County of San Diego

Health and Human Services Agency

Behavioral Health Services

Alcohol and Other Drug Provider Operations Handbook (AODPOH)

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Note: Program contract, including the Pro Forma and the Statement of Work takes precedence over the AOD Provider Operations Handbook (POH). If providers find any elements of their contract to be in conflict, contact your County COR.

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A. SYSTEM OF CARE (SOC)

Mission of Alcohol and Drug Programs:

The Behavioral Health Services (BHS) Division provides a continuum of Behavioral Health Services (mental health and alcohol and drug services) for children, youth, families, adults, and older adults. The Division embraces *Live Well San Diego;* the County's over-arching initiative to promote healthy, safe and thriving communities throughout the County of San Diego. It promotes recovery and well-being through prevention, treatment, and intervention, as well as integrated services for clients experiencing co-occurring mental illness and alcohol and other drug issues. The Behavioral Health Services Division provides services under two systems of care: Adult/Older Adult Services and Children, Youth, and Family Services.
Substance Abuse is a major public health and safety problem impacting adults with diverse treatment needs, children, youth, families, and communities. Alcohol and Other Drug (AOD) programs provide an integrated system of community-based alcohol and other drug prevention, intervention, treatment, and recovery services throughout San Diego County via contracts with local service providers. AOD treatment services provided by Behavioral Health Services (BHS) contractors should be relational and strength-based, trauma-informed, culturally competent and involve healing of the family unit in a safe and sober environment. It is the mission of San Diego County Behavioral Health Services to deliver these services at the highest level of quality, ensuring that clients are given the necessary tools and support to become productive citizens. Services are delivered under contracts managed by a BHS Contracting Officer's Representative (COR).

System of Care Principles:

- Individualized services that are responsive to the diverse populations served
- Cultural competence and sensitivity
- Client focused and family centered services
- Outcome driven services
- Community based approach that provides maximum linkage and integration to the local community resources
- Provides various levels of care

Adult Services:

Clients who are aged 18 or older with substance abuse and/or co-occurring disorders receive AOD Adult Services. These services include:

- Residential and Non-Residential Treatment
- Detoxification
- Case Management
- Justice Programs
- Specialized Services (i.e. Incredible Families)
- Ancillary services (i.e. HIV/Hepatitis C counseling and testing, TB testing)

Women's Perinatal Services:

Adult women who are age 18 and over and women who are pregnant and/or parenting with substance abuse and/or co-occurring disorders receive Perinatal Services Network Guidelines level of care. Adults are the clients but children are the motivating factor behind these services. Health and safety of both mother and children are key. The following are essential service elements:

- Trauma Informed, gender specific, culturally competent
- Residential, Non-Residential and Perinatal Detox treatment
- Dependency Drug Court for reunification
- Child Care on site
- Incredible Years Parenting/Infant Massage
- Transportation
- AOD certified counselors and Mental Health clinicians
- Therapeutic services such as behavioral and developmental therapies for children on site
- Perinatal Case-management countywide
- Teen perinatal AOD treatment services

Adolescent Services:

As documented in the State of California's Youth Treatment Guidelines (2002), AOD abuse and dependence among youth is a complex problem, resulting from multiple factors including biological predisposition, psychological factors, and social factors. Therefore, the biopsychosocial approach will aid in understanding and treating these disorders.

Adolescent programs provide substance abuse treatment for adolescents age 12-17 and their families. Outpatient services, crisis intervention, and residential treatment services are offered in our urban and rural communities.

The goals of BHS Adolescent Services are as follows:

- Provide developmentally appropriate substance abuse treatment services for adolescents throughout the County.

- Increase access to care by reducing access times to entering programs.

- Help youth reach their full potential by ensuring 35% of participants either complete program and/or demonstrate progress.

- Promote self-sufficiency by ensuring at least 90% of participants either remain in school and/or educational setting.

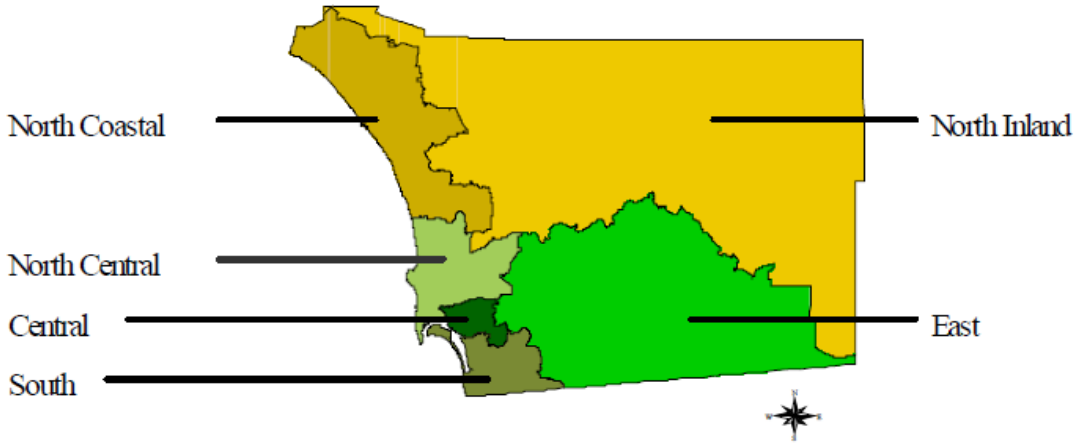
- Promote self-sufficiency by ensuring at least 90% of participants either remain in school and/or educational setting.

- Contribute to the decrease in crime by ensuring 90% of participants have no new arrests.

Contracted providers are encouraged to follow the Youth Treatment Guidelines in developing and implementing youth treatment programs/services. To access and/or download these guidelines, go to http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

System of Care Regions of San Diego:

San Diego County is divided into 6 Health and Human Services Agency regions by zip code. The following list presents the regions and the communities contained therein.



Service Area	Zip Codes
North Coastal	92007,92008,92009,92013, 92014, 92024, 92051, 92052, 92054, 92055, 92056, 92057, 92067, 92013,92058, 92068,92075, 92077, 92081, 92083, 92084, 92672, 92092, 92093, 92169, 92161, 92038, 92137, 92078,92091, 92199, 92096, 92013, 92078, 92091, 92077, 92081, 92008, 92058, 92096.
North Inland	92003, 92004, 92025, 92026, 92027, 92028, 92029, 92036, 92059, 92060, 92061 , 92064, 92065,92066, 92069, 92070, 92082, 92086, 92127, 92128, 92129, 92259, 92390 , 92536, 92592, 92046,92198, 92190, 92079
North Central	92037, 92106, 92107, 92108, 92109, 92110, 92111, 92117, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92130, 92131, 92133, 92140, 92142, 92145, 92138, 92147, 92166, 92168, 92171, 92172, 91990, 92193, 92196, 92177, 92147
Central*	92101, 92102, 92103, 92104, 92105, 92113, 92114, 92115, 92116, 92132, 92134, 92136, 92139,92112, 92162, 92163, 92164, 92165, 92170, 92175, 92176, 92186, 92191, 92194, 92186, 92191, 92194, 92199,92152, 92158, 92181, 92187, 92191, 92194, 92195
East	91901, 91905, 91906, 91916, 91917, 91931, 91934, 91935, 91941, 91942, 91945, 91948, 91962,91963, 91977, 91978, 91980, 92019, 92020, 92021, 92040, 92071, 91944, 92090, 91946, 92090

B. GOALS AND OUTCOMES

Goals:

The goals of Behavioral Health Services (BHS) Alcohol and Other Drugs (AOD) program are to assist individuals to become and remain free of alcohol and other drug problems and to become self-sufficient and crime-free. For clients with addictions, the goal is to ensure that clients experiencing substance abuse receive the proper level of care so that the individual may achieve an alcohol and other drug free lifestyle. BHS/AOD programs also strive to achieve the following goals, which strengthen and reinforce the recovery of the populations served.

- Reduce recidivism related to drug use and criminal activities.
- Increase the level and effectiveness of interagency coordination of services.
- Increase the empowerment of family support.
- To expand parenting skills through the use of approved curricula and the encouragement of collaborative parenting.
- To engage in employment preparation.
- To deliver infants who are drug-free at birth.

Major Outcome Objectives:

Contractor shall meet the outcomes listed in their contract. Outcome Objectives may be adjusted during the Agreement term as necessary to meet changes in Federal, State, and County outcome requirements. Adjusted Outcome Objectives are subject to negotiation and agreement between the Contractor and Contracting Officer's Representative (COR). Listed below are Outcome Objectives which may be enumerated in the contract with an explanation of each objective. Contractors are advised to refer to their contract to find their program's specific outcome objectives.

Assessment:
A minimum of ninety percent (90%) of individuals admitted shall receive a mental health screening, an integrated assessment, and have an integrated treatment plan documented in the client file in AOD programs.

Complete Treatment:
Thirty-five percent (35%) of participants enrolled in Alcohol and Other Drug treatment will complete treatment as measured by: Achievement of Goals and Objectives specified in an individualized treatment/recovery plan and Client Discharge Summary.

No New Arrests:
Ninety percent (90%) of adults in treatment more than thirty (30) days will have no new arrests in the thirty (30) days prior to discharge, excluding minor traffic offenses, during treatment as measured by: Client discharge summary; Client self-report at discharge.

Employment and Employment Preparation Activities:
Sixty-five percent (65%) of participants that have reached treatment completion will be employed or in employment preparation activities. Employment preparation activities shall include

enrollment and attendance at a vocational or academic school, volunteer work, internships, or other employment that develops employment skills and experience, or pre-vocational training as measured by: Client self-report and discharge.

Drug-Free Births:
Eighty-five percent (85%) of infants born to women who have been enrolled in the women's non-residential treatment program for more than thirty (30) days shall be drug-free at birth as measured by: Monthly client reviews and consistent urinalysis; Birthing hospital reports of infant toxicology screens, if available.

Retention in Treatment:
Thirty-five percent (35%) of participants admitted in to Alcohol and Other Drug treatment will stay for at least ninety days as measured by: Client Discharge Summaries.

Mode of Service Based on Client Need:
The level of funding within each cost center of Contract Budget is based on estimates of client populations to be served and modes of service required by clients. Contractor shall not exceed the funding level within each Revenue Stream. Contractor may adjust the funding levels in the cost centers under a Revenue Stream in order to provide appropriate services to clients with appropriate COR approval. Contractor shall not exceed funding level in each Revenue Stream. Contractor shall not transfer funds from one Revenue Stream to another.

Process Objectives:

Contractors shall meet minimum standards for service delivery to each population served. These process objectives are based on estimates of the populations to be served, and may be modified or amended by the COR to better reflect the target population of the programs. These process objectives may include a minimum number of service units annually, minimum staff hours for each population served, and minimum clients to be served on a daily basis for outpatient programs. Process objectives for residential programs may include a minimum number of bed-days to be provided on a daily basis. Contractors are advised to refer to their contracts for specific process objectives as they apply to their programs. **EXAMPLES** of process objectives are listed below:

General Population.
Contractor shall provide a minimum capacity of services, providing a minimum of six thousand nine hundred eighty two (6,982) units of service annually and serving an average of approximately nineteen (19) clients on a daily basis.

Drug Medi-Cal.
Contractor shall provide a minimum capacity of services, providing a minimum of three thousand four hundred ninety five (3,495) units of service annually and serving an average of approximately ten (10) clients on a daily basis.

Perinatal Occupied Bed Days and Capacity.
Contractor shall provide the following:

A minimum of twenty-one thousand seven hundred thirty-one (21,731) occupied bed days on an annual basis. An average capacity of sixty (60) beds on a daily basis.

Mental Health Counselor Staff Hours.
Contractor shall provide One Thousand Eight Hundred (1,800) staff hours annually.

Assessment for Living Assistance. Eighty percent (80%) of participants with co-occurring mental health diagnosis shall be assessed and screened for entitlement of living assistance allowances such as Social Security or Supplemental Security Income, for which they may be eligible, within ninety (90) days of admission to the Program.

Number of PEI Co-occurring Clients Served. Contractor shall screen one hundred percent (100%) of clients for co-occurring disorders (COD) and, those clients indicating potential for having a mental health condition, shall receive a further assessment. Contractor shall also serve a minimum of twenty percent (20%) of identified COD clients.

Program Capacity Guidelines. Program Capacity Guidelines are utilized to determine the amount of clients to be served at the contracted facility before a waitlist is started. The Program Capacity for this contract has been identified as seventy-five (75) treatment clients on a daily basis, based on recommendations for ratio of staff-to-client caseload when serving the identified populations as follows:

Adult Non-Residential:	1 to 25
Case Management:	1 to 30
Adolescent:	1 to 20

C. TARGET POPULATION AND GEOGRAPHIC AREA

Target Population:

Contractors shall ensure that SUD treatment and recovery services are provided to drug and alcohol abusing adults and adolescents, including those with co-occurring disorders. Contractors shall provide these services to a specific subset of this population (women, probationers, etc.) according to the nature of their program. Contractors are advised to refer to their contract for detailed information regarding their program's target population. In order to serve the target population to the standards expected by San Diego County AOD, the following admission protocols shall be developed by the contractors:

Admission Policies, Procedures and Protocols:

Contractors shall develop and maintain written program admission policies, procedures and protocols. The policies, procedures and protocols shall be developed to ensure services to the target population and shall comply with the non-discrimination and related clauses in Article 8, Compliance with Laws and regulations, of the Pro Forma Agreement. Contractor shall implement non-discriminatory admission policies, ensuring that clients are admitted to treatment and recovery services regardless of anticipated treatment outcome. Policies shall also comply with the entry criteria and priority as defined by the contracts. Admission policies and procedures shall be submitted for review and approval by the COR within sixty (60) days of Agreement execution.

Entry Criteria and Priority:

Contractors shall have a procedure to ensure clients are admitted based on the following Federal and State Health and Human Services priority and entry criteria:

1. Pregnant Injection Drug Users (IDU)
2. Pregnant Substance Users
3. Parenting Injection Drug Users
4. All Other IDU
5. Parenting Substance Users
6. All other County Health and Human Services (HHSA) referrals

Program Capacity Guidelines:

Program Capacity Guidelines are utilized to determine the maximum amount of clients to be served at the contracted facility before an access time list is started. The Program Capacity Guideline is specified as a ratio of counselors to clients which may vary depending on the contract. Contractors are advised to refer to their contract for their programs' specific capacity guidelines.

Interim Services (Formerly: Waitlist Services):

Each contract program is required to implement an internal policy and procedure for provision of interim services that includes the following:

- In the event a client cannot be immediately admitted to the program, a waitlist will be established that includes a unique patient-identifier and interim services that are to be provided while an individual is place on the waitlist.
- Interim services shall be provided to individuals who are awaiting availability of treatment program as outlined in the document located at: http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/Waitlist_guidelines12.1.09.pdf
- At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

Compliance with interim services program policy and procedure will be monitored by program COR as part of regularly scheduled monitoring.

. Additionally, the Program shall maintain communication with programs and referral sources regarding waitlist participation using the "Participant Status Report – Waitlist Services" as follows:

- Any negative event occurring while the individual is participating in waitlist services (examples of negative events include positive drug test, refusal to test if requested by the program, non-compliance with the program rules)
- If the individual is removed from the waitlist services, or transferred to treatment. (See Appendix # ___ for sample Waitlist Tracking Log).

Geographical Service Area:

Contractors shall establish and operate alcohol and drug treatment and recovery services for individuals in San Diego County. Service area may be specified to one of six HHSA-identified regions (North Coastal, North Inland, North Central, South, East, and Central). Contractors' specific service areas are listed in the contracts. However, services shall not be limited to geographic/residential criteria and shall be available to individuals seeking treatment in San Diego County.

D. FACILITY AND OPERATION REQUIREMENTS

Program-Related Licenses and Certification:

Contractor shall obtain and retain the certification provided by the California Department of Health Care Services (DHCS). Contractor shall comply with provisions obtained in the current State of California, DHCS Standards. The County of San Diego shall utilize these Standards in monitoring Contractor's delivery.

Facilities:

Contractor shall provide all facilities, facility management, supplies and other resources necessary to establish and operate the program. The facility shall meet Behavioral Health Services (BHS) Health, Safety and Appearance Standards as described in the HHSA-BHS-ADS 1077.

Space:
The facility shall have sufficient space for services and activities, specified in the statement of work, as well as staff and administrative offices. The facility shall also include:

Meeting Space:
Outpatient Contractors shall establish and maintain space available for meetings of mutual self-help groups with a focus on recovery from alcohol and other drugs as well as other co-occurring conditions (e.g., Alcoholics Anonymous, Narcotics Anonymous, Dual Recovery, Gamblers Anonymous). Residential contractors may establish a similar meeting space, but are not required to do so. Contractors shall manage the environment of the facility to encourage and support peer-initiated and maintained self-help groups so that substance abuser and their families will use the facility on a regular and continuing basis. Contractor may charge the groups reasonable rent for the use of the meeting space. In the event of space limitations, preference shall be given to substance abuse self help groups.

Child Care Space:
Contractors providing perinatal services shall establish and maintain appropriate space for childcare if serving pregnant and parenting women and their children. The childcare may be state licensed or parent/childcare cooperative but must be supervised by an individual with at least one (1) year of experience in a state licensed facility.

Service Address and Hours of Operation:
Contractor's business shall be accessible by public transportation in compliance with Americans with Disability Act (ADA) and California State Administrative Code Title 24. Business hours shall be forty (40) hours per week and shall be posted at the main entrance of the facility. For residential programs, services shall be available to residents seven (7) days a week, twenty four (24) hours a day. Contractor shall not change the hours of operation or location from those listed in their County contract, without prior written approval from the COR. Prior to any change in location, the COR reserves the

right to conduct a site visit(s), inspect the facility plans, and approve the location and any budget and/or service delivery impact which may result from the proposed move to a new location/facility.

NOTE: Drug Medi-Cal certified programs shall also notify the DHCS of the facility relocation and copy the County on such correspondence.

Facility Licensing

Chapter 7.5, Part 2, Division 10.5 of the California Health and Safety Code states that "no person, firm, partnership, association, corporation, or local government entity shall operate, establish, manage, conduct, or maintain an alcoholism or drug abuse recovery or treatment facility in this state without obtaining a current, valid license pursuant to this chapter".

The code defines an alcoholism or drug abuse recovery, treatment, or detoxification facility as any facility, place or building which provides 24-hour residential non-medical services in a group setting to adults. For the purpose of further defining whether licensure is required, alcoholism or drug abuse recovery or treatment services mean services which are defined to promote treatment and maintain recovery from alcohol or drug problems which include one or more of the following: detoxification, group sessions, individual sessions, educational sessions, and recovery or treatment planning.

DHCS has the sole authority to license any facility providing 24-hour residential non-medical services to adults who are recovering from problems related to alcohol and other drug (AOD) misuse or abuse, and who need AOD treatment services. Licensure is required when at least one of the following services is provided: detoxification, group sessions, individual sessions, educational sessions, or alcoholism or drug abuse treatment or recovery planning. Additionally, facilities may be subject to other types of permits, clearances, business taxes or local fees that may be required by the cities or counties in which the facilities are located.

There are some residential facilities that do not provide AOD services and do not require licensure by the State. These include cooperative living arrangements with a commitment or requirement to be free from alcohol and other drug, sometimes referred to as a sober living environment, a sober living home, transitional housing, or alcohol and drug free housing. It is important to note that while sober living environments or alcohol and drug free housing are not required to be licensed by DHCS, they may be subject to other types of permits, clearances, business taxes or local fees which may be required by the cities or counties in which they are located.

Residential facilities licensed by other State departments such as group homes (licensed by the Department of Social Services) or Chemical Dependency Recovery Hospitals (licensed by the Department of Public Health) do not require a residential AOD license by DHCS.

Code of Federal Regulations (CFR): Title 45 CFR, Part 96 Subpart L: Substance Abuse Prevention and Treatment Block Grant.

Code of Federal Regulations: Title 42, CFR, Part 54: Non-Discrimination Against Individuals on the Basis of Religious Preference

United States Code (USC): Title 42 USC, Section 300x-21-300x66: Substance Abuse and Treatment Block Grant

Items Checked:

Fire Safety Inspection – A valid and appropriate fire clearance issued from the fire authority having jurisdiction for the area in which the facility is located. The fire clearance shall include a determination of the number of beds for ambulatory residents and for non-ambulatory residents in the facility and any restrictions regarding non-ambulatory clearances, [Regulations Section 10517 (a) (1)] The fire clearance shall include the number of dependent children allowed in the total capacity and the age range of the dependent children. If no number of dependent children is indicated, no dependent children are allowed.

Plan of Operation shall include but not be limited to the following:

- Statement of program goals and objectives- written statement to include program goals (intent or purpose of its existence) and objectives of the facility. [Regulations Section 10517 (a) (2) (A)]
- Outline of activities and services – written statement listing the activities and services being provided by the facility. [Regulations Section 10517 (a) (2) (B)]
- Admission policies and procedures – written statement of admission policies and procedures regarding acceptance of residents. [Regulations Section 10517 (a) (2) (C)].
- Assurance of nondiscrimination in employment practices and provision of benefits and services – written assurance of nondiscrimination in employment practices, provision of benefits and services. [Regulations Section 10517 (a) (2) (D)]
- Facilities residential admission agreement – [Regulations Section 10517 (a) (2) (E)]. Pursuant to Title 9, California Code of Regulations, Section 10566, current admission agreement used by the facility that specifies all of the following:
    - Services to be provided,
    - Payment provisions including (amount assessed and payment schedule),
    - Refund policy,
    - Those actions, circumstances or conditions which may result in resident eviction from the facility,
    - The consequences when a resident relapses and consumes alcohol and/or non-health sustaining drugs, and
    - Conditions under which the agreement may be terminated.
- Table of administrative organization of the facility – a chart that shows the governing board, advisory groups, including resident councils when applicable, and both lines of authority (straight lines) and communications lines (broken lines) to all staff positions. [Regulations Section 10517 (a) (2) (F)]
- Staffing plan, job descriptions, and minimum staff qualifications for each position [Regulations Section 10517 (a) (2) (G)]
- Sample menus and schedule for one calendar week – menu(s) shall include times of food service, food provided for breakfast, lunch, and dinner for one week, and type and availability of snacks. [Regulations Section 10517 (a) (2) (J)]
- Consultant and community resources to be utilized by the facility as part of its program. An inventory that shall be used as a resource for assisting participants in securing additional services

to meet and maintain their personal well-being while continuing to enhance personal development. [Regulations Section 10517 (a) (2) (K)]

Provisions for Safeguarding Residents; Property – the process for safeguarding of resident's personal property accepted by the licensee for safekeeping, if it is the licensee's policy to accept such valuables.

E. REQUIREMENTS FOR SERVICE DELIVERY

Collaboration
Contractor shall support the County's goal of developing collaborative community partnerships and service systems that are accessible to all members of the community, place a premium on preventive services, and provide a consumer-oriented delivery system.

Linkages with Support Services Organizations
Contractors shall initiate linkage agreements, which may include a Memoranda of Understanding (MOU), and establish procedures that will ensure strong, reliable linkages with other community service providers, and service organizations for client support. These MOUs and linkages shall be designed to integrate, coordinate, and access necessary support services within the community in order to ensure successful client treatment and recovery. These efforts shall help achieve Federal, State and County goals to integrate services, prevent relapse by using community support services, reduce fragmentation of care, and establish better communication and collaboration at all levels, but particularly among local providers and agencies who work with this target population.

Crisis Intervention Protocol
Contractors are to have a protocol in place to address client crises and emergency situations. These protocols shall be available to all program staff and staffs are to be trained in crisis intervention procedures. Phone numbers for the contractors' local police, PERT team, fire department, and other emergency services shall be readily available to all staff members.

Access and Crisis Line: 1-888-724-7240
Optum Health operates the statewide San Diego County Access and Crisis Line (ACL) on behalf of the San Diego County Mental Health Plan (MHP). The ACL, which is staffed by licensed and master's level counselors, provides telephone crisis intervention, suicide prevention services, and behavioral health information and referral 24 hours a day, seven days a week. The ACL may be the client or the family's initial access point into the MHP for routine, urgent or emergency situations.

All ACL staff is trained in crisis intervention, with client safety as the primary concern. Staff evaluates the degree of immediate danger and determines the most appropriate intervention (e.g., immediate transportation to an appropriate treatment facility for evaluation, or notification of Child or Adult Protective Services or law enforcement in a dangerous situation). In an emergency situation, ACL staff makes direct contact with an appropriate emergency services provider to request immediate evaluation and/or admission for the client at risk. The ACL staff makes a follow-up call to that provider to ensure that the client was evaluated and that appropriate crisis services were provided.

If the client's condition is serious but does not warrant immediate admission to a facility, ACL staff performs a telephonic risk screening and contacts a provider directly to ensure that the provider is available to assess the client within 72 hours.

The ACL has Spanish-speaking counselors on staff. Other language needs are met through the Language Line, which provides telephonic interpreter services for approximately 140 languages at the point of an initial ACL screening. Persons who have hearing impairment may contact the ACL via the TTY line at (619) 641-6992.

Culture and Language Diversity and the Deaf Experience

Culturally and Linguistically-Appropriate Services (CLAS)
To ensure equal access to quality care by diverse populations, each service provider receiving funds from the County of San Diego shall adopt the federal Office of Minority Health (OMH) Culturally and Linguistically-Appropriate Service (CLAS) national standards. The OMH CLAS standards are as follows:

Principal Standard
1) Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Governance, Leadership and Workforce
2) Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

3) Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.

4) Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance
5) Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

6) Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7) Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8) Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement and Accountability
9) Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations.

10) Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities.

11) Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

12) Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13) Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.

14) Create conflict and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.

15) Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.

Interpreter Services for the Deaf, Hard of Hearing and Late Deafened
Contractors shall access professional certified interpreter services as needed for deaf, hard of hearing and late deafened participants to facilitate complete communication and to ensure provision of appropriate and confidential treatment and recovery services.

Ethical and Legal Standards
Contractor shall develop and implement policies, procedures and training protocols that ensure that its employees, subcontractors, subcontractor employees and volunteers adhere to the highest ethical and legal conduct standards when performing work under the terms and conditions of the contract.

Code of Conduct
A Code of Conduct is a statement signed by all employees, contractors, and agents of an organization that promotes a commitment to compliance and is reasonably capable of reducing the prospect of wrongful conduct. Codes of Conduct should be created at the agency level.

Programs shall have a written code of conduct that pertains to and is known about by staff, paid employees, volunteers, and the governing body and community advisory board members. Each staff, paid employee, and volunteer shall sign a copy of the code of conduct and a copy shall be placed in their personnel file. The program shall post the written code of conduct in a public area that is available to clients. The code of conduct shall include the program policies regarding at a minimum the following:

1. Use of alcohol and/or other drugs on the premises and when off the premises;
2. Personal relationships with participants;
3. Prohibition of sexual contact with participants;
4. Sexual harassment;
5. Unlawful discrimination;
6. Conflict of interest; and
7. Confidentiality.

False Claims Act
All HHSA employees, contractors, and subcontractors, are required to report any suspected inappropriate activity. Suspected inappropriate activities include but are not limited to, acts,

omissions or procedures that may be in violation of health care laws, regulations, or HHSA procedures. The following are examples of health care fraud:

- Billing for services not rendered or goods not provided
- Falsifying certificates of medical necessity and billing for services not medically necessary
- Billing separately for services that should be a single service
- Falsifying treatment plans or medical records to maximize payment
- Failing to report overpayments or credit balances
- Duplicate billing
- Unlawfully giving health care providers such as physicians' inducements in exchange for referral services.

Any indication that any one of these activities is occurring should be reported immediately to the HHSA compliance hotline at 866-549-0004 to request information or report suspected inappropriate activities. This line directs the caller of the option to remain anonymous.

Counselor/Client Relationships
Relationships between clients and program staff beyond the realm of treatment are prohibited. Staff must maintain healthy boundaries between themselves and their clients at all times. Staff members' failure to adhere to this standard shall be disciplined at the discretion of the program director.

Sexual Contact
Sexual contact shall be prohibited between program staff, including volunteers, and members of the Board of Directors, and the participants. A written statement explaining the sexual contact policy shall be included in every participant's rights statement given at admission to a program. Contractor shall include a statement in every personnel file noting that the employees and volunteers have read and understood the sexual contact prohibition. The policy shall remain in effect for six (6) months after a participant is discharged from services, or a staff member or volunteer terminates employment.

Client's Rights
Clients of County contracted programs shall have the right to file a grievance and/or appeal discharge from the program. Contractors shall inform the clients of their personal rights, documented in the client file as a signed acknowledgement of the client's understanding of their rights during treatment. Contractors are advised to refer to the Uniform Client File Manual for Alcohol and Drug Treatment Providers for more information on the Client Rights form.

National Voter Registration Act (NVRA)
Per the National Voter Registration Act of 1993, providers are required to offer voter registration materials at intake (except in a crisis situation), renewal and anytime a change of address are reported. Additionally, the same level of assistance shall be provided to alcohol and drug clients registering to vote as is provided for completing other forms for alcohol and drug services. Failure to implement the NVRA may subject the agency to legal liability.

Client Confidentiality
Contractors shall comply with federal client confidentiality regulations (Confidentiality of Drug and Alcohol Patient Information- 42U.S.C.290dd-2; 42CFR part 2), and all applicable Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations.

Mandated Reporting
Contractors shall adhere to mandated reporter requirements regarding child abuse and neglect, elder abuse and neglect, homicide or homicidal ideations, suicidal ideations, or threats of harm to self or others.

Client file storage and transportation
To maintain the confidentiality of all client files and medical records, the standard protocol for storing confidential material shall be maintained until transport is possible. Client files are to be stored under double lock and key, (i.e. locked cabinet in a locked room). No client files are to be taken to staff's private residences. The program supervisor shall designate staff members who will be responsible for the transportation of client files. A staff member shall inform the program director if file transport is necessary. Client files shall be transported in a portable locked file box. Under no circumstances are client files to be left unattended. When transporting identifying client data or medical record such as progress notes or forms requiring signatures, no identifying information shall be put on the documents until which time said documents are secured in the client's medical record at the primary clinic where the record is being stored. Progress notes or other individual documents transported while in the field shall not contain the full name of the client. Under no circumstances are any records to be left unattended.

ADS Responsibilities
In order to ensure compliance with confidentiality procedures and protocols, the ADS enforces the following procedures:

- Every member of the workforce is informed about confidentiality policies as well as applicable state and federal laws regarding anonymity and the confidentiality of clinical information.
- As a condition of employment each member of the workforce signs a confidentiality agreement promising to comply with all confidentiality protocols.
- Any client treatment records gathered during the course of provision of services, provider site and record reviews, or as necessary are protected through strictly limited access. Clinical staff has access to case data or files only as necessary to do their jobs.

Operational Procedures
Contractors shall develop and maintain written Operational Procedures in accordance with current State of California Standards and the most current and appropriate HHSA requirements. The written procedures shall be submitted to the COR upon request. The written procedures and all updates shall be provided to all employees charging staff hours to a County contract. Changes to a program's functions require a written change to the Operational Procedures. Contractor may prepare additional written procedures not in conflict with the contract.

Internal Program Review and Evaluation
Contractors shall conduct an internal review and evaluation at least once every fiscal year as it relates to the statement of work. Results of the review and any plans for correction shall be available for review by the County of San Diego.

Funding Restrictions
Contractors shall not solicit or accept payments, contributions or donations from any business or organization primarily engaged in the manufacture, distribution or wholesale or retail sale of alcoholic beverages.

Restrictions on Salaries
No part of any federal funds provided under San Diego County contracts shall be used by contractors or their subcontractors to pay the salary of an individual at a rate in excess of Level 1 of the Executive Schedule. Salary schedules may be found at http://www.opm.gov/oca.

Restrictions on the Use of Federal Block Grant Funds
Pursuant to 42 U.S.C. 300x-31, Contractor shall not use SAPT Block Grant funds on the following activities:

- Provide inpatient services;
- Make cash payment to intended recipients of health services;
- Purchase or improve land, purchase, construct or permanently improve (other than minor remodeling) any building or other facility or purchase major medical equipment;
- Satisfy any requirement for the expenditure of non-Federal funds as a condition for the receipt of Federal funds;
- Provide financial assistance to any entity other than a public or nonprofit private entity;
- Pay the salary of an individual through a grant or other extramural mechanism at a rate in excess of level I of the Executive Salary Schedule for the award year: see http://grants.nih.gov/grants/policy/salcap_summary.htm ,
- Purchase treatment services and penal or correctional institutions of this State of California; and
- Supplant state funding of programs to prevent and treat substance abuse and related activities.

Payment of Last Resort
Contracted programs shall use SAPT Block Grant funds for special services for pregnant women and women with dependent children, TB services, and HIV early intervention services as the "payment of last resort" and shall make every reasonable effort, including the establishment of systems for eligibility determination, billing, and collection, to:

- Collect reimbursement for the costs of providing such services to persons who are entitled to insurance benefits under the Social Security Act, including programs under title XVIII and title XIX, any State compensation program, any other public assistance program for medical expenses, any grant program, any private health insurance, or any other benefit program; and
- Secure from patients or clients payments for services in accordance with their ability to pay.

Publicity, Announcements, and Materials
All public announcements and materials distributed to the community shall identify the County of San Diego as the funding source for contracted programs. Copies of publicity materials related to contracted programs shall be filed with HHSA Alcohol and Drug Services (ADS).

Mental Health Consultation
A California-licensed mental health specialist shall be available to provide clinical consultation as necessary, and to conduct mental health assessments for those participants who may be dually-diagnosed with a mental health issue. The Mental Health Specialist shall also conduct clinical supervision for staff delivering program services. A plan for provision of services to clients with a co-occurring disorder must be approved by the COR within sixty (60) days of Agreement execution. If Contractor does not have such consultation available, a documented plan shall be approved by the Alcohol and Drug Program Administrator and COR to ensure adequate assessment and referral of dually-diagnosed individuals and clinical supervision for program staff.

Public Contact
Contractors shall have sufficient staff and volunteers with adequate knowledge, skills and ability available during operating hours specified in their contracts to ensure that all persons who contact the program in person or by phone during operating hours are quickly and appropriately served with information or a referral to appropriate services.

Reporting
Contractors shall report all required client information to identified referral source according to specified format and established time lines, providing there is current written consent to release information contained in the client file.

Serious Incident Reporting (SIR)
An incident that may indicate potential risk/exposure for the County – operated or contracted provider (per Statement of Work), client or community shall be reported to the BHS Quality Management Unit. There are two types of reportable incidents, 1) Serious Incidents are reported to the BHS QM Unit and 2) Unusual Occurrences are reported directly to the program's Contracting Officer Representative (COR).

All providers are required to report serious incidents involving clients in active treatment or whose discharge from services has been 30 days or less. Required reports shall be sent to the QM Unit who will review, investigate as necessary, and monitor trends. The QM team will communicate with program's COR and BHS management. The provider shall also be responsible for reporting serious incidents to the appropriate authorities.

Serious Incident Categories: Level One and Level Two

Serious incidents shall be classified into two levels with Level One being most severe and Level Two less severe.

A Level One incident is the most severe type of incident. A level one incident must include at least one of the following:

- Any event that has been reported in the media/public domain (television, newspaper, internet), current or recent past, regardless of type of incident.
- The event has resulted in a death or serious physical injury on the program's premises.
- The event is associated with a significant adverse deviation from the usual process for providing behavioral health care.

- Any suspected or actual Privacy Incident (e.g. lost/stolen laptop, unauthorized access to client file, sending unencrypted email containing PHI, lost/stolen client chart, lost unencrypted thumb drive)

A Level One serious incident shall be reported to the QM SIR Line at 619-563-2781 immediately upon knowledge of the incident. The provider shall submit the Serious Incident Report to the QM Unit within 24 hours of knowledge of incident.

A Level Two serious incident shall be reported to the QM SIR Line at 619-563-2781 no later than 24 hours of knowledge of the incident. The provider shall submit the Serious Incident Report to the QM Unit within 72 hours of knowledge of incident. A level two incident is any serious incident that does not meet the criteria of a Level One serious incident.

After review of the incident, QM may request a corrective action plan. QM is responsible for working with the provider to specify and monitor the recommended corrective action plan.

The QI unit will monitor serious incidents and issue reports to the Quality Review Council and other identified stakeholders.

Serious incidents are categorized as follows:

- Incident reported in the media/public domain (e.g. on television, newspaper, internet)
- Privacy Incident – any suspected or actual privacy incident (lost/stolen laptop, unauthorized access to client record, PHI breach, unencrypted electronic communication with PHI, missing client chart, or giving Client A's paperwork to Client B, etc.)
- Suicide attempt by client that requires medical attention or attempt is potentially fatal and/or significantly injurious.
- Death of client by suicide (includes overdose by alcohol/drugs/medications, etc.)
- Death of client under questionable circumstances (includes overdose by alcohol/ drugs / medications, etc.)
- Death of client by homicide
- Alleged homicide attempt on a client (client is victim)
- Alleged homicide attempt by a client (client is perpetrator)
- Alleged homicide committed by a client (client is perpetrator)

- Injurious assault on a client (client is victim) occurring on the program's premises resulting in death, severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.

- Injurious assault by a client (client is perpetrator) occurring on the program's premises resulting in severe physical damage and/or loss of consciousness, respiratory and/or circulatory difficulties requiring hospitalization.

- Tarasoff Notification, the duty to protect intended victim, is made to the appropriate person(s), police, or other reasonable steps have been taken to protect the intended victim.

- Tarasoff Notification, the duty to protect intended victim, is received by the Program that a credible threat of harm has been made against a staff member(s) or Program and appropriate safety measures have been implemented.

- Serious allegations of or confirmed inappropriate staff (includes volunteers, interns) behavior such as sexual relations with a client, client/staff boundary issues, financial exploitation of a client, and/or physical or verbal abuse of a client.

- Serious physical injury resulting in a client experiencing severe physical damage and/or loss of consciousness; respiratory and/or circulatory difficulties requiring hospitalization.

- Adverse medication reaction resulting in severe physical damage and/or loss of consciousness; respiratory and/or circulatory difficulties requiring hospitalization.

- Medication error in prescription or distribution resulting in severe physical damage and/or loss of consciousness; respiratory and/or circulatory difficulties requiring hospitalization.

- Apparent overdose of alcohol/illicit or prescriptions drugs, whether fatal or injurious, requiring medical attention.

- Use of physical restraints (prone or supine) <u>only</u> during program operating hours (applies <u>only</u> to CYF mental health clients during program operating hours and excludes ADS programs, Hospitals, Long-Term Care Facilities, San Diego County Psychiatric Hospital/EPU, ESU and PERT)

- Other

Serious Incident Reporting Procedures

1. Upon knowledge of incident, program shall report the incident and all known details to the SIR Line at 619-563-2781.
2. All providers are required to report serious incidents involving clients in active treatment or whose discharge from services has been 30 days or less.

3. A Level One serious incident shall be reported to the SIR Line immediately upon knowledge of the incident and followed up with the written SIR report to QM no later than 24 hours.
4. A Level Two serious incident shall be reported to the SIR Line no later than 24 hours of knowledge of the incident and followed up with the written SIR report to QM within 72 hours.
5. In the event of a serious incident, the client's medical record/s will immediately be safeguarded by the program manager or designee. Program manager shall review chart as soon as possible. The client medical record shall not be accessed by unauthorized staff not involved in the incident.
6. All program staff will maintain confidentiality about client and serious incident. The serious incident should not be the subject of casual conversation among staff.
7. All serious incidents shall be investigated and reviewed by the program and a complete Report of Findings shall be submitted to QM within 30 days of knowledge of incident.
8. An SIR is not part of the client medical record and should never be filed in the medical record. A Serious Incident Report should be kept in a separate secured confidential file.
9. A serious incident that results in 1) a completed suicide or 2) an alleged client committed homicide will automatically trigger a chart review by the QM Unit and require the completion of a Root Cause Analysis (RCA) within 30 days of knowledge of the incident.
10. A serious incident that is a Privacy Incident shall require the completion of an RCA within 30 days of knowledge of the incident.
11. The Action Items as a result of the RCA shall be summarized and submitted to the QM unit with 30 days of knowledge of the incident. Do not submit the RCA worksheet, only a summary of action items.

Please Note:

San Diego County contracted programs may use the Serious Incident RCA Worksheet or some other process that is approved by their Legal Entity. It is strongly recommended that programs not choosing to use the Serious Incident RCA Worksheet ensure that the process they do use incorporates best practices for their analysis of findings (see http://www.jointcommission.org/sentinelevents/forms/ for more info on RCA). Technical assistance is available through the BHS QM Unit by calling 619-563-2747. RCA training is offered on a regular basis.

Level One Serious Incident Reporting on Weekends and Holidays

Level One Serious Incidents are required reporting for Legal Entity (LE) behavioral health programs on weekends and holidays to the QM Unit and Designated County Staff. This requirement does not apply to Level Two serious incidents.

Follow this procedure for reporting a **Level One** Serious Incident on Weekends and Holidays.

1. For a Level One Serious Incident, call the QM SIR Line and report the incident.
2. Each LE will identify key Senior Level staff (1-3) that are designated as the main contact person(s) for their programs needing to report a Level One incident on weekends and holidays. This LE designated staff will report the Level One incident by calling or leaving a message with

all required information including a call back number for the County Designated Staff. Each LE will be provided the contact phone numbers of the County Designated Staff.

3. Program staff should only be reporting the Level One Serious Incident to their LE designated staff. Program staff should not be directly contacting the County Designated Staff.
4. Report Level One Serious Incidents to the County Designated Staff on weekends and holidays between the hours of 8:00am – 8:00pm (reporting hours). If you have a Serious Incident that occurs outside of reporting hours, then report the Serious Incident on the next or same day during reporting hours. This requirement is only for Level One Serious Incidents.
5. Weekend Coverage is defined as Saturday and Sunday. Holiday Coverage is defined as any designated County Holiday.

County designated staffs are identified in priority contact order as 1) Adult SOC Assistant Deputy Director – Adult Providers 2) CYF SOC Assistant Deputy Director – Child Providers 3) Director, BHS (third back up).

Privacy Incident Reporting (PIR) for Staff and Management

1. Staff becomes aware of a suspected or actual privacy incident.
2. Staff notifies Program Manager immediately.
3. Program Manager notifies County COR, County Privacy and Compliance Officer, and County QM immediately upon knowledge of incident.
4. Program Manager completes and returns an initial HHSA Privacy Incident Report (PIR) to the County COR and County Privacy and Compliance Officer within one business day.
5. Continue investigation and provide daily updates to the County Privacy and Compliance Officer.
6. Program Manger completes and returns a Serious Incident Report (SIR) to BHS QM no later than 24 hours of knowledge of incident. (Note: If the Program has completed a PIR, Program may attach the PIR to the SIR in lieu of completing Section 2 of the SIR).
7. Provide a completed HHSA Privacy Incident Report (PIR) to the County COR and County Privacy and Compliance Officer within 7 business days.
8. Complete any other actions as directed by the County Privacy and Compliance Officer.

San Diego County contracted providers should work directly with their agency's legal counsel to determine external reporting and regulatory notification requirements.
Additional compliance and privacy resources are available at:

http://www.sandiegocounty.gov/hhsa/programs/sd/compliance_office

Unusual Occurrence Reporting
An unusual occurrence is reported directly to your COR/Program Monitor with 24 hours of knowledge of the incident. An unusual occurrence is defined as an incident that may indicate potential risk/exposure for the County – operated or contracted provider (per Statement of Work), client or community that does not meet the criteria of a serious incident. Unusual occurrences may include but are not limited to:

- Alleged child abuse

- Police involvement
- Inappropriate sexual behavior
- Self-injury
- Physical injury
- Physical abuse
- AWOL
- Fire setting
- Poisoning
- Major accident
- Property destruction
- Epidemic or other infectious disease outbreak
- Loss or theft of medications from facility

Safety and Security Notifications to Appropriate Agencies
When an Unusual Occurrences is identified, the appropriate agencies shall be notified within their specified timeline and format:

1. Child and Elder Abuse Reporting hotlines.
2. Tarasoff reporting to intended victim and law enforcement
3. Law enforcement (police, sheriff, school police, agency security, military security/Naval Investigative Service, etc.) for crime reporting or requiring security assistance and inquiries.
4. Every fire or explosion which occurs in or on the premises shall be reported within 24 hours to the local fire authority or in areas not having an organized fire service, to the State Fire Marshall.

Child, Youth and Family: Additional Reporting
CYF providers may notify other outside agencies who serve the client upon consideration of clinical, health and safety issues. Notification should be timely and within 24 hours of knowledge of the incident. These agencies include but are not limited to:

- Children Welfare Services
- Probation Officer
- Regional Center
- School District
- Therapeutic Behavioral Services (TBS) – Both County and Contractor
- Other programs that also serve the client

Reportable issues may include:

1. Health and safety issues
2. A school suspension
3. A student is taken to a hospital due to an injury or other medical issue which occurs at the program site or when the TBS worker is present
4. A referral for acute psychiatric hospital care
5. An issue with direct service provider staff, which may lead to worker suspended or no longer providing services

6. A significant problem arising while TBS worker is with the child

Smoking Prohibition Requirement
Contractors shall comply, and require that subcontractors comply, with Public Law 103-227, also known as the Pro-Children Act of 1994, which requires that smoking not permitted in any portion of any indoor facility owned, leased, or contracted for or by an entity and used to provide services to children under the age of eighteen (18).

Taxi Cabs
Contractors shall not use taxicabs to transport unescorted minors who receive services funded by the County of San Diego, BHS.

Financial Status Evaluation
Contractors shall conduct a financial assessment of all clients at program enrollment to determine any potential third-party payment possibilities, and if potential third-party payers are identified and if contractors have the capacity in place to bill for such, contractors shall develop procedures.

Sliding Fee Scale:
Contractors shall utilize the standardized sliding fee scale for determining the client's ability to pay for services. The sliding fee scale will indicate the maximum client fee allowed, based on economic indicators. The indicated amount may be reduced based on a client's ability to pay. Refer to the ADS sliding fee scale found in the Uniform Client File Manual and http://www.sdads.org.

Fee for Service Component
For certain programs, as indicated by the contracts, all individuals referred for treatment services have the opportunity to participate in Fee For Service (FFS) treatment, if financial assessment deems it appropriate and screening indicates the individual has a lower-level substance abuse problem and would benefit from a minimal treatment service.

General Relief
Participants shall not receive general relief payments while in residential treatment.

Service Eligibility
Services shall not be refused to clients based on race/ethnicity, disability, culture, religion, gender, sexual orientation, or the inability to pay. Clients who are Drug Medi-Cal or CalWORKs eligible shall not be charged fees.

Inventory
Contractors shall submit an inventory of fixed assets and minor equipment purchased under a cost reimbursement contract each year at renewal of contract term to the COR.

Trafficking Victims Protection Act of 2000
The purposes of this Protection Act are to combat trafficking in persons, a contemporary manifestation of slavery whose victims are predominately women and children, to ensure just and effective punishment of traffickers, and to protect their victims.

Trafficking in persons is a modern form of slavery, and it is the largest manifestation of slavery today. At least 700,000 persons annually, primarily women and children, are trafficked within or across international borders. Approximately 50,000 women and children are trafficked in the United States each year.

Contractor shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 as amended (22 U.S.C. 7104). For full text of the award term, go to : http://samhsa.gov/grants/trafficking.aspx.

Alcohol and Drug Free Environment
Programs shall provide an alcohol and drug-free environment, and all participants shall be alcohol and drug free while participating in program activities.

Recognizing that alcohol and other drug use disorder is for many a chronic, relapsing disease, the program shall make every effort to retain clients in treatment and shall have written policies regarding appropriate supports to the client during a relapse episode. Addressing relapse is a necessary part of the treatment/recovery process, and presents an opportunity to re-engage and re-assess levels of care and motivation to change. Policies relating to relapse shall be consistent with the alcohol and drug-free environment of the program.

Clients may be discharged if they engage in illegal activities or activities listed under Title 9 that compromise their safety or the safety of others, such as possessing, selling, or sharing alcohol or other drugs on-site at a program facility.

Emergency Critical Services
The County of San Diego, Behavioral Health Services, has identified, at a minimum, residential contracts as Emergency Critical. If designated and informed by the COR, contractor must identify the primary program contact for emergency/disaster communication and any succession of authority should the primary contact be unavailable. Emergency/disaster contacts must be made known to the COR within fifteen (15) days of start or annual renewal of the contract, or whenever there is a change in contact person.

If the need to evacuate the primary service site arises, residential program contractors must have arrangements for either an alternate site to house program participants, or a plan to discharge clients back to their own homes. The alternate site or plan to discharge to home must be made known to the COR within fifteen (15) days of start or annual renewal of contract.

Disaster Preparedness
Contractors must identify the primary program contact for emergency/disaster communication and any succession of authority should the primary contact be unavailable. Emergency/Disaster contacts must be made known to the COR within fifteen (15) days of start of contract, or whenever there is a change in contact person.

Contractors shall contact their COR if there is an evacuation or relocation of services during the provision of services. COR must grant approval for any discontinuation of services.

Funding sources specify that funding can only be claimed for services in support of contracted activities. Redirection of staff to other non-evacuation/emergency activities during an emergency/disaster may cause their time to be non-reimbursable, depending on funding availability and regulations. Note that discontinuation of non-residential services shall, in cost reimbursement programs, result in staffing and other service costs being ineligible for reimbursement during the period of program closure. Fixed price and pay for performance contracts may also be reduced if pay points are not achieved or deliverables are interrupted.

Disaster Response
In the event that a local, state or federal emergency is proclaimed within San Diego County, contractors shall cooperate with the County in the implementation of a Behavioral Health Services response plan. Response may include staff being deployed to provide services in the community, out of county under mutual aid Contracts, in shelters, and/or other designated areas.

Contractor shall provide BHS with a roster of key administrative personnel's after-hours phone numbers, pagers, and/or cell phone numbers to be used in the event of a regional emergency or local disaster. These numbers will be held confidential and never given out to other than authorized personnel.

Contractor shall identify twenty five percent (25%) of direct service staff to prepare for and deploy (if needed and available) to a critical incident. These staff shall participate in County provided Disaster Training (or other approved training) and provide personal contact information to be included in the Disaster Personnel Roster maintained by the County. Contractor shall advise COR of subsequent year training needs to maintain 25% trained direct service staff in the event of staff turnover. Contractor shall maintain 25% staff deployment capability at all times.

Program Registrar
Contractors shall designate a Program Registrar who shall function as the key contact person for receiving client progress inquiries from designated third-party referral sources and responding to them in a timely manner, consistent with confidentiality requirements. Staff designated as Program Registrar shall possess the knowledge, training, expertise and ability to organize and transmit such substance abuse treatment and recovery information, and shall have excellent written, oral and telephone communication skills. Program Registrar shall have received training and be competent in using personal computer-based software programs to facilitate information flow. Each treatment program shall also designate a back-up staff person to perform these duties when the primary Program Registrar is absent, e.g., due to illness, vacation, or staff turnover.

Screening and Assessment

Screening: Contractors shall provide trained staff during operating hours as identified in the Service Address and Hours of Operation paragraph of their programs' contracts, to receive persons interested or referred for services, assess the need for program services and refer for services. Screening identifies the possibility that a client has co-occurring substance use and mental disorders or that his or her presenting signs, symptoms, or behaviors may be influenced by co-occurring issues. The purpose is not to establish the presence or specific type of such a disorder, but to establish the need for an in-depth assessment. Screening is a formal process that typically is brief and occurs soon after the client presents for services and may not always be needed, but is helpful.

Assessment: An assessment is an in-depth review including level of care assessment and participant strengths and needs to provide baseline information regarding life domains, i.e., alcohol and/or other drug use, medical, employment, legal, social, psychological, family, environment and special needs. An assessment also gathers information and engages in a process with the client that enables the provider to establish (or rule out) the presence or absence of a co-occurring disorder. It may determine the client's readiness for change, identify client strengths or problem areas that may affect the process of treatment and recovery, and engages the client in the development of an appropriate treatment relationship. Contractors shall provide client assessment through the use of instruments approved by the COR.

DMC Title 22 regulations that were permanently amended effective July 14, 2015, as per MHSUDS Information Notice No. 15-031 issued on August 13, 2015 indicated that A Physician/MD must either document a diagnosis or approve a diagnosis documented by a Therapist, Physician Assistant or Nurse Practitioner; however, the regulations do not specify how exactly that must be done (i.e., face to face versus a file review).

The State confirmed that although an AOD Counselor cannot establish a diagnosis, if they meet with a client and conduct an assessment, it is acceptable for the Physician/MD to then review the client's history, symptoms and other relevant information to formulate and document the diagnosis within the designated timeline. If a Therapist, Physician Assistant, or Nurse Practitioner meets with a client and conducts an assessment and formulates a diagnosis, the Physician/MD shall document approval of the diagnosis within the designated timeline.

Co-Occurring Disorders
In accordance with the Health and Human Services Agency Co-occurring Psychiatric and Substance Abuse Disorders Consensus Document (dated August 16, 2007, or as subsequently updated) all ADS programs shall be welcoming to individuals with co-occurring disorders by posting an ADS-approved Welcoming Statement and by providing materials, brochures, posters and other appropriate information regarding co-occurring disorders. Individuals shall receive a helpful and appropriate response whether the help they seek is voluntary or court mandated. Contractor shall have capacity at a minimum to screen and refer clients/residents with co-occurring disorders to identified co-occurring treatment.

Referral Resource:
Contractors shall serve as a community referral resource, directing individuals in need of other services beyond the scope of the program. The program shall maintain and make available to participants a current list of resources within the community that offer services that are not provided within the program. At a minimum the list of resources shall include medical, dental, mental health, public health, social services and where to apply for the determination of eligibility for State, federal, or county entitlement programs.

House Meetings
Residential contractors shall have a mandatory time that is scheduled for the in-house community to meet and discuss/process issues related to AOD.

Program Services
Contractors shall provide AOD treatment, recovery and auxiliary services that are non-institutional and non-medical.

Non-Residential

Contractors of non-residential programs shall provide a minimum of one ninety minute counseling or education per week. Alcohol and/or other drug services shall be provided in an alcohol and drug free environment, which support recovery or treatment for individuals and/or family members affected by alcohol and/or other drug problems. Services are performed by program-designated personnel and may include the following elements: recovery or treatment planning, educational sessions, social/recreational activities, individual and group sessions, family education and parenting, case management, participant file review, relapse prevention and information about and assistance in obtaining, health, social, vocational and other community services. In addition, a nonresidential alcohol and/or other drug service may provide services of a medical or psychotherapeutic nature, offered by personnel trained and/or licensed to conduct therapeutic interventions. Day treatment and outpatient services are included in this category.

Outpatient Drug Free: A nonresidential alcohol and/or other drug service in which a participant is provided a minimum of one 90-minute counseling or educational session per week. Outpatient services are designed to provide an alcohol and drug free environment with structure and supervision to further a participant's ability to improve his/her level of functioning.

Intensive Outpatient Treatment (IOT): This service is designed to provide an alcohol and drug free environment with structure and supervision to further a participant's ability to improve his/her level of functioning. It is a nonresidential AOD service that is provided to participants at least three hours per day and at least three days per week (and a maximum of five days per week). Formerly known as "Day Care Habilitative (DCH)," a State Plan Amendment approved by CMS (effective 1/1/14) made these services available to more beneficiaries. Previously available only to those who are pregnant, postpartum, or youth eligible for EPSDT, IOT is now authorized for all beneficiaries who meet the requirement for medical necessity. Programs that were providing DCH services in the past may now provide IOT services to this expanded DMC population. Other AOD programs who have not previously provided DCH services may apply directly to the State to gain certification to provide these services.

Perinatal and Postpartum Services: Perinatal and postpartum IOT and ODF services are provided to women per the standards detailed above. The services consist of regularly assigned, structured, and supervised treatment. Postpartum is defined as: A pregnant woman who was eligible for and received Medi-Cal during the last month of pregnancy shall continue to be eligible for pregnancy-related and postpartum services for a 60-day period beginning on the last day of pregnancy, regardless of whether the other conditions of eligibility are met. Eligibility for postpartum services ends on the last day of the month in which the 60th day occurs.

ODF and IOT substance abuse treatment services can be designed for, and provided specifically to, pregnant or postpartum women. Services address treatment and recovery issues specific to pregnant and postpartum women, i.e., relationships, sexual and physical abuse, and parenting skills. Perinatal services include mother/child habilitative and rehabilitative services (i.e., parenting skills, child development, etc.), service access (i.e., provision of or arrangement for transportation to and from medically-necessary treatment), education to reduce the harmful effects of alcohol and/or other drugs on the mother and fetus or the mother and infant, and coordination of ancillary services.

Continuing Care/Aftercare: Services available to individuals who have completed a treatment program and need support for continued recovery, and may include referrals for other services, recovery planning, relapse prevention and discharge planning activities.

Recovery Services: Contractor shall provide alcohol and other drug recovery services to all participants. Recovery services shall include, but not necessarily be limited to the following:

- Relapse Prevention. Relapse Prevention education and activities shall be available to help the client maintain sobriety over time.
- Recovery Planning Groups. Recovery planning groups shall be available and provide strategies to achieve abstinence, physical and mental health, financial, employment, and educational and spiritual goals.
- Self-Help Group Participation. Clients shall be introduced to mutual self-help recovery groups for persons with alcohol and other drug abuse or dependency problems. Self-help groups may be incorporated into treatment and recovery plans and documentation of attendance noted in client file as appropriate.

Residential Treatment

Overnight Coverage
Contractors shall ensure that residential program sites are staffed 24 hours a day, 7 days a week. Staff must be on-site and available for all emergent situations.

- Overnight Coverage Hours: Contractors shall post the overnight coverage staffing schedule

- Minimum Qualifications: Overnight coverage staff shall have the minimum qualifications as follows:

    - CPR/First Aid/Safety training and certification maintained
    - Eighteen (18) years or older
    - Trained on alcohol and other drug (AOD) confidentiality, ethics, and cultural competence/sensitivity
    - Trained and able to respond to emergency situations

Detoxification:
Detoxification services provide a non-medical residential alcohol and other drug program, combining detoxification and pre-treatment/referral services to male and female adults as they withdraw from alcohol and other drugs. Detoxification programs are provided in a short-term, licensed, structured, supervised, safe and sober environment which allows AOD-dependent individuals to withdraw from alcohol and other drugs and receive orientation and referral to available treatment and recovery services.

Perinatal:
Residential perinatal treatment and recovery services are provided twenty-four (24) hours a day, seven (7) days a week in non-medical licensed, safe and sober environments. Perinatal residential treatment services provide alcohol and other drug treatment, recovery services and ancillary services to women with a substance abuse problem, other than tobacco, ordinary caffeine or barbiturates. Participants are

supported in their efforts to attain and maintain an alcohol and other drug-free style of living. Participants learn interpersonal and independent living skills, appropriate parenting skills and how to access community support systems.

Specialized Services

Prevention and Early Intervention Services (PEI)
California voters approved Proposition 63, the Mental Health Services Act (MHSA), in 2004. One of the service areas funded through MHSA is Prevention and Early Intervention (PEI). The goal of PEI is to provide prevention and early intervention services to individuals prior to the diagnosis of a severe mental illness, San Diego's PEI plan includes the provision of mental health prevention and early intervention services specifically for adolescents, transitional aged youth, adults and older adults who have primary substance use disorders and are engaged in the County's Alcohol and Drug Services (ADS) Treatment and Recovery System; services are also available for children of parents receiving services in the ADS system.

Contractors shall identify and screen clients who exhibit mental health concerns prior to their development of a serious mental health diagnosis. Counselors shall assist with the selection of interventions that can prevent or diminish the development of a mental health disorder. Interventions will preferably be promising or best practices that are age appropriate, integrated, accessible, cultural competency and strengths based.

Note:

PEI providers are tasked with gathering specific demographic data, and a four question general survey which is entered into HOMS. The HOMS database is utilized for gathering the data and managed by the County's Data Centers. Data can be entered directly into the HOMS database or the Data Centers will set up for the extracts from contractor's database into HOMS. Program specific outcome and process data as outlined into contract is captured in the Monthly Status Report (MSR/Quarterly Status Report (QSR), as applicable.

Staff Requirements:
Mental health licensed staff shall meet all California Board of Behavioral Sciences licensure requirements, as well as having documented experience working with substance abuse services for a minimum of one (1) year. License verification can be found at http://www.bbs.ca.gov.

The license shall be in good standing and clear of licensing authority disciplinary actions for a minimum of three (3) years at the date of hire and continuously while employed by Contractor as an employee or consultant.

Of the staff providing PEI services, understanding of engagement, outreach and motivational interviewing (MI) techniques to encourage and assist clients are an expectation.

Registered interns who are receiving clinical supervision may be used to provide direct services in the program.

Knowledge of (and/or participation in) the CCISC initiative is highly recommended.

Driving Under the Influence (DUI) Program
The Driving Under the Influence (DUI) program is licensed by the California Department of Health Care Services and administered locally by Alcohol and Drug Services (ADS). Services are designed to meet the requirements of the Department of Motor Vehicles (DMV) and courts as stipulated for individuals who have been arrested for driving under the influence. Available services include: 3, 6, 9, 12, and 18-month programs and education only. This program is totally funded by participant fees. Spanish services available at all locations. All facilities are wheelchair accessible.

Men's Positive Parenting
Program Requirements. These services shall be designed to serve transitional age youth (TAY, ages eighteen (18) to twenty-five (25) years) and adult fathers who are enrolled in outpatient alcohol and other drug (AOD) treatment programs. The program services shall use an integrated approach to education that incorporates parenting skills, mental health wellness, substance abuse education and violence/trauma prevention for fathers. The services shall be delivered using an approved curriculum identified by Behavioral Health Services. The target population includes all adult male parents (eighteen (18) years or older) enrolled in an AOD outpatient Regional Recovery Center (RRC) treatment programs and volunteering to participate in the Positive Parenting for Men in Recovery program.

This program shall engage fathers to voluntarily participate in each RRC's program in skill building exercises that result in growth in the following areas:

- Increases knowledge of healthy parenting practices and the negative effects of poor parenting on children and families, and reduces self-harmful behaviors and harm to children.
- Reduces dependence and/or reliance on illicit substances, and improves parenting skill sets in order to promote the development, growth, health and social competence of formerly substance abusing, male parents.

Contractor shall deliver services in this program using the following elements:

- Facilitate group education/counseling using the Positive Parenting for Men in Recovery curriculum.
- Provide education and/or brief counseling to reduce risk factors or stressors.
- Assist with establishing linkages to additional mental health services and other community resources as needed. Conduct family assessment and linkage to behavioral health and other services that will decrease stress and increase the protective factors of the family.

Incredible Families
The Incredible Families Program (IFP) was designed to consolidate needed services, and improve outcomes for children and their families involved in East County Child Welfare Services (CWS). Utilizing proven methods from the evidence-based Incredible Years model, the goal of the program is safe and successful family reunification (for families of children in foster care), improved family functioning, and improved mental health functioning for referred children.

The target population includes children ages 2-11, who are dependents of Juvenile Dependency Court due to abuse and/or neglect, and their families. Most of the participating children reside in foster homes, with a smaller portion residing with relatives and/or parents under CWS supervision. In order for these families to safely reunify, parenting skills education, consistent and meaningful family visitation and mental health treatment are typically among the most critical (and often court-ordered) service needs. In collaboration

with CWS and Children's Mental Health, the Incredible Families Program seeks to combine these elements under one organizational umbrella, with one primary clinician assigned to each family, thus providing maximum efficiency and effectiveness for the families as well as the supervising CWS worker.

Specific service components include a weekly multi-family Parent-Child Visitation event and meal for all family members. Immediately following the family visitation, a 15-week Parenting Group, utilizing the Incredible Years evidenced-based curriculum, is provided to parents. Their children, ages 2 to 11 are also provided with Brief Mental Health Outpatient Services, focused on alleviating trauma and strengthening parent-child relationships. Additional interventions will include Clinical Support and facilitation of Visitation events and Individual Therapeutic Contacts with parents to address specific problems and further support their attainment of effective parenting skills.

A primary therapist is assigned to each family, who is responsible for implementing all program components for their assigned caseload: Parent Group, clinical support during Family Visitation events and individual/family therapy. All family members (parents and children) are also assessed and referred for additionally-needed services, including further mental health treatment, substance abuse services, and if needed, ancillary services.

Credentials: All IF staff must attend a three day Incredible Years parenting training session. Therapists are to be licensed MFTs and LCSWs or interns working toward their licenses. Therapists are to be trained in Eye Movement Desensitization and Reprocessing (EMDR) and Trauma Focused Cognitive Behavior Therapy (TFCBT). Therapists are also required to attend ongoing Trauma Focused trainings. Parent Partners attend Youth and Family Roundtable.

PC 1000 (Penal Code Section1000)

Contractor shall provide a non-residential substance abuse education and counseling program for offenders granted Drug Diversion/Deferred Entry of Judgment program, known as the PC1000 Program and an AIDS Education program for offenders referred by the court pursuant to Penal Code Sections 1000 and 1001.10. The PC 1000 and AIDS Education program are designed as required by the California Penal Code, Chapter 1.5 Certification of Drug Diversion Programs, Section 1211, and Chapter 2.71 AIDS Prevention Program in Drug Abuse and Prostitution Cases, to reduce criminal recidivism by addressing the substance abuse and criminal behaviors of the referred offenders.

The standardized programs are provided in a safe and non-substance using/alcohol free environment to support clients in their efforts to be alcohol and other drug free and in compliance with their court and/or probation orders. This is a fee-for-service program. Contractor shall ensure that PC1000 and AIDS Education program services are available for all offenders referred by the court or probation.

PC1000 Program Services Description

Contractor shall provide a three (3) month program of non-residential education and counseling services for offenders referred by the Superior Court or Probation. All services are to be provided in accordance with the County of San Diego PC1000/AIDS Education Program Standards incorporated by reference. The services to be provided shall include the following elements:

Program Orientation and Enrollment

Substance Abuse Assessment

Ten (10) educational sessions according to the following structure:

- Following the substance abuse assessment, the program shall provide ten (10) two (2) hour ten (10) minute education modules (twenty (20) hours total) scheduled once per week for ten (10) weeks.

Each education module shall consist of:

- Ninety (90) minutes of educational activities
- Ten (10) minutes of break time
- Thirty (30) minutes of educational discussion group

Educational sessions shall, at a minimum, include the following topics and utilize the approved curriculum:

- Substance Abuse and Legal Issues
- Physical Effects of Drugs
- From Abuse to Addiction
- Substance Abuse and the Family
- HIV/AIDS, Hepatitis, TB, and STIs
- Drug Abuse a threat to your: Job, Home, Money and Freedom
- Substance Abuse Recovery Skills
- Substance Abuse Relapse
- Recovery Planning, Relapse Prevention Planning, Abstinence and Life Planning
- Anger Management and Communication Skills

Contractor shall provide these elements within the PC1000 program component:

- Two (2) thirty (30) minute individual counseling sessions: Initial individual session within fourteen (14) days of intake, and exit conference at the last service
- Monitoring of attendance at self-help groups
- Referral to ancillary services
- Exit planning
- Drug Testing: Baseline drug test at program admission, and two (2) random drug tests during program

AIDS Education Program Service. Contractor shall provide a two (2) hour AIDS Education session for offender sentenced per PC 1001.10. The AIDS Education session for persons referred as a result of PC 1001.10 shall be separate from the AIDS Education module in the PC 1000 program.

Education Curriculum. Contractor shall develop a specific twenty (20) hour PC 1000-specific curriculum utilizing the education topics identified above, as well as other appropriate materials that are designed to be delivered over ten (10) consecutive weeks. Each session shall be an interactive active process to allow client discussion.

- Contractor shall submit the curriculum to the COR for review thirty (30) days after contract is executed.
- Each education session shall include a brief review of the material covered in that education session that is completed and signed by the client that is retained in the client file.

Program Funding (PC 1000): Program shall be entirely funded by client fees based on a fee policy and schedule established by the COR; the fee may be adjusted by the COR, based on operational need. No funds from any other ADS Expenditure Contract shall be used in support of this program component/service.

- Revenue (PC1000): All revenue from this program component shall be deposited in a separate account.
- Surplus Funds (PC1000): All surplus funds generated by this program component, defined as the difference between revenues and operating expenses for each contract year, shall be used in direct support of the program and accounted for at the end of each fiscal year. This information shall be submitted to the COR in writing with the fourth (4th) quarter financial report. Contractor may use surplus funds to establish a Contingency Reserve equal to a maximum of one-twelfth (1/2th) of the program's annual operating expense. This reserve shall carry over to each consecutive fiscal year unless a request is submitted to the COR, in writing, to use any or the entire fund in support of the program. Any interest accruing to the Contingency Reserve shall be accounted for, as Other Program Revenue, in the required quarterly financial reports.

PC 1000 Program Administrative Fee: Contractor shall pay a PC1000 Program Administration Fee to the County, at a rate to be established by the County that will not exceed five percent (5%) of gross program revenue. Fee payment and a financial report shall be submitted quarterly, based on prior quarter actual revenues and expenses, in the format established by the County.

Outcome Objectives for PC 1000 Clients
The goal of the PC 1000 and AIDS Education programs is to reduce substance abuse and criminal behavior among court and/or probation referred offenders.

- Completion – A minimum of fifty-five percent (55%) of clients enrolled will complete the PC 1000 program as measured by completing all required program services and paying in full all assessed program fees; and
- No New Arrests – A minimum of ninety percent (90%) of all participants who successfully complete the PC 1000 Program shall have no new arrests, excluding minor traffic offenses, while in the program, as measured by client self-report, documented at final program service.

Drug Court
Drug Court Contractors shall establish and maintain a program to provide non-residential alcohol and other drug (AOD) treatment and testing program services to serve non-violent adult male and female offenders who have been referred to Adult Drug Court. Members of the Adult Drug Court Team, which include the Adult Drug Court Judge, District Attorney, law enforcement, Public Defender, and Contractor shall participate in case conferencing and Adult Drug Court sessions. These services are to be located within the immediate boundary of the Adult Drug Court for which the Offeror is proposing to serve.

Goals, Outcome and Process Objectives:

Goal. Contractors shall be responsible to support and facilitate the program completion/graduate individuals who are drug free, crime free, legally employed members of the community.

Outcome Objectives. Contractors shall meet the performance outcomes for the measures listed below for each contracted site, which shall be reviewed and approved by the County. Outcome measures may be adjusted at any time to reflect new Federal, State, and County outcome requirements.

Complete Treatment. Thirty-five percent (35%) of all clients who have been in the Adult Drug Court Treatment and Testing Program will complete treatment as measured by:

- Alcohol and other drug free for a period of time satisfactory to the Court prior to completing treatment;
- Completion of all required program services; and
- Documentation in the client's file that the referring Adult Drug Court has approved the discharge.

No New Convictions. Ninety percent (90%) of clients who complete treatment shall have no new criminal activity resulting in a conviction, excluding minor traffic offenses, while participating in the program.

Employment and Employment Preparation. Sixty-five percent (65%) of participants that have reached treatment completion will be employed or in employment preparation activities. Employment preparation activities shall include enrollment and attendance at a vocational or academic school, internships, other employment that develops employment skills and experience or pre-vocational training as measured by:

- Client self-report at discharge

Permanent Residence. One hundred percent (100%) of Program graduates shall have a permanent living situation.

Drug Free Births. Eighty-five percent (85%) of all babies born to Program clients shall be drug-free at the time of birth.

Process Objectives. The following Process Objectives are based on estimates of the Client Population to be served and modes of services required by clients. Contractors shall achieve the following process objectives.

Clients Served. Contractors shall serve a specified number of unduplicated Adult Drug Court clients annually.

Staff Hours. Contractors shall provide Staff Hours to serve Adult Drug Court clients on an annual basis. Contractor will stipulate the number of staff hours to be provided on the Contract Budget, Exhibit C.

Program Services Description:

Target Population. Contractors shall provide services to a target population of non-violent male and female offenders, with a history of drug abuse, who have been referred to treatment by the Adult Drug Court.

Geographical Service Area. Program service shall be provided in a specified region of San Diego County.

Project location and hours of operation.

- Contractors shall provide all facilities, facility management, supplies, and other resources necessary to establish and operate the program.
- Contractor's businesses located at the addresses below shall be accessible by public transportation and in compliance with Americans with Disability Act (ADA) and California State Administrative Code Title 24. Program Services shall be open for business a minimum of 40 hours per week. Contractor shall not change the hours of operation or the location from the address provided in the contract without prior written approval from the COR. Prior to any change in location, the COR reserves the right to conduct a site visit(s), inspect facility plans, and approve the location and any budget and/or services delivery impact which may result from the proposed move to a new location/facility.

Perinatal Services

Perinatal services are gender-specific, trauma informed AOD treatment and recovery services provided to pregnant and new mothers and their dependent minor children, from birth through and including 17 years of age. Childcare service is provided for participants while on-site receiving services. Issues specific to perinatal clients include AOD use while pregnant, pre-natal care, parenting, and family violence.

All Perinatal Programs, regardless of funding source, are required to comply with the Perinatal Services Network Guidelines 2014 (PSNG). For the complete DHCS PSNG, go to:
http://www.dhcs.ca.gov/individuals/Documents/PSNG2014Final21214.pdf

Perinatal Case Management

Perinatal Case Management services are provided to substance abusing women and adolescent pregnant and/or parenting women ages twelve (12) or older with a child(ren) ages birth through seventeen (17) years old. Substance abusing women must have less than one year clean and sober to be eligible for Perinatal Case Management services.

The goal of perinatal case management services is to assist pregnant and parenting adult and adolescent women who are using or abusing alcohol or other drugs (AOD) to become alcohol or other drug-free and to help pregnant women deliver infants who are drug-free at birth.

Dependency Drug Court

Contractors shall provide each Dependency Drug Court client with the following services as needed and as appropriate.

Dependency Drug Court Specialist (DCS) The primary role of the DCS is to represent the AOD treatment providers in the Dependency Drug Court proceedings for clients that need a higher level of support through additional sessions with the court. Responsibilities shall include:

- Attending all Drug Court sessions
- Gathering information on all DDC clients and prior to each drug court appearance
- Completing drug court report accurately
- Advising court on client's progress and recommend any action to be taken by the court
- Tracking numbers of clean days required by the court
- Following up on treatment issues raised in the drug court session

- Submitting reports as assigned (i.e. # of court participants)
- Other duties as assigned

Dependency Drug Court Substance Abuse Specialist (SAS) The primary role of the SAS is to provide immediate outreach and support for CWS clients at the courthouse in order to facilitate immediate entry into alcohol and other drug treatment programs. Specific responsibilities include:

- Meeting with clients at the court to determine the appropriate level of AOD treatment by using the BHS Screening Tool. Treatment modalities shall include detox, residential, or non-residential treatment.
- Referring clients to appropriate AOD treatment and the appropriate level of Drug Court.
- Completing consents both in hard copy and on E-Court and have client sign the hard copy
- Calling Treatment Provider and schedule an intake appointment with authorized treatment representative and/or intake counselor.
- Assuring equity of referrals across the ADS treatment continuum.
- Acting as regional resource for CWS clients needing AOD treatment
- Entering E-Court referral information for the clients
- Assisting CWS clients re-entering treatment
- Submitting reports as assigned (i.e. number of screenings, referrals, etc.)
- Other duties as assigned.

Trauma-Informed Care

Contractors' programs and services shall be "trauma-informed" and accommodate the vulnerabilities of trauma survivors and allow services to be delivered in a way that will avoid inadvertently re-traumatizing clients and will facilitate consumer participation in treatment.

Trauma-Informed Services are not specifically designed to treat symptoms or syndromes related to sexual or physical abuse or other trauma, but they are informed about and sensitive to, trauma related issues present in survivors.

Trauma-Informed Systems are those in which all components of a given service system have been reconsidered and evaluated in the light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services.

Client Satisfaction Surveys

Client Satisfaction Surveys: Contractor shall conduct annual client satisfaction surveys during the term of the Agreement. The first annual client satisfaction survey shall be conducted within six (6) months of the effective date of this Agreement. Contractor shall utilize the standard client satisfaction survey tool to develop survey results. Forms can be located at www.sdads.org.

- Response Rate: Contractor shall specify the total number of participants who responded to the survey compared to the total number of participants served.
- Improvement of Services: In areas of the survey that are rated "below average" by fifty percent (50%) or more of the clients, a plan for improvement shall be developed and implemented. The plan shall be submitted to the COR within sixty (60) days from the survey's initiation.

Primary Prevention
Since the inception of the San Diego County Prevention Framework in 1997, the County has initiated four regional alcohol and other drug prevention initiatives that are aligned with the County of San Diego's Strategic Initiatives:

- Binge and Underage Drinking initiative (1996)
- Methamphetamine Strike Force (1996)
- Marijuana Initiative (2005)
- Prescription Drug Abuse Task Force (2008).

The County of San Diego's prevention system is implemented through a broad array of contracted community-based prevention service providers. The providers incorporate the activities of the Prevention Plan to ensure full coordination and continuation of efforts by working together in focused workgroups for each initiative.

A key component to the San Diego Prevention system is a commitment to continuous improvement and professional development in the prevention arena. As such, each prevention contract requires a designated position for a media advocacy specialist, a community organizer and a prevention specialist to assure capacity and expertise at service delivery. The countywide media advocacy project provides technical expertise training and facilitates a monthly media advocate's meeting to share expertise, resources and experiences conducting media advocacy efforts.

To evaluate and measure the impact of prevention services, all prevention service contractors are required to provide information to the "Prevention Information and Resource Library" (PIRL) portal. Information includes meeting agendas, sign in sheets, media advocacy calendar, notes and other relevant information. Each County Initiative has an evaluation plan designed to measure the impact of each activity and progress is reviewed annually and over time. The PIRL portal is located at www.pirlsandiego.net

Recovery Services
Contractor shall provide alcohol and other drug recovery services to all participants. Recovery services shall include, but not necessarily be limited to the following:

Relapse Prevention.
Relapse Prevention education and activities shall be available to help the client maintain sobriety overtime.

Recovery Planning Groups.
Recovery planning groups shall be available and provide strategies to achieve abstinence, physical and mental health, financial, employment, and educational and spiritual goals.

Self-Help Group Participation.
Clients shall be introduced to mutual self-help recovery groups for persons with alcohol and other drug abuse or dependency problems. Self-help groups may be incorporated into treatment and recovery plans and documentation of attendance noted in client file as appropriate.

Curriculum Manual
Contractor shall develop a curriculum manual containing alcohol and other drug education, parenting and family violence program descriptions, lecture outlines, handouts, and any other materials used for participant and family alcohol and other drug education, parenting, and family violence presentations. The Manual must be approved by the COR within sixty (60) days of Agreement execution and shall be updated annually.

Medications
Clients on medications will seek services. Clients shall not be denied services based solely on the fact that they are taking prescribed medication, regardless of the type of medication. Accordingly:

- Programs shall not deny services to a client with current, physician-prescribed medications. However, a program shall consider whether the nature and extent of the prescribed medications requires a higher level of care than offered at that program.

- With client consent, providers shall coordinate with the client's physician or health practitioner when she/he enters treatment with prescribed medications having psychoactive characteristics. Services and support plans shall be reviewed with the prescribing physician or health practitioner.
- If while in treatment, a client exhibits behavior that is a cause for concern, the treatment provider may address this as a program issue with the client and the client's physician or health practitioner.

- Programs shall have a safety policy regarding the use of prescribed medications by a program client, including a provision for taking medications in private, if it must be taken on the premises.

Client Volunteers
Clients shall be encouraged to participate in volunteer services in an effort to give back to the program and/or community.

Communicable Disease Information, Education, and Prevention:
Contractor shall provide information, education and prevention services on the following communicable diseases for each individual admitted to the program: Human Immunodeficiency Virus (HIV), Hepatitis C (HCV), Tuberculosis (TB) and Sexually Transmitted Diseases (STD).

Cooperation with Other Agencies
Contractor shall cooperate with other agencies and allow presentations to program clients, especially those who are at high risk or who are positive for any of the disease referenced above. Contractor shall cooperate with on-site and off-site interventions, medical evaluation, laboratory testing, case management, and pharmaceutical therapy programs that assist participants in preserving their immune system function.

Staff Training on Communicable Diseases
Contractor shall ensure that all employees and volunteers receive training in the diseases referenced above, methods of preventing transmission, confidentiality requirements, and available communicable disease-related resources that are appropriate referrals to supportive services. All training shall be documented in each personnel file.

Liaison
Contractor shall designate a minimum of one staff person to serve as a liaison between the program site, the program's community and Behavioral Health Services on issues related to communicable disease services. The designated staff person shall attend regularly scheduled BHS and contractor facilitated meetings and shall provide staff communicable disease training and update sessions at least once every six (6) months. Contractors with multiple programs shall designate additional staff to serve in the liaison role.

HIV/HCV Services
Contractor shall provide Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) information and referral services for each individual admitted into the program. Contractor shall use the BHS designated and funded HIV/HCV services contractor for assessment for HIV/HCV risk behavior, provision of prevention, education, and referral for HIV/HCV counseling, testing and related medical services.

Health Insurance Coverage Information
Contractor shall collect information about participants' personal health insurance coverage, if any, as part of the financial assessment conducted during the treatment intake process.

Drug Testing
Contractor shall conduct observed, random drug testing to all clients as mandated by the referral source(s) and/or the individual treatment plans. All drug testing results shall be documented in client file. Urinalysis shall be observed and staff must be gender appropriate. The contractor shall develop, implement, and maintain a testing protocol to ensure against falsification or contamination of urine and oral fluid specimens. Contractor shall use the ADS designated urinalysis/oral fluid drug testing vendor unless prior written approval for another vendor is received from the COR.

Drug Testing Results Reporting
All positive drug tests shall be reported to the referring entity within two (2) business days of testing date, if the client has provided appropriate prior consent.

Drug Testing Technologies
Drug testing may include any of the following technologies:

- Urinalysis
- Oral Fluid Testing
- Breathalyzer

Case Management
Case Management services are services that assist a client to access needed medical, educational, social, vocational, and rehabilitative or other community services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring services delivery to ensure beneficiary access to services and the services delivery system, monitoring of the clients progress, and plan development. Certain populations may be provided specialized case management (i.e. perinatal case management) which includes additional case management services. These specialized services are specified in the contracts.

Outreach Services

Documentation of Outreach Services:
Documentation of contractors' outreach services shall be made available in the event of a County audit.

General and Injection Drug User (IDU) Alcohol and Drug Outreach Services
Contractor shall conduct outreach to individuals experiencing alcohol and other drug problems, with special attention to reaching injection drug users and helping them to access treatment and recovery services.

Information and Education
Contractors shall provide information and education to high-risk alcohol and other drug abusers, which prevents and minimizes the health risks of alcohol and other drug abuse. Contractor shall promote awareness among alcohol and other drug users about the relationship between alcohol and other drug (AOD) abuse and the personal health risks of communicable disease such as Sexually Transmitted Infections (STIs) and Human Immunodeficiency Virus (HIV) and, for pregnant women, the relationship between abuse and the risks to their children.

Homeless Shelter Outreach Services
Contractors shall make available staff or volunteer participation in regional homeless shelter outreach services during the cold/wet winter months, which are typically defined as December through March.

Accessibility Assessment Requirements for Persons with Disabilities (PWD)
Any enterprise licensed or certified by the Department of Health Care Services (DHCS) or any entity (counties and providers) receiving state or federal funding that has been allocated by DHCS must comply with statutory and regulatory requirements such as:

- Americans with Disability Act (ADA) Exhibit 1
- Section 504 of the Rehabilitation Act of 1973;
- 45 Code of Federal Regulations (CFR), Part 84, Non-discrimination on the Basis of
- Handicap in Programs or Activities Receiving Federal Financial Assistance;
- Title 24, California Code of Regulations (CCR), Part 2, Activities Receiving Federal Financial Assistance and;
- Unruh Civil Rights Act California Civil Code (CCC) Sections 51 through 51.3 and all applicable laws related to services and access to services for persons with disabilities (PWD).

These statutory and regulatory requirements assist in ensuring Persons with Disabilities (PWD) are provided access to Alcohol and other Drug use disorder (AOD) prevention, treatment and recovery services. The legislation and implementing regulations require all providers make reasonable accommodations and provide accessible services for PWDs. This is a per program standard within the Legal Entity. Each program site will have to comply with the above statutory and regulatory requirements.

Counties are responsible for ensuring that services and the contract providers programs are accessible and do not discriminate against or deny equal opportunity to participate in and benefit by the provider

service. The County must conduct assessments and keep records of these results, which shall be provided to DHCS upon request.

The assessment must:

- Determine the extent of the need for AOD service with the County.
- Determine the percentage of the county residential AOD service providers that accept PWD and the county's implementation plan for ensuring that a sufficient number of out-patient and residential AOD services accessible by PWD's are strategically placed with the county.
- Define, develop and implement: 1) the referral mechanism for those AOD service facilities that do not accept PWD; 2) the plan to provide services to the PWD that are substantially equivalent to services provided to non-disabled individuals, including equivalency of travel time and distance
- Designate a County Access Coordinator (CAC)

Each county is required to designate a County Access Coordinator (CAC) for serving PWD. The role of the CAC is that of a liaison between provider community, County BHS Administrator's office, and DHCS. The CAC is responsible for ensuring the integrity of the county's compliance with all issues related to AOD services. Services must be available to all individuals with mobility, communication and/or cognitive impairments as required by state and federal laws and regulations.

Prevention, treatment and recovery providers must take action to identify all physical and programmatic barriers to services and develop plans for removing or mitigating the identified barriers. Failure to do so can result in civil penalties and possible suspension, or revocation of licensure, certification or contract cancellation.
Providers applying for initial licensure or certification must plan to be fully accessible at the time of application.
Applicants for renewal of a licensure or certification must have conducted an assessment to identify barriers to service and develop an Access to Service Plan for removing or mitigating any identified barriers. Applicants failing to address these requirements can anticipate denial of their initial application or the withholding of renewals for existing licensed or certified programs until these requirements are adequately addressed.

EXHIBITS

Exhibit 1: Americans with Disabilities Act Summary)
Exhibit 2: The Unruh Civil Rights Act (Summary)
Exhibit 3: Guidance on Developing an Access to Services Plan
Exhibit 4: Checklist for Accessibility: Alcohol & Drug Programs

California Outcomes Measurement System Treatment (CalOMS Tx) Data Collection

A key component to Alcohol and other drug use disorder (AOD) Services is the assessment of the effectiveness of these services in the lives of clients. Participation in AOD Services should have a positive influence on those participating in programs, as well as on the system with which they interact

(such as law enforcement or social welfare agencies). Outcome data is necessary in order to identify what is working well in AOD Service programs and what is not. Therefore, collecting outcomes information facilitates the improvement of service delivery.

CalOMS Tx Data Collection is the method by which program data is reported to the Department of Health Care Services. Programs are required to comply with CalOMS Tx requirements. Compliance is monitored via the following processes:

- County BHS Quality Management (QM) team conducts trainings on CalOMS Tx data entry and requirements;
- County BHS QM monitors monthly error and open admission reports from DHCS;
- Providers found to be in error on reporting requirements are contacted directly by phone by County BHS QM staff to discuss found errors and are provided with technical assistance for correction;
- A quarterly CalOMS User Group meeting is held where data entry requirements, error trends and other issues pertinent to CalOMS Tx compliance are discussed;
- County BHS QM publishes a quarterly Dashboard that addresses error resolution.

In addition to collecting CalOMS data, our Management Information System is set-up to collect Drug MediCal claims data. Having one system to collect both data sets ensures that Drug MediCal claims will always be accompanied by a CalOMS data set. When questions come up about CalOMS data collection providers are referred to the CalOMS Data Collection Guide.

To read or download a copy of the CalOMS Tx Data Collection Guide, follow this link:
http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/CalOMSDataGuide.pdf

To read or download a copy of the CalOMS Tx Data Dictionary, follow this link:
http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/CalOMSDataDict.pdf

F. MANAGEMENT AND STAFF DEVELOPMENT

Staff Requirements:
Contractor shall administer, staff, and provide management systems and procedures for programs. Contractor shall recruit, hire, train, and maintain staff qualified to provide required services.

The Department of Health Care Services (DHCS) ensures the provision of quality treatment through the enforcement of standards for professional and safe treatment. DHCS does not certify counselors; however, DHCS does ensure counselors provide quality treatment to clients by enforcing the Counselor Certification Regulations found in the California Code of Regulations (CCR), Title 9, Division 4, Chapter 8.

Regulations require licensed and certified AOD programs to ensure that their counseling staff are appropriately registered and/or certified at all times by an approved certifying organization, or appropriately professionally licensed. In addition, AOD programs must continue to meet the regulatory requirement that 30 percent of the staff providing AOD counseling are certified or professionally licensed. AOD programs must also demonstrate that their registered AOD counselors do not exceed the five year registration limit (from the date of initial registration). AOD programs failing to ensure compliance with these requirements will be cited appropriately.

Counselor certification is based upon the Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice (TAP 21) published by the Center for Substance Abuse Treatment is available through DHCS's Resource Center. Individuals who provide counseling services such as intake, assessment of need for services, treatment planning, recovery planning, individual or group counseling to participants, patients, or residents in any alcohol and other drug (AOD) program licensed or certified by DHCS are required by the State of California to be certified. To obtain certification, counselors must register with one of the approved certifying organizations. From the date of registry, counselors have five (5) years to become certified with any certifying organization (CCR, Section 13035(f)(1). If a counselor fails to become certified after being registered for 5 years, the counselor will not be permitted to provide counseling services to clients.

Within six (6) months of the date of hire, all non-licensed or non-certified individuals providing counseling services in an AOD program must be registered to obtain certification as an AOD counselor by one of the approved certifying organizations.

Certified individuals are required to provide documentation of completion of a minimum of forty (40) hours of continuing education and payment of a renewal fee to their certifying organization in order to renew their AOD certification during each two-year period (CCR, Section 13035(f).

Effective April 1, 2013, there are seven (7) Certifying Organizations (CO) approved by the California Department of Health Care Services to register and certify individuals to provide alcohol and other drug (AOD) counseling. Any AOD counselor registered or certified with a CO no longer approved by DHCS will need to re-register with one of the seven approved CO's to continue providing counseling services.

Approved organizations include the following:

- American Academy of Health Care Providers in the Addictive Disorders (AAHCPAD)

- Board for Certification of Addiction Specialists, Affiliated with the California Association of Addiction Recovery Resources (CAARR), Accredited Program – Certified Alcoholism & Other Drug Addictions Recovery Specialist
- Breining Institute, Accredited Program – Registered Addiction Specialist
- California Association for Alcohol/Drug Educators, Accredited Program – Certified Addiction Treatment Counselor
- California Association of Drinking Driver Treatment Programs (CADDTP), Accredited Program – Certified Alcohol and Other Drug Counselor
- California Certification Board of Alcohol and Drug Counselors, Affiliated with the California Association of Alcoholism and Drug Abuse Counselors (CAADAC), Accredited Program – Certified Alcohol and Drug Counselor
- Indian Alcoholism Commission of California, Inc., Accredited Program – Certified Substance Abuse Counselor

Exception to Qualification Requirement: Staff actively working toward certification such as outlined above, with at least one (1) year of experience in alcohol and drug services, shall receive formal supervision from an on-site staff person meeting the qualification criteria defined above.

Life Experience: All staff must be free of probation or parole supervision for a minimum of one (1) year.

Criminal Background Check Requirements: Contractor shall ensure that criminal background checks are required and completed prior to employment or placement of contractor staff and volunteers in compliance with any licensing, certification, or funding requirements, which may be higher than the minimum standard described herein. At a minimum, background checks shall be in compliance with Board of Supervisors policy C-28 and are required for any contractor staff or volunteer assigned to sensitive positions funded by this contract. Sensitive positions are those that: (1) physically supervise minors or vulnerable adults; (2) have unsupervised physical contact with minors or vulnerable adults; and/or (3) have a fiduciary responsibility to any County client, or direct access to, or control over, bank accounts or accounts with financial institutions of any client.

Criminal Background Check:
Contractor shall have a documented process to review criminal history of candidates for employment or volunteers under this Agreement that will be in sensitive positions. At a minimum, Contractor shall check the California criminal history records, or state of residence for out-of-state candidates. Contractor shall review the information and determine if criminal history demonstrates behavior that could create an increased risk of harm to clients. Contractor shall document review of criminal background findings and consideration of criminal history in the selection of a candidate. (Example: Documented consideration of factors such as: If there is a conviction in the criminal history, how long ago did it occur? What were the charges? What was the individual convicted of and what was the level of conviction? If selected, where would the individual work and is the conviction relevant to the position?). Contractor shall either utilize a subsequent arrest notification service during employee or volunteers' tenure or check California criminal history annually. Contractor shall keep the documentation of their review and consideration of the individual's criminal history on file.

Qualification Documentation:
Contractor shall maintain copies of résumés and any supporting documentation which demonstrates that personnel assigned to the program meet DHCS's certification standards. Such documentation shall be maintained in the personnel file for all personnel hired under County contract by the last day of the first full month of employment, and shall be available for County monitoring purposes.

COR Review of Higher Level Staff:
The COR shall review and comment on the final candidates under consideration for hire at the Program Manager, Director, or higher level prior to selection. Should the COR choose to provide written comments, the comments shall be provided within five (5) days of receipt of candidates' résumés and supporting documentation.

Notification of Key Personnel Changes:
Contractors shall notify the COR within seventy-two (72) hours when there is a change in key personnel funded by County Contracts.

On-Site Manager/Director:
Contractor shall provide a full-time on-site program manager or director for each program, unless prior approval received by COR. If the program manager is also serving as the program coordinator, time may be divided between administration and direct services.

Staff Development and Training Plans:
Contractors shall develop and maintain a management and staff training and development plan. The staff training plan shall be updated annually and written reports on management and staff progress in achieving their staff development goals shall be maintained in the employee's personnel file. Staff training and development plans shall include at minimum: specific treatment standards for services provided, client confidentiality, client screening and assessment, client referral, CPR, communicable diseases, cultural diversity, data collection and reporting requirements, drug testing protocols, Program Registrar procedures and volunteer training (if volunteers are utilized).

CCISC CADRE:
Each organization shall have a minimum of one (1) current staff person complete the Comprehensive, Continuous, Integrated System of Care, (CCISC) CADRE, within the life of the contract.

Completion of CCISC CADRE:

When an Agency has completed the Comprehensive, Continuous, Integrated System of Care, (CCISC) CADRE change agent training, it shall, in addition to being welcoming, be expected to meet the following minimum requirements:

- Contractors shall use an ADS-approved tool to measure progress toward co-occurring capability or enhancement and shall identify specific objectives that are measureable and achievable in that time frame. Each program shall document what actions they are taking toward co-occurring capability or enhancement, at a minimum annually and submit to the COR by May 15th of every option year.
- Annual development of Quality Improvement Action Plan for achievement of progress, in consultation with COR and/or designee, identifying Agency or Program

specific objectives that are measurable and achievable to be reviewed at the time of site visit.

- Ongoing Agency participation in CADRE committees and activities, following CADRE change agent training completion.

G. BUDGET/FINANCIAL

Cost Limitations:
For each term period stated on the Signature page of each contract:

The parties estimate that performance of the Agreement will not cost the County more than the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page.

The Contractor agrees to use its best efforts to perform the work specified and all obligations under the agreement within the maximum Agreement amount.

The Contractor shall notify the COR in writing whenever it has reason to believe that:

The costs the Contractor expects to incur under the agreement in the next 60 days, when added to all costs previously incurred, will exceed 75 percent of the maximum Agreement term amount as specified in the Compensation clause of the Agreement Signature Page, or

The total cost for the performance of the Agreement, will be either greater or substantially less than had been previously agreed to for that term.

As part of the notification, the Contractor shall provide the COR a revised estimate of the total cost of performing the agreement for that term.

Unless otherwise stated in the agreement, the County is not obligated to reimburse the Contractor for costs incurred in excess of the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page.

The Contractor is not obligated to continue performance under the Agreement (including actions under the Termination clause of the Agreement) or otherwise incur costs in excess of the maximum Agreement amount specified in the Compensation clause of the Agreement Signature Page, until the County Contracting Officer notifies the Contractor in writing that the maximum Agreement amount has been increased and provides a revised maximum Agreement amount of performing this Agreement.

No notice, communication, or representation in any form other than that specified in the contract, or from any person other than the County Contracting Officer, shall affect the contract's maximum Agreement amount to the County. In the absence of the specified notice, the County is not obligated to reimburse the Contractor for any costs in excess of the maximum Agreement amount.

If the maximum Agreement amount is increased, any costs the Contractor incurs before the increase that are in excess of the previously maximum Agreement amount shall be allowable to the same extent as if incurred afterward, unless the County Contracting Officer issues a termination or other notice directing that the increase is solely to cover termination or other specified expenses.

Revenue Match:
A cash Revenue Match (a revenue minimum) is required for residential programs. The required Revenue Match is expected to help meet required program costs not met by funding provided through the contract. The required Revenue Match is ten percent (10%) of the program Gross costs for programs providing

adult residential detoxification services and/or other adult residential programs with less than a 30 day length of stay. A twenty percent (20%) of Gross program costs Revenue Match is required for all other residential programs providing services with a length of stay greater than 30 days. No specific match is required for Adolescent and/or Perinatal residential programs. Any exceptions to residential match requirements must be approved in advance by the COR.

- Revenue Match Funding Sources – Participant fees, third party payor sources or corporate revenues may be applied toward revenue match requirements.

H. DRUG MEDI-CAL TITLE 22 REGULATIONS

Medi-Cal Certification and Re-Certification:
A complete certification application package consists of a completed DHCS 6001 and DHCS 6207 with all supporting documents referenced in those forms. Sole proprietors must also complete and submit a supplemental form DHCS 5111. Re-certification is required following relocation of a clinic or satellite site, to add services or funding and/or to apply for DMC certification following a change of ownership. These and other required DMC Forms can be found at:

http://www.dhcs.ca.gov/provgovpart/Pages/DMC-Forms.aspx

Additional resources (such as webinars, links to regulations, etc.) can be found at:

http://www.dhcs.ca.gov/services/adp/Pages/Drug_MediCal.aspx

The complete Provider Enrollment Regulations (CCR Title 22, Division 3) that went into effect on August 17, 2015 can be found at:

http://files.medi-cal.ca.gov/pubsdoco/Publications/masters-other/provappsenroll/11enrollment_regulations_24286.pdf

The above link includes the amendment to section 51341.1 which addresses abusive and fraudulent practices identified during targeted field reviews and postservice postpayment reviews conducted by DHCS. The regulation contains definitions, prescribes in more detail how counseling sessions are to be conducted, imposes physical examination requirements, distinguishes an initial treatment plan from an updated treatment plan, and requires treatments to be recorded in more detail.

Quality Assurance Review (QAR) Meeting Attendance:
Contractors are required to attend the monthly or bi-monthly QAR to assess contract provider compliance with DMC standards specified in Title 22 of the California Code of Regulations, including service timelines and quality of service.

QAR Services Assistance:

The QAR contractor shall assist providers in matters related to DMC, including, but not limited to, preparation for a Post Service/Post Payment (PSPP) audit by the State, development of a Plan of Correction (POC) if necessary, and technical assistance to existing and potential County DMC providers regarding DMC and/or completion of the application process. The QAR contractor shall provide comprehensive review, training, and support of the DMC QAR functions, ensuring that all County-contracted DMC providers are in full compliance with California Code of Regulations Title 22.

QAR Reviews Scheduled:
Provider client records are reviewed monthly or bi-monthly through a QAR process. All DMC files are required to be reviewed by the QAR process to assess if files are in compliance with Title 22. Issues of non-compliance will be reported to providers for corrective action. Corrective action must be in place by the next scheduled review in order to avoid State disallowances for reimbursement.

I. DATA COLLECTION AND REPORTING REQUIREMENTS

San Diego Web Infrastructure for Treatment Services (SanWITS):
Contractors shall submit SanWITS data and any other data as required by the State of California Department of Health Care Services to the Data Unit at Alcohol and Drug Services by the tenth (10th) calendar day of each month.

Capacity Notification:
Contractors shall notify the COR when programs are under ninety percent (90%) of their contracted capacity or when an access time list has been started.

Proposition 36 Data:
All individuals referred under Prop36/PC210, regardless of funding source payment, shall be entered into SanWITS data system as SACPA referral.

PC 1000 Data:
Contractors shall collect, maintain and report PC 1000 data to comply with County Alcohol and Drug Services data system requirements. Admit/exit data and monthly program activity reports shall be submitted electronically to the COR by the tenth (10th) calendar day of each month following the month of service.

AB 109 Data:
All individuals referred under AB 109 shall be tracked separately and entered into SanWITS data system as an AB 109 referral.

J. AUTOMATION

Data Capacity:
Contractors shall maintain technology that facilitates the collection, maintenance, and reporting of data necessary to comply with the County of San Diego and California Department of Health Care Services data requirements. Contractor's computer-based data collection, maintenance, and reporting systems shall comply with current County and State standards.

Internet Access:
Contractor shall have at least one (1) computer with Internet capability. Treatment data and related required reports and forms shall be submitted electronically to ADS Data.1-11-1SA@sdcounty.ca.gov.

Electronic Mail:
Contractor, for all service categories provided, shall be capable of transmitting and receiving information through electronic mail (E-Mail). Contractor shall maintain an E-mail address and shall provide the COR or COR's designee with any change in E-Mail addresses within two (2) workdays of the effective date of the change.

K. DOCUMENTATION REQUIREMENTS AND DEFINITIONS

Documentation Requirements:
All organizational providers are recipients of Federal funds and as such are required to prepare and maintain appropriate records on all clients receiving services in compliance with Title 9, Chapter 11 and 42 CFR guidelines. The provider is expected to meet all documentation requirements established by the County in the preparation of these records.

Quality Assurance Review (QAR) Services
Drug Medi-Cal (DMC) services are a special category of substance abuse services for which the County contracts with interested State-DMC certified providers. The State can decertify a provider who fails to comply in certain DMC requirements or for fraud or failure to take corrective actions as ordered by the State. The QAR process was put in place as an attempt to avoid potential State disallowances and provider decertification.

The reviews are conducted by a team of peer staff members from other DMC contracted providers in accordance with State-approved Quality Assurance Standards. The review assesses provider compliance with DMC Standards specified in Title 22 of the Californian Code of Regulations, including service timelines and quality of services. Any contractor not meeting Title 22 Standards is directed to take corrective action.

The QAR provides DMC documentation trainings as well consultation services to State certified DMC providers assisting them with Post Payment/Post Services, audit reviews, Plans of Correction (POC) and other pertinent DMC issues. The QAR is also responsible for acquiring updated information regarding State mandates, regulations, and State Information Notices and inform BHS's Quality Improvement Department so information can be distributed promptly.

- **Documentation present in the client chart should contain**:
  - Intake and admission data.
  - Physical examination (if applicable).
  - Progress notes.
  - Continuing services justifications.
  - Lab test orders and results.
  - Referrals.
  - Counseling notes.
  - Discharge plan.
  - Any other information relating to treatment services rendered.
- **Admission Criteria and procedures:**
  - Complete a personal, medical, and substance use history upon admission to treatment.
  - Physician shall review personal, medical and substance use history within 30 calendar days of admission.
  - **Physical examination requirements**:
    - When beneficiary has had a physical exam within the past 12 months – a copy of the report may be requested for review by the physician for consideration in treatment.

- If beneficiary reports a physical exam within the past 12 months but documentation is not available, provider must document efforts made to obtain the documentation.
- When beneficiary has not had a physical exam within the past 12 months:
  - Provider (physician or registered nurse) may complete a physical exam within 30 days from admission and document in the chart.

  Or
  - Provider must include in the beneficiary's initial and updated treatment plans the goal of obtaining a physical examination until the goal is met.
- The physical waiver form is no longer in effect and shall not be used.
- Physician shall evaluate to diagnose whether a beneficiary has a substance use disorder within 30 calendar days from admission.
  - Physician must document in the chart the basis for the diagnosis.
    - Physician shall determine if services are medically necessary.

- **Intake includes the following**:
  - Evaluation or analysis of the cause of nature of mental, emotional, psychological, behavioral, and substance use disorders.
  - Must include a DSM diagnosis of substance use disorder.
  - Assessment of treatment needs to provide medically necessary treatment services by a physician.

- Services shall be medically necessary, prescribed by a physician, and are subject to utilization controls.
- For pregnant and postpartum women, medical documentation that substantiates the beneficiary's pregnancy and the last day of pregnancy must be in the chart.

- **Treatment/Recovery Plan:**
  Contractors providing alcohol and drug treatment shall develop an individualized treatment plan for each participant from the client assessment information. The initial treatment plan shall be developed within thirty (30) days of the client's admission for outpatient programs, fourteen (14) days for long-term residential programs, and ten (10) days for short-term residential programs. The plan shall be updated every ninety (90) days or more often if needed. The client and primary counselor shall sign each treatment plan. To comply with Title 22 regulations, Medi-Cal participants' treatment plans will need to be signed by a physician within fifteen (15) days of development.

- **Treatment planning**:
  - Provider shall complete an individualized initial treatment plan utilizing information obtained in the intake and assessment process.
  - Provider shall engage the beneficiary to meaningfully participate in the treatment planning process.
  - Initial and updated treatment plans shall include the following:
    - Statement of problems to be addressed.
    - Goals to be reached which address the problem.
    - Action steps taken by provider and/or beneficiary to accomplish goals.

- Target dates for completion of action steps and goals.
- Description of services (interventions) to be provided and including frequency.
- Assignment of a primary therapist or counselor.
- The beneficiary's diagnosis.
- Goal to address physical examination if not present within the past 12 months.
- Goal to address any medical illness and appropriate treatment.

- **Initial treatment plan**:
  - Counselor or therapist shall complete the plan within 30 calendar days of the admission date.
  - Counselor or therapist must type or legibly print name and sign and date the plan.
  - Beneficiary shall review, approve, type or legibly print their name, sign and date the plan within 30 calendar days of the admission to treatment.
    - If the beneficiary refuses to sign the plan, document the reason for refusal and the strategy to engage the beneficiary to participate in treatment.
  - Physician shall review the plan and determine if the services are medically necessary, and shall type/legibly print their name, sign and date the plan.
    - This is completed within 15 calendar days of the signature by the therapist or counselor.

- **Updated treatment plan**:
  - Counselor or therapist shall update the plan within 90 calendar days after signing the initial treatment plan, and no later than every 90 calendar days thereafter, or when a change in problem identification or focus of treatment occurs, whichever comes first.
  - Counselor or therapist must type or legibly print name and sign and date the plan.
  - Beneficiary shall review, approve, type or legibly print their name, sign and date the plan within 30 calendar days of the admission to treatment.
    - If the beneficiary refuses to sign the plan, document the reason for refusal and the strategy to engage the beneficiary to participate in treatment.
  - Physician shall review the plan and determine if the services are medically necessary, and shall type/legibly print their name, sign and date the plan.

    - This is completed within 15 calendar days of the signature by the therapist or counselor.

- **Progress notes**:

All progress notes shall be legible and completed as follows:

- ODF –
  - The therapist or counselor who conducts that session shall record a progress note for each beneficiary participating in the session. .
  - Therapist or counselor must type or legibly print their name, and sign and date the progress note within 7 calendar days of the session. .
  - Notes must include:

        - Topic of the session.
        - Description of progress on treatment plan problems, goals, action steps, objectives, and/or referrals.
        - Information on beneficiary's attendance.
        - Start and stop time of the session.

    - IOT (formerly DCH) –
        - At a minimum of 1 progress note per calendar week for each beneficiary participating in structured activities.
        - Therapist or counselor must type or legibly print their name, and sign and date the progress note within the following calendar week.
            - Notes must include:
            - Description of progress on treatment plan problems, goals, action steps, objectives, and/or referrals.
            - Information on beneficiary's attendance.
            - Start and stop time of the session.

- Minimum services for ODF and IOT provide at least 2 counseling sessions per 30 day period.
    - Exception can be made by the physician include and must be documented either of the following:
        - Fewer contacts are clinically appropriate, or
        - The beneficiary is progressing towards treatment plan goals.

- **Continuing services justification for ODF and IOT**:
    - No sooner than 5 months and no later than 6 months after the admission to treatment or the date of completion of the most recent justification for continuation of services.
        - Therapist or counselor must review progress and eligibility to continue services and recommend if the beneficiary should or should not continue to receive services.
        - Physician must determine if continued services are medically necessary when the following have been considered:
            - Personal, medical and substance use history.
            - Review of most recent physical exam.
            - Review of progress notes and treatment plan goals.
            - Review of the therapist/counselor recommendation.
            - Review of beneficiary's prognosis.
            - If physician determines that continued services are not medically necessary then beneficiary shall be discharged from treatment.

- **Discharge/Written Criteria for Discharge:**

The narrative summary must include a presenting problem, treatment provided, and outcome. There are five components which must be addressed when discharging a client. The summary must include current drug use, legal status/criminal activity, vocational/educational achievements, living situation, and referrals.

    - Discharge plan –

        - Completed for each beneficiary (except for a beneficiary with whom the provider loses contact).
        - Discharge plan shall include:
            - Description of relapse triggers and plan to assist avoid relapse when confronted with the trigger.
            - Support plan.
        - Prepared within 30 calendar days prior to the date of the last face-to-face contact.
            - Contractor shall develop a discharge plan with the client at least thirty (30) days prior to anticipated discharge date that provides support to the client in recovery after completing the program.
        - During the last face-to-face treatment with the beneficiary, therapist/counselor and beneficiary shall review, type or legibly print their names, sign and date the plan.
        - Copy of the discharge plan shall be provided to the beneficiary.
    - Discharge summary –
        - Completed for each beneficiary with whom the provider lost contact.
        - Complete the discharge summary within 30 calendar days of the date of the provider's last face-to-face treatment contact with the beneficiary.
        - Summary shall include:
            - Duration of the treatment as determined by date of admission and date of discharge.
            - Reason for the discharge.
            - Narrative summary of the treatment episode.
            - Beneficiary's prognosis.
- Intent to terminate or reduce services:
    - Providers shall advise beneficiary in writing at least 10 calendar days prior to the effective date of the intended action.
    - Written notice shall include the following:
        - Statement of the action the provider intends to take.
        - Reason for the intended action.
        - Citation of the specific regulation supporting the intended action.
        - An explanation of the beneficiary's right to fair hearing for the purpose of appealing the intended action
        - An explanation that the beneficiary may request a fair hearing by submitting a written request to:
            - Department of Social Services
            - State Hearing Division
            - PO Box 944243, MS 9-17-37
            - Sacramento, CA 94244-2430
            - 1 (800)-952-5253
            - TDD 1 (800)-952-8349

An explanation that the provider shall continue treatment services pending a fair hearing decision only of the beneficiary appeals in writing to the Department of Social Services for a hearing within 10 calendar days of the mailing or personal delivery of the notice of intended action.

DOCUMENTATION REQUIREMENTS AND DEFINITIONS

Operational Definitions:

- Admission to treatment is defined as the date of the first face-to-face treatment service rendered.
- Crisis Intervention is defined as a face-to-face contact between a therapist/counselor and a beneficiary in crisis. Crisis is defined as an actual relapse or unforeseen event or circumstance which presents to the beneficiary an imminent threat of relapse. Services shall be limited to stabilization of the beneficiary's emergency situation.
- Face-to-face is defined as occurring in person at a certified facility. Telephone contacts, home visits, and hospital visits shall not be considered face-to-face.
- Relapse trigger is defined as an event, circumstance, place or person that puts a beneficiary at risk of relapse.
- Support plan is defined as a list of individual's and/or organizations that can provide support and assistance to a beneficiary to maintain sobriety.

- **Individual Counseling:**
  Contractors shall provide individual counseling for at least intake, crisis management, treatment planning, and discharge, per Title 22 regulations. Individual counseling sessions are 50 minutes to one hour in length, and are required to be one on one, face to face sessions.

- **Group Counseling:**
  Group Counseling shall follow best practice models for gender responsive, trauma-informed alcohol and drug counseling. Groups shall have a minimum and maximum allowable number of participants per group session specified in the contract. In order for a group session to be billable for Medi-Cal, the group must have one Medi-Cal beneficiary in a group of at least 2 and no more than 12. Group Counseling may include process, recovery education, job readiness skills, and anger and family violence education and prevention curricula.
- Group counseling:
  - Must be in a confidential setting so that individuals not participating in the group cannot overhear the group.
  - Adolescent/children (17 years or younger) shall not participate in a group with adults (18 years or older).
  - Outpatient drug free (ODF) group size is no less than 2 and no more than 12.
  - Intensive Outpatient Treatment (IOT group size is no less than 2 and no more than 12.
- Group sign in sheets must contain the following:
  - Typed or legibly printed name and signature of the therapist and/or counselor conducting the counseling session.
  - Date of the session.
  - Topic of the group.
  - Actual start and end time of the group.
  - Typed or legibly printed list of the participants' names and the signature of each participant that attended.
- Sign-in can occur at the start of or during a group session
- When a beneficiary received services from more than one provider only one provider shall be reimbursed for a single unit of service provided at a single certified location on a calendar day.
  - For ODF and IOT the provider may be reimbursed for an additional unit of service on a calendar day (second service same day) under either of the following:
    - For ODF – for crisis intervention or collateral services

- For IOT – for crisis intervention only.

Records

- Sites must keep a record of the clients/patients being treated at that location. Client records shall be maintained for a minimum of three (3) years from the date of the last face-to-face contact. When an audit by the Federal Government or the State has been started before the expiration of the three-year period, the client records shall be maintained until completion of the audit and the final resolution of all issues as a result of the audit.
- During an audit by DHCS – documentation not provided at the time of the visit will not be considered at a later time.

DHCS Post Service Post Payment (PSPP)

Reviews are conducted in accordance with State-approved Quality Assurance Standards. The review assesses provider compliance with DMC Standards specified in Title 22 of the Californian Code of Regulations, including service timelines and quality of services. Any contractor not meeting Title 22 Standards is directed to take corrective action.

The review process for DHCS, CORS and QM is as follows:

- DHCS County Monitoring Unit will contact the Drug Medi-Cal certified SUDS program one week prior to the scheduled PSPP review.
- The DHCS Reviewer will request the charts the morning of the review.
- DHCS will conduct an exit conference with a summary of findings. The COR or their designee will attend. QM will attend if staff resource is available.
- DHCS will send a final PSPP Report to the Provider and to the QM Unit. DHCS may request a Corrective Action Plan (CAP). **BHS has 60 calendar days from the date of the letter to return to CAPS to DHCS (DMC Monitoring Unit).**
    - The QM Unit will coordinate efforts including contracting the provider, reviewing the provider's CAP "draft", and coordinating any needed revisions with the provider to ensure the DHCS receives the final CAP from BHS within sixty (60) days of its receipt.
    - The Provider will write the CAP and send it to QM for review within 30 days of receipt. QM will forward the draft CAP to the COR for review and feedback.
    - QM coordinates the whole process and is responsible for initially contacting the provider via e-mail to remind them of the 30 day requirement to return the draft CAP to QM. Technical assistance is available for Providers by MHS Inc, QAR lead for Non MHS Inc. providers.
    - Once the CAP is "final approved" by COR and QM, QM writes and signs (QM Program Manager) the cover letter for the CAP. The Cover Letter and CAP is sent to the DHCS PSPP Review via encrypted email. The email communication will in a CC to the COR, MHS Inc. QAR Specialist, Provider Program Manager and QI Chief.
- The Ultimate responsibility falls on the County to complete the process on time.
    - If running late, and extension as be requested by the County.

Appeals

- The provider and/or the County may appeal the disallowances.

- First level appeals, grievances and complaints must be submitted within 90 days from date provider and/or county received the report. The appeal should be in letter form and describe how the demand for recovery and/or deficiency of specific claims was based on an error in the PSPP review.
- DHCS shall acknowledge the letter of appeal within (15) calendar days of its receipt. And DHCS shall inform the provider and/or county of DHCS's decision within (15) calendar days after DHCS's acknowledgement of notification.
- A provider and/or county may initiate a second level appeal, grievance or complaint to Department of Health Services only after complying with first level procedures and only when DHCS has failed to acknowledge the grievance or complaint with (15) days of its receipt, or the provider and/or contractor is dissatisfied with the action taken by DHCS were the conclusion is based on DHCS's evaluation of the merits.
- The second level appeal must be submitted to DHCS within 30 days from the date of DHCS failed to acknowledge the first level appeal or from the date of the DHCS first level appeal decision.
- All second level appeals shall be directed to the Chief of Medi-Cal Policy Division at DHCS 1500 Capital Avenue, Sacramento, CA 95811,
- In referring an appeal, grievance, or complaint to DHCS, the provider and/or county shall submit:
  - A copy of the original written grievance or complaint sent to DHCS
  - A copy of DHCS's report to which the appeal, grievance or complaint applies, and

If received by the provider and/or county, a copy of the DHCS's specific finding(s), and conclusion(s) regarding the appeal, grievance, or complaint which the provider and/or county is dissatisfied.

Follow up and Monitoring:

- Programs will be asked to provide a summary follow-up report to QM of their monitoring efforts and results of their corrective action plans.
- Once notified via email, provide summary report to QM within 7 calendar days.

L. Uniform Record Manual

As of July 1, 2014, the AOD system of care implemented a Uniform Record Manual to help create consistency and standardization of the required documentation.

The client file order is a compilation of all the required drug medical forms, so that each program will be in compliance with state drug requirements.

Regardless of insurance the file order will need to be followed but keep in mind that forms identified with an asterisk will be for those clients that Drug Medi-Cal – this will be for the Drug Medi-Cal providers only. But keep in mind that there will be forms that you will need to use. It is the responsibility of the program to be aware of what forms are required to keep the charts in compliance.

Part of the purpose of this manual is the help make sure that during audits, that all programs are in adherence to state regulations, CRF 42 and Title 22.

Appendix A
Systems of Care

Glossary of Common Terms

Admission - When the program determines that an individual is appropriate for the program and completes and signs all required intake paperwork including consent to recovery/treatment form and confidentiality release.

Adolescent - [Used interchangeably with the terms "youth" and "teen"] Any person ages twelve (12) through seventeen (17) years and three hundred sixty four (364) days.

Alcohol and drug free - Free of the use of alcohol and/or the illicit use of drugs.

Alcohol and drug free environment - An environment that is free of the use of alcohol and/or the illicit use of drugs and promotes alcohol and other drug free activities.

Alcohol and other drug problems - The problems of individuals, families and the community, which are related to inappropriate alcohol and/or other drug use and include conditions usually associated with the terms "alcoholism, addiction, alcohol abuse and illicit use of drugs."

Alcohol and/or other drug program certification standards- The most current State of California Department of Alcohol and/or other Drug Program Certification Standards, established to ensure an acceptable level of service is provided to program participants.

Ancillary Service: Additional outside services which provide resources that meet the educational, vocational, family counseling, health and other needs required to support the participant's recovery.

Appeal process - A written procedure by which participants may appeal discharge.

Assessment - An in-depth review including level of care assessment and participant strengths and needs to provide baseline information regarding life domains, i.e., alcohol and/or other drug use, medical, employment, legal, social, psychological, family, environment and special needs.

Bed day - A day and night of residential alcohol and drug social model / recovery services provided to a resident that occupies a designated general population bed. It only counts as a day if the person spends the night there. (i.e. discharge day is not counted).

Beds - The number of physical bed spaces that have been set aside exclusively for use by the County of San Diego for social model / recovery residents.

Board of Directors - The governing body that has full legal authority for governing the operations of an alcohol and/or other drug program.

Childcare – The service provided for clients' children, age's birth – 17, while the client is participating in the program or ancillary services; may be licensed or cooperative, but must be supervised by someone with at least 1 year of experience in a licensed childcare facility.

Client - An individual who has an alcohol and/or other drug problem, for whom intake and admission procedures have been completed.

Client file - The file that contains the information required by the established standards for each client upon admission to a program.

Community – Includes both the residents of the facility (the-in-house community) and the residents of San Diego County living outside the walls of the facility (the larger community).

Continuing care/aftercare **-** Services available to individuals who have completed a treatment program and need support for continued recovery, and may include referrals for other services, recovery planning, relapse prevention and discharge planning activities.

Counselor/program specialist - An individual who, by virtue of education, training and/or experience, provides services that may include counseling, advice, opinion, and/or instruction to an individual or group to allow participants an opportunity to explore problems related directly or indirectly to alcohol and/or other drugs.

Cultural Competency – Functioning effectively to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.

Culturally and Linguistically Appropriate Services (CLAS) – Established by the federal Office of Minority Health (OMH) the Cultural and Linguistically Appropriate Services (CLAS) standards ensure equal access to quality care by diverse populations.

Days - "Days" means calendar days, unless otherwise specified.

Discharge plan- An individual plan of action to support recovery after an individual has been discharged from a treatment program.

Drug testing- A process to collect blood, saliva, or urine to determine the presence of alcohol or illicit drugs in an individuals' system verified by a certified laboratory. Drug testing shall be conducted in conjunction with treatment.

Early Intervention Services (HIV) – Early intervention services with respect to HIV disease includes intervention case work services that assist an individual with determining their needs; identifying their resources; referring and linking to services, such as health care professionals, and supporting the person's continuing recovery. Services may also include activities involved in the prevention and delay of the progression of HIV by providing education, counseling, and assessing the progression of the disease, encouraging testing to confirm the presence of the disease, diagnose the extent of the deficiency to the immune system, and tests to provide information on appropriate therapeutic measures for preventing and treating the deterioration of the immune system and for preventing and treating conditions arising from the disease.

Educational session - A planned session in which didactic information related to the disease of addiction and its impact on the personal, professional, and spiritual health and well-being of the participant is presented and discussed. Educational sessions are limited to 30 attendees.

Effectiveness - The extent to which pre-established program objectives are attained as a result of program activities.

Family – The nuclear family (parents, grandparents, other children, significant others, aunts or uncles), or persons viewed as family members.

Family violence education – Sessions that are focused on identifying and preventing harm to family members.

Grievance procedure - A written procedure by which a participant may protest an alleged violation of rights, as defined in the Resident's Rights given to the resident to sign at admission.

Group session - A face-to-face interaction, in a group setting, on an as-needed or scheduled basis, between the participant and program staff designed to support and encourage positive changes within the participant's life and reduce or ameliorate the problems associated with alcohol and/or other drug use and to promote recovery.

Hepatitis – Inflammation of the liver. The most common cause is infection with a hepatitis virus, but hepatitis can also be caused by other viruses, bacteria, parasites, and toxic reactions to drugs, alcohol and chemicals.

High - Risk Behavior – Behavior that puts a person at risk for contracting hepatitis (e.g. sharing needles or drug paraphernalia; having multiple sex partners.

HIV Set Aside Funds – Funds allocated to counties to make available to individuals (undergoing treatment for substance abuse) early intervention services for HIV diseases. Services are voluntary and will not be required as a condition of receiving treatment services. Services may include appropriate pre-test counseling, testing individuals, appropriate post-test counseling, education, providing therapeutic measures for preventing and treating the deterioration of the immune system and other medical conditions stemming from HIV and testing for infectious diseases, such as Hepatitis C. Funds may only be used for individuals participating in qualified AOD programs except as specified in Section 4.1 above.

House meetings/process groups – A mandatory time that is scheduled for the in-house community to meet and discuss/process issues related to AOD.

Illicit use of drugs - The use of any substance defined as a drug in Section 11014, Chapter 1, Division 10 of the Health and Safety Code, except:

> Drugs or medications prescribed by a physician or other person authorized to prescribe drugs, pursuant Section 4036, Chapter 9, Division 2 of the Business and Professions Code and used in the dosage and frequency prescribed; or
>
> Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.

Individual Counseling Session: A face-to-face private interview with staff to provide assessment, treatment and discharge planning, monitor the participant's progress in the program, manage crisis situations and provide referrals to ancillary services when necessary.

Intake - The process by which the residential program obtains information about an individual seeking admission for alcohol and/or other drug services.

Job readiness education – Educational sessions focused on teaching the resident how to write a resume, search for, attain, and maintain employment in the community–at-large.

Life skills – The skills necessary to secure a self-sufficient lifestyle following residence at the residential treatment/recovery home.

May - "May" means permissive.

Memoranda of Understanding (MOU) - Written agreement between entities, individuals, programs, and/or others that specifies mutual understanding of responsibility.

Negotiated Net Rate - The contracted amount paid to a contractor for one bed day of residential/recovery services for one resident. The rate is based on the cost of providing services.

Post Service Post Payment (PSPP) – Review for program compliance and medical necessity conducted by the State after Drug Medi-Cal service was rendered and claim paid.

Process group- Facilitated group meetings, in which clients meet to discuss their own behavior and attitudes, and to support and encourage positive changes in each other's lifestyles that reduce and resolve alcohol and other drug problems.

Program – An alcohol and/or other drug program that is certified and/or licensed by the California

Department of Health Care Services.

Program fee - A fee charged to the client for program services.

Program objective - A statement of the intended impact of program activities that includes descriptions of both process (the planned course of action) and outcome (the expected results) objectives, which are stated in measurable and time-limited terms.

Program Manager – The individual assigned to be the contact person for the recovery home.

Qualified medical consultant - A licensed physician or nurse practitioner or a physician assistant operating under the supervision of a licensed physician.

Recovery group - Group activity designed to discuss and support individual recovery efforts.

Recovery plan- A written document, completed by the resident after consultation with staff, detailing resident's individual goals with specific services and activities outlined, including beginning and end dates. Recovery plans shall be completed within 30 days of admission and updated every ninety (90) days. They shall be kept in the resident file.

Recovery services - Services and activities that support and promote a drug and alcohol-free lifestyle, develop life skills, and engage participants in recovery.

Resident – An individual who has an alcohol and/or other drug problem, for whom intake and admission procedures have been completed.

Resident file – The file that contains the information required by established standards for each resident upon admission to a program.

Self-Help Group – A community-oriented group, not facilitated by staff, that meets to discuss issues related to AOD abuse and addiction. This group may be based on the Twelve Steps of Alcoholics Anonymous.

Shall - "Shall," means mandatory.

Staff - A paid individual who, by virtue of education, training and/or experience, provides services that may include listening, advice, opinion, and/or instruction to an individual or group to allow participants an opportunity to explore problems related directly or indirectly to alcohol and/or other drugs.

Staff Hours - The number of hours a staff person spends engaged in a particular activity.

Statewide Maximum Allowances (SMA) – Maximum amount authorized to be paid by Drug Medi-Cal for each covered unit of service. Rates are subject to change annually.

Structured Recovery Services - A process group that provides a 12-step meeting experience and an opportunity to process questions, reactions and general feelings about the 12-step process within a structured group environment.

Structured therapeutic activities - Structured activities that are designed to meet treatment goals and objectives for increased social responsibility, self-motivation and integration into the larger community. Such activities would include participation in the hierarchical social structure of the residential treatment program and the participant's progression, through job and other assignments, with increasing levels of responsibility and independence, culminating in employment seeking and employment-initiation activities in the community.

Trauma Informed Services – All components of a given service system that have been reconsidered and evaluated in light of a basic understanding of the role that violence plays in the lives of people seeking mental health and addictions services.

Treatment plan - A written document detailing client's individual treatment goals with specific services and activities outlined, including beginning and end dates and frequency of service. Treatment plans shall be completed within 30 days of intake and updated every ninety (90) days.

Tuberculosis (TB) Disease [Active] - Persons who have active TB usually have symptoms. TB is a disease of the lungs or larynx that can be transmitted when a person with the disease coughs, sings, laughs, speaks, or breathes.

Tuberculosis (TB) Infection: Individual may not have symptoms of the disease; the infected person generally has a positive TB skin test (TST) and a normal chest x-ray. Infection may be recent or present for a long period of time.

Twelve Steps– The document that is the credo of the Social Model Recovery Home, which originates in the book, the "Twelve Steps of Alcoholics Anonymous".

Volunteer – An individual, with a sufficient level of recovery that is determined by the recovery home that is an unpaid staff member.

Wait Times – The number of days a client waited for services beginning on the day they were accepted for treatment services and ending on the first day of receiving such services.

Appendix C
Target Population and Geographic Area

WAITLIST TRACKING LOG			Program Name:	
Client ID#	**Client Admission Priority Rating Code**	**Date Placed on Waitlist**	**Date of Removal from Waitlist**	**Reason for Waitlist Removal Code**

Client Admission Priority Rating Codes
1. Pregnant Injection Drug User
2. Pregnant Substance User
3. Parenting Injection Drug User
4. Other Injection Drug User
5. Parenting Substance Users
6. Other Referral

NC = Non-compliance (2 consecutive weeks of failing to contact the program or 2 consecutive weeks of non-payment, or serious violation of program policies)
ATX = Acceptance into Treatment Program

Reason for Waitlist Removal Codes

Note: At a minimum, interim services should include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.