Department of Health Care Services

Drug Medi-Cal Organized Delivery System Waiver

San Diego County Implementation Plan

APPENDICES

Appendix 1

Addiction Severity Index (ASI) &
Youth Assessment Index (YAI)

INSTRUCTIONS

1. Leave No Blanks - Where appropriate code items: X = question not answered
   N = question not applicable
   Use only one character per item.

2. Item numbers circled are to be asked at follow-up. Items with an asterisk are cumulative and should be rephrased at follow-up (see Manual).

3. Space is provided after sections for additional comments

ADDICTION SEVERITY INDEX

SEVERITY RATINGS

The severity ratings are interviewer estimates of the patient's need for additional treatment in each area. The scales range from 0 (no treatment necessary) to 9 (treatment needed to intervene in life-threatening situation). Each rating is based upon the patient's history of problem symptoms, present condition and subjective assessment of his treatment needs in a given area. For a detailed description of severity ratings' derivation procedures and conventions, see manual. **Note: These severity ratings are optional.**

Fifth Edition/1998 Version

SUMMARY OF PATIENTS RATING SCALE

0 - Not at all
1 - Slightly
2 - Moderately
3 - Considerably
4 - Extremely

G1. I.D. NUMBER [ ][ ][ ][ ]

G2. LAST 4 DIGITS OF SSN [ ][ ][ ][ ]

G3. PROGRAM NUMBER [ ][ ][ ]

G4. DATE OF ADMISSION [ ][ ][ ][ ][ ][ ]

G5. DATE OF INTERVIEW [ ][ ][ ][ ][ ][ ]

G6. TIME BEGUN [ ][ ] : [ ][ ]

G7. TIME ENDED [ ][ ] : [ ][ ]

G8. CLASS: [ ]
1 - Intake
2 - Follow-up

G9. CONTACT CODE: [ ]
1 - In Person
2 - Phone

G10. GENDER: [ ]
1 - Male
2 - Female

G11. INTERVIEWER CODE NUMBER [ ][ ]

G12. SPECIAL: [ ]
1 - Patient terminated
2 - Patient refused
3 - Patient unable to respond

GENERAL INFORMATION

NAME _____

CURRENT ADDRESS _____

_____

_____

G13. GEOGRAPHIC CODE [ ][ ]

G14. How long have you lived at this address? [ ][ ] YRS. [ ][ ] MOS.

G15 Is this residence owned by you or your family? [ ]

0 - No 1 - Yes

G16. DATE OF BIRTH [ ][ ][ ][ ][ ][ ]

G17. RACE [ ]

1 - White (Not of Hispanic Origin)
2 - Black (Not of Hispanic Origin)
3 - American Indian
4 - Alaskan Native
5 - Asian or Pacific Islander
6 - Hispanic - Mexican
7 - Hispanic - Puerto Rican
8 - Hispanic - Cuban
9 - Other Hispanic

G18. RELIGIOUS PREFERENCE [ ]

1 - Protestant 4 - Islamic
2 - Catholic 5 - Other
3 - Jewish 6 - None

G19 Have you been in a controlled environment in the past 30 days? [ ]

1 - No
2 - Jail
3 - Alcohol or Drug Treatment
4 - Medical Treatment
5 - Psychiatric Treatment
6 - Other _____

G20 How many days? [ ][ ]

ADDITIONAL TEST RESULTS

G21. Shipley C.Q. [ ][ ][ ]

G22. Shipley I.Q. [ ][ ][ ]

G23. Beck Total Score [ ][ ]

G24. SCL-90 Total [ ][ ][ ]

G25. MAST [ ][ ]

G26. _____ [ ][ ][ ]

G27. _____ [ ][ ][ ]

G28. _____ [ ][ ][ ]

SEVERITY PROFILE

	PROBLEMS	MEDICAL	EMP/SUP	ALCOHOL	DRUG	LEGAL	FAM/SOC	PSYCH
9								
8								
7								
6								
5								
4								
3								
2								
1								
0								

MEDICAL STATUS

* M1. How many times in your life have you been hospitalized for medical problems? *(Include o.d.'s, d.t.'s, exclude detox.)*

M2. How long ago was your last hospitalization for a physical problem YRS. MOS.

M3. Do you have any chronic medical problems which continue to interfere with your life?
0 - No
1 - Yes _____
Specify

M4. Are you taking any prescribed medication on a regular basis for a physical problem?
0 - No 1 - Yes

M5. Do you receive a pension for a physical disability? *(Exclude psychiatric disability.)*
0 - No
1 - Yes_____
Specify

M6. How many days have you experienced medical problems in the past 30?

FOR QUESTIONS M7 & M8 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

M7. How troubled or bothered have you been by these medical problems in the past 30 days?

Comments

M8. How important to you now is treatment for these medical problems?

INTERVIEWER SEVERITY RATING

M9. How would you rate the patient's need for medical treatment?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

M10. Patient's misrepresentation?
0 - No 1 - Yes

M11. Patient's inability to understand?
0 - No 1 - Yes

EMPLOYMENT/SUPPORT STATUS

* E1. Education completed *(GED = 12 years)* YRS. MOS.

* E2. Training or technical education completed MOS.

E3. Do you have a profession, trade or skill?
0 - No
1 - Yes _____
Specify

E4. Do you have a valid driver's license?
0 - No 1 - Yes

E5. Do you have an automobile available for use? *(Answer No if no valid driver's license.)*
0 - No 1 - Yes

E6. How long was your longest full-time job? YRS. MOS.

* E7. Usual (or last) occupation.

_____
(Specify in detail)

E8. Does someone contribute to your support in any way?
0 - No 1 - Yes

E9. (ONLY IF ITEM E8 IS YES) Does this constitute the majority of your support?
0 - No 1 - Yes

E10. Usual employment pattern, past 3 years.
1 - full time (40 hrs/wk)
2 - part time (reg. hrs)
3 - part time (irreg., daywork)
4 - student
5 - service
6 - retired/disability
7 - unemployed
8 - in controlled environment

E11. How many days were you paid for working in the past 30? (include "under the table" work.)

How much money did you receive from the following sources in the past 30 days?

E12. Employment (net income)

E13. Unemployment compensation

E14. DPA

E15. Pension, benefits or social security

E16. Mate, family or friends (Money for personal expenses).

E17. Illegal

Comments

E18. How many people depend on you for the majority of their food, shelter, etc.?

E19. How many days have you experienced employment problems in the past 30?

FOR QUESTIONS E20 & E21 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

E20. How troubled or bothered have you been by these employment problems in the past 30 days?

E21. How important to you *now* is counseling for these employment problems?

INTERVIEWER SEVERITY RATING

E22. How would you rate the patient's need for employment counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

E23. Patient's misrepresentation?
0 - No 1 - Yes

E24. Patient's inability to understand?
0 - No 1 - Yes

DRUG/ALCOHOL USE

	PAST 30 Days	LIFETIME USE Yrs.	Rt of adm.
D1 Alcohol - Any use at all			
D2 Alcohol - To Intoxication			
D3 Heroin			
D4 Methadone			
D5 Other opiates/ analgesics			
D6 Barbiturates			
D7 Other sed/ hyp/tranq.			
D8 Cocaine			
D9 Amphetamines			
D10 Cannabis			
D11 Hallucinogens			
D12 Inhalants			

D13 More than one substance per day (Incl. alcohol).

Note: See manual for representative examples for each drug class

* Route of Administration: 1 = Oral, 2 = Nasal 3 = Smoking, 4 = Non IV inj., 5 = IV inj.

D14 Which substance is the major problem? *Please code as above or 00-No problem;* 15-Alcohol & Drug (Dual addiction); 16-Polydrug; *when not clear, ask patient.*

D15. How long was your last period of voluntary abstinence from this major substance? *(00 - never abstinent)* MOS.

D16. How many months ago did this abstinence end? *(00 - still abstinent)*

How many times have you:

* D17 Had alcohol d.t.'s

* D18 Overdosed on drugs

How many times in your life have you been treated for:

* D19 Alcohol Abuse:

* D20 Drug Abuse:

How many of these were detox only?

* D21 Alcohol

* D22 Drug

How much would you say you spent during the past 30 days on:

D23 Alcohol

D24 Drugs

Comments

D25 How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days *(Include NA, AA).*

How many days in the past 30 have you experienced:

D26 Alcohol Problems

D27 Drug Problems

FOR QUESTIONS D28-D31 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

D28 Alcohol Problems

D29 Drug Problems

How important to you now is treatment for these:

D30 Alcohol Problems

D31 Drug Problems

INTERVIEWER SEVERITY RATING

How would you rate the patient's need for treatment for:

D32 Alcohol Abuse

D33 Drug Abuse

CONFIDENCE RATINGS

Is the above information significantly distorted by:

D34 Patient's misrepresentation? 0 - No 1 - Yes

D35 Patient's inability to understand? 0 - No 1 - Yes

LEGAL STATUS

L1. Was this admission prompted or suggested by the criminal justice system (judge, probation/ parole officer, etc.)

0 - No 1 - Yes

L2. Are you on probation or parole?

0 - No 1 - Yes

How many times in your life have you been arrested and charged with the following:

* L3 - shoplifting/vandalism
* L4 - parole/probation violations
* L5 - drug charges
* L6 - forgery
* L7 - weapons offense
* L8 - burglary. larceny, B & E
* L9 - robbery
* L10 - assault
* L11 - arson
* L12 - rape
* L13 - homicide, manslaughter
* L14 -prostitution
* L15 -contempt of court
* L16 -other

* L17 How many of these charges resulted in convictions?

How many times in your life have you been charged with the following:

* L18 Disorderly conduct, vagrancy public intoxication
* L19 Driving while intoxicated
* L20 Major driving violations (reckless driving, speeding, no license, etc.)
* L21 How many months were you incarcerated in your life? MOS.

L22. How long was your last incarceration? MOS.

L23. What was it for? *(Use code 3-16, 18-20. If multiple charges, code most severe)*

L24 Are you presently awaiting charges, trial or sentence?
0 - No 1 - Yes

L25 What for *(If multiple charges, use most severe).*

L26 How many days in the past 30 were you detained or incarcerated?

Comments

L27 How many days in the past 30 have you engaged in illegal activities for profit?

FOR QUESTIONS L28 & L29 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

L28 How serious do you feel your present legal problems are? *(Exclude civil problems)*

L29 How important to you *now* is counseling or referral for these legal problems?

INTERVIEWER SEVERITY RATING

L30. How would you rate the patient's need for legal services or counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

L31 Patient's misrepresentation?
0 - No 1 - Yes

L32 Patient's inability to understand?
0 - No 1 - Yes

FAMILY/SOCIAL RELATIONSHIPS

F1 Marital Status

1 - Married
2 - Remarried
3 - Widowed
4 - Separated
5 - Divorced
6 - Never Married

F2 How long have you been in this marital status? YRS. MOS.
(If never married, since age 18).

F3. Are you satisfied with this situation?
0 - No
1 - Indifferent
2 - Yes

* F4. Usual living arrangements (past 3 yr.)
1 - With sexual partner and children
2 - With sexual partner alone
3 - With children alone
4 - With parents
5 - With family
6 - With friends
7 - Alone
8 - Controlled environment
9 - No stable arrangements

F5. How long have you lived in these arrangements. YRS. MOS.
(If with parents or family, since age 18).

F6. Are you satisfied with these living arrangements?
0 - No
1 - Indifferent
2 - Yes

Do you live with anyone who:
0 = No 1 = Yes

F7. Has a current alcohol problem?

F8. Uses non-prescribed drugs?

F9. With whom do you spend most of your free time:
1 - Family
2 - Friends
3 - Alone

F10. Are you satisfied with spending your free time this way?
0 - No 1 - Indifferent 2 - Yes

F11. How many close friends do you have?

Direction for F12-F26: Place "0" in relative category where the answer is clearly no for all relatives in the category; "1" where the answer is clearly yes for **any** relative within the category; "X" where the answer is uncertain or "I don't know" and "N" where there never was a relative from that category.

Would you say you have had close, long lasting, personal relationships with any of the following people in your life:

F12. Mother
F13. Father
F14. Brothers/Sisters
F15. Sexual Partner/Spouse
F16. Children
F17. Friends

Have you had significant periods in which you have experienced serious problems getting along with:

0 - No 1 - Yes	PAST 30 DAYS	IN YOUR LIFE
F18 Mother		
F19 Father		
F20 Brothers/Sisters		
F21 Sexual partner/spouse		
F22 Children		
F23 Other significant family_____		
F24 Close friends		
F25 Neighbors		
F26 Co-Workers		

Did any of these people (F18-F26) abuse you: 0 =No, 1 = Yes

	30 DAYS	LIFE
F27. Emotionally (make you feel bad through harsh words)?		
F28. Physically (cause you physical harm)?		
F29. Sexually (force sexual advances or sexual acts)?		

How many days in the past 30 have you had serious conflicts:

F30 with your family?
F31 with other people? (excluding family)

FOR QUESTIONS F32-F35 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

How troubled or bothered have you been in the past 30 days by these:

F32 Family problems
F33 Social problems

How important to you now is treatment or counseling for these:

F34 Family problems
F35 Social problems

INTERVIEWER SEVERITY RATING

F36. How would you rate the patient's need for family and/or social counseling?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

F37 Patient's misrepresentation?
0 - No 1 - Yes

F38 Patient's inability to understand?
0 - No 1 - Yes

Comments

PSYCHIATRIC STATUS

How many times have you been treated for any psychological or emotional problems?

* P1 In a hospital
* P2 As an Opt. or Priv. patient

P3. Do you receive a pension for a psychiatric disablity?

0 - No 1 - Yes

Have you had a significant period, (that was not a direct result of drug/alcohol use), in which you have:

0 - No 1 - Yes

	PAST 30 DAYS	IN YOUR LIFE
P4. Experienced serious depression		
P5 Experienced serious anxiety or tension		
P6 Experienced hallucinations		
P7 Experienced trouble understanding, concentrating or remembering		
P8 Experienced trouble controlling violent behavior		
P9 Experienced serious thoughts of suicide		
P10 Attempted suicide		
P11 Been prescribed medication for any psychological emotional problem		

P12 How many days in the past 30 have you experienced these psychological or emotional problems?

FOR QUESTIONS P13 & P14 PLEASE ASK PATIENT TO USE THE PATIENT'S RATING SCALE

P13 How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?

P14 How important to you now is treatment for these psychological problems?

THE FOLLOWING ITEMS ARE TO BE COMPLETED BY THE INTERVIEWER

At the time of the interview, is patient:

0 - No 1 - Yes

P15 Obviously depressed/withdrawn

P16 Obviously hostile

P17 Obviously anxious/nervous

P18 Having trouble with reality testing thought disorders, paranoid thinking

P19 Having trouble comprehending, concentrating, remembering.

P20 Having suicidal thoughts

Comments

INTERVIEWER SEVERITY RATING

P21 How would you rate the patient's need for psychiatric/psychological treatment?

CONFIDENCE RATINGS

Is the above information significantly distorted by:

P22 Patient's misrepresentation?
0 - No 1 - Yes

P23 Patient's inability to understand?
0 - No 1 - Yes

YOUTH ASSESSMENT INDEX ver. 4.0c

(Sponsored by: QuickStart Systems, Inc.)

Dr. David Metzger
A. Thomas McLellan, Ph.D.

Remember: This is an interview, not a test.

Call QuickStart Systems at (214)342-9020 for:
- Free copies of the Youth Assessment Index
- Free copies of the Clinical/Training ASI
- The Easy-YAI software, and
- Other Treatment Tracking Software.

INTRODUCING THE YAI:

Eight potential problem areas:
Current living situation, Legal, Medical, Family Relationships, Education/Work, Drug/Alcohol, Psycho/Social Adjustment, and Personal Relationships. All clients receive this same standard interview. All information gathered is confidential.

There are two time periods we will discuss:
- 0 - Has never occurred
- 1 - Occurred more than 30 days ago
- 2 - Occurred the last 30 days
- 3 - Occurred during and before the last 30 days

Client Input:
Client input is important. For each area, I will ask you to let me know how bothered you have been by any problems in each section. I will also ask you how important counseling is to you for the area being discussed. The response to these questions will be a yes or no.

If you are uncomfortable giving an answer, then don't answer. *Please do not give inaccurate information! Remember: This is an interview, not a test.*

INTERVIEWER INSTRUCTIONS:

1. Leave no blanks.
2. Make plenty of Comments (if another person reads this YAI, they should have a relatively complete picture of the client's perceptions of his/her problems).
3. X = Question not answered.
4. N = Question not applicable.
5. Privately interview the youth about drug and alcohol use and personal relationships unless parents are reluctant or unwilling to leave.

HALF TIME RULE: If a question is interested in the number of months, round up periods of 14 days or more to 1 month. If the question is only interested in the number of years, round up 6 months or more to 1 year.

ALCOHOL/DRUG USE INSTRUCTIONS:

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days.

> 30 day questions only require the number of days used.
> Lifetime use is asked to determine extended periods of use.
> How to ask these questions:
  > How many days in the past 30 have you used....?
  > How many years in your life have you regularly used....?
> Use 99 percent to represent number of times used is one hundred or more

01 = Family /Friend
05 = Self Referral
06 = Employer
07 = School
09 = Technician Alternatives to Street Crime (TASC)
32 = Physician
33 = Council on alcohol and Drug Abuse
34 = Employee Assistance Program (EAP)
37 = Clergy
38 = Texas Rehabilitation Commission (TRC)
39 = Court Commitment
40 = Texas Dept. of Human Services (DPW, DHR)
41 = Substitute for Foster Care
50 = State Hospital Outreach Program
51 = AA, NA, Alanon, Alateen, Other Peer Support
52 = Community MHMR Center
53 = Other Non-Residential Program
60 = State Hospital
61 = Other Hospital
62 = Halfway House - Intermediate Care
63 = Long Term Care
64 = Non-Hospital Detox Facility
65 = Other Residential Program
70 = Police
71 = Probation (non-DWI)
72 = Probation (DWI)
73 = Parole
74 = Other Law Enforcement
75 = Texas Youth Commission
76 = TDJC/ID
77 = TAIP
78 = City/County Jail
80 = Other Individual
81 = Other Community Agency(not treatment, not law enforcement)

LIST OF COMMONLY USED DRUGS:

Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Diluaudid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
Cocaine	Cocaine Crystal, Free-Base Cocaine or "Crack", and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetimine, Speed, Ice, Crystal,
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD(Acid), Mescaline, Mushrooms(Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippets, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.
Just note if these are used:	Antidepressants, Ulcer Meds = Zantac, Tagamet Asthma Meds = Ventoline Inhaler, Theodur Other meds = Antipsychotics, Lithium

Source or referral:

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YAI (Youth Assessment Index) / Intake Attendance tab

YOUTH ASSESSMENT INDEX ver. 4.0c

Section I: General Information

Interview site_____

Date: _____/_____/_____

Case #: ☐☐☐☐☐☐☐☐☐☐

Interviewer: ☐☐☐☐

Initial/Follow-up: I=Initial F=Follow-up ☐

1._____
First Name Middle Last Name

2._____
Address Line 1

_____
Address Line 2

_____
City State Zip Code County

(_____) _____-_____
Home Phone Number

(_____) _____- _____ Ext._____
Work Phone number

3. Sex : 1=Male 2=Female ☐

4. Race: ☐
1. White(not Hisp.)
2. African American (not Hisp.)
3. Hispanic-Mexican American
4. Hispanic-Mexican National
5. Hispanic-Puerto Rican
6. Hispanic-Cuban
7. Hispanic-Other
8. Alaskan Native
9. Asian/Pacific
0. Other
x. Unknown

5. Date of Birth: _____/_____/_____ Age: YEARS ☐☐

6.a. Your (youth's) Marital Status: ☐
0=Never Married 1=Married 2=Divorced 3=Separated

b. Have you had any children (yes/no)? 0=No 1=Yes ☐

c. Are you currently responsible for the care of any children(yes/no)? 0=No 1=Yes ☐

7. SSN: ☐☐☐ - ☐☐ - ☐☐☐☐

8. Health Insurance type: ☐
0=No health insurance
1=Blue Cross/Blue Shield WITHOUT Substance Abuse Coverage
2=Other private insurance WITHOUT Substance Abuse Coverage
3=Blue Cross/Blue shield WITH Substance Abuse Coverage
4=Other private insurance WITH Substance Abuse Coverage
5=Medicaid
6=Medicare
7=CHAMPUS
8=Other Public Funds For Health Care
X=Unknown

9. _____
Insurance Provider Name

10. Ins. Policy #: ☐☐☐☐☐☐☐☐☐☐

11. _____
Insurance Provider Address Line 1

_____
Insurance Provider Address Line 2

_____
Insurance Provider's City State Zip

12. Source of referral: (see cover page) ☐☐

If referred by probation/parol e (or if currentl y on probation /parol e) :

13. _____
Probation/Parole Officer Name:

14. (_____)_____-_____Ext:_____
Probation /Parole Officer Phone Number

15. _____
Judge Name

16. Case Number ☐☐☐☐☐☐☐☐☐☐

17. Charge Code ☐☐☐☐☐☐

18. _____
Charge Description

19. Other available documents on file (check all that apply):
a.) _____ Drug and Alcohol Assessment
b.) _____ School/Employment
c.) _____ Police
d.) _____ Psychological
e.) _____ Other _____

20. Does adolescent: ☐
1=Understand and agree with the reason for the interview?
2=Agree?
3=understand?
4=Niether understand nor agree.

General Information Comments:
(Include the question number with your notes)

_____

_____

_____

_____

_____

_____

_____

Section II: Current Living Situation

1. Have you been in a controlled environment in the past 30 days? ☐ #DAYS ☐☐
1. No 4. Residential Treatment

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YAI Youth Assessment Index

2. Group Home
3. Prison
5. Hospital-Based Program

2. With whom do you live (current caretakers)? ☐

1=Both Parents
2=Mother Only
3=Father Only
4=Mother & Stepfather
5=Father & Stepmother
6=Substitute or Foster Care
7=Institution
8=Alone
9=other
0=Other Relatives
A=Friends

3a. Current marital status of natural parents: ☐

0=Never Married
1=Married and living together
4=Both Deceased
5=Father Deceased
2=Divorced
3=Separated (married, not living together nor incarcerated)
6=Mother Deceased

3b. If either parent(s) is (are) deceased, how old were you at the time of their death: Mother ☐☐ Father ☐☐

3c. Who has custody if parents are divorced/separated? ☐

N=N/A, Not divorced/separated
1=N/A, Youth is over 18
2=Father
3=Mother
4=Other Individual
5=Institution
6=Other

c. Address: _____

City State Zip County

d. Phone: (_____)_____-_____

e. Date of Birth: _____/_____/_____ ☐☐

f. Social Security #: ☐☐☐ ☐☐ ☐☐☐☐

g. Current employment Status: ☐

1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation: _____
i. Employer: _____
j. Address: _____

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

<<If not working>>

l. Primary reason for no paid employment ☐

0=Cannot find a job
1=Unable to work for health reasons
2=unable to keep job due to substance abuse problems
3=Needed at home to work or take care of other family members
4=Attending School
5=Not interested in working
6=Lack of transportation
7=Lack of job skills
8=Retired
9=Other
N=Not applicable (employed)

m. Income:

Employment:	$_____	Pension:	$_____
Public Assistance:	$_____	Family:	$_____
Disability:	$_____	Illegal:	$_____

n. Marital status of Head of Household:

0=Never Married
1=Married and living together
2=Divorced
3=Separated(married, not living together nor incarcerated)
4=Deceased

o. Highest Grade Completed: ☐☐

4. HEAD OF HOUSEHOLD:

a. Name: _____
b. Relationship: _____
c. Address: _____

City State Zip County

d. Phone: (_____)_____-_____

e. Date of Birth: _____/_____/_____ ☐☐

f. Social Security #: ☐☐☐ ☐☐ ☐☐☐☐

g. Current employment Status: ☐

1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation: _____
i. Employer: _____
j. Address: _____

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

<<If not working>>

l. Primary reason for no paid employment ☐

0=Cannot find a job
1=Unable to work for health reasons
2=unable to keep job due to substance abuse problems
3=Needed at home to work or take care of other family members
4=Attending School
5=Not interested in working
6=Lack of transportation
7=Lack of job skills
8=Retired
9=Other
N=Not applicable (employed)

m. Income:

Employment:	$_____	Pension:	$_____
Public Assistance:	$_____	Family:	$_____
Disability:	$_____	Illegal:	$_____

n. Marital status of Head of Household:

0=Never Married
1=Married and living together
2=Divorced
3=Separated(married, not living together nor incarcerated)
4=Deceased

o. Highest Grade Completed: ☐☐

5. OTHER PRIMARY CARETAKER:

a. Name: _____
b. Relationship: _____

6. OTHER INVOLVED ADULTS:

a. _____
Name

b. _____
Relationship

c. _____

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Address

City State Zip County

d. (_____)_____-_____
Phone

e. Date of Birth: _____/_____/_____ Age

f. Social Security #:

g. Current employment Status:
1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation:_____

i. _____
Employer

j. _____
Address

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

OTHER INVOLVED ADULTS:

a. _____

Name

b. _____
Relationship

c. _____
Address

City State Zip County

d. (_____)_____-_____
Phone

e. Date of Birth: _____/_____/_____ Age

f. Social Security #:

g. Current employment Status:
1=Unemployed, has not sought employment in the last 30 days
2=Unemployed, has sought employment in last 30 days
3=Part-Time (less than 35 hours/week)
4=Full- Time (35 or more hours/week)

<<if working>>

h. Occupation:_____

i. _____
Employer

j. _____
Address

(city) (state) (zip) (county)

k. (_____)_____-_____ Hours:___:___-___:___
Work Phone From To

Comments on Current Living Situation:
(Include the question number with your notes)

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SECTION III: LEGAL

(Include the question number with your notes)

1. Do you have a drivers license? 0=No 1=Yes ☐

   a.) Have your driving privileges ever been postponed, suspended or revoked? 0=No 1=Yes ☐

2. Have you ever been picked up by the police? 0=No 1=Yes ☐

   a.) How many times and at what age(first time)? Times ☐☐ Years ☐☐

3. Have you ever been taken to a police station? 0=No 1=Yes ☐

4. Have you ever been locked up? 0=No 1=Yes ☐

5. Have you ever been in front of a judge? 0=No 1=Yes ☐

6. Do you have a probation officer now? 0=No 1=Yes ☐

   a.)_____
   (Probation Officer name)

   b.) (_____)_____-_____ Ext:_____
   Probation officer's phone number

7. Are you currently facing charges or waiting to see a judge? 0=No 1=Yes ☐

8. Have you ever spent time in jail or in a detention center? 0=No 1=Yes ☐ DAYS ☐☐

9. When do you feel a need to defend yourself, what do you use (carry)? ☐
   0=Nothing 2=Guns
   1=Knives 3=Other (specify in comments)

10. Have you ever had a weapon taken away from you? 0=No 1=Yes ☐

11. When involved with the legal system, was:

    a.) someone hurt? 0=No 1=Yes ☐

    b.) property damaged? 0=No 1=Yes ☐

12. Do you think that you have legal problems? 0=No 1=Yes ☐

13. Would you like counseling for these problems? 0=No 1=Yes ☐

14. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

    Confidence Rating: 0=No 1=Yes ☐

Comments on Legal Section:

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SECTION IV: MEDICAL

1. How long ago was your last physical examination? MONTHS [ ][ ]
2. Do you have any chronic medical problems (e.g. diabetes, asthma, allergies, etc)? 0=No 1=Yes [ ]
3. Are you taking any prescribed medication at this time? 0=No 1=Yes [ ]
4. Have you had to visit an emergency room in the past year? 0=No 1=Yes [ ] TIMES [ ][ ]
5. Do you feel that you have a medical problem? 0=No 1=Yes [ ]
6. Would you like treatment for these medical problems? 0=No 1=Yes [ ]
7. Interviewer Severity Rating: 0=No need 1=Minor 2=Moderate 3=Urgent [ ]
8. Confidence Rating 0=No 1=Yes [ ]

SECTION V: FAMILY RELATIONSHIPS

1. Has your living arrangement changed in the past year? 0=No 1=Yes [ ]
2. Are you unhappy or dissatisfied with the current situation at home? 0=No 1=Yes [ ]
3. Have you ever lived away from home or parents (or current guardians)? 0=No 1=Yes [ ]
4. Have any of your brothers or sisters ever had to live away from home before they were eighteen years old? 0=No 1=Yes [ ]
5. Have you ever run away from home? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ] TIMES [ ][ ]
6. Is there a lot of arguing or fighting in your house? <OPT> If yes, how many times? 0=No 1=Yes [ ] TIMES [ ][ ]
7. Have you ever been a member of a gang? 0=No 1=Yes [ ]
   a) _____ b) Age at Start: YEARS [ ][ ]
   <OPT> Gang Name
8. Has any member of your immediate family or household?
   a) been arrested? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
   b) been hospitalized overnight or longer? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
   c) died? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
9. Have you ever:
   a) had serious problems in getting along with anyone in your household? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
   b) had a physical fight with either of your parents /guardians? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
   c) been involved in family counseling, or had a caseworker assigned to visit your family? 0=No 1=Month + 2=Past Mo. 3=Past&Bfr [ ]
10. Do you feel that you have a family problem? 0=No 1=Yes [ ]
11. Would you like counseling for these problems? 0=No 1=Yes [ ]
12. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent [ ]
13. Confidence Rating 0=No 1=Yes [ ]

Comments on Medical Section
(Include the question number with your notes)

Comments on Family Relationships:
(Include the question number with your notes)

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SECTION VI: EDUCATION/WORK

Name of current or last school attended

2. School Address Line 1

School Address Line 2

3. Current School Status:
1 = Graduated (or GED)
2 = Quit or dropped out
3 = Suspended
4 = Still in School(incl. Summer vacn).
5 = Enrolled in other educational skill development program
6 = Enrolled in or transferred from an institutional educational program

4. Current or highest grade completed:

5. Days absent from school during last 6 week period: Days

6. Have you ever received any special programming? 0=No 1=Yes

7. Number of D's or F's on last report card:

a.) <OPT> Are you currently failing any classes? 0=No 1=Yes

8. Have you ever failed or repeated a grade: 0=No 1=Yes Times

9. How many times have you been suspended or expelled (include in-school suspensions): Times

a. Suspended? Times b. Expelled? Times

c. Are you currently suspended or expelled 0=No 1=Yes

d. # of days suspended in the last 6 weeks? Days

10. Do you plan on graduating (or getting a GED)? 0=No 1=Yes

11. Have you ever:

a. skipped school or cut classes more than one time a week? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr

b. <OPT> If yes, have you gotten high when you skip? 0=No 1=Yes

c. had your parents been called by the school because of your behavior? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr

d. Had a serious argument or fight with a teacher? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr

12. What are your current source(s) of income(check all that apply):

__ Employment __ Public Assistance __ Other
__ Parents __ Social Security

<<If working>> a. Number of hours: Hours

b. Net Income/week: $

13. Have you ever been fired from a job? 0=No 1=Yes

14. On average, how many weeks do you stay on a job? Weeks

15. Do you have any skills or training that could help you get a job? (If yes, specify in comments). 0=No 1=Yes

16. Do you feel that you have a school or work problem? 0=No 1=Yes

17. Would you like counseling for these problems? 0=No 1=Yes

Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent

Confidence Rating: 0=No 1=Yes

SECTION VII: DRUG / ALCOHOL

Comments on Education/Work:
(Include the question number with your notes)

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How many of your five closest friends:
Smoke [ ][ ] b. Drink [ ][ ] c. Do Drugs [ ][ ]

2. Do you smoke cigarettes? 0=NO 1=YES [ ]
a. <OPT> If yes, how old were you when you started smoking regularly (3 or more times/week)? YEARS [ ][ ]

3. Substance Abuse Patterns:
a. Have you ever used drugs & alcohol? 0=NO 1=YES [ ]
<<IF NO ALCOHOL OR DRUG USE IS REPORTED IN #3a, SKIP TO QUESTION #5>>

b.

SUBSTANCE:	CODAP Code	1ST AGE	#TIMES LAST YR	#TIMES LAST MO.	CODAP FREQ <OPT>	CODAP ROUTE <OPT>
ALCOHOL	04					
MARIJUANA	09					
COCAINE	08					
CRACK	08					
INHALANTS	11					
SPEED	07					
TOTAL DEPRESSANTS	05					
HALLUCINOGENS	10					
HERION	01					
NON-RX METHADONE	02					
OTHER OPIATES	03					
OVER-THE-COUNTER	12					
TRANQUILIZERS	13					
ECSTACY	15					
PCP	21					
OTHER	14					
TOTAL OTHER						

The frequency and Route columns in the substance table are not required or entered into the computer system. They are used to gather data for the CODAP summary below.

c. <OPT> CODAP Summary:
(To be filled out by interviewer after interview)

PROBLEMS	Primary	Secondary	Tertiary
Substances:			
Severity:			
Frequency:			
Route:			
Year of 1st use:			

SEVERITY
0=Use (not a problem)
1=Primary
2=Secondary
3=Tertiary

FREQUENCY
0=None, did not happen
1=Less than once/week
2=Once per week
3=Several times/week
4=Once daily
5=2 to 3 times daily
6=More than 3 times daily

ROUTE OF ADMIN
1=Oral
2=Smoking
3=Inhalation
4=Intramuscular
5=Intravenous

Comments on Alcohol/Drug use:
(Include the question number with your notes)

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Have you ever:

a. used drugs or alcohol before or during school? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. missed school because you were hung over? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. missed work because you were high or hung over? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

d. been told you should cut down or stop using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

e. been in a program to get help for a drug problem? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

f. been in a program to get help for an alcohol problem? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

g. gotten into trouble (including this incident) for things you've done while you were using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

5. Have you ever been:

a. at a party where alcohol was served? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. at a party where drugs were available? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. accused by your parents, teachers, or employer of being drunk or high? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

d. in a car where the driver or others were using drugs or alcohol? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

Have any of you FRIENDS ever:

a. asked you to get drugs or alcohol for them? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

b. tried to get you to drink or use drugs? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

c. been treated for drug or alcohol problems? 0=No 1=Month+ 2=Past Mo. 3=Past&Bfr ☐

7. How much money have you spent during the last month on:

a. Alcohol $ ☐☐☐☐

b. Drugs $ ☐☐☐☐

8. Do either of your parents or other members of your household have (or have had) a drug or alcohol problem?

Mother: 0=NO 1=YES ☐

Brothers/Sisters 0=NO 1=YES ☐

Father: 0=NO 1=YES ☐

Other Relatives: 0=NO 1=YES ☐

Other Non-Related 0=NO 1=YES ☐

9. Are you permitted to drink at home (excluding small amounts on special occasions)? 0=NO 1=YES ☐

10. Do you feel that you have drug/alcohol problems? 0=NO 1=YES ☐

11. Would you like treatment or counseling for these problems? 0=NO 1=YES ☐

Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

13. Confidence Rating: 0=NO 1=YES ☐

Comments:
(Include the question number with your notes)

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SECTION VIII: PSYCHO/SOCIAL ADJUSTMENT

1. Have you ever been treated for an emotional problem by a psychiatrist, psychologist or other counselor? (If yes, specify name, company name and address in comments). 0=NO 1=YES ☐

2. Has there ever been a time (a few days or more) when you have:

a. felt very unhappy, sad, depressed? ☐

b. felt worried, afraid, scared? ☐

c. felt very lonely, all alone, isolated? ☐

d. felt like a failure or worthless? ☐

e. had trouble controlling your anger? ☐

f. had trouble falling or staying asleep? ☐

g. lost your appetite or worried about your weight? ☐

h. heard voices? ☐

i. seen things? ☐

SCALE	
0=No	2=Past Mo.
1=Month+	3=Past& Bfr.

3. Have you ever had serious thoughts of hurting yourself? 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

4. Have you ever attempted suicide? 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

5. Have you ever:

a. had trouble making or keeping friends? 0=NO 1=YES ☐

b. had serious problems with your girlfriend/boyfriend? 0=NO 1=YES ☐

c. felt like no one really cared about you? 0=NO 1=YES ☐

d. gotten into trouble because of your friends? 0=NO 1=YES ☐

e. gambled? 0=NO 1=YES ☐

6. Do you think that you have emotional problems? 0=NO 1=YES ☐

7. Would you like counseling for these problems? 0=NO 1=YES ☐

8. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐

Confidence Rating: 0=NO 1=YES ☐

Comments on Psycho/Social Adjustment:
(Include the question number with your notes)

SECTION IX: PERSONAL RELATIONSHIPS

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1. Have you ever had a serious relationship (boyfriend or girlfriend)? 0=NO 1=YES ☐
2. Are you currently involved in a serious relationship? 0=NO 1=YES ☐
   a. If yes, are you unhappy or dissatisfied with this relationship? 0=NO 1=YES ☐
3. Have you ever had sex? <<If no, skip to question#11>> 0=NO 1=YES ☐
4. How old were you when you first had sex? YEARS ☐☐
5. How many sexual partners have you had in the last six months? ☐☐
6. Have you ever had sex without using precautions? 0=NO 1=YES ☐
7. How about in the last six months? 0=NO 1=YES ☐
8. What methods of protection do you currently use:

a. Nothing	0=SOME 1=EVERY	☐	e. Condom	0=SOME 1=EVERY	☐
b. Withdrawal	0=SOME 1=EVERY	☐	f. Implant	0=SOME 1=EVERY	☐
c. Diaphragm	0=SOME 1=EVERY	☐	g. Other	0=SOME 1=EVERY	☐
d. B. C. Pill	0=SOME 1=EVERY	☐	(Specify in comments)		

9. Have you ever had a sexually transmitted disease (like gonorrhea, clap, VD, etc.) 0=NO 1=YES ☐
10. a. <FEMALE>Have you ever been pregnant? 0=NO 1=YES ☐
    b. <MALE>Have you ever gotten somebody pregnant? 0=NO 1=YES ☐
11. Have you been taught about avoiding HIV/AIDS? 0=NO 1=YES ☐
    Can you tell me how someone can avoid getting AIDS? (Specify in comments)
12. Have you ever been abused:
    a. Physically? 0=NO 1=YES ☐
    b. Sexually? 0=NO 1=YES ☐
    c. If yes, was the incident investigated? 0=NO 1=YES ☐
    d. Have you ever physically or sexually abused someone else? 0=NO 1=YES ☐
13. Have you ever seriously considered calling the police because of the way members of your household were acting? (If yes, specify in comments). 0=NO 1=YES ☐
14. Have you ever been forced/pressured into having sex? 0=NO 1=YES ☐
    a. If no, have you ever been touched in a way that you did not like? 0=NO 1=YES ☐
    b. Have you ever forced/pressured someone into having sex? 0=NO 1=YES ☐
15. If 12, 13, 14 or 14a is YES, are you currently in a relationship where this is happening? 0=NO 1=YES ☐
16. Do you need help/counseling on the above subjects? 0=NO 1=YES ☐
17. Interviewer Severity Rating: 0=No Need 1=Minor 2=Moderate 3=Urgent ☐☐

Confidence Rating 0=NO 1=YES ☐

mments on Personal Relationships:
ude the question number with your notes)

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SECTION X: PROFILE

1. Severity Profile:

	0	1	2	3
Legal				
Family				
Education				
Medical				
Psy. /Soc. Adj.				
Substance use				
Personal				

2. Guardian Assessment:

	Agree	Disagree
Legal		
Family		
Education		
Medical		
Psy./Soc. Adj.		
Substance use		
Personal		

Relationship of Rater: _____

3. Overall Confidence Rating:

Do you feel the information is significantly distorted by:

a. Client's misrepresentation? 0=NO 1=YES ☐

b. Client's inability to understand? 0=NO 1=YES ☐

4. How long did this interview last? MINUTES ☐☐☐

Comments on Profile:
(Include the question number with your notes)

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Appendix 2

Patient Placement Criteria (PPC-2R) &
Patient Placement Criteria – Adolescent

ASAM PPC-2R RISK RATING CROSSWALK

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders - Adult

	0	1	2	3	4
1 *Acute Intoxication and/or Withdrawal Potential*	Fully functioning, no signs of intoxication or withdrawal present.	Mild to moderate intoxication interferes with daily functioning, but does not pose a danger to self or others. Minimal risk of severe withdrawal.	Intoxication may be severe, but responds to support; not posing a danger to self or others. Moderate risk of severe withdrawal.	Severe s/s of intoxication indicates an imminent danger to self or others. Risk of severe but manageable withdrawal; or withdrawal is worsening.	Incapacitated, with severe signs and symptoms. Severe withdrawal presents danger, as of seizures. Continued use poses an imminent threat to life (e.g., liver failure, GI bleed, or fetal death).
2 *Biomedical Conditions and Complications*	Fully functioning and able to cope with any physical discomfort or pain.	Adequate ability to cope with physical discomfort. Mild to moderate symptoms (such as mild to moderate pain) interfere with daily functioning.	Some difficulty tolerating physical problems. Acute, non-life threatening medical symptoms are present. Serious biomedical problems are neglected.	Serious medical problems are neglected during outpatient treatment. Severe medical problems are present but stable. Poor ability to cope with physical problems.	The patient is incapacitated, with severe medical problems.
3 *Emotional, Behavioral or Cognitive (EBC) Conditions and Complications*	Good impulse control and coping skills and sub-domains (dangerousness/lethality, interference with recovery efforts, social functioning, self-care ability, course of illness).	There is a suspected or diagnosed EBC condition that requires intervention, but does not significantly interfere with tx. Relationships are being impaired but not endangered by substance use.	Persistent EBC condition, with symptoms that distract from recovery efforts, but are not an immediate threat to safety and do not prevent independent functioning.	Severe EBC symptomatology, but sufficient control that does not require involuntary confinement. Impulses to harm self or others, but not dangerous in a 24-hr setting.	Severe EBC symptomatology; requires involuntary confinement. Exhibits severe and acute life-threatening symptoms (e.g., dangerous or impulsive behavior or cognitive functioning) posing imminent danger to self and others.
4 *Readiness to Change*	Willing, engaged in treatment.	Willing to enter treatment, but is ambivalent about the need for change. Or willing to change substance use, but believes it will not be difficult to do so.	Reluctant to agree to treatment. Able to articulate negative consequences of usage but has low commitment to change use. Only passively involved in treatment.	Unaware of the need for change, minimal awareness of the need for treatment, and unwilling or only partially able to follow through with recommendations.	Not willing to explore change, knows very little about addiction, and is in denial of the illness and its implications. Unable to follow -through with recommendations.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Willingly engaged in tx as a proactive, responsible participant; willing to change mental functioning & behavior.	Willing to enter tx and explore strategies for changing mental functioning but is ambivalent about the need for change. Willing to explore the need for strategies to deal with mental disorders. Participation in mental health tx is sufficient to avert mental decompensation. *Ex: ambivalent about taking meds but generally follows tx recommendations.*	Reluctant to agree to tx for mental disorders. Is able to articulate the negative consequences of mental health problems but has low commitment to therapy. Has low readiness to change and passively involved in tx. *Ex: variable attendance to therapy or with taking medication.*	Exhibits inconsistent follow through and shows minimal awareness of mental disorder or need for tx. Unaware of the need for change and is unwilling or partially able to follow through with recommendations.	A. No immediate Action Required: Unable to follow through has little or no awareness of a mental disorder or negative consequences. Sees no connection between suffering and mental disorder. Is not imminently dangerous or unable to care for self. Unwilling to explore change and is in denial regarding their illness and its implications. B. Immediate Action Required: Unable to follow

Handout 17 – ASAM PPC-2r Risk Rating Crosswalk

					through with recommendations. Behavior represents an imminent danger of harm to self and others. Unable to function independently or engage in self-care.
5 *Relapse, Continued Use, or Continued Problem Potential*	Low or no potential for relapse, good coping skills.	Minimal relapse potential, with some vulnerability, and has fair self management and relapse prevention skills.	Impaired recognition and understanding of substance use relapse issues, but is able to self manage with prompting.	Little recognition and understanding of substance use relapse issues, and poor skills to interrupt addiction problems, or to avoid or limit relapse.	No skills to cope with addiction problems, or to prevent relapse. Continued addictive behavior places self and/or others in imminent danger.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	No potential for further mental health problems or low potential and good coping skills.	Minimal relapse potential with some vulnerability and fair self management & relapse prevention skills.	Impaired recognition & understanding of mental illness relapse issues, but is able to self-manage.	Little recognition or understanding of mental illness relapse issues & poor skills to cope with mental health problems.	A. No immediate action required: Repeated tx episodes with little positive effect. No skills to cope with or interrupt mental health problems. Not in imminent danger and is able to care for self. B. Immediate action required: No skills to arrest the mental health disorder or relapse of mental illness. Psychiatric disorder places them in imminent danger.
6 *Recovery Environment*	Supportive environment and/or able to cope in environment.	Passive support or significant others are not interested in patient's addiction recovery, but is not too distracted by this and is able to cope	The environment is not supportive of addiction recovery but, with clinical structure, able to cope most of the time.	The environment is not supportive of addiction recovery and the patient finds coping difficult, even with clinical structure.	The environment is chronically hostile and toxic to recovery. The patient is unable to cope with the negative effects of this environment on recovery, and the environment may pose a threat to the patient's safety.
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Has a supportive environment or is able to cope with poor supports.	Has passive supports or significant others not interested in improved mental health but they are able to cope.	Environment is not supportive of good mental health but, with clinical structure, they are able to cope most of the time.	Environment is not supportive of good mental health and they find coping difficult, even with clinical structure.	A. No immediate action required: Environment is not supportive and is chronically hostile and toxic to good mental health Able to cope with the negative effects of the environment on their recovery. B. Immediate Action Required: Environment is not supportive and is chronically hostile to a safe mental health environment posing an immediate threat to their safety and well being. (ex

Handout 17 – ASAM PPC-2r Risk Rating Crosswalk

					lives with a abusive alcoholic partner.)
	No Risk	Low	Moderate	High	Severe

- **Level III Residential Treatment** typically has a one “3” or “4” in Dimension 1, 2 or 3; and an additional “3” or “4” in Dimensions 1 through 6. For dimension 1, risk rating of “3” or “4” within past 2 weeks.

- **Level II Partial Hospitalization** typically has a risk rating of “1” or “0” in Dimension 1; a “2” or “3” in Dimension 2; a “2 or 3” in Dimension 3; and one “3 or 4” in Dimensions 4 through 6.

- **Level II Intensive Outpatient** typically has a “0” or “1” in Dimensions 1 and 2; a “1 or 2” in Dimension 3; and a “3” or “4” in Dimension 4, 5, or 6.

- **Level I Outpatient treatment** typically has a risk rating of “0” or”1” in all Dimensions.

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Handout 17 – ASAM PPC-2r Risk Rating Crosswalk

ASAM PPC-2R ADOLESCENT RISK RATING

ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders- Adolescents

	0	1	2	3	4
1 *Acute Intoxication and/or Withdrawal (WD) Potential*	Fully functioning and demonstrates good ability to tolerate and cope with WD discomfort; no signs and symptoms of intoxication or WD present or signs and symptoms are resolving;	Adequate ability to tolerate and cope with W/D discomfort; mild to mod. Intoxication or signs and symptoms pose no imminent danger;	Some difficulty tolerating and coping with W/D discomfort; does not pose imminent danger to self or others;	Poor ability to tolerate and cope with W/D; may pose an imminent danger to self or others; Severe signs and symptoms of W/D;	Ct. is incapacitated with severe s/s; W/D poses danger, continued use poses an imminent threat to life;
2 *Biomedical Conditions and Complications*	Fully functioning and demonstrates good ability to cope with physical discomfort; no biomedical signs and symptoms present or biomedical problems are stable;	Adequate ability to tolerate and cope with physical discomfort; mild to moderate signs and symptoms interfere w/daily functioning;	Some difficulty tolerating and coping with physical discomfort & has other biomedical problems that may interfere w/recovery and treatment; moderately severe biomedical conditions & problems are active, but manageable w/ easily assessable off site care;	Ct. demonstrates poor ability to tolerate & cope with physical problems or general health condition is poor; Serious medical conditions which are neglected in OP/IOP; such problems are stable;	Ct. is incapacitated with severe medical problems;
3 *Emotional, Behavioral or Cognitive (EBC) Conditions and Complications*	Good impulse control & coping skills: Able to focus on recovery, identify appropriate supports and reach out for help; Fully functioning in relationships with significant others, school, work and friends; Fully functional with good personal resources and skills to cope with emotional problems; No emotional or behavioral problems or any problems identified are stable; no recent serious or high-risk vulnerability;	Adequate impulse control to deal w/thoughts of harm; Emotional concerns relate to neg. consequences & effects of addiction; able to view as part of addiction; Relationships or social functioning are impaired but not endangered by use; able to meet personal responsibilities & maintain relationships despite s/s; Adequate resources & skills to cope with problems; Mild to moderate symptoms with good response to tx. in the past; relatively long periods of stability or not severe enough to pose high risk;	Suicidal ideations or violent impulses which require more than routine monitoring; EBC distract from recovery efforts; Relationships or social functioning are impaired but not endangered by use; s/s are causing moderate difficulties in relationships but do not pose a danger or impede the ADL or responsibilities in the home; Poor personal resources, moderate or minimal skills to cope with EBC; Frequent or intense symptoms w/ a history that indicates not well stabilized; acute problems pose some risk of harm but not imminently dangerous;	Frequent impulses to harm self or others which are potentially destabilizing or chronic; Recovery efforts are negatively affected by the ct's EBC problems in significant & distracting ways; Significant functional impairment, with severe symptoms of EBC; such symptoms seriously impair the ct's ability to function in family, social, work or school settings and can not be managed at less intensive LOC or to function in shelters or community situations; Insufficient or severe lack of capacity to cope with EBC; uncontrolled behavior, confusion or disorientation limit the ct's ability to manage ADL; Acute course of illness dominates the clinical	Severe psychotic, mood or personality disorders present acute risk to the ct such as immediate risk of suicide, psychosis with unpredictable, disorganized or violent behavior, or gross neglect of self; Unable to focus on addiction recovery due to severe overwhelming mental health problems or regression and psychiatric symptoms due to continued AOD use; Unable to cope with family, school, friends or work due to severe overwhelming EBC problems or regression and psychiatric symptoms related to AOD use; Ct has developed a life-threatening condition that requires medical management High risk with significant vulnerability to dangerous consequences; exhibits

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				presentation with symptoms involving impaired reality testing, communication, thought processes, judgment or attention to personal hygiene, which significantly compromise the ct's ability to adjust to life in the community; interventions at previous LOC have not achieved stabilization or remission of symptoms; limited ability to follow through with tx recommendations resulting in risk of and vulnerability to dangerous situations	sever and acute life-threatening symptoms that pose imminent danger to self or others; history of instability indicates a need for high intensity service to prevent dangerous consequences
4 *Readiness to Change*	Engaged in tx as a proactive, responsible participant and is committed to change AOD use;	Willing to enter treatment and to explore strategies for substance use but is ambivalent about the need for change; willing to change substance use but believes it will not be difficult to do so or will not accept full recovery tx plan;	Reluctant to agree to tx for substance use; able to articulate the negative consequences but has a low level of commitment to change their use; minimal readiness to change, only passively engaged in tx and is variably compliant with attendance at sessions	Exhibits inconsistent follow through and shows minimal awareness of SA disorder and need for tx; appears unaware of the need to change & is unwilling or only partially able to follow through with tx recommendations;	***4a. No Immediate Action Required;*** Unable to follow through, has little or no awareness of SA use problems and associated neg. consequences; knows very little about addiction, and sees no connection between suffering and substance use; no imminent danger or inability to care for self, not willing to explore change and is in denial regarding illness and implications; ***4b. Immediate Action Required*** Unable to follow through with tx recommendations and behavior represents an imminent danger of harem to self or to others, or is unable to function independently and engage in self care;
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Engaged in tx as a proactive, responsible participant and is committed to change mental functioning and behavior;	Willing to enter treatment and to explore strategies for substance use but is ambivalent about the need for change; participation in MH tx is sufficient to avert mental decompensation;	Reluctant to agree to tx for mental disorders; able to articulate the negative consequences of their MH problems but has low commitment to tx; minimal readiness to change and	Exhibits inconsistent follow through and shows minimal awareness of MH disorder and need for tx; appears unaware of the need to change & is unwilling or only partially able to follow	***4a. No Immediate Action Required:*** Unable to follow through, has little or no awareness of a mental disorder and any associated negative consequences, knows very

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			only passively involved in tx;	through with tx recommendations;	little about mental illness, and sees no connection between suffering and MH problems; no imminent danger or inability to care for self, not willing to explore change and is in denial regarding illness and implications; ***4b. Immediate Action Required:*** Unable to follow through with tx recommendations and behavior represents an imminent danger of harem to self or to others, or is unable to function independently and engage in self care;
5 *Relapse, Continued Use, or Continued Problem Potential*	No potential for further substance use problems or is at minimal risk of relapse and good coping skills;	Minimal relapse potential, with some vulnerability, and has fair self-management and relapse prevention skills;	Impaired recognition and understanding of substance use relapse issues, but is able to self manage with prompting;	Little recognition and understanding of substance use relapse issues and has poor skills to cope with and interrupt addiction problems or to avoid or limit relapse;	***4a. No Immediate Action Required:*** Repeated tx episodes have had little positive effect on the ct's functioning; no coping skills to interrupt addiction problems or to prevent or limit relapse; No imminent danger and able to care for self; ***4b. Immediate Action Required:*** No skills to arrest the addictive disorder or to prevent relapse to substance use; continued addictive behavior places the ct and/or others in imminent danger;
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Not at risk of further mental health problems or has low risk and good coping skills;	Minimal relapse potential with some vulnerability, and has fair self-management and relapse prevention skills	Impaired recognition and understanding of mental illness relapse issues, but is able to self manage with prompting;	Little recognition and understanding of mental illness relapse issues and has poor skills to cope with and interrupt mental health problems or to avoid or limit relapse;	***4a. No Immediate Action Required:*** Repeated tx episodes have had little positive effect on the ct's functioning; no coping skills to interrupt mental health problems or to prevent or limit relapse; No imminent danger and able to care for self; ***4b. Immediate Action***

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					Required: No skills to arrest the mental illness or to prevent relapse to mental health problems; continued psychiatric disorder places the ct and/or others in imminent danger;
6 *Recovery Environment*	Has a supportive environment or is able to cope with poor supports	Has passive support or significant others are not interested in their addiction recovery, but ct is not too distracted by the situation to be able to cope	Environment is not supportive of addiction recovery but with clinical structure, the ct is able to cope most of the time;	Environment is not supportive of addiction recovery and ct finds coping difficult even with clinical structure;	***4a. No Immediate Action Required:*** Environment is not supportive and is chronically hostile and toxic to addiction recovery or tx progress; ct is unable to cope with the negative effects of such an environment on their recovery; ***4b. Immediate Action Required:*** Environment is not supportive and is actively hostile to addiction recovery, posing an immediate threat to the ct's safety and wellbeing;
	Mental Health	*Mental Health*	*Mental Health*	*Mental Health*	*Mental Health*
	Has a supportive environment or is able to cope with poor supports	Has passive support or significant others are not interested in an improved mental health environment, but ct is not too distracted by the situation to be able to cope	Environment is not supportive of good mental health, but with clinical structure, the ct is able to cope most of the time;	Environment is not supportive of good mental health and ct finds coping difficult even with clinical structure;	***4a. No Immediate Action Required:*** Environment is not supportive and is chronically hostile and toxic to good mental health; ct is unable to cope with the negative effects of such an environment on their recovery; ***4b. Immediate Action Required:*** Environment is not supportive and is actively hostile to a safe mental health environment, posing an immediate threat to the ct's safety and wellbeing;
	No Risk	Low	Moderate	High	Severe

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- **Level I Outpatient treatment** typically has a risk rating of "0" or"1" in all Dimensions.

- **Level II Intensive Outpatient** typically has a "0" or "1" in Dimensions 1 and 2; a "1 or 2" in Dimension 3; and a "3" or "4" in Dimension 4, 5, or 6.

- **Level II Partial Hospitalization** typically has a risk rating of "1" or "0" in Dimension 1; a "2" or "3" in Dimension 2; a "2 or 3" in Dimension 3; and one "3 or 4" in Dimensions 4 through 6.

- **Level III Residential Treatment** typically has a one "3" or "4" in Dimension 1, 2 or 3; and an additional "3" or "4" in Dimensions 1 through 6. For dimension 1, risk rating of "3" or "4" within past 2 weeks.

This document is a reference guide only and not an official publication of the American Society of Addiction Medicine, Inc.

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Appendix 3

List of SDCBHS Contracted SUD Providers by Modality, Region, and Certification

ASAM Designation	Name of Agency	Name of Program	Treatment Modality Provided by Program	Geographic Area Served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	DMC Patients Served FY2015-16	DMC-ODS Patients Capacity
TBD	Deaf Community Services of San Diego	Deaf Community Services of San Diego	Outpatient Services	Central	Adult	Coed	No	No	336	336
1	Episcopal Community Services	Central East Regional Recovery Center	Outpatient Services	East	Adult	Coed	No	TBD	N/A	TBD
1	Family Health Centers of San Diego	Solutions for Recovery	Outpatient Services	Central	Adult	Coed	Yes	Interested	10	149
1	McAlister Institute for Treatment and Education, Inc.	Beyer Boulevard Teen Recovery Center	Outpatient Services	South	Youth	Coed	Yes	No	N/A	12
1	McAlister Institute for Treatment and Education, Inc.	Chaparral High Teen Recovery Center	Outpatient Services	East	Youth	Coed	Yes	No	N/A	12
1	McAlister Institute for Treatment and Education, Inc.	Dale Avenue Teen Recovery Center	Outpatient Services	East	Youth	Coed	Yes	No	N/A	12
1	McAlister Institute for Treatment and Education, Inc.	East County Regional Recovery Center	Outpatient Services	East	Adult	Coed	Yes	No	555	855
1	McAlister Institute for Treatment and Education, Inc.	East Region South Teen Recovery Center Satellite	Outpatient Services	East	Youth	Coed	Yes	No	N/A	12
1	McAlister Institute for Treatment and Education, Inc.	East Teen Recovery Center	Outpatient Services	East	Youth	Coed	Yes	TBD	12	72
1	McAlister Institute for Treatment and Education, Inc.	Madison High Teen Recovery Center	Outpatient Services	North Central	Youth	Coed	Yes	No	N/A	12
1	McAlister Institute for Treatment and Education, Inc.	New Hope Teen Recovery Center	Outpatient Services	Central	Youth	Perinatal	Yes	No	N/A	5
1	McAlister Institute for Treatment and Education, Inc.	North Central Teen Recovery Center	Outpatient Services	North Central	Youth	Coed	Yes	TBD	17	81
1	McAlister Institute for Treatment and Education, Inc.	North Coastal Regional Recovery Center	Outpatient Services	North Coastal	Adult	Coed	Yes	TBD	449	701
1	McAlister Institute for Treatment and Education, Inc.	North Coastal Teen Recovery Center	Outpatient Services	North Coastal	Youth	Coed	Yes	TBD	16	81
1	McAlister Institute for Treatment and Education, Inc.	North Inland Women/Adolescents Recovery Center	Outpatient Services	North Inland	Adult	Perinatal	Yes	TBD	23	68
1	McAlister Institute for Treatment and Education, Inc.	Rancho Buena Vista High Teen Recovery Center	Outpatient Services	North Central	Youth	Coed	Yes	No	N/A	12
1	McAlister Institute for Treatment and Education, Inc.	Sierra High Teen Recovery Center	Outpatient Services	North Central	Youth	Coed	Yes	No	N/A	12
1	McAlister Institute for Treatment and Education, Inc.	South Bay Regional Recovery Center	Outpatient Services	South	Adult	Coed	Yes	TBD	317	503
TBD	McAlister Institute for Treatment and Education, Inc.	South Bay Teen Recovery Center	Outpatient Services	South	Youth	Coed	Expired	No	N/A	12
1	McAlister Institute for Treatment and Education, Inc.	South Bay Women's Recovery Center	Outpatient Services	South	Adult	Perinatal	Yes	TBD	116	157
1	McAlister Institute for Treatment and Education, Inc.	South Teen Recovery Center	Outpatient Services	South	Youth	Coed	Yes	TBD	50	80
1	McAlister Institute for Treatment and Education, Inc.	University City High Teen Recovery Center	Outpatient Services	North Central	Youth	Coed	Yes	No	N/A	12
TBD	Mental Health Systems, Inc.	ACTION Central - Dual Program	Outpatient Services	Central	Adult	Coed	In progress	TBD	N/A	TBD
TBD	Mental Health Systems, Inc.	ACTION East - Dual Program	Outpatient Services	East	Adult	Coed	In progress	TBD	N/A	TBD
1	Mental Health Systems, Inc.	East County Center for Change	Outpatient Services	East	Adult	Coed	Yes	No	64	87
1	Mental Health Systems, Inc.	Family Recovery Center-Outpatient Treatment	Outpatient Services	North Coastal	Adult	Perinatal	Yes	No	94	51

ASAM Designation	Name of Agency	Name of Program	Treatment Modality Provided by Program	Geographic Area Served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	DMC Patients Served FY2015-16	DMC-ODS Patients Capacity
1	Mental Health Systems, Inc.	MidCoast Regional Recovery Center	Outpatient Services	North Central	Adult	Coed	Yes	TBD	83	117
1	Mental Health Systems, Inc.	North County Center for Change	Outpatient Services	North Coastal	Adult	Coed	Yes	No	58	72
1	Mental Health Systems, Inc.	North Inland Regional Recovery Center	Outpatient Services	North Inland	Adult	Coed	Yes	No	94	164
1	Mental Health Systems, Inc.	San Diego Center for Change	Outpatient Services	North Central	Adult	Coed	Yes	No	47	70
1	Mental Health Systems, Inc.	South County Center for Change	Outpatient Services	South	Adult	Coed	Yes	No	71	89
1	Mental Health Systems, Inc.	Teen Recovery Center North Inland	Outpatient Services	North Inland	Youth	Coed	Yes	Interested	63	85
1	Mental Health Systems, Inc.	Harmony West Women's Recovery Center	Outpatient Services	Central	Adult	Perinatal	Yes	No	22	27
TBD	Second Chance	SD Re-Entry Court Program	Outpatient Services	Central	Adult	Coed	No	TBD	N/A	TBD
1	UC San Diego	UCSD Co-Occurring Disorders' Integrated Treatment Program	Outpatient Services	Central	Adult	Coed	Yes	Interested	49	120
1	Union of Pan Asian Communities	UPAC Adolescent Alcohol and Drug Treatment	Outpatient Services	Central	Youth	Coed	Yes	Interested	31	30
1	Union of Pan Asian Communities	UPAC Adolescent Alcohol and Drug Treatment Program - SD High	Outpatient Services	Central	Youth	Coed	Yes	Interested	N/A	15
1	Union of Pan Asian Communities	UPAC Adolescent Alcohol and Drug Treatment Program - Hoover High	Outpatient Services	Central	Youth	Coed	Yes	Interested	N/A	30
1	Union of Pan Asian Communities	UPAC Adolescent Alcohol and Drug Treatment Program - Momentum School	Outpatient Services	Central	Youth	Coed	Yes	Interested	N/A	15
1	Union of Pan Asian Communities	UPAC Adolescent Alcohol and Drug Treatment Program - Alba School	Outpatient Services	Central	Youth	Coed	Yes	Interested	N/A	30
1	Union of Pan Asian Communities	UPAC Adult Program	Outpatient Services	Central	Adult	Coed	Yes	Interested	78	144
1	Vista Hill Foundation	Bridges IOP	Outpatient Services	Central South East	Adult	Coed	Yes	No	65	77
TBD	Vista Hill Foundation	ParentCare Central	Outpatient Services	Central	Adult	Perinatal	Yes	No	10	10
TBD	Vista Hill Foundation	ParentCare Family Recovery Center	Outpatient Services	East	Adult	Perinatal	Yes	No	72	90
TBD	Vista Hill Foundation	Vista Hill Teen Recovery Center	Outpatient Services	Central South East	Youth & TAY	Coed	Yes	No	107	50
TBD	Vista Hill Foundation	Vista Hill Teen Recovery Center	Outpatient Services	Central South East	Youth & TAY	Coed	Yes	No	19	44
TBD	Vista Hill Foundation	Vista Hill Bridges Teen Recovery Center-Satellite Lincoln High School	Outpatient Services	Central South East	Youth & TAY	Coed	Yes	No	N/A	50

ASAM Designation	Name of Agency	Name of Program	Treatment Modality Provided by Program	Geographic Area Served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	DMC Patients Served FY2015-16	DMC-ODS Patient Capacity
2.1	Family Health Centers of San Diego	Solutions for Recovery	Intensive Outpatient	Central	Adult	Coed	Yes	Interested	6	50
2.1	McAlister Institute for Treatment and Education, Inc.	Dale Avenue Teen Recovery Center	Intensive Outpatient	East	Youth	Coed	Yes	No	N/A	12
2.1	McAlister Institute for Treatment and Education, Inc.	East County Regional Recovery Center	Intensive Outpatient	Central	Adult	Coed	Yes	No	52	234
2.1	McAlister Institute for Treatment and Education, Inc.	East Teen Recovery Center	Intensive Outpatient	East	Youth	Coed	Yes	TBD	6	102
2.1	McAlister Institute for Treatment and Education, Inc.	New Hope Teen Recovery Center	Intensive Outpatient	Central	Youth	Perinatal	Yes	TBD	N/A	6
2.1	McAlister Institute for Treatment and Education, Inc.	North Central Teen Recovery Center	Intensive Outpatient	North Central	Youth	Coed	Yes	TBD	10	24
2.1	McAlister Institute for Treatment and Education, Inc.	North Coastal Regional Recovery Center	Intensive Outpatient	North Coastal	Adult	Coed	Yes	TBD	18	101
2.1	McAlister Institute for Treatment and Education, Inc.	North Coastal Teen Recovery Center	Intensive Outpatient	North Coastal	Youth	Coed	Yes	TBD	20	101
2.1	McAlister Institute for Treatment and Education, Inc.	North Inland Women/Adolescents Recovery Center	Intensive Outpatient	North Inland	Adult	Perinatal	Yes	TBD	29	101
2.1	McAlister Institute for Treatment and Education, Inc.	South Bay Regional Recovery Center	Intensive Outpatient	South	Adult	Coed	Yes	TBD	31	214
2.1	McAlister Institute for Treatment and Education, Inc.	South Bay Women's Recovery Center	Intensive Outpatient	South	Adult	Perinatal	Yes	TBD	50	128
2.1	McAlister Institute for Treatment and Education, Inc.	South Teen Recovery Center	Intensive Outpatient	South	Youth	Coed	Yes	TBD	22	62
TBD	Mental Health Systems, Inc.	ACTION Central - Dual Program	Intensive Outpatient	Central	Adult	Coed	No	No	19	55
2.1	Mental Health Systems, Inc.	Family Recovery Center-Outpatient Treatment	Intensive Outpatient	North Coastal	Adult	Perinatal	Yes	No	13	37
2.1	Mental Health Systems, Inc.	MidCoast Regional Recovery Center	Intensive Outpatient	North Central	Adult	Coed	Yes	No	23	31
2.1	Mental Health Systems, Inc.	North Inland Regional Recovery Center	Intensive Outpatient	North Inland	Adult	Coed	Yes	No	21	110
2.1	Mental Health Systems, Inc.	Teen Recovery Center North Inland	Intensive Outpatient	North Inland	Youth	Coed	Yes	TBD	40	58
2.1	Mental Health Systems, Inc.	Harmony West Women's Recovery Center	Intensive Outpatient	Central	Adult	Perinatal	Yes	No	33	91
2.1	UC San Diego	UCSD Co-Occurring Disorders' Integrated Treatment Program	Intensive Outpatient	Central	Adult	Coed	Yes	No	104	TBD
2.1	Union of Pan Asian Communities	UPAC Adolescent Alcohol and Drug Treatment Programs	Intensive Outpatient	Central	Youth	Coed	Yes	No	16	23
2.1	Vista Hill Foundation	Bridges IOP	Intensive Outpatient	Central South East	Adult	Coed	Yes	No	24	27
2.1	Vista Hill Foundation	ParentCare Central	Intensive Outpatient	Central	Adult	Perinatal	Yes	No	34	71
2.1	Vista Hill Foundation	ParentCare Family Recovery Center	Intensive Outpatient	East	Adult	Perinatal	Yes	No	35	76
2.1	Vista Hill Foundation	Vista Hill Teen Recovery Center	Intensive Outpatient	Central South East	Youth & TAY	Coed	Yes	No	42	50
2.1	Vista Hill Foundation	Vista Hill Teen Recovery Center	Intensive Outpatient	Central South East	Youth & TAY	Coed	Yes	No	N/A	50
2.1	Vista Hill Foundation	Vista Hill Bridges Teen Recovery Center-Satellite Lincoln High School	Intensive Outpatient	Central South East	Youth & TAY	Coed	Yes	No	N/A	50

ASAM Designation	Name of Agency	Name of Program	Treatment Modality Provided by Program	Geographic Area Served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	DMC Patients Served FY2015-16	DMC-ODS Patient Capacity
3.1, 3.3., 3.5	Alpha Project	Casa Raphael	Residential Services	North Coastal	Adult	Male	In progress	Interested	56	423
3.1, 3.5	Community Resources And Self-Help (CRASH, INC)	Bill Dawson Residential Recovery Program	Residential Services	Central	Adult	Coed	In progress	No	24	238
3.1, 3.5	CRASH, INC.	Golden Hill House Short Term II	Residential Services	Central	Adult	Female	In progress	No	56	234
3.1	CRASH, INC.	Short Term I	Residential Services	Central	Adult	Male	In progress	No	61	316
TBD	Crossroads Foundation	Crossroads Foundation	Residential Services	Central	Adult	Female	In progress	Interested	7	68
3.1, 3.3., 3.5	Epidaurus Amity Foundation	Amnity Vista Ranch	Residential Services	North Coastal	Adult	Male	In progress	No	20	202
TBD	Healthcare Services Inc.	Light house Community	Residential Services	Central	Adult	Male	No	TBD	N/A	TBD
3.1, 3.5	HealthRIGHT 360	North County Serenity House	Residential Services	North Inland	Adult	Perinatal	Yes	TBD	58	293
3.1	House of Metamorphosis, Inc.	House of Metamorphosis, Inc.	Residential Services	Central	Adult	Coed	In progress	No	48	393
3.1, 3.5	MAAC Project	Casa De Milagros	Residential Services	Central	Adult	Female	In progress	TBD	8	45
3.1	MAAC Project	Nosotros Recovery Home	Residential Services	South	Adult	Male	In progress	TBD	9	100
3.1, 3.5	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home East	Residential Services	East	Youth	Male	In progress	No	12	89
3.1, 3.5	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home North	Residential Services	North Coastal	Youth	Male	In progress	No	12	81
3.1, 3.5	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home South	Residential Services	South	Youth	Female	In progress	No	27	95
3.1, 3.3., 3.5	McAlister Institute for Treatment and Education, Inc.	KIVA-Perinatal Residential	Residential Services	East	Adult	Perinatal	In progress	No	131	559
TBD	McAlister Institute for Treatment and Education, Inc.	New Connections(8773)	Residential Services	ALL	Adult	Coed	No	No	N/A	20
3.1, 3.3., 3.5	Mental Health Systems, Inc.	Family Recovery Center-Residential NDMC	Residential Services	North Coastal	Adult	Perinatal	Yes	No	36	142
TBD	Pathfinders of San Diego	Pathfinders Residential Recovery Home	Residential Services	Central	Adult	Male	In progress	Interested	N/A	61
3.1	San Diego Freedom Ranch Inc.	Freedom Ranch	Residential Services	East	Adult	Male	In progress	No	17	226
3.1, 3.5	Stepping Stone of San Diego	Stepping Stone of San Diego	Residential Services	Central	Adult	Coed	In progress	Interested	2	84
3.1, 3.5	The Fellowship Center	The Fellowship Center	Residential Services	North Inland	Adult	Male	In progress	Interested	24	348
3.1	The Twelfth Step House of San Diego Inc.	Heartland House	Residential Services	Central	Adult	Male	In progress	Interested	9	134
3.1	The Way Back Inc.	Way Back Recovery Home for Men	Residential Services	South	Adult	Male	In progress	No	14	127
3.1	Tradition One	Tradition One	Residential Services	Central	Adult	Male	In progress	No	6	158
3.1, 3.5	Turning Point Home	Turning Point Home	Residential Services	Central	Adult	Female	In progress	No	1	44
3.1, 3.5	Vietnam Veterans of San Diego	Veterans Village of San Diego	Residential Services	North Central	Adult	Coed	Yes	Interested	3	253
TBD	Volunteers of America Southwest	Amigos Sobrios	Residential Services	Central	Adult	Male	In progress	Interested	8	73

ASAM Designation	Name of Agency	Name of Program	Treatment Modality Provided by Program	Geographic Area Served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	DMC Patients Served FY2015-16	DMC-ODS Patient Capacity
TBD	Healthcare Services Inc.	Lighthouse Detox	Withdrawal Management - Residential	Central	Adult	Male	No	TBD	N/A	TBD
TBD	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home East	Withdrawal Management - Residential	East	Youth	Male	In progress	No	12	89
TBD	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home North	Withdrawal Management - Residential	North Coastal	Youth	Male	In progress	No	12	81
TBD	McAlister Institute for Treatment and Education, Inc.	Adolescent Group Home South	Withdrawal Management - Residential	South	Youth	Female	In progress	No	27	95
3.1, 3.3 & 3.5	McAlister Institute for Treatment and Education, Inc.	East County Detox	Withdrawal Management - Residential	East	Adult	Coed	In progress	TBD	150	880
TBD	McAlister Institute for Treatment and Education, Inc.	KIVA-Perinatal Detox	Withdrawal Management - Residential	East	Adult	Perinatal	In progress	No	21	74
TBD	Volunteers of America Southwest	Renaissance Treatment Center - Adult Detox	Withdrawal Management - Residential	South	Adult	Coed	In progress	Interested	146	1182

ASAM Designation	Name of Agency	Name of Program	Treatment modality provided by Program	Geographic area served by Program	Adult or Youth	Male, Female, Perinatal or Coed	DMC Certified	Providing MAT	Current # of Patients Served	DMC-ODS Patient Capacity
NTP	*San Diego Health Alliance, Inc.	El Cajon Treatment Center	Narcotic Treatment Program	East	Adult	Coed	Yes	Yes	246	399
NTP	*San Diego Health Alliance	Capalina Clinic	Narcotic Treatment Program	Central	Adult	Coed	Yes	Yes	245	475
NTP	*San Diego Health Alliance, Inc.	Fashion Valley Clinic	Narcotic Treatment Program	North Central	Adult	Coed	Yes	Yes	350	750
NTP	*San Diego Treatment Services, LLC	Third Avenue Clinic	Narcotic Treatment Program	South	Adult	Coed	Yes	Yes	271	480
NTP	*Mission Treatment Services, Inc.	Mission Treatment Services, Inc. - North Inland	Narcotic Treatment Program	North Inland	Adult	Coed	Yes	Yes	164	240
NTP	*Mission Treatment Services, Inc.	Mission Treatment Services, Inc. - Central	Narcotic Treatment Program	Central	Adult	Coed	Yes	Yes	83	240
NTP	*Progressive Medical Specialists, Inc.	Progressive Medical Specialists, Inc.	Narcotic Treatment Program	Central	Adult	Coed	Yes	Yes	190	250
NTP	*Eldorado Community Service Center	Euclid Medical and Mental Health Services	Narcotic Treatment Program	North Inland	Adult	Coed	Yes	Yes	500	750
NTP	*SOAP MAT, LLC	SOAP MAT, LLC	Narcotic Treatment Program	North Coastal	Adult	Coed	Yes	Yes	376	600
NTP	*Mission Treatment Services, Inc.	Mission Treatment Services, Inc. - North Coastal	Narcotic Treatment Program	North Coastal	Adult	Coed	Yes	Yes	110	175

*New SDCBHS Contracts currently in progress

Appendix 4

State of California
Opioid/Narcotic Treatment Program Directory
San Diego, California
04/07/2017

San Diego

Licensee: San Diego Health Alliance, Inc.
DBA: El Cajon Treatment Center
Address: 234 North Magnolia Avenue
City: El Cajon Zip: 92020
Phone: (619) 579-8373
Fax: (619) 579-8155
Operating Hours: 5:30a.m.-2 p.m.; W 5:30 a.m.-12
Dispensing Hours: 5:30 a.m.-2 p.m.; W 5:30 a.m-12
Weekend Operating Hours: 7:00 a.m. - 10:00 a.m.
Weekend Dispensing Hours: 7:00 a.m. - 10:00 a.m.
Executive Director: *John Peloquin, Ph.D.
Medical Director: Renee Kilmer, M.D.
Program Director: Ed Petrivelli

License # 37-09
OTP CA10, 163M
CADDS # 378780
D/MC # 8780
Original License Date: 01/01/1983
Entity: Corporation
Tax Status: Profit
Total Slots: 390
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: San Diego Health Alliance
DBA: Capalina Clinic
Address: 1560 Capalina Road
City: San Marcos Zip: 92069
Phone: (760) 744-2104
Fax: (760) 744-1382
Operating Hours: 5:30 a.m. - 3:00 p.m.
Dispensing Hours: 5:30 a.m. - 3:00 p.m.
Weekend Operating Hours: 7:00 a.m. - 9:30 a.m.
Weekend Dispensing Hours: 7:00 a.m. - 9:30 a.m.
Executive Director: *John Peloquin,Ph.D.
Medical Director: Rita Starritt, M.D.
Program Director: Travis Shepard

License # 37-14
OTP CA10, 176M
CADDS # 378778
D/MC # 8778
Original License Date: 01/01/1983
Entity: Corporation
Tax Status: Profit
Total Slots: 475
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: San Diego Health Alliance, Inc.
DBA: Fashion Valley Clinic
Address: 7545 Metropolitan Drive
City: San Diego Zip: 92108
Phone: (619) 718-9890
Fax: (619) 718-9897
Operating Hours: 5:30 a.m. - 3:30 p.m.
Dispensing Hours: 5:30 a.m. - 3:30 p.m.
Weekend Operating Hours: 7:00 a.m. - 10:30 a.m.
Weekend Dispensing Hours: 7:00 a.m. - 10:30 a.m.
Executive Director: *John Peloquin,Ph.D.
Medical Director: Renee Kilmer, D.O.
Program Director: Deborah Hamilton

License # 37-15
OTP CA10, 177M
CADDS # 378779
D/MC # 8779
Original License Date: 01/01/1983
Entity: Corporation
Tax Status: Profit
Total Slots: 750
LAAM: No
2+2: Yes
30 Day TH's: Yes

San Diego

Licensee: San Diego Treatment Services, LLC
DBA: Third Avenue Clinic
Address: 115 Third Avenue
City: Chula Vista Zip: 91911
Phone: (619) 498-8260
Fax: (619) 498-8265
Operating Hours: 5:30 a.m. - 2:00 p.m.
Dispensing Hours: 5:30 a.m.-2p.m.;W 5:30a.m.-12:
Weekend Operating Hours: 6:00 a.m. - 10:00 a.m.
Weekend Dispensing Hours: 6:00 a.m. - 10:00 a.m.
Executive Director: *John Peloquin,Ph.D.
Medical Director: Rita Starritt, M.D.
Program Director: Karissa Shephard

License # 37-16
OTP CA10, 175M
CADDS # 378777
D/MC # 8777
Original License Date: 01/01/1983
Entity: Corporation
Tax Status: Profit
Total Slots: 480
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: Mission Treatment Services, Inc.
DBA: N/A
Address: 161 N. Date Street
City: Escondido Zip: 92025
Phone: (760) 745-7786
Fax: (760) 745-1061
Operating Hours: 5:30a.m.-1:30p.m.; W 5:30a.m.-
Dispensing Hours: 5:30 - 11 a.m.; 11:30 a.m.-1:30 p
Weekend Operating Hours: 7:00 a.m. - 10:00 a.m.
Weekend Dispensing Hours: 7:00 a.m. - 10:00 a.m.
Executive Director: *Marc Lewison
Medical Director: Mike Markopoulos, M.D.
Program Director: Katherine Williams, CATC II

License # 37-17
OTP CA10, 347M
CADDS # 378514
D/MC # 8514
Original License Date: 07/07/2004
Entity: Corporation
Tax Status: Profit
Total Slots: 300
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: Mission Treatment Services, Inc.
DBA: N/A
Address: 8898 Clairemont Mesa Boulevard., Suite H
City: San Diego Zip: 92123
Phone: (858) 715-1211
Fax: (858) 715-1274
Operating Hours: 5:30 a.m.-1:30p.m.;W 5:30a.m.-
Dispensing Hours: 5:30-11a,11:30a-1:30p;W 5:30a
Weekend Operating Hours: 7:00 a.m. - 10:00 a.m.
Weekend Dispensing Hours: 7:00 a.m. - 10:00 a.m.
Executive Director: *Marc Lewison
Medical Director: Mike Markopolous, M.D.
Program Director: Michelle Gonzales

License # 37-18
OTP CA10, 355M
CADDS # 378523
D/MC # 8523
Original License Date: 04/22/2005
Entity: Corporation
Tax Status: Profit
Total Slots: 240
LAAM: No
2+2: Yes
30 Day TH's: Yes

San Diego

Licensee: Progressive Medical Specialists, Inc.
DBA: N/A
Address: 4974 El Cajon Boulevard, Suites A & H
City: San Diego Zip: 92115
Phone: (619) 286-4600
Fax: (619) 286-0060
Operating Hours: 5:15 a.m. - 1:45 p.m.
Dispensing Hours: 5:30 a.m. - 1:00 p.m.
Weekend Operating Hours: 7:00 a.m. - 10:30 a.m.
Weekend Dispensing Hours: 7:15 a.m. - 10:15 a.m.
Executive Director: *Tim Boylan
Medical Director: P. Scott Ricke, M.D.
Program Director: Tim Boylan

License # 37-19
OTP CA10, 356M
CADDS # 378545
D/MC # 8545
Original License Date: 03/15/2006
Entity: Incorporated
Tax Status: Profit
Total Slots: 300
LAAM: No
2+2: Yes
30 Day TH's: Yes

Licensee: Eldorado Community Service Center
DBA: Euclid Medical and Mental Health Services
Address: 1733 Euclid Avenue
City: San Diego Zip: 92105
Phone: (619) 263-0433
Fax: (619) 263-3992
Operating Hours: 5:30 a.m. - 5:30 p.m.
Dispensing Hours: 5:30 a.m. - 5:30 p.m.
Weekend Operating Hours: 6:30 a.m. - 10:30 a.m.
Weekend Dispensing Hours: 6:30 a.m. - 10:30 a.m.
Executive Director: *Seanjay Sharma
Medical Director: Vijaya K. Katukota, M.D.
Program Director: Alicia Marquez

License # 37-20
OTP CA10, 365M
CADDS # 378562
D/MC # 8562
Original License Date: 09/23/2010
Entity: Corporation
Tax Status: Nonprofit
Total Slots: 750
LAAM: No
2+2: Yes
30 Day TH's: No

Licensee: SOAP MAT, LLC
DBA: N/A
Address: 3230 Waring Court, Suite A
City: Oceanside Zip: 92056
Phone: (760) 305-7528
Fax: (760) 509-4410
Operating Hours: 5:00 a.m. - 2:00 p.m.
Dispensing Hours: 5:00 a.m. - 2:00 p.m.
Weekend Operating Hours: 6:00 a.m. -12:00 p.m.
Weekend Dispensing Hours: 6:00 a.m. - 10:00 p.m.
Executive Director: *Laura Rossi, Ph.D.
Medical Director: Bruce Pevney, M.D.
Program Director: Kathleen Morgan, LCSW

License # 37-21
OTP CA10, 370M
CADDS # 378571
D/MC # 8571
Original License Date: 03/12/2012
Entity: LLC
Tax Status: Profit
Total Slots: 700
LAAM: No
2+2: Yes
30 Day TH's: Yes

San Diego

Licensee: Mission Treatment Services, Inc.
DBA: N/A
Address: 1919 Apple Street Suites F & G
City: Oceanside Zip: 92054
Phone: (760) 547-1280
Fax: (760) 547-1268
Operating Hours: 5:30a.m.-1:30p.m; W5::30a.m.-1
Dispensing Hours: 5:30a.m.-1:30p.m; W5:30a.m -1
Weekend Operating Hours: 7:00 a.m. - 10:00 a.m.
Weekend Dispensing Hours: 7:00 a.m. - 10:00 a.m.
Executive Director: *Marc Lewison
Medical Director: Michael Markopoulos, M.D.
Program Director: Michelle Gonzales

License # 37-22
OTP CA10, 382M
CADDS # XXXX
D/MC # XXXX
Original License Date: 09/24/2014
Entity: Corporation
Tax Status: Profit
Total Slots: 175
LAAM: No
2+2: Yes
30 Day TH's: Yes

Appendix 5

Coordination of Physical and Behavioral Health Form

Coordination with Primary Care Physicians and Behavioral Health Services

Coordination of care between behavioral health care providers and health care providers is necessary to optimize the overall health of a client. Behavioral Health Services (BHS) values and expects coordination of care with health care providers, linkage of clients to medical homes, acquisition of primary care provider (PCP) information and the entry of all information into the client's behavioral health record. With healthcare reform, BHS providers shall further strengthen integration efforts by improving care coordination with primary care providers. Requesting client/guardian authorization to exchange information with primary care providers is mandatory, and upon authorization, communicating with primary care providers is required. County providers shall utilize the *Coordination and/or Referral of Physical & Behavioral Health Form & Update Form*, while contracted providers may obtain legal counsel to determine the format to exchange the required information. *This requirement is effective immediately and County QI staff and/or COTR will audit to this standard beginning FY 13-14*.

For all clients:

Coordination and/or Referral of Physical & Behavioral Health Form:

- Obtain written consent from the client/guardian on the *Coordination and/or Referral of Physical & Behavioral Health Form*/ contractor identified form at intake, but no later than 30 days of episode opening.
- For clients that do not have a PCP, provider shall connect them to a medical home. Contractor will initiate the process by completing the *Coordination and/or Referral of Physical & Behavioral Health Form* /contractor form and sending it to the PCP within 30 days of episode opening. It is critical to have the specific name of the treating physician.
- Users of the form shall check the appropriate box at the top of the *Coordination and/or Referral of Physical & Behavioral Health Form* /contractor form noting if this is a referral for physical healthcare, a referral for physical healthcare and medication management, a referral for total healthcare, or coordination of care notification only. If it is a referral for physical healthcare, or physical healthcare and medication management, type in your program name in the blank, and select appropriate program type.

Coordination of Physical and Behavioral Health Update Form:

- Update and send the *Coordination of Physical and Behavioral Health Update Form* /contractor form if there are significant changes like an addition, change or discontinuation of a medication.
- Notify the PCP when the client is discharged from services by sending the *Coordination of Physical and Behavioral Health Update Form* /contractor form. The form shall be completed prior to completion of a discharge summary.

Tracking Reminders:

- Users of the form shall have a system in place to track the expiration date of the authorization to release/exchange information.
- Users of the form shall have a system in place to track and adhere to any written revocation for authorization to release/exchange information.
- Users of the form shall have a system in place to track and discontinue release/exchange of information upon termination of treatment relationship. Upon termination of treatment the provider may only communicate the conclusion of treatment, but not the reason for termination.

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Coordination and/or Referral of Physical & Behavioral Health Form

☐ Referral for *physical* healthcare – [ ] will continue to provide specialty behavioral health services
☐ Mental Health ☐ Alcohol and Drug

☐ Referral for *physical* healthcare & Medication Management – [ ] will continue to provide limited specialty behavioral health services
☐ Mental Health ☐ Alcohol and Drug

☐ Referral for *total* healthcare – [ ] is no longer providing specialty behavioral health services. Available for psychiatric consult.

☐ Coordination of care notification only.

Section A: CLIENT INFORMATION		
Client Name: Last First Middle Initial	AKA	☐ Male ☐ Female
Street Address	Date of Birth	
City	Telephone #	
Zip	Alternate Telephone #	

Section B: BEHAVIORAL HEALTH PROVIDER INFORMATION	
Name of Treatment Provider:	Name of Treating Psychiatrist (If applicable)
Agency/Program	
Street Address	City, State, Zip
Telephone #	Specific provider secure fax # or secure email address:
Date of Initial Assessment:	
Focus of Treatment (*Use Additional Progress Note if Needed*)	
Case Manager/ Mental Health Clinician/ Alcohol and Drug Counselor/ Program Manager:	Behavioral Health Nurse: Phone #:

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Date Last Seen	Mental Health Diagnoses: Alcohol and Drug Related Diagnoses:
Current Mental and Physical Health Symptoms (*Use Additional Progress Note if Needed*)	
Current Mental Health and Non-Psychiatric Medication and Doses (*Use Additional Medication/Progress Note if Needed*)	
Last Psychiatric Hospitalization ☐ Date:	☐ None

Section C: PRIMARY CARE PHYSICIAN INFORMATION

Provider's Name	
Organization OR Medical Group	
Street Address	
City, State, Zip	
Telephone #:	Specific provider secure fax # or secure email address:

Section D: FOR PRIMARY CARE PHYSICIAN COMPLETION ACCEPTED FOR TREATMENT OR REFERED BACK TO SDCBHS PROGRAM (PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN TO BEHAVIORAL HEALTH PROVIDER WITHIN TWO WEEKS OF RECEIPT)

☐ Coordination of Care notification received.

If this is a primary care referral, please indicate appropriate response below:

1. ☐ Patient accepted for physical health treatment only
2. ☐ Patient accepted for physical healthcare and psychotropic medication treatment while additional services continue with behavioral health program
3. ☐ Patient accepted for total healthcare including psychotropic medication treatment
4. ☐ Patient not accepted for psychotropic medication treatment and referred back due to:

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Sensitive Information: I understand that the information in my record may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or infection with the Human Immunodeficiency Virus (HIV). It may also include information about mental health services or treatment for alcohol and drug abuse.

Right to Revoke: I understand that I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing. I understand that the revocation will not apply to information that has already been released based on this authorization.

Photocopy or Fax:
I agree that a photocopy or fax of this authorization is to be considered as effective as the original.

Redisclosure: If I have authorized the disclosure of my health information to someone who is not legally required to keep it confidential, I understand it may be redisclosed and no longer protected. California law generally prohibits recipients of my health information from redisclosing such information except with my written authorization or as specifically required or permitted by law.

Other Rights: I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I do not need to sign this form to assure treatment. I understand that I may inspect or obtain a copy of the information to be used or disclosed, as provided in 45 Code of Federal Regulations section164.524.

SIGNATURE OF INDIVIDUAL OR LEGAL REPRESENTATIVE

SIGNATURE:	DATE:
Client Name (*Please type or print clearly*) Last: First: Middle:	
IF SIGNED BY LEGAL REPRESENTATIVE, PRINT NAME:	RELATIONSHIP OF INDIVIDUAL:

Expiration: Unless otherwise revoked, this authorization will expire on the following date, event, or condition:_____If I do not specify an expiration date, event or condition, this authorization will expire in one (1) calendar year from the date it was signed, or 60 days after termination of treatment.

☐ Information Contained on this form	☐ Discharge Reports/Summaries
☐ Current Medication & Treatment Plan	☐ Laboratory/Diagnostics Test Results
☐ Substance Dependence Assessments	☐ Medical History
☐ Assessment /Evaluation Report	☐ Other _____

The above signed authorizes the behavioral health practitioner and the physical health practitioner to release the medical records and Information/updates concerning the patient. The purpose of such a release is to allow for coordination of care, which enhances quality and reduces the risk of duplication of tests and medication interactions. Refusal to provide consent could impair effective coordination of care.

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

I would like a copy of this authorization ☐ Yes ☐ No Clients/Guardians Initials
➔ Please place a copy of this Form in your client"s chart

TO REACH A PLAN REPRESENTATIVE

Care1st Health Plan	Community Health Group	Health Net	Kaiser Permanente	Molina Healthcare	Access &Crisis Line
(800) 605-2556	(800) 404-3332	(800) 675-6110	(800) 464-4000	(888) 665-4621	(888) 724-7240

COUNTY OF SAN DIEGO HHSA HEALTH AND HUMAN SERVICES AGENCY

Date Release of Information Signed:

COORDINATION OF PHYSICAL AND BEHAVIORAL HEALTH UPDATE FORM

CLIENT NAME		
Last	First	Middle
Date of Birth	☐ Male	☐ Female
BEHAVIORAL HEALTH UPDATE	Date:	
Treating Provider Name	Phone	FAX
Treating Psychiatrist Name (If applicable)	Phone	FAX
☐ Medications prescribed on _____ Date ☐ Medications changed on _____ Date ☐ Medications discontinued on _____ Date	Name/Dosage:_____ Name/Dosage:_____ Name/Dosage:_____	
☐ Medications prescribed on _____ Date ☐ Medications changed on _____ Date ☐ Medications discontinued on _____ Date	Name/Dosage:_____ Name/Dosage:_____ Name/Dosage:_____	
☐ Diagnosis Update :		
☐ Key Information Update:		
☐ Discharge from Treatment Date:		
☐ Follow-up Recommendations:		
PRIMARY CARE PHYSICIAN UPDATE		
Please provide any relevant Update/Change to Patient's Physical Health Status.		

Coordination of Physical and Behavioral Health Update Form - Page 1 of 1

Appendix 6

FQHC Providers in San Diego County

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
BORREGO COMMUNITY HEALTH FOUNDATION	4343 Yaqui Pass Rd	BORREGO SPRINGS	CA	92004	Administrative/Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	580 Circle J Drive	BORREGO SPRINGS	CA	92004	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	590 Palm Canyon Drive, Ste 105	BORREGO SPRINGS	CA	92004	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	1121 E Washington Ave	ESCONDIDO	CA	92025-2214	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	4343 Yaqui Pass Rd	BORREGO SPRINGS	CA	92004	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	8851 Center Dr Ste 210	LA MESA	CA	91942-3045	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	2721 Washington St	JULIAN	CA	92036	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
BORREGO COMMUNITY HEALTH FOUNDATION	133 W Main St	EL CAJON	CA	92020-3315	Service Delivery Site	Po Box 2369	BORREGO SPRINGS	CA	92004-2369
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	950 S Euclid Ave	SAN DIEGO	CA	92114-6201	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	3364 Beyer Blvd. Ste 103,102	SAN DIEGO	CA	92173-1322	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	1058 3rd Ave	CHULA VISTA	CA	91911-2009	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	4050 Beyer Blvd	SAN YSIDRO	CA	92173-2007	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	678 3rd Ave	CHULA VISTA	CA	91910-5736	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	1637 3rd Ave Ste B	CHULA VISTA	CA	91911-5823	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	330-340 E. 8th	NATIONAL CITY	CA	91950	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	1275 30th Street	SAN DIEGO	CA	92154	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	436 S. Magnolia Ave	EL CAJON	CA	92020	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	450 4th Ave Ste 400	CHULA VISTA	CA	91910-4430	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	286 Euclid Ave Ste 302	SAN DIEGO	CA	92114-3613	Service Delivery Site	1275 30th St	SAN DIEGO	CA	92154-3476

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	3177 Ocean View Blvd	SAN DIEGO	CA	92113-1432	Service Delivery Site	446 26th St	SAN DIEGO	CA	92102-3026
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	3025 Beyer Blvd Ste 101	SAN DIEGO	CA	92154-3432	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	1136 D Ave	NATIONAL CITY	CA	91950-3412	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC.	2400 E 8th St Ste A	NATIONAL CITY	CA	91950-2956	Service Delivery Site	4004 Beyer Blvd	SAN YSIDRO	CA	92173-2007
COMMUNITY HEALTH SYSTEMS, INC.	1328 S Mission Rd	FALLBROOK	CA	92028-4006	Service Delivery Site	22675 Alessandro Blvd	MORENO VALLEY	CA	92553-8551
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1550 Broadway Ste 2	SAN DIEGO	CA	92101-5713	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	251 Landis Ave	CHULA VISTA	CA	91910-2628	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	4094 4th Ave	SAN DIEGO	CA	92103-2143	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	2114 National Ave	SAN DIEGO	CA	92113-2209	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1111 W Chase Ave	EL CAJON	CA	92020-5710	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1234 Broadway	EL CAJON	CA	92021-4901	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1827 Logan Ave Ste 2	SAN DIEGO	CA	92113-2137	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3845 Spring Dr	SPRING VALLEY	CA	91977-1030	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3544 30th St	SAN DIEGO	CA	92104-4120	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	7592 Broadway	LEMON GROVE	CA	91945-1604	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	2204 National Ave	SAN DIEGO	CA	92113-3615	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	4141 Pacific Hwy	SAN DIEGO	CA	92110-2030	Service Delivery Site	4141 Pacific Hwy	SAN DIEGO	CA	92110-2030
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3928 Illinois St	SAN DIEGO	CA	92104-3058	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1809 National Ave	SAN DIEGO	CA	92113-2113	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	140 Elm St	SAN DIEGO	CA	92101-2602	Service Delivery Site	140 Elm St	SAN DIEGO	CA	92101-2602
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1145 Broadway	SAN DIEGO	CA	92101-5611	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1250 6th Ave Ste 100	SAN DIEGO	CA	92101-4368	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	5454 El Cajon Blvd	SAN DIEGO	CA	92115-3621	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	4725 Market St	SAN DIEGO	CA	92102-4715	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	8788 Jamacha Rd	SPRING VALLEY	CA	91977-4035	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3705 Mission Blvd	SAN DIEGO	CA	92109-7104	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	1643 Logan Ave	SAN DIEGO	CA	92113-1004	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	2325 Commercial St Ste 1400	SAN DIEGO	CA	92113	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	4040 30th St	SAN DIEGO	CA	92104-2684	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
FAMILY HEALTH CENTERS OF SAN DIEGO, INC.	3690 Mission Blvd	SAN DIEGO	CA	92109-7368	Service Delivery Site	823 Gateway Center Way	SAN DIEGO	CA	92102-4541
IMPERIAL BEACH COMMUNITY CLINIC	2232 Versus Street, Suite I	SAN DIEGO	CA	92154	Service Delivery Site	Po Box 459	IMPERIAL BEACH	CA	92102-4541
IMPERIAL BEACH COMMUNITY CLINIC	1016 Outer Rd	SAN DIEGO	CA	92154-1351	Service Delivery Site	Po Box 459	IMPERIAL BEACH	CA	91933-0459

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
IMPERIAL BEACH COMMUNITY CLINIC	949 Palm Ave	IMPERIAL BEACH	CA	91932-1503	Service Delivery Site	Po Box 459	IMPERIAL BEACH	CA	91933-0459
INDIAN HEALTH COUNCIL	2602 First Ave. Ste.100	SAN DIEGO	CA	92103	Service Delivery Site	50100 Golsh Road	VALLEY CENTER	CA	92082
INDIAN HEALTH COUNCIL	110 ½ School House Canyon Road	SANTA YSABEL	CA	92070	Service Delivery Site	50100 Golsh Road	VALLEY CENTER	CA	92082
INDIAN HEALTH COUNCIL	2630 First Avenue	SAN DIEGO	CA	92103	Service Delivery Site	50100 Golsh Road	VALLEY CENTER	CA	92082
INDIAN HEALTH COUNCIL	50100 Golsh Road	VALLEY CENTER	CA	92082	Service Delivery Site	50100 Golsh Road	VALLEY CENTER	CA	92082
INDIAN HEALTH COUNCIL	8 Crestwood Place	BOULEVARD	CA	91950	Service Delivery Site	50100 Golsh Road	VALLEY CENTER	CA	92082
INDIAN HEALTH COUNCIL	6202 First Ave. Suite 105	SAN DIEGO	CA	92103	Service Delivery Site	50100 Golsh Road	VALLEY CENTER	CA	92082
INDIAN HEALTH COUNCIL	4058 Willow Road 405	ALPINE	CA	91901	Service Delivery Site	50100 Golsh Road	VALLEY CENTER	CA	92082
INDIAN HEALTH COUNCIL	36350 Church Road	CAMPO	CA	91906	Service Delivery Site	50100 Golsh Road	VALLEY CENTER	CA	92082
LA MAESTRA FAMILY CLINIC, INC.	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609	Administrative/Service Delivery Site	4060 Fairmount Ave	SAN DIEGO	CA	92105-1608
LA MAESTRA FAMILY CLINIC, INC.	217 Highland Ave	NATIONAL CITY	CA	91950-1518	Service Delivery Site	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609
LA MAESTRA FAMILY CLINIC, INC.	165 S 1st St	EL CAJON	CA	92019-4795	Service Delivery Site	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609
LA MAESTRA FAMILY CLINIC, INC.	4171 Fairmount Ave	SAN DIEGO	CA	92105-1609	Service Delivery Site	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609
LA MAESTRA FAMILY CLINIC, INC.	7967 Broadway	LEMON GROVE	CA	91945-1809	Service Delivery Site	7967 Broadway	LEMON GROVE	CA	91945-1809
LA MAESTRA FAMILY CLINIC, INC.	1032 Broadway	EL CAJON	CA	92021	Service Delivery Site	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
LA MAESTRA FAMILY CLINIC, INC.	4063 Polk Avenue	SAN DIEGO	CA	92105	Service Delivery Site	4185 Fairmount Ave	SAN DIEGO	CA	92105-1609
LA MAESTRA FAMILY CLINIC, INC.	4060 Fairmont Avenue	SAN DIEGO	CA	92105	Service Delivery Site	4060 Fairmount Ave	SAN DIEGO	CA	92105-1608
LA MAESTRA FAMILY CLINIC, INC.	4388 Thorn Street	SAN DIEGO	CA	92105	Service Delivery Site	4060 Fairmount Ave	SAN DIEGO	CA	92105-1608
LA MAESTRA FAMILY CLINIC, INC.	4510 Landis Street	SAN DIEGO	CA	92105	Service Delivery Site	4060 Fairmount Ave	SAN DIEGO	CA	92105-1608
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	1620 Alpine Blvd Ste B119	ALPINE	CA	91901-1102	Service Delivery Site	31115 Highway 94	CAMPO	CA	91906-3133
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	125 West Mission Avenue	ESCONDIDO	CA	92025	Service Delivery Site	1620 Alpine Blvd	ALPINE	CA	91901-1102
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	31115 Highway 94	CAMPO	CA	91906-3133	Administrative/Service Delivery Site	Po Box 37	CAMPO	CA	91906-0037
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	316 25th St	SAN DIEGO	CA	92102-3016	Service Delivery Site	1620 Alpine Blvd	ALPINE	CA	91901-1102
MOUNTAIN HEALTH & COMMUNITY SERVICES, INC.	255 N Ash St Ste 101	ESCONDIDO	CA	92027-3069	Service Delivery Site	1620 Alpine Blvd	ALPINE	CA	91901-1102
NEIGHBORHOOD HEALTHCARE	13010 Poway Rd.	POWAY	CA	92064	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	16650 Highway 76	PAUMA VALLEY	CA	92061-9524	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	460 N Elm St	ESCONDIDO	CA	92025-3002	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
NEIGHBORHOOD HEALTHCARE	855 E Madison Ave	EL CAJON	CA	92020-3819	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	426 N Date St	ESCONDIDO	CA	92025-3409	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	1001 E Grand Ave	ESCONDIDO	CA	92025-4604	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	10039 Vine St Ste A	LAKESIDE	CA	92040-3122	Service Delivery Site	425 N Date St Ste 203	ESCONDIDO	CA	92025-3413
NEIGHBORHOOD HEALTHCARE	728 E Valley Pkwy	ESCONDIDO	CA	92025-3052	Service Delivery Site	728 E Valley Pkwy	ESCONDIDO	CA	92025-3052
NORTH COUNTY HEALTH PROJECTINCORPORATED	217 Earlham St	RAMONA	CA	92065-1589	Service Delivery Site	217 Earlham St	RAMONA	CA	92065-1589
NORTH COUNTY HEALTH PROJECTINCORPORATED	3220 Mission Ave Ste 1	OCEANSIDE	CA	92058-1354	Service Delivery Site	3220 Mission Ave	OCEANSIDE	CA	92058-1351
NORTH COUNTY HEALTH PROJECTINCORPORATED	1100 Sportfisher Dr	OCEANSIDE	CA	92054-2550	Service Delivery Site	1100 Sportfisher Dr	OCEANSIDE	CA	1100
NORTH COUNTY HEALTH PROJECTINCORPORATED	605 Crouch St	OCEANSIDE	CA	92054-4415	Service Delivery Site	605 Crouch St	OCEANSIDE	CA	92054-4415
NORTH COUNTY HEALTH PROJECTINCORPORATED	2210 Mesa Dr Ste 5	OCEANSIDE	CA	92054-3701	Service Delivery Site	2210 Mesa Dr Ste 5	OCEANSIDE	CA	92054-3701
NORTH COUNTY HEALTH PROJECTINCORPORATED	727 W. San Marcos Blvd. Suite 112	SAN MARCOS	CA	92078	Service Delivery Site	150 Valpreda Rd	SAN MARCOS	CA	92069-2973
NORTH COUNTY HEALTH PROJECTINCORPORATED	2210 Mesa Dr Ste 300	OCEANSIDE	CA	92054	Service Delivery Site	2210 Mesa Dr Ste 300	OCEANSIDE	CA	92054

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
NORTH COUNTY HEALTH PROJECTINCORPORATED	150 Valpreda Rd	SAN MARCOS	CA	92069-2973	Service Delivery Site	150 Valpreda Rd	SAN MARCOS	CA	92069-2973
NORTH COUNTY HEALTH PROJECTINCORPORATED	940 E Valley Pkwy	ESCONDIDO	CA	92025-3441	Service Delivery Site	940 E Valley Pkwy	ESCONDIDO	CA	92025-3441
NORTH COUNTY HEALTH PROJECTINCORPORATED	161 Thunder Dr Ste 210	VISTA	CA	92083-6052	Service Delivery Site	161 Thunder Dr Ste 210	VISTA	CA	92083-6052
NORTH COUNTY HEALTH PROJECTINCORPORATED	1295 Carlsbad Village Dr Ste 100	CARLSBAD	CA	92008-1950	Service Delivery Site	1295 Carlsbad Village Dr Ste 100	CARLSBAD	CA	92008-1950
NORTH COUNTY HEALTH PROJECTINCORPORATED	1130 2nd St	ENCINITAS	CA	92024-5008	Service Delivery Site	1130 2nd St	ENCINITAS	CA	92024-5008
OPERATION SAMAHAN	1428 Highland Avenue	NATIONAL CITY	CA	91950	Service Delivery Site	2743 Highland Ave	NATIONAL CITY	CA	91950-7410
OPERATION SAMAHAN	10737 Camino Ruiz Ste 235	SAN DIEGO	CA	92126-2375	Service Delivery Site	10737 Camino Ruiz Ste 235	SAN DIEGO	CA	92126-2375
OPERATION SAMAHAN	9955 Carmel Mountain Rd Ste F2	SAN DIEGO	CA	92129-2815	Service Delivery Site	9955 Carmel Mountain Rd	SAN DIEGO	CA	92129-2815
OPERATION SAMAHAN	2743 Highland Ave	NATIONAL CITY	CA	91950-7410	Service Delivery Site	2743 Highland Ave	NATIONAL CITY	CA	91950-7410
OPERATION SAMAHAN	2835 Highland Ave Ste A	NATIONAL CITY	CA	91950-7406	Service Delivery Site	2835 Highland Ave Ste A	NATIONAL CITY	CA	91950-7406
SAN DIEGO FAMILY CARE	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342	Administrative/Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342
SAN DIEGO FAMILY CARE	4290 Polk Ave	SAN DIEGO	CA	92105-1524	Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342
SAN DIEGO FAMILY CARE	4510 Landis Street	SAN DIEGO	CA	92105	Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342

Grantee Name	Site Address	Site City	Site State	Site ZIP Code	Health Center Type Description	Mailing Address	Mailing City	Mailing State	Mailing ZIP Code
SAN DIEGO FAMILY CARE	4388 Thorn Street	SAN DIEGO	CA	92105	Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342
SAN DIEGO FAMILY CARE	4305 University Ave. Ste 150	SAN DIEGO	CA	92105	Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342
SAN DIEGO FAMILY CARE	4063 Polk Avenue	SAN DIEGO	CA	92105	Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342
SAN DIEGO FAMILY CARE	7011 Linda Vista Road	SAN DIEGO	CA	92111	Service Delivery Site	6973 Linda Vista Rd	SAN DIEGO	CA	92111-6342
ST. VINCENT DE PAUL VILLAGE, INC.	1501 Imperial Ave	SAN DIEGO	CA	92101-7600	Service Delivery Site	1501 Imper Village Family	SAN DIEGO	CA	92101
ST. VINCENT DE PAUL VILLAGE, INC.	3350 E St.	SAN DIEGO	CA	92102	Service Delivery Site	1501 Imper Village Family	SAN DIEGO	CA	92101
SYCUAN MEDICAL AND DENTAL CARE	5442 Sycuan Road	EL CAJON	CA	92019	Service Delivery Site	5442 Sycuan Road	EL CAJON	CA	92019
VISTA COMMUNITY CLINIC	4700 N River Rd	OCEANSIDE	CA	92057-6043	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218
VISTA COMMUNITY CLINIC	517 N Horne St	OCEANSIDE	CA	92054-2518	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218
VISTA COMMUNITY CLINIC	1000 Vale Terrace Dr	VISTA	CA	92084-5218	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218
VISTA COMMUNITY CLINIC	134 Grapevine Rd	VISTA	CA	92083-4004	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218
VISTA COMMUNITY CLINIC	818 Pier View Way	CEANSIDE	CA	92054-2803	Service Delivery Site	1000 Vale Terrace Dr	VISTA	CA	92084-5218

Appendix 7

List of SUD Programs that Accept All Persons with Disabilities

Adult SUD Programs that Accept All Persons with Disabilities

CENTRAL REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
Deaf Community Services of San Diego	Opt Services	Coed	1545 Hotel Circle South, San Diego, CA 92108	(619) 398-2441; Video Phone- (619) 550-3436
UCSD Co-Occuring Disorders' Integrated Treatment Program	Opt Services	Coed	140 Arbor Drive, San Diego, CA 92103	(619) 543-7625
UPAC Adult Alcohol and Drug Treatment Program	Opt Services	Coed	3288 El Cajon Blvd. # 13, San Diego, CA 92104	(619) 521-5720
FHCSD Solutions for Recovery	Opt & IOT Services	Coed	3928 Illinois Street, Ste 101/103, San Diego, CA 92104	(619) 515-2586
MHS Harmony West Women's Recovery Center	Opt & IOT Services	Perinatal	3645 Ruffin Road, Suite 100, SD, CA 92113	(858) 384-6284
Vista Hill ParentCare Central	Opt & IOT Services	Perinatal	4125 Alpha Street, San Diego, CA 92113	(619) 266-0166
CRASH, INC Bill Dawson Residential Recovery Program	Residential Services	Coed	726 F Street, San Diego, CA 92101	(619) 239-9691
CRASH, INC Short Term I	Residential Services	Male	4161 Marlborough Ave, San Diego, CA 92105	(619) 282-7274
CRASH INC, Golden Hill House Short Term II	Residential Services	Female	2410 E Street, San Diego, Ca 92102	(619) 234-3346
House of Metamorphosis, Inc.	Residential Services	Coed	2970 Market Street, San Diego, CA, 92102	(619) 236-9492
Stepping Stone of San Diego	Residential Services	Coed	3767 Central Ave, San Diego, CA 92105	(619) 278-0777
EAST REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MHS East County Center for Change	Opt Services	Coed	545 North Magnolia Ave, El Cajon, CA 92020	(619) 579-0947
MITE East County Regional Recovery Center	Opt & IOT Services	Coed	1385 N. Johnson Ave, El Cajon, CA 92020	(619) 441-2493
Vista Hill ParentCare East	Opt & IOT Services	Perinatal	4990 Williams Ave, La Mesa, CA 91942	(619) 668-4200
San Diego Freedom Ranch	Residential Services	Male	1777 Buckman Springs Rd, Campo, CA 91906	(619) 478-5696
MITE Adult Detox	Withdrawal Mngmt	Coed	2049 Skyline Drive, Lemon Grove, CA 91945	(619) 442-0277
NORTH CENTRAL REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MHS San Diego Center for Change	Opt Services	Coed	3340 Kemper Street Ste 101, San Diego, CA 92110	(619) 758-1433
MHS Serial Inebriate Program	Opt Services	Coed	3340 Kemper Street Ste 105, San Diego, CA 92110	(619) 523-8121
MHS MidCoast Regional Recovery Center	Opt & IOT Services	Coed	3340 Kemper Street Ste 105, San Diego, CA 92110	(619) 523-8121
Veterans Village of San Diego	Residential Services	Coed	4141 Pacific Highway, San Diego, CA 92110	(619) 497-0142
NORTH COASTAL REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MITE North Coastal Regional Recovery Center	Opt & IOT Services	Coed	2821 Oceanside Blvd, Oceanside, 92054	(760) 721-2781
MHS Family Recovery Center-Outpatient Treatment	Opt & IOT Services	Perinatal	1100 Sportfisher Drive, Oceanside, CA 92054	(760) 439-6702
Alpha Project - Casa Raphael	Residential Services	Male	933 Postal Way, Vista, CA 92083	(760) 630-9922
Epidaurus Amity Vista Ranch	Residential Services	Male	2260 Watson Way, Vista, CA 92083	(760) 745-8478
MHS Family Recovery Center-Residential NDMC	Residential Services	Perinatal	1100 Sportfisher Drive, Oceanside, CA 92054	(760) 439-6702
NORTH INLAND REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MHS North Inland Regional Recovery Center	Opt & IOT Services	Coed	200 E. Washington Ave #200, Escondido, CA 92027	(760) 741-7708
HealthRIGHT 360 North County Serenity House	Residential Services	Perinatal	1341 North Escondido Blvd, Escondido, CA 92026	(760) 747-1015
SOUTH REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MHS South County Center for Change	Opt Services	Coed	1172 Third Ave, Ste D1, Chula Vista, CA 91911	(619) 691-1662
MITE South Bay Regional Recovery Center	Opt & IOT Services	Coed	1180 3rd Ave, Ste C3, C4, C5, Chula Vista, AC 91911	(619) 691-8164
MITE South Bay Women's Recovery Center	Opt & IOT Services	Perinatal	2414 Hoover Street National City, CA 91950	(619) 336-1226
MAAC Nosotros Recovery Home	Residential Services	Male	73 N. 2nd Ave, Bldg B, Chula Vista CA 91910	(619) 426-4801
Way Back Recovery Home for Men	Residential Services	Male	2516 A Street, San Diego, CA 92102	(619) 235-0592
VOA SDACSD	Residential Services	Coed	2300 East 7th Street, National City, CA 91950	(619) 232-9343
VOA Renaissance Treatment Center - Adult Detox	Withdrawal Mngmt	Coed	2300 East 7th Street, National City, CA 91950	(619) 232-9343

Youth SUD Programs that Accept All Persons with Disabilities

CENTRAL REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MITE New Hope Teen Recovery Center	Opt & IOT Services	Perinatal	1212 South 43rd St. Suite C, SD, CA 92113	(619) 263-1790
UPAC Teen Recovery Center	Opt & IOT Services	Coed	3288 El Cajon Blvd, Suite 13, San Diego, CA 92104	(619) 521-5720
Vista Hill Teen Recovery Center	Opt & IOT Services	Coed	220 Euclid Ave Ste 40, 50, San Diego, CA 92114	(619) 795-7232
EAST REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MITE Adolescent Group Home East	Residential Services	Coed	2219 Odessa Court, Lemon Grove, CA 91945	(619) 442-0277 ext. 121
MITE Adolescent Group Home East	Withdrawal Mngmt	Coed	2219 Odessa Court, Lemon Grove, CA 91945	(619) 442-0277 ext. 121
NORTH CENTRAL REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MITE North Central Teen Recovery Center	Opt & IOT Services	Coed	7625-B Mesa College Dr. Suite 15, San Diego, CA 92111	(858) 277-4633
NORTH COASTAL REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MITE North Coastal Teen Recovery Center	Opt & IOT Services	Coed	3923 Waring Road, suite D, Oceanside, CA 92056	(760) 726-4451
MITE Adolescent Group Home North	Residential Services	Coed	323 Hunter St. Ramona, CA 92054	(619) 442-0277 ext. 121
MITE Adolescent Group Home North	Withdrawal Mngmt	Coed	323 Hunter St. Ramona, CA 92054	(619) 442-0277 ext. 121
NORTH INLAND REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MHS North Inland Teen Recovery Center	Opt & IOT Services	Coed	340 Rancheros Drive Ste 166, San Marcos, CA 92069	(760) 744-3672
SOUTH REGION				
Name of Program	**Treatment Modality**	**Clients Served**	**Address**	**Primary Contact**
MITE South Teen Recovery Center	Opt & IOT Services	Coed	629 3rd avenue, suite C, Chula Vista, CA 91910	(619) 691-1045

Appendix 8

San Diego County Training Plan

DMC-ODS Training Plan

Currently Designated Trainings provided by the County

Training	Target Audience	Frequency	Training Provider
CalOMS/DATAR	All DMC-ODS Providers & Staff	Bi-monthly	QI
Web Infrastructure for Treatment Services (WITS)	All DMC-ODS Providers & Staff	Bi-monthly	QI
Motivational Interviewing * With a portion on criminogenic needs	All DMC-ODS Providers & Staff	Offered on an ongoing basis; minimum bi-annually	BHETA
Relapse Prevention	All DMC-ODS Providers & Staff	Offered on an ongoing basis; minimum bi-annually	BHETA
DMC Documentation Training - Title 22 & Title 9 regulations	All DMC-ODS Providers & Staff	Offered on an ongoing basis, available on-line	QI & BHETA (on-line)
DMC Billing & Fiscal Topics	All DMC-ODS Fiscal & Administrators	Offered on an ongoing basis	MHBU
Cultural Competency (including CLAS)	All DMC-ODS Providers & Staff	Offered on an ongoing basis, available on-line	BHETA
Confidentiality	All DMC-ODS Providers & Staff	Offered on an ongoing basis, available on-line	QI
Comprehensive, Continuous, Integrated System of Care Model	All DMC-ODS Providers & Staff	Offered on an ongoing basis, available on-line	BHETA
Trauma Informed Care	All DMC-ODS Providers & Staff	Offered on an ongoing basis, available on-line	BHETA
Youth Treatment Guidelines, *for Adolescent providers*	All DMC-ODS Youth & Adolescent Providers	Annually	CYF
Perinatal Treatment Guidelines	All DMC-ODS Perinatal Providers	Annually	CYF
DSM 5/ ICD-10	All DMC-ODS Providers & Staff	Offered on an ongoing basis, available on-line	QI & BHETA (on-line)
Peer Support Training – Documentation, Recovery Services, etc. (included in Peer Support Planning Guide)	All DMC-ODS Providers & Peer Support Staff	Offered on an ongoing basis; minimum bi-annually	QI

Trainings Required Upon Hire – Responsibility of each SDBHS Contracted Legal Entity

Training	Target Audience	Frequency
CPR	All DMC-ODS Providers & Staff	Upon Hire; Minimum every two years
Communicable Diseases	All DMC-ODS Providers & Staff	Upon Hire; Annually
Drug Testing Protocols	All DMC-ODS Providers & Staff	Upon Hire
Program Registrar procedures	All DMC-ODS Providers & Staff	Upon Hire

DMC-ODS Additional Trainings to be provided by the County – To be assessed continually to determine frequency

Training	Target Audience	Training Provider
ASAM (Includes Screening, Assessment, and Referral)	All DMC-ODS Providers & Staff	BHETA & CIBHS
Medication Assisted Treatment	All Interested DMC Providers	BHETA & CIBHS
Continuum of Care	All Interested DMC Providers	CIBHS
DMC Certification/ Re-Certification	All DMC-ODS Fiscal & Administrators	QI
Recovery Services	All DMC-ODS Providers & Staff	QI
CBT and TFCBT	All DMC-ODS Providers & Staff	BHETA
Solution Focused Brief Therapy	All DMC-ODS Providers & Staff	BHETA

Appendix 9

Memorandum of Agreement with Medi-Cal Managed Care Plans

ADDENDUM TO HEALTHY SAN DIEGO
MENTAL HEALTH MEMORANDUM OF AGREEMENT

This second Addendum ("Addendum #2") is an addendum to the signed Memorandum of Agreement (MOA) between San Diego County Division of Behavioral Health Services (hereinafter referred to as SDCBHS) and the Medi-Cal Managed Care Health Plan, (hereinafter referred to as the "Plan"). The purpose of the Addendum #2 is to describe the responsibilities of the SDCBHS and Plan for coordination of Medi-Cal alcohol and other drug services for Plan Members served by both parties in San Diego County under the Department of Health Care Services (DHCS) Medi-Cal Managed Care Program.

The Addendum #2 delineates the specific roles and responsibilities by SDCBHS and Plan for screening, referral, coordination and delivery of alcohol and other drug services for Medi-Cal beneficiaries , who meet the medical necessity criteria for Medi-Cal services and identified by DHCS as a Medi-Cal Managed Care Health Plan benefit. MHSUDS Information Notice No: 16-005 has been used as the reference for the required elements in the Addendum. All references in this addendum to "Members" are limited to the Plan's Members.

Healthy San Diego (HSD) and its workgroups are the County collaborative for addressing the operations between the county and the managed care plans related to the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver within San Diego County. The HSD Behavioral Health Work Group consists of all San Diego County Medi-Cal Managed Care plans, SDCBHS, health plan and Alcohol and Drug Services providers, community clinics, psychiatric hospitals and advocates. The HSD Behavioral Health Work Group's Operations Team is a sub group with a focus on operational issues including oversight, MOA development and management, selection of screening tools, referral guides and development of policy & procedures.

BACKGROUND

On November 2, 2010, the Centers for Medicare and Medicaid Services (CMS) approved California's Health and Human Services Agency request for approval regarding the California section 1115 five-year Medicaid Demonstration, titled "California's Bridge to Reform" (Waiver 11-W-00193/9) under the authority of section 1115(a) of the Social Security Act. On December 30, 2015, CMS approved California's 1115 Waiver Renewal, titled Medi-Cal 2020, to continue to pursuit a positive transformation of the Medi-Cal system. On August 13, 2015, CMS approved the California Department of Health Care Services proposed amendment of the Special terms and Conditions of Waiver 11-W-00193/9. This amendment to California's Bridge to Reform Waiver authorizes California to implement a new paradigm for Medicaid eligible individuals with substance use disorder (SUD) called the Drug Medi-Cal Organized Delivery System (DMC-ODS). Critical elements include:

- Providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services

- Increased local control and accountability

- Greater administrative oversight
- Creation of utilization controls to improve care and efficient use of resources
- Evidence based practices in substance abuse treatment
- Integrate care with mental health and physical health

TERMS

This Addendum shall commence on January 1, 2017 and shall continue under the terms of the existing MOA.

OVERSIGHT RESPONSIBILITIES OF THE PLAN AND SDCBHS

1. The Plan has responsibility to work with the County to insure that oversight is coordinated and comprehensive and that the Member's healthcare is at the center of all oversight. Specific processes and procedures will be developed cooperatively through the Healthy San Diego Behavioral Health Work Group's Operations Team, as will any actions required to identify and resolve any issues or problems that arise.

2. The Healthy San Diego Behavioral Health Work Group's Operations Team will serve as the committee that will be responsible for program oversight, quality improvement, problem and dispute resolution, and ongoing management of the addendum to the existing MOA.

3. The Plan and SDCBHS will formulate a multidisciplinary clinical team oversight process for clinical operations: screening, assessment, referrals, care management, care coordination, and exchange of medical information. The Plan and SDCBHS will determine the final composition of the multidisciplinary teams to conduct this oversight function.

4. The Plan and the SDCBHS will designate as appropriate and when possible the same staff to conduct tasks associated within the oversight and multidisciplinary clinical teams.

SPECIFIC ROLES AND RESPONSIBLITIES

A. Screening, Assessment and Referral

1. Determination of Medical Necessity

a. SDCBHS will follow the medical necessity criteria outlined for the Drug Medi-Cal Organized Delivery System described in the 1115 Waiver Standard Terms and

Conditions. DMC-ODS shall be available as a Medi-Cal benefit for individuals who meet the medical necessity criteria and reside in a county that opts into the Pilot program.

b. The Plan will be responsible for determining medical necessity as it relates to covered health care benefits, as outlined in 22 CCR51303(a).

2. Assessment Process

   a. The Plan and SDCBHS shall develop and agree to written policies and procedures regarding agreed-upon screening, assessment and referral processes.

   b. SDCBHS and the Plan will distribute to the community and to their providers the current version of the American Society of Addiction Medicine (ASAM) Patient Placement Criteria (PPC Adult & Adolescent) crosswalk that identifies the criteria utilized to assist with determining the appropriate treatment level of care to ensure providers are aware of SUD levels of care for referral purposes.

   c. The Plan providers will ensure a substance use, physical, and mental health screening, including ASAM Level 0.5 SBIRT services for Members, is available.

3. Referrals

   a. SDCBHS and Plan shall develop and agree to written policies and procedures regarding referral processes and tracking of referrals, including the following:

      i. SDCBHS will accept referrals from Plan staff, providers and Members' self-referral for determination of medical necessity for alcohol and other drug services.

      ii. The Plan accepts referrals from SDCBHS staff, providers and Members' self-referral for physical health services.

B. Care Coordination

1. The Plan and County will develop and agree to policies and procedures for coordinating health care for Members enrolled in the Plan and receiving alcohol and other drug services through SDCBHS.

2. An identified point of contact from each party to serve as a liaison and initiate, provide, and maintain the coordination of care as mutually agreed upon in Plan and SDCBHS protocols.

3. Coordination of care for alcohol and other drug treatment provided by SDCBHS shall occur in accordance with all applicable federal, state and local regulations. A process for shared development of care plans by the beneficiary, caregivers and all providers and collaborative treatment planning activities will be developed to ensure clinical integration between DMC-ODS and managed care providers.

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4. The County and the Plan will promote availability of clinical consultation for shared clients receiving physical health, mental health and/or SUD services, including consultation on medications when appropriate.

5. The delineation of case management responsibilities will be outlined.

6. Regular meetings to review referral, care coordination, and information exchange protocols and processes will occur with County and Plan representatives.

C. Information Exchange

SDCBHS and Plan will develop and agree to Information sharing policies and procedures and agreed upon roles and responsibilities for timely sharing of personal health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370(a)(3) and other pertinent state and federal laws and regulations, including the Health Insurance Portability and Accountability Act, Title 22 and 42 CFR part 2, governing the confidentiality of mental health, alcohol and drug treatment information. (All jointly developed policies and procedures are attachments to this MOA addendum; please see attachment for more details).

D. Reporting and Quality Improvement Requirements

SDCBHS and Plan will have policies and procedures to address quality improvement requirements and reports.

1. Hold regular meetings, as agreed upon by the SDCBHS and the Plan, to review the referral and care coordination process and monitor Member engagement and utilization.

E. Dispute Resolution Process

At this time, the Plan and SDCBHS agree to follow the resolution of dispute process in accordance to Title 9, Section 1850.505, and the contract between the Plans and the State Department of Health Care Services (DHCS) and Centers for Medicare & Medicaid Services (CMS). A dispute will not delay member access to medically necessary services and the referenced process is outlined in Resolution of Disputes section 11.9 of the signed MOA.

F. Telephone Access

SDCBHS must ensure that Members will be able to assess services for urgent or emergency services 24 hours per day, 7 days a week.

The approach will be the “no wrong door” to service access. There will be multiple entry paths for beneficiaries to access alcohol and other drug services. Referrals may come from primary care physicians, providers, Plan staff, County Departments, and self-referral by calling SDCBHS’ toll free number that will be available 24 hours per day, 7 days a week for service access, service authorization and referral.

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G. Provider and Member Education

The Plan and SDCBHS shall determine the requirements for coordination of Member and provider information about access to Plan and SDCBHS covered services to increase navigation support for beneficiaries and their caregivers.

H. Point of Contact for the MOA Addendum

The Point of Contact for the MOA Addendum will be a designated liaison from both SDCBHS and the Plan.

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I. PURPOSE

The purpose of these Policies and Procedures is to establish consistent standards and processes for the Drug Medi-Cal Organized Delivery System (DMC-ODS) between the County of San Diego Behavioral Health Services (BHS) and the Managed Care Health Plans (Plans).

II. POLICY INDEX

The policies and procedures consist of the following:

A. Information exchange
B. Assessment
C. Informing member & caregiver of community based placement, services, resources & referrals
D. Annual review, analysis and evaluation of the coordination of care, and
E. Referral process and coordination of care

III. SCOPE

The scope of these policies and procedures applies to BHS, its' contracted DMC providers, and the Plans.

IV. REFERENCES

A. 1115 five-year Medicaid Demonstration Pilot, titled "California's Bridge to Reform" (Waiver 11-W-00193/9)

V. ATTACHMENTS

A. Special Terms and Conditions of Waiver 11-W-00193/9 Attachment Z, County Implementation Plan template

B. MHSUDS Information Notice NO: 16-005, DMC-ODS Waiver County Implementation Plan Guide

C. Healthy San Diego Amendment to Memorandum of Agreement between HHSA Mental Health Services *(Behavioral Health Services)* and Medi-Cal Managed Care Plans, 2014

San Diego County DMC-ODS
Policy/Procedure: Information Exchange
Date: September, 2016

I. PURPOSE

To outline responsibilities for information exchange between the County of San Diego Behavioral Health Services (BHS) and the Managed Care Health Plans (Plans) within the Drug Medi-Cal Organized Delivery System (DMC-ODS).

II. BACKGROUND

On November 2, 2010, the Centers for Medicare and Medicaid Services (CMS) approved California's Health and Human Services Agency request for approval regarding the California section 1115 five-year Medicaid Demonstration, titled "California's Bridge to Reform" (Waiver 11-W-00193/9) under the authority of section 1115(a) of the Social Security Act. On December 30, 2015, CMS approved California's 1115 Waiver Renewal, titled Medi-Cal 2020, to continue to pursuit a positive transformation of the Medi-Cal system. On August 13, 2015, CMS approved the California Department of Health Care Services proposed amendment of the Special terms and Conditions of Waiver 11-W-00193/9. This amendment to California's Bridge to Reform Waiver authorizes California to implement a new paradigm for Medicaid eligible individuals with a substance use disorder (SUD) called the Drug Medi-Cal Organized Delivery System (DMC-ODS).

III. POLICY

To the extent feasible and in compliance with all applicable federal, state and local requirements, the Plans or its subcontractors and BHS or its subcontractors will exchange personal health information (PHI) for the purposes of medical and behavioral health care coordination pursuant to Title 9, CCR, Section 1810.370(a)(3) and in compliance with 42 CFR, Title 22 and other state and federal privacy laws.

IV. SCOPE

The scope of this policy applies to BHS and the Plans, and their subcontractors.

V. PROCEDURES

Health Plan Responsibilities:

The Plan, or providers, will provide medical care and coordination of members' health care, including the exchange of medical records information as appropriate, with members' other

healthcare providers or providers of Specialty Mental Health Services and Substance Use Disorder Services in accordance with all applicable federal, state and local requirements.

- The confidentiality of medical information and personal data of all members will be maintained per the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Policies, 42 CFR Part 2, Title 22 and other state and federal privacy laws.
- Medical records and information may be exchanged via secured fax, encrypted email, and/or telephone.

BHS Responsibilities:

BHS or contracted DMC providers will provide management of a member's behavioral health care, including the exchange of medical records information as appropriate, with a member's other healthcare providers or providers of Specialty Mental Health Services and Substance Use Disorder Services in accordance with all applicable federal, state and local requirements

- The confidentiality of medical information and personal data of all members will be maintained, per the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Policies, 42 CFR Part 2, Title 22 and other state and federal privacy laws.
- Medical records and information may be exchanged via secured fax, encrypted email, and/or telephone.

VI. REVIEW STATEMENT

The DMC-ODS Behavioral Health policies and procedures are subject to amendment at any time at the discretion and mutual agreement of the County of San Diego Behavioral Health Services Division and Managed Care Health Plans.

VII. REFERENCES

A. 1115 five-year Medicaid Demonstration Pilot, titled "California's Bridge to Reform" (Waiver 11-W-00193/9)

VIII. ATTACHMENTS

A. MHSUDS Information Notice NO: 16-005, DMC-ODS Waiver County Implementation Plan Guide

IX. REVIEW/REVISION HISTORY

First Issued: August, 2016
(See separate Approval Signature documentation.)

San Diego County DMC-ODS
Policy/Procedure: Screening and Assessment Process
Date: September, 2016

I. PURPOSE

To establish a SUD related screening method used by the Plan and an assessment process used by BHS within the San Diego County's DMC-ODS. To establish criteria for when and how the Plan will refer beneficiaries to Substance Use Disorder Services (via County Behavioral Health Services [BHS]) and how BHS will determine medical necessity for provision of appropriate SUD services.

II. BACKGROUND

On November 2, 2010, the Centers for Medicare and Medicaid Services (CMS) approved California's Health and Human Services Agency request for approval regarding the California section 1115 five-year Medicaid Demonstration, titled "California's Bridge to Reform" (Waiver 11-W-00193/9) under the authority of section 1115(a) of the Social Security Act. On December 30, 2015, CMS approved California's 1115 Waiver Renewal, titled Medi-Cal 2020, to continue to pursuit a positive transformation of the Medi-Cal system. On August 13, 2015, CMS approved the California Department of Health Care Services proposed amendment of the Special terms and Conditions of Waiver 11-W-00193/9. This amendment to California's Bridge to Reform Waiver authorizes California to implement a new paradigm for Medicaid eligible individuals with a substance use disorder (SUD) called the Drug Medi-Cal Organized Delivery System (DMC-ODS).

III. POLICY

The Plans will ensure the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach is available to beneficiaries. The Plans will work to ensure appropriate referrals to Substance Use Disorder Services as indicated.

BHS contracted providers will conduct a psychosocial behavioral health assessment to determine if designated BHS target population and medical necessity requirements are met and to indicate an appropriate treatment level of care using American Society of Addiction Medicine (ASAM) criteria.

IV. SCOPE

The scope of this policy applies to BHS and Plans and their subcontractors.

V. PROCEDURES

Managed Care Plans will ensure the SBIRT approach is available to beneficiaries. The Plans will work to ensure appropriate referrals to Substance Use Disorder Services as indicated. All

requests and referrals for SUD services will be directed to the Access and Crisis Line or to a DMC-ODS provider for further screening and assessment.

BHS DMC-ODS contracted providers will conduct a psychosocial behavioral health assessment and utilize the ASAM criteria to determine medical necessity and the appropriate treatment level of care for beneficiaries seeking SUD services.

VI. REVIEW STATEMENT

The DMC-ODS policies and procedures are subject to amendment at any time at the discretion and mutual agreement of the County of San Diego Behavioral Health Services Division and Managed Care Health Plans.

VII. REFERENCES

A. Special Terms and Conditions of Waiver 11-W-00193/9 Attachment Z, County Implementation Plan template

B. MHSUDS Information Notice NO: 16-005, DMC-ODS Waiver County Implementation Plan Guide

C. Healthy San Diego Amendment to Memorandum of Agreement between HHSA Mental Health Services and Medi-Cal Managed Care Plans, 2006

VIII. ATTACHMENTS

A. MHSUDS Information Notice NO: 16-005, DMC-ODS Waiver County Implementation Plan Guide

IX. REVIEW/REVISION HISTORY

First Issued: August, 2016
(See separate Approval Signature documentation.)

San Diego County DMC-ODS
Policy / Procedure: Informing Member & Caregiver of Community Based Placement, Services, Resources & Referrals
Date: September, 2016

I. PURPOSE

To provide Medi-Cal Managed Care Plan members and other Medi-Cal beneficiaries with community based placement, services, resources & referral options for Substance Use Disorder Services.

II. BACKGROUND

On November 2, 2010, the Centers for Medicare and Medicaid Services (CMS) approved California's Health and Human Services Agency request for approval regarding the California section 1115 five-year Medicaid Demonstration, titled "California's Bridge to Reform" (Waiver 11-W-00193/9) under the authority of section 1115(a) of the Social Security Act. On December 30, 2015, CMS approved California's 1115 Waiver Renewal, titled Medi-Cal 2020, to continue to pursuit a positive transformation of the Medi-Cal system. On August 13, 2015, CMS approved the California Department of Health Care Services proposed amendment of the Special terms and Conditions of Waiver 11-W-00193/9. This amendment to California's Bridge to Reform Waiver authorizes California to implement a new paradigm for Medicaid eligible individuals with a substance use disorder (SUD) called the Drug Medi-Cal Organized Delivery System (DMC-ODS).

III. POLICY

The Healthy San Diego (HSD) Behavioral Health Work Group will serve as a resource for information about placement, services, resources & referral options for Medi-Cal members. The HSD Behavioral Health Work Group is made up of a variety of stakeholders, including the following organizations, individuals and providers:

- Managed Care Health Plans
- County of San Diego, Behavioral Health Services (BHS)
- County of San Diego, Health and Human Services Agency (HHSA)
- Hospital Association of San Diego and Imperial Counties (HASDIC)
- Alcohol and Drug Services Providers' Association (ADSPA)
- DMC-ODS Providers
- Psychiatric health facilities
- The Consumer Center for Health Education & Advocacy (CCHEA)
- Federally Qualified Health Centers
- Behavioral health advocates
- Behavioral health providers
- Consumer advocates

- San Diego Regional Center (SDRC)
- National Alliance on Mental Illness (NAMI)

IV. SCOPE

The scope of this policy applies to County BHS, Plans and their staff who work directly with members, caregivers and providers.

V. PROCEDURES

The HSD Behavioral Health Work Group increases awareness about the full array of community based services available to serve Medi-Cal members across the full spectrum of physical and behavioral health services in San Diego County. This assists with system navigation support for members and their caregivers.

The following is a sample of identified community based services:

- Aging and Disabilities Resource Center (ADRC)
- Alcohol and Other Drug Outpatient and Intensive Outpatient programs
- Alcohol and Other Drug Residential programs
- Narcotic Treatment Programs
- 2-1-1 San Diego
- Consumer Center for Health Education & Advocacy (CCHEA)
- Legal Aid Society of San Diego
- Home delivered meals
- Access and Crisis Line
- Transportation
- Peer to peer counseling
- Family/Caregiver support
- Crisis residential services
- Homeless shelters
- Housing options
- Board & Cares
- Independent living facilities
- Sober living homes
- In-home Supportive Services (IHSS)

The HSD Behavioral Health Work Group representatives are responsible to educate and train their staff and providers on the availability of these programs and how to access appropriate care.

When a referral is received from a Health Plan/Health Plan provider the BHS DMC-ODS program will document the referral for tracking purposes.

VI. REVIEW STATEMENT

The DMC-ODS Behavioral Health policies and procedures are subject to amendment at any time at the discretion and mutual agreement of the County of San Diego Behavioral Health Services Division and Managed Care Health Plans.

VII. REFERENCES

A. MHSUDS Information Notice NO: 16-005, DMC-ODS Waiver County Implementation Plan Guide

VIII. ATTACHMENTS

A. MHSUDS Information Notice NO: 16-005, DMC-ODS Waiver County Implementation Plan Guide

IX. REVIEW/REVISION HISTORY

First Issued: August, 2016
(See separate Approval Signature documentation.)

San Diego County DMC ODS
Policy / Procedure: Annual Review, Analysis and Evaluation of the Coordination of Care
Date: September, 2016

I. PURPOSE

To ensure that the coordination of care between all entities accomplishes the goals of alleviation of fragmentation; improvement of service coordination and transition of care among all care settings; coordination of state and federal benefits to improve continuity of care; improvement of care quality and reduction of health disparities; improvement of beneficiary experience in accessing care; delivery of person-centered care; meeting beneficiaries' health and functional needs; and promoting independent community living and self-direction of care.

II. BACKGROUND

On November 2, 2010, the Centers for Medicare and Medicaid Services (CMS) approved California's Health and Human Services Agency request for approval regarding the California section 1115 five-year Medicaid Demonstration, titled "California's Bridge to Reform" (Waiver 11-W-00193/9) under the authority of section 1115(a) of the Social Security Act. On December 30, 2015, CMS approved California's 1115 Waiver Renewal, titled Medi-Cal 2020, to continue to pursuit a positive transformation of the Medi-Cal system. On August 13, 2015, CMS approved the California Department of Health Care Services proposed amendment of the Special terms and Conditions of Waiver 11-W-00193/9. This amendment to California's Bridge to Reform Waiver authorizes California to implement a new paradigm for Medicaid eligible individuals with a substance use disorder (SUD) called the Drug Medi-Cal Organized Delivery System (DMC-ODS).

III. POLICY

Plans will provide members all medically necessary covered mental health services for the mild to moderate population and physical health care services currently covered by Medi-Cal, as applicable, and required pursuant to the Plans Medi-Cal managed care contract. The DMC-ODS pilot promotes integrated delivery of medical and behavioral health Medi-Cal services. Drug Medi-Cal substance use treatment services will not be the financial responsibility of the Plans but will be included for the coordination of services.

County agencies will continue to administer Drug Medi-Cal Services under DMC-ODS, and the Plans and County of San Diego will have written memoranda of agreements (MOAs) outlining how they will coordinate services. The services and the coordination of care between the County and the Plans will be reviewed, analyzed and evaluated on an annual basis.

III. THE HEALTHY SAN DIEGO BEHAVIORAL HEALTH WORKGROUP

This workgroup will serve as a primary resource and maintain up-to-date listings of community based services available to Medi-Cal members. Stakeholder involvement, including consumers, in the development and ongoing operations of the program will be a part of the Healthy San Diego (HSD) Behavioral Health Work Group process. Ongoing feedback from external stakeholders, as appropriate, will also be included in the work group.

The HSD Behavioral Health Work Group is made up of a variety of stakeholders, including the following organizations/providers:

- Managed Care Health Plans
- County of San Diego, Behavioral Health Services (BHS)
- County of San Diego, Health and Human Services Agency (HHSA)
- DMC-ODS Providers
- Alcohol and Drug Services Providers Association (ADSPA)
- Hospital Association of San Diego and Imperial Counties (HASDIC)
- Psychiatric health facilities
- The Consumer Center for Health Education & Advocacy (CCHEA)
- Federally Qualified Health Centers
- Behavioral health advocates
- Behavioral health providers
- Consumer advocates
- San Diego Regional Center (SDRC)
- National Alliance on Mental Illness (NAMI)

IV. SCOPE

The scope of this policy applies to County BHS, Plans and their providers who work directly with members, caregivers and providers.

V. REVIEW STATEMENT

The Medi-Cal Behavioral Health policies and procedures are subject to amendment at any time at the discretion and mutual agreement of the County of San Diego Behavioral Health Services Division and Managed Care Health Plans.

VI. QUALITY MONITORING AND EVALUATION

Performance outcomes outlined in the Special Terms and Conditions of Waiver 11-W-00193/9 and the Evaluation framework approved by CMS June 20, 2016 are intended to ensure better health outcomes, better care and lower costs through a comprehensive quality management program by the County.

Performance Measures

Identified performance metrics will serve as the foundation for improving outcomes and reducing costs. These metrics will be collected and reported in alignment with the CMS approved DMC-ODS Evaluation Plan through the University of California, Los Angeles, Integrated Substance Abuse Programs. This evaluation will measure and monitor the outcomes from the DMC-DOS Waiver with a focus on the four key areas of access, quality, cost and integration and coordination of care.

Measures specific to Integration and Coordination of Care activities, and data proposed by UCLA to evaluate, include:

- SUD treatment being coordinated as intended with primary care, mental health, and recovery support services? (**DMC and Medi-Cal data**)

- Existence of required MOUs **(Surveys, Interviews, & Document Review)**
  - Bidirectional referral protocols between plans;
  - Availability of clinical consultation, including consultation on medications, the management of a beneficiary's care, including procedures for the exchanges of medical information and a process for resolving disputes between the county and the Medi-Cal managed care plan that includes a means for beneficiaries to receive medically necessary services while the dispute is being resolved.

- Assessment of coordination goals **(Provider & Patient Surveys/Interviews)**
  - Comprehensive substance use, physical, and mental health screening;
  - Beneficiary engagement and participation in an integrated care program as needed;
  - Shared development of care plans by the beneficiary, caregivers and all providers;
  - Care coordination and effective communication among providers;
  - Navigation support for patients and caregivers; and
  - Facilitation and tracking of referrals between systems.

- Quantify referrals to and from primary care and mental health

- Quantify referrals to and from recovery services paid for by the DMC-ODS

VII. REFERENCES

A. http://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx

B. http://www.uclaisap.org/ca-policy/assets/documents/DMC-ODS-evaluation-plan-Approved.pdf

C. .http://www.dhcs.ca.gov/provgovpart/Documents/DMC%20ODS%20FACT%20SHEET.pdf

San Diego County DMC ODS
Policy / Procedure: Referral Process and Coordination of Care
Date: August, 2016

I. PURPOSE

To describe the referral process and coordination of care between Plans and Behavioral Health Services (BHS) for Medi-Cal members accessing Substance Use Disorder Services through the DMC-ODS.

II. BACKGROUND

On November 2, 2010, the Centers for Medicare and Medicaid Services (CMS) approved California's Health and Human Services Agency request for approval regarding the California section 1115 five-year Medicaid Demonstration, titled "California's Bridge to Reform" (Waiver 11-W-00193/9) under the authority of section 1115(a) of the Social Security Act. On December 30, 2015, CMS approved California's 1115 Waiver Renewal, titled Medi-Cal 2020, to continue to pursuit a positive transformation of the Medi-Cal system. On August 13, 2015, CMS approved the California Department of Health Care Services proposed amendment of the Special terms and Conditions of Waiver 11-W-00193/9. This amendment to California's Bridge to Reform Waiver authorizes California to implement a new paradigm for Medicaid eligible individuals with a substance use disorder (SUD) called the Drug Medi-Cal Organized Delivery System (DMC-ODS).

III. POLICY

Criteria for Substance Use Disorder Services are described in Title 22, California Code of Regulations (CCR), and Section 51341 Drug Medi-Cal Services. All substance related treatment is provided by County BHS contracted providers.

The Plans will cover case management services as appropriate within the scope of the Medi-Cal benefit as required under the plans contract, and will coordinate referrals to BHS for members requiring Substance Use Disorder Services to the extent feasible.

The Plans will provide coordination of care and initiate appropriate referrals in conjunction with BHS and contracted DMC-ODS providers.

IV. SCOPE

The scope of this policy applies to Plans and to County BHS, regarding Substance Use Disorder Services (via BHS).

V. PROCEDURES

A. Health Plan Liaison Coordination

Participating Plan liaisons will collaborate with the BHS liaison to:

1. Develop and update required policies and procedures

2. Communicate as stipulated in the Memorandum of Agreement (MOA) Addendum with the BHS liaison to facilitate the exchange of information and data, to promote care coordination and review the care coordination process.

3. Identify opportunities to share resources and to maximize positive health outcomes. This collaborative arrangement will provide a mechanism to identify challenges and opportunities for improvement and to correct problems associated with referrals and care coordination.

B. Care Coordination with BHS, DMC-ODS Providers, Health Plans & Physical Health Providers for Substance Use Disorder Services (via BHS)

BHS and DMC-ODS Provider Participation

For those members identified as needing physical health services, DMC-ODS providers will request participation from Plans and/or Physical Health Providers. The DMC-ODS provider will initiate care coordination efforts including conference calls and/or other suitable methods of communication, as appropriate.

The DMC-ODS provider will make available the results of any relevant information such as assessments and/or treatment progress through direct phone contact and /or other means with the member and/or caregiver in alignment with all confidentiality regulations.

Health Plan and Physical Health Provider Participation

The Plans and/or Physical Health Providers will communicate with BHS DMC-ODS providers and be available to offer clinical consultation regarding physical health care conditions and/or medications prescribed through Plan providers, as appropriate.

1. Each Plan liaison staff will be available to work with the Physical Health Provider and/or BHS liaison or DMC-ODS provider to coordinate the member's service needs if indicated.

2. The Physical Health Provider or Plan liaison will be available to communicate and coordinate services with BHS liaison and/or DMC-ODS providers to facilitate the implementation of the service plan.

3. For members identified by the Plan as needing care management and care coordination services, activities may include:

- Coordination of medical and non-medical services between the Physical Health provider and BHS DMC-ODS provider, case manager and the member's family/caregiver, as appropriate.
- Communication and collaboration with BHS DMC-ODS provider as needed to assist the Physical Health provider, to facilitate the implementation of the service plan and to coordinate referrals to other providers deemed appropriate based on member needs.

If the member is receiving Plan care management or care coordination services and is referred and accepted into a BHS DMC-ODS program, each Plan's designated staff will assess the case to determine how joint care management is needed.

- If additional care management services from the Plan are not needed, the Plan designated staff will document the findings and actions in their respective system.

- If care coordination services are required or requested, each Plan's designated staff will follow respective internal desk procedures and regulations for approval to discuss the member's case with the BHS DMC-ODS provider or applicable local governmental agency.

4. BHS DMC-ODS providers will be responsible for coordinating related case management services for the DMC-ODS client in treatment. BHS providers will also coordinate a system of case management services with physical and/or mental health providers in order to ensure appropriate levels of care.

    - Case management for member medical issues and linkages to Plan covered health services will be the responsibility of Plan.
        - Case management services are defined as a service that assist a beneficiary to access needed medical, educational, social, prevocational, vocational, rehabilitative, or other community services. These services focus on coordination of alcohol and other drug care, integration around primary care especially for beneficiaries with a chronic substance use disorder, and interaction with the criminal justice system, if needed.

BHS Case Management services include:

1. Comprehensive assessment and periodic reassessment of individual needs to determine the need for continuation of case management services;
2. Transition to a higher or lower level of SUD care;
3. Development and periodic revision of a client plan that includes service activities;

4. Communication, coordination, referral and related activities;
5. Monitoring service delivery to ensure beneficiary access to service and the service delivery system;
6. Monitoring the beneficiary's progress;
7. Patient advocacy, linkages to physical and mental health care, and transportation, when applicable.

Plan Case Management services include:

1. Coordination of care activities
2. Medical referrals
3. Continuity of Care activities
4. Follow-up on missed medical appointments
5. Communication with specialists
6. Linkage and care coordination as needed for any necessary social support need identified by Plan

C. Referral Process

BHS Responsibilities:

1. BHS DMC-ODS providers will accept referrals, as stated in the MOA, from the Plan, providers and members for determination of BHS medical necessity.

2. Referrals to BHS for Substance Use Disorder Services may be made in a variety of ways, including self-referral.

3. Members referred to BHS will be evaluated for appropriate Substance Use Disorder Services by contracted BHS providers.

Health Plan Responsibilities

1. Plans will assist Physical Health Providers and network providers, as needed, in making appropriate and timely referrals.

D. Confidentiality

The confidentiality of medical information and personal data of all members will be maintained, per the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Policies, 42 CFR Part 2, Title 22 and other state and federal privacy laws.

1. In the substance abuse field, confidentiality is governed by federal law (42 U.S.C. § 290dd-2) and regulations (42 CFR Part 2) that outline under what limited circumstances information about the client's treatment may be disclosed with and without the client's consent.

2. Confidential member information includes any individually identifiable information about an individual's character, habits, avocation, occupation, finances, credit, reputation, health, medical history, mental or physical condition or treatment. Confidential member information may be learned in either a casual or formal setting including conversation, computer screen data, faxes, or any written form.

3. Each plan recognizes that 42 CFR Part 2 applies to any program that
   - involves substance abuse education, treatment, or prevention and
   - is regulated or assisted by the federal government (42 U.S.C. § 290dd-2; 42 C.F.R. § 2.11-2.12);

4. Reports from Substance Use Disorder Services and related (specialty) consultations are considered confidential and sensitive.

VI. REVIEW STATEMENT

The Medi-Cal DMC-ODS Behavioral Health policies and procedures are subject to amendment at any time at the discretion and mutual agreement of the County of San Diego Behavioral Health Services Division and Managed Care Health Plans.

VII. REFERENCES

A. MHSUDS Information Notice NO: 16-005, DMC-ODS Waiver County Implementation Plan Guide

VIII. ATTACHMENTS

A. MHSUDS Information Notice NO: 16-005, DMC-ODS Waiver County Implementation Plan Guide

IX. REVIEW/REVISION HISTORY

First Issued: August, 2016
(See separate Approval Signature documentation.)