH. Regional providers will be identified and receive contracts to offer NTP. It is anticipated that service utilization rates for methadone maintenance will increase with the availability of this service.

Residential Treatment accounted for $77,844.04 in 2016/2017 with an average length of stay of 69 days for each admission. 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 (e.g., perinatal or post-partum clients), may have no alternative but to participate in outpatient services.

In addition, recovery residences are unavailable in San Benito County and limited within the region. This lack of resources 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 developed and a greater number of beneficiaries are identified as eligible for residential treatment, utilization levels will increase.

Recovery Services are not currently provided within San Benito County's SUD treatment system and there is no historical data to estimate utilization rates. It is estimated that approximately 20% of beneficiaries will access Recovery Services during FY 2017/18.

Case Management Services are provided by SBCBH on a limited basis to SUD clients. There is very little historical information to estimate current utilization rates. SBCBH provides some case management support to clients during the intake, assessment, and placement process. However, this service is short-term. The case management services that occur during a transition in care will be collaborative, and SUD providers will be responsible for ensuring that the transition between services is successful. Beneficiaries receiving SBCBH system of care services may receive ongoing support from a case manager for several months or years. It is estimated that 70% of beneficiaries will require some level of case management service throughout treatment.

Physician Consultation Services are designed to assist DMC physicians with seeking expert advice on designing treatment plans and supporting DMC providers with complex cases, which may address medication selection, dosing, side effect management, adherence, drug-to-drug interactions, or level of care considerations. These services provide brief consultation with primary care physicians who are treating patients for SUD conditions. SBCBH will identify expert resources (addiction medicine physician, or addiction psychiatrist, or clinical pharmacist) in the region to provide consultation, as needed. All requests for physician consultation will be coordinated through SBCBH. It is anticipated that the projected number of requests for consultation will be minimal.

Service Gaps and Access to MAT

SBCBH regularly monitors utilization of and trends in substance use services to identify service gaps. To address the identified service gaps, SBCBH has and will continue to shift and expand services by reallocating resources between services, as applicable, and soliciting new providers or services through contracts and/or Request for Proposal (RFP) processes.

SBCBH will continue to contract with regional providers for the majority of substance use treatment services and expect individuals receiving MAT services through a regional provider will have full access to DMC SUD services. DMC funded regional residential treatment providers will be able to provide social withdrawal management services. SBCBH will routinely monitor all service providers to ensure the provision of high quality and clinically appropriate services, and ensure that all treatment and documentation are in compliance with Federal, State, and local regulations and policies. Table 2 (shown previously) shows the list of required and optional DMC-ODS services that San Benito County intends to provide, as well as the Medi-Cal Fee-for-Services (FFS) Managed Care services which will be managed by SBCBH. Contracts with regional residential treatment providers will include language to ensure the MAT services are available and people with MAT can be in residential treatment and continue to receive these treatment services.

Currently there are no NTP treatment providers in San Benito County. SBCBH will contract with a regional NTP treatment provider(s) to provide this level of services and evaluate the possibility of creating a satellite medication unit with one of the regional NTP providers.

9. **Access to Services:** In accordance with 42 CFR 438.206, describe how the County will assure the following:
    - Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.
    - Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.
    - Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
    - Establish mechanisms to ensure that network providers comply with the timely access requirements.
    - Monitor network providers regularly to determine compliance with timely access requirements.
    - Take corrective action if there is a failure to comply with timely access requirements

SBCBH has a well-established SUD outpatient program. Expansion of SUD services will be an opportunity with implementation of the DMC-ODS program. Maintaining, as well as increasing, the current availability of SUD services is vital to the enhancement of sustainable recovery rates for beneficiaries in San Benito County. Equally important is the treatment system's ability to assure that the specific needs of each client are met in a timely manner. SBCBH will work closely with SUD treatment providers in the region to expand services to meet client needs. Contracts with these regional providers will outline responsibilities for compliance with following standard of care requirements and will assure compliance with applicable access to care requirements:

Contracts for DMC-ODS Services

SBCBH will include language in DMC-ODS contracts outlining: timely access to care requirements and performance standards, taking into account the urgency of need for services; requiring hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation in which the provider offers services to non-Medi-Cal beneficiaries; and providing directly or through referral access to services 24 hours a day, 7 days a week, when medically necessary. Contracts currently also require all DMC providers to have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop regarding waiting times and appointments. All contracts will specify that DMC will be "payment in full" for SUD services.

Timely Access to Care

Between the hours of 8am-5pm, Monday through Friday, calls made to the toll-free Access Line are answered by bilingual clerical staff who will forward the caller to an SUD staff for triage and an initial screening. This triage and 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, and it is a routine request for services, an appointment is scheduled within 7-10 business days for an orientation meeting and/or intake assessment with SBCBH or SUD treatment provider.

During business hours, if the caller requires an immediate emergency response, SBCBH SUD personnel will call 9-1-1 for assistance, or utilize the officer of the day, to respond. SBCBH SUD providers will develop and implement emergency protocols for managing urgent situations involving DMC- ODS beneficiaries.

If the caller requires a higher level of care, SUD and/or Crisis Staff will support the individual to access the most appropriate treatment services. Timely access to engage and enroll the individual to the appropriate level of care will be assessed. If an outpatient drug-free and intensive outpatient regional provider is unable to comply with the timeliness access standards, the provider will be required to write a plan of correction that demonstrates actions the provider will take to improve timeliness standards.

Calls placed after regular business hours, on weekends, and holidays are answered by the Crisis Support Services of Alameda County. In an emergency or crisis situation, the crisis line will take appropriate measures to address the situation, including requesting assistance from local law enforcement. All other calls will be triaged and secure electronic information will be sent the following business day. For beneficiaries who present directly to treatment provider facilities, an initial screening will be completed and the client will be linked to SBCBH Access within 24 hours, or the next business day, to complete a co-occurring disorder screening. If the provider site is unable to accommodate the beneficiary, an alternate referral to an SUD provider will be made prior to placing the individual on a waitlist. For urgent SUD treatment needs/situations, expedited appointments and/or appropriate referrals will be made, whenever possible.

Service Availability 24/7, when Medically Necessary

DMC beneficiaries who need after-hours emergency medical and/or withdrawal management services will be referred directly to the Emergency Room at Hazel Hawkins Hospital. Beneficiaries who need emergency psychiatric services will be referred directly to the Crisis Team for assessment and possible placement in psychiatric inpatient hospital.

Monitoring Quality and Compliance of DMC-ODS Services

In addition to the annual monitoring process, which includes issuing a Self-Audit for providers to complete, SBCBH will also review applicable policies and procedures, and review service utilization practices to ensure timely access and quality of care. SBCBH and the contract host county will coordinate efforts to ensure ongoing compliance monitoring and quality assurance activities are conducted in a timely manner, including, but not limited to: reviewing County-operated and network provider systems for documenting timely access to care; collecting and analyzing timely access to care data via monthly utilization reviews, and review of the SBCBH Access Log data; and performing test calls monthly to the SBCBH Access Line.

In the event of non-compliance with timely access to care requirements, SBCBH will offer technical assistance to adhere to the requirements. SBCBH will also issue a written report documenting the non-compliance and require a Corrective Action Plan be submitted to the County.

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.*

SBCBH recognizes the need for comprehensive training which includes policies and procedures and extensive ongoing practices that will integrate substance use and treatment knowledge into daily activities of SBCBH and partner agency staff. SBCBH will provide a variety of optional trainings throughout the year through its MHSA Workforce Education and Training program, all of which will be available to DMC-ODS service providers, as applicable. Some trainings will be provided by county staff, and other trainings will be delivered by local, regional, and/or statewide trainers. Some trainings will be offered by local or regional providers. Some trainings will be mandatory. County staff and contract service providers will be required to have staff attend training on at least two of the following evidence-based practices each year:

- Motivational Interviewing (required)
- Relapse Prevention (required)
- Trauma-Focused Care (required)
- Co-occurring disorder treatment (required)
- Cognitive Behavioral Therapy (required)
- Matrix Recovery Model (optional)
- Parenting Under Stress (periodically)
- Seeking Safety (periodically)
- Thinking for a Change (periodically)
- Strengthening Families (periodically)

In addition, training regarding Introduction to ASAM and ASI; confidentiality under 42 CFR, HIPAA, and Compliance; Title 22; and Med-Cal documentation training will be required at the time of employment, and annual updates.

The SBCBH QI Supervisor, or designee, will be responsible for organizing and developing the training schedule for SBCBH staff, which will include training in the curriculum areas mentioned above. A train-the-trainer model will be utilized to develop capacity throughout the organization, whenever possible. We will also take advantage of regional trainings for staff, when available.

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

SBCBH requests technical assistance from DHCS on the following:

- Financial/Rate Structuring: specific guidance regarding rate setting, development of system for billing/claiming DMC-ODS services, sample of cost report template(s).
- ASAM Training: including use of brief screening tools and application of criteria to clinical practice.
- Certification Process: Assistance in streamlining existing process of DMC applications/certification for DMC-ODS services. This would include the application review process for Residential and Withdrawal Management services.
- Key components in MOU with Anthem to provide SBIRT training.

- Coordination with Anthem to encourage primary care providers to collect SBIRT.
- Fidelity to Evidence Based Practices: Assistance with providing any validated tools for assessing fidelity to the evidence based practices identified in the STCs.
- 42 CFR Release of Information forms and regulations

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 language.

    Review Note: Plans must also include how beneficiary complaints data shall be collected, categorized, and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:
    - *How to submit a grievance, appeal, and state fair hearing*
    - *The timeframe for resolution of appeals (including expedited appeal)*
    - *The content of an appeal resolution*
    - *Record Keeping*
    - *Continuation of Benefits*
    - *Requirements of state fair hearings.*

SBCBH has a comprehensive QI program that include quality management and improvement activities. The QI program is responsible for monitoring mental health and substance use disorder service compliance. The SBCBH QI Supervisor is responsible for providing oversight and monitoring for the program. Other supervisors and administrative staff support these efforts. QI activities include but are not limited to conducting ongoing quality assurance activities, including data collection, reporting and analysis, contract monitoring, ongoing utilization review, and using information gathered throughout these processes for the purposes of continuous quality improvement. In addition, the QI Supervisor provides oversight to the beneficiary resolution and compliance activities. These QI activities are outlined below.

Beneficiaries will be assessed for medical necessity and ASAM Criteria Placement through either the SBCBH Access Line or directly with ASAM-trained DMC-ODS service providers.

The ASI and ASAM assessments will be conducted by LPHAs, or by certified/registered alcohol and drug counselors and reviewed and approved by an LPHA. Staff conducting the ASAM criteria assessments must, at a minimum, complete ASAM training from an approved ASAM training/provider and provide evidence of successful completion of these courses, prior to claiming for assessment services. Logs will be maintained at the provider level of all staff training activities. These logs will be reviewed by the BH SUD Program Manager and/or QI Supervisor or designee.

The QI Supervisor, or designee, ensures that clients meet medical necessity service criteria and are efficiently placed within the appropriate level of care throughout the system. The Utilization Management process will involve reviewing client records and documenting compliance to the following criteria: state and federal regulations governing the provision of substance use disorder treatment services, and state and federal regulations governing staff providing these services, establishing and evaluating medical necessity for all participants, reviewing treatment plans and providing updates as needed, assessing participant progress and reviewing ASAM placement criteria to determine appropriate level of care. Timely access to care is monitored at least quarterly.

Calls placed after regular business hours, on a holiday or during the weekend are answered by the Crisis Support Services of Alameda County. In an emergency or crisis situation, the Crisis Center will triage the call and take appropriate measures to address the situation, including requesting assistance from local law enforcement. All other calls will be triaged and secure electronic information will be sent the next business day for follow-up.

For individuals who are in the ED and in a crisis that is related to substance use, the SBCBH Crisis Workers will meet face-to-face with the person who is in crisis, in the ED of the local hospital, when appropriate, and assess for initial medical necessity. In the ED, all individuals will be medically cleared.

SBCBH Crisis Workers respond to all calls to the crisis line during business hours and the Crisis Support Services of Alameda County after hours and holidays. When needed, individuals are seen at the local ED to assess for the need for psychiatric inpatient services. ED staff provide medical clearance to all persons presenting in crisis.

SBCBH staff also performs monthly monitoring of quality and compliance standards, including, but not limited to: accurate and timely submission of required CalOMS data; Anasazi/Cerner reporting; accurate and timely claims submission; and changes in key staffing or other events that may trigger re-certification.

SBCBH will collaborate with host counties during the certification of newly contracted DMC/ODS organizational providers by piggybacking onto the host-county's certification, whenever possible.

As outlined in all contract agreements with substance use providers within the county, SBCBH performs in-depth formal contract monitoring at least annually, which includes issuing a Self-Audit for providers to complete and conducting an onsite review of each program. This

monitoring includes a comprehensive review of compliance with SAPT, DMC and other funding source requirements, review of a sample of client charts and personnel files, and review of policies and procedures.

With DMC-ODS Waiver implementation, SBCBH staff also will be performing a utilization review on a monthly basis prior to payment of services for all new beneficiary admissions to treatment. Staff will review documentation demonstrating that the beneficiary meets medical necessity criteria, is in the appropriate ASAM level of care, and that the interventions are appropriate for the diagnosis(es) and level of care.

The DMC-ODS Quality Improvement Plan and QIC are integrating with the existing Mental Health Plan Quality Improvement Plan and QIC. The Quality Improvement Plan goals initially will focus on establishing baseline measures and performance standards, and developing the infrastructure necessary to track and report on data related to timeliness, access to and quality of care, client outcomes, beneficiary satisfaction, integration with mental and physical health and other CFR 438 requirements related to network adequacy and beneficiary protections. Activities will include training providers on the required activities, including posting of informing materials, access to Patient Rights, Notices of Adverse Benefit Determination (NOAs), etc. County staff will monitor providers to ensure they meet 438 standards.

The QI Program will develop a collaborative DMC-ODS Quality Improvement process with other SUD treatment providers. The QI Committee meets to review a sample of client files and assess overall compliance to treatment provision standards. The standards to be reviewed include: timeliness of access and placement services, adherence to CLAS guidelines, medical necessity, use of evidence-based practices, coordination of physical/mental health services, developing corrective action plans, and a progressive plan for managing non-compliance.

The QIC will review at minimum the following data on a quarterly basis:

- Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment;
- Responsiveness of the 24/7 telephone access line in English and Spanish
- Access to DMC-ODS services with translation services in in English and Spanish;
- Number, percentage of denied and time period of authorization requests approved or denied;
- Timeliness of services of the first dose of NTP services;
- Strategies to reduce avoidable hospitalizations; and
- Continuation of Benefits

SBCBH will expand the existing QI Plan goals and objectives to include activities to monitor DMC-ODS implementation activities to ensure access to services by:

- Recording appointments system-wide using the call log and appointment scheduler feature in the EHR as a uniform method of evaluating no-show rates and measuring timely access to services;
- Reviewing access for admission availability for treatment programs;

- Implementing screening tools for use at access points that are specific to substance use and training Crisis Workers to expedite the screen and assessment process and improve accuracy;
- Utilizing data collection to measure timeliness of first initial contact to face-to-face appointments and to measure timeliness of services of first dose of NTP services; this will include measuring the frequency of follow-up appointments in accordance with individualized treatment plans;
- Conducting reviews of the 24/7 access line response rate for individuals seeking substance use treatment and establish an after-hours call service protocol;
- Measuring inpatient re- admission rates so that an increased number of patients diagnosed with co-occurring disorders receive linkage and referral to alcohol and substance use treatment to prevent re-admission to the hospital; reviewing collaborative efforts between SBCBH and primary care clinic staff to identify clients at risk for hospitalization;
- The QI activities will monitor accessibility of services and include: Coordination of physical health services with Waiver services at the provider level.
- Reviewing trends including grievances and change of clinician forms and identify areas of DMC-ODS implementation that are in need of improvement; and increasing the engagement of equitable distribution of services to Spanish-speaking clients and ensure that AOD providers and SBCBH staff are meeting linguistic accessibility standards; and
- Facilitating SUD provider contract compliance reviews; and monitoring existing contracts to ensure that clients receive assistance with the Medi-Cal application process and the continuation of benefits

Problem Resolution Process

SBCBH is committed to providing solutions to problems and concerns that beneficiaries may encounter during the course of receiving treatment. Clients will not be subjected to discrimination, intimidation, or any other retaliation for expressing concerns, filing a grievance, or an appeal.

- <u>Grievances</u>
  - A Grievance is an expression of dissatisfaction about any matter other than an Adverse Benefit Determination. Grievances may include, but are not limited to, the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, and the beneficiary's right to dispute an extension of time proposed by SBCBH to make an authorization decision.
    - A complaint is the same as a Grievance. When SBCBH is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.
    - An inquiry is a request for information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, benefits, or other MCP processes.
    - A grievance may be filed at any time when a beneficiary is unhappy or dissatisfied with the mental health plan. Grievances may be filed by writing, calling, or visiting the SBCBH QI department. The beneficiary will receive written confirmation from SBCBH that the grievance was received and a decision will be made within 60 calendar days from the date the grievance is filed.

- Notices of Adverse Benefit Determination (NOA)
  - Notice of Adverse Benefit Determination (NOAs) are issued by SBCBH when SBCBH does one of the following actions:
    - The denial or limited authorization of a requested service, including determinations based on the type or level of service, medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
    - The reduction, suspension, or termination of a previously authorized service.
    - The denial, in whole, or in part, of payment for a service.
    - The failure to provide services in a timely manner.
    - The failure to act within the required timeframes for standard resolution of Grievances and Appeals.
    - For a resident of a rural area with only one managed care plan, the denial of the beneficiary's request to obtain services outside the network.
    - The denial of a beneficiary's request to dispute financial liability.
  - The NOA form provides the specific reason for the decision; rights of the beneficiary; and information about the appeal and state fair hearing processes.
  - NOAs are documented in the electronic health record (Cerner) and stored on-site.

- Appeals
  - An Appeal may be filed in response to an action done by SBCBH, as noted above. Appeals must be filed within 90 days from the date the action or decision was taken, usually indicated by the date on the NOA.

  - Standard Appeal Process
    An appeal may be filed in writing or orally (over the phone or in person). Appeals filed orally must be followed with a written appeal; the date of the oral appeal is considered the filing date. The mental health plan will send written confirmation to the beneficiary indicating that the appeal was received and is being processed. The mental health plan may take up to 45 calendar days to review a standard appeal.

  - Expedited Appeal Process
    An expedited appeal may be filed orally without the requirement of providing a written follow up. Expedited appeals are requested when the beneficiary believes that waiting 45 days for a decision will jeopardize life, health, or the ability to attain, maintain, or regain maximum psychosocial functioning. If the mental health plan agrees that a request for an expedited appeal meets the above requirements, the appeal will be resolved within three (3) working days from the date the appeal was received. SBCBH will notify the beneficiary and all affected parties orally and in writing of the decision of the appeal request. If the SBCBH decides that the expedited appeal does not meet the requirements, the beneficiary will receive immediate verbal notification and written notification within two (2) calendar days from the date the appeal was received.

SBCBH QI maintains a Grievance and Appeal Log used to record grievances and appeals and their dispositions. A summary report of this log is submitted to DHCS annually.

- State Fair Hearing Process: Clients and stakeholders have a right to request a State Fair Hearing after completing the SBCBH Problem Resolution Process. Clients must exhaust the county Problem Resolution Process before filing for a State Fair Hearing.

  A request form must be completed by the beneficiary and mailed to the California Department of Social Services (CDSS) or the beneficiary may call the toll-free number provided by CDSS. Information about requesting a State Fair Hearing is included on the back of the NOA sent to the beneficiary.

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?

The existing service agreements between SBCBH and SUD treatment providers include general language that refers to substance use regulatory requirements and treatment service specifications. The special terms and conditions of DMC-ODS will need to be incorporated into new service agreements prior to implementation of services, with scope of service language indicating utilization and outcome measurement of at least 2 evidence-based practices (EBPs) during the treatment of beneficiaries with substance use disorder issues.

SBCBH will provide training and technical assistance to staff to ensure consistent use and fidelity to EBPs. Specific protocol and procedure will be developed so that this standard of care can be monitored during quality assurance reviews. Treatment providers use of EBPs will be reviewed by QI staff during annual reviews. If a provider is found to be in non-compliance, SBCBH will offer technical assistance to adhere to requirements, as well as issue a written report documenting the non-compliance and requiring a Corrective Action Plan be submitted to the County.

County staff and contract service providers will be required to have staff attend training on at least two of the following evidence-based practices each year:

- Motivational Interviewing (required)
- Relapse Prevention (required)
- Trauma-Focused Care (required)
- Co-occurring disorder treatment (required)
- Cognitive Behavioral Therapy (required)
- Psycho-Education (required)
- Matrix Recovery Model (optional)
- Parenting Under Stress (periodically)
- Seeking Safety (periodically)
- Thinking for a Change (periodically)
- Strengthening Families (periodically)

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)?

SBCBH is not planning to implement a regional model at this time. SBCBH will coordinate with neighboring counties to ensure that DMC/ODS eligible clients receive medically necessary services based on the appropriate level of care, within resources.

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 4(i) of the STCs. If upon the submission of an implementation plan, the Managed care plan(s) have not signed MOU(s), the county may explain to the State the efforts undertaken to have MOU(s) signed and the expected timeline for receipt of the signed MOU(s).

SBCBH has one managed care health plan, which is Anthem. SBCBH is amending the current MOU with Anthem, to incorporate related provisions from the DMC-ODS STCs. SBCBH has developed and submitted to the managed care plan proposed language for the amended MOU. It is expected that the MOU will be signed by the end of 2017.

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

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

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).

San Benito County utilizes telehealth services through Kings View. These telehealth services are utilized for psychiatric services, including services delivered in Spanish for over five years. Clients are very satisfied with this services, and Spanish speaking clients specifically request to see the bilingual, bicultural Spanish speaking Psychiatrist.

The Kings View videoconferencing platform, which fully meets HIPPA compliance standards, is used to connect patients with telehealth psychiatrist. Clients are escorted to a confidential, secure tele-psychiatry room by a trained mental health staff who provides technical support and education about the process. Prior to the beginning of the initial session, staff inform and educate the client of all pertinent information including: the structure and timing of services, record keeping, scheduling, privacy and security, potential risks, confidentiality, mandatory reporting, agreed upon emergency plan, process by which client information will be documented and stored; potential for technical failure, procedure for coordination of care with other professionals, protocol for contact between visits, and conditions under which telemedicine services may be terminated, and a referral made to in- person care. This technology may be used in the future for individuals in need of medication assisted treatment.

17. **Contracting**. Describe the county's selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services? *Review Note: A list of all contracted providers (modality, provider, address) must be submitted to DHCS within 30 days of the Waiver implementation date and as new providers are awarded contracts. DHCS will provide the format for the listing of providers.*

San Benito County utilizes a regional competitive bid processes to allocate funds for substance use services. While the contract term varies depending on funding source requirements, it is typically three years, with the possibility of extending to a five-year term depending on contract performance and the availability of funding. The specific policy and procedures, including the local appeal process, are being developed.

In order to ensure continuity of care during the selective provider contracting process, it is the practice of SBCBH to not terminate services without having comparable services available for beneficiaries. It is also a contract requirement that providers give 30-day written notice should they decide to terminate the contract, thereby giving time to ensure clients are transitioned to another provider for services.

Currently executed contracts will be amended with the updated services and rates once the Implementation Plan has been approved and DHCS and San Benito County have executed the Intergovernmental Agreement.

SBCBH has existing contracts with regional agencies and will be offered a contract to provide services as part of the DMC-ODS system. Some of these service providers have applied for DMC certification and have expanded treatment modalities, including IOP services, in preparation for DMC-ODS implementation. SBCBH will continue to support existing community-based agencies in the region that offer DMC-ODS services. As needed, SBCBH will initiate an RFP in the future to expand the quantity and scope of DMC-ODS services that are available to residents of San Benito County.

San Benito County will entertain appeals / protests from interested parties regarding its procurement actions. The County will respond to any bona fide protest provided that the

administrative protest is not of a frivolous or vexatious nature. The County will not allow a protest to delay the procurement of necessary goods or services, unless it is apparent that the County participated in a practice that granted an unfair advantage to a participant during the procurement process. This policy will not apply if and after the contract has been submitted and approved by the Board of Supervisors. If a current Alcohol and/or Drug Service Contract is terminated, the county will ensure that beneficiaries will continue to receive treatment services.

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.

SBCBH does not plan to offer Additional Medication Assessment Treatment 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. The process for authorizations for Residential treatment can be initiated at either the Residential provider site or SBCBH Access.

SBCBH is responsible for the authorization and re-authorization of residential service requests. QI and Access staff will have the responsibility and authority to review and/or approve requests for residential placement. Following the completion of the intake screening and an integrated psychosocial/ASAM level of care assessment, SBCBH staff will forward a referral with the assessment packet to a DMC-ODS residential treatment provider.

Authorization Requests Initiated from SBCBH Access

Beneficiaries participating in a face-to-face assessment with SBCBH staff, who meet the Title 22 and ASAM Criteria definition of medical necessity for Residential treatment, will be referred to the appropriate ASAM level of care, when available. SBCBH staff will authorize services and forward a referral, along with the assessment packet, to a DMC-ODS residential treatment provider. Perinatal and criminal justice clients may receive a longer length of stay based on medical necessity. If longer lengths of stay are needed, other non-Medi-Cal funds can be used. The authorization and preliminary payor source will be entered into San Benito Cerner/Anasazi (Electronic Health Record).

During the hours of 8am-5pm, Monday through Friday, the SBCBH QI Supervisor or designee LPHA will review/approve residential referral requests originating from DMC-ODS providers within 24 hours of receipt of the initial referral request. Following the review of the intake assessment and ASAM level of care documentation, the request will either be approved or denied.

Requests for Authorization should be submitted at least 24 hours before the scheduled admission date and must be requested prior to the admission of the client. Requests for Continuing Authorization should be submitted at least seven calendar days before the expiration of the initial 90 day authorization. An additional 30 days may be requested one time per 12 month period.

Referral requests for residential treatment from DMC-ODS treatment providers after 5pm on Friday and before 8am on Monday will be reviewed for authorization by SBCBH Access Crisis Team staff by evaluating the referral information packet sent by residential treatment provider staff. Referrals will be reviewed within 12-24 hours following the initial receipt of the referral and will include a release of information form signed by the potential resident, a completed substance use disorder screening/assessment, and completed ASAM level of care placement assessment. The Access LPHA will review the referral packet to confirm medical necessity and level of care placement decision.

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 description by service or DMC-ODS requirement that the county cannot begin upon implementation of their Pilot. Also include a timeline with deliverables. *Review Note: This question only applies to counties participating in the one-year provisional program and only needs to be completed by these counties.*

This section is not applicable, as San Benito County anticipates that the mandatory requirements of the DMC-ODS will be fully met during the first year of implementation.

County Authorization

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

Alan Yamamoto, L.C.S.W.
San Benito County Behavioral Health Director

San Benito County
County

10/27/2017
Date