Drug Medi-Cal Organized Delivery System Implementation Plan

Monterey County Health Department

Behavioral Health Bureau

County of Monterey

May 2016

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County of Monterey Implementation Plan

PART I
PLAN QUESTIONS

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

1. Identify the county agencies and other entities involved in developing the county plan. (Check all that apply) Input from stakeholders in the development of the county implementation plan is required; however, all stakeholders listed are not required to participate.

   ☒ County Behavioral Health Agency
   ☐ County Substance Use Disorder Agency
   ☒ Providers of drug/alcohol treatment services in the community
   ☐ Representatives of drug/alcohol treatment associations in the community
   ☒ Physical Health Care Providers
   ☒ Medi-Cal Managed Care Plans
   ☒ Federally Qualified Health Centers (FQHCs)
   ☒ Clients/Client Advocate Groups
   ☐ County Executive Office
   ☒ County Public Health
   ☒ County Social Services
   ☐ Foster Care Agencies
   ☒ Law Enforcement
   ☒ Court
   ☒ Probation Department
   ☒ Education
   ☒ Recovery support service providers (including recovery residences)
   ☐ Health Information technology stakeholders
   ☐ Other (specify) _____

2. How was community input collected?

   ☒ Community meetings
   ☐ County advisory groups
   ☒ Focus groups
   ☐ Other methods(s) (explain briefly)_____

3. Specify how often entities and impacted community parties will meet during the implementation of this plan to continue ongoing coordination of services and activities.

   ☒ Monthly
   ☐ Bi-monthly
   ☐ Quarterly
   ☐ Other: _____

4. Prior to any meetings to discuss development of this implementation plan, did representatives from Substance Use Disorders (SUD), Mental Health (MH) and Physical Health all meet together regularly on other topics, or has preparation for the Waiver been the catalyst for these new meetings?

   ☐ SUD, MH, and physical health representatives in our county have been holding regular meetings to discuss other topics prior to waiver discussions.

   ☐ There were previously some meetings, but they have increased in frequency or intensity as a result of the Waiver.

   ☒ There were no regular meetings previously. Waiver planning has been the catalyst for new planning meetings.

   ☐ There were no regular meetings previously, but they will occur during implementation.

   ☐ There were no regular meetings previously, and none are anticipated.

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

REQUIRED

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

How will these required services be provided?

☐ All county operated
☒ Some county and some contracted
☐ All contracted

OPTIONAL

☒ Additional Medication Assisted Treatment
☐ Partial Hospitalization
☐ Recovery Residences
☐ Other (specify) _____

6. Has the county established a toll free 24/7 number with prevalent languages for prospective clients to call to access DMC-ODS services?

☒ Yes (required)
☐ No. Plan to establish by: _____.

7. The county will participate in providing data and information to the University of California, Los Angeles (UCLA) Integrated Substance Abuse Programs for the DMC-ODS evaluation.

☒ Yes (required)
☐ No

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

☒ Yes (required)
☐ No

9. Each county's Quality Improvement Committee will review the following data at a minimum on a quarterly basis since external quality review (EQR) site reviews will begin after county implementation. These data elements will be incorporated into the EQRO protocol:
    - Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
    - Existence of a 24/7 telephone access line with prevalent non-English language(s)
    - Access to DMC-ODS services with translation services in the prevalent non-English language(s)
    - Number, percentage of denied and time period of authorization requests approved or denied

☒ Yes (required)
☐ No

PART II

PLAN DESCRIPTION (Narrative)

1. Collaborative Process. Describe the collaborative process used to plan DMC-ODS services. Describe how county entities, community parties, and others participated in the development of this plan and how ongoing involvement and effective communication will occur.

Review Note: Stakeholder engagement is required in development of the implementation plan.

The Monterey County Health Department exists to enhance, protect and improve the health of the people in Monterey County. It is the largest provider of primary care medical services and behavioral health services, regardless of payment source, in Monterey County. Monterey County Behavioral Health (MCBH), a bureau of the Health Department, provides mental health and substance use disorder services to residents of Monterey County.

[This is a placeholder for Locations of Community Outreach Sessions]

MCBH believes in the measureable value of high quality, holistic treatment that is client-centered, flexible, and tailored to the needs of the individual and their recovery. Our services continue to be transformed by establishing and maintaining successful collaborative partnerships with our consumers, families, departmental affiliates, contract providers, the Monterey County Mental Health Commission, the Board of Supervisors and members throughout our community.

In 2014 MCBH developed a strategic plan. This plan, resulting from a comprehensive review of the entire Behavioral Health service system, was developed over a year-long period and involved 15 focus groups and 9 community outreach sessions. County partners, contract providers, consumers and family members participated in the sessions. Much of the planning process involved receiving feedback on the provision of alcohol and drug services. 11 of the 15 focus group sessions clearly identified the unique challenges of serving individuals of all ages who are diagnosed with a substance use disorders in Monterey County.

In 2015 the Behavioral Health Bureau engaged in a more specific, community-wide alcohol and drug strategic planning process, to review and assess the multi-regional substance use disorder treatment and recovery services provided to a culturally diverse population. Community partners, stakeholders and consumers were invited to participate in a structured strategic planning session lead by David Mee-Lee, MD to assist in prioritizing alcohol and drug treatment needs and outlining a conceptual framework for the development of a continuum of care.

Substance use disorder (SUD) service providers contracting with the bureau also contributed to the planning process by providing feedback during a series of meetings facilitated by the bureau's alcohol and drug services administrative team. The feedback and information obtained during these planning sessions served as a structural foundation for the development and implementation of a comprehensive, integrated continuum of care that is modeled after the American Society of Addiction Medicine (ASAM).

The stakeholders participating in the process included SUD treatment provider staff and administrators, mental health service subcontractor staff, Monterey County Behavioral Health staff and managers, San Benito County Behavioral Health Department, Department of Social and Employment Services, Family and Children's Services, Department of Probation, regional hospital staff and administrators, Public Health, law enforcement, criminal justice partners and consumers.

The Alcohol and Drug Strategic Implementation Plan involved receiving feedback from stakeholders and community providers on the current alcohol and drug treatment system and anticipated needs for developing an integrated, continuum of care. The planning process examined the current level of substance use disorder services provided by community-based agencies including prevention, early intervention, outpatient, residential and aftercare; the existing "gaps" within the current service delivery system were also reviewed and assessed. The completed plan serves as a structural foundation for the development and implementation of a comprehensive, integrated continuum of care that is modeled after the American Society of Addiction Medicine (ASAM).

The transformation of Monterey County's system of behavioral health and substance use health care will continue to advance through collaborative partnerships and communication. The SUD Recovery Services Advisory Committee will be established to assist with recommendations for the progressive development of the SUD system of care. This committee will meet monthly and will be responsible for evaluating important functional aspects of the DMC-ODS including but not limited to the client referral and transitional placement process, coordination and delivery of services for youth and families, accessibility of SUD treatment in unserved/underserved areas, provision of services in primary/threshold language of the beneficiary, and the increased availability of co-occurring treatment. The committee will present recommendations to the MCBH QI Committee for consideration and authorization.

MCBH/SUD provider meetings will continue to occur on a monthly basis providing a forum for addressing the operational status of the Drug Medi-Cal Organized Delivery System (DMC-ODS); the assessment, linkage and client support process; service placement/interventions; and issues related to accessibility, service authorizations and transition procedures for high utilizers. In addition, DMC-ODS service implementation will be a standing agenda item during monthly MCBH QI Committee meetings, MCBH Division Manager Meetings, and quarterly Mental Health Commission meetings.

2. Client Flow. Describe how clients move through the different levels identified in the continuum of care (referral, assessment, authorization, placement, transitions to another level of care). Describe what entity or entities will conduct ASAM criteria interviews, the professional qualifications of individuals who will conduct ASAM criteria interviews and assessments, how admissions to the recommended level of care will take place, how often clients will be re-assessed, and how they will be transitioned to another level of care accordingly. Include the role of how the case manager will help with the transition through levels of care. Also describe if there will be timelines established for the movement between one level of care to another. Please describe how you plan to ensure successful care transitions for high-utilizers or individuals at risk of unsuccessful transitions. Review Note: A flow chart may be included.

CLIENT FLOW

This is a placeholder for Monterey County's Client flow chart.

MCBH will ensure that the required substance use disorder treatment services under the new service delivery system are available and accessible to individuals and families throughout the county. These services will be provided by responding to immediate needs, including safety and physical health needs, and ASAM placement criteria. One of the primary goals underlying the DMC-ODS includes the efficient placement of the beneficiary in the most appropriate level of care.

MCBH will be a centralized DMC-ODS entry and screening point for individuals and family members requesting services. Individuals can contact the 24/7 toll-free access line or walk-in to one of the regional Access and Integrated Care Clinics. All beneficiaries who chose to enter treatment will be encouraged to receive services for both mental health and substance use issues

when deemed appropriate and those who present with co-occurring treatment needs, regardless of point of entry, will receive an integrated assessment from the MCBH Access team. The outcome of the integrated assessment will determine the level of care for mental health and substance use disorder treatment services. Beneficiaries may also request and access services through direct contact with SUD treatment providers, the Natividad Medical Center Crisis Team, MCBH Adult and Children System of Care, and the Integrated Care Team located at the Monterey County Health Department Medical Clinics. SUD treatment provider staff and MCBH clinical staff facilitating alcohol and other drug assessments/referrals will complete the required ASAM training prior to delivering DMC-ODS services and will also ensure clients receive a co-occurring screening from MCBH.

Initial Screening, Intake Assessment and ASAM Level of Care Placement

Beneficiaries requesting services will be assessed for psychiatric and medical risk factors as well as Medi-Cal eligibility during the initial screening process. Individuals will also be informed of the services that they are entitled to under the DMC-ODS. A standard triage form will be used at all points of service entry; an ASAM level of care screening tool will be created for use by MCBH staff and SUD treatment providers.

Initial screening interviews, which include use of a standard triage form followed by the ASAM screening tool, will be completed at the location where clients initially present for services. This process will be facilitated by licensed or license eligible clinicians and certified or registered alcohol and drug counselors under the supervision of a Licensed Practitioner of the Healing Arts (LPHA). The screening interview includes an evaluation of the following clinical domains: functional status, recovery environment, medical co-morbidities, psychiatric history, substance abuse screening, psychiatric screening, and risk of harm (acute/dynamic).

<u>Initial Screening Completed by MCBH</u>

If substance use and mental health issues are identified during the initial screening process facilitated by MCBH, clients will receive a comprehensive psychosocial assessment prior to being referred for substance use treatment. Beneficiaries who complete initial screening with MCBH and need substance use treatment services only will be scheduled a face-to-face substance use assessment with an SUD network provider.

<u>Initial Screening Completed by Network Providers</u>

Beneficiaries who present directly to a treatment provider can receive an initial screening for SUD services. If the need for substance use services is indicated, the client will be eligible to receive an initial authorization for services from the provider. The client will be required to contact MCBH Access to Treatment within 24 hours or the next business day to complete a co-occurring disorder screening. This screening can be completed on the phone or face-to-face with an LPHA staff. Following the completion of this screening, MCBH staff will consult with SUD provider staff to discuss recommended services. If mental health treatment is indicated, the client will be scheduled an appointment with MCBH for a comprehensive psychosocial assessment.

SUD Provider Intake Process

SUD network providers receiving treatment referrals will schedule a substance use assessment appointment with the client within 5-10 days. MCBH will lead the authorization process for all DMC-ODS residential service requests (refer to narrative section **19. Residential Authorization**). SUD provider staff will verify Medi-Cal eligibility and complete the admission template) before meeting with a certified or registered alcohol and drug counselor for the assessment interview.

During the assessment, an ASAM level of care assessment/placement tool will be completed to assist the counselor in determining individual service planning and level of care placement decisions. Medical necessity must be determined for all clients entering the DMC-ODS. The beneficiary must be diagnosed with a DSM/ICD 10 Substance Related Disorder by a licensed LPHA, licensed physician, or Medical Director. DMC Title 22 requires that all providers include documentation of medical necessity in the beneficiary's file. Once the assessment process is complete, placement recommendations and information about treatment services will be discussed with the client.

Re-Assessment

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

Integrated Assessment Pilot Project

MCBH fully embraces the opportunity to establish an integrated system of care that will streamline service delivery for clients with co-occurring disorders. To fully promote and develop a continuum of integrated care, MCBH will review, by year three, the feasibility of having an integrated assessment process at select SUD treatment provider locations. The providers participating in this project will be staffed by licensed or license eligible LPHAs who have the education, training and professional experience required to assess and treat individuals with both substance use and mild to moderate mental health issues. Pilot program staff will receive psychosocial assessment training from the QA/QI department and will be located in SUD treatment facilities utilizing electronic health care records that are compatible with the MCBH operating system. It is anticipated that by the second and third years of implementation, co-occurring disorder treatment services will be accessible at multiple locations throughout Monterey County.

Level of Care Transitions and Case Management Services

If ASAM results determined during the substance use assessment conflict with the results determined during the initial screening interview, the treatment provider will be responsible for ensuring that the client receives the appropriate level of care. If the program does not offer the treatment indicated from the outcome of the assessment, the service provider will refer the client to a certified DMC-ODS provider within the community who can offer the appropriate level of care. When it is determined that a client is in need of an increase or decrease in level of care, the service provider will authorize a referral to the appropriate level of treatment. Placement transitions to other levels of care will occur within 5-10 business days from the date of re-assessment. If a client is transitioning to residential treatment an assessment/authorization will be completed by the MCBH within 24 hours of the request from the referring SUD treatment provider

MCBH and SUD treatment provider case managers will be responsible for assisting the client with initial placement, transitions to different levels of care, and discharge planning. Case managers will also provide support in scheduling intake appointments and linking clients to ancillary support services.

Transitions for High-Utilizers/Individuals at Risk for Unsuccessful Transitions

The MCBH Forensic Team collaborates with the Monterey County Superior Court, local law enforcement and SUD treatment providers to address the significant challenges of unserved or underserved individuals involved in the criminal justice system. Drug Treatment Court is a therapeutic program for high risk/high need repeat drug offenders who have multiple charges, a long history of repeat offenses and incarceration. These offenders require intensive supervision, residential substance abuse treatment and may have had a prior prison term.

The AB109 program provides behavioral health services to probationers who have been released to Monterey County under Assembly Bill AB109 on Post Release Community Supervision. In addition, the program serves high risk felony probationers and those who are on 1170(h) mandatory supervision. Many justice involved participants have drug and alcohol problems that require referral to substance abuse treatment.

The MCBH Forensic Team LPHA staff will provide assessment and referral services to individuals involved in the criminal justice system who want and need SUD treatment. MCBH Adult System of Care also has clinical teams that employ licensed and license eligible LPHA staff who provide intensive case management and treatment services to severely mentally ill clients. In addition, the NMC Emergency Department will be a significant source of information and referral for services to clients in need of support around substance use issues.

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

MCBH maintains a toll-free, 24/7 access telephone line to provide services to Monterey County residents seeking mental health and substance use services. Between the hours of 8am-5pm, Monday through Friday, calls are answered by bilingual (English/Spanish) MCBH clerical staff. Medi-Cal eligibility is verified and the call is transferred to a bi-lingual Access Team LPHA for triage and an initial screening is completed. During the initial screening, immediate clinical needs are determined following an assessment for potential risk and safety issues. Calls placed after regular business hours are answered by our contractor, Crisis Support Services of Alameda County.

MCBH has a contract with Crisis Support Services of Alameda County (CSSAC) to provide live, after-hours multi-lingual crisis intervention support. CSSAC maintains a client call database that is secured in compliance with HIPAA privacy standards for protected health information. Daily, monthly, and annual data collected by CSSAC includes:

1. Number of calls, including the date, time, nature, and specific outcome of call
2. Number of calls that are identified as non-urgent, crisis, and emergency
3. Number of incomplete and abandoned calls
4. Number of referrals made to outside agencies, caller geographic location, caller age group and race/ethnicity (when information is provided by the caller)

Data collected from CSSAC and MCBH EHR will be used by MCBH to extrapolate additional information related to DMC-ODS implementation including:

1. Number of callers scheduled and screened for alcohol and substance use
2. First appointment offered for substance use and/or co-occurring assessment services and first scheduled appointment for intake/screening assessment
3. Number of callers screened and referred to DMC-ODS services

4. Treatment Services. Describe the required types of DMC-ODS services (withdrawal management, residential, intensive outpatient, outpatient, opioid/narcotic treatment programs, recovery services, case management, physician consultation) and optional (additional medication assisted treatment, recovery residences) to be provided. What barriers, if any, does the county have with the required service levels? Describe how the county plans to coordinate with surrounding opt-out counties in order to limit disruption of services for beneficiaries who reside in an opt-out county. Review Note: Include in each description the corresponding American Society of Addiction Medicine (ASAM) level, including opioid treatment programs. Names and descriptions of individual providers are not required in this section; however, a list of all contracted providers will be required within 30 days of the waiver implementation date. This list will be used for the billing purposes for the Short Doyle 2 system.

Upon approval of the county implementation plan and execution of the DMC-ODS State and County contract, MCBH and contracting agencies will provide the DMC-ODS services required during the first 12 months of system implementation.

Outpatient Services (ASAM Level 1.0): Outpatient services are provided to adults by DHCS certified subcontract providers. Outpatient counseling for youth is provided through a service agreement between MCBH and one of the SUD network providers. Counseling services are provided to beneficiaries up to nine hours a week for adults, and less than six hours a week for adolescents. The components of Outpatient Services are: intake, individual counseling, group counseling, family therapy, patient education, medication services, collateral services, crisis intervention services, treatment planning, and discharge planning services.

Intensive Outpatient Services (ASAM Level 2.1): Two SUD network providers contracting with MCBH have received IOP certification from DHCS and will begin providing these services to adults and adolescents in July, 2016. Structured programming services are provided to beneficiaries for a minimum of nine hours with a maximum of 19 hours a week for adults and a minimum of six hours with a maximum of 19 hours a week for adolescents. The components of Intensive Outpatient Services are: intake, individual and/or group counseling, patient education, family therapy, medication services, collateral services, crisis intervention services, treatment planning, and discharge planning services.

Intensive outpatient treatment services are currently provided to youth diagnosed with co-occurring disorders through a service agreement between MCBH and a community based provider.

Outcomes from the MCBH alcohol and drug strategic planning process indicate that Monterey County has an impressive prevention program currently in place for youth. However, core substance use treatment services for this population are significantly limited. There is an acknowledged need within the community for additional outpatient substance use services for youth/adolescents and an expressed interest by providers in expanding outpatient treatment within Monterey County. In response to this need, MCBH will be initiating the process of soliciting proposals to address this existing gap in services. It is anticipated that service capacity within these levels of care will be increased during the first and second years of system implementation.

Low-Intensity Residential Services (ASAM Level 3.1): Low-intensity residential services are provided by DHCS licensed residential facilities for adults that include 24-hour structured care with at least 5 hours of clinical service/week. Two contracting providers, one serving women only and the other serving men and women, have received Provisional ASAM Level 3.1 designation. An additional facility, serving men only, is pending provisional designation. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation and discharge planning services. Medication Assisted Treatment services will be offered to residents who have been diagnosed with an alcohol or opioid addiction.

Community Care licensed residential services for adolescent females diagnosed with co-occurring disorders are provided through a service agreement between MCBH and a community based provider.

Population-Specific High-Intensity Residential Services (ASAM Level 3.3): High intensity residential services for men and women are provided by DHCS licensed providers with Provisional ASAM Level 3.3 designations that include 24-hour care for individuals with cognitive or other impairments who are unable to fully engage in an active milieu or therapeutic community. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation and discharge planning services. Two additional facilities, one serving men and the other serving men and women, are pending Level 3.3 designation. Medication Assisted Treatment services will be a treatment option for residents who have been diagnosed with an alcohol or opioid addiction. This level of care is not available for youth.

High-Intensity Residential Services (ASAM Level 3.5): High Intensity non-population specific residential services for men and women are provided by DHCS licensed providers with Provisional ASAM Level 3.3 designations that include 24-hour care for individuals who are capable of tolerating and engaging in an active milieu or therapeutic community. The components of Residential Treatment Services are: intake, individual and group counseling, patient education, family therapy, safeguarding medications, collateral services, crisis intervention services, treatment planning, transportation, and discharge planning services. Medication Assisted Treatment services will be a treatment option for residents who have been diagnosed with an alcohol or opioid addiction. This level of care is not available for youth.

Clinically Managed Residential Withdrawal Management (ASAM Level 3.2-WM): Residential withdrawal management services for men and women are provided by DHCS licensed residential facilities with detox certification and a physician/licensed prescriber that include 24-hour support/supervision to individuals experiencing moderate withdrawal symptoms. The components of Residential Withdrawal Management are: intake, observation, medication services, and discharge planning services. Medication Assisted Treatment services will be a treatment option for residents who have been diagnosed with an alcohol or opioid addiction. This level of care is not available for youth.

Opioid (Narcotic) Treatment Program (ASAM OTP Level 1): Narcotic treatment services for men and women are provided by DHCS licensed Narcotic Treatment Program (NTP) facilities with a physician/licensed prescriber that include daily or weekly opioid medication and counseling services for individuals with severe opioid use disorders. The components of NTP are: intake, individual and group counseling, patient education, medication services, collateral services, crisis intervention services, treatment planning, medical psychotherapy, and discharge planning services. This level of care is not available for youth.

Recovery Services: Recovery services for adults and youth will be provided within the community by alcohol and drug treatment providers and peer-based networks. Services will be offered following the completion of substance use disorder treatment episodes for individuals and families. The current alcohol and drug treatment providers who contract with MCBH offer after-care groups and linkage to transitional housing.

Interim, the largest mental health service contractor with the county has a wellness-center that is peer-based and provides supportive aftercare services to individuals with dual diagnosis disorders. The components of Recovery Services are: outpatient counseling, recovery monitoring, substance abuse assistance, education and job skills, family support, support groups, and ancillary services. The goal of the new waiver in Monterey County is to work towards serving 2% of the safety net population. This will require the expansion of several service areas, including recovery services. In response to this need, MCBH will be initiating the process of soliciting proposals to address this need in this and other levels of care.

Case Management/Care Coordination: Case management services will be available to all clients receiving substance use disorder services. MCBH will oversee the general coordination of client care and placement level transitions. Substance use disorder treatment providers will also be delivering case management to clients in both outpatient and residential program services. The components of Case Management are: Case management services include: assessment and periodic reassessment of individual needs, transitions in substance use disorder level of care, treatment plan development and revisions, coordination of referral activities, monitoring access to services and patient progress, and patient advocacy.

Physician Consultation: Physician consultation services include consultation provided to DMC physicians by addiction trained physicians for the purpose of providing expert advice on treatment planning and service delivery for DMC-ODS beneficiaries. MCBH employs physicians who will be available to provide expert advice and consultation to DMC physicians within the health department and primary care medical clinics. These services will also be provided by a physician practicing within the community who is certified by the American Board of Addiction Medicine and contracts with the local health plan, CCAH. Consultation services will include medication selection, dosing, side effect management, treatment compliance/adherence, drug-drug interactions, and level of care considerations.

Some of the barriers that will delay the delivery or expansion of SUD treatment services throughout Monterey County include: widespread topography that includes extensive rural areas; limited transportation to services for outlying regions, lack of service facilities in many areas and the high cost of purchasing and leasing facilities for treatment providers.

At this point in time, it appears that surrounding counties have chosen to opt into the DMC-ODS waiver. If an adjacent county decides to opt-out, Monterey County will engage the opt-out county to discuss the development of an SUD service agreement for non-county residents. Some of the current SUD providers contracting with MCBH have previously established agreements with surrounding counties to serve a small number of clients.

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

The Monterey County Health Department is organized into 7 Bureaus: Administrative, Behavioral Health, Clinic Services, Emergency Medical Services, Environmental Health, Public Health, and Public Administration/Public Guardian. The Behavioral Health Bureau consists of 3 service branches including Access, Adult System of Care (ASOC) and Children System of Care (CSOC). The Behavioral Health Director reports to the Director of the Health Department, who is responsible for the executive oversight of each bureau.

The service branches within the behavioral health bureau are managed by a medical director, assistant medical director; deputy directors for the adult and children systems of care, a deputy director for access, and a team of service managers. Non-adjudicated Substance Use Disorder services are under the direct management of Access to Treatment and are delivered to county residents through service agreements with community based agencies.

Statistics compiled from the MCBH electronic health record system into a Data Driven Decisions report (D3) indicate that a significant number of beneficiaries and family members need treatment for both mental health and substance use issues. D3 reports from FY2014/15 shows that of the adults served with serious and persistent mental illness, 44% were diagnosed with a co-occurring substance use disorder; 61% of patients placed in the Natividad Medical Center Inpatient Psychiatric Unit presented with comorbid conditions. The same report shows that 40% of the 191 children receiving out-of-home placement services had a substance use disorder, and 69% of youth served in the juvenile justice system were diagnosed with a substance related disorder.

MCBH provided specialty mental health services to approximately 8,500 beneficiaries during fiscal year 2014/15. These services are delivered to adults, adolescents, children and family members by the County and through service agreements with community-based providers. Individuals diagnosed with mild to moderate mental health issues are served by Beacon Health Strategies (Beacon). MCBH collaborates with Beacon in the referral-placement of clients by following a standardized referral process. Beneficiaries who are identified by MCBH as mild to moderate are transferred to Beacon following the completion of a universal referral form. Beacon reviews the referral form to determine eligibility for services. During recent months, SUD treatment providers who have staff who are licensed to provide mental health services, have explored the possibility of establishing mental health contracts with Beacon so that individuals seeking treatment can receive both SUD and mental health treatment within the same facility.

Adult System of Care & Children System of Care

Adult Medi-Cal beneficiaries diagnosed with co-occurring mental health and substance related disorders and children with severe emotional disturbances may be eligible to receive specialty mental health services from MCBH. System of Care service eligibility requirements are based upon medical necessity criteria and individual treatment needs. Referral to system of care services most often occur through Access to Treatment which provides crisis intervention, call or walk-in mental health/substance use screening, comprehensive assessments, treatment referrals, and brief case management services.

MCBH provides specialized co-occurring treatment programs for adults through contract providers and Drug Treatment Court. Co-occurring programs for adolescents include a residential group home and the Integrated Co-Occurring Treatment outpatient program. Beneficiaries are referred to these programs from MCBH LPHAs, who serve as case coordinators. The responsibility of the case coordinator includes assessing mental health and substance use needs and monitoring treatment progress.

The treatment providers facilitate and monitor the beneficiary's treatment through the assignment of a case manager. Coordination of care between referring and treating staff will be crucial to the success of delivering seamless services. In response to the inclusion of case management service benefits through the DMC-ODS, MCBH will increase case management/support services through a selective provider contracting process.

Mental Health Coordination Requirements

MCBH and SUD treatment providers will be required to use a standard intake screening/triage form and ASAM assessment tool which will include questions that address the potential for mental health conditions. If mental health issues are determined to be a possible focus of treatment during the initial screening process, the beneficiary will be scheduled an intake appointment with an MCBH LPHA for a comprehensive bio-psychosocial assessment. For clients identified as having co-occurring issues, MCBH will require SUD treatment providers to be aware of the client's mental health treatment goals and actively work to support those goals within the SUD program
The Utilization Management process for mental health service coordination will involve monthly internal utilization reviews by SUD providers and quarterly reviews by MCBH to ensure that mental health screenings and assessment/referrals for treatment services are facilitated. MCBH case coordinators and SUD case managers will communicate on a weekly basis to follow-up on the status of mental health treatment referrals, client engagement, and treatment plan implementation and progress. In addition, MCBH QA department will facilitate annual SUD treatment compliance review activities to ensure that care coordination of mental health services are included in the beneficiary treatment plans and clinical progress notes.

As mentioned previously, MCBH will review the development of co-occurring assessment/treatment capabilities at the provider level at year three of DMC-ODS implementation

6. Coordination with Physical Health. Describe how the counties will coordinate physical health services within the waiver. Are there minimum initial coordination requirements or goals that you plan to specify for your providers? How will these be monitored?

The main offices of MCBH Adult System of Care and Access to Treatment services are located on the campus of Natividad Medical Center (NMC). Natividad Medical Center is a 172-bed acute care hospital owned and operated by Monterey County. As the safety-net hospital providing healthcare to the residents of Monterey County, Natividad provides healthcare access to all patients regardless of their ability to pay. Inpatient services include the Mental Health Unit,

a 22-bed, state licensed, locked, adult acute psychiatric facility that is staffed by MCBH psychiatrists and psychiatric social workers. The MCBH Access Emergency Department team works in collaboration with NMC Emergency Room Department staff providing assessment, referral services and involuntary hospitalizations to individuals experiencing severely acute psychiatric symptoms. The Monterey County Health Department operates a total of 5 medical health clinics, two of which are located on the NMC campus. The medical health clinic staff has been trained in the use of SBIRT and screen patients for at risk behaviors including alcohol and substance use.

The Bienestar Clinic, a branch of the Laurel Family Health Clinic, is centrally located in the ASOC office building and provides integrated health care services to adults. The majority of patients receiving Bienestar services are MCBH clients who are severely mentally ill and need support in accessing and maintaining primary health care. Many of the patients receiving services at this clinic have been diagnosed with co-morbid substance use disorders.

MCBH has developed an Integrated Care Consultation Team co-located in four of the health care department medical clinics. The goal of the team is to coordinate patient care transfers from MCBH ASOC, evaluate and recommend support service needs, and facilitate appropriate interventions. The patients referred to the health care clinics are psychiatrically stable and require meds-only services. The primary care physician assigned to the case transfer receives ongoing consultation services from the attending MCBH psychiatrist and LPHA staff (psychiatric social worker). If the patient disagrees with the transfer or is unable to engage in the support services offered by the team, he/she is referred back to the adult system of care. If the need for co-occurring treatment is indicated during the evaluation process, the patient will be assessed using the ASAM placement criteria and referred directly to appropriate substance use disorder recovery services. The Access Integrated Care Team working in the physical health care clinics is staffed by LPHAs (licensed/registered by the California Board of Behavioral Sciences; licensed under the California Medical Board).

The Central Coast Alliance for Health (CCAH) is the regional non-profit health plan providing Medi-Cal managed care services in Monterey County. Beneficiaries served include persons with disabilities, low income mothers and their children, children previously uninsured, pregnant women, and low-income, childless adults ages 19-64. CCAH and the Monterey County Health Department have an existing MOU that is designed to maintain access and linkage to primary medical care services for clients who are Medi-Cal beneficiaries. MCBH, CCAH, and Beacon Health Strategies meet quarterly to discuss the provision of services and resolve system issues. In addition both entities have organizational contact lists to encourage additional communication between entities as needed to address any client or provider issues.

In the adult and children systems of care, the client intake and admission process includes a general health evaluation that is integrated into a lean psycho-social assessment document. MCBH LPHA staff facilitate integrated care coordination by linking clients to appropriate physical health care services; the care coordination process varies depending on individual needs but generally includes direct linkage with CCAH for assignment of a medical provider, support in locating an accessible health care clinic, consultation with treating medical providers, and transportation to appointments.

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

Upon admission to outpatient and residential substance use treatment programs, clients receive information about physical health care including contact information and resources to primary care, prevention and treatment of sexually transmitted diseases, HIV/AIDS prevention and testing. MCBH will monitor these requirements on a quarterly and annual basis. MCBH has procedures and practices in place regarding the timeliness and frequency of communication to and from referring and receiving organizations in our larger system of care. This includes communication that a referral was received, communication that a client has begun treatment, ongoing communication regarding shared cases and notification when a client has concluded treatment. This activity is monitored at both the direct service level via LPHAs and Management level weekly and monthly. These practices will be expanded to include new providers and services upon implementation of the DMC-ODS Plan.

7. Coordination Assistance. The following coordination elements are listed in the STCs. Based on discussions with your health plan and providers, do you anticipate substantial challenges and/or need for technical assistance with any of the following? If so, please indicate which and briefly explain the nature of the challenges you are facing.

- Comprehensive substance use, physical, and mental health screening;
  The use of SBIRT has been implemented with approximately 45% of patients served by the health department medical clinics. MCBH will continue to collaborate with the primary care clinic medical directors to evaluate needs and develop strategies for the increased use of SBIRT throughout the main hospital and primary care clinics.

- Collaborative treatment planning with managed care;
  MCBH partners with CCAH in coordinating care for Medi-Cal beneficiaries. Enhancing collaborative treatment planning with CCAH will begin at the administrative level. MCBH will provide an educational overview of DMC-ODS, ASAM placement criteria and levels of care, intake/assessment/referral procedures for beneficiary placement. MCBH could benefit from receiving technical assistance/recommendations that will enhance our ability coordinate with the managed care plan.

- Care coordination and effective communication among providers;
  Four SUD treatment providers have provided services through contracts with MCBH for the past 20 years. Industrial factors including competing interests and fiscal limitations have helped to create an atmosphere of autonomy and self-sufficiency among this core group of providers. MCBH will include collaboration and communication between SUD

providers as a condition and expectation of ongoing contracts with Behavioral Health. The process of adapting to these changes will most likely create organizational challenges among providers. MCBH will collaborate with providers to identify specific issues and develop solutions. While it is not anticipated, if obstacles or challenges begin to negatively impact client care, MCBH will request technical assistance.

- Facilitation and tracking of referrals between systems;

  Electronic Health Record (EHR) platforms used to record and document beneficiary services differ among systems. Natividad Medical Center and the County health department physical health care clinics have operating systems that are not compatible with MCBH EHR (Avatar); contracting substance use disorder treatment providers have limited access to avatar administrative functions. The Monterey County Health Department's information technology division is evaluating EHR system needs/electronic platforms to address and enhance interdepartmental system information exchange capabilities. MCBH would benefit from technical assistance and recommended models that are used in other counties to address this issue.

8. Availability of Services. Pursuant to 42 CFR 438.206, the pilot County must ensure availability and accessibility of adequate number and types of providers of medically necessary services. At minimum, the County must maintain and monitor a network of providers that is supported by written agreements for subcontractors and that is sufficient to provide adequate access to all services covered under this contract. In establishing and monitoring the network, describe how the county will consider the following:

- The anticipated number of Medi-Cal clients.
- The expected utilization of services.
- The numbers and types of providers required to furnish the contracted Medi-Cal services.
- A demonstration of how the current network of providers compares to the expected utilization by service type.
- Hours of operation of providers.
- Language capability for the county threshold languages.
- Specified access standards and timeliness requirements, including number of days to first face-to-face visit after initial contact and first DMC-ODS treatment service, timeliness of services for urgent conditions and access afterhours care, and frequency of follow-up appointments in accordance with individualized treatment plans.
- The geographic location of providers and Medi-Cal beneficiaries, considering distance, travel time, transportation, and access for beneficiaries with disabilities.
- How will the county address service gaps, including access to MAT services?
- As an appendix document, please include a list of network providers indicating if they provide MAT, their current patient load, their total DMC-ODS patient capacity, and the populations they treat (i.e., adolescent, adult, perinatal).

Anticipated Number of Medi-Cal Clients

According to an analysis of current beneficiary data, approximately 116,249 individuals residing in Monterey County have Medi-Cal as their primary insurance. This number, which does not include newly registered applicants or emergency Medi-Cal, has been increasing on a monthly basis since the inception of the Affordable Care Act. The recent passage of California Senate Bill 75, ensuring the availability of full-scope Medi-Cal benefits to individuals under the age of 19 who do not meet satisfactory immigration status but meet all other eligibility requirements for the Medi-Cal program, will increase this base number significantly.

The most recent California Health Interview Survey provides estimates for numbers and percentages of the Monterey County population 138% or less of the Federal Poverty Level by citizenship status. Of the uninsured and insured populations, approximately 87,000 people in Monterey County would qualify for Substance Use services provided by the Behavioral Health Bureau or funded partners as part of the health system safety net.

Applying a range of 2 to 3% of our estimated safety net population being served under the DMC-ODS waiver would result in an estimate of 1,740 to 2,610 of the population in 2014 receiving alcohol and drug prevention and treatment services. This is probably still only meeting a portion of the needs in the county for these services since 9,000 people who were 138% or less of the Federal Poverty Level in Monterey County in 2014 reported they needed help for mental health/alcohol and drug services.

Expected Utilization of Services:

During FY 2014/15, 943 distinct clients were served by MCBH subcontracting SUD treatment providers; approximately 58% of these clients (546) were Medi-Cal beneficiaries. In 2013/14, 956 clients were served, 55% (525) had Medi-Cal as their primary insurance. These figures indicate that the number of Medi-Cal beneficiaries receiving substance use treatment during the initial phase of the Affordable Care Act did not show a measurable increase.

Based on the current number of Medi-Cal beneficiaries in Monterey County compared to the number of Medi-Cal clients receiving substance use services during the past fiscal year, it is estimated that 21% of our safety net population will actually request and receive SUD treatment services during FY 2016/17. The approximate number of newly enrolled Medi-Cal beneficiaries accessing services will range from 365 to 548.

The following table illustrates SUD treatment admissions during the past two year period and potential estimates for utilization of core substance use treatment services during the first year of DMC-ODS implementation. Utilization of service data for the new service modalities reimbursable under the Drug Medi-Cal waiver will need to be evaluated following the first year of implementation:

[This is a placeholder for Medi-Cal Beneficiary SUD Treatment Admission Capacity Through 2015-2016

Withdrawal Management: MCBH contracts for social model detox in a residential facility for men only; residential detoxification services are also available for women participating in a co-ed residential program. The average length of stay in detoxification during FY 2014/15 was 9 days. This level of care is a crucial component of successful treatment and recovery maintenance. MCBH will be soliciting proposals to expand this level of service, including the establishment of ambulatory withdrawal management services, during the first year of system implementation.

Outpatient Services accounted for 38 % of the total treatment admissions in 2014/2015; the average length of stay was 90 days. The length of stay for outpatient series is not expected to increase during implementation of the DMC-ODS. Two SUD network providers have received Intensive Outpatient DMC certification from DHCS and amendments to their existing service agreements with MCBH include IOP services. Historical data related to IOP services previously offered to beneficiaries is extremely limited. As a result, it is difficult to estimate the actual number of clients who will receive this level of service in the future. It is expected that clients in need of intensive outpatient treatment will represent a percentage of those clients who enter outpatient services and those who are initially considered for placement in residential services.

Narcotic Treatment Programs accounted for 32% of treatment admissions in 2014/15; length of treatment in these programs showed great variability among participants. The two programs that provide methadone maintenance in Monterey County increased their service capacity last year to accommodate the growing need for this modality of treatment. The current network capacity for NTP services is 320; it is anticipated that service utilization rates for methadone maintenance will continue to show moderate growth in the future.

Residential Treatment accounted for 36% of the total treatment admissions in 2014/15; average length of stay was 86 days. Residential treatment admissions for the general treatment population have been impacted by various financial and regulatory restrictions. Clients who need this level of care yet do not have insurance or do not meet special service population requirements (e.g., perinatal or post-partum clients) may have no alternative but to participate in outpatient services.

In addition, recovery residences are limited within Monterey County. This creates the potential for homeless clients to re-enter the system following the completion of residential treatment. It is anticipated that utilization of residential services will remain constant during the first year of DMC-ODS implementation. It is also expected that as the assessment process for residential services is refined developed and a greater number of beneficiaries become eligible, utilization levels will begin to increase.

Recovery Services are not currently provided within Monterey County's SUD treatment system and there is no historical data to estimate utilization rates. MCBH electronic health record data indicates that during FY 2014/15, 29% of clients participating in outpatient services completed treatment; 62 % of clients participating in residential services completed treatment. It is estimated that approximately 32% of beneficiaries will access Recovery Services during FY 2016/17.

Case Management services are provided by SUD network providers on a limited basis and there is very little historical information to estimate current utilization rates. MCBH Access to Treatment provides some case management support to clients during the intake, assessment and placement process. However, this service is short-term and does not include the continuance of case assignments through the duration of treatment. Beneficiaries receiving MCBH system of care services may receive ongoing support from a case manager for several months or years. It is estimated that 70% of beneficiaries will require some level of case management service throughout treatment.

Physician Consultation services are currently provided by a physician who is the Medical Director for the narcotic treatment programs. These services are limited to consultation with primary care physicians who are treating patients enrolled in NTP. Physician consultation services that are available independent of NTP services are limited among the current SUD provider network. MCBH is piloting the development of a network of physician specialists capable of delivering medication assisted treatment to patients with co-occurring disorders and providing consultation services to health clinic physicians. The projected number of primary physicians who are treating DMC beneficiaries and will need this level of consultation will be less than significant.

Hours of Operation:

SUD outpatient and intensive outpatient services will be provided at least five days a week, including at least two days that operate during the evening hours. Residential program services will be provided 24 hours a day, seven days a week. Residential service Intake appointments will be available during regular weekday administrative hours (8:00 AM – 5:00 PM).

Language Capability:

The threshold languages for Monterey County are English and Spanish. The QI Department's 2013 IQ (Improve Quality) Report indicated that during that year 56% of the clients served by MCBH were Hispanic/Latino. Spanish speaking clients represented 21% of clients served but received 13% of total service value. 2014/15 data from the Data Driven Decisions Report reveals that 48% of beneficiaries receiving alcohol and other drug services were Hispanic/Latino and only 7% of the total number of clients served indicated Spanish as their preferred language. Although the number of Spanish speaking clients served by MCBH has increased as much as 32% during the past several years, MCBH will need to ensure that an increased number of SUD services are available to mono-lingual Spanish speaking clients. Investment in training and recruitment of bilingual staff at both the County and SUD provider level will need to continue to engage and retain Hispanic/Latino beneficiaries in treatment services

Access Standards and Timeliness Requirements:

Monterey County is geographically diverse, with a land area of approximately 3,281square miles framed by the Diablo Range to the East and the Santa Lucia Range/ Pacific Ocean to the West. The County seat and city with the largest population (150,441) is Salinas; San Ardo, a municipality located South/East of King City, is 108 miles south of Salinas with a population of 517.

MCBH provides mental health and substance use services in three regional areas of the county: The Salinas/North Valley, Coastal, and South County regions. Analysis of current Medi-Cal data (April 2016) indicates that 60% of the beneficiaries reside in the Salinas/North Valley region, 18% in the Coastal region, and 22% in the South County region. The majority of substance use disorder services are provided in the Salinas/North Valley region (refer to map below).

Because of the considerable vastness of and population disbursement within Monterey County, significant service disparities exist in the South county region. MCBH continues to work with SUD providers to address this issue so that individuals and families residing in King City, Soledad, and Gonzales have the opportunity to access much needed services. Outpatient counseling services will be available to residents of the South County region during 2016/17.

[This is a placeholder for Monterey County Behavioral Health Service Regions]

1. Salinas/North Valley: Salinas, Prunedale, Castroville, Moss Landing
2. Coastal: Marina, Seaside, Monterey, Pacific Grove
3. South County: Gonzales, Soledad, Greenfield, King City

SUD Service Gaps

Monterey County Behavioral Health Department's 2015 alcohol and drug strategic planning process examined current substance use disorder services provided by community-based agencies and service gaps within the SUD service delivery system. MCBH and SUD providers will work together to enhance existing intensive outpatient services in all regions of the county. Withdrawal management services that require the presence of trained medical staff on-site are not currently available. There is a definite need for increasing the accessibility of this level of service to individuals who are ready to commit to treatment and begin the process of detoxification. In addition, increasing the amount of case management and recovery services will be essential to reducing the risk of relapse and promoting successful treatment. Finally, fortifying treatment services for youth and adolescents will be a primary goal of developing a solid continuum of SUD care for all ages. MCBH will support current providers in expanding their service capability and will facilitate a selective provider contracting process to include these services.

Based on information provided in the charts below, some programs have higher capacity than enrollment. The implementation of ASAM level assessment criteria and widespread co-occurring screening will help to more accurately identify clients who could benefit from the appropriate level of SUD services. In addition, with updated contracts with SUD providers, MCBH will work to shift the current program services to best meet the current and future needs of the clients and community.

Access standards and timeliness requirements are addressed in the following section **9. Access to Services.**

[This is a placeholder for Monterey County Behavioral Health DMC-ODS Network Provider Listing Treatment Service, Patient Capacity, and Treatment Population.]

[This is a placeholder for Monterey County Behavioral Health DMC-ODS Network Provider Listing Treatment Service, Patient Capacity, and Treatment Population.]

9. **Access to Services.** In accordance with 42 CFR 438.206, describe how the county will assure the following:

- Meet and require providers to meet standards for timely access to care and services, taking into account the urgency of need for services.
- Require subcontracted providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal patients.
- Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
- Establish mechanisms to ensure that network providers comply with the timely access requirements.
- Monitor network providers regularly to determine compliance with timely access requirements.

Monterey County Behavioral Health has well established alcohol and other drug service contracts with four community-based providers in Salinas and the coastal regions of the county. Expansion of substance used disorder treatment services is currently underway in the South County city of Gonzales, Soledad and King City. The continuum of care services required during the first year of DMC-ODS implementation are offered within the existing service delivery system monitored by MCBH.

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

- <u>Timely Access to Care:</u>

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

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

to Access for next business day follow-up. For beneficiaries who present directly to treatment provider facilities, an initial screening will be completed and the client will be linked to MCBH Access to Treatment within 24 hours or the next business day to complete a co-occurring disorder screening. If the provider site is unable to accommodate the beneficiary, an alternate referral to an SUD provider will be made prior to placing the individual on a waitlist. For urgent SUD treatment needs/situations, expedited appointments and/or appropriate referrals will be made whenever possible.

- Hours of Operation:

  SUD outpatient and intensive outpatient will be provided at least five days a week, including at least two days that operate during the evening hours. Residential program services will be provided 24 hours a day, seven days a week. Residential service intake appointments will be available during regular weekday administrative hours (8:00 AM – 5:00 PM).

- SUD Provider Compliance Requirements:

  MCBH will monitor SUD network providers on a quarterly and annual basis to determine compliance with timely access requirements. Behavioral Health LPHAs will review avatar call-log and admission reports on a quarterly basis. Service agreement contracts between MCBH and SUD network providers will include language specific to these requirements; failure to comply will result in issuance of a corrective action plan. Consistent failure to comply with timely access requirements will result in denial of service reimbursement claims.

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

MCBH recognizes the need for comprehensive training which includes policies and procedures and extensive ongoing practices that will embed Substance use and treatment knowledge into daily activities of MCBH and partner agency staff. The annual County training schedule is based upon identified clinical/program needs and specific continuing education/licensing requirements for MCBH and provider staff. MCBH is developing a progressive training curriculum specific to SUD services to address both the implementation and maintenance phases of the 5-year DMC-ODS demonstration waiver. Several trainings will be offered to providers chosen to participate in the waiver including: Title 22 DMC (annually/required), Change Companies ASAM e-Training Modules 1 & 2 (one-time/required), and DMC Documentation and Treatment Planning (one-time/required), and Law and Ethics (bi-annually/required) for all LPHA staff, and Cultural Diversity and Humility (bi-annually/required).

During the past 5 years, MCBH has offered the following evidence based practice training to SUD and mental health provider staff: Motivational Interviewing, Seeking Safety, Dialectical Behavior Therapy, Trauma Informed (Thrive), ACT, Seven Challenges, Integrated Co-occurring

Treatment (ICT), Introduction to ASAM, and Tobacco Cessation. SUD providers currently contracting with MCBH are implementing the following evidence based practices within their programs: MI, CBT, Seeking Safety, Seven Challenges, Matrix Recovery Model, and ICT. Training topics that the county will need additional assistance with include ASAM implementation and PAVE (DHCS PED certification/renewal system).

The Training Service Manager of MCBH will be responsible for organizing and developing an annual training schedule for the Behavioral Health Bureau, which will include training in the curriculum areas mentioned above. Monterey County Behavioral Health acknowledges the benefits of peer-based training modalities and will implement a train-the-trainer program and organize change agent teams. The train the trainer model will help to ensure that all staff are trained in use of evidence based practices and have immediate support available throughout the regional Behavioral Health offices in the County. This will also help with sustainability of training throughout the system.

The Change agent's team will consist of employees and consumers from the following general areas:

- Monterey County Behavioral Health
- Substance Use providers
- Mild to Moderate and SMI contract providers
- Monterey County Health Clinic staff
- Health plan representatives
- Advocates from the community

The goal of the change agents will be to improve the system from within each organization and team. Change agents will meet monthly as a larger group to receive additional training, monitor progress of the implementation plan and provide guidance to the system of care. In addition since Change Agents will have a wide area of representation, they will support their own constituents to meet treatment and access to service fidelity and to identify additional training or other support needs. It is expected that Change Agents will meet within their own organizations or communities on a monthly basis to bring information to and from the larger Change Agent meeting.

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

Monterey County Behavioral Health requests the following technical assistance from DHCS:

- Financial/Rate Structuring: specific guidance regarding rate setting, development of system for billing/claiming DMC-ODS services, sample of cost report template(s).
- ASAM Training: including use of brief screening tools and application of criteria to clinical practice
- Certification Process: Assistance in streamlining existing process of DMC applications/certification for DMC-ODS services.

12. Quality Assurance. Describe the County's Quality Management and Quality Improvement programs. This includes a description of the Quality Improvement (QI) Committee (or integration of DMC-ODS responsibilities into the existing MHP QI Committee). The monitoring of accessibility of services outlined in the Quality Improvement Plan will at a minimum include:

- Timeliness of first initial contact to face-to-face appointment
- Frequency of follow-up appointments in accordance with individualized treatment plans
- Timeliness of services of the first dose of NTP services
- Access to after-hours-care
- Responsiveness of the beneficiary access line
- Strategies to reduce avoidable hospitalizations
- Coordination of physical and mental health services with waiver services at the provider level
- Assessment of the beneficiaries experiences, including complaints, grievances and appeals
- Telephone access line and services in the prevalent non-English language. Review Note: Plans must also include how beneficiary complaints data shall be collected, categorized and assessed for monitoring Grievances and Appeals. At a minimum, plans shall specify:
- How to submit a grievance, appeal, and state fair hearing
- The timeframe for resolution of appeals (including expedited appeal)
- The content of an appeal resolution
- Record Keeping
- Continuation of Benefits
- Requirements of state fair hearings.

MCBH has a robust Quality Improvement/Quality Assurance (QI/QA) Department responsible for monitoring mental health and substance use disorder service compliance. Department staff include a Service Manager, Unit Supervisor, 5 LPHAs (licensed/license eligible with California State Licensing Boards), and 9 administrative support staff. The QI department recently received approval from the Monterey County Board of Supervisors to recruit an additional LPHA responsible for the clinical and regulatory compliance monitoring of the DMC-ODS.

Mental health and substance use disorder subcontracting providers are monitored on an annual basis for compliance with State and Federal regulatory guidelines. SUD compliance review activities facilitated by MCBH QA department involve specific assessment tools for each level of care and include: a walk-through of the facility, comprehensive on-site evaluation and review of program policies/procedures, client file documentation, personnel files, adherence to Title 22, California Code of Regulations, and interviews with administrators, program managers, counseling and clerical staff. Upon completion of the review, a written report is submitted to the subcontracting provider documenting the findings of the review and instructions for completing and submitting a corrective action plan when necessary.

MCBH Access and Integrated Care staff will be responsible for overseeing DMC-ODS service capacity, transitional placement authorization to and from ASAM levels of care, referral flow, and authorization/placement involving residential service requests. Senior Psychiatric Social Workers located in the Salinas Region Access and Integrated Services clinic will assist in this process; ensuring that clients meet medical necessity service criteria and are efficiently placed within the appropriate level of care throughout the system. The Utilization Management process will involve SUD subcontracting service providers who will initiate weekly QA activities by reviewing client records and documenting compliance to the following criteria: State and federal regulations governing the provision of substance use disorder treatment services, and state and federal regulations governing staff providing these services, establishing and evaluating medical necessity for all program participants, reviewing treatment plans and providing updates as needed, assessing participant progress and reviewing ASAM placement criteria to determine appropriate level of care.

QI/QA department will establish a collaborative DMC-ODS response team that will include rotating participation by each SUD treatment provider within the network. A team of provider staff from the same agency will meet with MCBH each month to review client files and assess overall compliance to treatment provision standards. MCBH believes that this process will create a sense of shared responsibility among DMC-ODS treatment providers. The standards to be reviewed during the monthly collaborative include: timeliness of access and placement services, adherence to CLAS guidelines, medical necessity, use of evidence based practices and evaluating fidelity to each modality, the coordination of physical/mental health services, developing corrective action plans and a progressive plan for managing non-compliance.

The DMC-ODS Quality Improvement committee will meet each month and will be integrated with the existing MHP QI committee. Members of the committee will include the QI/QA Manager, Behavioral Health Director, Alcohol and Drug Administrator, QI/QA Unit Supervisor, QI/QA Senior Psychiatric Social Worker/SUD Services, Health Department Compliance Officer, MHSA Service Manager, Patient Advocate Liaison, Adult and Children System of Care Managers and clinical staff, QA/QI Utilization Management staff, SUD Provider staff, Consumer Advisory Council, and Consumers/Family members. The QI committee will provide a monthly forum for reviewing DMC-ODS policies/procedures, discussing program activity and trends, evaluating system issues and implementing recommendations for corrective action. The QI Committee will review at minimum the following data on a quarterly basis:

- Number of days to first DMC-ODS service/follow-up appointments at appropriate level of care after referral and assessment
- Existence of 24/7 telephone access line with prevalent non-English language(s)
- Access to DMC-ODS services with translation services in prevalent non-English language(s)
- Number, percentage of denied and time period of authorization requests approved or denied.

MCBH will modify existing QI plan goals and objectives to monitor service accessibility standards of DMC-ODS implementation by:

- Recording appointments system-wide using the call log and appointment scheduler feature in the electronic health record (EHR) as a uniform method of evaluating no-show rates and measuring timely access to services ;
- Utilizing an electronic medical record as a means for all programs to have access to updated waitlist and admission availability within treatment programs;
- Implementing access screening tools specific to substance use and training intake staff to expedite the assessment process and improve accuracy of diagnosis;
- Utilizing a combination of EHR waitlist/referral option functions and AOD provider intake data collection to measure timeliness of first initial contact to face-to-face appointments;
- Conducting reviews of the 24/7 access line response rate for individuals seeking substance use treatment and establish a new after-hours call service protocol;
- Measuring the Natividad Medical Center's inpatient Mental Health Unit (MHU) re-admission rates so that an increased number of patients diagnosed with co-occurring disorders receive linkage and referral to alcohol and substance use treatment to prevent re-admission to MHU; and
- Increase data sharing with safety-net providers by participating in safety-net integration project;
- Reviewing trends including grievances and change of clinician forms and identify areas of DMC-ODS implementation that are in need of improvement; and increasing the engagement of equitable distribution of services to Spanish-speaking clients and ensure that AOD subcontractors and MCBH staff are meeting linguistic accessibility standards.

Problem Resolution Process

MCBH is committed to providing solutions to problems and concerns that beneficiaries may encounter during the course of receiving treatment. Clients will not be subjected to discrimination, intimidation or any other retaliation for expressing concerns, filing a Grievance or Appeal. Clients who are dissatisfied with any issue related to the mental health/substance use services received have several options that may help with the resolution of the concern or issue.

- Grievance: A grievance may be filed at any time when a beneficiary is unhappy or dissatisfied with the mental health plan. Grievances may be filed by writing, calling or visiting the MCBH QI Department. The beneficiary will receive written confirmation from the mental health plan that the grievance was received and a decision will be made within 60 calendar days from the date the grievance is filed.

- Notice of Action, Appeals & State Fair Hearing: Notice of Action (NOA) is issued by MCBH when it has been determined that a beneficiary is not eligible to receive or continue to receive Medi-Cal specialty mental health services. The form provides the specific reason for the decision; rights of the beneficiary; and information about the grievance, appeal, expedited appeal, and state fair hearing process.

1. **Standard Appeal Process:** An appeal may be filed in writing, on the telephone, or in person. Appeals filed by phone must be followed with a written appeal; date of the phone call is considered the filing date. Appeals filed verbally in person must also be followed by a written appeal. The mental health plan will send written confirmation to the beneficiary indicating that the appeal was received and being processed. The mental health plan may take up to 45 calendar days to review a standard appeal. A standard appeal must be filed within 90 days from the date the action or decision was taken, usually indicated by the date on the NOA.

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

   Beneficiaries can file Standard and Expedited Appeals by contacting the mental health plan and speaking to a representative or by writing to the Mental Health Deputy Director. Alternately, the Patient's Right Advocated can be contacted for information about the appeals process. Forms and self-addressed envelopes are available in all outpatient clinic lobbies; requests for an appeal can also be submitted on plain paper. All forms must be signed and dated by the beneficiary.

3. **State Fair Hearing Process:** State Fair Hearing may be requested by a Medi-Cal beneficiary regardless of whether or not a notice of action was received or an appeal has been filed. Generally, the appeal process described above is followed prior to requesting a State Fair Hearing. The beneficiary has 90 days from the date the mental health plan issued the Notice of Action, or the day after the postmark date of the NOA was mailed, to request a hearing. A request form must be completed by the beneficiary and mailed to the California Department of Social Services (CDSS) or the beneficiary may call the toll free number provided by CDSS.

- Notice of Actions filed by beneficiaries are recorded and stored in the electronic health record (avatar). MCBH QI maintains a grievance investigation log used to record grievances, appeals and state hearings filed by beneficiaries. This log is submitted to the California Department of Health Care Services on an annual basis.

13. Evidence Based Practices. How will the counties ensure that providers are implementing at least two of the identified evidence based practices? What action will the county take if the provider is found to be in non-compliance?

The existing service agreements between MCBH and SUD treatment providers include general language that refers to substance use regulatory requirements and treatment service specifications. The special terms and conditions of DMC-ODS will need to be incorporated into new service agreements prior to implementation of services, with scope of service language indicating utilization and outcome measurement of at least 2 evidence based practices (EBPs) during the treatment of beneficiaries with substance use disorder issues. MCBH will provide training and technical assistance to provider staff to ensure consistent use and fidelity to EBPs. Specific protocol and procedure will be developed so that this standard of care can be monitored during quality assurance reviews. Treatment provider use of EBPs will be reviewed by the contract monitor on quarterly basis and by QI/QA LPHA staff during annual reviews; non-compliance will result in the issuance of a corrective action plan (CAP).

MCBH trainings are scheduled on the basis of identified needs and specific continuing education/licensing requirements for LPHA staff. MCBH has provided the following evidence based practice training to staff and community providers: Motivational Interviewing, Seeking Safety, Dialectical Behavior Therapy, Trauma Informed (Thrive), ACT, Seven Challenges, Integrated Co-occurring Treatment (ICT), ASAM, and Tobacco Cessation. DMC-ODS providers currently contracting with MCBH are implementing the following evidence based practices within their programs: MI, CBT, Seeking Safety, Seven Challenges, Matrix Recovery Model, and ICT.

14. Regional Model. If the county is implementing a regional model, describe the components of the model. Include service modalities, participating counties, and identify any barriers and solutions for beneficiaries. How will the county ensure access to services in a regional model (refer to question 7)?

MCBH is not planning to implement a regional model at this time. MCBH will collaborate with neighboring counties to ensure that DMC-ODS eligible clients receive medically necessary services based on the appropriate level of care.

15. Memorandum of Understanding. Submit a signed copy of each Memorandum of Understanding (MOU) between the county and the managed care plans. The MOU must outline the mechanism for sharing information and coordination of service delivery as described in Section 152 “Care Coordination” of the STCs. If upon submission of an implementation plan, the managed care plan(s) has not signed the MOU(s), the county may explain to the State the efforts undertaken to have the MOU(s) signed and the expected timeline for receipt of the signed MOU(s).

MCBH has begun communication with Central Coast Alliance for Health (CCAH) regarding our implementation plan. Meetings are in the process of being scheduled to solidify the additional coordination that will be required as a result of DMC-ODS implementation. The expected

timeline for the receipt of the signed MOU will be approximately 90 days following the start of meetings.

16. Telehealth Services. If a county chooses to utilize telehealth services, how will telehealth services be structured for providers and how will the county ensure confidentiality? (Please note: group counseling services cannot be conducted through telehealth).

In 2015, MCBH began a pilot program for Access and Integrated service patients in the South County region by offering telemedicine services. This program, which includes bilingual tele-psychiatry services, has also been employed successfully with Adult System of Care patients and is currently offered throughout Monterey County. Preliminary patient satisfaction survey results are high; demonstrating that this technology based modality of treatment is an effective strategy for providing needed treatment in geographically isolated areas.

The VSEE videoconferencing platform, which fully meets HIPPA compliance standards, is used to connect patients with telehealth providers. Patients are escorted to a confidential, secure tele-psychiatry suite by a licensed or licensed eligible psychiatric social worker where they are joined by a clinical "champion" who provides technical support and education about the process. Prior to the start of the initial session, staff inform and educate the patient of all pertinent information including: the structure and timing of services, record keeping, scheduling, privacy and security, potential risks, confidentiality, mandatory reporting, agreed upon emergency plan, process by which patient information will be documented and stored; potential for technical failure, procedure for coordination of care with other professionals, protocol for contact between visits, and conditions under which telemedicine services may be terminated and a referral made to in-person care.

MCBH is in the planning stages of establishing telemedicine specialty services for individuals in need of medication assisted treatment. The provision of services will replicate workflow procedures previously indicated. In addition, a medical assistant/licensed nurse will be present with the patient during telehealth sessions to monitor and treat physiological symptoms related to opiate withdrawal. DMC-ODS service providers who choose to refer patients to telemedicine offered by MCBH will be responsible for obtaining a release of information from the patient for exchange of information. MCBH staff assigned to these cases will be responsible for care coordination including treatment planning and authorization of ASAM placement designation.

17. Contracting. Describe the county's selective provider contracting process. What length of time is the contract term? Describe the local appeal process for providers that do not receive a contract. If current DMC providers do not receive a DMC-ODS contract, how will the county ensure beneficiaries will continue receiving treatment services?

Review Note: A list of all contracted providers (modality, provider, address) must be submitted to DHCS within 30 days of the waiver implementation date as new providers are awarded contracts. DHCS will provide the format for the listing of providers.

Monterey County uses a Formal Bidding process for services above $50,000. This can include Requests for Proposal, Requests for Qualifications, and Requests for Interest/Information. These bids shall include public advertising (and public opening if considered a Work of Public Improvement under the California Public Contract Code). The winning bid(s) shall be awarded based on scoring criteria as incorporated in the RFP. The award will not be considered final until a fully executed agreement is signed. Awards can be for a single contract or can be multiple awards depending on the nature of the RFP.

Length of contract term: Monterey County in general follows the 5 year rule. Under normal circumstances a contract/service will go out to bid or be otherwise competitively bid with an informal or formal process depending on the dollar amount after five years. This ensures the County is doing its due diligence and keeps personnel, departments, and other entities within the County from letting vendors/services continue without review.

Appeal process: Monterey County will entertain protests from interested parties regarding its procurement actions. The County will respond to any bona fide protest provided that the administrative protest is not of a frivolous or vexatious nature. The County will not allow a protest to delay the procurement of necessary goods or services unless it is apparent that the County participated in a practice that granted an unfair advantage to a participant during the procurement process. This policy will not apply if and after the contract has been submitted and approved by the Board of Supervisors.

MCBH has existing contracts with community-based agencies for the services required for DMC-ODS implementation. These service providers have applied for DMC certification and have expanded treatment modalities, including IOP services, in preparation for DMC-ODS implementation. The County will continue to support existing community based agencies that offer DMC-ODS services and plans to initiate an RFP in the future to expand the quantity and scope of DMC-ODS services.

18. Additional Medication Assisted Treatment (MAT). If the county chooses to implement additional MAT beyond the requirement for NTP services, describe the MAT and delivery system.

The MCBH Medical Director is actively recruiting a board certified addiction specialist who will serve as a field expert and educator for the psychiatrists serving dual diagnosis patients in the behavioral health department. The long-term goal of MCBH is the development of a network of physician specialists capable of delivering medication assisted treatment to patients with co-occurring disorders and providing consultation services to health clinic physicians.

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

MCBH will be responsible for the authorization and re-authorization of residential service requests. Access, ASOC and CSOC staff will have the responsibility and authority to review and/or approve all requests for residential placement. Following the completion of the intake screening and an integrated psychosocial/ASAM level of care assessment, LPHA staff will forward a referral with the assessment packet to a DMC-ODS residential treatment provider. The coordinated care approach employed by MCBH for authorizing residential services is outlined in the following graph:

[This is a place holder for a graph outlining the coordinated care approach employed by MCBH for authorizing residential services.]

During the hours of 8am-5pm, Monday through Friday, the Access team Senior LPHA will review/approve residential referral requests originating from DMC-ODS providers within 24 hours of receipt of the initial referral request. Following the review of the intake assessment and ASAM level of care documentation, the request will either be approved or denied. For requests that are denied, MCBH LPHA will collaborate with the client and treatment provider staff to identify and secure alternate level of care placement options.

Referral requests for residential treatment from DMC-ODS treatment providers after 5pm on Friday and before 8am on Monday will be reviewed for authorization by MCBH Access Crisis Team LPHA staff. The Access Crisis Team Unit Supervisor will assign LPHA staff (license/license eligible) to receive and evaluate referral information packets sent by residential treatment provider staff. Referrals will be reviewed within 12-24 hours following the initial receipt of the referral and will include a release of information form signed by the potential resident, a completed substance use disorder screening/assessment and completed ASAM level of care placement assessment. The Access LPHA assigned to the case will review the referral packet to confirm medical necessity and level of care placement decision. The Access LPHA will contact the residential treatment intake coordinator and inform provider of authorization status. If the beneficiary is authorized for placement, a signed authorization form will be submitted to the provider. If the request for residential service is denied, the Access LPHA will submit an authorization denial form indicating the specific reasons for the denial. Access LPHA will collaborate with client and treatment provider staff to identify and secure alternate level of care placement options.

20. One Year Provisional Period.

Not applicable, Monterey County anticipates that the mandatory requirements of the DMC-ODS will be fully met during the first year of implementing the plan.

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:

Amie Miller	Monterey County	05/24/2016
Behavioral Health Director*	County	Date

(*for Los Angeles and Napa AOD Program Director)