Outreach & Engagement for Criminal Justice Partners in the DMC-ODS

Technical Assistance Webinar for Counties

July 6, 2017

Overview of Presentation

- Special Terms and Conditions (STCs) for Criminal Justice Intersection
- Opportunities & Strategies to Engage Criminal Justice Partners
- Examples from County Implementation Plans
- County Perspectives – San Mateo County & Placer County
- Questions and Discussion

Special Terms and Conditions (STCs) for Criminal Justice Intersection

Special Terms and Conditions

STC 141 – Intersection with the Criminal Justice System.
“Beneficiaries involved in the criminal justice system often are harder to treat for SUD. While research has shown that the criminal justice population can respond effectively to treatment services, the beneficiary may require more intensive services. Additional services for this population may include:

a. **Eligibility:** Counties recognize and educate staff and collaborative partners that Parole and Probation status is not a barrier to expanded Medi-Cal SUD treatment services if the parolees and probationers are eligible. Currently incarcerated inmates are not eligible to receive FFP for DMC-ODS services.

b. **Lengths of Stay:** Counties may provide extended lengths of stay for withdrawal and residential services for criminal justice offenders if assessed for need (e.g. up to 6 months residential; 3 months FFP with a one-time 30-day extension if found to be medically necessary and if longer lengths are needed, other county identified funds can be used).

c. **Promising Practices:** Counties utilize promising practices such as Drug Court Services.

Special Terms and Conditions

STC 139 – Case Management. "Case management services are defined as a service that assists a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of SUD care, integration around primary care especially for beneficiaries with a chronic SUD, and ***interaction with the criminal justice system, if needed."***

DMC-ODS Opportunities & Strategies to Engage Criminal Justice Partners

Engaging Criminal Justice Partners

State-Level Stakeholder Engagement

- Identify key state level associations and stakeholder groups that represent the criminal justice population.
- Schedule a meeting to provide an overview of the DMC-ODS and discuss opportunities to engage criminal justice partners at the local level to address the needs of the criminal justice population.

Engaging Criminal Justice Partners

County-Level Stakeholder Engagement

- Identify key county-level stakeholder groups that represent the criminal justice population.
- Schedule local meetings to provide an overview of the DMC-ODS and discuss opportunities to enhance the system of care available to the criminal justice population.

Engaging Criminal Justice Partners

Learn from Peers

- Review approved DMC-ODS Implementation Plans (IPs) on the DHCS website to identify other counties that are planning to implement innovative practices tailored to the criminal justice population.
- Reach out to leaders in those counties to see if they would be available and willing to present on their local efforts and discuss best practices and lessons learned from their experience.
- Schedule a webinar / convening to highlight county efforts.

Engaging Criminal Justice Partners

Utilize Existing Resources

- The California Institute for Behavioral Health Solutions (CIBHS) is available to provide technical assistance and training services to SUD treatment providers, including providers implementing the DMC-ODS.
- CIBHS is maintaining a DMC-ODS Waiver Forum, a collaborative think tank to support county behavioral health leaders and stakeholders in the planning & implementation of the DMC-ODS. It includes a variety of resources, such as webinar recordings, reports on best practices, and a document library.

Engaging Criminal Justice Partners

Create Fact Sheets and Local Resources

- Create & distribute fact sheets / FAQs that address questions and issues unique to the criminal justice population.
- Tailor resources to reflect local organizations.

Examples from Approved County Implementation Plans

Examples from IPs

- **Stakeholder Engagement.** Many counties engaged criminal justice stakeholders, such as Probation, the District Attorney, Drug Court, and Sheriff, in the creation of the DMC-ODS IP. Often, this was done through the creation of a subcommittee specific to the criminal justice population, which will continue to provide input as implementation of DMC-ODS moves forward.
- **Evidence Based Practices.** Counties selected Evidence Based Practices appropriate for engaging the criminal justice population, such as the Matrix Model and Moral Reconation Therapy.

Examples from IPs

- **Tailored Programs.** One county is tailoring each ASAM level of care to be specific to criminal justice-involved populations.
- **Targeted Assessment and Referral Services.** Services will be specific to individuals involved in the criminal justice system seeking treatment.
- **Coordination with Other Service Providers.** Counties are coordinating with community-based providers for social supports, physical health, and recovery residences.
- **Embedding certified alcohol and drug counselors.** Embedding counselors in probation offices throughout the county helps provide direct access to outpatient / intensive outpatient treatment, and referrals to residential-based treatment.

County Perspective: San Mateo County

Steve Kaplan
Clara Boyden

Engagement Strategies

- Meetings to advise Probation Chief, Presiding Judge, DA of DMC ODS changes, requirements, and opportunities
- Regular working meetings to develop new processes, tools, timelines with DA, Probation, Sheriff, Correctional Health, Private Attorney/Defender Inform specialty courts and specialty teams of changes (Drug Court, DUI, MH Court, etc.)
- Weekly meeting with multi-disciplinary line staff to coordinate on day to day operational issues

Engagement Context

- Resource challenged /flat funding for SUD Tx
- Provider capacity (infrastructure, staff, slots/beds)
- Court mandated treatment
- Compliance focus
- Limited focus on EBP in SUDS Tx
- Expanding focus on EBP for criminogenic risks.

ACA Opportunities

- Essential Health Benefit to include SUDS and MH Services, parity impacts
- Medicaid Expansion includes coverage for low income, single, childless adults ("newly eligible")
- Bulk of justice involved individuals to now have access to SUDS, MH, physical health services.

DMC ODS Expands Access

- Creates access to new federal funds for services (FFP, 90% for newly eligible)
- County sets rates to enhance provider capacity (staff and infrastructure)
- New services and robust continuum
  - New/expanded services
  - Field-based, telehealth
- ODS Entitlement…"no more waiting"

DMC ODS Improves Quality

- Requires use of ASAM --the gold standard for level of care determination
- Utilization of EBP (MI, Trauma, CBT, Relapse Prevention, Psycho Ed)
- All DMC ODS Programs have a medical director, licensed clinicians and SUD certified counselors
- Medical necessity and individualized care
- Physician consult for complex clients

An Organized Delivery System

- County role in care coordination, especially for high risk, high need clients
- Full continuum of services to support treatment based on acuity and chronicity; importance of CM for justice clients.
- ASAM ensure best use of resources with maximal outcomes
- Residential authorizations, max lengths of stay, and episode limitations

Justice Concerns

- What do we do if we cannot mandate long term treatment?
- Efficiency of court proceedings when judge mandates “enter and complete”
- How will day for day sentences be addressed?
- If people are not in res treatment, how will they be supervised?
- What happens if someone still needs Res and they’ve used both treatment episodes?
- What about people with out of county MediCal and/or private health coverage?

CJ Partnering and Support

- Developed in-custody and out-of-custody process for CJ referrals, ASAM Evals, and Res Auths.
- Developed ASAM LOC Court Report
- Recommended alternative language for court orders per Dr. Mee Lee (to move away from mandates)
- Liaison to each treatment program to coordinate client entry to care.
- Working to develop Bay Area inter-county acceptance of in-custody ASAM Evaluations and Treatment Recommendations
- Period of Engagement – use dedicated CJ funding to pay for Res episodes with short stays

Supporting System Transformation

- Strong Leadership and Vision
- Collaboration and Partnership
- Education and Training
- Develop new processes together
- Adapt/Quality Improvement Approach
- Expanding Access
- Efficient use of Resources
- Focus on Quality Care (ASAM, EBP)
- Reporting, Data, Evaluation (still to come…)

Tools and Resources

DMC Benefits Standard vs ODS

Standard

- Outpatient Treatment
- Intensive Outpatient Treatment *(limited to youth and perinatal populations)*
- Narcotic Treatment Program
- Perinatal Residential *(limited by the IMD exclusion)*

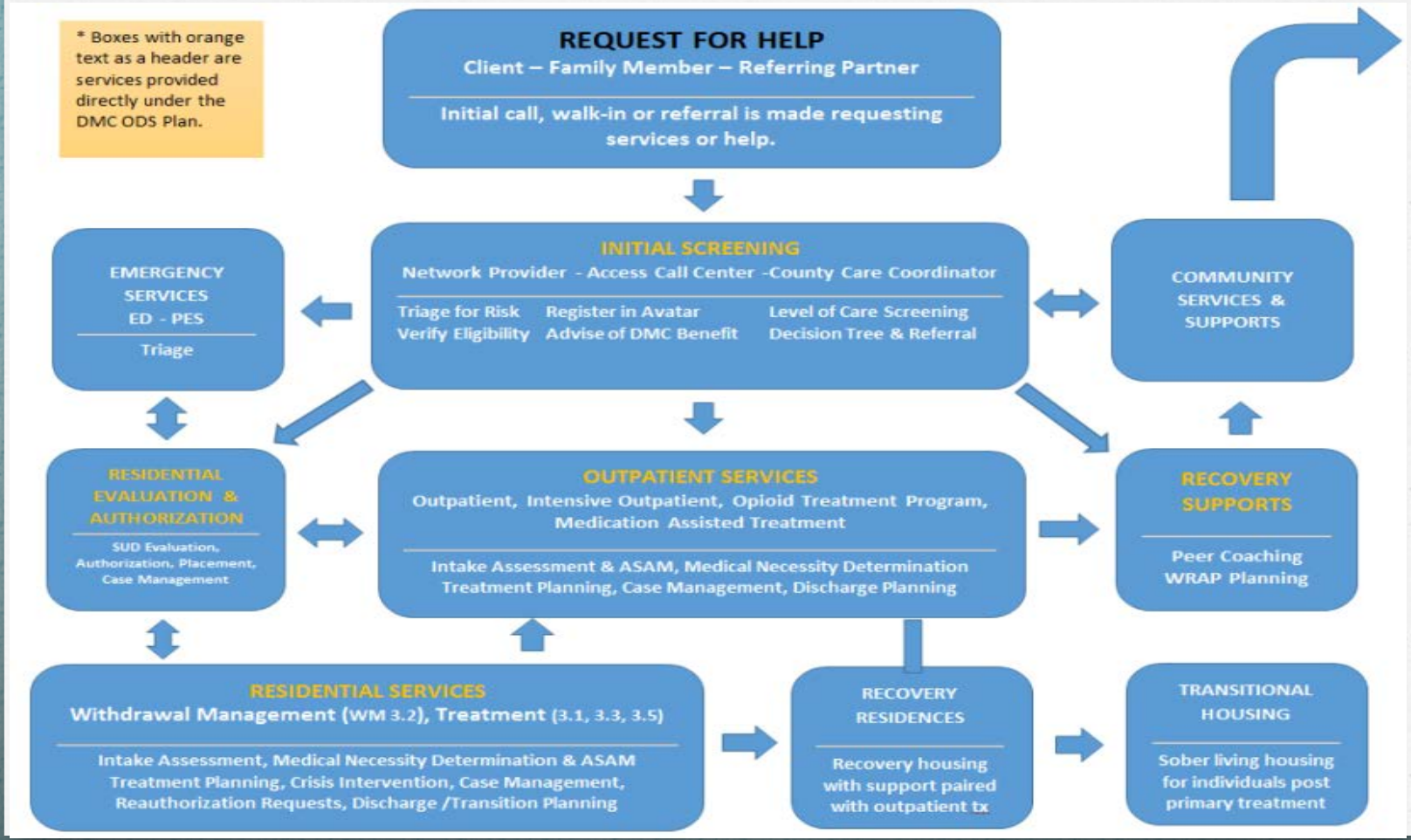
* Perinatal is defined as pregnant and 60 days post partum.
* Services may only be delivered in the DMC clinic.

DMC-ODS Pilot

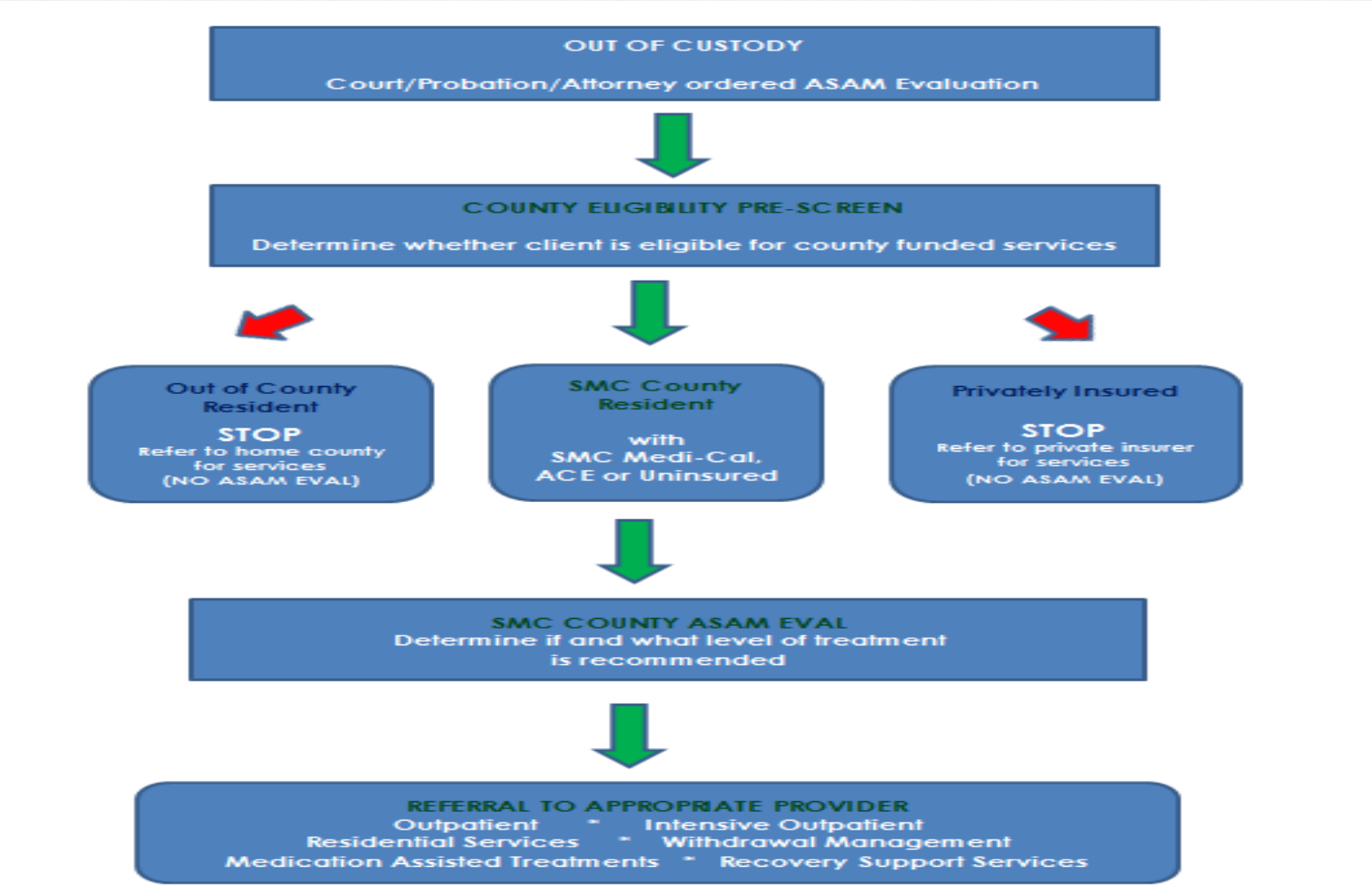
- Outpatient Services
- Intensive Outpatient
- Narcotic Treatment Programs
- Residential *(not limited to perinatal or by IMD exclusion)*
- Withdrawal Management
- Case Management
- Recovery Services
- Physician Consultation
- Additional Medication Assisted Tx

* Many services may be provided face to face, by telephone, or tele heath, anywhere in the community.

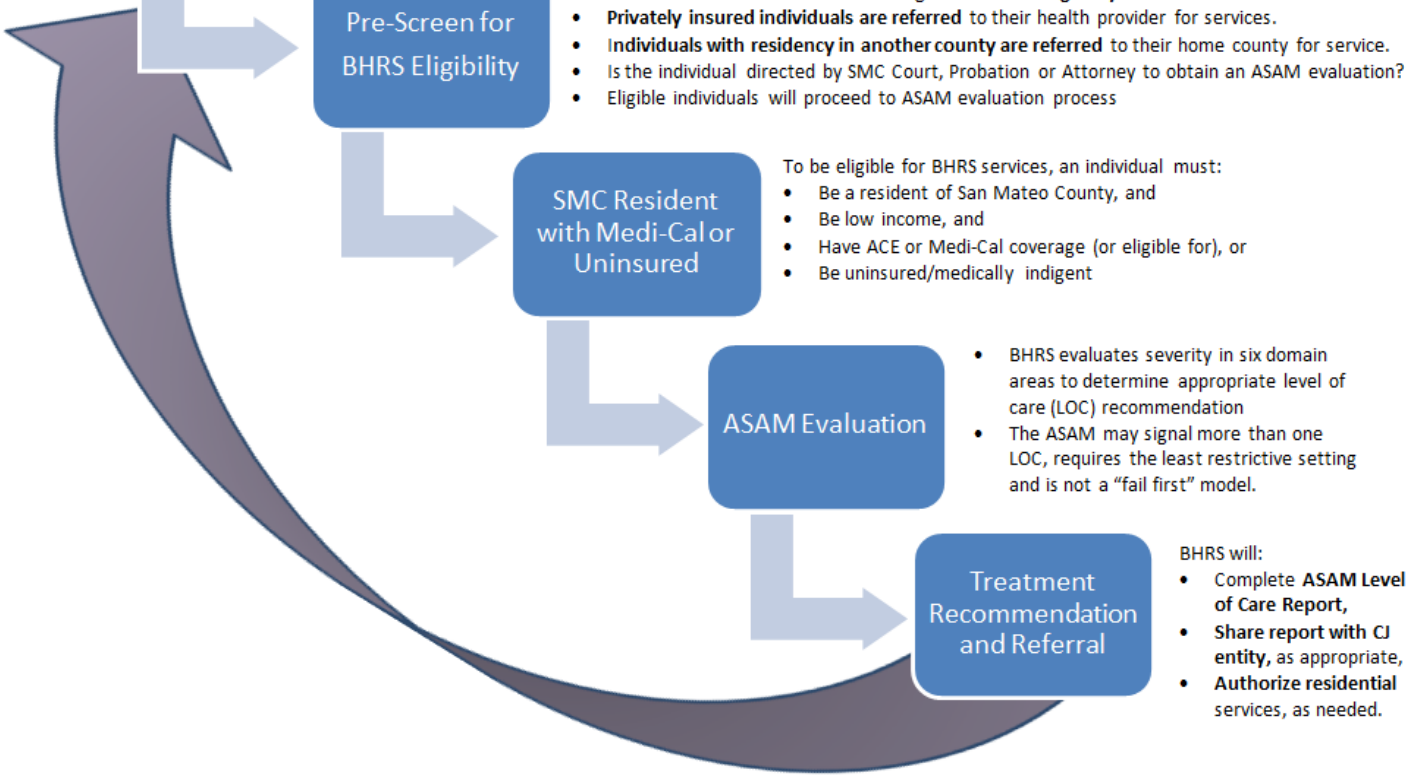
SMC General ODS Design



Eligibility for Services



BHRS Criminal Justice Referral Process for ASAM Evaluation – OUT OF CUSTODY REFERRALS (Adult)



- The court, probation or attorney will direct the defendant to contact BHRS Access Call Center for an ASAM Evaluation.
- **BHRS Access Call Center 1-800-686-0101.**
- The court, probation or the attorney should also contact BHRS and advise the client will contact BHRS to request an ASAM Evaluation.
- This can be done via an email to: **GRP_HS_BHRS_RTXTEAM@smcgov.onmicrosoft.com.**

BHRS Call Center Pre-Screens all incoming referrals for **eligibility for BHRS funded services.**

- **Privately insured individuals are referred** to their health provider for services.
- **Individuals with residency in another county are referred** to their home county for service.
- Is the individual directed by SMC Court, Probation or Attorney to obtain an ASAM evaluation?
- Eligible individuals will proceed to ASAM evaluation process

To be eligible for BHRS services, an individual must:

- Be a resident of San Mateo County, and
- Be low income, and
- Have ACE or Medi-Cal coverage (or eligible for), or
- Be uninsured/medically indigent

- BHRS evaluates severity in six domain areas to determine appropriate level of care (LOC) recommendation
- The ASAM may signal more than one LOC, requires the least restrictive setting and is not a "fail first" model.

BHRS will:

- Complete **ASAM Level of Care Report,**
- **Share report with CJ entity,** as appropriate,
- **Authorize residential** services, as needed.

ASAM and the Courts

ASAM AND THE COURTS – DRAFT 8

1. When an ATTORNEY would like an evaluation for level of treatment need

A. The client is **IN CUSTODY** and PRE-PLEA

The attorney needs to speak with their client and confirm that the client will give consent for release of the final ASAM Level of Care report to be sent to the attorney. This consent MUST occur because the report is a part of the client's medical record. The written consent must be signed in front of the BHRS case manager or other person conducting the evaluation.

After assuring this consent will occur, the attorney should EMAIL the ASAM REQUEST FORM to BHRS at:

BHRS: **GRP_HS_BHRS_RTXTEAM@smcgov.onmicrosoft.com**

and give them all of the following information:

- Name of Client
- DOB
- Social Security Number (important to determine benefits/insurance)
- Jail ID #
- Housing location in the jail (which jail, pod, etc.)
- Case number
- Charges (generally – you don't need to list all counts in detail)
- NEXT court date (when you need the report by)
- Attorney name, phone number and email address

BHRS or CHOICES will contact client in custody and will evaluate them. A Level of Care Report (the report) will be generated and then sent to the lawyer within 4-5 business days from the interview with the client. The report will be encrypted and sent via email.

The report will say what the ASAM recommended level of treatment is and why. The report will also include information about number of residential treatment episodes with the prior 12 months and which entity is likely responsible to cover payment of any treatment. Attorney should be aware of the fact that private pay providers, private insurers and out of county health services cannot and will not rely on the San Mateo generated evaluations.

The attorney and client can use the recommendation report as they choose with the DA and the Court.

B. The client is **OUT OF CUSTODY** and PRE-PLEA (or about to be released from custody)

The attorney needs to speak with their client and confirm that the client will give consent for release of the final report to be sent to the attorney. This consent MUST occur because the report is a part of the client's medical record. The written consent must be signed in front of the evaluator. Another other option is that the client can receive the report directly (via email, mail or in person) and then give it to their attorney. In this instance, the client is releasing the report and not BHRS.

After determining that the client is willing to share the information with the attorney, the attorney will need to have the **CLIENT** call the **BHRS Access Call Center at 1-800-686-0101**. That call will result in an eligibility screening that will determine if the county is likely to be the party responsible for payment of treatment.

Alternatives to Mandates

5. MEDICAL NECESSITY REQUIREMENT

In every instance where a defendant is referred to a specific service provider after an ASAM Criteria evaluation leads to a recommended level of care, there is one more requirement that must be met before the client can be allowed to engage in that level of care. A full assessment MUST be done and it MUST be determined that the level of care/treatment is MEDICALLY NECESSARY. This determination must be made by a medical doctor or licensed Practitioner of the Healing Arts.

If it turns out that the court ordered level of care is not medically necessary, the treatment team needs to be able to modify treatment plans to an appropriately accessed and medically necessary care. It is thus respectfully requested that when an order is made by the court, that the court not give any specific level of care or specific period of treatment time. The language recommended by BHRS includes that the court should mandate assessment and treatment and place the responsibility on clients to "engage in treatment and change" based on medical necessity. An example order that could be used would be:

"You are ordered to be evaluated for level of care needs and to adhere to treatment as determined by your case manager/treatment team. You are to remain engaged in treatment and follow the treatment plan created by your treatment team. You are to share your treatment plan information with your probation officer and allow your probation officer to speak with your treatment team about compliance and engagement."

COUNTY OF SAN MATEO
HEALTH SYSTEM

Behavioral Health & Recovery Services

Alcohol and Other Drug Services
310 Harbor Blvd. Building E
Belmont, CA 94002
Ph: 650-802-6400
Fax: 650-802-6440
www.smchealth.org
www.facebook.com/smchealth

CONFIDENTIAL

ASAM Level of Care Report

Client Name:
Date of Birth:
Case Number:
Evaluation Completed: ☐ In-Custody ☐ Out of Custody
BHRS Case Manager:

The above individual was evaluated by Behavioral Health & Recovery Services staff, using the American Society of Addiction Medicine (ASAM) for:

1. Eligibility for San Mateo County funded services
2. Need of substance use disorder (SUD) treatment services
3. Level of Care (LOC) recommendation(s), if treatment is indicated

Section 1: ELIGIBILITY

Is the individual eligible to receive San Mateo County BHRS funded services?

☐ Yes (proceed to section 2)
☐ No Responsible entity * _____
Out of custody, stop evaluation and refer to responsible entity.
In-custody, continue evaluation and note responsible entity.

Section 1 Eligibility Worksheet

A. Residency: Method of verification: _____
☐ Resident of San Mateo County
☐ Out of County Resident (specify)* _____

B. Health Coverage: Method of verification: _____
☐ Uninsured/Medically Indigent
☐ Uninsured, but Likely Med-Cal Eligible
☐ ACE or other HPSM health coverage (specify): _____
☐ MediCal in SMC: ☐ Active MediCal ☐ Pending _____
☐ MediCare
☐ Out of County MediCal * (specify county) _____
☐ Private Health Coverage* (specify insurer) : _____

*Any individual who is a resident of another county, with MediCal active in another County, or with private health insurance shall be referred to the entity responsible for their health coverage.

ASAM LEVEL OF CARE REPORT

Section 2: SUD TREATMENT NEED

Does ASAM screening/evaluation indicate client could benefit from substance use disorder treatment services? (Refer to ASAM Initial Placement Screening Tool)

☐ Yes
☐ No Justification: _____

Section 3: LEVEL OF CARE RECOMMENDATION(S)

The following level(s) of care is recommended based on ASAM Evaluation. Please select all recommended services. ASAM criteria require treatment be provided in the least restrictive environment appropriate for client.

☐ Outpatient Service (OP) ☐ OP paired with Recovery Residence
☐ Intensive Outpatient Treatment (IOT) ☐ IOT paired with Recovery Residence
☐ Residential Detoxification/Withdrawal Management
☐ Residential Treatment
☐ Opioid Treatment Program
☐ Other Medication Assisted Treatments
☐ Recovery Support Services
☐ Other services, please specify _____

Treatment Recommendation and Justification: *(include client's motivation for treatment)*
(Example) Based on Mr. DC's responses he will benefit and is appropriate for outpatient level substance use treatment. He is motivated for abstinence, has stable housing supportive of his recovery, and does not have a history of consuming excessive quantities on a regular basis.

The American Society of Addiction Medicine (ASAM) Criteria recommends that a judge mandate **assessment and treatment adherence** which places the responsibility on the client to "engage in treatment and change" and where treatment professionals provide treatment based on medical necessity.

"This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Report by:

NAME, **Case Manager** **Date**
Behavioral Health & Recovery Services
Alcohol and Other Drug Services

County Perspective: Placer County

Amy Ellis
Cyndy Bigbee

Placer County:
Integration of Services for Justice Involved Clients

Presented by:
Amy Ellis, MFT
Adult System of Care Director

AND

Cyndy Bigbee
Behavioral Health Manager

Historical look at integration

- 1997: Placer County started it's first Adult and Juvenile Drug Courts
- 1998: Integrated funding placed multiple probation officers at Children's mental health services and one probation officer at Adult Services.
- 2000: Probation officers co-located in HHS received training in EBPs and motivational enhancement
- 2005- today: All probation officers receive training in Motivational Interviewing and other EBP.
- 2011: AB109 begins to increase discussions across disciplines about who to integrate more effectively
- 2012: HHS was given funding for 3 FTE treatment staff co-located at probation, and additional funding for contracted treatment in-custody and in the community.
- 2013: Veteran's Court began
- 2015: Probation PREP center opened adding additional educational and vocational services
- 2016: BOS approved General Fund for 2 additional Co-Occurring staff to assist with homeless population's mental health and substance use needs.
- 2017: Waiver plan completion and preparation for implementation

Despite a long tradition of integrated practices, some silos still exist, integration is a continuous work in progress.

PLACER COUNTY INTEGRATION

Integration was a process, that included…

*__POLICY LEVEL SUPPORT__

Consultants

TRAINING, TRAINING, TRAINING

*__CULTURE CHANGE__

Meetings and more meetings

Transparency

*__RELATIONSHIP BUILDING__

Combined rituals

*__FUNDING and STAFFING SUPPORT__

Integration Enhanced

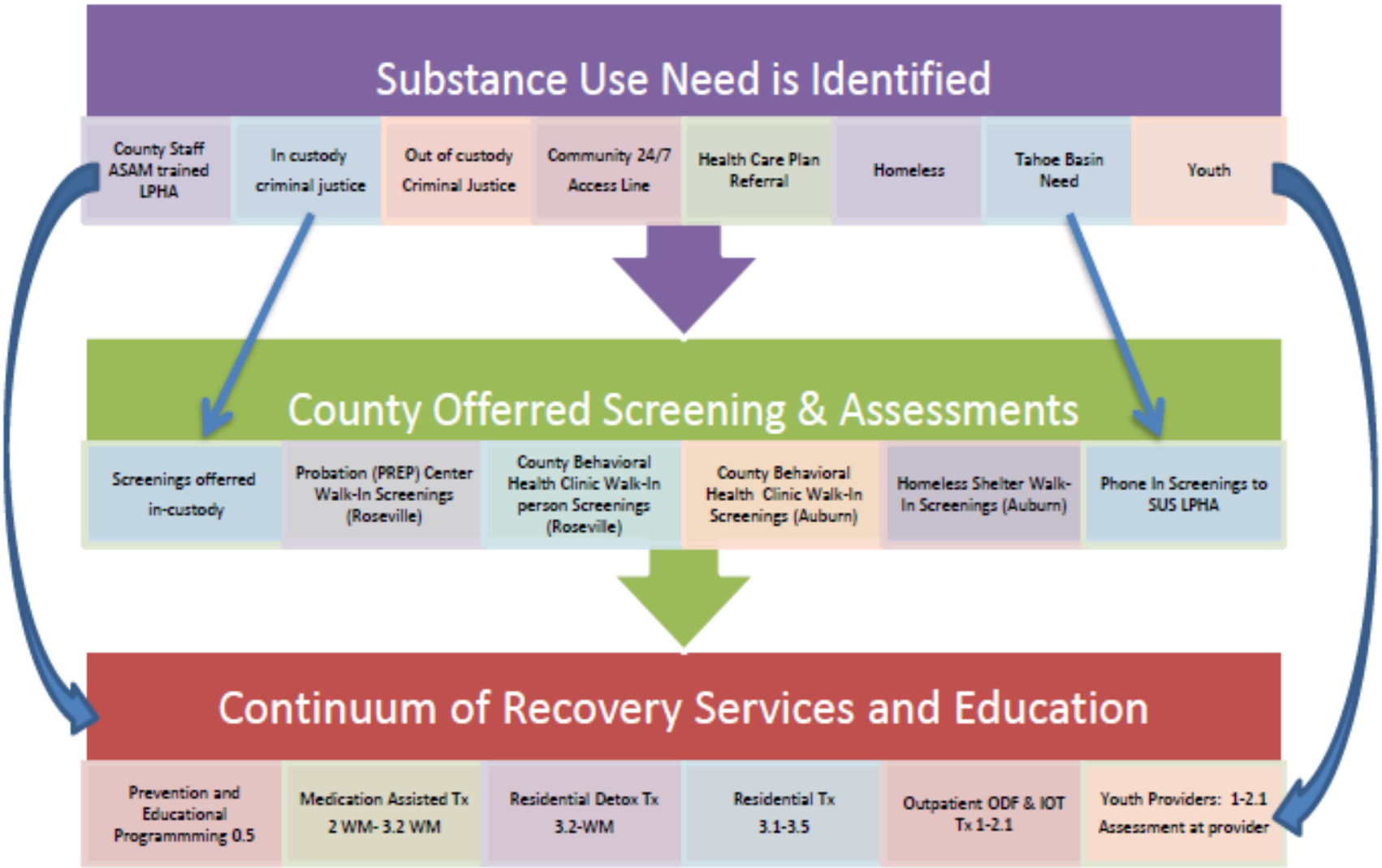
- HHS staff co-located at probation
- Leadership and staff integrated in both Substance Use Services AND Mental Health
- Emphasis on decreasing barriers and cross system knowledge at both policy AND direct service level.
- Series of cross discipline "sub-committees" to increase efficiencies (e.g. use of assessments)
- "Pioneer" direct service staff becoming members of cross discipline teams- **now 5 years in**
- Single MH and SUD assessment taking criminogenic needs into consideration.
- Waiver implementation from cross-system perspective
- Staff in jail to help reduce recidivism
- Currently 5.5 FTE co-occurring competent staff co-located with criminal justice.
- Expectation of all HHS staff to collaborative and support clients with criminal justice involvement.

CO-LOCATED HHS STAFF

- 5.5 FTE approved
- PROVIDE:
  - Assessments to pre and post sentence
  - Linkage to MH and Substance Service
  - Case Management to Employment, Housing, Medical, Education, Vocational, and other services based on need.
  - Crisis Management
  - In-Custody linkage to community care

	FY11-12	FY12-13	FY13-14	FY14-15	Total since program start
Total unduplicated # Served		235	366	432	1110

DMC-ODS Placer FLOW



ASAM & Mandated Treatment

- Medi-Cal can only pay if person meets ASAM level of Care and Clinical determination by on assessment.
- Large emphasis on Community Based Treatment for best outcomes.
- Case management may increase court report back possibilities.
- Medication Assisted Treatment is the preferred ASAM level for many with opioid dependence.
- Addiction is treated as a chronic disease
- Sanction non compliance with treatment versus symptoms of the disease of addiction.

The Coerced Client and Working with Referral Sources

**Adapted from Dr. David Mee-Lee's ASAM training handout.*

- **Judge has leverage** to hold the client accountable to an assessment and help the person follow through with the treatment plan.
- **Resist the urge to mandate to a fixed length of stay** as if ordering an offender to jail for a jail term of three months.
- **Clinician decides on what is clinically indicated** for level, type and length of treatment through ASAM assessment that factors in readiness to change.
- Clinician's must provide **individualized treatment** using the **3 C's**:

***Consequences** – If the court agrees that the behavior was largely caused by addiction and/or mental illness, and that the offender and the public is best served by providing treatment rather than punishment, then clinicians provide treatment not custody and incarceration**. Ensure a person adheres to treatment**; not to enforce consequences and compliance with court orders.

***Compliance** –Criminal justice personnel should expect compliance. But clinicians are providing treatment where the focus is not on compliance to court orders. The focus is on whether there is a disorder needing treatment; and if there is, the expectation is for **adherence to treatment, not compliance with "doing time" in a treatment place.**

***Control** –The criminal justice system aims to control, if not eliminate, illegal acts that threaten the public. While control is appropriate for the courts, clinicians and treatment programs are focused on **collaborative treatment and attracting people into recovery.** The only time clinicians are required to control a client is if they are in imminent danger of harm to self or others.

SCREENING/ASSESSMENT TOOLS

Short tools to screen SUD/MH/Change factors:

- **Criminogenic Cognition Scale (CCS)**
- **The Drug Abuse Screening Test (DAST 20)**
- **Alcohol Use Disorders Identification Test (AUDIT)**
- **RCQ Change Questionnaire**
- **MH Screener**
- **Mood Disorder Scale (MDQ)**
- **ASAM screener**

1-2 hour in-depth assessment (For Medi-Cal necessity- typically done at provider site).

- **ASAM Assessment**

Treatment versus Educational Programming

- **Treatment:**
  - Typical services include: Detox, Residential, Outpatient
  - Providers are certified and/or licensed by the CA Department of Health Care Services (DHCS).
  - Must comply with regulations and standards defined by the state and county (e.g. group size, education levels of staff, documentation standards, etc.).

- **Educational Programming:**
  - Larger class sizes,
  - Generally do not have set regulations and standards
  - May utilize an evidence based practice.
  - Examples: Domestic Violence, Parenting, Theft Class, etc.
  - DUI and PC1000 are unique, they have regulatory oversight/monitoring

*Both MODALITIES are important parts of the "treatment continuum" and allow for an individualize plan for different needs.

Treatment Modalities

- **Withdrawal Management Residential** ASAM levels 3.1-3.5
- **Intensive Outpatient**
- **Outpatient**
- **Opioid/Narcotic Tx**
- **Recovery Services**
- **Case Management**
- **Physician Consultation**

-NON DMC Services-

- **Additional MAT** (through physical health)
- **Recovery Residencies**
- **Educational Programming/Classes**
- **Mental Health Services**
- **Physical Health Services**

Detox/Residential

FY13-14 Outcomes:

- Served in FY 13-14 **13** Detox ; **50** Residential: **63 total**
  - 50% Completed their program
  - 56% Continued their treatment to Outpatient

FY 14-15 Outcomes:

- Served in FY 14-15 **6** Detox ; **62** Residential: **68 total**
  - 44% Completed their program
  - 32% Continued their treatment to Outpatient

PROVIDER	CONTRACTED	CAPACITY-UNITS
XX-Residential	$$$	11.1
XX-Residential/detox	$$$	16.8
XX-Residential	$$$	20.4
TOTALS	**$$$**	**48.3**

Units of treatment descriptors	Cost per unit
Residential: 45 days=1 unit	**$4,050.00**

Transitional Housing: **always**
combined with outpatient treatment

- **Defined:** 24/7 sober living where treatment is NOT received on site.
- **Typical Lengths of stay:** 30-90 days
- **Locations:** Roseville, Grass Valley, Nevada City, Tahoe Truckee, Placerville
- **Success:** Early outcomes support high success rates
- **Approx. # can be served annually**: 81.5 (at 60 day stay)
- **Availability:** Limited availability in Roseville/Auburn. Can take up to 4 weeks to place.

HHS In-Custody
(not only AB109 funded)

- .5 FTE SUS staff (not AB109 funded) responds to treatment requests.
- Assessments/ Placements to treatment leveraging various fund streams.
- Improved access to Co-Occurring (MH and Substance Use) Placer County care post release.
- Coordination to non ASOC services: Physical Health, Vocation, Human Resources, etc.
- Partner with SCOE, Probation and Sheriff to meet inmate needs.

Additional Outcomes FY 15-16

*unique client counts combining all out of custody modalities
*Percentages based on those who successfully completed treatment

- 90% Remained Sober
- 55% Secured Safe and Healthy Housing
- 43% Became Employed
- 27% Reunited with their family
- 8% Enrolled in School

Current County Capacity

- Dedicated AB109 funding but no dedicated beds
- Transitional Housing ***at times*** has wait times of 4 weeks.
- Residential ***at times*** has a wait time of up to 2 weeks.
- Priority is given to IV drug users and pregnant women.
- Outclient treatment always has capacity and is more accessible than ever due to the ACA.
- Access to non criminal justice specific funding. To maximize available funding sources.
- Screening Clinic is a free service that can be used by ANY Placer County resident to access treatment.

Enhanced Integrated Care

(both by SUS team and other HHS teams)

- Co-Occurring FSP
- Turning Point
- Mental Health treatment
- Coordination with other disciplines (e.g. SCOE)
- Connection to Housing, Education, Vocation, Medical, and other needs.

More Integrated Projects

- Grant funded Collaborative Court Coordinator
- Executive level collaborative Court committee.
- Screening Clinic on-site at new PREP center
- Ongoing training of probation and Educational programming staff related to best treatment practices
- Homeless Liaison Teams
- SAMSHA Health integration grant
- Prop 47 Grant

Integration is a work in progress: Future Considerations

- 1115 Waiver: will enhance DMC substance use service continuum
  - More regulation for higher quality care
  - Increased access to services: Residential, Intensive Outpatient, Case Management, Medication Assisted Therapies
- Further Integration of Health Services

Questions and Discussion

*For optimal sound quality, please ensure that you are dialed-in using your phone and that you have inputted your **audio PIN.***

DMC-ODS Resources

- For additional information, please see the DMC-ODS Resources section of the DHCS Website: http://www.dhcs.ca.gov/provgovpart/Pages/DMC_ODS_Resources.aspx?
- For questions, please contact dmcodswaiver@dhcs.ca.gov

California Department of Health Care Services

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Marlies Perez, Division Chief, MHSUDS, DHCS
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For More Information:
http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx

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