County of San Diego
Health and Human Services Agency
Behavioral Health Services

Substance Use Disorder Provider Operations Handbook (SUDPOH)
Note: Program contract, including the Pro Forma and the Statement of Work, takes precedence over the SUD Provider Operations Handbook (SUDPOH). If providers find any elements of their contract to be in conflict, contact your Contracting Officer Representative (COR).
# TABLE OF CONTENTS

- **LIST OF APPENDICES**
  - v

- **A. SYSTEM OF CARE**
  - Mission of Substance Use Disorder Service Programs.................................................. A.1
  - System of Care Principles ................................................................................................... A.1
  - Adult Services ...................................................................................................................... A.1
  - Women Perinatal Services ................................................................................................... A.2
  - Adolescent Services ............................................................................................................ A.2
  - Children, Youth, and Family Recovery Services ................................................................. A.3
  - System of Care Regions in San Diego County ..................................................................... A.4

- **B. GOALS AND OUTCOMES**
  - Goals..................................................................................................................................... B.1
  - Major Outcome Objectives ................................................................................................. B.1
  - Process Objectives .............................................................................................................. B.2

- **C. TARGET POPULATION AND GEOGRAPHIC AREA**
  - Target Population .............................................................................................................. C.1
  - Admission Policies, Procedures and Protocols .................................................................... C.1
  - Entry Criteria and Priority .................................................................................................... C.1
  - Interim Services (Formerly: Waitlist Services) .................................................................... C.1
  - Geographical Service Area ................................................................................................ C.2

- **D. FACILITY AND OPERATION REQUIREMENTS**
  - Program-Related Licenses and Certification ....................................................................... D.1
  - Facilities ............................................................................................................................ D.1
  - Facility Licensing ................................................................................................................ D.2
  - Persons with Disabilities (PWD) Access to Services .......................................................... D.4

- **E. REQUIREMENTS FOR SERVICE DELIVERY**
  - Collaboration ..................................................................................................................... E.1
  - Linkages with Support Services Organizations .............................................................. E.1
  - Crisis Intervention Protocol .............................................................................................. E.1
  - Cultural and Language Diversity and the Deaf Experience .............................................. E.2
  - Ethical and Legal Standards ............................................................................................. E.3
  - Counselor/Client Relationships ....................................................................................... E.4
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual Contact</td>
<td>E.4</td>
</tr>
<tr>
<td>Client Rights</td>
<td>E.4</td>
</tr>
<tr>
<td>National Voter Registration Act (NVRA)</td>
<td>E.4</td>
</tr>
<tr>
<td>Client Confidentiality</td>
<td>E.5</td>
</tr>
<tr>
<td>Operational Procedures</td>
<td>E.5</td>
</tr>
<tr>
<td>Internal Program Review and Evaluation</td>
<td>E.6</td>
</tr>
<tr>
<td>Funding Restrictions</td>
<td>E.6</td>
</tr>
<tr>
<td>Mental Health Consultation</td>
<td>E.7</td>
</tr>
<tr>
<td>Public Contact</td>
<td>E.7</td>
</tr>
<tr>
<td>Reporting</td>
<td>E.7</td>
</tr>
<tr>
<td>Serious Incident Reporting (SIR)</td>
<td>E.8</td>
</tr>
<tr>
<td>Unusual Occurrence Reporting</td>
<td>E.11</td>
</tr>
<tr>
<td>Child, Youth and Family (CYF): Additional Reporting</td>
<td>E.12</td>
</tr>
<tr>
<td>CYF: Program Requirements</td>
<td>E.13</td>
</tr>
<tr>
<td>Financial Status Evaluation</td>
<td>E.13</td>
</tr>
<tr>
<td>General Relief</td>
<td>E.13</td>
</tr>
<tr>
<td>Service Eligibility</td>
<td>E.13</td>
</tr>
<tr>
<td>Fee for Service Component</td>
<td>E.13</td>
</tr>
<tr>
<td>Inventory</td>
<td>E.13</td>
</tr>
<tr>
<td>Trafficking Victims Protection Act of 2000</td>
<td>E.13</td>
</tr>
<tr>
<td>Alcohol and Drug Free Environment</td>
<td>E.14</td>
</tr>
<tr>
<td>Emergency Critical Services</td>
<td>E.14</td>
</tr>
<tr>
<td>Program Registrar</td>
<td>E.15</td>
</tr>
<tr>
<td>Screening and Assessment</td>
<td>E.15</td>
</tr>
<tr>
<td>Co-Occurring Disorders</td>
<td>E.16</td>
</tr>
<tr>
<td>Referral Resource</td>
<td>E.16</td>
</tr>
<tr>
<td>House Meetings</td>
<td>E.16</td>
</tr>
<tr>
<td>Program Services</td>
<td>E.17</td>
</tr>
<tr>
<td>Non-Residential Services</td>
<td>E.17</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>E.18</td>
</tr>
<tr>
<td>Prevention and Early Intervention Services (PEI)</td>
<td>E.19</td>
</tr>
<tr>
<td>Driving Under the Influence (DUI) Program</td>
<td>E.20</td>
</tr>
<tr>
<td>Men Positive Parenting</td>
<td>E.20</td>
</tr>
<tr>
<td>Incredible Families</td>
<td>E.20</td>
</tr>
</tbody>
</table>
### TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Penal Code Section 1000 (PC 1000)</td>
<td>E.21</td>
</tr>
<tr>
<td>Drug Court and Re-entry Court</td>
<td>E.21</td>
</tr>
<tr>
<td>Perinatal Case Management</td>
<td>E.23</td>
</tr>
<tr>
<td>Dependency Drug Court (DDC)</td>
<td>E.23</td>
</tr>
<tr>
<td>Trauma Informed Care</td>
<td>E.24</td>
</tr>
<tr>
<td>Charitable Choice Regulations</td>
<td>E.24</td>
</tr>
<tr>
<td>Client Satisfaction Surveys</td>
<td>E.25</td>
</tr>
<tr>
<td>Primary Prevention</td>
<td>E.25</td>
</tr>
<tr>
<td>Curriculum Manual</td>
<td>E.26</td>
</tr>
<tr>
<td>Medications</td>
<td>E.26</td>
</tr>
<tr>
<td>Client Volunteers</td>
<td>E.27</td>
</tr>
<tr>
<td>Communicable Disease Information, Education, and Prevention</td>
<td>E.27</td>
</tr>
<tr>
<td>HIV/HCV Services</td>
<td>E.27</td>
</tr>
<tr>
<td>Health Insurance Coverage Information</td>
<td>E.27</td>
</tr>
<tr>
<td>Drug Testing</td>
<td>E.28</td>
</tr>
<tr>
<td>Case Management</td>
<td>E.28</td>
</tr>
<tr>
<td>Outreach Services</td>
<td>E.28</td>
</tr>
<tr>
<td>F. MANAGEMENT AND STAFF DEVELOPMENT</td>
<td>F.1</td>
</tr>
<tr>
<td>Staff Requirements</td>
<td>F.1</td>
</tr>
<tr>
<td>Certification on Disbarment or Exclusion</td>
<td>F.3</td>
</tr>
<tr>
<td>License Verifications</td>
<td>F.3</td>
</tr>
<tr>
<td>Qualification Documentation</td>
<td>F.3</td>
</tr>
<tr>
<td>COR Review of Higher Level Staff</td>
<td>F.4</td>
</tr>
<tr>
<td>Notification of Key Personnel Changes</td>
<td>F.4</td>
</tr>
<tr>
<td>On-Site Manager/Director</td>
<td>F.4</td>
</tr>
<tr>
<td>Staff Development and Training Plans</td>
<td>F.4</td>
</tr>
<tr>
<td>Comprehensive, Continuous, Integrated System of Care (CCISC) CADRE</td>
<td>F.4</td>
</tr>
<tr>
<td>G. BUDGET/FINANCIAL</td>
<td>G.1</td>
</tr>
<tr>
<td>Cost Limitations</td>
<td>G.1</td>
</tr>
<tr>
<td>Revenue Match</td>
<td>G.1</td>
</tr>
<tr>
<td>H. DRUG MEDI-CAL TITLE 22 REGULATIONS</td>
<td>H.1</td>
</tr>
<tr>
<td>Medi-Cal Certification and Re-Certification</td>
<td>H.1</td>
</tr>
<tr>
<td>Quality Assurance Review (QAR) Meeting Attendance</td>
<td>H.1</td>
</tr>
</tbody>
</table>
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>QAR Services Assistance</td>
<td>H.1</td>
</tr>
<tr>
<td>QAR Review Scheduled</td>
<td>H.1</td>
</tr>
<tr>
<td>DHCS Post Service Post Payment (PSPP)</td>
<td>H.2</td>
</tr>
<tr>
<td><strong>I. DATA COLLECTION AND REPORTING REQUIREMENTS</strong></td>
<td>I.1</td>
</tr>
<tr>
<td>San Diego Web Infrastructure for Treatment Services (SanWITS)</td>
<td>I.1</td>
</tr>
<tr>
<td>California Outcomes Measurement System Treatment (CalOMS Tx) Data Collection</td>
<td>I.1</td>
</tr>
<tr>
<td>Capacity Notification</td>
<td>I.1</td>
</tr>
<tr>
<td>Proposition 36 Data</td>
<td>I.2</td>
</tr>
<tr>
<td>PC 1000 Data</td>
<td>I.2</td>
</tr>
<tr>
<td>AB109 Data</td>
<td>I.2</td>
</tr>
<tr>
<td>Data Capacity</td>
<td>I.2</td>
</tr>
<tr>
<td>Internet Access</td>
<td>I.2</td>
</tr>
<tr>
<td>Email</td>
<td>I.2</td>
</tr>
<tr>
<td><strong>J. DOCUMENTATION REQUIREMENTS AND DEFINITIONS</strong></td>
<td>J.1</td>
</tr>
<tr>
<td>Documentation Requirements</td>
<td>J.1</td>
</tr>
<tr>
<td>Operational Definitions</td>
<td>J.1</td>
</tr>
<tr>
<td>Quality Assurance Review (QAR) Services</td>
<td>J.1</td>
</tr>
<tr>
<td>Documentation Standards</td>
<td>J.2</td>
</tr>
<tr>
<td>Intent To Terminate or Reduce Services</td>
<td>J.7</td>
</tr>
<tr>
<td>Records</td>
<td>J.7</td>
</tr>
<tr>
<td>Appeals</td>
<td>J.7</td>
</tr>
<tr>
<td>Follow-Up and Monitoring</td>
<td>J.8</td>
</tr>
<tr>
<td><strong>K. UNIFORM RECORD MANUAL (&quot;CLIENT FILE&quot;)</strong></td>
<td>K.1</td>
</tr>
</tbody>
</table>
LIST OF APPENDICES

APPENDIX A ............................................................................................................................................... Appendix A.1
System of Care Glossary of Common Terms ............................................................. Appendix A.1

APPENDIX C ............................................................................................................................................... Appendix C.1
Interim Service Guidelines ......................................................................................... Appendix C.1
Waitlist Tracking Log ............................................................................................... Appendix C.2

APPENDIX D ............................................................................................................................................... Appendix D.1
BHS Health, Safety and Appearance Standards ...................................................... Appendix D.1
Program Accessibility Assessment ........................................................................ Appendix D.2
PWD SUD Services Provider List ........................................................................ Appendix D.3

APPENDIX E ............................................................................................................................................... Appendix E.1
Sliding Fee Scale .................................................................................................... Appendix E.1
PC 1000 Program Services and Requirements .................................................... Appendix E.2
Homeless Outreach Worker (HOW) Service Model & Data Collection Flow Chart .... Appendix E.3

APPENDIX J ................................................................................................................................................ Appendix J.1
Title 22 DMC Diagnosis and Medical Necessity Fact Sheet ................................ Appendix J.1

APPENDIX K ............................................................................................................................................... Appendix K.1
Optum Website Tip Sheet ......................................................................................... Appendix K.1
A. SYSTEM OF CARE (SOC)

Mission of Substance Use Disorder Service Programs

The Behavioral Health Services (BHS) Division provides a continuum of Behavioral Health Services (mental health and substance use disorder services) for children, youth, families, adults, and older adults. The Division embraces Live Well San Diego; the County’s over-arching vision 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 substance use disorders. The Behavioral Health Services Division provides services under two systems of care: Adult/Older Adult Services and Children, Youth, and Family Services.

Substance use disorders are a major public health and safety problem impacting adults with diverse treatment needs, children, youth, families, and communities. Substance Use Disorder (SUD) programs provide an integrated system of community-based substance use prevention, intervention, treatment, and recovery services throughout San Diego County via contracts with local service providers. SUD program 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 age 18 or older with substance abuse and/or co-occurring disorders receive services through Adult SUD programs. These services include:

- Residential and Non-Residential Treatment
- Detoxification
- Case Management
- Justice Programs
- Specialized Services (i.e. Incredible Families)
- Ancillary services (i.e. TB testing)
Women Perinatal Services

Perinatal services are gender-specific, trauma informed SUD 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 substance 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 FY 2016-17 (PSNG). For the complete DHCS PSNG, go to: http://www.dhcs.ca.gov/services/adp/Documents/PSNG%20FY%202016-17.pdf

Women who are pregnant and/or parenting with substance abuse and/or co-occurring disorders receive SUD services through the Perinatal Services Network. The mothers are the clients but their children are the motivating factor behind these services. Health and safety of both the mother and her child/children are key. The following are essential service elements:

- Trauma Informed, gender specific, and culturally competent treatment
- 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 SUD treatment

Adolescent Services

As documented in the State of California’s Youth Treatment Guidelines (2002), substance 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.
• 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

Children, Youth, and Family Recovery Services

Recovery services focus on a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

• **Relapse Prevention.** Relapse Prevention education and activities shall be available to help the client maintain sobriety over time. Example activities for recovery services:
  - Use relapse prevention workbooks and journals
  - Develop skills to reinforce sobriety and relapse prevention
  - Organize physical activities (individuals or teams) on site or off-site
  - Conduct meditation and relaxation activities
  - Cooking classes, food preparation, and nutrition education
  - Music appreciation sessions and/or learning to play a musical instrument
  - Organize outings to demonstrate drug free lifestyle changes
  - Communication building sessions/activities
  - Parent training on relapse prevention
  - Youth Leadership Group development/activities

• **Recovery Planning Groups.** Recovery planning groups shall be available and provide strategies to achieve abstinence, physical and mental health, financial, employment, educational, and spiritual goals. Example activities for recovery services:
  - Recovery services workbook exercises
  - Journaling
  - Conduct meditation and relaxation activities
  - Invite Guest Speakers in recovery (community leaders, parents or motivational speakers)
  - Jobs and career development activities with presentation from groups like Workforce Partnerships or Jobing.com
  - Host financial literacy and credit building sessions with groups like Money Management International
  - Aftercare recovery groups

• **Community-based Self-Help Group Participation.** Clients shall be referred to and shall participate in a minimum of one (1) self-help group per week. Example activities for recovery services:
  - Educate and introduce the concept of self-help and its strategy in maintaining sobriety and recovery.
  - Coordinate client attendance at women- or youth-oriented self-help group meeting off-site
Invite guest speakers to promote the benefits from self-help processed that support recovery
Host a women- or youth-oriented self-group meeting on site

System of Care Regions in San Diego County
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.

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Zip Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Coastal</td>
<td>92007, 92008, 92009, 92010, 92011, 92014, 92024, 92054, 92055, 92056, 92057, 92058, 92067, 92075, 92081, 92083, 92084, 92091, 92672</td>
</tr>
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<td>North Inland</td>
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</tr>
<tr>
<td>North Central</td>
<td>92037, 92093, 92106, 92107, 92108, 92109, 92110, 92111, 92117, 92119, 92120, 92121, 92122, 92123, 92124, 92126, 92130, 92131, 92140, 92145, 92161</td>
</tr>
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<td>92101, 92102, 92103, 92104, 92105, 92113, 92114, 92115, 92116, 92134, 92136, 92139, 92182</td>
</tr>
<tr>
<td>East</td>
<td>91901, 91905, 91906, 91916, 91917, 91931, 91934, 91935, 91941, 91942, 91945, 91948, 91962, 91963, 91977, 91978, 91980, 92019, 92020, 92021, 92040, 92071</td>
</tr>
<tr>
<td>South</td>
<td>91902, 91910, 91911, 91913, 91914, 91915, 91932, 92118, 92135, 92154, 92155, 92173</td>
</tr>
</tbody>
</table>

(For a System of Care Glossary of Common Terms, see Appendix A.1)
B. GOALS AND OUTCOMES

Goals

The goals of Behavioral Health Services (BHS) Substance Use Disorder (SUD) programs are to assist individuals to become and remain free of substance use problems and to be self-sufficient and fully functioning. For clients with substance use disorders, the goal is to ensure that they receive the proper level of care so that they may achieve a substance free lifestyle. BHS SUD programs also strive to achieve the following goals, which strengthen and reinforce the recovery of the populations served:

- Reduce recidivism related to substance 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

Providers 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 Provider and Contracting Officer’s Representative (COR). Listed below are outcome objectives which may be enumerated in the contract with an explanation of each objective. Providers are advised to refer to their contract to find their program’s specific outcome objectives.

Assessment

A minimum of 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 SUD programs.

Complete Treatment

Thirty-five percent of participants enrolled in SUD programs 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 of adults in treatment more than thirty days will have no new arrests in the thirty days prior to discharge, excluding minor traffic offenses, during treatment as measured by: Client Discharge Summary and client self-report at discharge.

Employment and Employment Preparation Activities

Sixty-five percent 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 Discharge Summary and client self-report at discharge.

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

Retention in Treatment
Thirty-five percent of participants admitted into SUD programs will stay for at least ninety days as measured by: Client Discharge Summary.

Mode of Service Based on Client Need
The level of funding within each cost center of the contract budget is based on estimates of client populations to be served and modes of service required by clients. Providers shall not exceed the funding level within each revenue stream. Providers 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. Providers shall not exceed funding level in each revenue stream. Providers shall not transfer funds from one revenue stream to another.

Process Objectives
Providers 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. Providers 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
Programs shall provide a minimum capacity of services, providing a minimum of 6,982 units of service annually and serving an average of approximately 19 clients on a daily basis.

Drug Medi-Cal
Programs shall provide a minimum capacity of services, providing a minimum of 3,495 units of service annually and serving an average of approximately 10 clients on a daily basis.

Perinatal Occupied Bed Days and Capacity
Programs shall provide a minimum of 21,731 occupied bed days on an annual basis. An average capacity of 60 beds on a daily basis.
Mental Health Counselor Staff Hours
Programs shall provide 1,800 staff hours annually.

Assessment for Living Assistance
Eighty percent 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 days of admission to the program.

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

Program Capacity Guidelines
Program Capacity Guidelines are utilized to determine the maximum amount of clients to be served at the contracted facility before a waitlist (list for interim services) is started. The Program Capacity Guideline is specified as a ratio of counselors to clients which may vary depending on the contract. An example is:

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

Providers are advised to refer to their contract for their program's specific capacity guidelines.
C. TARGET POPULATION AND GEOGRAPHIC AREA

Target Population

Programs shall ensure that Substance Use Disorder (SUD) treatment and recovery services are provided to adults and adolescents with a SUD, including those with co-occurring disorders. Programs shall provide these services to a specific subset of this population (women, probationers, etc.) according to the nature of their program. Programs 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 BHS, the following admission protocols shall be developed by the Programs:

Admission Policies, Procedures and Protocols

Programs 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. Programs 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 60 days of Agreement execution.

Entry Criteria and Priority

Programs 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

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 placed on the waitlist.
- Interim services shall be provided to individuals who are awaiting availability of treatment program as outlined in the Interim Service Guidelines (See Appendix C.1).
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 interim 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 interim services, or transferred to treatment. See Appendix C.2 for a sample Waitlist Tracking Log. This optional form is provided for use or as a sample to programs to assist in creating their own form.

Geographical Service Area

Programs shall establish and operate substance use disorder 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). Specific service areas are listed in the contracts, but 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
Programs shall obtain and retain the certification provided by the California Department of Health Care Services (DHCS). Programs shall comply with provisions obtained in the current State of California, DHCS Standards. The County of San Diego shall utilize these Standards in monitoring Program’s delivery.

Facilities
Programs 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 (See Appendix D.1).

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 Programs shall establish and maintain space available for meetings of mutual self-help groups with a focus on recovery from substance use disorders as well as other co-occurring conditions (e.g., Alcoholics Anonymous, Narcotics Anonymous, Dual Recovery, and Gamblers Anonymous). Residential Programs may establish a similar meeting space, but are not required to do so. Programs shall manage the environment of the facility to encourage and support peer-initiated and maintained self-help groups for substance use disorder clients and their families to use the facility on a regular and continuing basis. Programs 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 use disorder self-help groups.

Child Care Space
Programs 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 year of experience in a state licensed facility.

Service Address and Hours of Operation
Program’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 40 hours per week and shall be posted at the main entrance of the facility. For residential programs, services shall be available to residents 7 days a week, 24 hours a day. Programs shall not change the hours of operation or location from those listed in their County contract without prior written approval from the Contracting Office Representative (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.
Facility and Operation Requirements

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, change of ownership, change scope of services, or remodeling and copy their program COR 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 substance use disorders and who need SUD treatment. 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 SUD services and do not require licensure by the State. These include cooperative living arrangements with a commitment or requirement to be free from substance use, 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.

Review the following for further details on licensing requirements for recovery residential facilities:

FACILITY AND OPERATION REQUIREMENTS


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

Fire Safety Inspection – A valid and appropriate fire clearance issued from the fire authority having jurisdiction over the area in which the facility is located is required. 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 also 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, then 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)].
FACILITY AND OPERATION REQUIREMENTS

- 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 of safeguarding a resident’s personal property if accepted by the licensee for safekeeping and this is in the licensee’s policy to accept such valuables.

Persons with Disabilities (PWD) Access to Services
Any enterprise licensed or certified by the 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 and 508 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 Substance Use Disorder (SUD) prevention, treatment and recovery services. The legislation and implementing regulations require all providers make reasonable accommodations and provide accessible services for PWD, and this also includes providers making electronic and information technology accessible to people with disabilities. These are per program standards within the Legal Entity, so each program site needs to comply with the above statutory and regulatory requirements.

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 (i.e., corrective action 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.

The county is responsible for ensuring that SUD services and the SUD contracted providers are accessible and do not discriminate against or deny equal opportunity to a PWD to participate in and benefit by the provided service. Therefore, county-contracted SUD service programs must complete an accessibility assessment (see Appendix D2 – Program Accessibility Assessment) and based on the results of the assessment, a corrective action plan and submit this to the County Quality Management SUD Unit. The SUD providers must take action to identify all physical and programmatic barriers to services and develop plans for removing or mitigating the identified barriers. If a new SUD county contracted program opens or if an existing SUDS program relocates, an updated accessibility assessment must be completed and submitted to the Quality Management SUDS unit through the QIMatters.HHSA@sdcounty.ca.gov email
within 30 days of opening to ensure continued accessibility for PWD at the SUD program. Failure to do so can result in civil penalties and possible suspension, or revocation of licensure, certification or contract cancellation. The County Quality Management SUD Unit will review these assessments and corrective action plans for compliance and maintain them for reference to provide to DHCS upon request.

The County QI department also completes a bi-annual PWD SUD Service Report to determine the extent of the need for PWD SUD services within the county in the six defined geographic locations based on the percentage of clients served with various disabilities (e.g., mobility, hearing, etc.) by extracting client disability information from SanWITS. This PWD SUD Service Report and the individual program accessibility assessments are reviewed by the Quality Management unit. This information is utilized to determine the percentage of PWD in each geographic region and the number of county contracted SUD service providers that accept PWD to ensure that there is a sufficient number of out-patient and residential SUD services providers accessible by PWD strategically placed throughout the county.

If a SUDS county contracted program is not able to accept a PWD client for any reason (e.g., facility was built prior to ADA regulations and the program cannot financially make the necessary renovations to be ADA compliant), then the program must provide a direct referral to another SUD provider who can accept this PWD client and provide equivalent services (e.g., residential) in the same geographic region (e.g., Central). The program is to determine the appropriate PWD program referral by utilizing the county’s PWD SUD Provider list (see Appendix D3 – PWD SUD Provider list), which will be updated on a bi-annual basis by the county SUD QM unit. The program is to provide the client with the contact information for the other SUD providers in the same geographic region or another region, if requested by the client. The current program may need to assist the client with contacting the referred PWD SUD program to ensure the PWD client will be accepted and that equivalent services will be provided.

The County is also required to designate a County Access Coordinator (CAC) for serving PWD. The role of the CAC is that of a liaison between the SUD 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 PWD SUD services and that all the different types of SUD services are available to all individuals, regardless of mobility, communication and/or cognitive impairments as required by state and federal laws and regulations. If a SUD program requires assistance with completion of an accessibility assessment and/or corrective action plan or a PWD referral, they may contact the CAC: Janet Cacho at 619-641-8811 or Janet.Cacho@sdcouny.ca.gov for assistance.
E. REQUIREMENTS FOR SERVICE DELIVERY

Collaboration
Programs 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
Programs 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
Programs 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 Program’s 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 San Diego County’s Behavioral Health Services (BHS). 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 system of care for routine, urgent or emergency situations.

All ACL counselors are trained in crisis intervention, with client safety as the primary concern. ACL Counselors evaluate the degree of immediate danger and determine 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 counselors make direct contact with an appropriate emergency services provider to request immediate evaluation and/or admission for the client at risk. The ACL counselor 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, the ACL counselor performs a telephone 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.

Cultural 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**

Programs 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.

Please note that SUD (Substance Use Disorder) providers should document the utilization of an interpreter when documenting services and data regarding the overall utilization of interpreters at the program may be requested by the county or DHCS (Department of Health Care Services).

**Ethical and Legal Standards**

Programs 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:

- Use of alcohol and/or other drugs on the premises and when off the premises;
- Personal relationships with participants;
- Prohibition of sexual contact with participants;
- Sexual harassment;
- Unlawful discrimination;
• Conflict of interest; and
• 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 County of San Diego 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. Programs 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 Rights
Clients of County contracted programs shall have the right to file a grievance and/or appeal discharge from the program. Programs 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. Programs are advised to refer to the SUD Uniform Record Manual/ Client File 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 is reported. Additionally, the same level of assistance shall be provided to SUD clients registering to vote as is
provided for completing other forms for SUD services. Failure to implement the NVRA may subject the agency to legal liability.

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

Mandated Reporting
Providers 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 files 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. 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.

SUD Quality Management (QM) Responsibilities
In order to ensure compliance with confidentiality procedures and protocols, the SUD QM 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. This statement must include a minimum General Use, Security and Privacy safeguards, Unacceptable Use, and Enforcement Policies.
  o The statement must be signed by the workforce member prior to access to PHI.
  o The statement must be renewed annually.
• 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
Providers 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. Providers may prepare additional written procedures not in conflict with the contract.

Internal Program Review and Evaluation
Programs 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
Programs 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.

No Unlawful Use or Unlawful Use Messages Regarding Drugs
Program agrees that information produced through these funds, and which pertains to substance use disorder programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a substance use disorder program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3).

Limitation on Use of Funds for Promotion of Legalization of Controlled Substances
None of the funds made available through a County may be used by any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

Restriction on Distribution of Sterile Needles
No Substance Abuse Prevention and Treatment (SAPT) Block Grant funds made available through a contract with the County shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless the State choose to implement a demonstration syringe services program for injecting drug users.

Restrictions on Salaries
No part of any federal funds provided under San Diego County contracts shall be used by providers 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, Programs 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;
SUD Provider Operations Handbook

REQUIREMENTS FOR SERVICE DELIVERY

- 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](http://grants.nih.gov/grants/policy/salcap_summary.htm)
- Purchase treatment services and penal or correctional institutions in the 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 and TB 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 the HHSA BHS SUD (Substance Use Disorder) unit.

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 60 days of Agreement execution. If providers do not have such consultation available, a documented plan shall be approved by the COR to ensure adequate assessment and referral of dually-diagnosed individuals and clinical supervision for program staff.

Public Contact
Providers 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
Providers 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 (QM) 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 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 619-641-8800 immediately upon knowledge of the incident. The provider shall fax the Serious Incident Report to the QM Unit within 24 hours of knowledge of incident.
- A serious incident that is a Privacy Incident must be reported to the QM, COR, Privacy and Compliance Officer within one business day.

A Level Two serious incident shall be reported to the QM SIR Line at 619-641-8800 no later than 24 hours of knowledge of the incident. The provider shall fax 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.
• Other

Serious Incident Reporting Procedures
1. Upon knowledge of incident, program shall report the incident and all known details to the SIR Line at 619-641-8800.
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 the 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.

10. The completion of a Root Cause Analysis (RCA) within 30 days of knowledge of the incident will be required for any serious incident that results in 1) a completed suicide, 2) a privacy incident, 3) an alleged homicide committed by the client, and 4) as requested by QM.

11. The RCA results should be documented on the Report of Findings and submitted to the QM unit within 30 days of the SIR. Do not submit the RCA worksheet; only a summary of findings and 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. Technical assistance is available through the BHS QM Unit by email at QIMatters.HHSA@sdcounty.ca.gov. RCA training is also offered on a quarterly 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 staff are identified in priority contact order as 1) Adult SOC Deputy Director – Adult Providers 2) CYF SOC 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 Manager 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 the 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
REQUIREMENTS FOR SERVICE DELIVERY

- 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:

- Child and Elder Abuse Reporting hotlines.
- Tarasoff reporting to intended victim and law enforcement
- Law enforcement (police, sheriff, school police, agency security, military security/Naval Investigative Service, etc.) for crime reporting or requiring security assistance and inquiries.
- 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 (CYF): 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)
- Other programs that also serve the client

Reportable issues may include:

- Health and safety issues
- A school suspension
- 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
- A referral for acute psychiatric hospital care
- An issue with direct service provider staff, which may lead to worker suspended or no longer providing services
- A significant problem arising while TBS worker is with the child
CYF: Program Requirements

Smoking Prohibition Requirement
Providers 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 is 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 18.

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

Financial Status Evaluation
Programs 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 programs have the capacity in place to bill for such, programs shall develop procedures.

Sliding Fee Scale:
Programs 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 BHS sliding fee scale (Appendix E.1).

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.

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.

Inventory
Programs 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 purpose of this Protection Act is 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. Trafficking in persons is not limited to the sex industry, but also includes forced labor and involves significant violations of labor, public health, and human rights.

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 substance use disorders for many is 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, providers 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 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 providers 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 15 days of start or annual renewal of contract.

Disaster Preparedness
Providers 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.

Local Emergencies
In the event that a local health emergency or local emergency is declared, or when the State or federal government has declared an emergency that includes areas within the County of San Diego, the prompt and effective utilization of contractor resources essential to the safety, care and
welfare of the public shall occur at the direction of the County, to the extent possible. Contractors shall provide assistance in the prevention of, response to, and recovery from, any public health emergency, as applicable. Providers shall work with the County to initiate processes and develop and implement plans, guidelines and procedures as required. As relevant, contractors shall also refer to the disaster preparedness and disaster response language outlined in this section.

Disaster Response
In the event that a local, state or federal emergency is proclaimed within San Diego County, programs 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.

Programs 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.

Programs shall identify 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. Programs shall advise COR of subsequent year training needs to maintain 25% trained direct service staff in the event of staff turnover. Programs shall maintain 25% staff deployment capability at all times.

Program Registrar
Providers 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
Providers 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. Providers shall provide client assessment through the use of instruments approved by the COR.

DMC (Drug Medi-Cal) 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. 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 a Therapist, Physician Assistant, Nurse Practitioner, or Physician/MD to then review the client’s history, symptoms and other relevant information to formulate and document the diagnosis along with a basis for the SUD diagnosis within the designated timeline. If a Therapist, Physician Assistant, or Nurse Practitioner documents the basis for the diagnosis, the Physician/MD shall document approval of the diagnosis within the designated timeline by signing and dating the client’s treatment plan. Review DHCS Title 22 Drug Medi-Cal (DMC) Requirements for Determination of Diagnosis and Medical Necessity Fact Sheet August 2016 for further details.

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 SUD programs shall be welcoming to individuals with co-occurring disorders by posting a SUD-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. Providers shall have capacity at a minimum to screen and refer clients/residents with co-occurring disorders to identified co-occurring treatment.

Referral Resource

Providers 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 providers shall have a mandatory time that is scheduled for the in-house community to meet and discuss/process issues related to SUD.
Program Services
Providers shall provide SUD treatment, recovery and auxiliary services that are non-institutional and non-medical.

Non-Residential Services
Providers of non-residential programs shall provide a minimum of one 90-minute counseling or education per week. SUD services shall be provided in an alcohol and drug free environment, which supports 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 SUD 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 SUD 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**

Programs shall provide substance use disorders 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 substance use disorders. 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**

Programs 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:** Programs 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 years or older
  - Trained on substance use disorders (SUD), confidentiality, ethics, and cultural competence/sensitivity
  - Trained and able to respond to emergency situations

**Detoxification**

Detoxification services provide a non-medical residential substance use disorders program, combining detoxification and pre-treatment/referral services to male and female adults as they withdraw from substances. Detoxification programs are provided in a short-term, licensed, structured, supervised, safe and sober environment which allows clients with a SUD to withdraw from substances and receive orientation and referral to available treatment and recovery services.

**Perinatal**

Residential perinatal treatment and recovery services are provided 24 hours a day, 7 days a week in non-medical licensed, safe and sober environments. Perinatal residential treatment services
provide substance use disorder treatment, recovery services and ancillary services to women with a substance use disorder, other than tobacco, ordinary caffeine or barbiturates. Participants are supported in their efforts to attain and maintain a substance free style of living. Participants learn interpersonal and independent living skills, appropriate parenting skills and how to access community support systems.

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 SUD Treatment and Recovery System; services are also available for children of parents receiving services in the SUD system.

Providers 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 mHOMS (Mental Health Outcomes Management System). The mHOMS database is utilized for gathering the data and managed by the County’s Research Centers. Data can be entered directly into the mHOMS database and accessed at https://mhoms.ucsd.edu/. Program specific outcome and process data as outlined into contract is captured in the Quarterly Status Report (QSR) as applicable.

Staff Requirements:
Mental health licensed staff shall meet all California Board of Behavioral Sciences or Board of Psychology licensure requirements, as well as having documented experience working with substance abuse services for a minimum of one year. License verification can be found at https://www.breeze.ca.gov/datamart/loginCADCA.do;jsessionid=F8D1E5C6408C0926BC4685950659B6D2.vo9

- The license shall be in good standing and clear of licensing authority disciplinary actions for a minimum of three years at the date of hire and continuously while employed by Providers as an employee or consultant
- Of the staff providing PEI services are expected to have an understanding of engagement, outreach and motivational interviewing (MI) techniques to encourage and assist clients.
- Registered interns who are receiving clinical supervision may be used to provide direct services in the program.
- Knowledge of (and/or participation in) the Comprehensive, Continuous, Integrated System of Care (CCISC) initiative is highly recommended.
Requirements for Service Delivery

Driving Under the Influence (DUI) Programs
The Driving Under the Influence (DUI) programs are licensed by the California Department of Health Care Services and administered locally by BHS. 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 are available at all locations. All facilities are wheelchair accessible.

Men Positive Parenting
These services shall be designed to serve transitional age youth (TAY, ages 18 to 25 years) and adult fathers who are enrolled in outpatient SUD 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 BHS. The target population includes all adult male parents (18 years or older) enrolled in a SUD outpatient Regional Recovery Center (RRC) treatment program 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

Providers 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 and is responsible for implementing all program components: 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 use disorder 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.

Penal Code Section 1000 (PC 1000)
Providers shall provide a non-residential, substance use disorder education and counseling program for offenders granted Drug Diversion/Deferred Entry of Judgment program pursuant to Penal Code Sections 1000 and 1001.10. These PC 1000 and AIDS Education programs 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 use and criminal behaviors of the referred offenders.

The standardized programs are provided in a safe environment to support clients in their efforts to be substance free and in compliance with their court and/or probation orders. This is a fee-for-service program. Providers shall ensure that PC 1000 and AIDS Education program services are available for all offenders referred by the court or probation. Please see Appendix E.2 for service and program requirements.

Drug Court and Re-entry Court
Drug Court Programs shall establish and maintain a program to provide non-residential substance use disorders (SUD) 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 Programs 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. It is noted that the Re-entry Court Programs have similar goals and outcomes as documented below.

Goals and Outcomes

Goal: Programs 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: Programs 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 of all clients who have been in the Adult Drug Court Treatment and Testing Program will complete treatment as measured by:

- Substance 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 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 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, and 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 of Program graduates shall have a permanent living situation.

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

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

Program Services Description

Target Population: Programs 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

- Programs shall provide all facilities, facility management, supplies, and other resources necessary to establish and operate the program.
- Program’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.
- Programs 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 Case Management

Perinatal Case Management services are provided to substance abusing women and adolescent pregnant and/or parenting women ages 12 or older with a child ages birth through 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 have SUD to become alcohol or other drug free and to help pregnant women deliver infants who are alcohol or other drug-free at birth.

Dependency Drug Court (DDC)

Programs 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 SUD 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. number 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 substance use disorders treatment programs. Specific responsibilities include:
Meeting with clients at the court to determine the appropriate level of SUD treatment by using the BHS Screening Tool. Treatment modalities shall include detox, residential, or non-residential treatment.

Referring clients to appropriate SUD 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 SUD treatment continuum.

Acting as regional resource for CWS clients needing SUD treatment

Completing referrals 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

Providers’ 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.

Charitable Choice Regulations

As recipients of SAPT or PATH grant funds, programs in the County of San Diego must comply with SAMHSA’s Charitable Choice provisions and with all the requirements of these provisions.

Nondiscrimination against religious organizations

- A religious organization is a nonprofit organization which is eligible on the same basis as any other organization to participate in applicable programs consistent with the First Amendment to the U.S. Constitution. These applicable programs include those under the Substance Abuse Prevention and Treatment (SAPT) Block Grant, 42 U.S.C. 300x to 300x-66 and the Projects for Assistance in Transition from Homelessness (PATH) Formula Grants, 42 U.S.C. 290cc-21 to 290cc-35 as these programs fund substance abuse and/or treatment services.

- Nothing in these regulations except the provisions provided herein and the SAMHSA Charitable Choices provisions which are the provisions of 42 U.S.C. 300x-65 and 42 U.S.C. 290kk, et seq. shall limit the ability of a governmental entity to have the same eligibility conditions apply to religious organizations and any other nonprofit private organization.

- No governmental entity receiving funds under these programs shall discriminate against an organization on the basis of religion or religious affiliation.
REQUIREMENTS FOR SERVICE DELIVERY

Religious activities, character, and independence

- Programs which receive funds from SAMHSA or a governmental entity will not use these funds for religious activities. The organization’s religious activities must be offered in a separate time or location and participation is voluntary for an individual who receives substance use disorders services.
- A religious organization maintains its independence from governmental entities to practice and express its religious beliefs.
- Faith-based organizations which provide services need not remove religious materials from their facilities. A SAMHSA-funded religious organization may keep its structure of governance and include religious terms in its printed material and governing documents.

Non-discrimination requirement

- A religious organization which provides substance abuse services will not discriminate against a program beneficiary or a participant who receives substance abuse services based on religious beliefs or a refusal to participate in a religious practice.

Rights to services from an alternative provider

- An individual who receives or is interested in services and disagrees with the religious nature of the program has a right to obtain a notice, a referral, and alternative services within a reasonable time period.
- A program that provides a referral to an individual or interested individual will provide the participant with a notice of a right to receive services from an alternative provider who will meet the requirements of needed services such as accessibility and timeliness of treatment.
- Programs will maintain a system that ensures that appropriate referrals are made which meets the needs of the individual such as in the geographic area. A SAMHSA treatment locator may be used.
- Referrals will maintain the laws of confidentiality and specifically confidentiality regarding alcohol and drug abuse records (42 CFR Part 2). The program will contact the State regarding the referral and make sure the individual contacts the alternative provider.


Client Satisfaction Surveys

Programs 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. Programs shall utilize the standard client satisfaction survey tool to develop survey results. The form can be located at: http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/documents/CxSatSurvey12.1.09. pdf

- Response Rate: Providers 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 substance use disorder 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)

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 providers 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](http://www.pirlsandiego.net)

Curriculum Manual  
Providers shall develop a curriculum manual containing substance use disorder education, parenting and family violence program descriptions, lecture outlines, handouts, and any other materials used for participant and family substance use disorders education, parenting, and family violence presentations. The Manual must be approved by the COR within 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 that have 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:
Providers 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
Providers 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. Providers 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
Providers 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
Providers shall designate a minimum of one staff person to serve as a liaison between the program site, the program’s community and BHS on issues related to communicable disease services. The designated staff person shall attend regularly scheduled BHS and providers facilitated meetings and shall provide staff communicable disease training and update sessions at least once every six months. Providers with multiple programs shall designate additional staff to serve in the liaison role.

HIV/HCV Services
Providers shall provide Human Immunodeficiency Virus (HIV) and Hepatitis C Virus (HCV) information and referral services for each individual admitted into the program. Providers can refer a client to Public Health Services for testing, if needed.

Health Insurance Coverage Information
Providers shall collect information about participants' personal health insurance coverage, if any, as part of the financial assessment conducted during the treatment intake process. Programs that provide DMC services shall be responsible for verifying the Medi-Cal eligibility of each client for each month of services prior to billing for DMC services to that client for that month. Medi-Cal eligibility verification should be performed prior to rendering service, in accordance with and as described in the Department of
Health Care Services DMC Provider Billing Manual. Options for verifying the eligibility of Medi-Cal beneficiary are described in the DHCS DMC Provider Billing Manual. The DMC Provider Billing Manual can be found at:

Drug Testing
Providers 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 providers shall develop, implement, and maintain a testing protocol to ensure against falsification or contamination of urine and oral fluid specimens. Providers shall use the BHS 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 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 providers’ outreach services shall be made available in the event of a County audit.

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

Information and Education
Providers shall provide information and education to prevent and minimize the health risks of substance use disorders. Providers shall promote awareness about the relationship between substance use 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 substance use and the risks to their children.

**Homeless Shelter Outreach Services**
Providers 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.

**Homeless Outreach Worker Services**
Designated Regional Recovery Centers and Perinatal programs throughout the county will provide Homeless Outreach Worker (HOW) services to assist with outreach and engagement in the community. Potential clients will be screened and then provided short-term case management and referral services (e.g., housing, primary health, mental health, etc.) as needed. A data collection log is to be completed and submitted monthly to the COR for reporting purposes. Providers with HOW services should follow up with their designated COR for the data collection log and monthly report requirements. For an overview of the HOW services model and documentation requirements, see Appendix E.3 – HOW Service Model & Data Collection Flow Chart.
F. MANAGEMENT AND STAFF DEVELOPMENT

Staff Requirements
Providers shall administer, staff, and provide management systems and procedures for programs. Programs 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 Substance Use Disorder (SUD) 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, SUD programs must continue to meet the regulatory requirement that 30% of the staff providing SUD counseling are certified or professionally licensed. SUD programs must also demonstrate that their registered SUD counselors do not exceed the five year registration limit (from the date of initial registration). SUD 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. 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 substance use disorder (SUD) 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 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. The TAP 21 Addiction Counseling Competencies can be located at: http://store.samhsa.gov/home.

The provision which allowed an individual six months from the date of hire to become registered has been repealed. Per DHCS MHSUDS Information Notice 16-058:

Health and Safety Code 11833 repeals California Code of Regulations (CCR) Title 9, Section 13035(f), which allowed an individual to provide counseling services, within six months of the date of hire, prior to registering with a certifying organization. In accordance with HSC Section 11833(b)(1), any individual who provides counseling services in a licensed or certified AOD program, except for licensed professionals, must be registered or certified with a DHCS approved certifying organization. (For complete info notice, see http://www.dhcs.ca.gov/formsandpubs/Documents/MHSUD_IN_16-058.pdf)

Certified individuals are required to provide documentation of completion of a minimum of 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)).
Per DHCS, there are three 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 following three approved COs to continue providing counseling services:

- Addiction Counselor Certification Board of California – Affiliated with California Association for Alcohol/Drug Educators (CAADE) – Certified Addiction Treatment Counselor
- California Association of DUI treatment Programs (CADTP) – certified Alcohol & Other Drug Counselor
- California Consortium of Addiction Programs and Professionals (CCAPP)

To get more information, please visit: [http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/CounselorCertificationOrganizations.aspx)

Mental health licensed staff shall meet all California Board of Behavioral Sciences or Board of Psychology licensure requirements, as well as having documented experience working with substance abuse services for a minimum of one year. License verification can be found at [https://www.breeze.ca.gov/datamart/loginCADCA.do;jsessionid=F8D1E5C6408C0926BC4685950659B6D2.vo9](https://www.breeze.ca.gov/datamart/loginCADCA.do;jsessionid=F8D1E5C6408C0926BC4685950659B6D2.vo9)

- The license shall be in good standing and clear of licensing authority disciplinary actions for a minimum of three years at the date of hire and continuously while employed by Providers as an employee or consultant
- Registered interns who are receiving clinical supervision may be used to provide direct services in the program.

**Criminal Background Check Requirements:** Providers shall ensure that criminal background checks are required and completed prior to employment or placement of program 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 program 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.

Providers shall have a documented process to review criminal history of candidates for employment or volunteers that will be in sensitive positions. At a minimum, providers shall check the California criminal history records, or state of residence for out-of-state candidates. Programs shall review the information and determine if criminal history demonstrates behavior that could create an increased risk of harm to clients. Programs shall document review of criminal background findings and consideration of criminal history in the selection of a candidate. For example, document consideration of such factors as: if there is a conviction in the criminal history, how long ago did it occur, what were the charges, what was the level of conviction, and if selected, where would the individual work and is the conviction relevant to the position. Programs shall either utilize a subsequent arrest notification service during the staff or volunteers employment or check California criminal history annually. Programs shall keep the documentation of their review and consideration of the individual's
criminal history on file. All staff must be free of probation or parole supervision for a minimum of one year prior to employment.

Certification on Disbarment or Exclusion
All claims for reimbursement submitted must contain a certification about staff freedom from federal disbarment or exclusion from services. In order to be in compliance with these federal regulations, all organizational providers must verify monthly the status of employees with the federal System for Award Management (SAM), the Office of the Inspector General (OIG), Government Services Agency (GSA) and the Suspended and Ineligible Provider (S & I) List.

To verify online if someone is on the federal System for Award Management (SAM) list, go to: http://SAM.gov. For the OIG Exclusion list and the GSA debarment list go to: https://exclusions.oig.hhs.gov. To view the list of what will get someone placed on the OIG list, go to: https://oig.hhs.gov/exclusions/authorities.asp.

To verify if a provider of health care services is subject to suspension from participation in the Medi-Cal program, go to: https://files.medi-cal.ca.gov/pubsdoco/SandILanding.asp. This would be due to:

- Been convicted of a felony;
- Been convicted of a misdemeanor involving fraud, abuse of the Medi-Cal program or any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of service;
- Been suspended from the federal Medicare or Medicaid programs for any reasons;
- Lost or surrendered a license, certificate, or approval to provide health care; or
- Breached a contractual agreement with the Department that explicitly specifies inclusion on this list as a consequence of the breach, verification can be access by clicking on the link

Please remember the following:

- Providers must retain the records verifying that these required monthly checks have been performed and the names of the employees checked.
- Any employees who appear on the OIG, GSA or Suspended and Ineligible Medi-Cal lists are prohibited from working in any County funded program.
- Providers are encouraged to consult with their compliance office or legal counsel should any of their employees appear on either of the exclusion lists.

License Verifications
All HHSA contractors are required to verify the license status of all employees who are required by the contract Statement of Work to have and maintain professional licenses. The verification must be submitted at the time of contract execution, renewal or extension. This is in accordance with the Contract Template requirements. In order to ensure the license is valid and current, the appropriate website must be checked and documented.

Qualification Documentation
Programs shall maintain copies of résumés and any supporting documentation which demonstrates that personnel assigned to the program meet the DHCS 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 days of receipt of the candidates’ résumés and supporting documentation.

Notification of Key Personnel Changes
Programs shall notify the COR within 72 hours when there is a change in key personnel funded by County Contracts.

On-Site Manager/Director
Programs 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
Programs 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).

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

Completion of CCISC CADRE:
When an Agency has completed the CCISC CADRE change agent training, it shall be expected to meet the following minimum requirements:

- Programs shall use an approved SUD 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 will identify 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 the 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 Provider agrees to use their best efforts to perform the work specified and all obligations under the agreement within the maximum Agreement amount.

The Provider shall notify the Contracting Officer Representative (COR) in writing whenever there is reason to believe:
- The costs the Provider expects to incur under the agreement in the next 60 days, when added to all costs previously incurred, will exceed 75% 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 Provider for costs incurred in excess of the maximum Agreement amount specified in the Compensation clause of the Agreement Signature page.

The Provider 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 COR notifies the Provider 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 COR, 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 Provider 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 they incurred afterward, unless the COR 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 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 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 payer 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 completed Department of Healthcare Services (DHCS) forms 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 Drug Medi-Cal (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 Post Service Post Payment (PSPP) 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.

Providers must notify their Contracting Officer Representative (COR) regarding any events that would trigger the need for re-certification. Please refer to Section D for more detailed information.

Quality Assurance Review (QAR) Meeting Attendance
Providers 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 Corrective Action Plan (CAP) 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. Ninety percent of 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.
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 Quality Management (QM) Unit is as follows:
- DHCS County Monitoring Unit will contact the Drug Medi-Cal certified SUD 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 and QM SUD will attend.
- 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 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.
  - Once the CAP is “final approved” by COR and QM, QM writes and signs 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 additional time is needed, an extension may be requested by the County.
DATA COLLECTION AND REPORTING REQUIREMENTS

I. DATA COLLECTION AND REPORTING REQUIREMENTS

San Diego Web Infrastructure for Treatment Services (SanWITS)
Providers shall submit SanWITS data and any other data as required by the State of California Department of Health Care Services to their Data Unit at Substance Use Disorders Services by the 10th calendar day of each month.

California Outcomes Measurement System Treatment (CalOMS Tx) Data Collection
A key component to SUD services is the assessment of the effectiveness of these services in the lives of clients. Participation in SUD 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 SUD 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 Management Information System (MIS) team conducts trainings on CalOMS Tx data entry and requirements;
- County BHS MIS team 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 MIS team 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;

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:

To read or download a copy of the CalOMS Tx Data Dictionary, follow this link:

Capacity Notification
Providers shall notify the COR when programs are under 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 Substance Abuse Crime and Prevention Act (SACPA) referral.
PC 1000 Data
Providers shall collect, maintain and report PC 1000 data to comply with County Substance Use Disorders Services data system requirements. Admit/exit data and monthly program activity reports shall be submitted electronically to the ADS_Data.HHSA@sdcounty.ca.gov by the 10th calendar day of each month following the month of service.

AB109 Data
All individuals referred under AB109 shall be tracked separately and entered into SanWITS data system as an AB109 referral. The County of San Diego is required by CalOMS to have two CalOMS Tx data elements match in order to properly track an AB109 client. In order to do so, clients must be identified in SanWITS with the “Criminal Justice Status” and the “Source of Referral” fields being marked appropriately. The “Criminal Justice Status” code should be “4” [Post-Release Community Service (AB109) or on probation from any federal, state, or local jurisdiction] and the “Source of Referral” code should be “8” [Post-release Community Supervision (AB109)].

Data Capacity
Providers 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. Provider'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 computer with Internet capability. Treatment data and related required reports and forms shall be submitted electronically to ADS_Data.HHSA@sdcounty.ca.gov.

Email
All providers shall be capable of transmitting and receiving information through email. Provider shall maintain an email address and shall provide the COR or COR’s designee with any change in email addresses within two business days of the effective date of the change.
J. 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.

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.
- Outpatient Drug Free (ODF) Service – Services in which a participant is provided a minimum of 90 minutes twice a month. ODF services are designed to provide an alcohol and drug-free environment with structure and supervision to further a participant's ability to improve the client’s levels of functioning. ODF services include both group and individual sessions. DMC-eligible women can participate in ODF services.
- Intensive Outpatient Treatment (IOT) - A substance use disorder treatment services provided to participants at least three hours per day and at least three days per week. IOT is designed to provide an alcohol and drug-free environment with structure and supervision to further a participant’s ability to improve her level of functioning. Recovery services may be included.

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, Corrective Action Plans (CAPs) and other pertinent DMC issues. The QAR is also responsible for acquiring updated information.
regarding State mandates, regulations, and State Information Notices and inform Behavioral Health Services (BHS) Quality Improvement Department so information can be distributed promptly.

Documentation Standards
The follow shall be present in the client chart:

- 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.

Diagnosis requirements

- Physician must either document a SUD diagnosis or approve a SUD diagnosis documented by a Therapist, Physician Assistant or Nurse Practitioner within 30 calendar days from admission.
  - Although an AOD Counselor cannot establish a diagnosis, if they meet with a client and conduct an assessment, it is acceptable for a Therapist, Physician Assistant, Nurse Practitioner, or Physician/MD to then review the client’s history, symptoms and other relevant information to formulate and document the diagnosis along with a basis for the SUD diagnosis within the designated timeline.
  - If a Therapist, Physician Assistant, or Nurse Practitioner documents the basis for the diagnosis, then the Physician/MD shall document approval of the diagnosis within the designated timeline by signing and dating the client’s treatment plan.
Review DHCS Title 22 Drug Medi-Cal (DMC) Requirements for Determination of Diagnosis and Medical Necessity Fact Sheet August 2016 for further details (See Appendix J.1)

Intake
Intake shall include the following:
- Evaluation or analysis of the cause of nature of mental, emotional, psychological, behavioral, and substance use disorders.
- Must include a Diagnostic and Statistical Manual (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 substance use disorder service treatment shall develop an individualized treatment plan for each participant from the client assessment information. The initial treatment plan shall be developed within 30 days of the client's admission for outpatient programs, 14 days for long-term residential programs, and 10 days for short-term residential programs. The plan shall be updated every 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 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 or “action plans”) 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 their 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, 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 to be completed within 15 calendar days of the signature by the therapist or counselor.

Progress Notes

Individual and Group counseling services must be documented in progress notes.

Individual Counseling

Programs 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 substance use disorder services, and may include process, recovery, education, job readiness skills, anger management/ 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)
  - In order for a group session to be billable to Drug Medi-Cal (DMC) in either ODF or IOT modalities, the group must have one DMC beneficiary in a group of at least 2 and no more than 12 participants
  - Group sessions are 90 minutes in length

- 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.
DOCUMENTATION REQUIREMENTS AND DEFINITIONS

- 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

Claiming for DMC Services

- 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
      - The return visit shall be clearly documented in the progress notes with the time of each visit and stated that the client left without hardship.
      - Notes shall clearly reflect that an effort was made to provide all necessary services during one visit and the return visit was unavoidable.
    - For IOT – for crisis intervention only

- 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, sign and date the progress note within seven 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
    - At a minimum of one 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 two 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 five months and no later than six 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
Type of discharge documentation required is determined by if the program has lost contact with the beneficiary or not.
• 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 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
  ▪ 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.
SUD Provider Operations Handbook

DOCUMENTATION REQUIREMENTS AND DEFINITIONS

- 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
  Fax: 1 (916) 651-5210 or 1 (916) 651-2789
- 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.

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 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.

Appeals
The provider and/or the County may appeal DHCS disallowances.
- First level appeals, grievances and complaints must be submitted within 90 days from date provider and/or the 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.
• 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 DHCS 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 where the conclusion is based on DHCS’ evaluation of the merits.

• The second level appeal must be submitted to DHCS within 30 days from the date of DHCS’ failure 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 714 P Street, Room 1561, Sacramento, CA 95814.

• In referring an appeal, grievance, or complaint to DHCS, the provider and/or the County shall submit:
  o A copy of the original written grievance or complaint sent to DHCS
  o A copy of DHCS’ report to which the appeal, grievance or complaint applies, and
  o If received by the provider and/or the County, a copy of the DHCS’s specific findings, and conclusions regarding the appeal, grievance, or complaint which the provider and/or the 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 a summary report to QM within seven calendar days.
K. UNIFORM RECORD MANUAL ("CLIENT FILE")

As of July 1, 2014, the Substance Use Disorder (SUD) system of care implemented a Uniform Record Manual ("client file") to help create consistency and standardization of the required documentation.

The client file order is a compilation of all the required Drug Medi-Cal (DMC) forms, so that each program will be in compliance with state drug requirements. Regardless of insurance, the file order will need to be followed.

For DMC providers only, forms identified with an asterisk will be for DMC clients. 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 all programs are in adherence to state regulations, CRF 42 and Title 22.

The most current version of this manual will be posted on the Optum San Diego Website located at https://www.optumsandiego.com/. For directions on how to access this website, refer to Appendix K.1 Optum Website Tip Sheet.
SUD Provider Operations Handbook

Appendices
Glossary of Common Terms

**Activities of Daily Living** - The basic tasks of everyday life, such as eating, bathing, dressing, toileting, and transferring.

**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.

**Age Appropriate** – Suitable for a particular age or age group.

**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/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.

**Assembly Bill 109 (AB109)** – Legislation that was passed for adult parolees, shifting supervision from the State to the County.

**Assessment** - An in-depth review including level of care assessment and participant strengths and needs to provide baseline information regarding life domains, i.e., substance use disorder, medical, employment, legal, social, psychological, family, environment and special needs. The diagnostic tool is based on the American Society of Addiction Medicine Patient Placement Criteria Third Revision, Revised 2014 (ASAM). The BHS-approved substance use disorder assessment tools are the Addiction Severity Index (ASI) and the Youth Assessment Index (YAI).

**Bed day** - A day and night of a residential substance use disorder program with a 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.

**Case Management Services** - An ongoing process by which the program establishes linkages with other services systems and its providers, acts as liaison between the pregnant or parenting woman and those other systems, and coordinates referrals to ensure access to necessary services to assist adolescents and
pregnant or parenting women and their families to address their special needs. This is a required component of the perinatal programs.

**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 which 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).

**COMPAS**– Correctional Offender Management Profiling for Alternative Sanction, adult risk and needs assessment.

**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.

**Counseling Session** - A set amount of time spent with a counselor and an individual or group. Individual counseling sessions are usually one (1) hour, while group counseling sessions are usually one and one-half (1½) hours in duration.

**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.

**Daily Capacity** – Number of clients that can be served before a wait list begins.

**Days** - “Days” means calendar days, unless otherwise specified.

**Developmentally Appropriate** - Social/emotional, physical, and cognitive development.

**Discharge** - The actual date that a client leaves the program, either having satisfactorily completed the program, having been dropped from the program for non-compliance, or having left against the advice of the program.

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

**Discharge Summary** - The report that must be completed, within thirty (30) days following the discharge of any DMC beneficiary.
Drug-Free Birth - A birth that occurs while a woman is in treatment, and the baby is free of all drugs.

Drug Medi-Cal (DMC) - An entitlement program that is funded by state and federal dollars to provide substance use disorder (SUD) treatment to Medi-Cal beneficiaries. Services are provided in accordance with the Department of Health Care Services requirements.

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.

Gender Responsive - Creating an environment through site selection, staff selection, program development, content and material that reflects an understanding of the realities of women’s lives, and is responsive to the issues of the clients.

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.

Health and Wellness – Knowledge of the unique health needs of clients with substance use disorders and views physical and mental health a determinant of 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.

Intensive Outpatient (IOT) Treatment - A substance use disorder treatment services provided to participants at least three (3) hours per day and at least three (3) days per week. IOP treatment is designed to provide an alcohol and drug-free environment with structure and supervision to further a participant’s ability to improve her level of functioning. Recovery services may be included.

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.

Minor- Individuals under the age of 18 years old.

N3 - Non-Serious, Non-Violent, Non-Sex Offender (AB 109).

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.

Neighborhood - Includes all cities or communities in the proposed area.

Outpatient Drug Free (ODF) Service – Services in which a participant is provided a minimum of ninety (90) minutes twice a month. ODF services are designed to provide an alcohol and drug-free
environment with structure and supervision to further a participant's ability to improve the client’s levels of functioning. ODF services include both group and individual sessions. DMC-eligible women can participate in ODF services.

Perinatal Treatment – SUD treatment that is offered to pregnant and parenting women, during which time child-care is offered on-site.

Post-Partum - Refers to the two (2)-month period following delivery of the baby. For DMC reimbursement, perinatal services in an IOP program are only available to pregnant and post-partum women.

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.

PRO – Post Release Offenders (AB 109).

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. Fees may NOT be charged to CalWORKs or Drug Medi-Cal clients.

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

Program Manager/Coordinator - The person named as the full-time, on-site Director of the program.

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.

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.

Recovery Visits - One visit is equivalent to one individual participating in a recovery oriented activity on one day.

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.

Safety/Safe Environment - Maintaining a gender-responsive treatment environment that is welcoming,
protective, respectful, sensitive, diverse, and empowering.

**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.

**Sensitive Position** - A job with responsibilities that can be criminally abused at great harm to the contract or the clients served. All positions that (1) supervise minors or vulnerable adults or (2) have unsupervised contact with minors or vulnerable adults.

**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.

**Substance Use Disorder** - 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.”

**Substance use 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.

**Substance Use Disorder Program Certification Standards** - The most current State of California Department of Health Care Services Certification Standards, established to ensure an acceptable level of service is provided to program participants.

**Trauma-Informed** - Awareness and understanding of the prevalence of historical and current trauma, its impact on women and a further commitment to not re-traumatize or do further harm through interventions, policies, or procedures.

**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.

**Vulnerable Adult** - (1) Individuals age 18 years or older, who require assistance with activities of daily living and who may be put at risk of abuse during service provision; (2) Individuals age 18 years or older who have a permanent or temporary limited physical and/or mental capacity that may put them at risk of abuse during service provision.

**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.1 – Interim Service Guidelines

County of San Diego
Health and Human Services Agency
Substance Use Disorder (SUD) Services

Interim Service Guidelines

Each contracted SUD Program shall implement interim services for individuals waiting to access treatment in any program throughout the County. The SUD Program shall maintain communication with other providers and referral sources regarding waitlist participation, using the “Participant Status Report - Waitlist Services” as follows:

- Any negative event (e.g., positive drug test, refusal to test if requested by the program, and non-compliance with program rules) occurring while the individual is participating in interim services
- If the individual is removed from interim services, or transferred to treatment

Services Provided

Individuals will be required to participate in at least three activities per week. At least one of the activities must consist of a facilitated group at the SUD program, while the remaining activities may consist of documented attendance at self-help meetings, or attendance at additional facilitated groups.

Drug Testing

Participants in interim services will not be routinely drug tested. If the participant requests a drug test, one will be conducted at a cost of $25. If the program suspects the participant is under the influence while at the program site and the participant denies it, the program may conduct a drug test.

Documentation

Each SUD program shall implement a system to maintain the following documentation for individuals participating in Interim Services:

- Any necessary Releases of Confidential Information
- Basic participant contact information (name, address, phone numbers)
- Attendance

Removal from Interim Services

A participant will be removed from interim services for the following reasons:

1. Non-compliance, as demonstrated by 2 consecutive weeks of failing to contact the program or serious violation of program policies. For those individuals removed from the waitlist due to non-compliance, they will have to be re-referred to the program.
2. Acceptance into a treatment program. For individuals who are accepted into a program and choose not to enroll, they will be removed from the waitlist.
### WAITLIST TRACKING LOG

<table>
<thead>
<tr>
<th>Client ID#</th>
<th>Client Admission Priority Rating Code</th>
<th>Date Placed on Waitlist</th>
<th>Date of Removal from Waitlist</th>
<th>Reason for Waitlist Removal Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### 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

### Reason for Waitlist Removal Codes
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

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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 substance use on the fetus, as well as referral for prenatal care.
For All Facilities:

1. All areas shall be kept clean.

2. All areas shall be free of health risks, i.e. vermin and their residue, contaminated water, noxious odors, and accumulated dirt. Maintenance supplies, especially toxic materials, shall be stored appropriately in secured areas.

3. Refrigerators, microwaves, coffeemakers, and any other appliances used for food preparation shall be cleaned and maintained regularly. All food items shall be stored appropriately.

4. Wastebaskets, trash cans, dumpsters, etc. shall be emptied regularly and cleaned and disinfected as necessary. Areas surrounding trashcans and dumpsters shall also be cleaned and maintained.

5. All occupied areas shall have adequate ventilation and reasonable interior temperatures (64-85 degrees).

6. All sites shall have a fully equipped first aid kit, posted emergency exit plan, up-dated fire extinguishers, and smoke and carbon monoxide detectors.

7. All electrical wiring shall be free of safety hazards and meet appropriate codes. Electrical supply cabinets must be locked/secured to prevent access by clients, children, and visitors.

8. All floors and walkways shall be intact, level, and free of all tripping hazards and other obstructions.

9. Lighting shall be adequate inside and outside the facility during all seasons of the year.

10. Boxes, records, papers, and other supplies shall be neatly kept in appropriate storage areas. None of these items shall be allowed to obstruct passage by clients, staff, or visitors.

11. Smoking, if allowed by the program, shall occur only in designated outdoor smoking areas with adequate disposal receptacles away from public entrances and exits and areas where children and youth may be present.

12. Roof, walls, ceilings, and floors shall be maintained in good condition, i.e. no peeling paint, rotting wood, etc. They shall be free of mold and mildew, water damage, and rust.

13. All furniture shall be in good repair and suitable to the program’s services.

14. All decorative art shall be intact, secured, and well maintained.

15. Entrances shall be identified.

16. Window treatments shall be in good repair.

17. Emergency, fire, and safety procedures and exit maps shall be in view.
### A) PARKING WALKWAYS: MINIMUM CONSIDERATIONS.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>If off-street parking is available, is it as close to the accessible entrance as possible? If yes: Number of total stalls Number of accessible stalls Number of van accessible stalls</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Are walkways with necessary ramps and curb cuts available from the parking area to the accessible entrance? NOTE: The travel route should be at least 36” wide.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>3</td>
<td>Are designated reserved parking spaces provided for persons with disabilities?</td>
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</tr>
</tbody>
</table>

### B) ENTRANCES: MINIMUM CONSIDERATIONS.

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Is at least one primary building entrance accessible at ground level or ramp with no steps? NOTE: Ramp slope should not exceed 1:12</td>
<td></td>
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<tr>
<td>5</td>
<td>Are accessible entrances identified with proper signage? (NOTE: A primary entrance is one that is a commonly used public entrance which does not involve transit through kitchens, storage facilities or similar areas.)</td>
<td></td>
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<tr>
<td>6</td>
<td>Are accessible primary entrances left unlocked or are provisions made for a signaling device that is accessible if the entrance must be locked during certain hours for security purposes?</td>
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<tr>
<td>7</td>
<td>Do entrance doors have a minimum clear opening of 32”?</td>
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</tbody>
</table>

### C) TOILET ROOMS & BATHING FACILITIES: MINIMUM CONSIDERATIONS

<table>
<thead>
<tr>
<th>Number</th>
<th>Description</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Does the facility have accessible public restrooms for men and women?</td>
<td></td>
<td></td>
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<tr>
<td>9</td>
<td>Is there an accessible unisex restroom available?</td>
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<tr>
<td>10</td>
<td>Does the restroom entrance door have a minimum unobstructed opening of 32”?</td>
<td></td>
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<tr>
<td>11</td>
<td>If stalls are provided, are they a minimum of 36” wide and 72” deep, or 48” wide and 57” deep, and have doors with a 30” unobstructed opening? (NOTE: A 32” clear opening is preferred.)</td>
<td></td>
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<tr>
<td>12</td>
<td>Is the sink rim no higher than 34”?</td>
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<tr>
<td>13</td>
<td>Is the toilet seat 17” to 19” high?</td>
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<tr>
<td>14</td>
<td>Is there at least 29” from the floor to the bottom of the sink apron (excluding pipes)?</td>
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<tr>
<td>15</td>
<td>Are other fixed objects located so as not to impede wheelchair access into stalls or other facilities</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
### D) MEETING/HEARING ROOM FACILITIES: MINIMUM CONSIDERATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Are there meeting rooms that can only be accessed by steps? (NOTE: If so identify those rooms)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 If amplifiers and /or sound equipment are used, are individual hand-held or lavaliere microphones available?</td>
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<tr>
<td>Are provisions made for assistive listening devices upon request for persons with hearing impairments? (NOTE: Assistive listening systems are available for loan at no cost from the ADP funded-Disability Access Project.)</td>
<td></td>
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<tr>
<td>19 Can meeting room seating be arranged to accommodate persons using wheelchairs in an integrative manner?</td>
<td></td>
<td></td>
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<tr>
<td>20 Are print materials recorded for visually impaired persons?</td>
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<td></td>
<td></td>
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<tr>
<td>21 Are interpreters available for persons with hearing impairments?</td>
<td></td>
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</tbody>
</table>

**Comments:**

### E) RESIDENTIAL FACILITIES ONLY: LODGING ACCOMMODATIONS: MINIMUM CONSIDERATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 What is the total number of sleeping rooms provided?</td>
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<tr>
<td>23 How many sleeping rooms are accessible for people with mobility limitations?</td>
<td></td>
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<tr>
<td>24 Do entrance doors to accessible guest rooms have a minimum clear opening of at least 32&quot;?</td>
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</tr>
<tr>
<td>25 Do accessible guest rooms allow sufficient turning space (5 ft. in diameter) to allow a person using a wheelchair to move about?</td>
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<tr>
<td>26 If there is a phone in the room, is there an unobstructed approach to the phone for a person using a wheelchair?</td>
<td></td>
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</tbody>
</table>

**Comments:**

### F) AUXILIARY AIDS: MINIMUM CONSIDERATIONS

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>27 Is there a written disability admission and referral policy in place? If yes, attach a copy, to this survey when it is submitted to the Department of Alcohol and Drug Programs.</td>
<td></td>
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<tr>
<td>28 Does the facility have a TDD/TTY telephone device and number for the deaf or hard of hearing?</td>
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<tr>
<td>29 If no, has staff been trained to use the California Relay System (CRS)?</td>
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<tr>
<td>30 Does the emergency alarm system have both visual and audible features?</td>
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<tr>
<td>31 If the facility has a pay phone, is TTY access available?</td>
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<tr>
<td>32 Is at least one public pay phone equipped with amplification?</td>
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<tr>
<td>33 Do televisions for client use have closed caption capability?</td>
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<tr>
<td>34 Are hearing interpreters available?</td>
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<tr>
<td>35 Are hearing interpreters part of group counseling?</td>
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</tbody>
</table>

**Comments:**
# Nondiscrimination Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is nondiscriminatory treatment, equally afforded to other individuals, given directly or through contractual licensing or other arrangements to people with disabilities in the full and equal enjoyment of the goods, facilities, privileges, advantages, or accommodations offered?</td>
<td></td>
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<tr>
<td>Are the goods, services, facilities, privileges, advantages, or accommodations provided differently or separately to individuals with disabilities and individuals without disabilities?</td>
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<tr>
<td>Are the goods, services, facilities, privileges, advantages, and accommodations offered to individuals with disabilities in the most integrated setting appropriate to the needs of the specific individual in question?</td>
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<tr>
<td>If separate or different programs or activities are provided to individuals with disabilities, may those individuals still participate in the activities that are not separate or different?</td>
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<tr>
<td>Do you use, directly and/or through a contractual or other arrangements, standards, criteria, or methods of administration that do not have the effect of discrimination by others?</td>
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<tr>
<td>Are people with friends, associates, or relatives with a disability provided foods, services, facilities, privileges, advantages, accommodations, and other opportunities on a nondiscriminatory basis?</td>
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<tr>
<td>Do your eligibility criteria screen in, not out, individuals with disabilities (unless such criteria can be shown to be necessary for the provision of goods, services, etc., being offered)?</td>
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<tr>
<td>Are reasonable modifications made to policies, practices, or procedures when such modifications are necessary to offer goods or services, etc., to individuals with disabilities?</td>
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<tr>
<td>Are people with disabilities included, allowed services, integrated, and otherwise treated the same as others through the provision of auxiliary aids and services?</td>
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<tr>
<td>Are architectural and communication barriers that are structural in nature (including permanent, temporary, or moveable structures, such as furniture, equipment, and display racks) removed from existing facilities?</td>
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<tr>
<td>Where removal of barriers is not “readily achievable” are the goods, services, etc., made available through alternative methods?</td>
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<tr>
<td>Has new construction been designed to be readily accessible to and usable by individuals with disabilities?</td>
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<tr>
<td>If you are altering a facility, have the alterations been made in such a manner that, to the maximum extent feasible, the altered portions of the facility are readily accessible to and usable by individuals with disabilities including individuals who use a wheelchair?</td>
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</tbody>
</table>

**Comments:**

Program Assessment was completed by:

Program Assessment was completed on:
### Appendix D3 - PWD SUDS Provider List

**Adult SUDS Programs that Accept All Persons with Disabilities**

<table>
<thead>
<tr>
<th>CENTRAL REGION</th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name of Program</td>
<td>Treatment Modality</td>
<td>Clients Served</td>
<td>Address</td>
<td>Primary Contact</td>
</tr>
<tr>
<td>Deaf Community Services of San Diego</td>
<td>Opt Services</td>
<td>Coed</td>
<td>1545 Hotel Circle South, San Diego, CA 92108</td>
<td>(619) 389-2441; Video Phone- (619) 550-3436</td>
</tr>
<tr>
<td>UCSD Co-Occurring Disorders’ Integrated Treatment Program</td>
<td>Opt Services</td>
<td>Coed</td>
<td>140 Arbor Drive, San Diego, CA 92103</td>
<td>(619) 543-7625</td>
</tr>
<tr>
<td>UPAC Adult Alcohol and Drug Treatment Program</td>
<td>Opt Services</td>
<td>Coed</td>
<td>3288 El Cajon Blvd, San Diego, CA 92104</td>
<td>(619) 521-5720</td>
</tr>
<tr>
<td>FHCSD Solutions for Recovery</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>3928 Illinois Street, Ste 101/103, San Diego, CA 92104</td>
<td>(619) 515-2586</td>
</tr>
<tr>
<td>MHS Harmony West Women’s Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Perinatal</td>
<td>3645 Ruffin Road, Suite 100, SD, CA 92113</td>
<td>(619) 285-1718</td>
</tr>
<tr>
<td>Vista Hill ParentCare Central</td>
<td>Opt &amp; IOT Services</td>
<td>Perinatal</td>
<td>4125 Alpha Street, San Diego, CA 92113</td>
<td>(619) 266-0166</td>
</tr>
<tr>
<td>CRASH, INC Bill Dawson Residential Recovery Program</td>
<td>Residential Services</td>
<td>Male</td>
<td>726 F Street, San Diego, CA 92101</td>
<td>(619) 239-9691</td>
</tr>
<tr>
<td>CRASH, INC Short Term I</td>
<td>Residential Services</td>
<td>Male</td>
<td>4161 Marlborough Ave, San Diego, CA 92105</td>
<td>(619) 282-7274</td>
</tr>
<tr>
<td>CRASH INC, Golden Hill House Short Term II</td>
<td>Residential Services</td>
<td>Female</td>
<td>2410 E Street, San Diego, Ca 92102</td>
<td>(619) 234-3346</td>
</tr>
<tr>
<td>House of Metamorphosis, Inc.</td>
<td>Residential Services</td>
<td>Coed</td>
<td>2970 Market Street, San Diego, CA 92102</td>
<td>(619) 236-9492</td>
</tr>
<tr>
<td>Stepping Stone of San Diego</td>
<td>Residential Services</td>
<td>Coed</td>
<td>3767 Central Ave, San Diego, CA 92105</td>
<td>(619) 278-0777</td>
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<td>Name of Program</td>
<td>Treatment Modality</td>
<td>Clients Served</td>
<td>Address</td>
<td>Primary Contact</td>
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<tr>
<td>MHS East County Center for Change</td>
<td>Opt Services</td>
<td>Coed</td>
<td>545 North Magnolia Ave, El Cajon, CA 92020</td>
<td>(619) 579-0947</td>
</tr>
<tr>
<td>MITE East County Regional Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>1385 N. Johnson Ave Ste 102 and 103, El Cajon, CA 9202</td>
<td>(619) 440-4801</td>
</tr>
<tr>
<td>Vista Hill ParentCare East</td>
<td>Opt &amp; IOT Services</td>
<td>Perinatal</td>
<td>4990 Williams Ave, La Mesa, CA 91941</td>
<td>(619) 668-4200</td>
</tr>
<tr>
<td>San Diego Freedom Ranch</td>
<td>Residential Services</td>
<td>Male</td>
<td>1777 Buckman Springs Rd, Campo, CA 91906</td>
<td>(619) 478-5696</td>
</tr>
<tr>
<td>MITE Adult Detox</td>
<td>Withdrawal Mngmt</td>
<td>Coed</td>
<td>2049 Skyline Drive, Lemon Grove, CA 91945</td>
<td>(619) 442-0277</td>
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<tr>
<td>MHS San Diego Center For Change</td>
<td>Opt Services</td>
<td>Coed</td>
<td>3340 Kemper Street Ste 101, San Diego, CA 92110</td>
<td>(619) 758-1433</td>
</tr>
<tr>
<td>MHS Serial Inebriate Program</td>
<td>Opt Services</td>
<td>Coed</td>
<td>3340 Kemper Street Ste 105, San Diego, CA 92110</td>
<td>(619) 523-8121</td>
</tr>
<tr>
<td>MHS MidCoast Regional Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>3340 Kemper Street Ste 105, San Diego, CA 92110</td>
<td>(619) 523-8121</td>
</tr>
<tr>
<td>Veterans Village of San Diego</td>
<td>Residential Services</td>
<td>Coed</td>
<td>4141 Pacific Highway, San Diego, CA 92110</td>
<td>(619) 497-0142</td>
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<td>Address</td>
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</tr>
<tr>
<td>MITE North Coastal Regional Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>2821 Oceanside Blvd, Oceanside, 92054</td>
<td>(760) 4721-2181</td>
</tr>
<tr>
<td>MHS Family Recovery Center-Outpatient Treatment</td>
<td>Opt &amp; IOT Services</td>
<td>Perinatal</td>
<td>1100 Sportfisher Drive, Oceanside, CA 92054</td>
<td>(760) 439-6702</td>
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<tr>
<td>Alpha Project - Casa Raphael</td>
<td>Residential Services</td>
<td>Male</td>
<td>933 Postal Way, Vista, CA 92083</td>
<td>(760) 630-9522</td>
</tr>
<tr>
<td>Epidaurus Amity Vista Ranch</td>
<td>Residential Services</td>
<td>Male</td>
<td>2260 Watson Way, Vista, CA 92083</td>
<td>(760) 745-8478</td>
</tr>
<tr>
<td>MHS Family Recovery Center-Residential NDMC</td>
<td>Residential Services</td>
<td>Perinatal</td>
<td>1100 Sportfisher Drive, Oceanside, CA 92054</td>
<td>(760) 439-6702</td>
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<td>Primary Contact</td>
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<td>MHS North Inland Regional Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>200 E. Washington Ave #200, Escondido, CA 92027</td>
<td>(760) 741-7708</td>
</tr>
<tr>
<td>HealthRIGHT 360 North County Serenity House</td>
<td>Residential Services</td>
<td>Perinatal</td>
<td>1341 North Escondido Blvd, Escondido, CA 92026</td>
<td>(760) 747-1015</td>
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<tr>
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<tr>
<td>MHS South County Center for Change</td>
<td>Opt Services</td>
<td>Coed</td>
<td>1172 Third Ave, Ste D1, Chula Vista, CA 91911</td>
<td>(629) 691-1662</td>
</tr>
<tr>
<td>MITE South Bay Regional Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>1180 3rd Ave, Ste C3, C4, C5, Chula Vista, AC 91911</td>
<td>(619) 691-8164</td>
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<tr>
<td>MITE South Bay Women's Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Perinatal</td>
<td>2414 Hoover Street National City, CA 91950</td>
<td>(619) 336-1226</td>
</tr>
<tr>
<td>MAAC Nosotros Recovery Home</td>
<td>Residential Services</td>
<td>Male</td>
<td>73 N. 2nd Ave, Bldg B, Chula Vista CA 91910</td>
<td>(619) 426-480</td>
</tr>
<tr>
<td>Way Back Recovery Home for Men</td>
<td>Residential Services</td>
<td>Male</td>
<td>2516 A Street, San Diego, CA 92102</td>
<td>(619) 235-0592</td>
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<td>VOA SDACSD</td>
<td>Residential Services</td>
<td>Coed</td>
<td>2300 East 7th Street, National City, CA 91950</td>
<td>(619) 232-9343</td>
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<tr>
<td>VOA Renaissance Treatment Center - Adult Detox</td>
<td>Withdrawal Mngmt</td>
<td>Coed</td>
<td>2300 East 7th Street, National City, CA 91950</td>
<td>(619) 232-9343</td>
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## Youth SUDS Programs that Accept All Persons with Disabilities

### CENTRAL REGION

<table>
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<tr>
<th>Name of Program</th>
<th>Treatment Modality</th>
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<tbody>
<tr>
<td>MITE New Hope Teen Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Perinatal</td>
<td>1212 South 43rd St. Suite C, SD, CA 92113</td>
<td>(619) 690-9904</td>
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<tr>
<td>UPAC Teen Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>3288 El Cajon Blvd, Suite 13, San Diego, CA 92104</td>
<td>(619) 521-5720</td>
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<tr>
<td>Vista Hill Teen Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>220 Euclid Ave Ste 40, 50, San Diego, CA 92114</td>
<td>(619) 795-7256</td>
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### EAST REGION

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<tr>
<td>MITE Adolescent Group Home East</td>
<td>Residential Services</td>
<td>Coed</td>
<td>2219 Odessa Court, Lemon Grove, CA 91945</td>
<td>(619) 442-0277 ext. 121</td>
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<tr>
<td>MITE Adolescent Group Home East</td>
<td>Withdrawal Mngmt</td>
<td>Coed</td>
<td>2219 Odessa Court, Lemon Grove, CA 91945</td>
<td>(619) 442-0277 ext. 121</td>
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### NORTH CENTRAL REGION

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<tr>
<td>MITE North Central Teen Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>7867 Convoy Court, building #5, Suite 302, SD, CA 92111</td>
<td>(858) 277-4633</td>
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### NORTH COASTAL REGION

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<td>MITE North Coastal Teen Recovery Center</td>
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<td>Coed</td>
<td>3923 Waring Road, suite D, Oceanside, CA 92056</td>
<td>(760) 726-4451</td>
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<tr>
<td>MITE Adolescent Group Home North</td>
<td>Residential Services</td>
<td>Coed</td>
<td>323 Hunter St. Ramona, CA 92054</td>
<td>(619) 442-0277 ext. 121</td>
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<tr>
<td>MITE Adolescent Group Home North</td>
<td>Withdrawal Mngmt</td>
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<td>323 Hunter St. Ramona, CA 92054</td>
<td>(619) 442-0277 ext. 121</td>
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<tr>
<td>MITE Adolescent Group Home North</td>
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<td>Coed</td>
<td>323 Hunter St. Ramona, CA 92054</td>
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### NORTH INLAND REGION

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<td>MHS North Inland Teen Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>340 Rancheros Drive Ste 166, San Marcos, CA 92069</td>
<td>(760) 744-3672</td>
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### SOUTH REGION

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<tr>
<td>MITE South Teen Recovery Center</td>
<td>Opt &amp; IOT Services</td>
<td>Coed</td>
<td>629 3rd avenue, suite C, Chula Vista, CA 91910</td>
<td>(619) 691-1045</td>
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## County of San Diego Alcohol and Drug Services
### Residential and Non-Residential Treatment Services

#### Sliding Fee Scale

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<th>Adjusted Annual Household Income</th>
<th>NON-RESIDENTIAL</th>
<th>RESIDENTIAL</th>
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<tr>
<td>$0-$20,000</td>
<td>$25  $23  $21  $19  $17</td>
<td>$150 $137 $125 $114 $104</td>
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<tr>
<td>$20,001-$40,000</td>
<td>$50  $46  $42  $38  $35</td>
<td>$300 $274 $250 $228 $208</td>
</tr>
<tr>
<td>$40,001-$60,000</td>
<td>$75  $68  $62  $57  $52</td>
<td>$450 $411 $375 $342 $312</td>
</tr>
<tr>
<td>$60,001-$80,000+</td>
<td>$100 $91  $83  $76  $69</td>
<td>$600 $548 $500 $456 $416</td>
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</table>

Each block represents the **maximum** amount that can be charged to a client according to income status. The client fee rate can be negotiated down to match a client's ability to pay. Each Client fee amount shown above represents a range from the highest allowable amount to a charge of $0. Example: A Residential client, with No dependents and a $50,000 Adjusted Annual Household Income; would be charged a maximum of $450 per week, or any amount between $450 and $0, depending on the client's ability to pay. Dependents represent the number of persons dependent on the Household income, a single person with no dependents is categorized as 1. No service will be refused due to a client's inability to pay.
Appendix E.2 - PC 1000 Program Services and Requirements

PC 1000 Program Services Description
Providers shall provide a three 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 PC 1000 and AIDS Education Program Standards incorporated by reference. The services to be provided shall include the following elements:

Program Orientation and Enrollment
- Substance Use Disorder Assessment
- Ten educational sessions according to the following structure:
  - Following the substance abuse assessment, the program shall provide 2-hour and 10-minute scheduled once per week for ten weeks (20 hours total).

Each education module shall consist of:
- Ninety minutes of educational activities
- Ten minutes of break time
- Thirty 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

Providers shall provide these elements within the PC1000 program component:
- Two 30-minute individual counseling sessions: Initial individual session within 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 random drug tests during program

AIDS Education Program Service
Providers shall provide a two 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
Providers shall develop a specific 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 consecutive weeks. Each session shall be an interactive active process to allow client discussion.
- Providers shall submit the curriculum to the COR for review 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 SUD Expenditure Contract shall be used in support of this program component/service, unless indicated by the COR.

- **Revenue (PC 1000)**
  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 quarter financial report. Providers may use surplus funds to establish a Contingency Reserve equal to a maximum of 1/12th 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**
Providers shall pay a PC 1000 Program Administration Fee to the County, at a rate to be established by the County that will not exceed 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 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 90% of all participants who successfully complete the PC 1000 Program shall have no new arrests, excluding minor traffic offenses, while in the program. This is measured by client self-report and is documented at the client’s final service in the program.

The full Program Guidelines can be found at: [http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/2014-15%20Updates/Section_1_Budget_Docs/PC1000%20Program%20Guidelines%20Revised%20November%202015.pdf](http://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/2014-15%20Updates/Section_1_Budget_Docs/PC1000%20Program%20Guidelines%20Revised%20November%202015.pdf)
Appendix E.3 - Homeless Outreach Worker (HOW)
Service Model & Data Collection Flow Chart

Outreach & Engagement
- Data Collection Log
- All contacts with individuals
- Information complete to best of ability
- Turn in monthly summary report to COR

Enrolled
- Screening Tool
- Individuals who agree to ongoing services
- Keep with client chart (Service Point or paper file)

Ongoing Short Term CM Services
- Scheduled or unscheduled
- Services and referrals
- Document services in progress note

Documentation/Outcomes
- Service Point (NGeMHC, NCmHIC, NMHC, F2F, JW)
- CCBH (JW, ECMHC, NGeMHC)
- Paper Chart (USA, ICS)
- RRC TBD
- Perinatal TBD

Rev 12/19/16
Appendix E.3
For a provider to receive reimbursement for Drug Medi-Cal substance use disorder services, those services shall be provided by or under the direction of a physician. Substance use disorder services provided to a Medi-Cal beneficiary shall be covered by the Medi-Cal program when determined medically necessary in accordance with 22 CCR § 51303.

**Determination of Diagnosis**
The physician or other identified personnel\(^1\) shall evaluate a beneficiary to diagnose a substance use disorder (SUD), within 30 calendar days of the beneficiary’s admission to treatment date, based on the Diagnostic and Statistical Manual of Mental Disorders (DSM) Third Edition-Revised or Fourth Edition, published by the American Psychiatric Association. For purposes of a DHCS DMC review, it is acceptable if the physician or other identified personnel base the SUD diagnosis on the DSM-Fifth Edition. The physician or other identified personnel are only required to diagnose the beneficiary based on the DSM criteria at intake.

Based on 22 CCR § 51341.1(h)(1)(A)(v)(a), **the basis for the SUD diagnosis must be documented** in the beneficiary’s individual record by the physician. The physician’s signature on a treatment plan that includes a DSM code does not fulfill the requirement of the physician documenting the basis for the diagnosis. For DHCS DMC review purposes, DHCS staff will identify a deficiency if the physician does not document the basis for the diagnosis in the beneficiary record.

Based on 22 CCR § 51341.1(h)(1)(A)(v)(b), an alternative to the physician determining the SUD diagnosis, identified personnel, i.e., a therapist, physician assistant, or nurse practitioner, acting within the scope of their respective practice, may determine the SUD diagnosis based on the DSM. The individual who performs the diagnosis **shall document the basis** for the diagnosis in the beneficiary’s patient record. In this instance, the physician **shall document** approval of each beneficiary’s diagnosis by signing and dating the beneficiary’s treatment plan. For DHCS DMC review purposes, DHCS staff will identify a deficiency if identified personnel do not document the basis for the diagnosis in the beneficiary record.

\(^1\) 22 CCR § 51341.1(h)(1)(A)(v)(b) states a therapist, physician assistant, or nurse practitioner, acting within the scope of their respective practice, may diagnose a beneficiary based on the DSM.
During a treatment episode, the physician or other identified personnel may re-evaluate the diagnosis based on the beneficiary’s progress in treatment, which could result in a new diagnosis based on the DSM.

**Determining Medical Necessity throughout Treatment**

In addition to determining a diagnosis and/or approving the diagnosis, the physician shall determine SUD services are medically necessary consistent with 22 CCR § 51303 within 30 days of the beneficiary’s admission to treatment date.

The physician shall document his/her determination of medical necessity by typing or legibly printing their name, signing and dating the initial treatment plan and treatment plan update(s). For a beneficiary to continue in treatment, a continuing service justification form is required no sooner than five months or later than six months from the admission date or the date of completion of the most recent continuing services justification form. The physician shall document in the beneficiary record that the following documentation has been considered: the beneficiary’s personal, medical and substance use history, most recent physical examination, progress notes and treatment plan goals, the therapist/counselor’s recommendation and the beneficiary’s prognosis.

To further clarify, a beneficiary may continue to have medical necessity even if they have maintained sobriety for more 365 days because medical necessity is based on 22 CCR § 51303.

**Diagnostic and Statistical Manual of Mental Disorders (DSM) Specifiers**

DSM-IV-TR supports a diagnosis may be documented with the use of a specifier if the beneficiary is on agonist therapy or was/is in a controlled environment. DSM-5 supports a diagnosis may be documented with the use of a specifier if the beneficiary is on maintenance therapy or was/is in a controlled environment.

The physician or other identified personnel documenting a diagnosis must ensure the substance use diagnosis based on the DSM includes the specifier and documents the basis for the specifier.

Note: Review of DSM-IV-TR and DSM-V supports that not all substances include either or both specifiers (on agonist/maintenance therapy or in a controlled environment)

**For Additional Information or Clarification on 22 CCR § 51341.1 Requirements –**

- Visit [California Code of Regulations, Title 22, Section 51341.1](#)
- Submit questions to DMC Answers via the [DMC Answers Form](#)
Navigating the Optum Website:  
A Tip Sheet for SUD Service Providers

The Optum website is an efficient way for County Quality Management (QM) to post important documents and communications for providers. To access SUD program specific information, follow the steps below:

1. Go to https://www.optumsandiego.com

2. On the home screen, select the County Staff & Providers button on the top of the page:

3. A drop-down menu will display. Select the option for Organizational Provider Documents:

4. This will launch a page with several tabs at the top. There are three tabs relevant for SUD Service providers: AODPOH, AODURM, and Communications:

   a. AODPOH* tab is for the “Alcohol and Other Drug Provider Operations Handbook, and administrative forms associated with the handbook [such as Serious Incident Report (SIR), SIR Report of Findings, etc.]
   b. AODURM** tab is for the “Alcohol and Other Drug Uniform Record Manual”, also known as the “Client File.”
   c. Communications tab is for QM memos sent to both mental health and SUD programs.

5. Within a tab, you can select a header to change how postings are arranged:
   a. Clicking on the Name header will re-alphabetize the list of documents.
   b. Clicking on the Date header will re-order the postings by date they were posted.

6. There is also a Search feature at the top right of the website to help locate documents.

* AODPOH will soon be renamed SUDPOH – Substance Use Disorder Provider Operations Handbook  
** AODURM will soon be renamed SUDURM – Substance Use Disorder Uniform Record Manual