County of Santa Cruz

Implementation Plan for

Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

Part I: Plan Questions

1. Check the county agencies and other entities involved in developing the county plan. (Check all that apply)
☐x County Behavioral Health agency
☐x County substance use disorder agency
☐x Providers of drug treatment services in the community
☐ Representatives of drug treatment associations in the community
☐x Physical Health Care Providers
☐x Medi-Cal Managed Care Plans
☐x Federally Qualified Health Centers (FQHCs)
☐x Clients/Client Advocate Groups
☐x County Executive Office
☐x County Public Health
☐x County Social Services
☐x Foster Care Agencies
☐x Law Enforcement
☐x Court
☐x Probation Department
☐x Education
☐x Recovery Support Service Providers (including recovery residences)
☐ Health Information Technology Stakeholders
☐x Other (specify) Members of the general public

2. How was community input collected?
☐x Community meetings
☐x County advisory groups
☐x Focus groups
☐x Other method(s) (explain briefly) On-line input via the County's Alcohol and Drug Program website; stakeholder individual interviews.

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
☐x Bi-monthly
☐ Quarterly
☐ Other: _____

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?

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

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

REQUIRED
☐X Withdrawal Management (minimum one level)
☐X Residential Services (minimum one level)
☐X Intensive Outpatient
☐X Outpatient
☐X Opioid (Narcotic) Treatment Programs
☐X Recovery Services
☐X Case Management
☐X Physician Consultation

OPTIONAL
☐X Additional Medication Assisted Treatment
☐X Recovery Residences
☐ Other (specify) _____

6. Has the county established a toll free number for prospective clients to call to access DMC-ODS services?
☐X Yes (required)
☐ No. Plan to establish by: _____.

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.
☐X Yes (required)
☐ No

8. The county will comply with all quarterly reporting requirements as contained in the STCs.
☐X Yes (required)
☐ No

Part II: Plan Description (Narrative)

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 will occur.*

The County Alcohol and Drug Program recently completed an 18-month, comprehensive strategic planning process for substance use disorder (SUD) treatment and intervention services. The plan was approved by the County Board of Supervisors on December 9, 2014. Information on SUD needs and resources was collected through four large community meetings attended by over 450 individuals, four focus groups including clients and family members, 15 key stakeholder interviews, and comments submitted by members of the public to the County Alcohol and Drug Program's website. Throughout the planning process, the Drug Medi-Cal (DMC) 1115 Waiver was envisioned as a key funding source for implementation of the plan's key objectives, and the services to be funded through DMC-ODS are aligned with the plan's objectives.

Ongoing involvement in implementation of DMC-ODS services will occur through monthly County Alcohol and Drug Program (ADP) contractor meetings, semi-monthly meetings of the County Alcohol and Drug Abuse Commission, and inclusion of DMC-ODS as an agenda item on various ongoing inter-agency collaborative meetings such as the AB109 Community Corrections Partnership (criminal justice), the Health Improvement Partnership Council (primary care and hospitals), Family and Children's Services System Improvement Plan meetings (child welfare), Community Prevention Partners (youth prevention and intervention services), and the Local Mental Health Advisory Board (mental health). The focus of discussion at these inter-agency collaborative meetings will include the status of implementation of DMC-ODS services; screening, brief intervention and referral of potential clients; strengthening linkages between referring agencies and DMC-ODS services providers; and addressing issues regarding accessibility and quality of services that may arise.

2. ***Client Flow.*** *Describe how clients move through the different levels identified in the continuum of care (referral, assessment, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, 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. Also describe if there will be timelines established for the movement between one level of care to another.*

Referral: Referrals to DMC-ODS services will come through three primary gates, including 1) referrals from inter-agency partners to County ADP Service Coordinators, 2) public phone calls and walk-ins to the County's Access screening and crisis assessment, and 3) direct contact by members of the public with DMC-ODS treatment providers.

Inter-agency partners screen and identify persons with SUD within their service population, and refer them to dedicated County ADP Service Coordinators who are co-located in the partner agency. These Service Coordinators receive referrals from child welfare services, CalWORKs, AB109 probation officers, the Homeless Persons Health Project, Jail Mental Health Services, and specialized courts for chronic public inebriates and chronic, low-level downtown public nuisance violators. County ADP Service Coordinators conduct an ASAM assessment, develop treatment placement recommendations, and facilitate entry into treatment. Development of a similar inter-agency referral capacity with primary medical care is in process with the implementation of the County's new Integrated Behavioral Health Program that works with patients of the County's two primary care clinics in Santa Cruz and Watsonville.

Access is staffed by County Behavioral Health licensed clinicians who receive phone calls and crisis walk-ins from the general public, as well as referrals and requests for information from persons with SUD, family members, and professionals such as health care providers, schools, law enforcement, etc. Access currently serves as a gateway to the County Mental Health system. In June 2015, a new Access position was created to expand the capacity of Access to include providing assessment and treatment referrals for persons with SUD. Upon DHCS approval of the County's DMC-ODS application, the County will fill this position and begin accepting calls and walk-ins for DMC-ODS services.

Direct contact by members of the public with ADP-contracted treatment providers is currently in place for NNA and Drug MediCal clients, and will be permitted for DMC-ODS clients (except for residential treatment clients, whose admission must be pre-authorized by the County). The capacity of providers to directly assess and admit DMC-ODS clients is intended to remove barriers to timely access to treatment. The "treatment provider gate" refers to situations in which a member of the public contacts a treatment provider directly to seek treatment services, rather than going through a County Services Coordinator or the County's Access services.

Assessment: All ADP Service Coordinators and contracted SUD treatment providers have been trained on the ASAM Criteria, and have been using it for several years. The new SUD position in Access will also be trained on the ASAM Criteria. The ASAM Criteria will be used for all DMC-ODS clients to develop level of care recommendations. County Behavioral Health is in the process of implementing the Netsmart Avatar electronic health record, which is scheduled to go live in January 2016. The Addiction Severity Index (ASI) and key elements of the ASAM Criteria (e.g., dimension severity ratings, overall level of care recommendations) are being built into Avatar to ensure that a standardized, evidence-based SUD assessment and ASAM level of care recommendations are implemented county-wide. With appropriate releases of information, contracted treatment providers will be able to view ASI and ASAM Criteria information collected by County Service Coordinators and Access staff.

For the Access gate and the treatment provider gate, which may not have ongoing contact with the client, a brief version of the ASAM Criteria will be used to determine a level of care recommendation. A 15-20 minute brief version of the ASAM Criteria has been developed by Santa Clara County for use in its Gateway call center to quickly screen and refer callers to treatment services. Once the client arrives at the

recommended treatment program, the program will conduct a thorough ASI and ASAM Criteria assessment to confirm (or refute) the brief ASAM screening and, if necessary, refer the client to a more appropriate level of care. The brief ASAM screening will be conducted by an LPHA or certified alcohol and drug counselor. The brief version of the ASAM criteria was developed by Santa Clara County in consultation with Dr. David Mee Lee, the Chief Editor of the ASAM criteria, for use by the County's access Gateway phone screening staff as a decision tree for referring SUD treatment service seekers to treatment providers. A description of the Santa Clara County SUD service system prepared by the University of California, Los Angeles (Padwa, H. and Urada, D., Creating an Organized Adult System of Care for Substance Use Disorder Services: The Experience In Santa Clara County, UCLA Integrated Substance Abuse Programs, May 2015) said that "According to internal data gathered by DADS (the County Department of Drug and Alcohol Services), the decision tress are highly accurate, as they lead to correct treatment recommendations 96% of the time based on rates of agreement with full ASAM assessments performed at the provider level."

Placement: The process for placement of clients in treatment programs differs depending on which gate they enter, and will also depend on the level of resources for case management that will become available through DMC-ODS. Currently, for those clients who come through the inter-agency partner gate where there are County ADP Service Coordinators available, the client is provided with assistance in the placement process, such as warm hand-offs, transportation to the treatment program, and advocacy in applying for benefits. To the extent that DMC-ODS provides funding for case management services for individuals who have not yet formally entered treatment, similar supports for entry into treatment can be made available for DMC-ODS clients who come in through the Access gate and the treatment provider gate.

Care Transitions: Consistent with State Alcohol and Drug Program Certification Standards, each program will develop a discharge plan that includes referrals to resources to assist the client to maintain a continued alcohol and drug-free lifestyle. This may include step-down or step-up SUD treatment services (e.g., transition to outpatient treatment plus clean and sober housing following completion of residential treatment.) The County ADP and its contracted providers will take an active role in supporting care transitions (see Section 4 below regarding Recovery Supports and Case Management). Rather than establishing specific timelines for care transitions, the County ADP and its providers will work to create seamless transitions in levels of care, including activities such as taking a residential treatment client to visit their step-down outpatient treatment group prior to the client's discharge from residential treatment. Another example of seamless transitions in levels of care currently available in the county is the co-location of the detoxification and short-term residential treatment programs within the same facility, which enables a client to simply move from the downstairs detox to the upstairs residential treatment program in order to transition their level of care. For more complicated care transitions, case managers will provide warm hand-offs and transportation to the new program as needed.

All treatment clients will receive care transition supports through development and implementation of an individualized discharge plan. As part of developing the discharge plan, the service provider will assess potential client risks for not successfully completing a care transition, paying particular attention to the ASAM dimensions regarding the

client's readiness to change, continued use or problem potential, and recovery/living environment. Clients at high risk of not completing a care transition will be encouraged to accept case management services. The same process will apply for clients who have not yet entered formal treatment and are being assessed by a County Service Coordinator, or who engage in an Access appointment.

Movement between levels of care will be planned with the client by the treatment provider where possible so that the client will be prepared for the transition and the transition will occur without a gap in services. If there is temporary lack of availability of the step-down or step-up care to which the client is being referred, the client will be temporarily maintained in the earlier level of care until the new treatment program becomes available or, in the worst-case scenario, access to step up/step down treatment will meet the minimum DMC-ODS standards for timeliness of entry into treatment (see Section 9 of this plan titled Access – Timeliness of Visits and Afterhours Access).

3. ***Beneficiary Access Line****. For the beneficiary toll free access number, what data will be collected (i.e: measure the number of calls, waiting times, and call abandonment)?*

The beneficiary access line for DMC-ODS services will be the same 24/7 toll-free number currently used by Mental Health Access. The toll-free phone number is available on the County's Mental Health and Substance Abuse Services website, provided to the "211" information line, and distributed widely to referring professionals. Access line services are available in Spanish (the county's only non-English threshold language) and TTY, and translation services are available through AT&T for other languages. Data collected on DMC-ODS requests for service will parallel the data collected on mental health requests for service, and will include results of periodic surveys conducted by staff posing as service seekers to determine timeliness of response, language accessibility, and satisfaction with service quality (e.g., waiting time for response to a call, abandoned calls). Requests for service will be logged in the Avatar electronic health record by type of service requested (SUD or mental health) and DMC-ODS data will be reported separately for the number of calls.

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

Withdrawal Management: The County currently contracts with Janus of Santa Cruz for 2 beds in a DHCS-licensed, 5-bed, ASAM Level III.2-WM detoxification program. Janus recently modified its facility to permit expansion of its detoxification program to

10 beds. In October 2015, Janus submitted an application for DMC certification for its detoxification program.

Residential Treatment: The County currently contracts with three agencies to provide a total of 46 ASAM Level 3.5 residential treatment beds at five separate DHCS-licensed facilities, including a DMC-certified perinatal residential treatment program, and a program targeted for Latino males. Two of the three agencies are interested in applying for DMC certification for their residential treatment programs, and one facility has already submitted its DMC certification application.

Pending confirmation by DHCS's designation of ASAM levels, it appears that there are no residential treatment beds in the County that will receive an ASAM Level 3.1 designation. In the event that no County-funded DMC residential programs receive an ASAM Level 3.1 designation from DHCS, the County will work with its providers to either develop Level 3.1 tracks within existing residential treatment programs or, if the County and its providers develop new residential treatment facilities, ensure that new Level 3.1 beds are developed as needed. Level 3.1 beds will become available no later than three years after DHCS approval of the County's DMC-ODS contract.

The County will develop ASAM Level 3.3 services within three years of DHCS approval of its DMC-ODS contract. It is unlikely that there will be sufficient demand for Level 3.3 services to support opening a free-standing Level 3.3 program, and the County will work with its providers assess needs for Level 3.3 services and to develop a Level 3.3 track within a Level 3.5 program to meet the special needs of clients with cognitive impairments resulting from disorders such as developmental delays, organic brain syndrome, and traumatic brain injury.

Outpatient and Intensive Outpatient: The County currently contracts with four agencies to provide a total of 13 outpatient (ASAM Level 1) and intensive outpatient (ASAM Level 2.1) treatment programs, of which 8 are currently DMC certified. Three of the agencies have either submitted DMC certification applications, or intend to submit DMC certification applications for their remaining OP/IOT programs. DMC-certified outpatient treatment services are available to youth and adults. Youth outpatient programs meet State Adolescent Treatment Standards.

Narcotic Treatment Programs: The County currently contracts with Janus of Santa Cruz to provide a total of 580 slots of licensed, DMC-certified methadone maintenance treatment in North County (Santa Cruz) and South County (Watsonville) (ASAM OTP Level 1). Janus has recently acquired additional space adjoining its current Watsonville clinic, plans to submit a request to add 60 new slots to the Watsonville clinic.

Recovery Services: In partnership with its contracted SUD treatment providers, ADP has worked over the past eight months to develop a Recovery Maintenance Services (RMS) pilot project to provide supports for sustained recovery for clients following the completion of acute SUD treatment, including frequent telephone/text/e-mail monitoring and support contacts, enhanced linkages to needed ancillary services (such as employment, housing, transportation, parenting skills, and mutual self-help programs), aftercare groups that emphasize recovery self-management strategies, and rapid re-

engagement in treatment if the client relapses. These Recovery Maintenance Services are initially being piloted with probation referrals and funded by AB109.

Case Management: Case management services will be provided by County staff and contracted treatment provider staff, and will include:

- Assessment and re-assessment of client needs for SUD treatment and ancillary services, and development of plan for supportive services as part of the client's SUD treatment plan, discharge plan, or recovery maintenance services plan
- Coordination with treatment and ancillary service providers, and advocacy on behalf of the client to ensure access to services
- Coordination with SUD treatment, physical health, mental health and other service providers to ensure that each provider has a comprehensive understanding of the client's service needs and that the treatment/service plans of involved agencies are coordinated and meet the full range of the client's needs
- Coordination with referring agencies (e.g., probation, child welfare services, CalWORKs) to communicate progress in treatment and ensure that referring agency requirements are met
- Supporting the client to gain access to needed benefits
- Monitoring and supporting the client during periods at which she/he may be at high risk for relapse (e.g., release from jail, unplanned exits from treatment, transition in levels of care)

Determination of the need for case management services will be conducted as part of the initial ASAM assessment, updated throughout treatment as additional needs emerge, and as part of the client's discharge plan.

The County ADP currently employs five case managers who perform these duties on behalf of clients referred through inter-agency partners (child welfare services, CalWORKs, AB109 probationers, etc.), and thus has many years of experience in developing case management models and relationships with inter-agency partners and providers of ancillary services. The County's participation in the DMC-ODS will permit these successful models to be taken to scale for DMC-ODS beneficiaries.

Clients will receive an intensity of case management services consistent with their needs, and their needs are projected to vary over time as they become more (or less) able to manage their own lives in terms of accessing supports necessary for stable recovery (e.g., housing, income, participation in meaningful daily activities, clean and sober social supports, health and mental health care). A case manager may have some clients with whom they are having intensive contact, and others who are relatively stable and may stay on the caseload for a year or more with minimal contact as needed. The County's current standard is to keep a client open to a case manager's caseload if there has been a case management service provided to the client within the past 12 months. Given this definition of caseload, the County is projecting that a caseload of 90 clients per 1.0 FTE Case Manager will be sufficient to provide the needed level of intensity of case management services. As the County gains more experience with the DMC-ODS, the client to case manager ratio will be adjusted as needed.

Physician Consultation: Physician consultation services will be provided by American Board of Addiction Medicine (ABAM)-certified physicians, including the Behavioral Health Medical Director and ABAM-certified members of her physician staff. Physician consultation services are not with DMC-ODS beneficiaries; rather they are designed to assist DMC physicians with designing treatment plans for DMC-ODS beneficiaries. Consultation services will address issues such as medication selection, dosing, side effect management, patient adherence to taking medications as prescribed, drug-drug interactions, or level of care considerations. The County does not anticipate a high level of demand for these services.

Additional Service – Medication-Assisted Treatment: Medication-assisted treatment, including buprenorphine and Vivitrol, will be provided to DMC-ODS beneficiaries through the County's DMC-ODS and through existing non-DMC Medi-Cal resources (ASAM OTP Level 1). Clients receiving buprenorphine, Vivitrol, naloxone, and disulfiram will be eligible for admission to DMC-ODS for the ordering, prescribing, administering and monitoring of medication-assisted treatment, as well as the counseling, case management, and other SUD treatment services that may be needed to support their successful participation in buprenorphine or Vivitrol treatment.

Current providers of Medi-Cal funded Vivitrol services include Janus of Santa Cruz and the Health Services Agency's primary care clinic in Santa Cruz. The County has worked with its SUD contractors and the County primary care clinic to pilot Vivitrol services. Principal accomplishments of this pilot have included implementation of Medi-Cal billing for Vivitrol (including direct pharmacy access for criminal justice clients and understanding the Treatment Authorization Review (TAR) process for non-criminal justice clients); and coordination of medication administration with SUD counseling services needed to achieve positive client outcomes. Current buprenorphine providers that accept Medi-Cal include Janus of Santa Cruz and the Health Services Agency's primary care clinic in Santa Cruz. These buprenorphine services will be available to DMC-ODS clients.

Additional Service - Recovery Residences: The County currently contracts for Sober Living Environment (SLE) clean and sober housing for its clients, including DMC clients. SLE services will be available to DMC-ODS beneficiaries within the limits of available funding.

Barriers: Potential barriers to service availability include residential treatment and detoxification capacity; and the availability of ABAM-certified physicians.

Residential and Detoxification Capacity. As described above, the County contracts for a total of 46 residential treatment beds and 2 detoxification beds with three agencies that intend to seek DMC certification for these programs. Currently, the County is only purchasing a portion of the licensed capacity of these programs - - the combined licensed capacity these residential programs is 74 beds of ASAM Level 3.1 and 3.5 services (compared to 46 beds purchased by the County), and the detoxification capacity is 10 beds of ASAM Level 3.2 – WM services (compared to 2 beds purchased by the County). The beds that are not being purchased by the County are available to

private insurers, other counties, federal probation, private pay clients, etc. Based on discussions with contractors, they are interested in making some of these beds available to serve DMC-ODS clients, provided that DMC-ODS bed day rates are competitive with rates from other funders. In addition to the 74 licensed beds, providers have 17 beds in licensed facilities for which they have allowed the bed licensure to lapse due to lack of funding to operate the beds. If funding becomes available through the DMC-ODS, providers could apply to DHCS to have the beds re-licensed, and could make the additional services available relatively quickly (i.e., no new facility site search would be required.) Expansion of DMC-ODS service capacity through use of existing licensed residential and detox beds as well as re-licensure of beds could increase the number of beds available to low-income County residents by 50% to 100%. If the demand for residential and detox services increases beyond the current licensed and re-licensed bed capacity and the willingness of contractors to contract for DMC-ODS services, then contractors (with support from the County) would need to open new facilities.

If the number of new clients seeking treatment through the DMC-ODS is closer to the low end of the range of projections (i.e., a 32% increase in the number of clients compared to the number of clients served in 2014/15), then existing licensed residential and detox capacity (including those beds that are licensed but not currently purchased by the County, and beds that can be re-licensed) should be sufficient to meet the demand for services. If the number of clients seeking treatment is closer to the high end of the range of projections (i.e., a 116% increase in the number of clients seeking treatment), then the County will need to work with treatment providers to open new facilities. It is expected that there will be period of ramping up of demand for treatment in Year One of DMC-ODS implementation, during which the County can gain experience with more accurately projecting demand and, if needed, begin the process of opening new facilities prior to running out of service capacity.

DHCS Review. As has been discussed in numerous forums over the past two years, counties are concerned that DHCS timeliness of issuance of certification application guidelines and review of providers' applications for DMC certification may delay implementation of DMC-ODS services. The County ADP will encourage providers to take advantage of opportunities for technical assistance to ensure that their DMC certification applications are complete and accurate, and will work in partnership with DHCS to streamline the certification application review process wherever possible.

Physician Consultation Services. In Santa Cruz County and statewide, there is a shortage of physicians who are certified by the American Board of Addiction Medicine (ABAM). County Behavioral Health currently has one psychiatrist who is ABAM-certified, and is recruiting for additional ABAM-certified psychiatrists. As psychiatry positions turn over, the County will continue to focus recruitment efforts on obtaining ABAM-certified medical staff. Use of a team approach, with physicians participating on a treatment team with certified alcohol and drug counselors, can help fill some of the knowledge gaps for physicians who are not ABAM certified.

Services for Non-County Residents: In accordance with existing State requirements, Santa Cruz County will continue to provide existing DMC services (i.e., outpatient,

intensive outpatient, perinatal, residential, and narcotic treatment programs) to all non-county residents who are DMC beneficiaries. According to the 1115 Wavier terms and conditions, counties that are not participants in the DMC-ODS program cannot get reimbursed by the state for the expanded services available under DMC-ODS. For a resident of a non-pilot county seeking DMC-ODS services, Santa Cruz County will refer the client seeking DMC-ODS expansion services back to their county of residence to be served through a non-DMC-ODS funding source.

5. ***Expansion of Services.*** *Describe how the county plans to expand services to include all levels of the ASAM Criteria over the period of the Waiver. In the description, include the timeline for expansion.*

The 1115 Waiver Terms and Conditions indicate that DHCS is not requiring counties to implement all levels of the ASAM Criteria within the first year of DMC-ODS implementation, but rather to implement at least one sub-level within Level 2 (Intensive Outpatient/Partial Hospitalization); and at least one sub-level within Level 3 (Residential and Inpatient Services). As required by DHCS, within three years of approval of the State/County contract amendment approving the DMC-ODS, the County will implement additional levels of residential treatment, including ASAM levels 3.1 to 3.5. ASAM Level 3.7 (Medically-Monitored Intensive Inpatient Services) and Level 4 services (Medically Managed Intensive Inpatient Services) are not funded through the DMC-ODS program and are not required to be part of the County's implementation plan. In addition, Level 1 (Outpatient), Narcotic Treatment Program, Case Management, Recovery Services, and Physician Consultation Services are required. Nearly all of the programmatic service elements necessary to provide the full range of services required under the DMC-ODS are already in place, and only need to become DMC certified in order to begin providing services funded through the DMC-ODS.

The County and its contractors have experience with providing DMC services, and have most of the administrative and programmatic infrastructure in place to rapidly expand DMC-ODS services. Three of the five contracted treatment provider agencies have DMC-certified programs, and a fourth has an application for DMC services that has been submitted and is pending DHCS review. The fifth agency does not currently plan to become DMC certified, and is a relatively small provider of services to the County.

The County will be implementing the DMC-ODS in partnership with DHCS, and timely actions will be required by both parties to ensure rapid implementation. Because the County does not have control over the scheduling of DHCS actions, the action plan below lists timelines for County action steps and no timelines for DHCS action steps.

Step	Action Step	Responsible	Timeline
1	DHCS and CMS approve County Implementation Plan	DHCS and CMS	TBD
2	DHCS prepares amendment to State/County NNA/DMC contract	DHCS	TBD
3	County Board of Supervisors approves NNA/DMC contract amendment	County	Within 2 months of Step 2

			completion
4	Federal CMS and DHCS approve the NNA/DMC contract amendment	CMS and DHCS	TBD
5	County and contractors submit DMC certification applications for DMC-ODS expansion services	County and contractors	Within 3 months of Step 5 completion
6	DHCS reviews and approves DMC certification applications for expanded services	DHCS	TBD
7	County and contractors begin providing DMC-ODS expansion services	County and contractors	Within 3 months of Step 7 completion
8	County and contractors develop Level 3.5 services, and Level 3.1 services as needed.	County and contractors	Within 3 years of Step 4 completion

6. ***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?*

The County Mental Health and Substance Abuse Services (MHSAS) is a division within the County Health Services Agency. The Director of the Mental Health and Substance Abuse Services reports to the Health Services Agency Director, who is also responsible for primary care clinics, public health, and environmental health. The Director of Mental Health and Substance Abuse Services supervises the Alcohol and Drug Program, the Adult Mental Health Program, and Children's Mental Health. The County Alcohol and Drug Program and the Adult Mental Health and Children's Mental Health programs contract with many of the same providers for both SUD and mental health services. Intra-agency funding agreements provide for many services for persons with co-occurring SUD and mental health disorders. There are several programs and services within MHSAS specifically targeted to persons with co-occurring disorders, and further integration efforts are underway.

County mental health services will be integrated with DMC-ODS services in several ways, including access to specialty mental health services for adults with severe and chronic mental illness and youth with severe emotional disturbance, and services for Medi-Cal beneficiaries with mild to moderate mental illness.

<u>Specialty Mental Health Services.</u> Adult Medi-Cal beneficiaries with SUD and co-occurring severe and chronic mental illness and youth with severe emotional disturbance will continue to have access to County specialty mental health services, including the full range of mental health services from outpatient to hospitalization and

psychiatry services. Linkages to specialty mental health services are made through the County's Access gateway, which provides crisis walk-ins, appointments, and 24/7 telephone access. The proposed expansion of Access to include these services for clients with SUD will support a comprehensive assessment of SUD and mental health needs for all Medi-Cal beneficiaries seeking SUD and/or mental health services.

County Mental Health has programs specifically targeted to persons with co-occurring disorders, including Paloma House residential services and a Behavioral Health Court for adults, and Tyler House residential treatment services for adolescents. Participants in these programs typically have a County Mental Health Service Coordinator, who is responsible for assessing SUD-related needs and advocating for client access to needed services. With the addition of SUD case management services through the DMC-ODS, the County will have additional capacity to ensure that persons with co-occurring disorders who are served initially in the SUD system will have access and advocacy to obtain mental health services.

Mild to Moderate Mental Illness. Most Medi-Cal beneficiaries with co-occurring disorders do not meet the severity threshold for admission to specialty mental health services. Individuals with mild to moderate mental illness who have a co-occurring SUD will be served through the County-operated Integrated Behavioral Health (IBH) program. The IBH program is contracted with Beacon Health Strategies, who in turn contracts with the Central Coast Alliance for Health, which is the County Organized Health System (COHS) Medi-Cal managed care organization that is responsible for providing mild to moderate mental health services to Medi-Cal beneficiaries in the county. The IBH program is relatively new and is currently adding staffing that will enable it to provide outpatient counseling, psychiatry, and medication management services to DMC-ODS clients who have co-occurring mild to moderate mental health disorders. IBH staff screens each client for SUD, and conducts engagement, intervention, brief counseling, and referral to SUD treatment as warranted. Once it is more fully staffed, the IBH will be available to County ADP Service Coordinators and contracted SUD treatment providers as a referral resource for mental health counseling, psychiatric consultation and medication management services for DMC-ODS clients in SUD treatment. In addition to the IBH, Medi-Cal beneficiaries are also able to access mental health services through other community agencies and licensed mental health private practitioners contracted with Beacon.

Mental Health Coordination Requirements for SUD Contractors: With the implementation of the Avatar electronic health record in January 2016, all SUD contractors will be required to use the Addiction Severity Index (ASI) and the ASAM as standard assessment tools. Both of these tools screen for mental health disorders. For any client who screens positive for mental health disorders, the County ADP will require DMC-ODS providers to include in the client's treatment plan an objective to obtain further assessment of the mental health disorder, and a coordinated referral to mental health treatment and/or direct provision of mental health services by the SUD treatment provider. As part of monthly Utilization Review (UR) chart reviews, the provider's UR Committee and the County UR contract monitor will determine if a mental health screening was conducted, and if further care coordination and/or direct provision of mental health services was included in the treatment plan, and if there are progress notes supporting implementation of the treatment plan.

7. ***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?*

The County ADP and contractors are working closely with the largest hospital emergency department in the County (Dominican Hospital) through Dominican's Frequent Emergency Department (ED) Users Workgroup to identify frequent ED users who have SUD to engage them and encourage entry into SUD treatment. The Health Improvement Partnership, a non-profit organization dedicated to improving healthcare access and outcomes in Santa Cruz County, has initiated an Integrated Behavioral Health Action Coalition which brings together hospitals, physical health safety net clinics, and mental health and SUD treatment providers to improve integration of physical and behavioral health services, including implementation of SBIRT in physical health care settings. Annual SBIRT screening has been implemented for all patients at the County Health Services Agency's two primary care clinics in Santa Cruz and Watsonville, and SBIRT training has been provided to the other safety net clinics and hospitals (e.g., Watsonville Community Hospital) in the county to enable them to meet Medi-Cal requirements for SBIRT screening for alcohol for Medi-Cal beneficiaries.

The Health Improvement Partnership was recently awarded a California Health Care Foundation grant to implement an Opioid Safety Coalition, which will bring together medical professionals, SUD treatment providers, law enforcement and others to promote safer prescribing practices, alternative practices for managing chronic pain, and increased access to medication-assisted treatment.

Physical Health Coordination Requirements for SUD Contractors: Consistent with DHCS licensure and DMC certification regulations, all contracted SUD treatment providers conduct a medical screening at admission, arrange for a physical examination as needed, and include referral to physical health services as part of the client's SUD treatment plan. Medi-Cal beneficiaries have access to the full range of physical health services through the County's Medi-Cal managed care organization (the Central Coast Alliance for Health - AKA The Alliance). The Alliance has medical social work services available for Alliance members who have chronic and/or costly medical conditions. County ADP Service Coordinators and counselors from SUD treatment providers have developed strong working relationships with Alliance medical social workers, and this relationship will be strengthened with the availability of expanded case management services through the DMC-ODS.

As part of monthly Utilization Review (UR) chart reviews, the provider's UR Committee and the County UR contract monitor will determine if a physical health screening was conducted, and if further care coordination of physical health services was included in the treatment plan and the progress notes supporting implementation of the treatment plan.

8. ***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 County ADP currently employs five case managers (Service Coordinators) who perform the duties described above on behalf of clients referred through inter-agency partners (child welfare services, CalWORKs, AB109 probationers, etc.) The County ADP has had many years of experience in developing case management models and relationships with inter-agency partners and providers of ancillary services to ensure the provision of the coordination assistance services described above. The County's participation in the DMC-ODS will permit these successful models to be taken to scale for DMC-ODS beneficiaries. As described in #7 above (Coordination with Physical Health), the County ADP and its contracted providers are involved in several inter-agency collaboratives that are further refining and developing coordination assistance services. The County does not anticipate substantial challenges or technical assistance needs related to coordination assistance services.

9. Access. *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:*

a. The anticipated number of Medi-Cal clients
b. The expected utilization of services
c. The numbers and types of providers required to furnish the contracted Medi-Cal services
d. Hours of operation of providers
e. Language capability for the county threshold languages
f. Timeliness of first face-to-face visit, timeliness of services for urgent conditions and access afterhours care
g. The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities.

Estimated Number of Medi-Cal Clients: There are very limited historical data available to use in making projections for the number of Medi-Cal clients who will utilize DMC-ODS services. The number of Medi-Cal beneficiaries who will seek DMC-ODS services is estimated to range between 1,588 and 2,602, based on two estimation methods, including 1) extrapolating from a 2013 Mercer study on DMC prevalence and penetration rates that was used by the Department of Finance to estimate DMC expansion costs under AB1X; and 2) extrapolating from the DHCS California Mental

Health and Substance Abuse Needs Assessment (2012) and the National Survey on Drug Use and Health (NSDUH) (SAMHSA, 2013).

Mercer Study. Estimates developed by Mercer (2103) projected a 10.3% SUD prevalence rate within the Medi-Cal population and a 24% penetration rate for those Medi-Cal beneficiaries with a SUD who would seek treatment. These prevalence and penetration rates were multiplied by the number of Medi-Cal beneficiaries in Santa Cruz County as of May 2015 (data provided by the Central Coast Alliance for Health) to arrive at a projected number of 1,588 Medi-Cal beneficiaries seeking SUD treatment under the DMC-ODS program (64,259 Medi-Cal beneficiaries x 10.3% prevalence x 24% penetration = 1,588 Medi-Cal beneficiaries seeking treatment).

DHCS/NSDUH Studies. The 2012 DHCS Needs Assessment Study estimated that there were 21,682 persons age 12 or over in Santa Cruz County who experienced a SUD in the past year. NSDUH data indicated that 14.8% of those surveyed nationally who had a SUD either entered treatment or were interested in treatment but were not able to obtain it. An estimate of 3,209 persons with SUD seeking treatment (21,682 with SUD x 14.8% seeking SUD treatment) was discounted by the percentage of County ADP clients who are Medi-Cal beneficiaries (3,209 estimated to be seeking SUD treatment x 81.1% Medi-Cal) to arrive at an estimated 2,602 DMC-ODS clients.

Expected Utilization of Services: Patterns of service utilization in the DMC-ODS are expected to be similar to patterns of service utilization in the current County ADP system of care (i.e., *the percentage of total treatment admissions to a particular DMC-ODS treatment modality is expected to be similar the percentage of treatment admissions to that modality in 2014/15)*, except where funding shortfalls have resulted in restrictions in the level or duration of care, and where new services available under the DMC-ODS are being implemented that are not readily available in the current ADP system of care. In 2014/15, there were 1,487 unique ADP clients who accounted for a total of 1,651 admissions to SUD treatment services, for an average of 1.11 admissions per unique client. Of these clients, 81.1% (1,206 clients) were Medi-Cal beneficiaries.

Withdrawal management (detoxification) admissions accounted for 7.6% of total 2014/15 treatment admissions, and the average length of stay was 5 days. Detoxification length of stay is not expected to change in the DMC-ODS.

Residential treatment services accounted for 26.4% of total 2014/15 treatment admissions, and the average length of stay was 33 days. Historically, funding shortfalls have resulted in restrictions on level of care placements (e.g., some clients who need residential treatment have been admitted to outpatient or intensive outpatient plus clean and sober housing due to lack of funding), and restrictions on the length of stay that is authorized. It is estimated that authorization of residential treatment services that is based on ASAM criteria rather than availability of funding will increase residential treatment utilization per episode approximately 25% above current baseline utilization levels. The County anticipates that implementation of the DMC-ODS will resolve current issues related to providing an adequate level and duration of residential treatment to MediCal beneficiaries. As discussed in Section 4. Treatment Services – Barriers, if growth in the number of clients seeking residential treatment and detoxification reaches the high end of estimates, the County may need to work with its providers to open

additional residential treatment facilities. The County understands that DMC-ODS will only reimburse for the treatment portion of a residential treatment day, and will not pay for room and board costs.

Outpatient and intensive outpatient services accounted for 40.9% of total treatment admissions in 2014/15, and the average length of stay for clients departing from treatment was 74 days for outpatient and 79 days for intensive outpatient. These average lengths of stay are not expected to change in the DMC-ODS. It is projected that providers will be able to expand service capacity to accommodate increased demand.

Narcotic treatment programs (methadone maintenance) accounted for 25.3% of 2014/15 treatment admissions, and the average length of stay was 222 days (7.3 months) for clients who departed from methadone maintenance. Because methadone maintenance is a current DMC benefit and the two local methadone programs have recently expanded significantly with the January 2014 implementation of expanded, income-based eligibility for Medi-Cal (i.e., MAGI MediCal), growth in the utilization of methadone maintenance services is expected to plateau more rapidly than growth in other DMC-ODS services. It is projected that providers will be able to expand service capacity to accommodate increased demand within existing licensed NTP clinics.

Recovery services are currently being piloted in the ADP system of care, and there is little data available from SUD systems of care outside of the County to support estimates of utilization of recovery services. Recovery services will be needed by clients who complete outpatient and intensive outpatient treatment services, and by those residential treatment clients who do not transition to outpatient or intensive outpatient after completing residential treatment. Based on estimates of the numbers of outpatient, intensive outpatient, and residential treatment clients, and data from a 2013/14 client outcomes study showing that 57% of clients completed OP or IOT services and 67% of client completed residential treatment, it is projected that approximately 33% of total unique clients will need recovery maintenance services after completing treatment. The Financial Plan worksheets provide more information on the estimation method. As discussed above, the County ADP is piloting a Recovery Maintenance Services project, and information on utilization and costs from this pilot project will be used to refine estimates of utilization for the DMC-ODS.

Case management. In the current County ADP system, access to case management services has been severely restricted by the availability of funding. Apart from the referrals to ancillary services and referrals to step down/step up SUD treatment that are made available during a treatment episode provided by ADP contractors, most clients receive very case little management. For those clients who do participate in formal case management, funding restrictions result in some clients receiving only assessment and active support to enter treatment, while other clients receive ongoing monitoring and support from their case manager over the course of months or years. For those clients who receive ongoing case management, the intensity of the case management is increased or decreased depending on the client's level of need over time. In 2014/15, only 30.3% of the 1,487 unique clients receiving ADP treatment services during the year were enrolled in case management services, and the average case manager to client ratio was 1.0 full time equivalent (FTE) Case Manager to 90

clients. In order to provide case management at the current staff/client ratio for each DMC-ODS participant, the County would need to add 4 to 7 times as many case managers as it currently has, based on the low and high estimates of the number of DMC-ODS clients discussed above. To achieve caseload sizes that are considered to be more adequate (e.g., 1.0 FTE for every 40 to 50 clients), even more new case managers would need to be added. The County plans to use a chronic illness case management model, in which case managers maintain contact with their clients beyond the initial stabilization phase and provide low-intensity case management services for up to a year or longer. In a chronic illness case management model, a caseload of 90 clients to 1.0 FTE Case Manager is projected to be adequate. With the implementation of DMC-ODS, the County anticipates increasing the number of Case Managers approximately 500%.

Physician consultation services are defined in the 1115 Waiver terms and conditions as including "physician consultation services with addiction medicine physicians, addiction psychiatrists or clinical pharmacists. Physician consultation services are not with DMC-ODS beneficiaries; rather they are designed to assist DMC physicians with designing treatment plans for DMC-ODS beneficiaries. Consultation services may address medication selection, dosing, side effect management, adherence, drug-drug interactions, or level of care considerations. Counties may contract with one or more physicians or pharmacists in order to provide consultation services." Narcotic treatment programs (NTP) accounted for 18.9% of ADP admissions in 2013/14, and each of these NTP clients had a physician who provided these services. However, physician consultation services that are not part of a NTP program are only available on a limited basis in the current ADP system of care. Historical data on the need for physician consultation outside of the NTP program is limited. Currently, the number of clients participating in non-NTP SUD treatment services who receive MAT is relatively small. The County's pilot project to expand Vivitrol treatment has resulted in approximately 1.9% of County ADP clients (28 of 1,487 clients annually) participating in Vivitrol treatment. Expansion of Vivitrol and other MAT services is expected to result from ongoing education and outreach to clients, SUD treatment providers and medical personnel. Among clients who will be receiving MAT other than methadone, the percentage of clients whose physicians will need consultation from an ABAM-certified physician is anticipated to be rather small. It is projected that existing providers will be able to accommodate the demand for physician consultation services, which is estimated at approximately 20 consultations per year.

Additional Medication Assisted Treatment. Vivitrol was provided to approximately 25 AB109 clients during the 12 months from 10/1/14 to 9/30/15 in a program that has been piloted initially with AB109 offenders. AB109 clients represented approximately 10% of all County SUD treatment clients in 2014/15, so if the Vivtrol utilization rate among the general client population is similar to the current Vivitrol utilization rate among AB109 clients, it is projected that as many as 438 DMC-ODS clients annually may participate in Vivitrol services (25 AB109 clients x 10 (10 percent of total clients are AB109) x 2.16 (projected increase in total number of clients systemwide) x 81.1% (percentage of clients who are MediCal beneficiaries).

Numbers and Types of Providers Required: The County anticipates using its existing array of contracted and County-operated programs for provision of DMC-ODS services, and ensuring that each of these providers (Janus of Santa Cruz, Encompass Community Services, Sobriety Works, and Pajaro Valley Prevention and Student Assistance) becomes DMC-certified to provide the DMC-ODS services indicated in the table below:

Agency	Withdrawal Management	Residential Treatment	Outpatient	Intensive Outpatient	Narcotic Treatment Pgm	Recovery Services	Case Management	Physician Consultation	Additional MAT	Recovery Residences
County ADP						X	X	X		
Janus of Santa Cruz	X	X	X	X	X	X	X	X	X	X
Encompass Community Services		X	X	X		X	X	X		X
Sobriety Works			X	X		X	X	X		X
Pajaro Valley Prevention and Student Assistance (for youth)			X	X		X	X	X		

All of the services in the above grid are currently operational, except for recovery services and physician consultation services which will be developed in the DMC-ODS. In addition to programs described above for the general adult and youth populations, Janus of Santa Cruz will continue its perinatal DMC-certified programs, including residential treatment, narcotic treatment programs, outpatient and intensive outpatient services.

Hours of Operation: Hours of operation vary among programs, and include 24/7 operations for residential and detoxification programs; 7 days a week dosing at the methadone clinic; and daytime and evening operations at outpatient and intensive outpatient programs during weekdays. A table of hours of operation for each provider is shown below:

Outpatient and IOT	
Janus OP and IOT	9:00 a.m. – 8:30 p.m. M-Th; 9 – 5 Fri; Weekend by request
ALTO Outpatient	9:00 a.m. – 9:00 p.m. M-Th; 9 – 5 Fri
ALTO IOT	4:00 – 7:00 Tu, W, Th
Sobriety Works OP and IOT	9:00 a.m. – 9:00 p.m. M-Th; 9 – 5 Fri
Pajaro Valley Prevention and Student Assistance	9:00 a.m. – 8:30 p.m. M-Th; 9 – 5 Fri; Weekend by request
Residential Treatment	
Janus	Residential services are provided 24/7; Intakes M – F 8 – 5:00 and emergencies by appointment
Encompass	Residential services are provided 24/7; Intakes M – F

	9 – 5:00 and weekend emergencies by appointment
Withdrawal Management	
Janus	Detoxification services are provided 24/7; Intakes M – F 8 – 5:00 and emergencies by appointment
Narcotic Treatment Program	
Janus	Dosing M – F 5:30 a.m. to 12:30 p.m., Sat/Sun 6:30 a.m. to 11:00 a.m. and holidays 7:00 a.m. – 9:00 a.m.; Counseling M – F 6:00 a.m. – 2:00 p.m.

Language Capability: English and Spanish are the only threshold languages in Santa Cruz County. Services in Spanish are available in all treatment modalities. The County and its providers have staff who are fluent in Spanish, and consequently rarely use interpreters. For non-threshold languages, the County will use the AT&T Language Interpretation Service.

Timeliness of Visits and Afterhours Access: It is assumed that access standards for the DMC-ODS will parallel those of the County Mental Health Plan, and currently include those listed below. It is our understanding that access standards are in the process of being revised for Medi-Cal funded Mental Health services, and the County will comply with these updated mental health standards for its DMC-ODS services.

- Timeliness of first face to face intake appointment after initial contact: 10 days.
- Timeliness of services for urgent conditions: Services will be provided within 36 hours, with a one-hour authorization time.
- Access to after-hours care: Beneficiaries will have access to a 24/7 toll-free phone number with availability of on-call staff. The 24/7 toll-free number will have threshold language (Spanish) speaking capability.

Geographic Location and Disabled Accessibility: In terms of square mileage, Santa Cruz County is the second smallest county in the state after San Francisco County. Most of the population of the County resides in the 18-mile long coastal strip between the cities of Santa Cruz and Watsonville, and in the San Lorenzo Valley. Except for residential withdrawal management services (i.e., detoxification), all SUD treatment services are available in both north county (Santa Cruz and vicinity) and south county (Watsonville and vicinity). The public bus transportation system is reasonably robust, and all proposed DMC-ODS service providers are located near public transportation lines. Most Medi-Cal clients are within a ½ hour bus ride to a treatment program, and the longest bus ride would be approximately one hour for a north county resident who was participating in a south county program (or vice versa). All current contracted SUD treatment programs are wheelchair accessible and have access to ASL interpreters as needed.

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

All DMC-ODS providers will participate in mandatory annual trainings on compliance with DMC regulations, quality assurance, and utilization review. All providers have been trained on ASAM and are currently using ASAM as part of their admission procedures. With support from DHCS and its technical assistance contractors, the County will sponsor annual optional trainings on ASAM, motivational interviewing, cognitive behavioral therapies, relapse prevention, trauma-informed care, and other evidence-based practices.

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

There are several policy issues and technical questions yet to be resolved regarding the DMC-ODS. As DHCS and the counties work together to resolve these issues and questions, there are likely to be technical assistance needs regarding:

- Use of brief (15-20 minute) ASAM screening tools in a call center/triage setting
- Defining, and applying for DMC certification for, services that are not yet part of the DMC array of benefits, such as recovery services, case management, and physician consultation
- Financial and administrative issues related to rate setting, reimbursement structures, claiming mechanisms, documentation requirements, and cost reporting for DMC-ODS services

12. ***Quality Assurance.*** *Describe the quality assurance activities the county will conduct. Include the county monitoring process (frequency and scope), Quality Improvement plan, Quality Improvement committee activities and how counties will comply with CFR 438. Please list out who the members are on the Quality Improvement committee.*

All ADP-contracted DMC-ODS programs will be monitored annually for compliance with DMC regulations; compliance with state program certification standards and SAPT Block Grant requirements where applicable; cultural competence (including CLAS standards) and disabled accessibility standards; staffing qualifications; maintenance of a clean and safe facility; implementation of evidence-based practices; and policies and procedures for coordination with physical health and mental health services. Monitoring activities will include interviews with program managers, review of program policies and procedures, review of client charts, review of staff personnel folders, and a facility walkthrough using a standardized monitoring instrument. All monitoring site visits will result in a written report with submission of a required corrective action plan if needed.

The County will develop a DMC-ODS Quality Improvement Plan that includes monitoring service delivery, and DMC-ODS capacity as evidenced by a description of the current number, types and geographic distribution of SUD services. The DMC-ODS Quality Improvement Plan will be combined with the Mental Health Quality

Improvement Plan, and there will be a combined Mental Health and Substance Abuse Quality Improvement Committee comprised of the:

- Director of Mental Health and Substance Abuse Services
- Chief of the Alcohol and Drug Program
- Chief of Adult Mental Health
- Chief of Children's Mental Health
- Quality Improvement Manager
- Administrative Services Manager
- Cultural Competence Manager
- MHSA Manager
- Consumer/Family Member
- Utilization Review Staff

The Quality Improvement Committee will meet quarterly, and recommend policy decisions; review and evaluate the results of QI activities; institute needed QI actions; ensure follow-up of QI processes; and document QI committee minutes regarding decisions and actions taken. The monitoring of accessibility of services will include:

- Timeliness of first face to face appointment Timeliness of services for the first dose of Narcotic Treatment Program services
- Frequency of follow-up appointments in accordance with individualized treatment plans
- Timeliness of services for urgent conditions
- Access to after-hours care
- Responsiveness of the 24/7 toll-free number
- Coordination of physical and mental health services with DMC-ODS services
- Timeliness of County review of providers' prior authorization requests for residential treatment, and numbers/percentages of prior authorization requests approved or denied
- Availability of Spanish language telephone access and SUD treatment services
- Assessment of beneficiaries' experiences, including beneficiary grievances
- Strategies to reduce avoidable hospitalizations, and ensure that clients are placed in the least restrictive treatment settings consistent with their level of needs.

The County will create a Utilization Management (UM) Program to assure that beneficiaries have appropriate access to substance use disorder services; medical necessity has been established and the beneficiary is at the appropriate ASAM level of care; and that the interventions are appropriate for the diagnosis and level of care. County contracts will require each DMC-ODS provider to establish a UM committee that meets monthly with a County UM monitor in attendance to review medical records and billings for DMC documentation compliance regarding medical necessity for services (including use of ASAM criteria), admission, discharge and annual updates, treatment plans, progress notes, client grievances, service denials, and program integrity. County UM staff will use the Avatar electronic health record to track the

number, percentage and timeliness of requests for prior authorization for DMC-ODS residential treatment services that are submitted, processed, approved and denied.

The County will participate in External Quality Review Organization site visits as required by DHCS.

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?*

Historically, the County ADP and its contractors have conducted extensive staff trainings on Motivational Interviewing, cognitive behavioral therapies (e.g., Matrix Model intensive outpatient treatment), relapse prevention, trauma-informed care (e.g., Seeking Safety). All treatment programs include psycho-education as part of their program curricula. With the support of DHCS and its technical assistance contractors, along with the County's independent efforts, training on these and other evidence-based practices (EBP's) will continue to be provided to all DMC-ODS service providers.

As part of the DMC-ODS implementation process, County contracts for treatment services will be amended to include a requirement that each DMC-ODS contractor provide at least two of the identified EBP's. In addition, the existing contract monitoring tool will be revised to monitor programs to determine if staff training on EBP's has been provided. County Utilization Review contract monitors will attend provider Utilization Review meetings, and will include in the client chart review a determination of whether EBP's are part of the client's treatment plan and whether there are progress notes to support that the EBP's were provided to clients.

If a program is found not to be in compliance with the EBP requirement, the County will follow the same corrective action path as it follows for other contractor deficiencies, including provision of training and technical assistance as needed, requiring the contractor to submit a corrective action plan, and progressive sanctions up to and including contract termination if necessary.

14. ***Assessment****. Describe how and where counties will assess beneficiaries for medical necessity and ASAM Criteria placement. How will counties ensure beneficiaries receive the correct level of placement?*

As described above in #2 (Client Flow), there will be three principal gates into the DMC-ODS, including 1) referrals from partner agencies to County ADP Service Coordinators; 2) contact by members of the public with the County Mental Health and Substance Abuse Services "Access" telephone line and crisis walk-in center; and 3) direct contact by members of the public with DMC-ODS provider treatment agencies. Assessment services provided by each of these gates is described below. All determinations of medical necessity will be performed through face-to-face reviews or telehealth by a Medical Director, Licensed Physician, or a Licensed Practitioner of the Healing Arts.

ADP Service Coordinators, who are typically out-stationed at partner agencies, will receive referrals from partner agencies (Probation, Child Welfare Services, CalWORKs, etc.) For these referrals, County ADP Service Coordinators will conduct a full ASAM assessment based on the Addiction Severity Index (ASI) plus supplemental questions, make a recommendation regarding medical necessity for DMC-ODS services, develop treatment placement recommendations, and facilitate entry into treatment.

Access will be adding a full-time staff member to respond to public requests for SUD-related information and requests for entry into treatment services. Access staff are located at the north county Mental Health and Substance Abuse Services offices, where they are available for face-to-face appointments and crisis walk-ins as well as telephone contacts. Staff at the Access gate, which may only have brief telephone contact with a person seeking services, will use a brief (15–20 minute) version of the ASAM Criteria which will be used to develop level of care recommendations. A 15-20 minute brief version of the ASAM Criteria has been developed by Santa Clara County for use in its Gateway call center to quickly screen and refer callers to treatment services. Once the client arrives at the recommended treatment program, the program will conduct a thorough ASI and ASAM Criteria assessment to confirm (or refute) the brief ASAM screening, determine medical necessity for DMC-ODS services and, if necessary, refer the client to a more appropriate level of care.

Direct admissions to DMC-ODS contractors will also be available in order to minimize the number of steps that a member of the public needs to go through to access services. DMC-ODS contractors who receive contacts from the public will talk with the person regarding the types of services they are seeking, conduct a brief ASAM assessment, and either admit the individual to their program or refer them to a provider who offers the appropriate level of care. For individuals who are admitted to the DMC-ODS program that received the initial contact, the provider will administer a full ASAM assessment based on an ASI plus supplemental questions and make a medical necessity determination based on the ASAM. At provider Utilization Review meetings, which will include the County contract monitor, client records will be reviewed for evidence that an ASAM/ASI assessment was conducted and that the level of care that the client is receiving is medically necessary and consistent with ASAM recommendations. See #19 below (Residential Treatment Authorization) for additional information on assessment and authorization for residential treatment.

15. ***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)?*

Santa Cruz County does not intend to be part of a regional model.

16. ***Memorandum of Understanding.*** *Submit a draft copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in 4(i) of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), the county may explain to the State the efforts undertaken*

to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).

The current MOU between the County Mental Health and Substance Abuse Services and the Central Coast Alliance for Health (the county Medi-Cal managed care organization) is attached. This MOU includes provisions related to screening SUD and mental health conditions, collaborative treatment planning, dispute resolution, clinical consultation, tracking of referrals, coordination of services, and sharing of confidential information.

The current MOU reflects the limited range of DMC-funded SUD treatment services that were available at the time that the MOU was signed, including methadone maintenance, perinatal residential treatment, and perinatal day treatment. As additional DMC-certified services become available to address the full continuum of care available through the DMC-ODS, the MOU will be revised to include the new services

17. ***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).*

As described above, Santa Cruz County is geographically the second smallest county in the state (after San Francisco County) and SUD treatment services are available in both the north and south ends of the County. We do not anticipate a need for telehealth services other than recovery maintenance services that will be provided to clients after completing formal treatment. Consistent with current practices, we will request clients to sign a release that permits SUD program staff to contact the client via e-mail and non-secure texting if these methods of contact are agreed to by the client and the staff member.

18. ***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?*

The County ADP currently contracts with community-based organizations for all of its SUD treatment services except for County-operated case management services. The County is working with its existing network of SUD treatment providers to support those providers who are interested in being part of the DMC-ODS to become DMC-certified; expand their scope of services to include new DMC-ODS services (e.g., case management, recovery support and physician consultation) that are not widely available in the current non-DMC system; and expand the quantity of services to keep up with expected increase in demand for DMC-ODS services. Current County SUD treatment contractors are performing well on their contracts and have a strong partnership with the County ADP. SUD treatment contracts are one year in length, and expire annually on June 30th. Contracts may be re-negotiated each summer to adjust to annual County budget allocations and changing needs for SUD treatment services.

The County will issue a formal request for letters of interest to existing ADP contractors and other local treatment providers that outlines the County's requirements for receiving a contract with the County for DMC-ODS services. The County will review providers' letters of interest, make a determination about whether to proceed with an interested provider, and give the provider written notice of the County's decision. At this time, it is not anticipated that the existing contracted service providers who are either currently DMC-certified or who have expressed interest in becoming part of the DMC-ODS will not receive a contract. However, if a provider is not selected for a contract for DMC-ODS services, they will be provided with written decision including the basis for denial. If a provider does not receive a DMC-ODS contract and wishes to appeal, they may first contact the Director of Mental Health and Substance Abuse Services, and then further their appeal to the Health Services Agency Director and ultimately to the County Administrative Officer. Consistent with the terms and conditions of the 1115 Waiver, appeals within the County will be exhausted prior to filing an appeal with DHCS. If a current DMC provider does not receive a DMC-ODS contract, the County will work with other DMC-certified providers to expand services to fill the gap left by the provider that was not awarded a DMC-ODS contract.

19. ***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.*

Medication-assisted treatment, including buprenorphine and Vivitrol, will be provided to DMC-ODS beneficiaries through the County's DMC-ODS and through existing Medi-Cal resources that are not funded through DMC. Current providers of Medi-Cal funded Vivitrol services include Janus of Santa Cruz and the Health Services Agency's primary care clinic in Santa Cruz. Over the past 18 months, Santa Cruz County has worked with its SUD contractors and the County primary care clinic to pilot Vivitrol services. Principal accomplishments of this pilot have included training of providers and inter-agency partners on Vivitrol; outreach to educate potential clients on the benefits and risks of Vivitrol; implementation of Medi-Cal billing for Vivitrol (including direct pharmacy access for criminal justice clients and understanding the TAR process for non-criminal justice clients); and coordination of Vivitrol medication administration with SUD counseling services needed to achieve positive client outcomes.

Current buprenorphine providers that accept Medi-Cal include Janus of Santa Cruz, the Health Services Agency's primary care clinic in Santa Cruz, and County Mental Health. These buprenorphine services will be available to DMC-ODS clients.

Consistent with the practices developed in the County's Vivitrol pilot project, participation in SUD treatment will be offered for all beneficiaries participating in additional MAT services. With appropriate confidentiality releases, case managers and SUD treatment providers will maintain ongoing contact with physicians prescribing buprenorphine and Vivitrol to ensure coordination of SUD treatment and medical care. In many instances, the additional MAT and the SUD counseling will be provided by the same agency, which will facilitate the coordination of care.

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

For clients who come in through the inter-agency partners referral gate, receive a full ASAM assessment from County ADP Service Coordinators and are recommended for residential treatment, no further authorization for admission to residential treatment will be required.

For those clients who have not had a full ASAM assessment by a County ADP Service Coordinator, the County will review requests for prior authorization for residential services within 24 hours of the prior authorization request being submitted by the provider. Staff from the County's Utilization Management/Quality Improvement Program will have access to the provider's recommended DSM diagnosis and ASAM assessment in the Avatar electronic health record; will review the DSM and ASAM Criteria to ensure that the beneficiary meets the requirements for the service; and communicate back to the provider regarding approval for a specified number of days of treatment, denial, or request further information. Use of the Addiction Severity Index, ASAM Criteria and review of the DSM diagnosis by trained County UM staff will ensure that there is consistent application of review criteria for authorization decisions. At this time, contracted residential treatment providers who will be seeking DMC certification do not plan on admitting new clients on weekends or holidays. Residential treatment programs will monitor the client's progress on an ongoing basis and at least monthly to determine their readiness for discharge or step-down to a lower level of care. If a client is approaching the end of their County-authorized treatment episode and the provider determines (based on ASAM criteria) that the client needs additional residential treatment, the provider will request an extension of the authorization from the County, provided that the total residential treatment length of stay is within the limits defined in the DMC-ODS Waiver Terms and Conditions.

21. ***One Year Provisional Period.*** *For counties unable to meet all the mandatory requirements upon implementation, describe the strategy for coming into full compliance with the required provisions in the DMC-ODS. Include in the description the phase-in plan by service or DMC-ODS requirement that the county cannot begin upon implementation of their Pilot. Also include a timeline with deliverables.*

The County and its providers have begun piloting recovery support services, and are seeking DMC certification of these services. An ABAM-certified physician is currently available to provide physician consultation services. Consistent with the timeline described in Section 5. Expansion of Services, all required DMC-ODS services will be available upon State and County approval of the DMC-ODS contract, including outpatient, intensive outpatient, withdrawal management, residential treatment, case management, recovery services, narcotic treatment programs, and physician consultation.

County Authorization

The County Behavioral Health Director (for Los Angeles and Napa AOD Program Director) must review and approve the Implementation Plan. The signature below verifies this approval.

Original Signed by Erik Riera, Director		12-8-15
_____	Santa Cruz	_____
County Behavioral Health Director	County	Date